



FOCUS on Long Term Care
DATA DICTIONARY

The Health Quality Council of Alberta is a provincial agency that pursues opportunities to improve patient safety and health service quality for Albertans. It gathers and analyzes information, monitors the healthcare system, and collaborates with Alberta Health, Alberta Health Services, health professions, academia, and other stakeholders to drive actionable improvements. Our responsibilities are set forth in the *Health Quality Council of Alberta Act*.

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IDENTIFYING INFORMATION	
Name:	Placement into most preferred living option
Short/Other Names:	n/a
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	<p>The percentage of designated supportive living (DSL) or long term care (LTC) residents that are placed into their most preferred living option.</p> <p><u>Data is grouped and presented:</u></p> <ul style="list-style-type: none"> a) By location placed from (all, acute/subacute care, community) b) By location placed to (long term care, designated supportive living)
Rationale:	To provide information on how often individuals are placed into their most preferred (i.e., first choice) living option based on options that are able to meet a resident's assessed unmet needs.
Interpretation:	A higher percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percent of residents placed within their most preferred living option =</p> $\left(\frac{\text{Total number of individuals placed into their most preferred DSL or LTC site}}{\text{Total number of individuals placed into DSL or LTC}} \right) \times 100$ <p>Type of Measure: Percentage</p> <p>Adjustment Applied: None</p>
Denominator:	The total number of individuals placed into a designated supportive living or long term care site, provincially, or in a given zone.
Numerator:	The total number of individuals placed into their most preferred living option.

Data Details	
Data Sources:	Alberta Health Services ^{1,2}
Reporting Frequency:	Quarterly First Available Year: 2017/18 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone

¹ Documentation and data for this measure has been provided directly by Alberta Health Services (AHS). Credit regarding the data definition and appropriate calculations should be attributed to the AHS Analytics Team.

² While the HQCA used all reasonable efforts to ensure the accuracy, completeness, and reliability of the data used in this website, data continues to expand in scope and completeness. As such, the values reported may change over time.

IDENTIFYING INFORMATION	
Name:	Placement into continuing care within 30 days
Short/Other Names:	n/a
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	<p>The percentage of all residents placed into designated supportive living (DSL) or long term care (LTC) within 30 days of assessment.</p> <p><u>Data is grouped and presented:</u></p> <ul style="list-style-type: none"> a) By location placed from (all, acute/subacute care, community) b) By location placed to (long term care, designated supportive living)
Rationale:	To provide information on timeliness of placement. This measure represents a measure of access to continuing care.
Interpretation:	A higher percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percent of residents placed within 30 days =</p> $\left(\frac{\text{Number of individuals placed into DSL or LTC within 30 days of being assessed and placed on the waitlist}}{\text{Total number of individuals on the waitlist}} \right) \times 100$ <p>Type of Measure: Percentage Adjustment Applied: None</p>
Denominator:	The total number of individuals on the waitlist, provincially, or in a given zone.
Numerator:	The total number of individuals placed into designated supportive living or long term care within 30 days of assessment and being placed on a waitlist.

Data Details	
Data Sources:	Alberta Health Services ^{3,4}
Available Data Years:	Type of Year: Fiscal year [starts April 1, ends March 31] First Available Year: 2014/15 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone

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IDENTIFYING INFORMATION	
Name:	Emergency department visit frequency
Short/Other Names:	n/a
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	<p>The number of emergency department visits by designated supportive living (DSL) or long term care (LTC) residents, per 1,000 resident days.</p> <p>Data is grouped and presented according to setting: long term care, and designated supportive living - levels 4 [DSL4], and 4D [DSL4D].</p>
Rationale:	To provide information on how often designated supportive living and long term care residents visit an emergency department/urgent care centre. This is a measure of the volume of visits.
Interpretation:	None
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Number of visits per 1,000 resident days =</p> $\left(\frac{\text{Total number of emergency department visits for DSL or LTC residents}}{\text{Total number of resident days for DSL or LTC residents}} \right) \times 1000$ <p>Type of Measure: Number per 1,000 resident days</p> <p>Adjustment Applied” None</p>
Denominator:	The total number of resident bed days in designated supportive living or long term care, provincially, or in a given zone. As an example, one resident who lives in designated supportive living or long term care for an entire year is counted as 365 resident days. The number of resident days for each person is based upon their dates of admission and discharge at a given site in designated supportive living or long term care.
Numerator:	The total number of emergency department and urgent care centre visits for persons deemed to be a designated supportive living or long term care resident at the time of visit. Visits with an MIS_CODE beginning with “71310”, “71513”, or “71514” are included. Visits to an emergency department or urgent care centre on the day of admission to a designated supportive living or long term care site are not included.

