

# 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

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### 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.

### 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

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

Number of LTC home residents in a fiscal quarter who used antipsychotic medication on 1 or more days in the 7 days before their target resident assessment

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

Number of LTC home residents in a fiscal quarter with a valid resident assessment, excluding those with schizophrenia, Huntington's chorea, hallucinations or delusions, as well as residents who are end-stage disease or receiving hospice care

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

Risk adjusted

Unadjusted in QIP

#### 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

## OTHER RELEVANT INFORMATION

#### Caveats and Limitations

Includes only residents in 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. Results for fiscal year 2020/21 should be interpreted with caution as the COVID-19 pandemic may have affected data collection. In Ontario, some LTC facilities were unable to complete and/or submit assessments. As a result, CIHI received fewer assessments during the pandemic than in previous years. Additionally, some facilities experienced a decline in admissions. The impact of COVID-19 on the data received by CIHI varies by jurisdiction. Readers are encouraged to interpret results, including comparisons and trends over time, with caution.

## Comments Summary

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 a priority indicator 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.

## TAGS

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### TAGS\*

Long Term Care  
Process  
Aging  
Patient-centred  
Effective  
Safe  
Continuing Care Reporting System (CCRS)

## PUBLISH

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### PUBLISH DATETIME\*

25/02/2022 09:00:00