2020-2021

Alberta Continuing Care Publicly Available Quality Indicators

For more information
ahs.ca/continuingcare

Seniors Health & Continuing Care
Provincial Quality Management

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Executive Summary

Alberta's continuing care system provides Albertans with the health, personal care, and accommodation services they need to support their independence and quality of life. Continuing Care services supplement and complement care provided by individuals, families, and communities.

The Alberta Continuing Care Publicly Available Quality Indicators 2020-2021 Report provides an overview of Alberta's performance on nine publicly reported (Canadian Institute for Health Information) Quality Indicators (QI) in long term care and five additional Shared Health Priority (SHP) indicators. The Report complements the Canadian Institute for Health Information (CIHI) data. CIHI is an independent, not-for-profit organization that collates essential information on Canada's health system and the health of Canadians.

The Report describes Alberta's performance at a zone and provincial level in comparison to national averages and includes examples of quality initiatives to improve care for residents, clients and families across the province. Reporting on each of the indicators supports informed decision making to support change, however it takes time for investments to improve care at the front lines and to better meet the needs of residents/clients and their families.

This Report is updated annually.

It should be noted that the reporting period of our Report overlaps with the COVID-19 pandemic and the data reporting may be impacted.

Introduction

Focus on Quality in Long Term Care Facilities

Residents of long term care (LTC) facilities across Alberta must have access to high quality care. The purpose of this Report is to share information about health service quality and share success stories to promote, monitor and improve the quality of care.

QI highlight potential areas where successes are achieved, or opportunities exist to sustain and improve the quality of resident care. QI are drawn from clinical assessments (known as RAI-MDS 2.0 and RAI HC). These assessments are completed at scheduled internals with residents and clients accessing continuing care in Alberta and then shared with the CIHI.

On June 10, 2015, CIHI began publicly reporting nine LTC QI focused on safety, appropriateness and effectiveness of care on its public website Your Health System. The website features nine health indicators of the 35 indicators from RAI MDS 2.0, reported provincially, by Zones and sites and is accessible to the public. All the indicators within this Report are publicly reported by CIHI.

Alberta is performing above the national average on the following three long term care indicators:

Potentially Inappropriate Use of Antipsychotics in Long Term Care	***Restraint Use in Long term Care***	***Improved Physical Functioning in Long Term Care***
Alberta fares better at 19.9% as compared to Canadian average which reached 22% in 2020-2021	Alberta has shown steady decline from 6.5% in 2016–2017 to 5.2% in 2020-2021 compared to the Canadian average of 5.6% in 2020-21	Alberta has been very steady in the last years, 31.4 % in 2016–2017, 31.3% in 2019–2020 and 32.1% in 2020-2021 compared to the Canadian average of 31.4%

Visit the icon for vignettes about quality initiatives related to the quality indicators throughout the Report.

Focus on Shared Health Priorities

"In 2017, FPT governments endorsed A Common Statement of Principles on Shared Health Priorities, accompanied by an $11 billion federal investment, they endorsed a common set of 12 pan-Canadian indicators to measure progress on improving access to these areas of health care."

Federal, provincial, and territorial (FPT) governments recognize increasing access to home and community care, and mental health and addictions services as challenges. Shared Health Priorities (SHP) focus on improving access to these areas of health care.

In 2019, CIHI in tandem with the FPT governments, started annually reporting the indicator results. Over time, these indicators will provide more accurate information about the access to care across the country, identify gaps in services, and enable health care service providers make meaningful changes to improve the care of Canadian patients and their families. Five of these indicators are now a part of this Report.

Users can view and compare results across Alberta and other parts of Canada at Shared Health Priorities | CIHI. By sharing information on each facility, region, and province, the opportunity exists to learn from one another to improve the quality of care delivered.

The purpose of publicly reporting the QI is to raise awareness among health service providers to support meaningful change to improve the quality of care for clients, residents, families, and caregivers.

The information within the tables below provides and overview of Alberta's performance in comparison to Canadian averages followed by a detailed account of each indicator within the areas of quality:

For questions related to this report, contact our team at:
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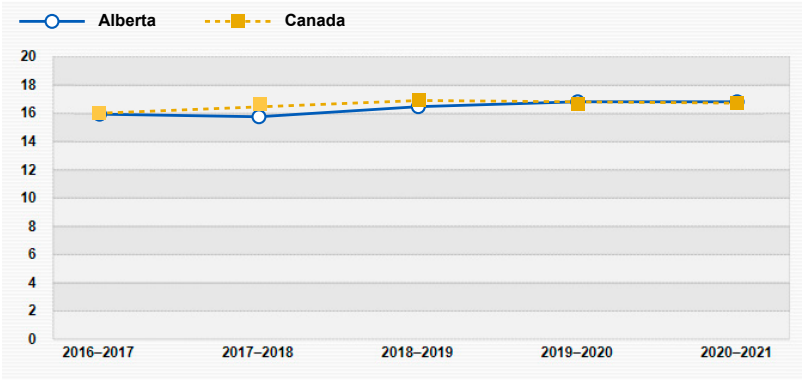
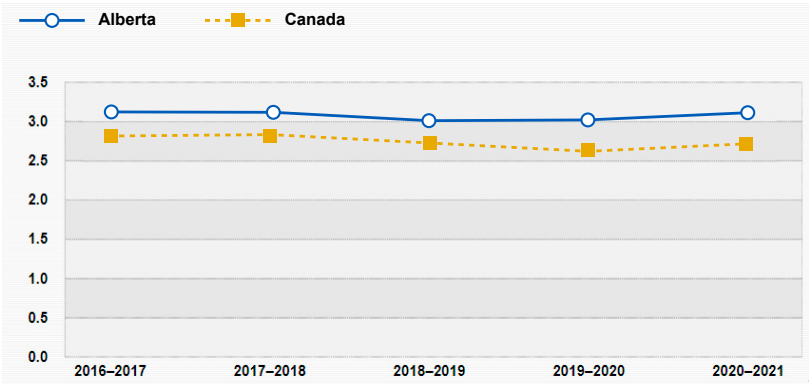
Quality in Long Term Care

Performance Measures Dashboard	Alberta Trends Compared to National Averages[1] (2016–17 to 2020-21)	How Does Alberta Performance Compare to The National Average[2]
Above average performance	Same as average performance	Below average performance
Safety		
Falls in the last 30 days in long term care (FAL02) 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. ***A lower percentage is better*** as it means a lower percentage of residents has fallen.		Alberta (2020-2021) 16.8% Canada (2020-2021) 16.7%
Worsened pressure ulcer in long term care (PRU06) What percentage of residents had a pressure ulcer at Stages 2 to 4 and upon re-assessment the stage of the pressure ulcer is greater? ***A lower percentage is better*** as it means the resident's stage 2 to 4 pressure ulcers are improving or being maintained at the current stage.		Alberta (2020-2021) 3.1% Canada (2020-2021) 2.7%

Performance Measures Dashboard	Alberta Trends Compared to National Averages[1] (2016–17 to 2020-21)	How Does Alberta Performance Compare to The National Average[2]

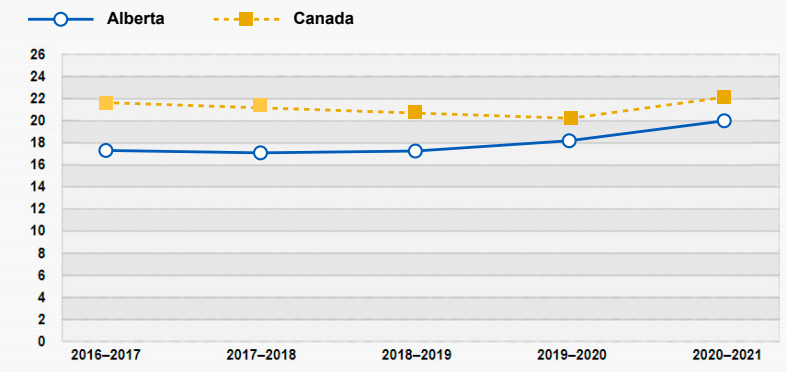
Above average performance | Same as average performance | Below average performance

Appropriateness & Effectiveness

Potentially inappropriate use of antipsychotics in long term care (DRG01)

What percentage of residents received antipsychotic medication without a diagnosis of psychosis?

A lower percentage is better as it means fewer residents received a potentially inappropriate antipsychotic medication.

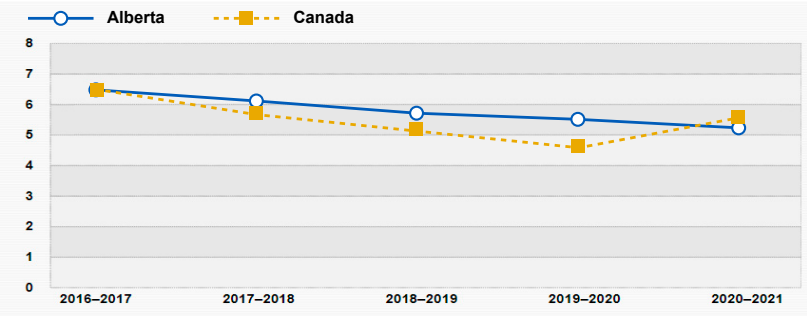


Alberta (2020-2021)	Canada (2020-2021)
19.9%	22%

Restraint use in long term care (RES01)

What percentage of residents are being physically restrained daily?

A lower percentage is better as it means fewer residents are being restrained daily.



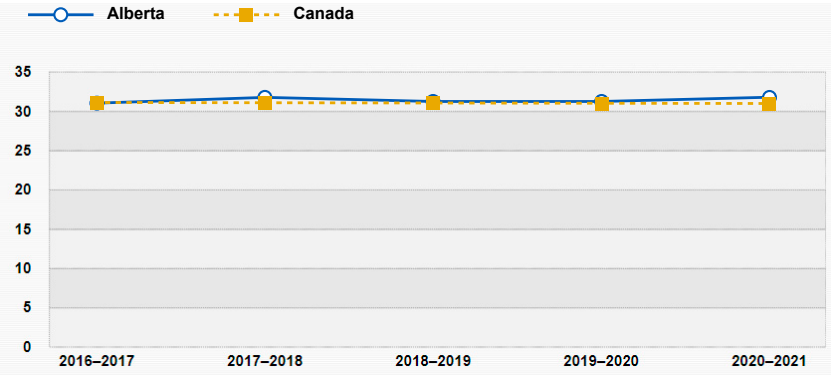
Alberta (2020-2021)	Canada (2020-2021)
5.2%	5.6%

Health Status

Improved physical functioning in long-term Care (ADL05)

What percentage of residents showed improvement in their performance of activities of daily living (walking, transfer, locomotion)?

A higher percentage is better as it means more residents are more independent in certain activities of daily living.



Alberta (2020-2021)	Canada (2020-2021)
32.1%	31.4%

Performance Measures Dashboard	Alberta Trends Compared to National Averages[1] (2016–17 to 2020-21)	How Does Alberta Performance Compare to The National Average[2]

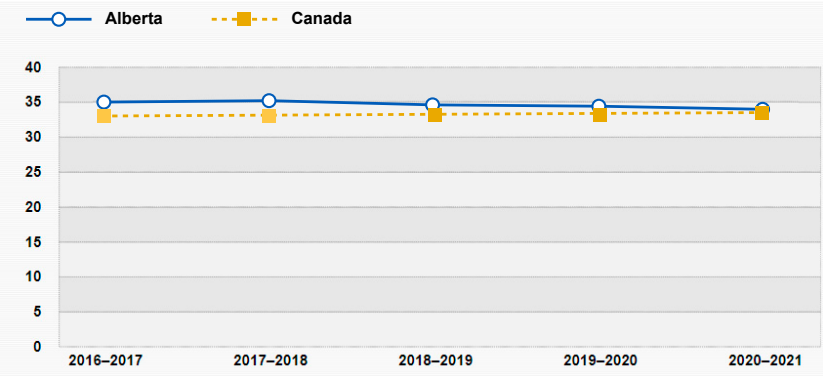
Above average performance | Same as average performance | Below average performance

Health Status

Worsened physical functioning in long term care (ADL5A)

What percentage of residents showed a worsening in their performance of activities of daily living (walking, transfer, locomotion)?