Data Details	
Data Sources:	Alberta Health Services ^{5, 6} Alberta Continuing Care Information System (ACCIS) National Ambulatory Care Reporting System (NACRS)
Reporting Frequency:	Annually (by fiscal year [starts April 1, ends March 31]) First Available Year: 2015/16 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone

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IDENTIFYING INFORMATION	
Name:	Return to emergency department
Short/Other Names:	n/a
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	<p>The percent of designated supportive living (DSL) or long term care (LTC) residents that returned to the emergency department within 72 hours or 30 days of their initial or previous visit to the emergency department.</p> <p>Data is grouped and presented according to setting: long term care, and designated supportive living - levels 4 [DSL4], and 4D [DSL4D].</p>
Rationale:	<p>To provide information on how often individuals living in designated supportive living and long term care sites visit an emergency department, and then return for a second visit within 72 hours or 30 days.</p> <p>Monitoring returns to the emergency department can help us to understand if residents in designated supportive living and long term care are getting the care they need at the right time and right location. For example, a return to the emergency department within 72 hours might indicate the resident:</p> <ul style="list-style-type: none"> ▪ Was not ready to be discharged or released from the emergency department, ▪ Has complex health needs and requires time-sensitive, specialized care (e.g., palliative or end of life care) that cannot be provided at the supportive living or long term care site, and/or ▪ Experienced a new health-related issue that required immediate attention that could not be provided on-site. <p>A return to the emergency department within 30 days might indicate:</p> <ul style="list-style-type: none"> ▪ A continued or rapid change in the health status of a resident or ▪ The resident's complex health needs still require time-sensitive, specialized care (e.g., palliative or end of life care) that cannot be provided at the supportive living or long term care site.
Interpretation:	A lower percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.

INDICATOR CALCULATION	
Calculation:	<p>Percent who revisit within 72 hours or 30 days =</p> $\left(\frac{\text{Total number of emergency department return visits for DSL or LTC residents in selected timeframe}}{\text{Total number of initial emergency department discharges for DSL or LTC residents}} \right) \times 100$ <p>Type of Measure: Percent Adjustment Applied: None</p>
Denominator:	The total number of initial emergency department/urgent care centre discharges for designated supportive living or long term care residents. All eligible visits with an MIS_CODE beginning with “71310”, “71513”, or “71514” are included. Any visits which resulted in admission/transfer to hospital, death are excluded.
Numerator:	The total number of emergency department and urgent care centre visits which occurred within 6 hours of initial discharge and 72 hours/30 days thereafter for designated supportive living or long term care residents. All visits with an MIS_CODE beginning with “71310”, “71513”, or “71514” are included.
Data Details	
Data Sources:	Alberta Health Services ^{7, 8} Alberta Continuing Care Information System (ACCIS) National Ambulatory Care Reporting System (NACRS)
Reporting Frequency:	Annually (by fiscal year [starts April 1, ends March 31]) First Available Year: 2014/15 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone

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IDENTIFYING INFORMATION	
Name:	Admissions to hospital from the emergency department
Short/Other Names:	n/a
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	<p>The percent of emergency department visits by designated supportive living (DSL) and long term care (LTC) residents, which resulted in admission/transfer to hospital.</p> <p>Data is grouped and presented according to continuing care setting: long term care, and designated supportive living - levels 4 [DSL4], and 4D [DSL4D]).</p>
Rationale:	To provide information regarding what proportion of designated supportive living and long term care residents who visit an emergency department are admitted to hospital.
Interpretation:	None
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percentage admitted to hospital =</p> $\left(\frac{\text{Total number of hospital admissions from the emergency department for DSL or LTC residents}}{\text{Total number of emergency department visits for DSL or LTC residents}} \right) \times 100$ <p>Type of Measure: Percentage Adjustment Applied: None</p>
Denominator:	The total number of emergency department visits for designated supportive living or long term care residents at the time of visit. Visits with an MIS_CODE beginning with "71310" are included. Visits to an emergency department on the day of admission to a continuing care facility are not included.
Numerator:	The total number of admissions to hospital for designated supportive living or long term care residents at the time of visit. Admission/transfer to hospital is based on the following disposition codes in the emergency department dataset:

	<p><u>2014/15 to 2017/18 data:</u></p> <ul style="list-style-type: none"> ▪ 06: Admitted into reporting facility as an in-patient to critical care unit or operating room directly from an ambulatory care visit ▪ 07: Admitted into reporting facility as an in-patient to another unit of the reporting facility directly from the ambulatory care visit functional centre ▪ 08: Transferred to another acute care facility directly from an ambulatory care visit functional centre. Includes transfers to another acute care facility with entry through the emergency department <p><u>2018/19 data:</u></p> <ul style="list-style-type: none"> ▪ 06: Admit to reporting facility as inpatient to special care unit or OR from ambulatory care visit functional centre ▪ 07: Admit to reporting facility as an inpatient to another unit of the reporting facility from the ambulatory care visit functional centre ▪ 08: Transfer to another acute care facility directly from ambulatory care visit functional centre (includes transfer to another acute care facility with entry through ED)
Data Details	
Data Sources:	Alberta Continuing Care Information System (ACCIS) National Ambulatory Care Reporting System (NACRS) Discharge Abstract Database (DAD)
Reporting Frequency:	Annually (by fiscal year [starts April 1, ends March 31]) First Available Year: 2014/15 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone

IDENTIFYING INFORMATION	
Name:	Readmission into acute care within 7 days
Short/Other Names:	n/a
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	<p>The percent of designated supportive living (DSL) or long term care (LTC) residents who returned home after a hospital stay, and who were readmitted to hospital within 7 days.</p> <p>Data is grouped and presented according to continuing care setting: long term care, and designated supportive living - levels 4 [DSL4], and 4D [DSL4D].</p>
Rationale:	To provide information on how often designated supportive living or long term care residents are readmitted to hospital within 7 days after a hospital stay. This can be a measure of poor transitions in care, and/or a measure of illness among residents, or the emergence of a new health-related issue among residents who return from home following a hospital stay.
Interpretation:	A lower percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percent readmitted within 7 days =</p> $\left(\frac{\text{Total number of DSL or LTC residents with an unplanned readmission within 7 days}}{\text{Total number of initial hospital discharges for DSL or LTC residents}} \right) \times 100$ <p>Type of Measure: Percent Adjustment Applied: None</p>
Denominator:	The total number of initial hospital discharges for designated supportive living or long term care residents. Any visits which resulted in transfer to another hospital, or death are excluded.
Numerator:	The total number of unplanned readmissions to hospital which occurred within 24 hours and 7 days of initial discharge for designated supportive living or long term care residents. All visits with an admission category of "U" (urgent) with an institution code beginning with "80" (Alberta acute care hospital) are included.

