

# Alberta Long Term Care Quality Indicators 2014- 2015

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## Introduction: A focus on quality in long term care homes

Residents of long term care facilities across Alberta must be provided with high quality care. Everyone can play a role in quality. Sharing information about health service quality and success stories are ways that quality of care can be reviewed, monitored and improved. This report on the Alberta Health Services (AHS) website is designed to share such information.

Quality indicators (QIs) flag areas where more attention may be needed to sustain and improve the quality of resident care. QIs are drawn from clinical assessments (known as RAI MDS 2.0 <http://www.interrai.org/long-term-care-facilities.html>) completed every three months on individuals living in all long term care facilities across Alberta. The information is shared with the Canadian Institute for Health Information (CIHI), an independent, not-for-profit organization that collates essential information on Canada's health system and the health of Canadians.

On June 10, 2015, CIHI began publicly reporting nine long term care QIs focused on safety, appropriateness and effectiveness of care on its public website [www.YourHealthSystem.cihi.ca](http://www.YourHealthSystem.cihi.ca). The website features 45 health indicators, which are reported provincially, by zones and by sites and presented in a way that is accessible to the public. Most of the indicators are already publicly reported by CIHI or Statistics Canada.

Users will be able to view and compare results for residents in long term care facilities across Alberta and in other parts of Canada. By sharing information on each facility, region and province can learn from one another to improve the quality of care being delivered to residents.

This report complements the CIHI data and illustrates how Alberta is doing compared to national averages, shows comparisons between zones and describes what actions have already been taken, or are underway to improve care for residents in the zones across Alberta. Actions may take time to make a difference as long term care homes differ, training of staff may be needed and residents vary in their needs, strengths and preferences.

The ongoing public reporting of QIs raises everyone's awareness of good, quality care and flags areas for improvement. Seeing, understanding and using information on quality inspires everyone involved in long term care to do a better job and create good quality of life for residents, their families and caregivers.

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## Performance Measures Dashboard

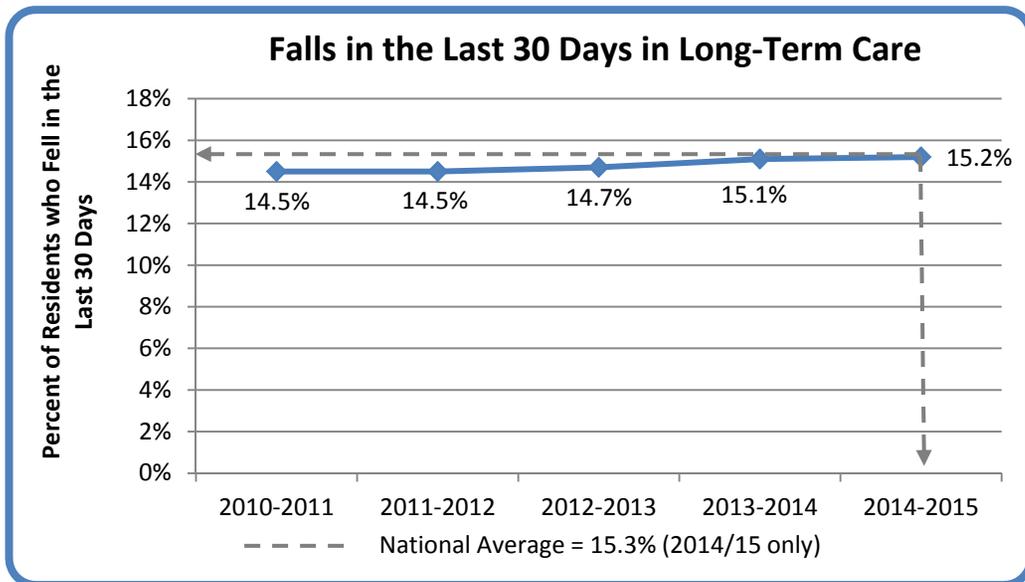
Performance Measures Dashboard		<u>2014-15 Performance</u>	<u>National Average<sup>1</sup></u>	<u>How does AB compare</u>
Safety	<b>Falls in the Last 30 Days in Long Term Care (FAL02)</b> What percentage of residents had an unintentional change in position where they end up on the floor, ground or lower level? This QI captures falls with and without injury. It does not reflect how often residents fall. <i>A lower percentage is better as it means a lower percentage of residents have fallen.</i>	15.2%	15.3%	Same as Average
	<b>Worsened Pressure Ulcer in Long Term Care (PRU06)</b> What percentage of residents had a pressure ulcer at Stage 2 to 4 and upon re-assessment the stage of the pressure ulcer is greater? <i>A lower percentage is better as it means resident's stage 2 to 4 pressure ulcers are improving or being maintained at the current stage.</i>	3.1%	3.1%	Same as Average
Appropriateness & Effectiveness	<b>Potentially Inappropriate Use of Antipsychotics in Long Term Care (DRG01)</b> What percentage of residents received an antipsychotic medication without a diagnosis of psychosis? <i>A lower percentage is better as it means fewer residents received a potentially inappropriate antipsychotic medication.</i>	21.1%	27.5%	Above Average
	<b>Restraint Use in Long Term Care (RES01)</b> What percentage of residents is being physically restrained daily? <i>A lower percentage is better as it means fewer residents are being restrained daily.</i>	8.6%	8.7%	Same as Average
Health Status	<b>Improved Physical Functioning in Long Term Care (ADL05)</b> What percentage of residents showed improvement in their performance of activities of daily living (walking, transfer, locomotion)? <i>A higher percentage is better as it means more residents are more independent in certain activities of daily living.</i>	33.7%	31.9%	Above Average
	<b>Worsened Physical Functioning in Long Term Care (ADL5A)</b> What percentage of residents showed a worsening in their performance of activities of daily living (walking, transfer, locomotion)? <i>A lower percentage is better as it means fewer residents became more dependent in certain activities of daily living</i>	35.1%	33.6%	Below Average
	<b>Worsened Depressive Mood in Long Term Care (MOD4A)</b> What percentage of residents had a higher score on the Depression Rating Scale (DRS) upon re-assessment? <i>A lower percentage is better as it means fewer residents are experiencing depressive symptoms on their most recent assessment compared to their previous.</i>	29.5%	23.5%	Below Average
	<b>Experiencing Pain in Long Term Care (PAIOX)</b> What percentage of residents has daily, moderate or horrible pain? <i>A lower percentage is better as it means fewer residents are experiencing such pain.</i>	7.8%	9.6%	Above Average
	<b>Experiencing Worsened Pain in Long Term Care (PAN01)</b> What percentage of residents has daily, moderate or horrible pain that is getting worse? <i>A lower percentage is better as it means that there are fewer residents whose pain has gotten worse.</i>	13.2%	11.0%	Below average

<sup>1</sup>[National figures](#) from CIHI as of 2015 are for the following provinces/territories participating partially or completely in CCRS (Yukon, BC, AB, SK, MB, ON, NB, NS, NL)

**Please note:** This data is from the CIHI all data export preview, dated December 2, 2015.

- CIHI reports their data as rolling quarters for the fiscal year from April 1, 2014 to March 31, 2015.
- Alberta is at or above the national average in six out of the nine QIs for long term care.
- The following pages highlight achievements in continuing care in our province and provide examples of quality improvement initiatives underway or planned. These pages will be updated as more information on successful quality initiatives becomes available.
- We are committed to ongoing action to improve and ensure long term care residents have the highest quality of care possible.

## Safety: Falls in the Last 30 Days in Long Term Care – Provincial Details



### Definition

**Falls in the Last 30 Days in Long Term Care:** A fall is defined as any unintentional change in position where the resident ends up on the floor, ground or other lower level. The measure is the percentage of residents who had a fall in the last 30 days in a long term care facility.

### Understanding this Measure

Falls are a serious health concern as they are one of the leading causes (30%) of hospital admission due to serious injury and about one-third of in-hospital deaths. As people age their risk of falling may increase. Falls may cause a person to lose their independence, or be unable to remain in their own home and they may have a lower quality of life. Many falls can be prevented so it is important to act if a resident's health is changing due to an illness, infection, reactions to medication, or because they are not eating or drinking enough of the right things.