A lower percentage is better as it means fewer residents became more dependent on certain activities of daily living.

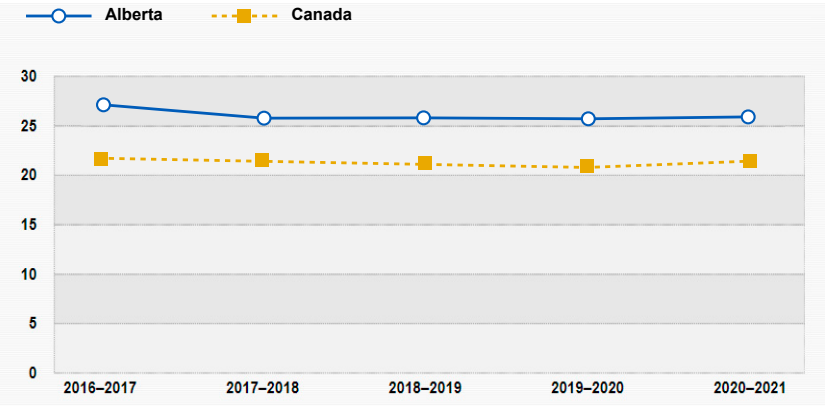


Alberta (2020-2021)	Canada (2020-2021)
34.1%	33.6%

Worsened depressive mood in long term care (MOD4A)

What percentage of residents had a higher score on the Depression Rating Scale (DRS) upon re-assessment?

A lower percentage is better as it means fewer residents are experiencing depressive symptoms on their most recent assessment compared to their previous.

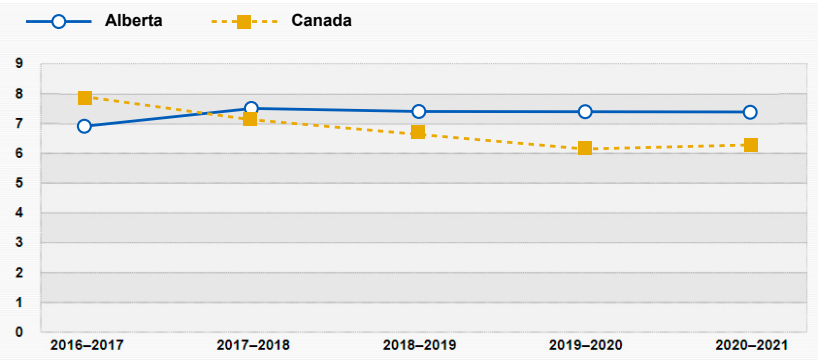


Alberta (2020-2021)	Canada (2020-2021)
25.9%	21.4%

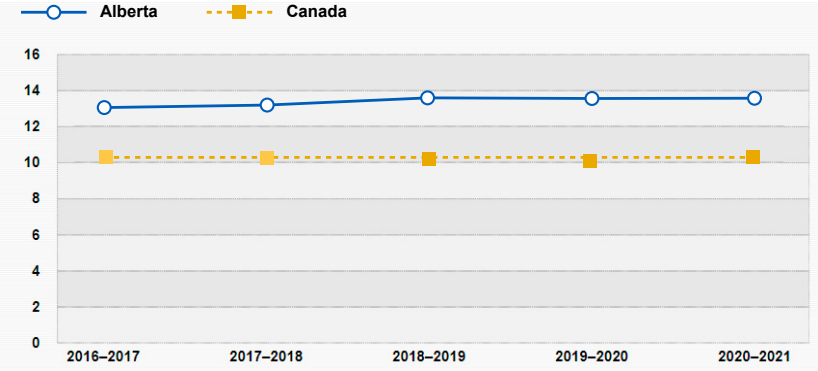
Experiencing pain in long term care (PAI0X)

What percentage of residents have daily, moderate or horrible pain?

A lower percentage is better as it means fewer residents are experiencing such pain.



Alberta (2020-2021)	Canada (2020-2021)
7.4%	6.3%

Performance Measures Dashboard	Alberta Trends Compared to National Averages[1] (2016–17 to 2020-21)	How Does Alberta Performance Compare to The National Average[2]
Above average performance / Same as average performance / Below average performance		
Health Status	**Experiencing worsened pain in long term care (PAN01)** What percentage of residents have daily, moderate, or horrible pain that is getting worse? ***A lower percentage is better*** as it means that there are fewer residents whose pain has gotten worse.		Alberta (2020-2021) 13.5% Canada (2020-2021) 10.2%

1 National figures from CIHI include participation from approximately 65% of long term care facilities across the country. Results are for the following provinces/territories participating completely in CCRS (SK, BC, AB, ON, NL, NB, YK) and partially (MB, NS).

2 Difference from the national average is based on statistical assessment and the desired direction of the QI. The Alberta results are presented color coded: green-above Canadian average performance, blue -same as average performance, red-below average performance.

3. CIHI reports their data as rolling quarters for the fiscal year from April 1, 2020, to March 31, 2021.

- Alberta is above the national average in three out of the nine QI 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.

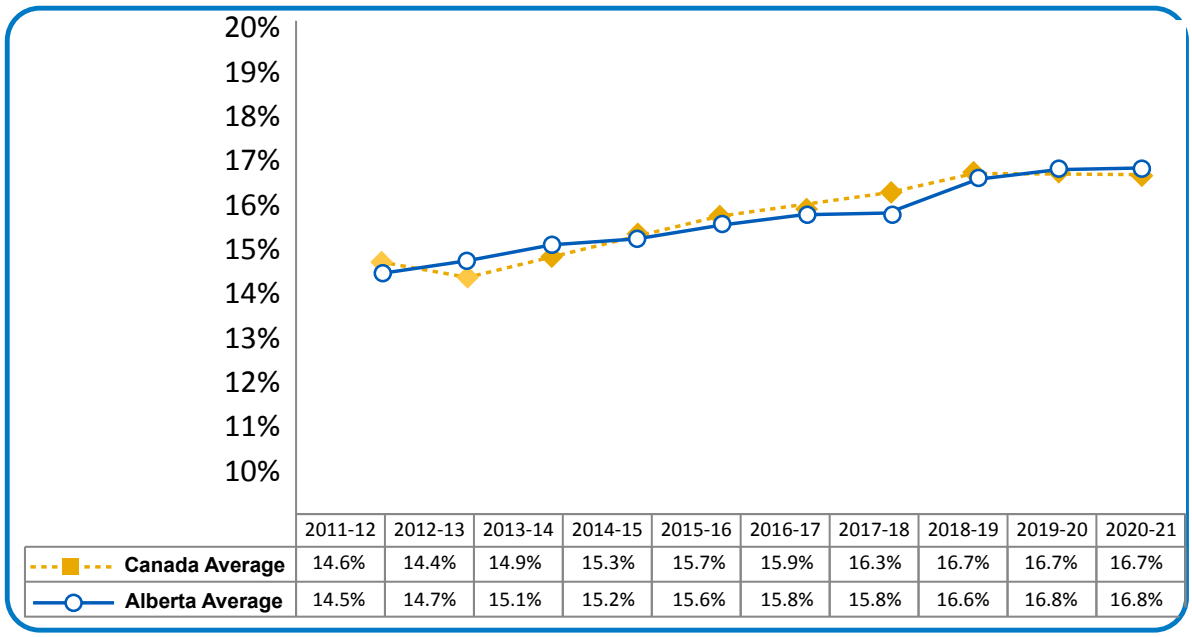
Safety

Falls in the Last 30 Days in Long Term Care

Definition

A fall is 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.

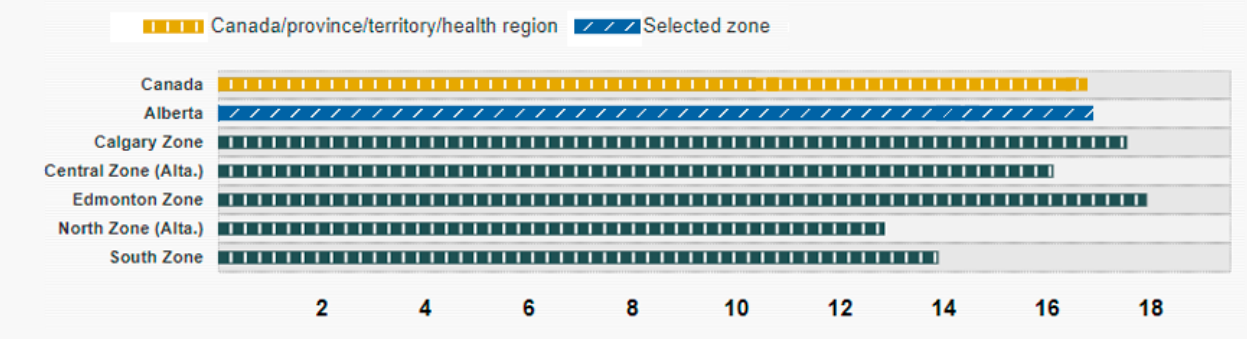
Provincial Details



	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Canada Average	14.6%	14.4%	14.9%	15.3%	15.7%	15.9%	16.3%	16.7%	16.7%	16.7%
Alberta Average	14.5%	14.7%	15.1%	15.2%	15.6%	15.8%	15.8%	16.6%	16.8%	16.8%

Source: CIHI
Please note: The axis of this chart does not start at zero.

Zone Details



Source: CIHI

Understanding this Measure

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 as well as they may have a lower quality of life. Many falls are preventable, and older adults tend to have more fall risk factors, for example additional medical concerns/co-morbidities and a higher number of medications to manage their health issues (with potential side effects). Older people are also more likely to be less active and have changes in cognition which contributes to the risk of falls.

Falls can also result in serious harm or death. Research suggests that falls are the direct cause of 95% of all hip fractures, leading to death in 20% of cases seniors_falls-chutes_aines-eng.pdf (phac-aspc.gc.ca). Falls contribute to 40% of all nursing home admissions. Falls can also lead to a loss of confidence and limitation of activity, which leads to further health and functional decline, and a greater likelihood of additional falls/serious adverse outcomes. It is important to act if a resident's or client's health is changing due to an illness, infection, reactions to medication, or because they are not eating or drinking sufficiently.

Activities and Initiatives

- A revision to the Falls Policy is currently in progress and is expected to be completed in 2022, other resources online are available to support Falls Strategies across the continuum of care and can be found at Falls Risk Management Policy (ahsnet.ca)

- The 2019-2022 AHS Accreditation Cycle received an update on the Falls Required Organizational Practice (ROP) by the Health Standards Organization (HSO) and Accreditation Canada.

- During COVID-19, the implementation of new initiatives was challenging, and work focused on fall risk management resource updates which are posted online on the Falls Risk Management website at Falls Risk Management Policy (ahsnet.ca)

Examples of Initiatives:

Bethany Riverview (Calgary Zone) showed a reduction in falls by over 5% in a year. Their success has been attributed to the physical building designed as part of a campus of care model. A Bethany Care Society (BCS) Falls Management Community of Practice (COP) was established where the Bethany Riverview site collaborated across BCS sites in implementing learnings. Bethany Riverview is a purpose-built building that was designed to include environment features and complementary care philosophies. Increased technology and the physical layout of the building provide residents with the support and freedom of movement and the site teams' implementation of a fall management process within the designed spaces. Fall prevention strategies have included improvements in identifying rooms of residents who are at a higher fall risk to increase staff observation and care strategies to reduce call bell alerts.