Data Details	
Data Sources:	Alberta Continuing Care Information System (ACCIS) Discharge Abstract Database (DAD)
Reporting Frequency:	Annually (by fiscal year [starts April 1, ends March 31]) First Available Year: 2014/15 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone

IDENTIFYING INFORMATION	
Name:	Location of death
Short/Other Names:	n/a
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	<p>The percent of designated supportive living (DSL) or long term care (LTC) residents who died at a designated supportive living or long term care site, or in acute care.</p> <p>Data is grouped and presented according to continuing care setting: long term care, and designated supportive living - levels 4 [DSL4], and 4D [DSL4D].</p>
Rationale:	To provide information on the location of death for designated supportive living and long term care residents. This measure only reports on the location of death and does not provide insights into the resident or loved ones' experience with end-of-life care.
Interpretation:	None
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percent of residents who died at continuing care site or in acute care =</p> $\left(\frac{\text{Total number of resident deaths in DSL or LTC/acute care}}{\text{Total number of DSL or LTC resident deaths}} \right) \times 100$ <p>Type of Measure: Percent Adjustment Applied: None</p>
Denominator:	The total number of designated supportive living or long term care residents who died.
Numerator:	The total number of designated supportive living or long term care residents who died in a designated supportive living or long term care site, or in acute care (emergency department, inpatient unit). Records where death was recorded in a designated supportive living or long term care site and in the inpatient data were classified as having died in acute care.

Data Details	
Data Sources:	Alberta Continuing Care Information System (ACCIS) Discharge Abstract Database (DAD) National Ambulatory Care Reporting System (NACRS)
Reporting Frequency:	Annually (by fiscal year [starts April 1, ends March 31]) First Available Year: 2014/15 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone

IDENTIFYING INFORMATION	
Name:	Symptoms of delirium
Short/Other Names:	Percentage of residents with symptoms of delirium
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	The percentage of long term care (LTC) residents who have symptoms of delirium. This is reported using the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS) assessment. This indicator was jointly developed by InterRAI and the Canadian Institute for Health Information (CIHI).
Rationale:	To provide information on the proportion of LTC residents who exhibit symptoms of delirium. Delirium causes a resident to become very distracted and more confused than normal. It is common and serious, however is often treatable.
Interpretation:	A lower percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percent of residents with symptoms of delirium =</p> $\left(\frac{\text{Number of LTC residents who have symptoms of delirium}}{\text{Number of LTC residents with a valid RAI-MDS assessment}} \right) \times 100$ <p>Type of Measure: Percentage (risk adjusted)</p> <p>Adjustment Applied: Risk adjustment is calculated using a predetermined statistical process that adjusts for differences in the populations served as well as the associated differences in risk that come with various conditions. This risk adjustment process allows for comparability between different LTC sites.</p>
Denominator:	The total number of LTC residents with a valid RAI-MDS assessment.
Numerator:	The total number of LTC residents with a valid RAI-MDS assessment in a fiscal quarter, who exhibit symptoms of delirium.

Data Details	
Data Sources:	Canadian Institute for Health Information Alberta Health Services ^{9,10}
Reporting Frequency:	Quarterly First Available Year: 2014/15 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone, site

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IDENTIFYING INFORMATION	
Name:	Mood worsened from symptoms of depression
Short/Other Names:	Percentage of residents whose mood from symptoms of depression worsened between assessments
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	The percentage of long term care (LTC) residents whose mood from symptoms of depression worsened since their prior assessment. This is reported using the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS) assessment. This indicator was jointly developed by InterRAI and the Canadian Institute for Health Information (CIHI).
Rationale:	Experiencing depression is common among older persons living in long term care. These people have experienced a number of life losses associated with chronic disease, the aging process, and the physical move from community into a care setting. Other common causes of depression for long term care residents include pain, lack of purpose, and loneliness.
Interpretation:	A lower percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percent of residents whose mood from symptoms of depression worsened =</p> $\left(\frac{\text{Number of LTC residents with a higher Depression Rating Scale score than on their prior assessment}}{\text{Number of LTC residents whose depressive symptoms could decline}} \right) \times 100$ <p>Type of Measure: Percentage (risk adjusted)</p> <p>Adjustment Applied: Risk adjustment is calculated using a predetermined statistical process that adjusts for differences in the populations served as well as the associated differences in risk that come with various conditions. This risk adjustment process allows for comparability between different LTC sites.</p>
Denominator:	The total number of LTC residents with a valid RAI-MDS assessment whose depressive symptoms could decline.
Numerator:	The total number of LTC residents with a valid RAI-MDS assessment whose Depressive Rating Scale score was higher than their previous assessment.

