

OHQC LTC Public Reporting Home-level Risk-adjusted Indicators | 2009

For 2009, the Ontario Health Quality Council (OHQC) will report four quality indicators (or measures) at the home level. These are third-generation quality indicators based on interRAI research. These quality indicators involve new methodologies, including risk adjustments.

- Risk adjustments modify a home's raw quality indicator score by accounting for multiple differences in resident populations across facilities. Results are adjusted relative to a standard reference population. The risk adjustment factors include facility and resident characteristics.
- Risk adjustments allow for fairer comparisons across long term care homes.
- It is important to note that raw (absolute) quality indicator results (the results you currently generate within your home) are useful for internal quality improvement initiatives.
- Each of the four quality indicators is listed below, along with a description, the technical name used by the Canadian Institute for Health Information (CIHI), how it is measured (i.e., numerator, denominator and risk adjustments), information about the preferred direction (i.e., is a higher or lower score typically preferred?) and the data source.

Quality Indicator (as it appears on the website)	Description	Technical Name	Numerator	Denominator	Risk Adjustments	Preferred Direction	Data Source
Percentage of residents with worsening bladder control	Percentage of residents whose urinary incontinence declined over a typical 90-day period	Incidence of worsening bladder incontinence (based on last 7 days)	Number of residents with worse bladder incontinence on target assessment compared with previous assessment (H1b)	Number of residents with assessments that meet general criteria, ¹ excluding those with maximum bladder incontinence score on previous assessment (as it cannot get worse), comatose (B1) and end-of-life (J5c, P1ao) residents	Facility level stratification: <ul style="list-style-type: none"> • Activities of Daily Living (ADL) Long Form² Resident level covariates: <ul style="list-style-type: none"> • Age less than 65 years • Personal Severity Index (PSI): Subset 1 or 2 Diagnoses • Cognitive Performance Scale³ • Resource Utilization Groups (RUGs), Nursing Case Mix Index (CMI)⁴ 	Lower values for this indicator are preferred	Resident Assessment Instrument-Minimum Data Set (RAI-MDS)
Percentage of residents who had a recent fall ⁵	Percentage of residents who have fallen in the last 30 days	Prevalence of residents who had recently fallen (based on last 7 days)	Number of residents who had a fall (in the last 30 days recorded on the target assessment [J4a])	Number of residents with assessments that meet general criteria	Facility level stratification: <ul style="list-style-type: none"> • CMI Resident level covariates: <ul style="list-style-type: none"> • Not totally dependent in transferring • Locomotion problem • PSI: Subset 2 Non-diagnoses • Any wandering • Unsteady gait/cognitive impairment • Age less than 65 years 	Lower values for this indicator are preferred	RAI-MDS

¹ General criteria: 1) one assessment (the latest one) is selected per quarter. The resident must have been in the long-term care home at least 80 days at assessment. Admission Full Assessments are excluded. A denominator of at least 30 assessed residents in a quarter is required to calculate a quality indicator.

² Activities of Daily Living (ADL) Long Form Scale is an additive outcome measure for activities of daily living based on the sum of scores for seven ADL items. Scores range from 0 (independent in all ADL items) to 28 (total dependence in all ADL items).

³ Cognitive Performance Scale combines information on memory impairment, level of consciousness and executive function. Scores range from 0 (intact) to 6 (very severe impairment).

⁴ Case Mix Index (CMI) is a numerical value describing the relative resource intensity of a given case mix group compared with the average resource use of long-term care home residents.

⁵ A fall is defined as any unintentional change in position where the resident ends up on the floor, ground or other lower level. Falls are included if they occurred in the 30 days prior to the assessment.

Quality Indicator (as it appears on the website)	Description	Technical Name	Numerator	Denominator	Risk Adjustments	Preferred Direction	Data Source
Percentage of residents with a new pressure ulcer (stage 2 to 4) ⁶	Percentage of ulcer free residents who developed a stage 2 to 4 pressure ulcer over a typical 90 day period	Incidence of stage 2 to 4 pressure ulcers (based on last 7 days)	Number of residents who had a stage 2 to 4 pressure ulcer on target assessment and no stage 2 to 4 pressure ulcer on previous assessment	Number of residents with assessments that meet general criteria, excluding those with stage 2 or greater pressure ulcer on previous assessment	Facility level stratification: <ul style="list-style-type: none"> • CMI Resident level covariates: <ul style="list-style-type: none"> • Age less than 65 years • PSI: Subset 1 Diagnoses • More dependence in toileting • RUG Cognitive Impairment⁷ 	Lower values for this indicator are preferred	RAI-MDS
Percentage of residents who had a pressure ulcer (stage 2 to 4) that recently got worse	Percentage of residents who developed more severe pressure ulcers (at stage 2 to 4) over a typical 90-day period	Prevalence of worsening pressure ulcers (stage 2 to 4) (based on last 7 days)	Number of residents who had a stage 2 to 4 pressure ulcer on target assessment and the stage was higher on target assessment compared with previous assessment (M2a)	Number of residents with assessments that meet general criteria, excluding those with stage 4 pressure ulcer on previous assessment (as it cannot get worse)	Facility level stratification: <ul style="list-style-type: none"> • CMI Resident level covariates: <ul style="list-style-type: none"> • Age less than 65 years • RUG Late Loss ADL 	Lower values for this indicator are preferred	RAI-MDS

⁶ Pressure ulcers are assessed in the seven days prior to the assessment date. A stage 2 pressure ulcer is defined as “a partial thickness loss of skin layers that presents clinically as an abrasion, blister or shallow crater.” A stage 4 pressure ulcer is coded when “a full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.”

⁷ Resource Utilization Group (RUG) is a calculation that places individuals in distinct groups that reflect the relative costs of services they are likely to use.