### Considerations and Initiatives:

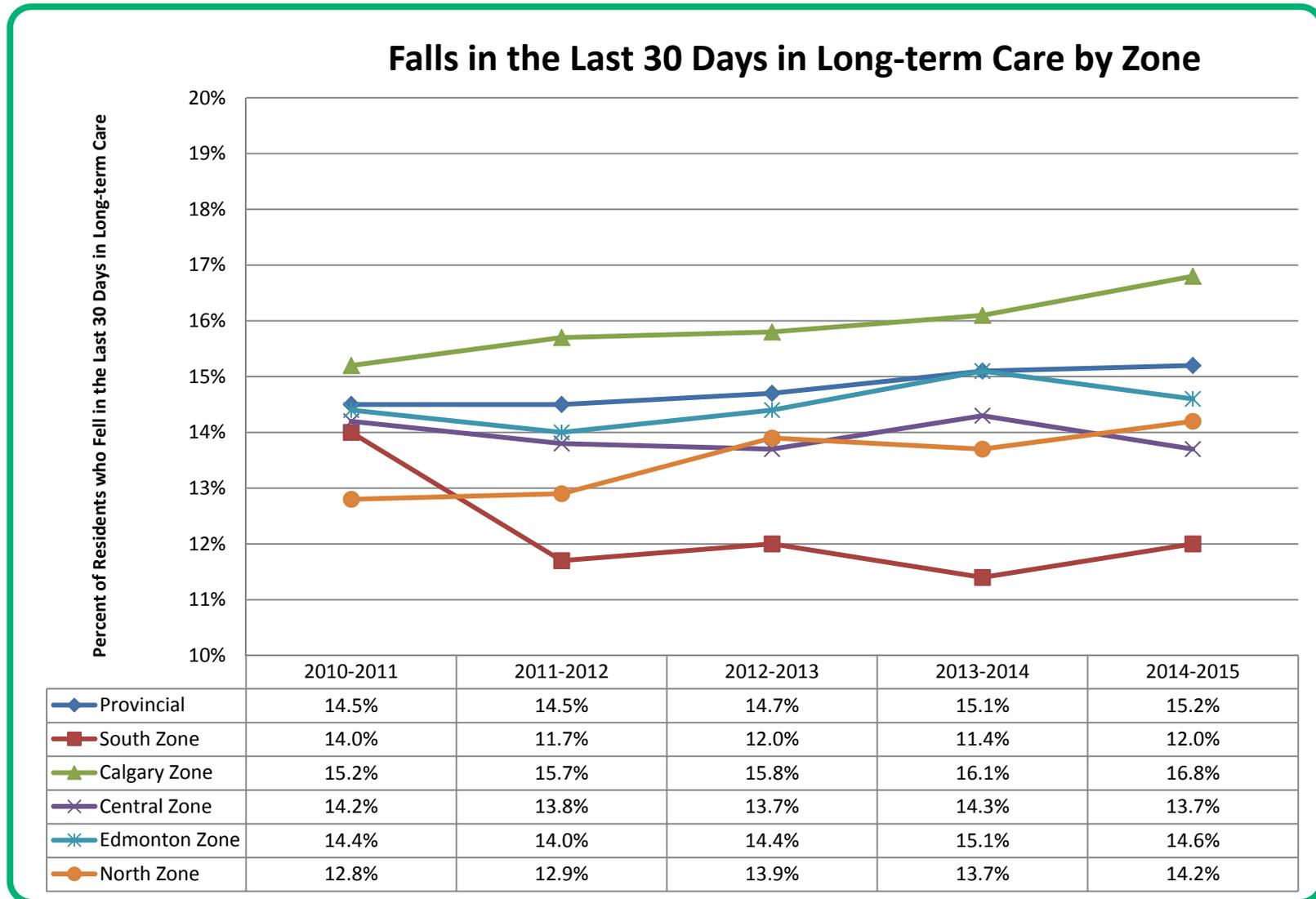
- A falls risk management (FRM) strategy has been put in place in Alberta.
- The goals of the comprehensive FRM strategy are to:
  - Identify who is at risk for falls;
  - Identify ways to prevent unintentional falls;
  - Reduce fall-related injuries; and,
  - Collect information on falls and use it to create and measure programs to prevent or reduce falls.
- AHS has a Falls Risk Management Level 1 Policy and must meet Accreditation Canada requirements for Falls Prevention. This policy can be found at <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-prov-falls-risk-mgmt-ps-58-policy.pdf>

### 2015-2016 examples of initiatives include:

- Calgary, Edmonton and South Zone Revera sites hold monthly meetings with occupational therapy and nursing staff to discuss falls prevention, current high risk residents, review referrals for walkers/wheelchairs, bed/chair alarms, scheduled care, etc... December 2015 Falls QI was 9%.
- Good Samaritan Society Dr. Gerald Zetter Care Centre has staff at all levels participate in quality initiatives and has reduced falls from 13.7% to 13.2%.
- Brenda Strafford Foundation sites – Bow View Manor, Wentworth Manor – The Court and Clifton Manor have commenced the KNOW falls initiative, where upon admission residents are assessed and tools to reduce falls are allocated based on risk.
- Edmonton Facility Living sites have implemented a number of fall reduction strategies from monthly interdisciplinary team meetings, training videos and post falls huddles.
- The Seniors Health SCN is looking at Delirium and how the recognition and management of Delirium impacts falls risk management strategies.
- Agecare sites - Beverly Centre Glenmore and Seton Seniors Community have started a project around falls risk identification and prevention, which is intended to update the Agecare Falls Prevention and Management Program, which will be spread to other sites.

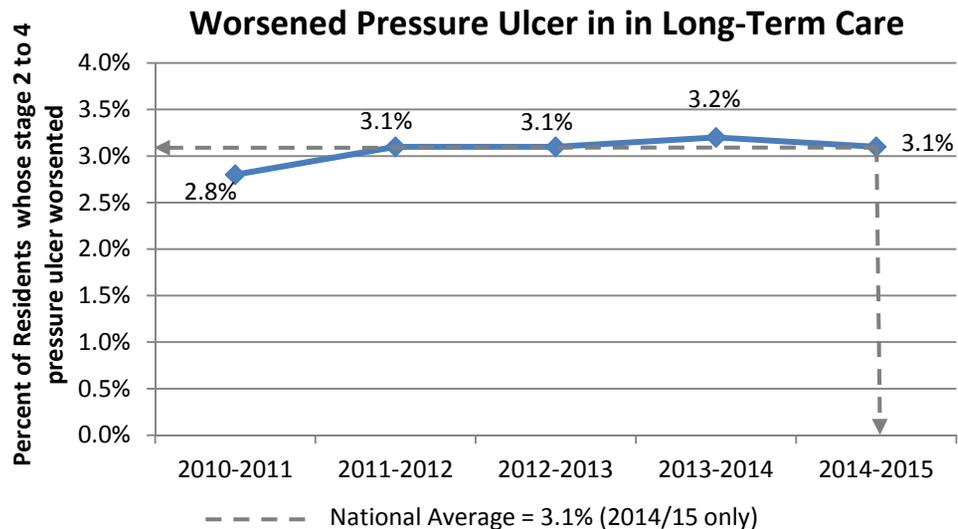
## Safety: Falls in the Last 30 Days in Long Term Care – Zone Details

The measure is the percentage of residents who had a fall in the last 30 days in a long term care facility.



**Please note:** The axis of this chart does not start at zero, to allow more detail to be seen

## Safety: Worsened Pressure Ulcer in Long Term Care – Provincial Details



### Definition

**Worsened Pressure Ulcer in Long Term Care:** A pressure ulcer is a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction. Stage 2 to 4 wounds range in severity from partial loss of skin layers (e.g. abrasions, blisters) to full thickness of skin and subcutaneous tissue loss with exposure of muscle or bone.

### Understanding this Measure

Pressure ulcers that occur and get worse over time may lead to pain and suffering, increased risk for infections, poor general health and even death. A person with a pressure ulcer has three times the risk of dying compared to a person without an ulcer. If a pressure ulcer is not present when a resident enters long term care, the goal of care is to prevent one from occurring. If a pressure ulcer is present, the goal is to heal or close it. These goals are not always easy or possible to achieve but every effort should be made to do so.

### Considerations and Initiatives:

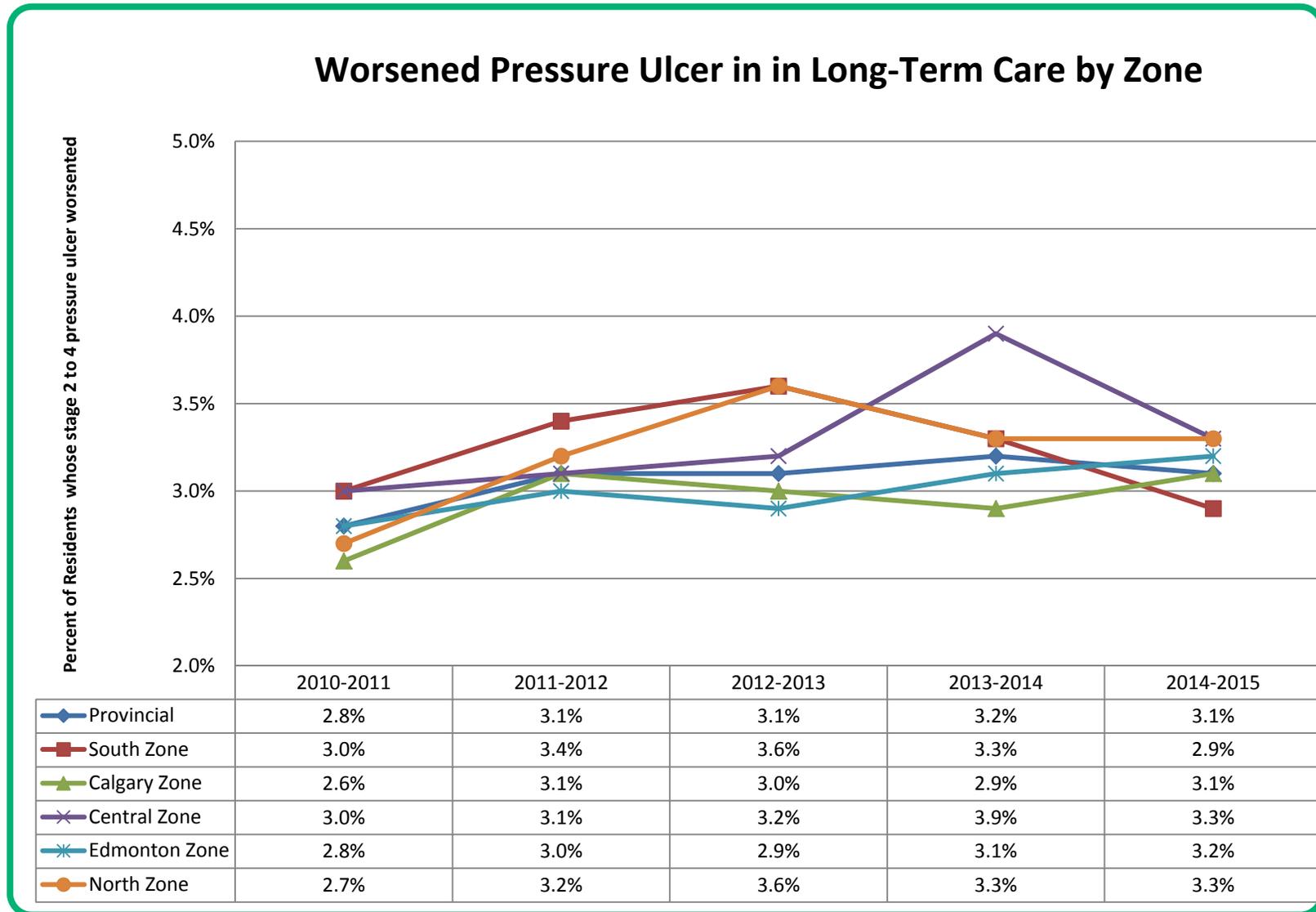
- Research has shown that turning residents, routinely according to a schedule is effective to prevent and heal pressure ulcers.
- AHS has training on pressure ulcer prevention, assessment and treatment teams in all settings (hospital, long term care, designated supportive living, and home living) and specialized teams available to help staff.
- Organizational Practices for Pressure Ulcer Prevention is followed by AHS in all settings (hospital, home, supportive living and long term care).
- A Skin and Wound Care Manual is used and includes education, training resources, assessment tools, outcome scales and prevention strategies for staff to follow.
- Other resources being developed include:
  - AHS Pressure Ulcer Prevention Policy;
  - Reporting, tracking and auditing of pressure ulcers; and,
  - Patient/family/caregiver brochure.