Data Details	
Data Sources:	Canadian Institute for Health Information Alberta Health Services ^{11, 12}
Reporting Frequency:	Quarterly First Available Year: 2014/15 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone, site

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IDENTIFYING INFORMATION	
Name:	Behavioural symptoms improved
Short/Other Names:	Percentage of residents whose adverse behavioural symptoms improved between assessments
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	The percentage of long term care (LTC) residents whose adverse behavioural symptoms improved since their prior assessment. This is reported using the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS) assessment. This indicator was jointly developed by InterRAI and the Canadian Institute for Health Information (CIHI).
Rationale:	<p>Adverse behavioural symptoms may include confusion, agitation, or aggression. These symptoms can reflect a resident’s discomfort, and can be caused by many things. For example, symptoms such as nausea, shortness of breath (dyspnea), and pain or features of the social (e.g., styles of communication) and physical environment (e.g., noise) can trigger these adverse behavioural symptoms.</p> <p>Treating the cause of the confusion, agitation, or aggression can help improve or reduce adverse behavioural symptoms.</p>
Interpretation:	A higher percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percent of residents whose adverse behavioural symptoms improved =</p> $\left(\frac{\text{Number of LTC residents whose behavioural symptoms improved since their prior assessment}}{\text{Number of LTC residents with a valid RAI-MDS assessment whose behavioural symptoms could improve}} \right) \times 100$ <p>Type of Measure: Percentage (risk adjusted)</p> <p>Adjustment Applied: Risk adjustment is calculated using a predetermined statistical process that adjusts for differences in the populations served as well as the associated differences in risk that come with various conditions. This risk adjustment process allows for comparability between different LTC sites.</p>

Denominator:	The total number of LTC residents with a valid RAI-MDS assessment whose behavioural symptoms could improve.
Numerator:	The total number of LTC residents with a valid RAI-MDS assessment whose behavioural symptom score improved since their previous assessment.
Data Details	
Data Sources:	Canadian Institute for Health Information Alberta Health Services ^{13, 14}
Reporting Frequency:	Quarterly First Available Year: 2014/15 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone, site

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IDENTIFYING INFORMATION	
Name:	Antipsychotics without diagnosis of psychosis
Short/Other Names:	Percentage of residents on antipsychotics without a diagnosis of psychosis
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	The percentage of long term care (LTC) residents who are taking antipsychotic medication(s) who have not received a diagnosis of psychosis. This is reported using the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS) assessment. This indicator was jointly developed by InterRAI and the Canadian Institute for Health Information (CIHI).
Rationale:	<p>Antipsychotic medications, such as or risperidone (Risperdal) or clozapine (Clozaril), can reduce or relieve symptoms of psychosis, such as delusions (false beliefs) and hallucinations (seeing or hearing something that is not there).</p> <p>In long term care, some sites use them to calm residents with a high degree of agitation or aggression associated with living with dementia. This is considered a chemical restraint.</p> <p>These medications have many harmful effects and therefore are not recommended or are to be used with caution. All other non-medication interventions should be tried and ruled out as a solution for the resident's negative response to their situation, before antipsychotic medications are considered.</p>
Interpretation:	A lower percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percent of residents on antipsychotics without a diagnosis of psychosis =</p> $\left(\frac{\text{Number of LTC residents who received an antipsychotic medication}}{\text{Number of LTC residents with a valid RAI-MDS assessment without a diagnosis of psychosis}} \right) \times 100$ <p>Type of Measure: Percentage (risk adjusted)</p> <p>Adjustment Applied: Risk adjustment is calculated using a predetermined statistical process that adjusts for differences in the populations served as well as the associated differences in risk that come with various conditions.</p>

	This risk adjustment process allows for comparability between different LTC sites.
Denominator:	The total number of LTC residents with a valid RAI-MDS assessment, excluding those with schizophrenia, Huntington's chorea and hallucinations, delusions, and end-of-life residents.
Numerator:	The total number of LTC residents with a valid RAI-MDS assessment who satisfy the criteria to be included in the denominator (above), and who received one or more antipsychotic medications.
Data Details	
Data Sources:	Canadian Institute for Health Information Alberta Health Services ^{15, 16}
Reporting Frequency:	Quarterly First Available Year: 2014/15 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone, site

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IDENTIFYING INFORMATION	
Name:	Pain worsened
Short/Other Names:	Percentage of residents whose pain worsened between assessments
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	The percentage of long term care (LTC) residents whose pain worsened since their previous assessment. This is reported using the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS) assessment. This indicator was jointly developed by InterRAI and the Canadian Institute for Health Information (CIHI).
Rationale:	Pain directly impacts the resident's quality of life and can impact social engagement, one's ability to perform activities of daily living, mood and behaviours, and nutrition status.
Interpretation:	A lower percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percent of residents whose pain worsened =</p> $\left(\frac{\text{Number of LTC residents with greater pain, when compared with their previous assessment}}{\text{Number of LTC residents with a valid RAI-MDS assessment whose pain symptoms could increase}} \right) \times 100$ <p>Type of Measure: Percentage (risk adjusted)</p> <p>Adjustment Applied: Risk adjustment is calculated using a predetermined statistical process that adjusts for differences in the populations served as well as the associated differences in risk that come with various conditions. This risk adjustment process allows for comparability between different LTC sites.</p>
Denominator:	The total number of LTC residents with a valid RAI-MDS assessment, whose pain symptoms could increase.
Numerator:	The total number of LTC residents with a valid RAI-MDS assessment who had greater pain, when compared with their previous assessment.

