![Ontario Health Quality Ontario logo]

Percentage of long-term care home residents without psychosis on antipsychotics in the last 7 days

Alternate Name*

Percentage of long-term care home residents without psychosis using antipsychotic medications

INDICATOR DESCRIPTION

Description*

This indicator measures the percentage of long-term care home residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment. Residents were excluded from this indicator if they had a diagnosis of schizophrenia or Huntington's chorea, experienced hallucinations or delusions, have an end-stage disease or are receiving hospice care. The indicator is calculated as a rolling 4 quarter average. This indicator was jointly developed by interRAI and the Canadian Institute for Health Information (CIHI). A lower percentage is better.

Indicator Status*

Active

HQO Reporting tool/product

Public reporting

Quality Improvement Plans (QIPs)

Audit/Feedback (practice reports)

Dimension*

Patient-centred

Effective

Safe

Type*

Process

DEFINITION AND SOURCE INFORMATION

Unit of Measurement*

Percentage

Calculation Methods*

The indicator is calculated using 4 rolling quarters of data by summing the number of residents that meet the inclusion criteria for the target quarter and each of the previous 3 fiscal quarters. This is done for both the numerator and denominator. The unadjusted value is the quotient of the summed numerator divided by the summed denominator, multiplied by 100 to get the percentage.

Numerator including inclusion/exclusion*

Number of LTC home residents in a fiscal quarter who received antipsychotic medication on 1 or more days in the 7 days before their Resident Assessment Instrument - Minimum Data Set 2.0 (RAI-MDS) target assessment
Inclusions:
O4a = 1, 2, 3, 4, 5, 6 or 7
Where, O4A = Number of days the resident received an antipsychotic medication during the last 7 days [0-7]

Denominator including inclusion/exclusion*

Number of LTC home residents in a fiscal quarter with a valid RAI-MDS assessment, excluding those with schizophrenia, Huntington's chorea, hallucinations or delusions, as well as residents who are end-stage disease or receiving hospice care
Inclusions:
To be considered valid, the resident assessment must:
  • Be the latest assessment in the quarter
  • Be carried out more than 92 days after the admission date
  • Not be an admission full assessment
Exclusions:
  1. Residents who are end-stage disease (J5c = 1) or receiving hospice care (P1ao = 1)
  2. Residents who have a diagnosis of schizophrenia (I1ii = 1) or Huntington's chorea (I1x = 1), or those experiencing hallucinations (J1i = 1) or delusions (J1e = 1)

Adjustment (risk, age/sex standardization)- detailed

This indicator can be risk adjusted at the individual covariate level and through direct standardization.
Individual covariates:
  • Motor agitation
  • Moderate/impaired decision-making problem
  • Long-term memory problem
  • Cognitive Performance Scale (CPS)
  • Combination Alzheimer's disease/other dementia
  • Age younger than 65 years
Direct standardization:
  • Case Mix Index (CMI)*
*The relative resource use compared to the overall average resource use for all Ontario LTC residents.

Data Source

Continuing Care Reporting System (CCRS)

Data provided to HQO by

Canadian Institute for Health Information (CIHI)

Reported Levels of comparability /stratifications (defined)

Province

Time

Institution

Rurality

Region

RESULT UPDATES

Indicator Results

Click here to view Health Quality Ontario results for this indicator

OTHER RELEVANT INFORMATION

Caveats and Limitations

Includes only long-stay beds. The indicator uses 4 rolling quarters of data to have a sufficient number of assessments for risk-adjustment and to stabilize the indicator results from quarter-to-quarter variations, especially for smaller facilities, but this methodology makes it more difficult to detect quarterly changes. Risk-adjusted values are censored if the denominator is less than 30. There are also general limitations when using RAI-MDS data, including random error, coding errors, and missing values. Captures antipsychotic medication use over 4 7-day periods during the course of the year, so will not capture all antipsychotic use. Presence of psychosis and antipsychotic use are determined from the same assessment, so residents may be on an antipsychotic for hallucinations or delusions that would no longer be present and therefore not captured in the RAI-MDS assessment. These residents would be counted in the numerator. Antipsychotic use does not consider dose or duration of use.

Comments Detailed

Antipsychotic use is defined as any use by a resident in the 7 days prior to the assessment date. Delusions and hallucinations are captured in the assessment if these conditions were present in the 7 days prior to the assessment date. The unadjusted indicator result is used in Quality Improvement Plans (QIPs) and is included in LTC Practice Reports. The reporting period for current performance in QIPs is Q2 (July - September), which represents the data in Q2 as well as the previous 3 quarters. This was a Quality Improvement Plan (QIP) additional indicator for 2018/19, however retired from 2019/20. Data are based on information from mandatory Resident Assessment Instrument - Minimum Data Set 2.0 (RAI-MDS) assessments. The RAI-MDS is a standardized assessment that is completed for each resident upon admission to LTC and quarterly thereafter by the resident's care team by reviewing the resident's medical records and speaking to the resident and their family. Health Quality Ontario used an evidence-informed process and expert panel, composed of Ontario-based long-term care home operators, clinicians and researchers, to produce Ontario benchmarks that represent good resident outcomes and high-quality care. The benchmark for this indicator was set at 19% by an expert panel through a modified Delphi process (2016). Alongside public reporting performance indicators, benchmarks are an important tool for supporting long-term care homes and sector stakeholders in tracking progress, setting priorities or targets, and learning from homes that are excelling.

Footnotes

TAGS

TAGS*

Long Term Care

Process

Aging

Patient-centred

Effective

Safe

Continuing Care Reporting System (CCRS)

PUBLISH

PUBLISH DATETIME*

01/02/2019 13:35:00