### 2015-2016 examples of initiatives include:

- Good Samaritan South Ridge Village in Medicine Hat involves all of their staff in quality and safety and has been able to reduce pressure ulcers from 5.5% to 3.7% in the last year.
- Brenda Strafford Foundation sites – Bow View Manor, Wentworth Manor – The Court and Clifton Manor have Skin Wound Assessment Treatment (SWAT) leads and wound teams at each site, pictures of wounds are taken regularly to monitor progression, residents at risk for pressure wounds are identified early.
- Sherwood Care in Sherwood Park has reduced pressure ulcers from 6.4% to 3.9%.
- Bethany Care Society sites in Calgary Zone has been working on the skin and wound processes to ensure more consistency of processes and clear coding.
- Two Extencicare sites in Calgary Zone, Cedars Villa and Hillcrest, are working on a quality improvement to prevent pressure ulcers using a Skin and Wound Assessment Team (SWAT).
- Revera Living – McKenzie Town Continuing Care Centre’s wound team performs weekly rounds and as of December 2015 has a QI result of 0% and an annual result of 0.67%, well below average.

## Safety: Worsened Pressure Ulcer in Long Term Care – Zone Details

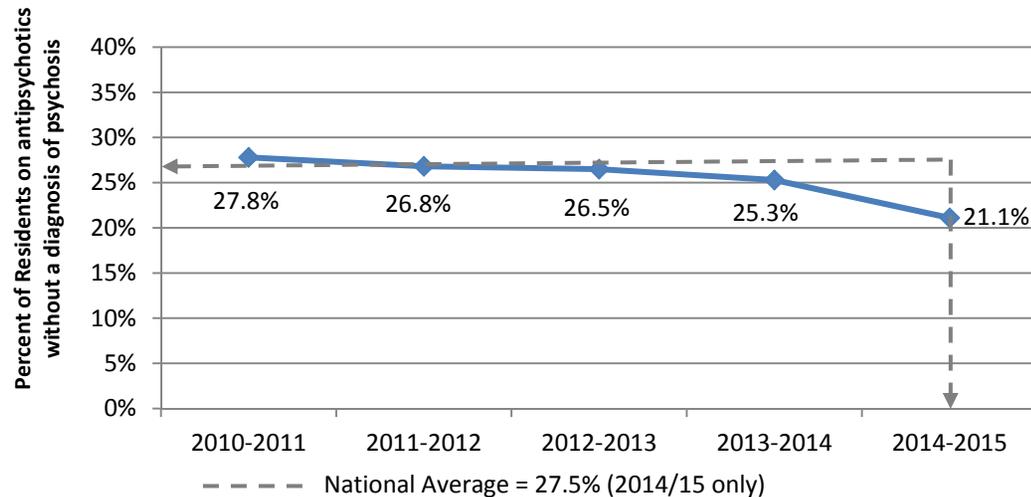
The measure is the percentage of residents who had a worsened pressure ulcer in the last 30 days in a long term care facility.



**Please note:** The axis of this chart does not start at zero, to allow more detail to be seen

## Appropriateness and Effectiveness: Potentially Inappropriate Use of Antipsychotics in Long Term Care – Provincial Details

### Potentially Inappropriate Use of Antipsychotics in Long-Term Care



#### Definition

**Potentially Inappropriate Use of Antipsychotics in Long Term Care:** A lower percentage is desirable as it indicates a lower proportion of long term care residents who received a potentially inappropriate antipsychotic medication. The frequency of administration or dosage is not factored into the inclusion criteria. If a resident has received an antipsychotic medication once within the seven day look-back period of the RAI-MDS 2.0 assessment, they are included in the QI (providing they do not have a diagnosis of schizophrenia, hallucinations, Huntington's disease or are end-of-life).

#### Understanding this Measure

Antipsychotics are a class of medications used for the treatment of acute and chronic psychosis. Antipsychotic drugs have been associated with numerous adverse effects (e.g. increased risk of strokes, confusion) and as such, should be used with caution, especially among the elderly. Antipsychotic drugs are appropriate when used in the treatment of chronic mental health conditions such as schizophrenia and to manage psychosis (hallucinations or delusions that are troublesome to the person).

#### Considerations and Initiatives:

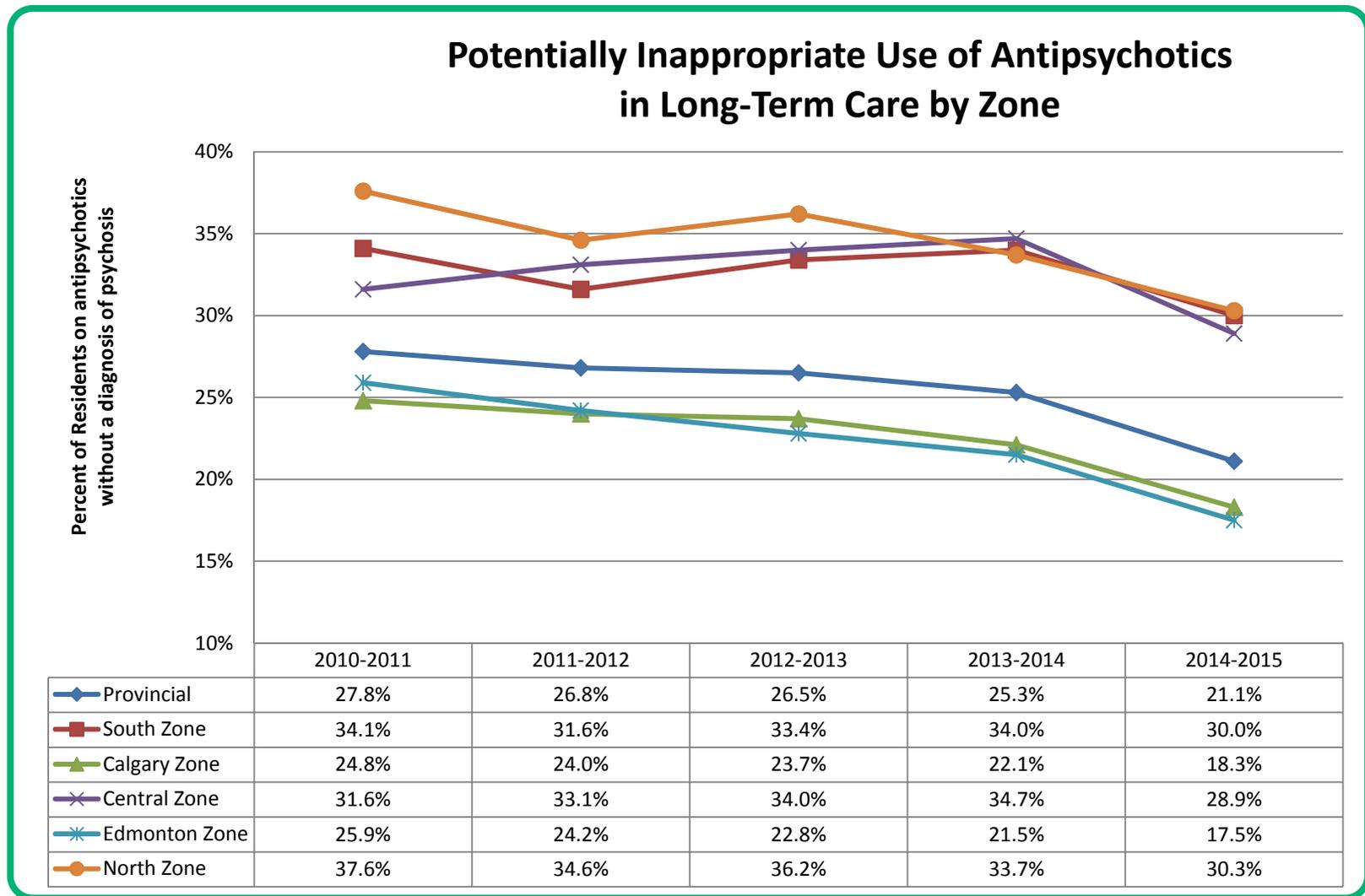
- Accreditation Canada will require long term care facilities to assess the appropriateness of antipsychotic use.
- Alberta has the lowest rate in Canada (25%) for this indicator and will strive for ongoing improvement.
- The Seniors Health Strategic Clinical Network (SH SCN) in collaboration with the Addiction and Mental Health Strategic Clinical Network involved 11 early adopter long term care units, to reduce the use of antipsychotic medications without a diagnosis of psychosis.
- Read more on inappropriate use of antipsychotics on [Healthy Debate.ca](http://HealthyDebate.ca).