Data Details	
Data Sources:	Canadian Institute for Health Information Alberta Health Services ^{17, 18}
Reporting Frequency:	Quarterly First Available Year: 2014/15 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone, site

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IDENTIFYING INFORMATION	
Name:	Newly occurring stage 2 to 4 pressure ulcer
Short/Other Names:	Percentage of residents with a newly occurring stage 2 to 4 pressure ulcer
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	The percentage of long term care (LTC) residents who had a new stage 2 to 4 pressure ulcer since their previous assessment. This is reported using the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS) assessment. This indicator was jointly developed by InterRAI and the Canadian Institute for Health Information (CIHI).
Rationale:	<p>Pressure ulcers, also called bed sores, are an injury to the skin and underlying tissue, primarily caused by sustained pressure on the skin. Pressure ulcers can cause pain, increase the risk of infection, and decrease a resident’s quality of life.</p> <p>Stage 2 to 4 wounds range in severity from partial loss of skin layers (e.g. abrasions or blisters) to full thickness of skin and subcutaneous tissue loss with exposure of muscle or bone.</p>
Interpretation:	A lower percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percent of residents with a newly occurring stage 2 to 4 pressure ulcer =</p> $\left(\frac{\text{Number of LTC residents with a new stage 2 to 4 pressure ulcer}}{\text{Number of LTC residents who did not have a pressure ulcer, or who had a stage 1 pressure ulcer on their previous assessment}} \right) \times 100$ <p>Type of Measure: Percentage (risk adjusted)</p> <p>Adjustment Applied: Risk adjustment is calculated using a predetermined statistical process that adjusts for differences in the populations served as well as the associated differences in risk that come with various conditions. This risk adjustment process allows for comparability between different LTC sites.</p>
Denominator:	The total number of LTC residents with a valid RAI-MDS assessment, who did not have a stage 2 to 4 pressure ulcer on their previous assessment.

Numerator:	The total number of LTC residents with a valid RAI-MDS assessment who had a stage 2 to 4 pressure ulcer that occurred since their previous assessment.
Data Details	
Data Sources:	Canadian Institute for Health Information Alberta Health Services ^{19, 20}
Reporting Frequency:	Quarterly First Available Year: 2014/15 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone, site

¹⁹ Documentation and data for this measure has been provided directly by Alberta Health Services (AHS) from data generated by the Canadian Institute for Health Information (CIHI). Credit regarding the data definition and appropriate calculations should be attributed to these parties.

²⁰ While the HQCA used all reasonable efforts to ensure the accuracy, completeness, and reliability of the data used in this website, data continues to expand in scope and completeness. As such, the values reported may change over time.

IDENTIFYING INFORMATION	
Name:	Daily physical restraints
Short/Other Names:	Percentage of residents in daily physical restraints
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	The percentage of long term care (LTC) residents who are in daily physical restraints. This is reported using the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS) assessment. This indicator was jointly developed by InterRAI and the Canadian Institute for Health Information (CIHI).
Rationale:	A physical restraint is a device that restricts a resident’s ability to move, and cannot be removed by the resident. At some long term care sites, physical restraints may be used in situations where the safety of the resident or others (e.g., other residents, family, or staff) is a concern. Using physical restraints can be harmful to residents. Harmful effects include increased potential for falls that result in injury, as well as increased frustration and restlessness for the resident.
Interpretation:	A lower percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percent of residents in daily physical restraints =</p> $\left(\frac{\text{Number of LTC residents who were physically restrained on a daily basis}}{\text{Number of residents with a valid RAI-MDS assessment, excluding those who are comatose and/or quadriplegic}} \right) \times 100$ <p>Type of Measure: Percentage (risk adjusted)</p> <p>Adjustment Applied: Risk adjustment is calculated using a predetermined statistical process that adjusts for differences in the populations served as well as the associated differences in risk that come with various conditions. This risk adjustment process allows for comparability between different LTC sites.</p>
Denominator:	The total number of LTC residents with a valid RAI-MDS assessment. Residents who are comatose or who are quadriplegic are excluded.

Numerator:	The total number of LTC residents with a valid RAI-MDS assessment in a fiscal quarter, who were physically restrained on a daily basis.
Data Details	
Data Sources:	Canadian Institute for Health Information Alberta Health Services ^{21, 22}
Reporting Frequency:	Quarterly First Available Year: 2014/15 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone, site

²¹ Documentation and data for this measure has been provided directly by Alberta Health Services (AHS) from data generated by the Canadian Institute for Health Information (CIHI). Credit regarding the data definition and appropriate calculations should be attributed to these parties.

²² While the HQCA used all reasonable efforts to ensure the accuracy, completeness, and reliability of the data used in this website, data continues to expand in scope and completeness. As such, the values reported may change over time.

