

# Percentage of long stay home care patients who experience a communication problem (retired)

## Alternate Name\*

Percentage of home care patients with a new problem communicating or existing communication problem that did not improve since their previous assessment

## INDICATOR DESCRIPTION

---

### Description\*

This indicator measures the percentage of long-stay home care patients who developed a problem communicating or understanding others or who had already been identified as having an existing communication problem but experienced no improvement since their previous assessment. A lower percentage is better.

### HQO Reporting tool/product

Public reporting

### Dimension\*

Effective

### Type\*

Outcome

## DEFINITION AND SOURCE INFORMATION

---

### Unit of Measurement\*

Percentage

### Calculation Methods\*

The unadjusted indicator is calculated as: numerator divided by the denominator times 100

### Numerator (short description i.e. not inclusions/exclusions)\*

Number of home care patients:

1) With new difficulties since their previous assessment in making self-understood or understanding others  
OR

2) Who worsened or failed to improve in making self-understood between previous and most recent assessment AND in ability to understand others between previous and most recent assessment.

### Denominator (short description i.e. not inclusions/exclusions)\*

All long-stay home care patients with at least one reassessment

### Adjustment (risk, age/sex standardization)- generalized

Risk adjusted

### Data Source

Home Care Reporting System (HCRS)

### Data provided to HQO by

Canadian Institute for Health Information (CIHI)

## OTHER RELEVANT INFORMATION

---

### Caveats and Limitations

1) The reference population changes each year as the characteristics of the home care population change; therefore, careful interpretation of trends over time is required since any change may be the result of a combination of changes in the underlying population as well as the resource utilization of the patients being served and the performance of the service providers and CCACs. 2) Jurisdictions differ in their requirements for RAI-HC assessment frequency, in the process that the data go through for production, and in the regions assessed; therefore, comparison of Ontario results to other jurisdictions should only be made with these limitations noted. 3) Only long-stay home care patients receive RAI-HC assessments and are included in the HCRS database (i.e., patients who require care for more than 60 days of continuous service). 4) The communication items on the RAI-HC capture communication in the 3 day period prior to assessment, however, the average length of time between assessments for long-stay clients is 6 months. This suggests that the item used to calculate this indicator does not precisely capture the client's general ability to communicate over the 6 month period between assessments, especially since communication issues due to cognitive impairment can fluctuate from day to day. See here for more details: [https://secure.cihi.ca/free\\_products/HCRS-External-Data-Quality-Report\\_2012\\_EN\\_web.pdf](https://secure.cihi.ca/free_products/HCRS-External-Data-Quality-Report_2012_EN_web.pdf)

### Comments Summary

Data are based on information from mandatory Resident Assessment Instrument - Home Care (RAI-HC) assessments. The RAI-HC is a standardized assessment that is completed for long-stay home care patients (those requiring services for at least 60 consecutive days). Assessments are completed at authorization for home care services and at least once every 6 months thereafter.

## TAGS

---

### TAGS\*

Home Care

Outcome

Other

Effective

Home Care Reporting System (HCRS)

## PUBLISH

---

### PUBLISH DATETIME\*

15/02/2019 16:34:00