#### 2015-2016 examples of initiatives include:

- Northcott Care Centre (Ponoka) in the Central Zone has reduced AUA from 22.4% to 20.1% in the last year.
- Many South Zone LTC sites continue to be active participants in the SH SCN Appropriate use of Antipsychotic (AUA) Initiative, for example:
  - Brooks Health Centre improved from 26% to 6.3%
  - Extencicare Fort Macleod 20.4% to 8.9%
  - Milk River Health Centre 40.4% to 23.4%
  - Riverview Care Centre 39.4% to 29.1%
  - Good Samaritan South Ridge Village 29.2% to 14.7%
- Several sites in North Zone are also seeing improvement as a result of the AUA initiative, for example:
  - Extencicare – Athabasca improved from 27.8% to 8.7%
  - Extencicare – Mayerthorpe 30.6% to 7.6%
  - St. Therese-St. Paul Health Care Centre 19.9% to 7.7%
  - Manning Community Health Centre 43.9% to 7.4%
  - Athabasca Health Centre 17.1% to 2.8%
  - Redwater Health Centre 12.4% to 0%
- The Good Samaritan Dr. Gerald Zetter Care Centre in Edmonton Zone has reduced AUA from 19.5% to 14.3%
- Sherwood Care has reduced AUA from 23.8% to 8.4% in the last year.
- McKenzie Towne Care Centre's nursing staff meet with the pharmacist monthly and review all residents on AP meds.

# Appropriateness and Effectiveness: Potentially Inappropriate Use of Antipsychotics in Long Term Care – Zone Details

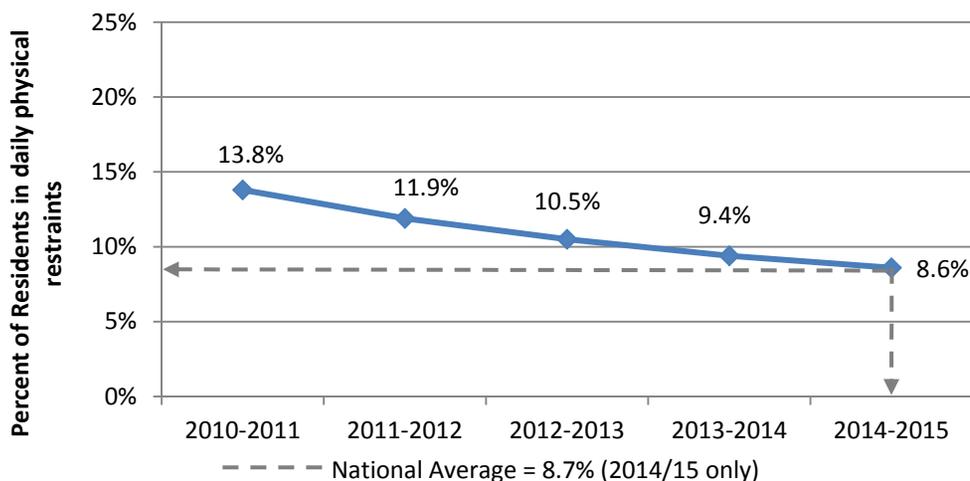
The measure is the percentage of residents who receive an antipsychotic medication without a diagnosis of psychosis in the last 30 days in a long term care facility.



**Please note:** The axis of this chart does not start at zero, to allow more detail to be seen

## Appropriateness and Effectiveness: Restraint Use in Long Term Care – Provincial Details

**Restraint Use in Long-Term Care**



### Definition

**Restraint use in Long Term Care:** A physical restraint is defined as any manual method, or any physical or mechanical device, material or equipment that is attached or adjacent to the resident's body, that the resident cannot remove easily, and that restricts the resident's freedom of movement or normal access to his or her body. It is the effect the device has on the resident that classifies it into the category of restraint, not the name or label given to the device, nor the purpose or intent of the device.

### Understanding this Measure

Physical restraints are associated with negative physical and psychosocial outcomes. If used for any significant period of time, the physical consequences may include loss of muscle mass, contractures, lessened mobility and stamina, impaired balance, skin breakdown, constipation, social isolation, emotional distress and incontinence. Further, persons who try to free themselves from restraints may fall and be injured. Physical restraints should be used as a last available option after all other supportive interventions have been trialed. Where physical restraint use is unavoidable, the outcomes of the restraint on resident status must be evaluated regularly.

### Considerations and Initiatives:

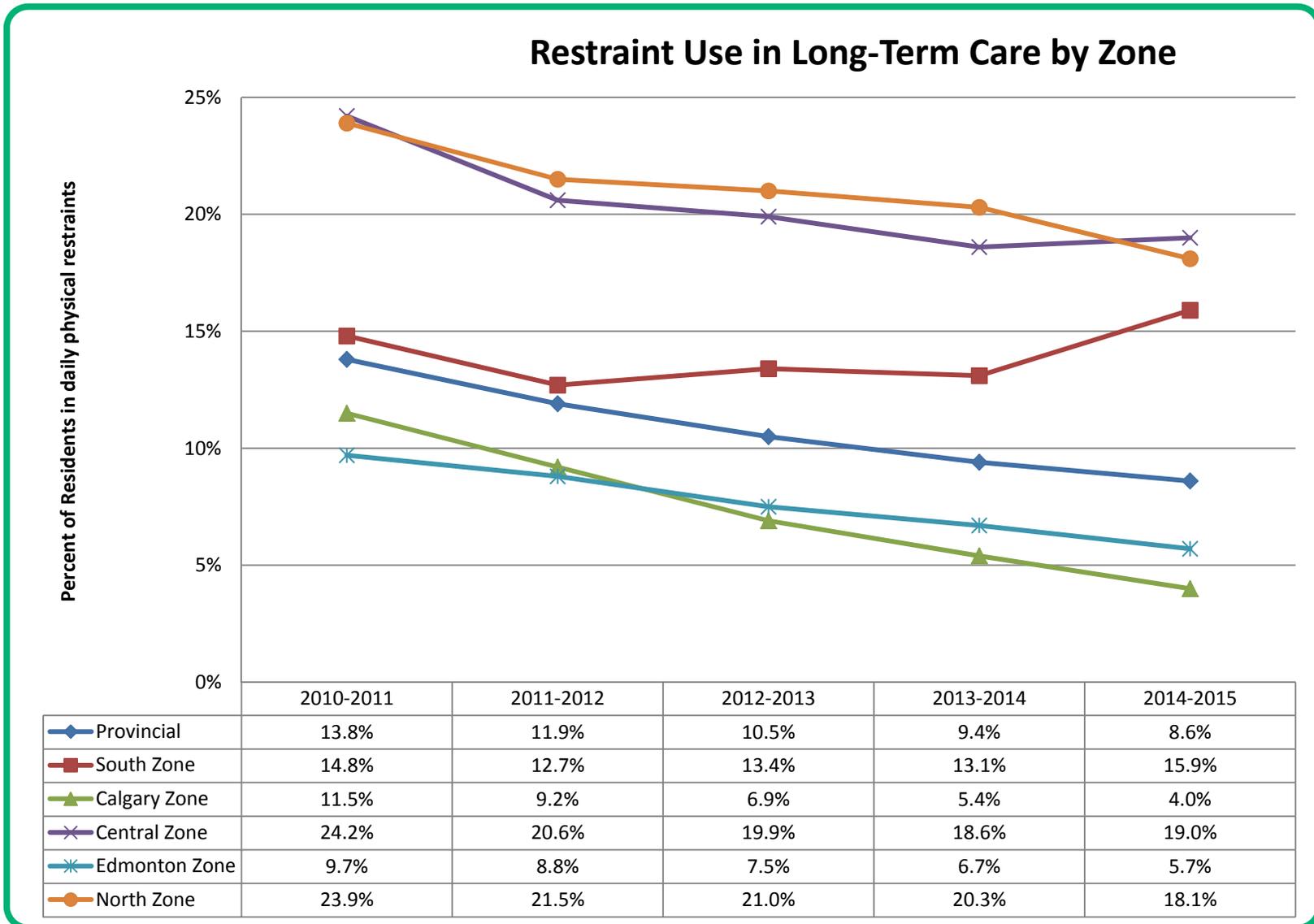
- The use of restraints should only be used as a last option to protect the safety of the resident or other residents and only after all other options have been explored, including the provision of additional care support.
- Alberta Health Services is completing a policy aimed at reducing the use of daily physical restraints with a focus on the care and safety of all residents.
- Accreditation Canada requires restraint use be monitored and limited in use.
- Staffs are trained to apply other methods and if a restraint is used, it is to be on a temporary basis with careful, scheduled monitoring.
- Alberta long term care homes are doing well to reduce and adhere to minimal use of restraints as reflected by the downward trend on the graph.
- If a facility reduces their use of restraints, an unintended consequence could be increased falls.