IDENTIFYING INFORMATION	
Name:	Unexplained weight loss
Short/Other Names:	Percentage of residents who had unexplained weight loss
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	The percentage of long term care (LTC) residents who had unexplained weight loss. This is reported using the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS) assessment. This indicator was jointly developed by InterRAI and the Canadian Institute for Health Information (CIHI).
Rationale:	Residents living in long term care may experience unexplained weight loss for a variety of reasons, including their feelings about the food (e.g., preferences), access to and availability of food, or their disease processes. The reason behind unexplained weight loss is important to understand. Weight loss can leave residents weakened and at greater risk for illness and injury. It may also mean there are underlying health concerns that need treatment. Weight loss can also mean that a resident needs increased supports with activities of daily living.
Interpretation:	A lower percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percent of residents who had unexplained weight loss =</p> $\left(\frac{\text{Number of LTC residents who had unexplained weight loss}}{\text{Number of LTC residents with a valid RAI-MDS assessment}} \right) \times 100$ <p>Type of Measure: Percentage (risk adjusted)</p> <p>Adjustment Applied: Risk adjustment is calculated using a predetermined statistical process that adjusts for differences in the populations served as well as the associated differences in risk that come with various conditions. This risk adjustment process allows for comparability between different LTC sites.</p>
Denominator:	The total number of LTC residents with a valid RAI-MDS assessment.

Numerator:	The total number of LTC residents with a valid RAI-MDS assessment in a fiscal quarter, who had unexplained weight loss of 5% or more within the last 30 days, or 10% or more within the last 180 days.
Data Details	
Data Sources:	Canadian Institute for Health Information Alberta Health Services ^{23, 24}
Reporting Frequency:	Quarterly First Available Year: 2014/15 Last Available Year: 2018/19
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone, site

²³ Documentation and data for this measure has been provided directly by Alberta Health Services (AHS) from data generated by the Canadian Institute for Health Information (CIHI). Credit regarding the data definition and appropriate calculations should be attributed to these parties.

²⁴ While the HQCA used all reasonable efforts to ensure the accuracy, completeness, and reliability of the data used in this website, data continues to expand in scope and completeness. As such, the values reported may change over time.

Family experience with courtesy and respect	
Description	How family members rated how often staff treat their loved one with courtesy and respect.
Survey question	<p>In the last 6 months, how often did you see the nurses and aides treat your family member with courtesy and respect?</p> <ul style="list-style-type: none"> ▪ Always ▪ Usually ▪ Sometimes ▪ Never
Data Source	2017 HQCA Long term care Family Experience Survey
Calculation	<p>Results are reported as the percentage of all valid responses, for each of the response options, as described above.</p> <p>For example, percentage reporting “always” =</p> $\left(\frac{\text{Number of respondents stating "always"}}{\text{Total number of valid responses}} \right) \times 100$
Assumptions	None.
Exclusions	<p>Eligible respondents include all family members that have a family member or friend living in a long term care site, if contact information was available. General exclusion criteria for the HQCA Long term care Family Experience Survey include:</p> <ul style="list-style-type: none"> ▪ Contacts of new (< 1 month) or transitional residents. ▪ Residents who had no contact person (family member), or whose contact person resided outside of Canada. ▪ Contacts of deceased residents or residents no longer living at the site. ▪ Contacts of residents who were listed as a public guardian (i.e., non-family member or friend).
Limitations	<p>Results are generalizable to the type of respondent eligible for the survey, namely families who have a loved one living in long term care for at least one month.</p> <p>Sites differ in many ways, therefore the type of site and the types of services offered at the site should be considered in interpreting the results.</p>

Family experience with decision-making	
Description	How family members rated their involvement in making decisions about their loved one's care.
Survey question	<p>In the last six months, how often were you involved as much as you wanted to be in the decisions about your family member's care?</p> <ul style="list-style-type: none"> ▪ Always ▪ Usually ▪ Sometimes ▪ Never
Data Source	2017 HQCA Long term care Family Experience Survey
Calculation	<p>Results are reported as the percentage of all valid responses, for each of the response options, as described above.</p> <p>For example, percentage reporting "always" =</p> $\left(\frac{\text{Number of respondents stating "always"}}{\text{Total number of valid responses}} \right) \times 100$
Assumptions	None.
Exclusions	<p>Eligible respondents include all family members that have a family member or friend living in a long term care site, if contact information was available. General exclusion criteria for the HQCA Long term care Family Experience Survey include:</p> <ul style="list-style-type: none"> ▪ Contacts of new (< 1 month) or transitional residents. ▪ Residents who had no contact person (family member), or whose contact person resided outside of Canada. ▪ Contacts of deceased residents or residents no longer living at the facility. ▪ Contacts of residents who were listed as a public guardian (i.e., non-family member or friend).
Limitations	<p>Results are generalizable to the type of respondent eligible for the survey, namely families who have a loved one living in long term care for at least one month.</p> <p>Sites differ in many ways, therefore the type of site and the types of services offered at the site should be considered in interpreting the results.</p>

Family experience with food	
Description	How family members rated the food at their loved one's site.
Survey question	<p>Using any number from 0 to 10 where 0 is the worst food possible and 10 is the best food possible, what number would you use to rate the food at this nursing home?</p> <ul style="list-style-type: none"> ▪ 0 (worst food possible) ▪ 1 ▪ 2 ▪ 3 ▪ 4 ▪ 5 ▪ 6 ▪ 7 ▪ 8 ▪ 9 ▪ 10 (best food possible)
Data Source	2017 HQCA Long term care Family Experience Survey
Calculation	<p>Results are reported as the percentage of all valid responses, for each of the response options, as described above.</p> <p>For example, percentage reporting "10" =</p> $\left(\frac{\text{Number of respondents stating "10"}}{\text{Total number of valid responses}} \right) \times 100$
Assumptions	None.
Exclusions	<p>Eligible respondents include all family members that have a family member or friend living in a long term care site, if contact information was available. General exclusion criteria for the HQCA Long term care Family Experience Survey include:</p> <ul style="list-style-type: none"> ▪ Contacts of new (< 1 month) or transitional residents. ▪ Residents who had no contact person (family member), or whose contact person resided outside of Canada. ▪ Contacts of deceased residents or residents no longer living at the facility. ▪ Contacts of residents who were listed as a public guardian (i.e., non-family member or friend).
Limitations	<p>Results are generalizable to the type of respondent eligible for the survey, namely families who have a loved one living in long term care for at least one month.</p> <p>Sites differ in many ways, therefore the type of site and the types of services offered at the site should be considered in interpreting the results.</p>