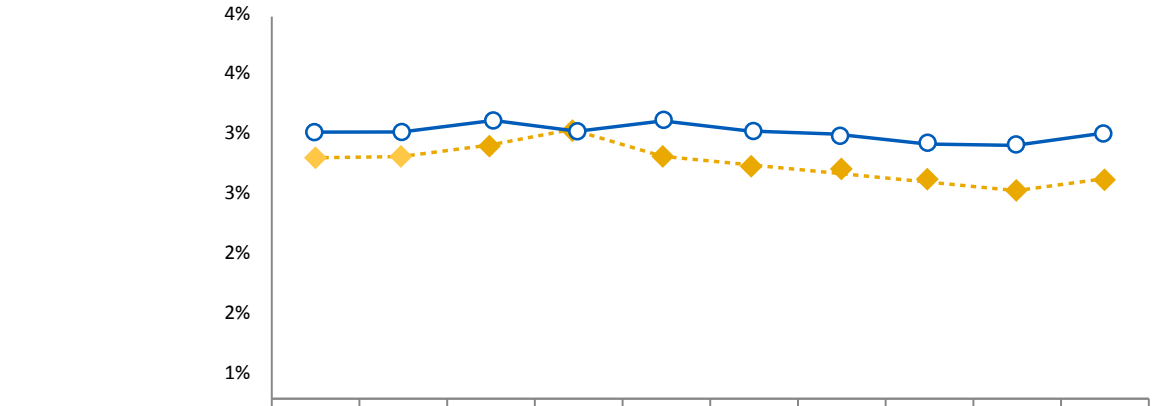
Wing Kei Greenview Long Term Care in Calgary Zone attributes the improvement of fall trends to a collaborative and comprehensive fall risk management strategy to reduce fall rates since opening its doors in October 2018 with 80 new residents. There was a significant improvement comparing falls in the last 30 days indicator with 23.8% (in Q1 2019-2020) down to 7.6% (in Quarter 1 2020-2021). Fall risk management education is provided to all staff, residents, and families. The Clinical Improvement Fall Team regularly audits fall screen/assessment completion, post-fall procedures, post-fall huddle, and post-fall family communication. The Team consists of a clinical manager, occupational therapist, rehabilitation assistants, nurses, health care aids (HCAs), a recreation therapist and recreation assistants. Core members will also evaluate trending patterns quarterly and develop goals/action plans.

Worsened Pressure Ulcer in Long Term Care

Definition

A pressure ulcer is a localized injury to the skin and/or underlying tissue usually over a bony prominence, because 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 (for example, abrasions, blisters), to full thickness of skin and subcutaneous tissue loss with exposure of muscle or bone.

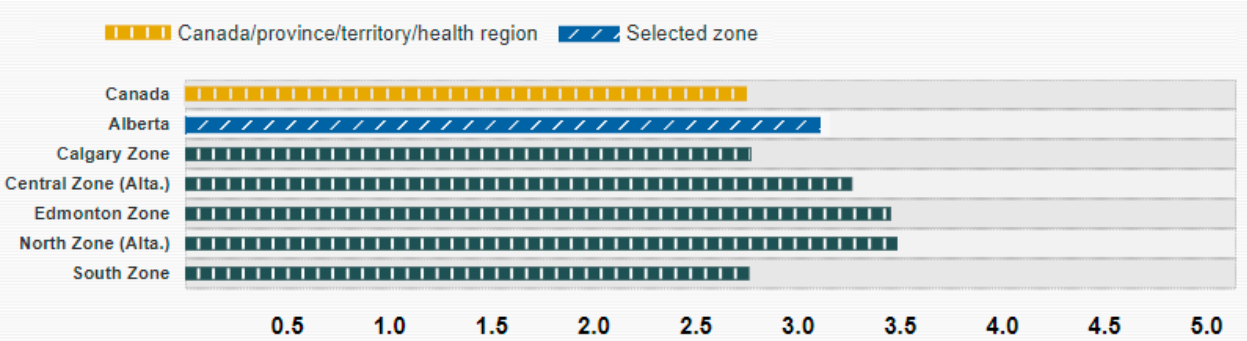
Provincial Details



	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Canada Average	2.9%	2.9%	3.0%	3.1%	2.9%	2.8%	2.8%	2.7%	2.6%	2.7%
Alberta Average	3.1%	3.1%	3.2%	3.1%	3.2%	3.1%	3.1%	3.0%	3.0%	3.1%

Source: CIHI
Please note: The axis of this chart does not start at zero.

Zone Details



Source: CIHI

Understanding this Measure

Pressure ulcers that occur and get worse over time lead to pain and suffering, increased risk of infections, poor general health, and even death. Mortality can also be associated with pressure-ulcer development. Several studies have noted the association of pressure-ulcer development and mortality in both the hospital and nursing-home settings. In fact, the mortality rate has been noted to be as high as 60% for those older persons who develop a pressure ulcer within 1 year of hospital discharge. Thus, careful assessment of a pressure ulcer is essential (CHAPTER 30—PRESSURE ULCERS (hopkinsmedicine.org).

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.

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

Activities and Initiatives

- AHS is proud to celebrate World Wide Pressure Injury Prevention Day on always the third Thursday in November (Nov. 17 in 2022) Pressure Injury Prevention Day - Wounds Canada
- Pressure Injury Risk Assessment Algorithm was updated in 2021.
- Resources to increase awareness of pressure injury prevention are posted on Insite and Continuing Care Connection (CCC) for external providers, including risk assessment and reassessment frequencies updated for Continuing Care and complementary education for implementation. The CCC registration can be found on Sign In (albertahealthservices.ca)
- The Wound Care & Prevention Clinical Care Topic (CCT) replaced the AHS Wound Care Guidelines in August 2020. Posted on Insite and CCC for contracted service providers. The CCT provides clinical decision support at the point of care and links to Lippincott procedures and other relevant evidence based clinical guidance.

Examples of Initiatives:

Cold Lake Care Center in North Zone has managed to bring down their pressure ulcer by adopting a collaborative approach including clinical staff, occupational therapists, physiotherapists, physicians, dieticians, and wound care consultants. Educating all clinical staff ensures consistent wound care education and hands on learning. Staff learn to assess, monitor, document, treat and prevent pressure ulcers. The Allied Health team assesses and ensures residents have the appropriate pressure relieving surfaces. The Dietician provides direction on the resident's diet, ensuring appropriate protein intake to optimize healing. Wound Consults and Physicians provide orders and guidance to prevent and treat the pressure ulcer. Documentation consists of weekly wound assessments, which are done on "Wound Wednesday's". Comfort care rounds are documented and include repositioning of the resident every 2 hours. A specific wound care binder was created for the detailed documentation of each wound that all staff have access to. New pressure ulcers are documented, and a Reporting and Learning System (RLS) event is completed for tracking purposes. Residents and family members are also engaged the in their care.

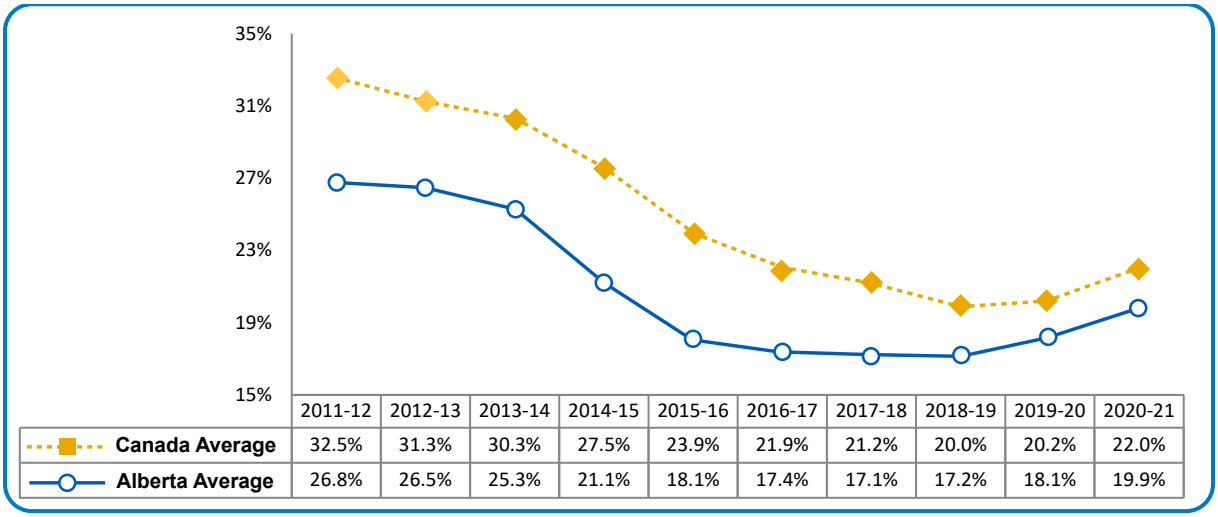
Appropriateness and Effectiveness

Potentially Inappropriate Use of Antipsychotics in Long Term Care

Definition

This indicator looks at how many long-term care residents are taking antipsychotic drugs without a diagnosis of psychosis. These drugs are sometimes used to manage behaviours in residents who have dementia. Careful monitoring is required, as such use raises concerns about safety and quality of care. A lower percentage result for this indicator is desirable as it indicates a lower proportion of long term care residents who received 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).

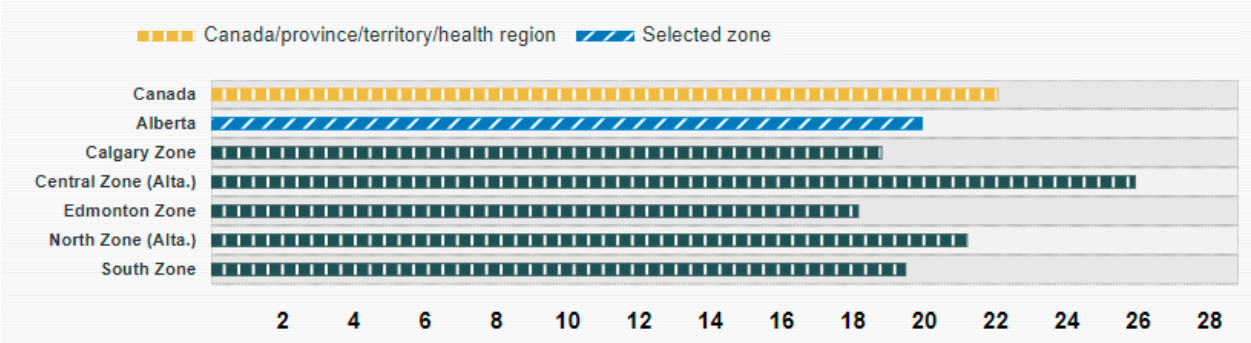
Provincial Details



	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Canada Average	32.5%	31.3%	30.3%	27.5%	23.9%	21.9%	21.2%	20.0%	20.2%	22.0%
Alberta Average	26.8%	26.5%	25.3%	21.1%	18.1%	17.4%	17.1%	17.2%	18.1%	19.9%

Source: CIHI
Please note: The axis of this chart does not start at zero.

Zone Details



Source: CIHI

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 including increased risk of strokes, and confusion and should be used with caution, especially among the elderly. Antipsychotic medications are appropriate when used in treating chronic mental health conditions such as, schizophrenia, and managing psychosis (hallucinations or delusions that are troublesome to the person).

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

It is also appropriate to use antipsychotics short term in dementia. Examples include when resident has a brief psychotic disorder or delirium or if the patient's physical aggression causes a significant risk of injury to themself or others.

Activities and Initiatives

- The Appropriate Use of Antipsychotics (AUA) project (Seniors Health Strategic Clinical Network) has been implemented in long term care as well as designated supportive living facilities in 2014/15 after 11 early adopter LTC sites reduced antipsychotic use by 50% in 2013/14.

- The *AUA Toolkit* is available for care teams on AHS external website at https://www.albertahealthservices.ca/scns/auatoolkit.aspx

Examples of Initiatives:

At the Innisfail Health Centre (Central Zone), the rate of antipsychotics dropped from 15.6% in 2016-2017 to 3.8% in 2018-2019 and were low during the COVID-19 pandemic at 6.2% in 2020-2021. The low rate is attributed to the pharmacist's involvement in leading the AUA work at this site.