### 2015-2016 examples of initiatives include:

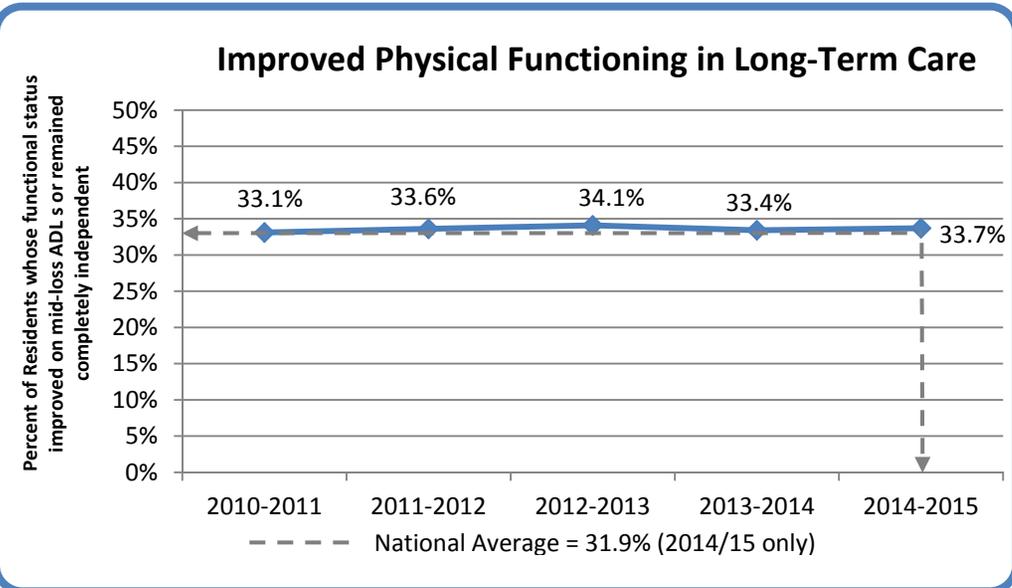
- Through general awareness and ongoing, interdisciplinary discussion, improvements have occurred at these South Zone sites:
  - Bassano Health Centre 49.9% reduced to 8.6%;
  - Club Sierra 6% to 1.7%; and,
  - St. Michael's Health Centre, Covenant site in Lethbridge 20% to 13.7%.
- In one of Bethany Cares Society sites in the Calgary Zone, work on restraint rates is ongoing to reduce the number of clients being restrained.
- The North Zone has secured 25 seats in an upcoming Facilitator Supportive Pathways training and plans to make program learnings available to direct care staff to enhance skills related to responsive behaviours.
- Several Zones and sites have indicated they are implementing Quality Improvement initiatives to decrease the number of restraints used and to closely monitor those that are in place for appropriateness.

## Appropriateness and Effectiveness: Restraint Use in Long Term Care – Zone Details

The measure is the percentage of residents who are restrained in the last 30 days in a long term care facility.



## Health Status: Improved Physical Functioning in Long Term Care – Provincial Details



### Definition

**Percent of Long Term Care Residents with improved mid-loss ADLs or remained completely independent (risk adjusted):** A higher percentage is desirable for a facility because it indicates their residents are improving their mid-loss activities to daily living (transfer and locomotion) and are more independent in these activities.

### Understanding this Measure

Activities of Daily Living (ADL) range from dressing and personal hygiene (early loss) to walking, transfer and locomotion (mid-loss) to eating and bed mobility (late loss). The indicator is triggered after the current assessment is lower than the previous assessment (over a period of three months). Most long term care residents are at risk of physical decline and a resident's potential for improvement or optimal ADL functionality is often underestimated by family, staff, or the resident himself or herself. The mid-loss ADLs such as ability to walk and self-transfer are very decisive factors in a resident's quality of life.

### Considerations and Initiatives:

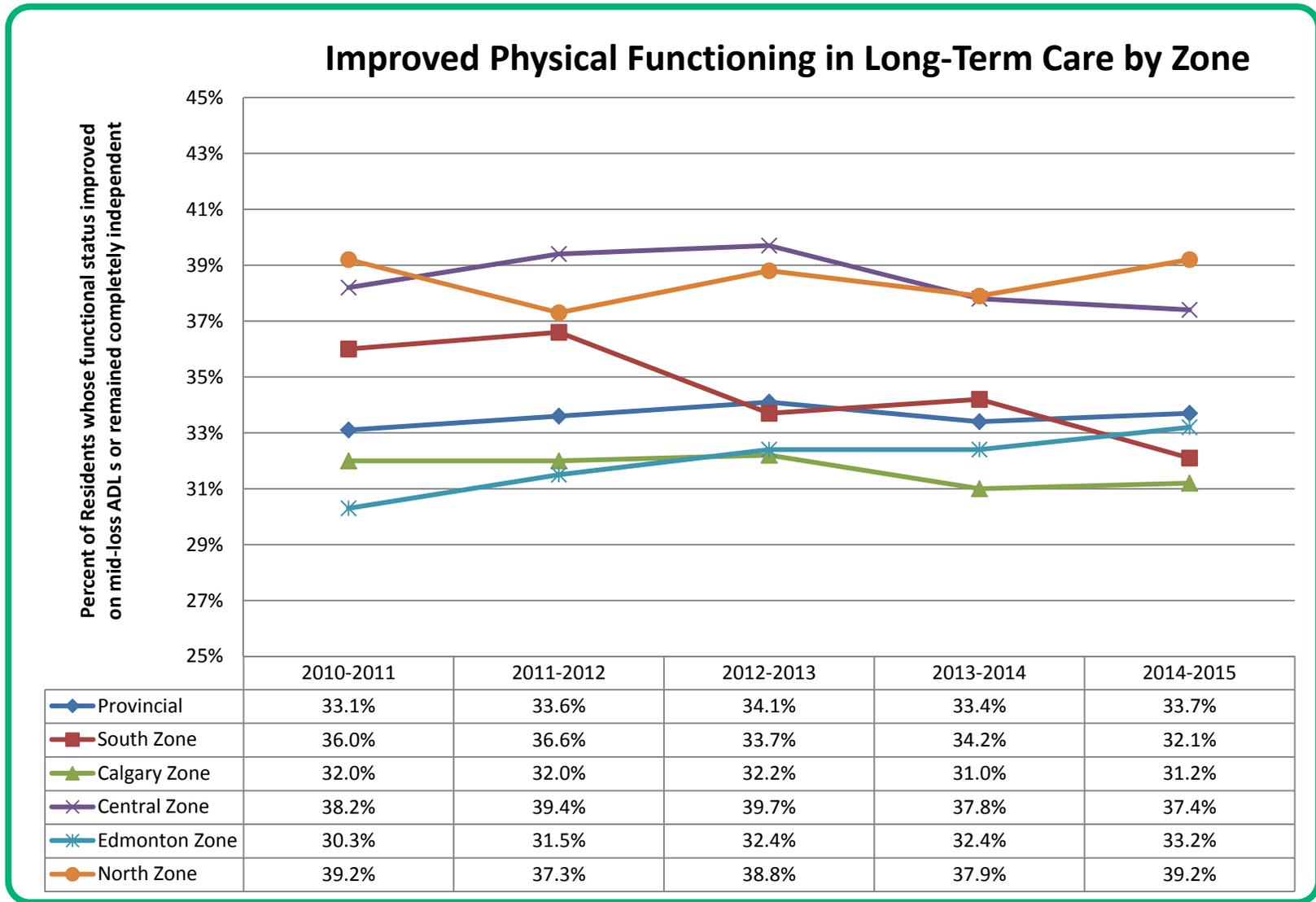
- Engaging residents in regular physical activity has many benefits, avoids health complications and prevents decline and loss of independence.
- Staffs in Alberta facilities use ideas from residents and their families to understand their likes and dislikes. In this way, a resident can be engaged in activities that interest them and are most suited to their abilities.
- Movement through activities is a key part of nursing restorative and specific therapeutic recreation, occupational and physical therapy programs in facilities.

### 2015-2016 examples of initiatives include:

- Innisfail Health Centre, Central zone led a successful quality improvement initiative to have the physical therapists consistently complete the ADL areas of the RAI assessments on their residents.
- Westview Care Community site, Linden, in Central Zone, the staff track care and resident ADL performance carefully and have integrated outcome scales of RAI MDS 2.0 into clinical decision making. Their residents showed improvement in ADLs linked to physiotherapy therapeutic programming.
- North Zone has developed a North Zone Risk Management Model which has a section specific to improving physical function in Long Term Care.
- Revera Living – McKenzie Town's Therapy Department has reviewed all of its programs compared to resident's abilities and needs. They have restructured most of their programs in July 2015 to better meet the current needs.

## Health Status: Improved Physical Functioning in Long Term Care – Zone Details

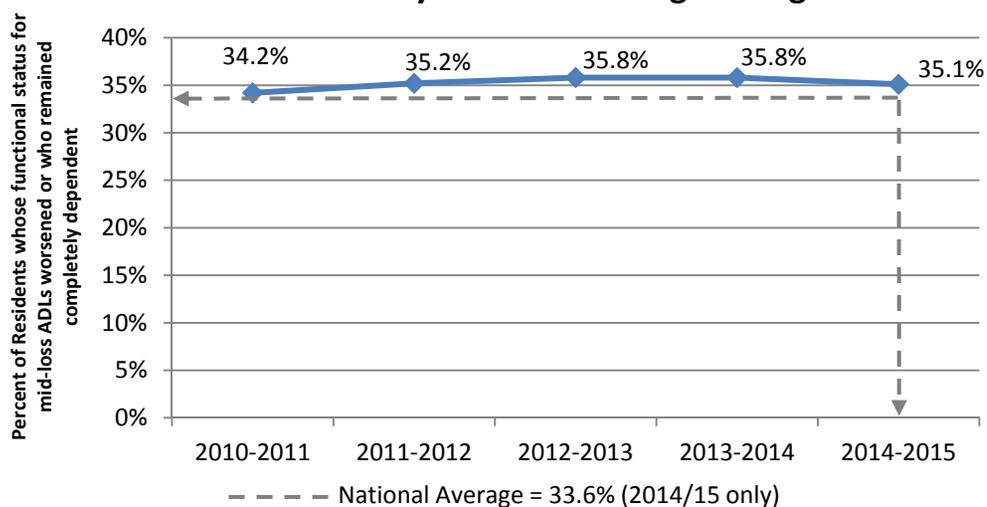
The measure is the percentage of residents who had improved physical functioning in the last 30 days in a long term care facility. **NOTE:** higher is better for this measure.



**Please note:** The axis of this chart does not start at zero, to allow more detail to be seen

## Health Status: Worsened Physical Functioning in Long Term Care – Provincial Details

**Worsened Physical Functioning in Long-Term Care**



### Considerations and Initiatives:

- Residents who have difficulty remembering, understanding and learning new information may also benefit from increased physical activity and, like anyone, they are more likely to take part in activities they did before, are familiar and ones they enjoy.

