

Percentage of long-term care home residents in daily physical restraints over the last 7 days

Alternate Name*

Percentage of long-term care home residents who were physically restrained on a daily basis

INDICATOR DESCRIPTION

Description*

This indicator measures the percentage of long-term care home residents in physical restraints every day during the 7 days preceding their resident assessment. 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

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

Number of LTC home residents in a fiscal quarter who were physically restrained daily during the 7 days preceding 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



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

Does not measure the use of bed rails or chemical restraints (i.e. medication). 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 may be some inconsistencies in how homes code restraints due to the difference in RAI-MDS physical restraint definition and the Ministry legislated definition. There are also general limitations when using RAI-MDS data, including random error, coding errors, and missing values. 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

A physical restraint is any manual method, or any physical mechanical device, material or equipment that is attached or adjacent to the resident's body, that the resident cannot remove easily, and that restricts the resident's freedom of movement or normal access to his or her body. It is the effect the device has on the resident that classifies it into the category of restraint, not the name or label given to the device, nor the purpose or intent of the device. This definition is different from that of the definition for physical restraint used by the Ministry of Health and Long-Term Care, where intent plays an important role. The restraint use items capture restraint use in the 7 days prior to the target assessment. The unadjusted indicator result is an additional indicator in Quality Improvement Plans (QIPs). 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.

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TAGS

TAGS* Long Term Care Process Patient Safety and Never Events Aging Patient-centred Safe Continuing Care Reporting System (CCRS)

PUBLISH

PUBLISH DATETIME*

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