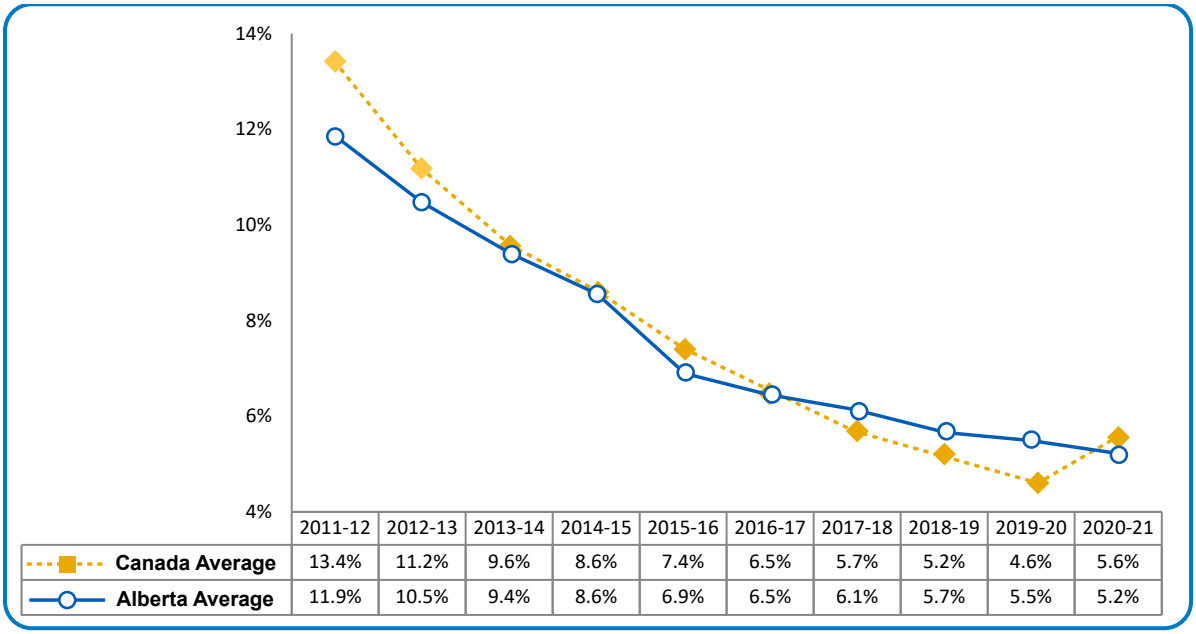
Lloydminster Continuing Care Centre (Central Zone) has shown a significant reduction in inappropriate antipsychotic use from 47.9% in 2018-2019, 44.7% in 2019-2020, all the way to a low of 27.5% in 2020-2021. The significant reduction in the rate is attributed to greater teamwork from site leadership, AHS case managers, and the AUA project. Having the entire health care team involved in more education, pharmacy reviews, weekly interdisciplinary team meetings, and routine behavior mapping followed by monthly reviews, helped eliminate many medications that were not being used properly or effectively. Personalized care plans for the residents have enabled staff to identify potential contributing reasons for behavior.

Physical Restraint Use in Long Term Care

Definition

Physical restraint is any manual method, or any physical or mechanical device, material or equipment that when attached or adjacent to the resident's body, the resident cannot remove easily. It restricts the resident's freedom of movement or normal access to his or her body. The effect the device has on the resident classifies it into the category of restraint, not the name or label given to the device, nor the purpose or intent of the device.

Provincial Details

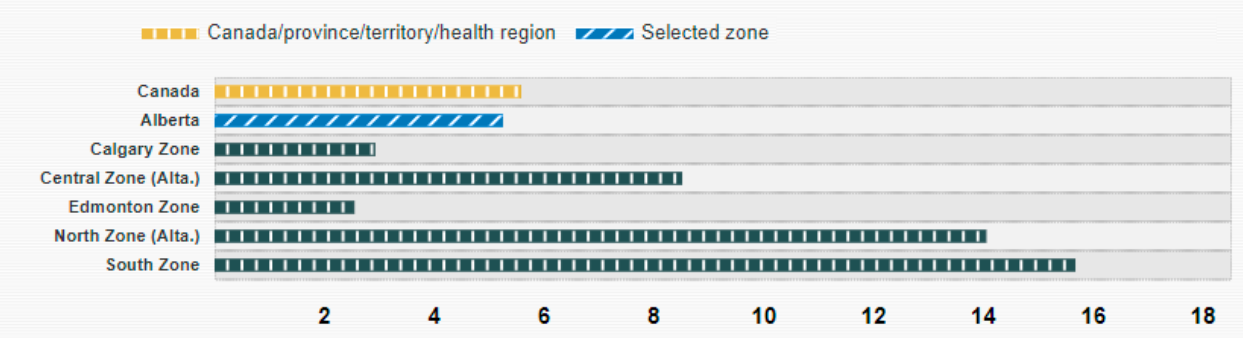


	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Canada Average	13.4%	11.2%	9.6%	8.6%	7.4%	6.5%	5.7%	5.2%	4.6%	5.6%
Alberta Average	11.9%	10.5%	9.4%	8.6%	6.9%	6.5%	6.1%	5.7%	5.5%	5.2%

Source: CIHI

Please note: The axis of this chart does not start at zero.

Zone Details



Source: CIHI

Understanding this Measure

Physical restraints are associated with negative physical and psychosocial outcomes. If used for any significant period, the physical and psychological consequences may include loss of muscle mass, contractures, lessened mobility and stamina, impaired balance, skin breakdown, constipation, social isolation, emotional distress, and incontinence. Further, residents 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.

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

Activities and Initiatives

- AHS has revised a provincial policy and procedure to increase focus on alternatives to restraint use, provide guidance on secure spaces, and clarify what is or is not considered a restraint.
- A Process Guide was developed by PSHCC, with an educational presentation and a Frequently Asked Questions (FAQ) document in September 2020, to support staff knowledge and resident care when restraints are used as a last resort.
- Resources posted on the *Restraint as a Last Resort Toolkit*, including the Information for Prescribing Practitioners working with older adults.
- The Care Planning Education Resource developed by PSHCC includes information and links to resources when a restraint is required for resident care. Initially focused on settings documenting in Connect Care, other settings will be encouraged to access this resource at the next scheduled revision in December 2022.

Examples of Initiatives:

At the **Manning Community Health Centre** (North Zone) has shown a reduction of restraint use from 19.5% in 2019-20 to 14% in 2020-21. It is acknowledged that efficient health care depends on a coordinated interprofessional approach by implementing alternative strategies to prevent the use of restraints and avoid their potentially harmful outcomes. The initiatives focus on Assessment, Prevention, and Alternative Approaches; de-escalation interventions and crisis management; and restraint use focused on client safety.

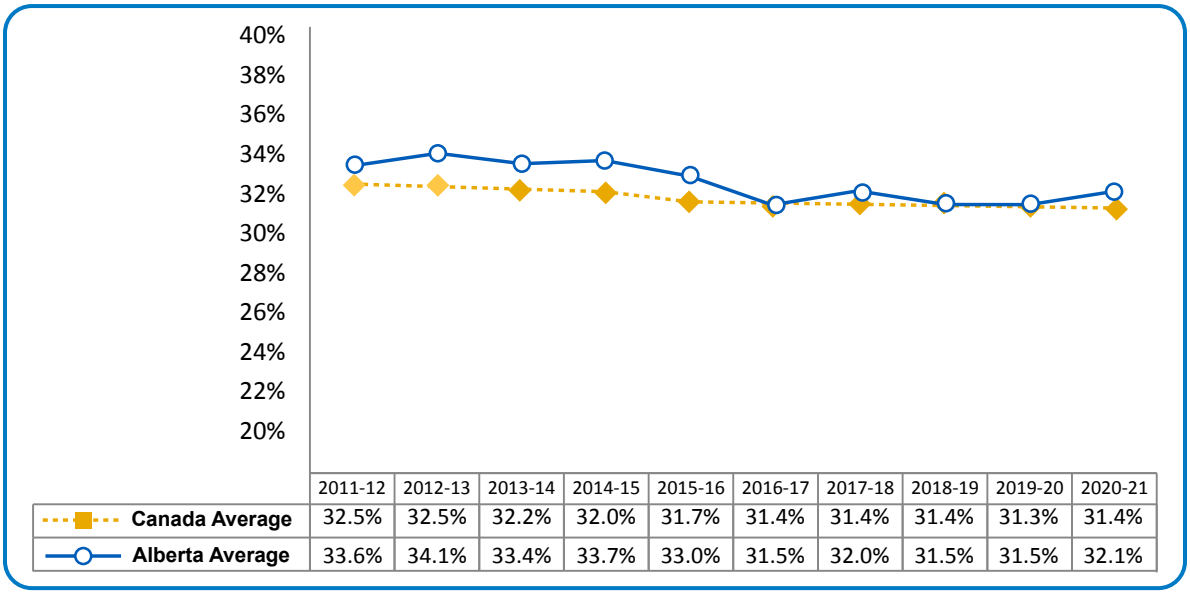
Health Status

Improved Physical Functioning in Long Term Care

Definition

This indicator looks at how many long term care residents improved or remained independent in transferring and locomotion. Being independent or showing an improvement in these 2 activities of daily living (ADLs) may indicate an improvement in overall health status and provide a sense of autonomy for the resident. 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.

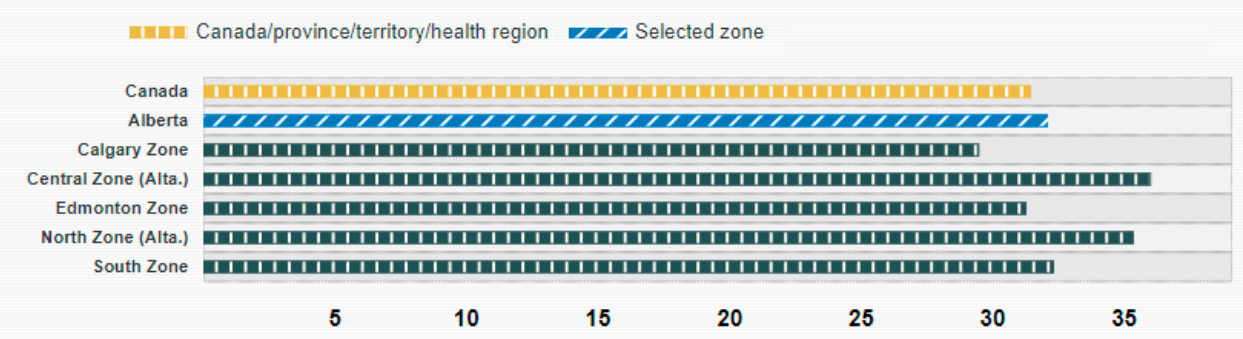
Provincial Details



	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Canada Average	32.5%	32.5%	32.2%	32.0%	31.7%	31.4%	31.4%	31.4%	31.3%	31.4%
Alberta Average	33.6%	34.1%	33.4%	33.7%	33.0%	31.5%	32.0%	31.5%	31.5%	32.1%

Source: CIHI
Please note: The axis of this chart does not start at zero.

Zone Details



Source: CIHI

Understanding this Measure

Information for this measure is from the Activities of Daily Living (ADL) Self-Performance Hierarchy Scale, which indicates the resident's ability to perform four key activities of daily living in the last seven days: personal hygiene, toilet use, locomotion, and eating. Each activity is evaluated to create a summary score from 0 (resident is independent) to 6(staff performed it for the resident); ranging from dressing and personal hygiene (early loss) to walking, transfer, and locomotion (mid-loss) to eating and bed mobility (late loss); a higher score indicates more impairment in the ability to perform ADLs. The indicator is triggered after the current assessment is lower than the previous assessment (over three months).

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

Activities and Initiatives

- Engaging residents in regular physical activity helps them to avoid health complications and prevent the decline and loss of independence. AHS promoted Seniors' Week in June 2021 as an opportunity to engage seniors in physical activities.

- Being active for 150 minutes or more has been associated with maintaining functional independence and improving physical as well as mental well-being.

- Provincial Seniors Health & Continuing Care (PSHCC) developed a care planning education resource that provides an organizational philosophy for care planning that supports a patient first, family, and person-centered approach to care planning utilizing a strength-based approach to care and engaging with the resident and family.