Family experience with healthcare services and treatments	
Description	How family members rated how often their loved one received all of the care and services they need.
Survey question	<p>In the last 6 months, how often did your family member receive all of the healthcare services and treatments they needed?</p> <ul style="list-style-type: none"> ▪ Always ▪ Usually ▪ Sometimes ▪ Never
Data Source	2017 HQCA Long term care Family Experience Survey
Calculation	<p>Results are reported as the percentage of all valid responses, for each of the response options, as described above.</p> <p>For example, percentage reporting “always” =</p> $\left(\frac{\text{Number of respondents stating "always"}}{\text{Total number of valid responses}} \right) \times 100$
Assumptions	None.
Exclusions	<p>Eligible respondents include all family members that have a family member or friend living in a long term care site, if contact information was available. General exclusion criteria for the HQCA Long term care Family Experience Survey include:</p> <ul style="list-style-type: none"> ▪ Contacts of new (< 1 month) or transitional residents. ▪ Residents who had no contact person (family member), or whose contact person resided outside of Canada. ▪ Contacts of deceased residents or residents no longer living at the facility. ▪ Contacts of residents who were listed as a public guardian (i.e., non-family member or friend).
Limitations	<p>Results are generalizable to the type of respondent eligible for the survey, namely families who have a loved one living in long term care for at least one month.</p> <p>Sites differ in many ways, therefore the type of site and the types of services offered at the site should be considered in interpreting the results.</p>

Family experience with interacting with the same staff	
Description	How family members rated how often their loved one was cared for by the same staff.
Survey question	<p>In the last 6 months, how often is your family member cared for by the same team of nurses and aides?</p> <ul style="list-style-type: none"> ▪ Always ▪ Usually ▪ Sometimes ▪ Never
Data Source	2017 HQCA Long term care Family Experience Survey
Calculation	<p>Results are reported as the percentage of all valid responses, for each of the response options, as described above.</p> <p>For example, percentage reporting “always” =</p> $\left(\frac{\text{Number of respondents stating "always"}}{\text{Total number of valid responses}} \right) \times 100$
Assumptions	None.
Exclusions	<p>Eligible respondents include all family members that have a family member or friend living in a long term care site, if contact information was available. General exclusion criteria for the HQCA Long term care Family Experience Survey include:</p> <ul style="list-style-type: none"> ▪ Contacts of new (< 1 month) or transitional residents. ▪ Residents who had no contact person (family member), or whose contact person resided outside of Canada. ▪ Contacts of deceased residents or residents no longer living at the facility. ▪ Contacts of residents who were listed as a public guardian (i.e., non-family member or friend).
Limitations	<p>Results are generalizable to the type of respondent eligible for the survey, namely families who have a loved one living in long term care for at least one month.</p> <p>Sites differ in many ways, therefore the type of site and the types of services offered at the site should be considered in interpreting the results.</p>

Family experience with presence of a resident and family council	
Description	How family members indicated if their loved one's site has a resident and family council.
Survey question	<p>A resident and family council is a group of residents or family from the same nursing home that meets on a regular basis to improve the quality of life of residents and to identify and address concerns. Does your family member's facility have a resident and family council?</p> <ul style="list-style-type: none"> ▪ Yes ▪ No ▪ I don't know
Data Source	2017 HQCA Long term care Family Experience Survey
Calculation	<p>Results are reported as the percentage of all valid responses, for each of the response options, as described above.</p> <p>For example, percentage reporting "yes" =</p> $\left(\frac{\text{Number of respondents stating "yes"}}{\text{Total number of valid responses}} \right) \times 100$
Assumptions	Responses from the "don't know" category were treated as valid and were included in the calculation.
Exclusions	<p>Eligible respondents include all family members that have a family member or friend living in a long term care site, if contact information was available. General exclusion criteria for the HQCA Long term care Family Experience Survey include:</p> <ul style="list-style-type: none"> ▪ Contacts of new (< 1 month) or transitional residents. ▪ Residents who had no contact person (family member), or whose contact person resided outside of Canada. ▪ Contacts of deceased residents or residents no longer living at the facility. ▪ Contacts of residents who were listed as a public guardian (i.e., non-family member or friend).
Limitations	<p>Results are generalizable to the type of respondent eligible for the survey, namely families who have a loved one living in long term care for at least one month.</p> <p>Sites differ in many ways, therefore the type of site and the types of services offered at the site should be considered in interpreting the results.</p>