### 2015-2016 examples of initiatives include:

- Carewest George Boyack site in the Calgary Zone is focused on improving activity and rehabilitation services to optimize function and keep residents from losing their physical abilities and have gone from 33.5% (Q1 2014/15) to 32.0% (Q2 2014/15) in just 3 months.

### Definition

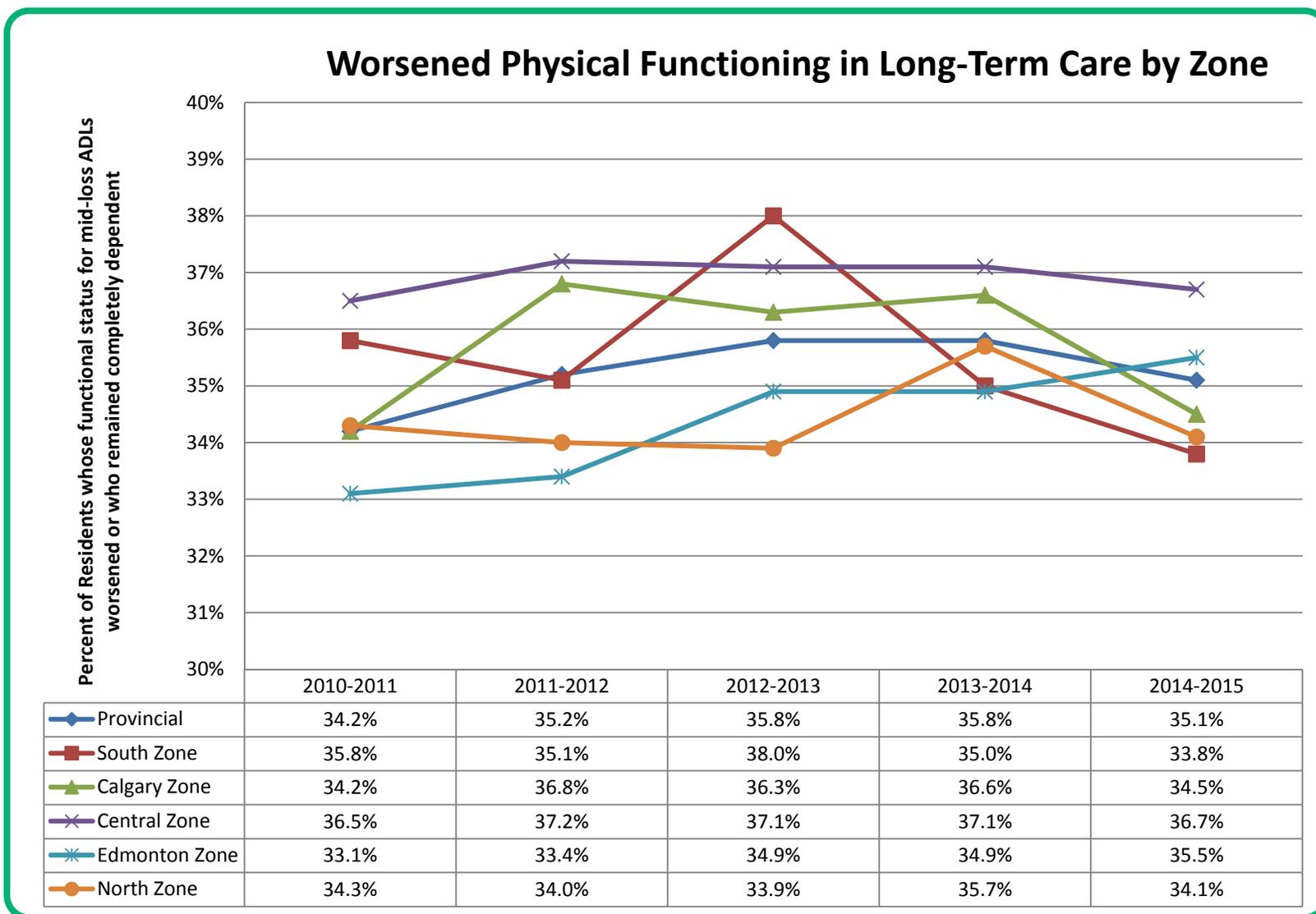
**Worsened Physical Functioning in Long Term Care:** Residents whose mid-loss ADLs worsened get a higher ADL self-performance score on their most recent assessment than the previous assessment (or a maximum score on both previous and most recent assessments) for one or more of three mid-loss ADLs: i) transfers, ii) walk in corridors, and/or iii) locomotion on unit. A higher ADL self-performance score is not desirable as it indicates less independence in these ADLs.

### Understanding this Measure

Activities of Daily Living (ADL) range from dressing and personal hygiene (early loss) to walking, transfer and locomotion (mid-loss) to eating and bed mobility (late loss). The indicator is triggered after the current assessment is lower than the previous assessment (over a period of three months). The mid-loss ADLs such as ability to walk and self-transfer are very decisive factors in a resident's quality of life. A lower percentage is desirable as it indicates that mid-loss ADL functioning is worsened in a lower proportion of long term care residents.

## Health Status: Worsened Physical Functioning in Long Term Care – Zone Details

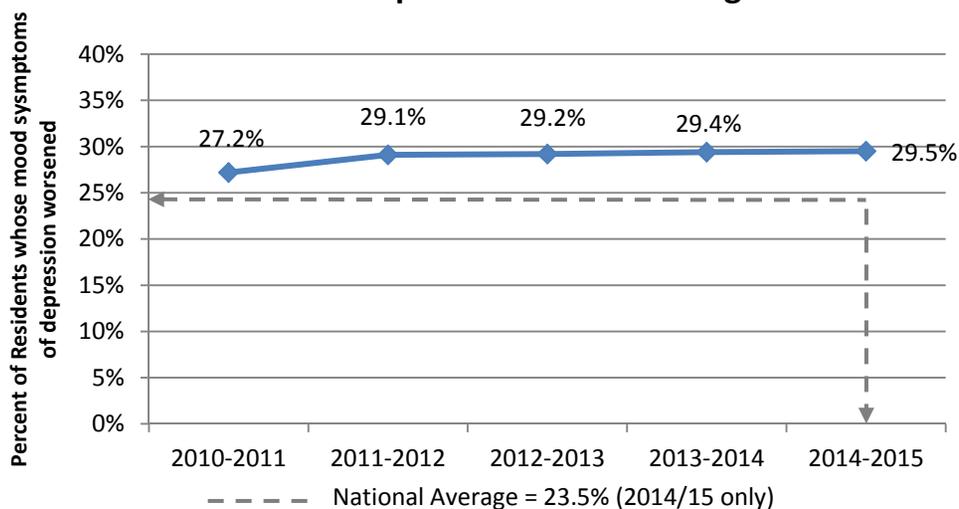
The measure is the percentage of residents who had a worsened physical functioning in the last 30 days in a long term care facility.



**Please note:** The axis of this chart does not start at zero, to allow more detail to be seen

## Health Status: Worsened Depressive Mood in Long Term Care – Provincial Details

### Worsened Depressive Mood in Long-Term Care



#### Definition

**Worsened Depressive Mood in Long Term Care:** The Depression Rating Scale (DRS) is a direct output of the RAI-MDS 2.0. It can be used as a clinical screen for the severity of and change in depressive symptoms; it is not a diagnostic tool. If a resident has a score of three or more on the DRS they should be further assessed for a clinical diagnosis of depression. The RAI Clinical Assessment Protocol Manual states that 20% of persons in long term care facilities will have a DRS score of three or higher. Therefore, this QI should not reach 0%.

#### Considerations and Initiatives:

- This indicator looks at the rate of residents in long term care whose symptoms of depression got worse over a period of time.
- Resident with symptoms of depression often experience significant medical, social and quality-of-life challenges.
- The use of the RAI MDS 2.0 standardized assessment in all long term care homes across Alberta helps staff identify depressive symptoms so that it does not go un-diagnosed and untreated.
- There are many things that can contribute to a mood problem. Staff in long term care facilities has the information from the RAI assessments to identify when a resident is at risk and can then involve mental health professionals in the resident's assessment and care.