Examples of Initiatives:

The occupational therapy program at **Extendicare St. Paul** (North Zone) provides residents with opportunities to engage in regular physical activity in a positive and welcoming environment. The Occupational Therapy staff along with the activity team work collaboratively with residents to design and implement individualized activity schedules that are unique to each resident. Many programs are designed to help residents strengthen their upper and lower extremities, maintain their current function and independence levels as well as increase their quality of life. Residents enjoy participating in the social and interactive activities and using the exercise equipment in the dedicated occupational therapy room and in other spaces throughout the long-term care home. As result of the Occupational Therapy program, staff have noticed residents' physical functioning and mobility levels have improved. With increased activity, staff have seen that residents have reported reduced pain. With the support from the occupational therapy aides and recreational therapy aides, the home can help the residents live better

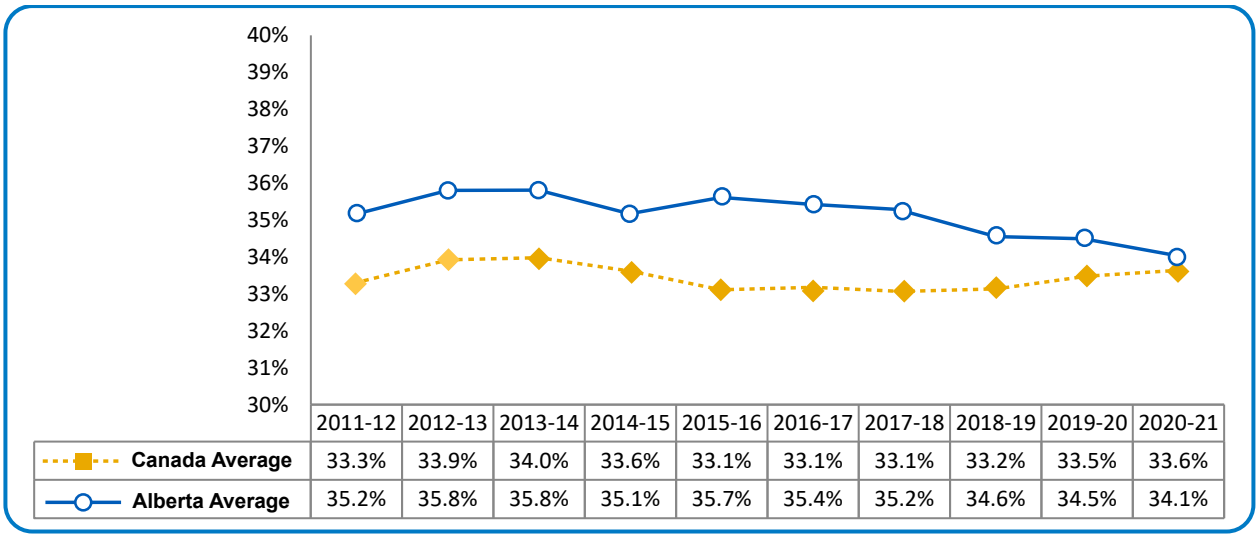
The Rehabilitation departments at **CapitalCare Lynnwood and Grandview** (Edmonton Zone) contribute to the well-being of each resident. Assessment upon admission for each resident screens their strengths, function, and deficits. Residents, staff, and families work together to develop goals, including some functional resident centered goals such as maintaining their ability to stand or walk or move around in a wheelchair, or the goal to keep the resident as comfortable as possible while they live in the facilities. Various group and one-on-one interventions, in designated rehabilitation areas as well as in resident rooms/suites, and on our neighborhoods, are tailored to residents' needs - who have a vast variety of medical diagnoses, are offered. It is always the resident's choice to participate. Referral books on each neighborhood that anyone including staff, family, resident friends, or physicians can leave notes about issues or concerns they have regarding a specific resident. The team checks these frequently and respond to all requests as far as are able/qualified to do so.

Worsened Physical Functioning in Long Term Care

Definition

This indicator looks at how many long term care residents worsened or remained completely dependent in transferring and locomotion. An increased level of dependence on others to assist with transferring and locomotion may indicate deterioration in the overall health status of a resident. Residents whose mid-loss Activities of Daily Living (ADL) 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 the unit. A higher ADL self-performance score is not desirable as it indicates less independence in these ADLs

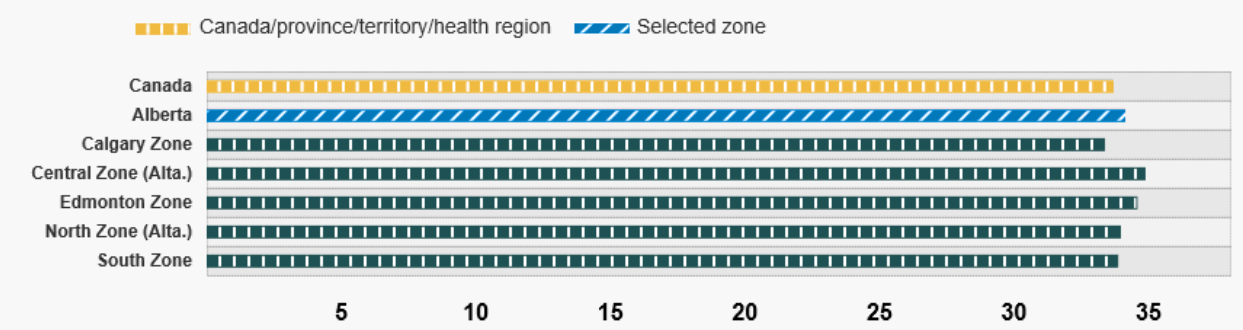
Provincial Details



	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Canada Average	33.3%	33.9%	34.0%	33.6%	33.1%	33.1%	33.1%	33.2%	33.5%	33.6%
Alberta Average	35.2%	35.8%	35.8%	35.1%	35.7%	35.4%	35.2%	34.6%	34.5%	34.1%

Source: CIHI
Please note: The axis of this chart does not start at zero.

Zone Details



Source: CIHI

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 three months). The mid-loss ADLs such as the ability to walk and self-transfer are 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.

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

Activities and Initiatives

- Preventing decline and maintaining ability and independence in ADL may still be considered a successful outcome for some residents. ADL is closely tied to the quality of life for residents.
- Residents, despite their challenges, are more likely to take part in activities they did before, are familiar with, are culturally appropriate, and ones they enjoy.
- In addition to routine activities available to all residents in a facility, it is also important to target recreation therapy programs (not routine activities) and rehabilitation resources to residents who may be most able to benefit from increased physical activity.

Examples of Initiatives:

Wing Kei Greenview Long Term Care in Calgary Zone reduced the percentage of residents experiencing worsened physical functioning from 34.5% to 27% in a year. The site maximizes a resident's ability by regularly assessing their physical functioning and enables staff to provide individualized care planning. Despite the pandemic, residents continued to be offered opportunities for exercise and movement. Residents are encouraged to participate in motivating exercises with rehabilitation therapy and are also offered fun, social physical activities with recreation therapy. The nursing team promotes as much independence as possible with activities of daily living. Residents, families, and decision-makers contribute to care planning as they voice their goals and preferences in family conferences and regular person family-centered care conversations.

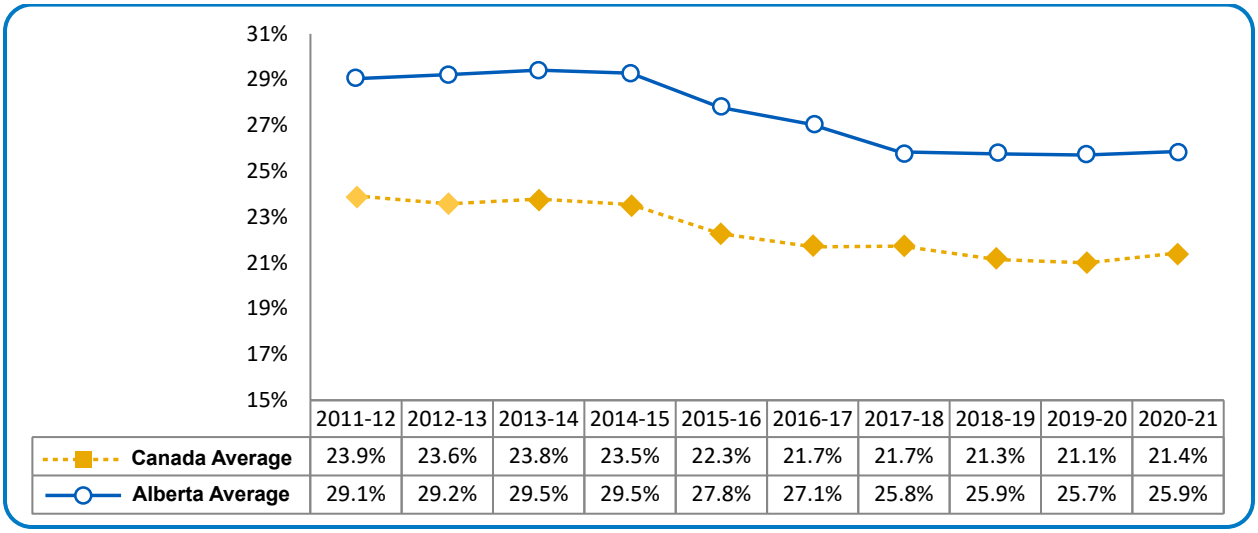
Worsened Depressive Mood in Long term Care

Definition

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. This indicator looks at the number of long term care residents whose mood from symptoms of depression worsened. Depression affects the quality of life and may contribute to the deterioration in activities of daily living (ADLs) and increased sensitivity to pain.

This indicator examines the percentage of residents whose mood from symptoms of depression worsened

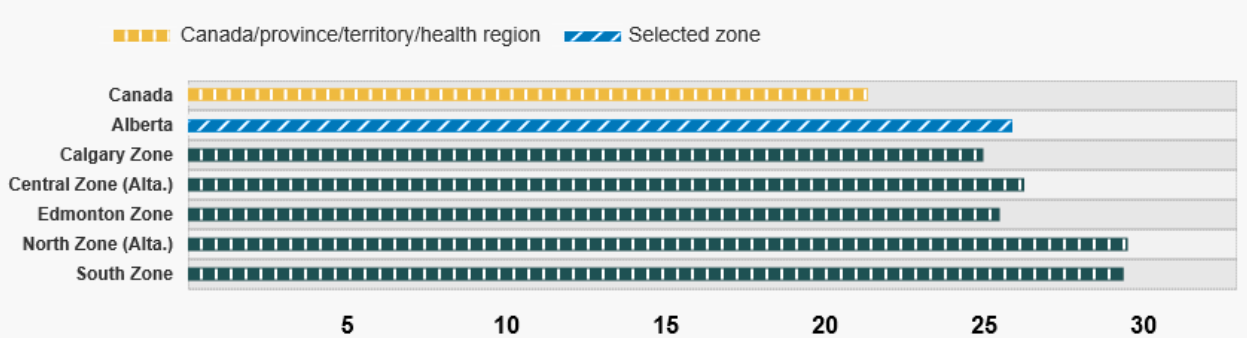
Provincial Details



	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Canada Average	23.9%	23.6%	23.8%	23.5%	22.3%	21.7%	21.7%	21.3%	21.1%	21.4%
Alberta Average	29.1%	29.2%	29.5%	29.5%	27.8%	27.1%	25.8%	25.9%	25.7%	25.9%

Source: CIHI
Please note: The axis of this chart does not start at zero.

Zone Details



Source: CIHI

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 themself or others, expressions of unrealistic fears, repetitive health complaints, repetitive anxious complaints/concerns, sad/pained/worried facial expressions, and crying/ tearfulness. It is important to identify signs and symptoms of mood distress, and work with the interdisciplinary team to consider possible contributing factors, trial supportive interventions, and assess for improvement.