Family experience with sharing concerns	
Description	How family members rated their comfort with sharing concerns with staff.
Survey question	<p>In the last 6 months, did you ever stop yourself from talking to any nursing home staff about your concerns because you thought they would take it out on your family member?</p> <ul style="list-style-type: none"> ▪ No ▪ Yes
Data Source	2017 HQCA Long term care Family Experience Survey
Calculation	<p>Results are reported as the percentage of all valid responses, for each of the response options, as described above.</p> <p>For example, percentage reporting “no” =</p> $\left(\frac{\text{Number of respondents stating "no"}}{\text{Total number of valid responses}} \right) \times 100$
Assumptions	None.
Exclusions	<p>Eligible respondents include all family members that have a family member or friend living in a long term care site, if contact information was available. General exclusion criteria for the HQCA Long term care Family Experience Survey include:</p> <ul style="list-style-type: none"> ▪ Contacts of new (< 1 month) or transitional residents. ▪ Residents who had no contact person (family member), or whose contact person resided outside of Canada. ▪ Contacts of deceased residents or residents no longer living at the facility. ▪ Contacts of residents who were listed as a public guardian (i.e., non-family member or friend).
Limitations	<p>Results are generalizable to the type of respondent eligible for the survey, namely families who have a loved one living in long term care for at least one month.</p> <p>Sites differ in many ways, therefore the type of site and the types of services offered at the site should be considered in interpreting the results.</p>

Family experience with staffing	
Description	How family members rated their experience with the amount of staff available to support their loved one.
Survey question	<p>In the last 6 months, how often did you feel that there were enough nurses and aides in the nursing home?</p> <ul style="list-style-type: none"> ▪ Always ▪ Usually ▪ Sometimes ▪ Never
Data Source	2017 HQCA Long term care Family Experience Survey
Calculation	<p>Results are reported as the percentage of all valid responses, for each of the response options, as described above.</p> <p>For example, percentage reporting “always” =</p> $\left(\frac{\text{Number of respondents stating "always"}}{\text{Total number of valid responses}} \right) \times 100$
Assumptions	None.
Exclusions	<p>Eligible respondents include all family members that have a family member or friend living in a long term care site, if contact information was available. General exclusion criteria for the HQCA Long term care Family Experience Survey include:</p> <ul style="list-style-type: none"> ▪ Contacts of new (< 1 month) or transitional residents. ▪ Residents who had no contact person (family member), or whose contact person resided outside of Canada. ▪ Contacts of deceased residents or residents no longer living at the facility. ▪ Contacts of residents who were listed as a public guardian (i.e., non-family member or friend).
Limitations	<p>Results are generalizable to the type of respondent eligible for the survey, namely families who have a loved one living in long term care for at least one month.</p> <p>Sites differ in many ways, therefore the type of site and the types of services offered at the site should be considered in interpreting the results.</p>

Family experience with staff responsiveness	
Description	How family members rated their experiences with staff being available and able to respond to their loved one's needs.
Survey question	<p>In the last 6 months, did you help with the care of your family member when you visited because nurses or aides either didn't help or made him or her wait too long?</p> <ul style="list-style-type: none"> ▪ No ▪ Yes
Data Source	2017 HQCA Long term care Family Experience Survey
Calculation	<p>Results are reported as the percentage of all valid responses, for each of the response options, as described above.</p> <p>For example, percentage reporting "no" =</p> $\left(\frac{\text{Number of respondents stating "no"}}{\text{Total number of valid responses}} \right) \times 100$
Assumptions	None.
Exclusions	<p>Eligible respondents include all family members that have a family member or friend living in a long term care site, if contact information was available. General exclusion criteria for the HQCA Long term care Family Experience Survey include:</p> <ul style="list-style-type: none"> ▪ Contacts of new (< 1 month) or transitional residents. ▪ Residents who had no contact person (family member), or whose contact person resided outside of Canada. ▪ Contacts of deceased residents or residents no longer living at the facility. ▪ Contacts of residents who were listed as a public guardian (i.e., non-family member or friend).
Limitations	<p>Results are generalizable to the type of respondent eligible for the survey, namely families who have a loved one living in long term care for at least one month.</p> <p>Sites differ in many ways, therefore the type of site and the types of services offered at the site should be considered in interpreting the results.</p>

Family experience overall rating of care	
Description	How family members rated the overall care at the site.
Survey question	<p>Using any number from 0 to 10 where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate the care at the nursing home?</p> <ul style="list-style-type: none"> ▪ 0 (worst care possible) ▪ 1 ▪ 2 ▪ 3 ▪ 4 ▪ 5 ▪ 6 ▪ 7 ▪ 8 ▪ 9 ▪ 10 (best care possible)
Data Source	2017 HQCA Long term care Family Experience Survey
Calculation	<p>Results are reported as the percentage of all valid responses, for each of the response options, as described above.</p> <p>For example, percentage reporting “10” =</p> $\left(\frac{\text{Number of respondents stating "10"}}{\text{Total number of valid responses}} \right) \times 100$
Assumptions	None.
Exclusions	<p>Eligible respondents include all family members that have a family member or friend living in a long term care site, if contact information was available. General exclusion criteria for the HQCA Long term care Family Experience Survey include:</p> <ul style="list-style-type: none"> ▪ Contacts of new (< 1 month) or transitional residents. ▪ Residents who had no contact person (family member), or whose contact person resided outside of Canada. ▪ Contacts of deceased residents or residents no longer living at the facility. ▪ Contacts of residents who were listed as a public guardian (i.e., non-family member or friend).
Limitations	<p>Results are generalizable to the type of respondent eligible for the survey, namely families who have a loved one living in long term care for at least one month.</p> <p>Sites differ in many ways, therefore the type of site and the types of services offered at the site should be considered in interpreting the results.</p>



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