#### 2015-2016 examples of initiatives include:

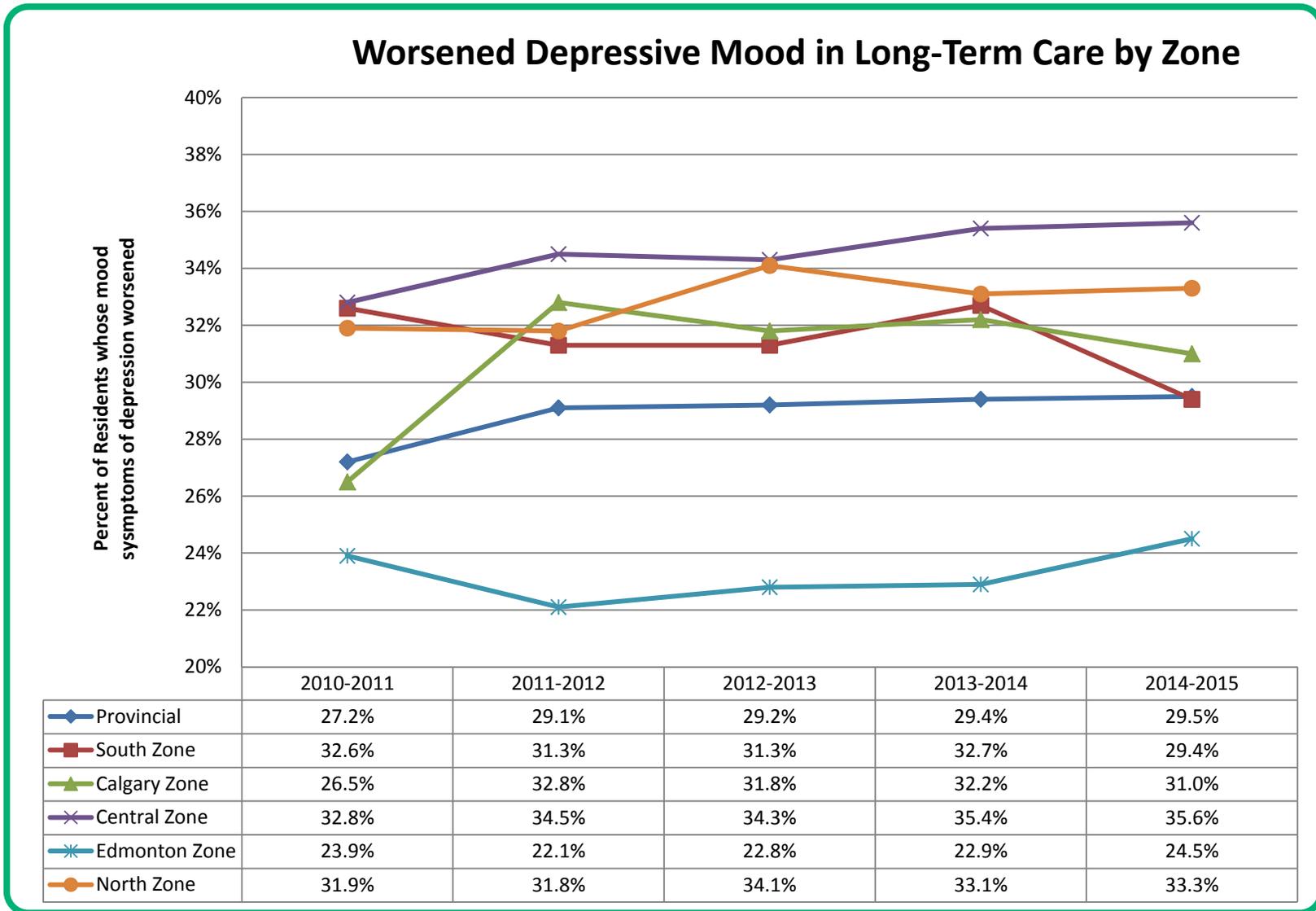
- Two Extendicare sites in Calgary Zone, Cedars Villa and Hillcrest, are working on a quality improvement to recognize depression in the elderly
- The Seniors Health Strategic Clinical Network will be incorporating an aspect on screening for depression as part of Elder Friendly Care initiatives.
- Bethany Care Society sites in Calgary zone is conducting QI work around the indicator rates of depression/worsened mood (staff education around how to accurately assess and code). North Zone is enhancing training in responsive behaviours, which is an important part of reducing depressive mood.
- MaKenzie Town Care Centre has decreased symptoms of depression from 17.7 to 12.1%

#### Understanding this Measure

DRS scores range from 0-14 with higher values indicating that the resident has more numerous and/or frequent depressive symptoms. Symptoms used to calculate the DRS include the resident making negative statements, persistent anger with self or others, expressions of unrealistic fears, repetitive health complaints, repetitive anxious complaints/concerns, sad/pained/worried facial expressions, and crying/tearfulness. Depression is a serious condition and if left untreated is associated with significant morbidity, functional decline and unnecessary suffering by the person, family and caregivers. Residents in long term care are at high risk due to factors including relocation adjustment to the facility, functional impairment (including vision, hearing and speech and ability to participate in activities), socially withdrawal, increased risk of medical illness, cognitive impairment and issues with pain. It is important to identify signs and symptoms of mood distress, as it is very treatable.

## Health Status: Worsened Depressive Mood in Long Term Care – Zone Details

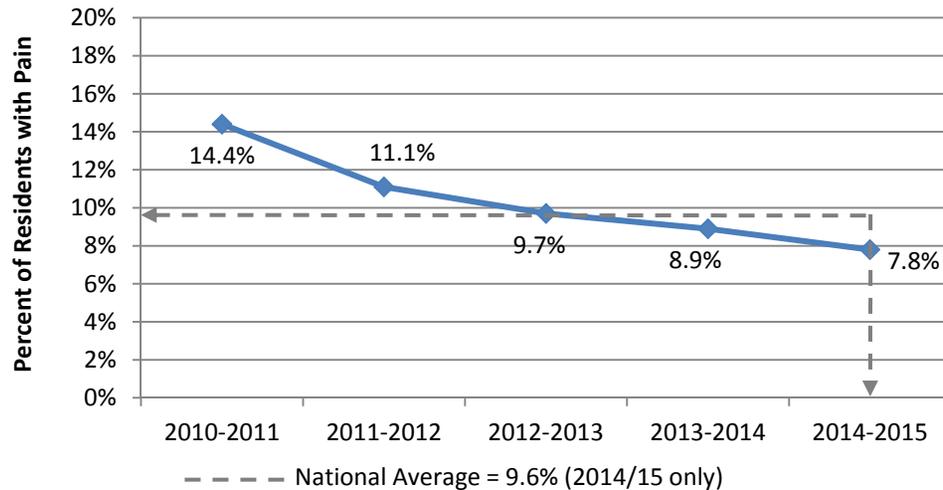
The measure is the percentage of residents who had a worsened depressive mood in the last 30 days in a long term care facility.



**Please note:** The axis of this chart does not start at zero, to allow more detail to be seen

## Health Status: Experiencing Pain in Long Term Care – Provincial Details

### Experiencing Pain in Long-Term Care



#### Definition

**Experiencing Pain in Long Term Care:** Pain refers to any type of physical pain or discomfort in any part of the body. It may be acute or chronic, continuous or intermittent, or occur at rest or with movement. It is a subjective experience, and the inability to communicate verbally does not negate the possibility that an individual is experiencing pain and is in need of appropriate pain-relieving treatment.

#### Understanding this Measure

Pain directly impacts the resident's quality of life and can impact social engagement, ability to perform activities of daily living, mood and behaviours, and nutrition status. A lower percentage is desirable as it indicates fewer long term care residents who suffer from moderate daily or excruciating pain. This QI is triggered for residents with moderate (a "medium" amount) pain at least daily or horrible/excruciating pain (worst possible pain which can interfere with daily routines, socialization and sleep) at any frequency during the seven day look-back period. Pain experienced outside of this reflective period is not included in the calculation. For residents with chronic pain, if pain management strategies (e.g. receipt of regularly scheduled analgesic or other therapeutic interventions) are effective to the extent that the resident does not report experiencing pain or does not demonstrate behaviours associated with pain, then the resident would be coded as having "no pain".

#### Considerations and Initiatives:

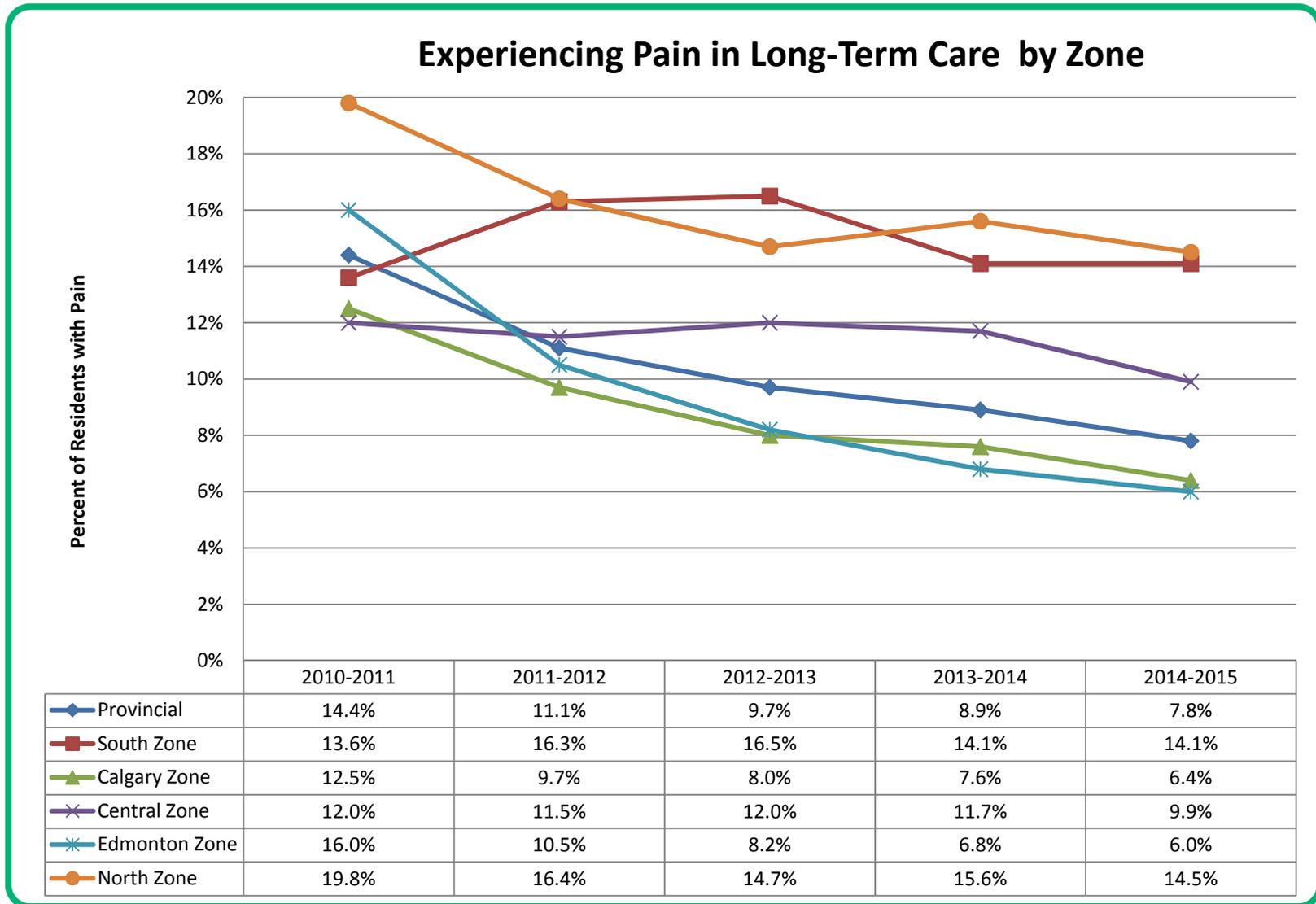
- This indicator measures the percentage of long term care residents who indicated they were experiencing moderate to significant levels of pain on assessment.
- Pain can have a significant impact of quality-of-life, function and mood, and is not a "normal" part of aging.
- Rates of residents indicating they were experiencing moderate to significant pain have dropped over the last 4 years in Alberta, from 14% to 9%.
- Pain relief for long term care may be due to many factors and must be accomplished in a number of different ways.