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

Activities and Initiatives

- Unrecognized and/or untreated depression contributes to an increased risk of suicide. The approach to suicide risk management in long term care is under revision to include designated supportive living and ensure alignment with the Accreditation Canada Suicide Prevention required organizational practice (ROP).
- Triggering of mood indicators should prompt an interdisciplinary assessment of the resident, and trial of supportive interventions, and assessing the effectiveness of supportive interventions and treatments, e.g., behaviours mapping, pain assessment.
- Antidepressants have many harmful side effects and limited benefits in older adults. Supportive strategies are the first line of treatment for mild to moderate depression and should accompany any treatment plan for severe depression (Canadian Coalition for Seniors Mental Health).
- The Pain & Mood Project (Clinical Innovation and Practice Support Team) supports care teams to enhance person-centered care planning to promote comfort and well-being. These resources have been tested by early adopters from LTC and Designated Supportive Living (DSL). The resources can be accessed at a Pain & Mood Toolkit | Alberta Health Services

Examples of Initiatives:

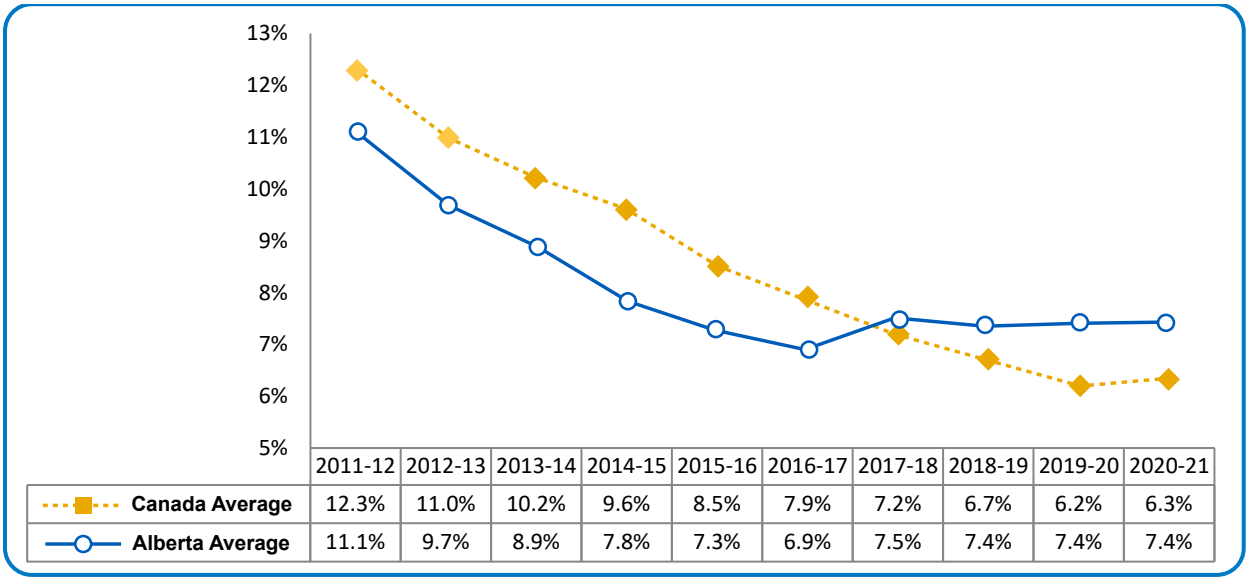
Newport Harbour Care Center (Calgary Zone) adopted the Pain & Mood project to help keep the worsened depressive mood steady at 32.5% in 2020-21. The site implemented individual assessments of residents in distress, integrated pain and mood assessments in their interdisciplinary team review, individualized medication reviews, provided interventions to address contributors to distress by engaging frontline care teams, and used 24 hour maps for resident preference on a daily schedule also known as the “resident day”. The site has sustained improvements for the indicator of worsening depressive mood and worsening pain, and the site average for Depression Rating Scale is 2.2 which is exceptional.

Experiencing Pain in Long Term Care

Definition

Pain refers to any type of physical pain or discomfort in any part of the body. It may be acute or chronic, continuous, intermittent, occur at rest or with movement. It is a subjective experience, and the resident's inability to communicate verbally does not negate the possibility that they are experiencing pain and require the appropriate pain-relieving treatment.

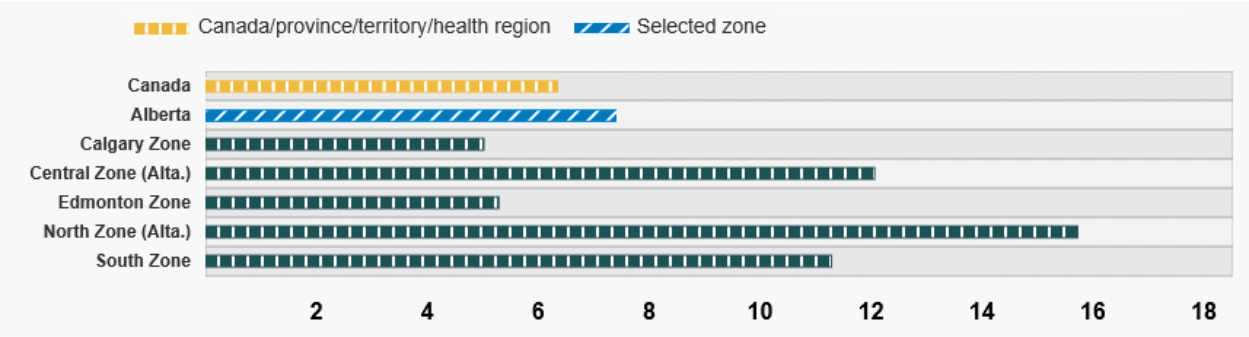
Provincial Details



	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Canada Average	12.3%	11.0%	10.2%	9.6%	8.5%	7.9%	7.2%	6.7%	6.2%	6.3%
Alberta Average	11.1%	9.7%	8.9%	7.8%	7.3%	6.9%	7.5%	7.4%	7.4%	7.4%

Source: CIHI
Please note: The axis of this chart does not start at zero.

Zone Details



Source: CIHI

Understanding this Measure

Pain directly affects the resident's quality of life and can influence 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 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 (for example, 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."

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

Activities and Initiatives

- 45-80 % of people in facility living experience pain. Persistent pain contributes to depression, anxiety, decreased socialization, decreased appetite, and functional impairment (Baras,2017).
- Changes in behaviours, routines, or even change in mood like increased agitation can be indicative of an increase in pain. Comfort rounds and consistent evaluations to address these have been recommended for pain management in the care planning educational resource.

Examples of Initiatives:

Masterpiece Southland Meadows (South Zone) was able to reduce resident pain from 32% to 12 % in just a year. The site has implemented the four elements of pain, position, possessions, and toileting as part of all HCA comfort rounds. These occur every two hours. When pain is identified, the registered nurse (RN) completes a thorough assessment acknowledging pain as an important vital sign. Working as an interdisciplinary team a comprehensive approach is taken utilizing targeted therapies, pain reduction strategies, and the lowest dose of pharmaceuticals for effective pain relief and future prevention.

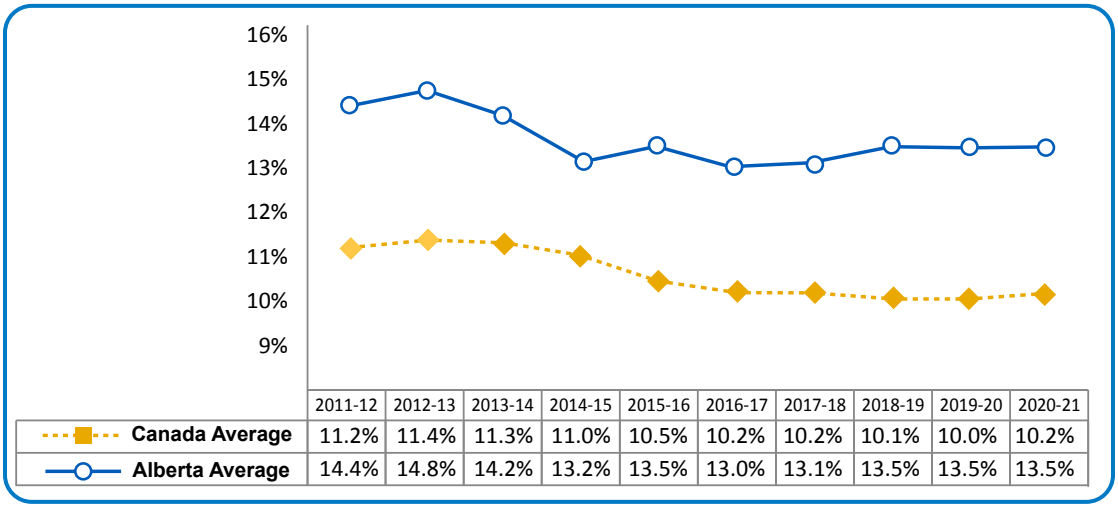
At the **Coaldale Health Centre** (South Zone), staff do not have a single initiative responsible for their success with resident pain control but speak of a shift in culture. The combination of comfort care rounds, support from comfort care aides, and the nursing philosophy (that it is always better for all involved to stay on top of a resident's pain, as opposed to trying to get ahead of it), has contributed to managing resident pain successfully. They have learned to consider pain as being at the root of a change in behavior for a non-verbal resident.

Experiencing Worsened Pain in Long Term Care

Definition

Pain refers to any type of physical pain or discomfort in any part of the body. It may be acute or chronic, continuous, 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 needs appropriate pain-relieving treatment.

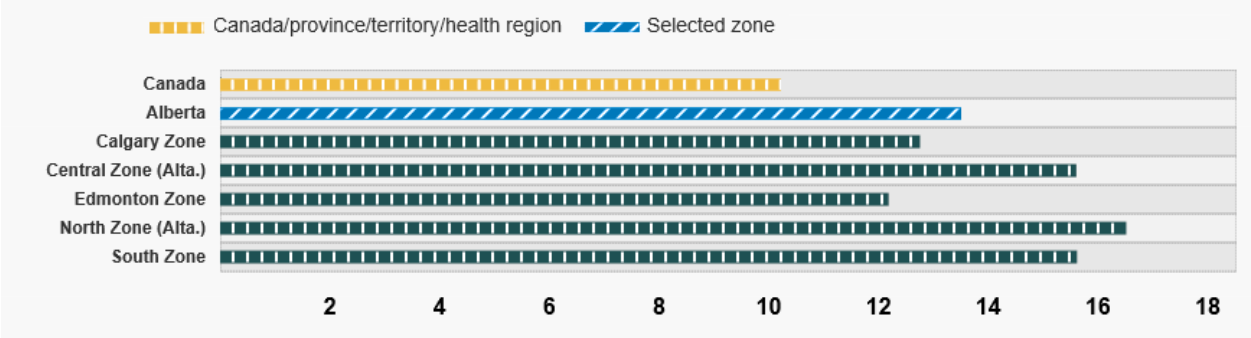
Provincial Details



	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Canada Average	11.2%	11.4%	11.3%	11.0%	10.5%	10.2%	10.2%	10.1%	10.0%	10.2%
Alberta Average	14.4%	14.8%	14.2%	13.2%	13.5%	13.0%	13.1%	13.5%	13.5%	13.5%

Source: CIHI
Please note: The axis of this chart does not start at zero.

Zone Details



Source: CIHI

Understanding this Measure

Pain directly affects the resident's quality of life and can influence social engagement, ability to perform activities of daily living, mood and behaviours, and nutrition intake. A lower percentage is desirable as it indicates fewer long term care residents whose pain has worsened. The 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 (either mild, moderate, severe), the clinician will code for the higher intensity level of pain.

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

Activities and Initiatives

- The Clinical Innovation and Practice Support Team (CIPS) is supporting sites with resources and strategies as part of the Pain & Mood project since 2012/13. These resources include e-learning modules, journey maps, digital stories, and info sheets. Supportive interventions involving the multidisciplinary team, can help alleviate residents' pain, and improve comfort and well-being. These can be found at Pain & Mood Toolkit | Alberta Health Services

Examples of Initiatives:

The Willow Creek Continuing Care Centre (Calgary Zone) uses an interdisciplinary approach for obtaining effective pain control for LTC residents, with an emphasis on residents with dementia. Their process relies on input from the frontline nursing staff and pharmacists while including the family, physician, occupational and physical therapists, nutrition services, dietician, recreation, housekeeping, and other departments that interact or care for the resident. These perspectives help increase staff understanding on developing their treatment plan. Due to many residents with dementia in LTC, dementia education and supportive pathways training is encouraged. This helps increase staff awareness about residents with dementia and how pain can be a trigger for their behaviours.