#### 2015-2016 examples of initiatives include:

- North Zone is developing Clinical Practice Guidelines related to pain management in Long Term Care.
- In South Zone, through general awareness and ongoing, interdisciplinary discussion, the following sites have improved:
  - Cardston Health Centre reduced from 71.7% to 13.4%; and,
  - St. Michael's Heath Centre, Covenant site in Lethbridge 28.6% to 7.3%.
- In the Edmonton Zone, Extencicare Eaux Claires has a quality improvement plan on pain reduction.
- Touchmark at Wedgewood, Edmonton zone has reduced the number of residents experiencing pain by doing pain assessments, in the last year from 3.7% to 3.4%.
- Carewest sites in Calgary zone are addressing pain across multiple sites by focusing on best practices, coding and documentation.
- Brenda Stafford Foundation sites are providing education on accurate coding of pain, pain mapping is initiative and reviewed after 7 days. Palliative consult initiated as required and recommendations are followed.

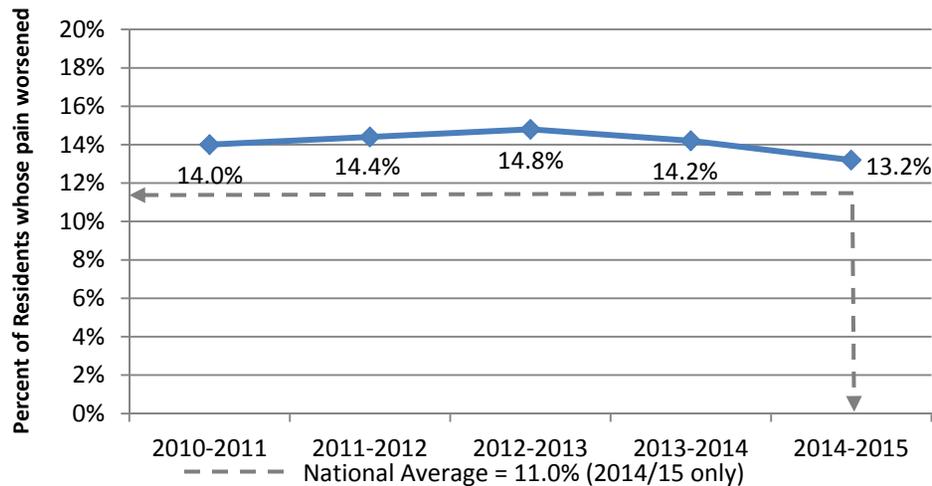
## Health Status: Experiencing Pain in Long Term Care – Zone Details

The measure is the percentage of residents who are experiencing pain in the last 30 days in a long term care facility.



## Health Status: Experiencing Worsened Pain in Long Term Care – Provincial Details

**Experiencing Worsened Pain in Long-Term Care**



### Definition

**Experiencing Worsened Pain in Long Term Care:** Pain refers to any type of physical pain or discomfort in any part of the body. It may be acute or chronic, continuous or intermittent, or occur at rest or with movement. It is a subjective experience, and the inability to communicate verbally does not negate the possibility that an individual is experiencing pain and is in need of appropriate pain-relieving treatment.

### Understanding this Measure

Pain directly impacts the resident's quality of life and can impact social engagement, ability to perform activities of daily living, mood and behaviours, and nutrition status. A lower percentage is desirable as it indicates fewer long term care residents whose pain has worsened. Coding of the RAI-MDS 2.0 assessment uses a seven day look-back period for this data element. Pain experienced outside of this reflective period is not included in the calculation. Clinical judgement is used when assessing pain. If difficulty is encountered in assessing intensity level (i.e. mild, moderate, severe), the clinician will code for the higher intensity level of pain.

### Considerations and Initiatives:

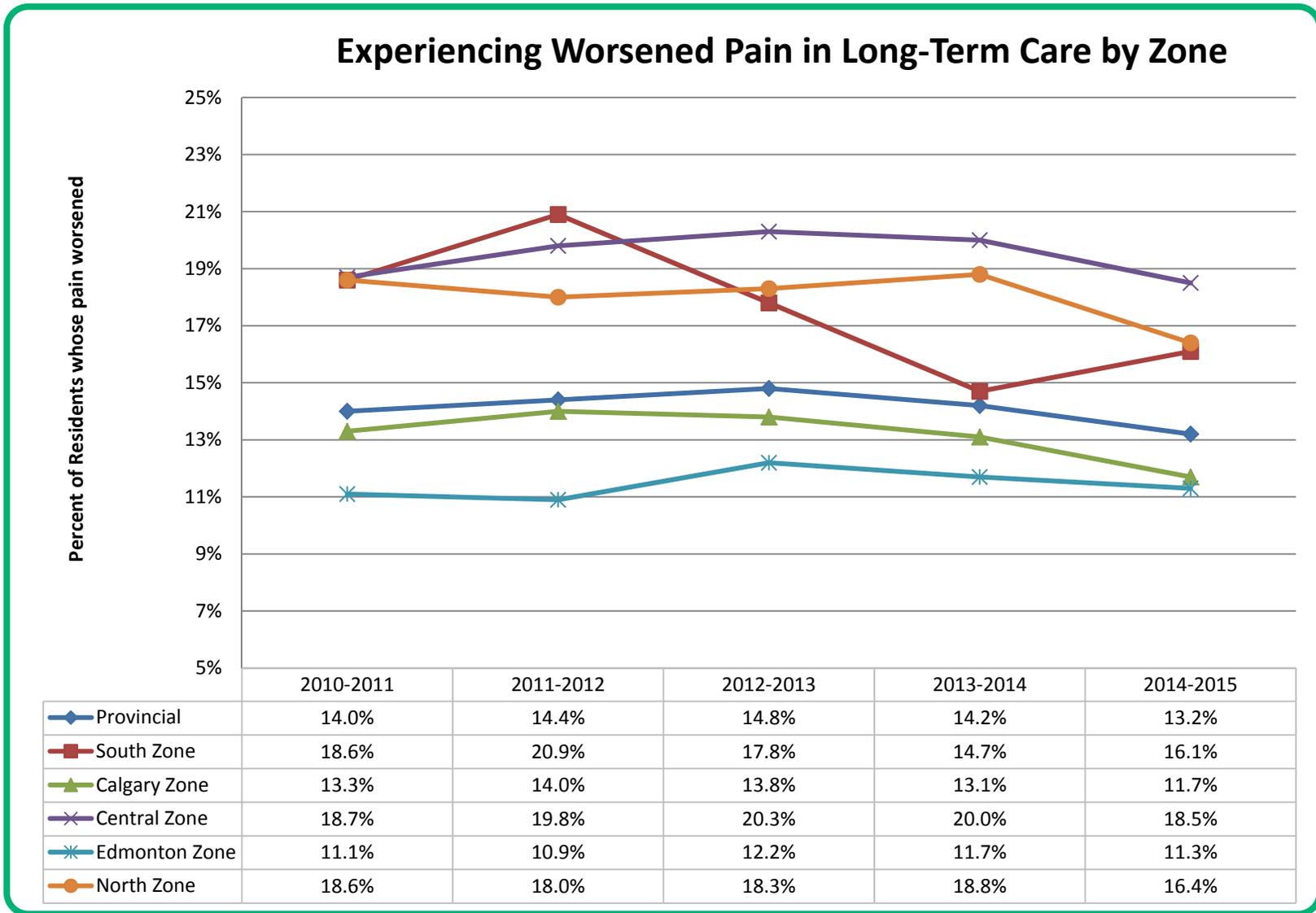
- AHS and operators continuously analyze available resident outcome data to find opportunities for quality improvement. Pain is one of these indicators and must be identified and managed in a timely manner.
- Various ways to reduce pain using appropriate medications and medication dosing times and alternative therapeutic methods are used and monitored.

### 2014-15 Examples of initiatives include:

- North Zone is developing Clinical Practice Guidelines related to pain management in Long Term Care.
- In the Edmonton Zone, Extencicare Eaux Claires has a quality improvement plan on reducing the % of residents whose pain worsened.
- Two Extencicare sites in Calgary Zone, Cedars Villa and Hillcrest, are working on quality improvements to prevent worsening pain using a multidisciplinary approach, strategies are assessed on a daily basis and at monthly Quality Indicator meetings.
- Wing Kei Care Centre in Calgary Zone reviews resident's current pain assessment and management, an interdisciplinary team is used and education is provided to prevent pain from worsening. In the past year they have improved from 16.2% to 13.6%, with a goal of further reducing to 11% by 2016.
- McKenzie Towne Care Centre implemented eMAR in May 2015 and found it was easier to monitor and follow up on resident's pain more quickly.

## Health Status: Experiencing Worsened Pain in Long Term Care – Provincial Details

The measure is the percentage of residents who are experiencing worsening pain in the last 30 days in a long term care facility.



**Please note:** The axis of this chart does not start at zero, to allow more detail to be seen