Shared Health Priorities

Aging Canadians need access to more health care services outside traditional settings such as physicians' offices and hospitals. Across Canada, the federal, provincial, and territorial (FPT) governments have understood the importance of offering auxiliary care and are actively identifying and implementing new methods to enhance access to health care and support home and community services. This includes an integrative approach between home care and primary health care service providers. A major focus is also placed on providing the caregiver, much needed support.

To provide a transparent and cogent reporting of the outcomes, the FPT and Canadian Institute of Health Information (CIHI) developed a set of common indicators to measure the progress of the finalized indicators for shared health priorities. These are reported annually. The data for five of these indicators, demonstrating the performance across all jurisdictions in Canada, is highlighted below. It must be noted that the data does include designated supportive living and home care as well *(Source CIHI)*.

Hospital Stay Extended Until Home Care Services or Supports Ready

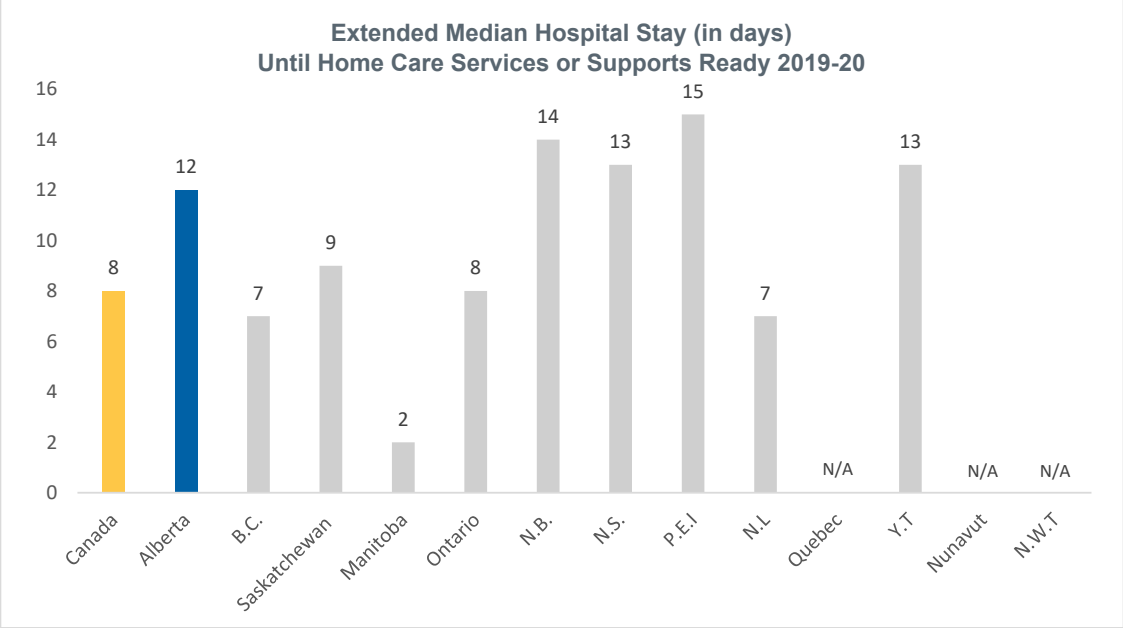
Definition

This indicator measures the median number of days patients remain in hospital when no longer requiring it, until home care services or supports are ready. It provides an indication of whether Canadians are getting timely access to home care.

Understanding the Measure

This indicator measures the median number of days patients spend in an inpatient acute care hospital bed when they don't need acute care before they are discharged to home care. Home care services or supports (nursing or rehabilitation services, home support including assistance with self-care activities, homemaking (for example, light housekeeping, laundry, shopping, and meal preparation), home adaptation or other services that allow a person to return home including the availability of family members or other informal caregivers) must be organized. A longer extended hospital stay may signal poor assessment of needs and care coordination or just capacity/ availability of resources in the community to provide care at home. Therefore, it is important to plan for the transition of the patient as early as possible during a hospital stay to ensure that services are ready for them at home.

Alberta shows an increased median hospital stay compared to the national average.



Pan-jurisdictional comparison of the median stay in the hospital (in days) until home care or support is available.
Source: CIHI

Examples of Initiatives:

In collaboration with Alberta Health Services' Zone operations and Provincial Addiction & Mental Health, a project is underway to identify and address gaps in community-based housing and residential continuing care services for Alternative Level of Care (ALC) patients at the Royal Alexandra Hospital in Edmonton and the Peter Lougheed Centre in Calgary. Prioritized solutions are expected to be identified by early 2023 and may include the development or expansion of integrated housing and care services to meet specialized or complex needs (examples include addiction, mental illness, bariatric, people living with neurological conditions, acquired brain injury). A strategy to address gaps across Alberta will be developed in a future phase of this work.

Data limitations and caveats

There may be differences among provinces and territories in how extended hospital stays are classified and recorded. CIHI introduced standards for the alternate level of care or extended stay designation in 2016, but they may not be fully implemented across the country yet. It is also possible that health professionals will differ on when to designate someone as "on extended stay" given that it requires careful assessment of care needs. This indicator does not show whether a patient received home care after leaving hospital, just that they were discharged from hospital expecting to receive formal home care. In some cases, it may be that a patient discharged to home care was initially waiting for long-term care (or some other service). This could increase the number of patients included in this indicator.

Caregiver Distress

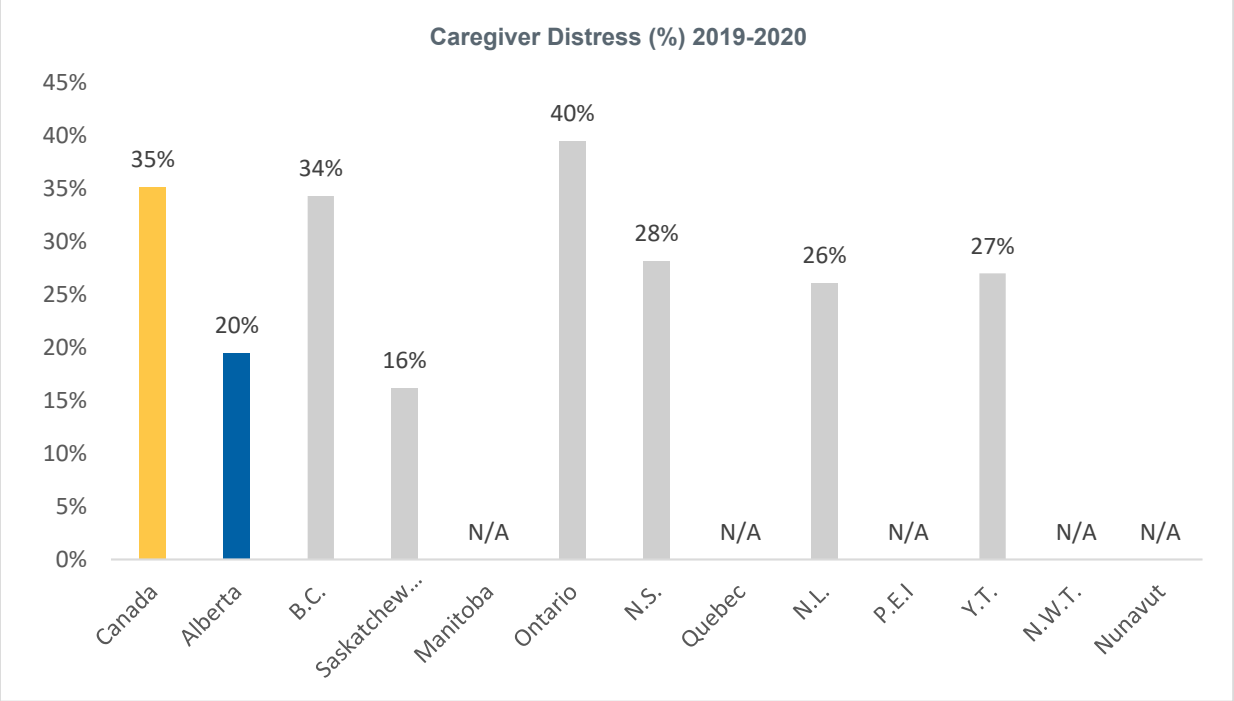
Definition

This indicator measures how many unpaid caregivers experience distress while caring for a family member or friend who receives publicly funded home care services. A higher rate of caregiver distress may signal the need for better access to more effective and appropriate home care services and community supports.

Understanding the Measure

Seniors can often stay securely in their own homes or continue receiving home care with the aid of home care. Care of seniors is often augmented by unpaid care offered by spouses, children, friends, or even neighbors. Informal caregivers provide 90% of care in the community and 10-30% of care in Supportive Living and Facility Living to people with physical/ mental illnesses, disability, and/or frailty. As much as they may find caregiving rewarding and satisfying, the load and length of care can lead to caregiver distress. Caregiver distress is defined as feeling distressed, angry, or depressed or not being able to continue in caring activities. It has been shown that 96% of individuals receiving long term home care have an unpaid caregiver and more than 1 in 3 of these experience distress. The caregivers in distress spend an equivalent of a full-time job (averaging to 38 hours a week) providing care that is twice the time devoted by caregivers in no distress.

In Alberta, the caregiver distress is lower than most of the other provinces/territories reporting to CIHI, and lower than the Canadian average.



Pan-jurisdictional comparison of the risk-adjusted percentage of caregiver distress.
Source: CIHI

Examples of Initiatives:

The Alberta Home care system has become a learning health system leader. Having recognized the need to support family caregivers, interventions such as assessing caregiver distress and assessing their needs and linking them to interventions such as enhanced respite care, the invoicing program, self-managed care, making referral to community organizations, have all been pieces making healthcare less burdensome for people on homecare and their caregivers. Caregiver distress is being meaningfully addressed with **Caregiver-Centered Care** education for healthcare providers to support family caregivers. The education is available here: Foundational Education — Caregiver Centered Care (caregivercare.ca).

Another innovation in home care is the establishment of the **Care of the Elderly Service** (since 2019) in Edmonton Zone, whereby Care of the Elderly Physicians and Geriatricians with their dyads, provide home-based assessments and management to older adults. The referrals are made by staff in homecare, often the case managers. They can be made by healthcare providers from outside homecare as well so long the patient is on homecare.

Data limitations and caveats

- This indicator does not capture the experiences of individuals not receiving home and community care services.
- Clients receiving home care while residing in assisted living/supportive living, community care residences or private retirement homes are included. It is important to note that caregivers of people who do not reside in their own private home may have different roles from caregivers of those who do, and their distress may differ.
- Home care clients identified as having less than 6 months to live are included in this indicator; however, the proportion is small (2%).
- Access to services varies across jurisdictions.

New Long Term Care Residents Who Potentially Could Have Been Cared for at Home

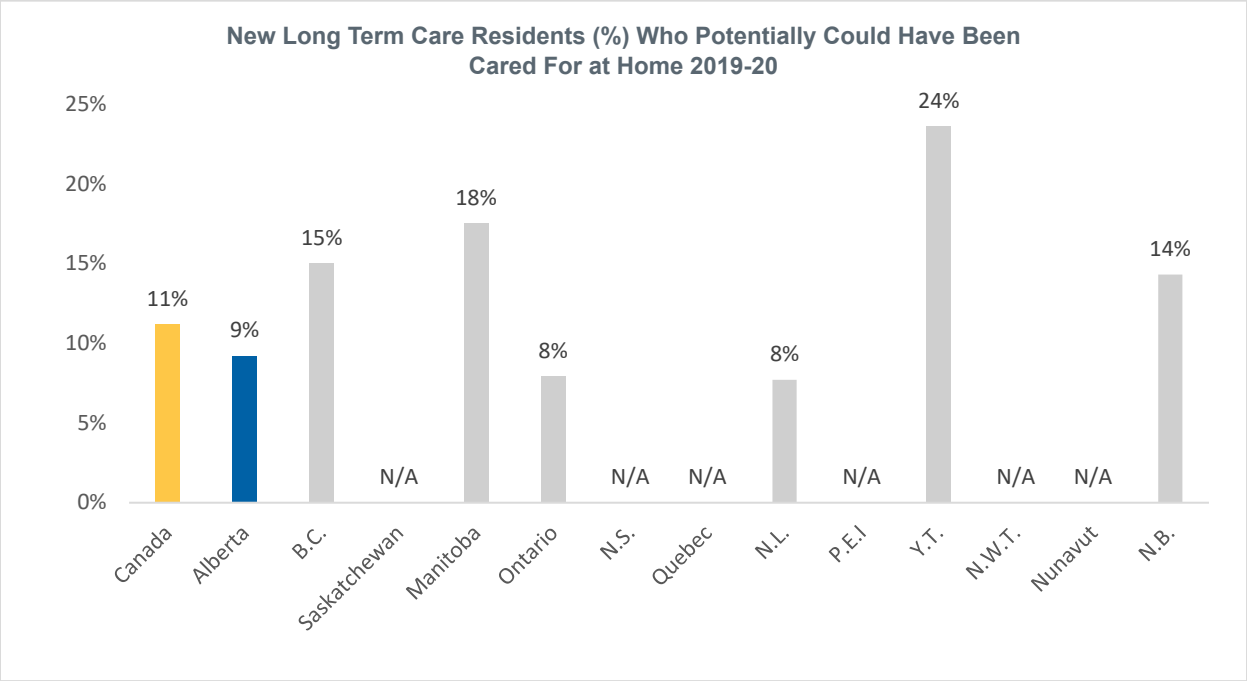
Definition

This indicator measures the percentage of newly admitted long-term care residents who have a clinical profile similar to the profile of clients cared for at home with formal supports in place. Examples of formal home care supports include help with daily tasks such as bathing, dressing, eating and/or toileting.

Understanding the Measure

Approximately 1 in 9 newly admitted long term care residents can be potentially cared for at home. This represents more than 5,000 long term care spaces in reporting provinces and territories. The statistic is skewed against seniors living in rural areas or living alone. This indicator is important in identifying the gaps in care experienced by these seniors. This raises awareness of the potential barriers they might face and allocating resources to enable the seniors to get care in the comfort of their homes. The percentage of newly admitted long term care residents who have a clinical profile like the profile of clients cared for at home with formal supports in place is the key criteria.

Alberta performs better than the national average in this indicator. It should be noted that it also includes the residents in designated supportive living as well.



Pan-jurisdictional comparison of the risk-adjusted percentage new long term care residents who potentially could have been cared for at home.
Source: CIHI

Examples of Initiatives:

Alberta has many ongoing initiatives to support the client directed care. The new invoicing model which has been implemented provides clients and families with greater choice in who provides their care, when their care is provided and how their care is provided.

The Health Care Aide (HCA) Bursary program aims at increasing the continuing care workforce and improve their ability to care for Albertans in their home, thereby decreasing caregiver burden, and ensuring that Albertans are cared for in the right place at the right time. The goal is to increase the HCA workforce in continuing care by 1000 HCAs or more by 2024.

Data limitations and caveats

- Provinces and territories offer different levels of publicly funded services outside of long-term care; this indicator focuses on persons who could live well at home with access to formal home care supports.
- This indicator considers only newly admitted long-term care residents; other long-term care residents could also potentially be supported outside the long-term care setting if other forms of supports were accessible to them (e.g., assisted, or supportive living).
- This indicator includes data submitted by publicly funded long-term care facilities and excludes private long-term care, assisted or supportive living, and retirement homes.

Wait Time for Home Care Services

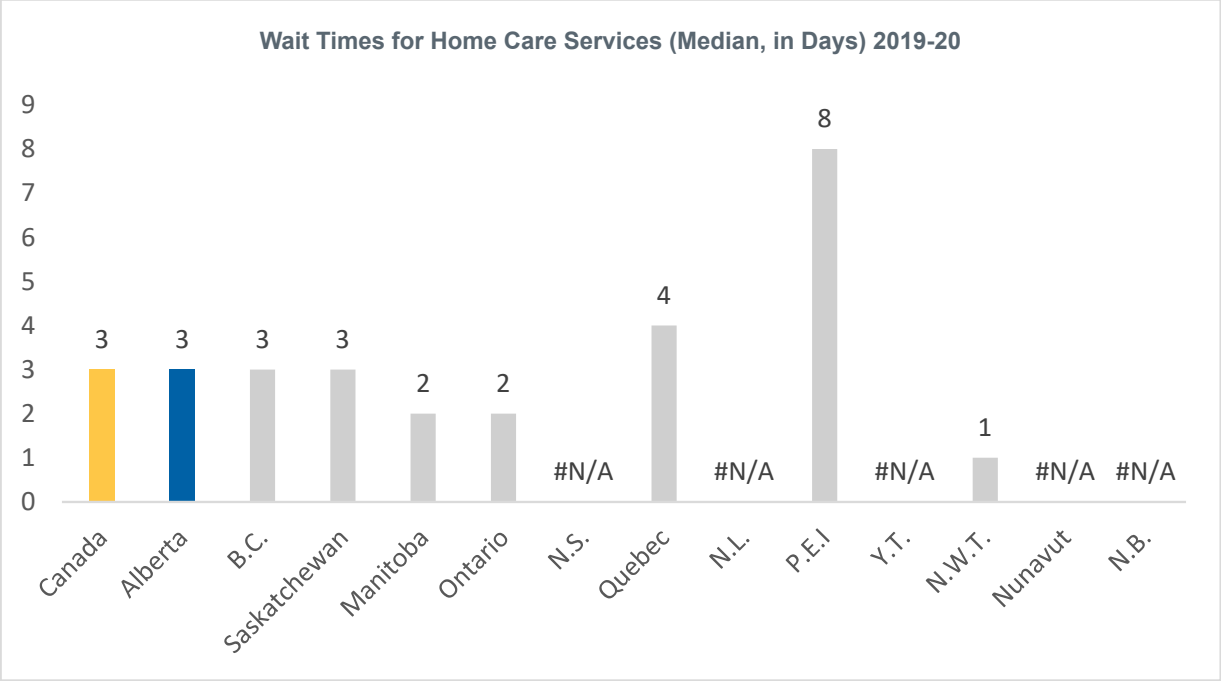
Definition

This indicator measures the median number of calendar days clients waited, from the date that the initial referral was received to the date when the first home care service was received. It includes only services that are provided, coordinated or primarily funded by the government. This may include cases where a copay is required. This indicator provides an indication of whether Canadians are getting timely access to home care.

Understanding the Measure

One in ten Canadians wait for over a month to access home care services. This indicator measures the median number of calendar days clients waited, from the date that the initial referral was received to the date when the first home care service was received. It includes only services that are provided, coordinated, or primarily funded by the government. This may include cases where a copay is required. This indicator provides an indication of whether Canadians are getting timely access to home care.

The median wait time for Alberta is on par with the national average.



Pan-jurisdictional comparison of the risk-adjusted median days waited for home care services.
Source: CIHI

Examples of Initiatives:

Destination Home and Community Support Teams – enable functional ability assessments within the client's home environment for greater accuracy ensuring client is in the appropriate care environment and if needed, support until higher level of care is available. These programs have led to homecare pioneering work with System Case Managers and Transition Coordinators in emergency rooms and hospitals to support home transition planning, primary care follow-up, referrals, and access to home care. This has also led to greater engagement with family caregivers during transition and has helped bring a significant number of people home, where they choose to live.

Data limitations and caveats

- This indicator includes services that are primarily provided, coordinated and/or funded by the government. This may include cases where a copayment is required. Home care services that are privately funded are not included in the measure.

- There are jurisdictional differences in the range of services provided by home care programs. Jurisdictions organize and deliver services in different ways, which can influence wait times

- The indicator includes all ages, client types and urgency levels. It does not consider whether the wait time was appropriate for the type of service needed, or whether the home care received was sufficient to meet the need of the client.
- Some delays for home care services may be planned and, therefore, appropriate (e.g., to change the bandage of a surgical wound). These delays are counted toward an individual's wait time. Delays may also be due to the preference or availability of the person receiving the home care services and are included in the wait time.

Home Care Services Helped the Recipient Stay at Home

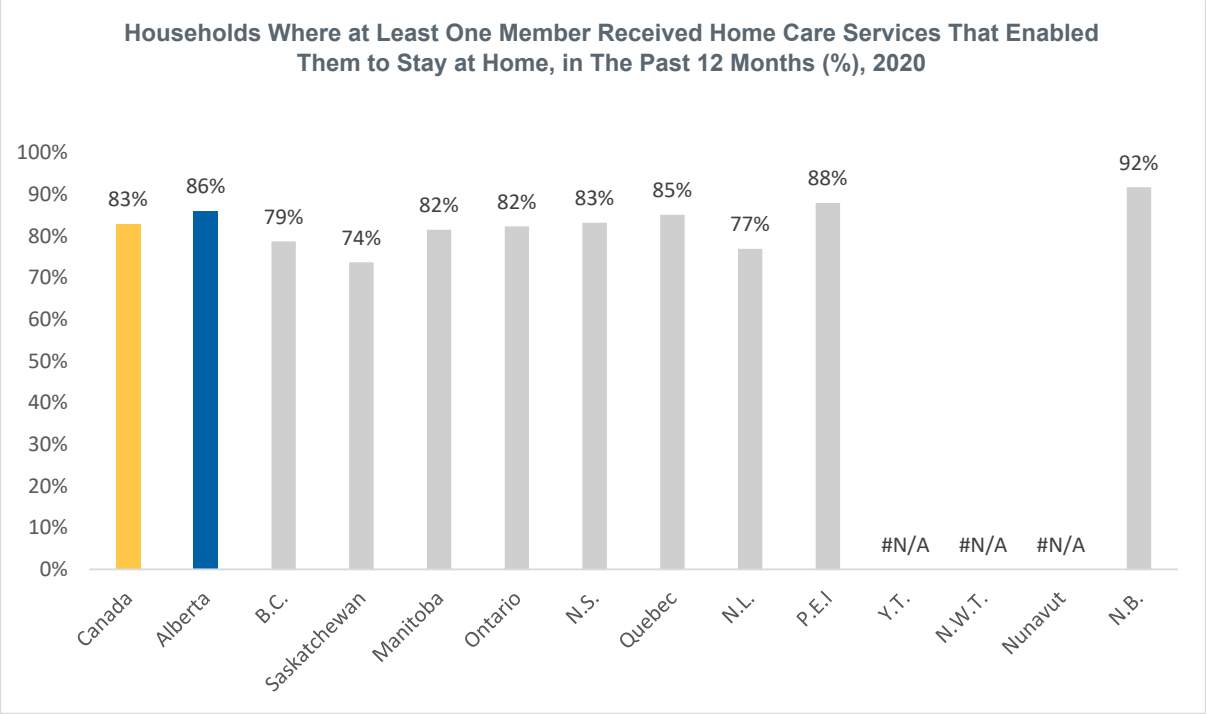
Definition

This indicator is defined as the percentage of households where at least one household member received home care services in the past 12 months and reported that these services were very helpful in allowing the recipient(s) to stay at home. Both privately and publicly funded home care are included.

Understanding the Measure

This indicator is defined as the percentage of households where at least one household member received home care services in the past 12 months and reported that these services were very helpful in allowing the recipient(s) to stay at home. Both privately and publicly funded home care are included.

Alberta performs slightly better than the national average.



Source: CIHI (data collected by Statistics Canada. Canadian Community Health Survey (CCHS) 2020 Annual File) 2020

Examples of Initiatives:

Home Care Request for Expression of Interest and Qualification (RFEOIQ) is a request for responses from potential operators who can provide Home Care services in the province. These proposals will be evaluated, and we will then have a list of operators who are qualified to provide Albertans high-quality care, in their home, tailored to individual client needs. They aim at identifying innovative care provision for complex and care specific client groups in the home. This includes innovative ideas that will improve respite services, urgent care in the home, and unplanned care. This can be accessed at Home Care | Alberta Health Services