

Alberta Long Term Care Quality Indicators 2013-14

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September 9, 2015

Introduction: A focus on quality in long term care homes

Residents of long term care facilities across Alberta must be provided with high quality care. Everyone can play a role in quality. Sharing information about health service quality and success stories are ways that quality of care can be reviewed, monitored and improved. This report on the Alberta Health Services (AHS) website is designed to share such information.

Quality indicators (QIs) flag areas where more attention may be needed to sustain and improve the quality of resident care. QIs are drawn from clinical assessments (known as RAI MDS 2.0 <http://www.interrai.org/long-term-care-facilities.html>) completed every three months on individuals living in all long term care facilities across Alberta. The information is shared with the Canadian Institute for Health Information (CIHI), an independent, not-for-profit organization that collates essential information on Canada's health system and the health of Canadians.

On June 10, 2015, CIHI began publicly reporting nine long term care QIs focused on safety, appropriateness and effectiveness of care on its public website www.YourHealthSystem.cihi.ca. The website features 45 health indicators, which are reported provincially, by zones and by sites and presented in a way that is accessible to the public. Most of the indicators are already publicly reported by CIHI or Statistics Canada.

Users will be able to view and compare results for residents in long term care facilities across Alberta and in other parts of Canada. By sharing information on each facility, region and province can learn from one another to improve the quality of care being delivered to residents.

This report complements the CIHI data and illustrates how Alberta is doing compared to national averages, shows comparisons between zones and describes what actions have already been taken, or are underway to improve care for residents in the zones across Alberta. Actions may take time to make a difference as long term care homes differ, training of staff may be needed and residents vary in their needs, strengths and preferences.

The ongoing public reporting of QIs raises everyone's awareness of good, quality care and flags areas for improvement. Seeing, understanding and using information on quality inspires everyone involved in long term care to do a better job and create good quality of life for residents, their families and caregivers.

Table of Contents:

Page(s)

Performance Measures Dashboard	4
Safety: Falls in the Last 30 Days in Long Term Care	5 - 6
Safety: Worsened Pressure Ulcer in Long Term Care	7 - 8
Appropriateness and Effectiveness: Potentially Inappropriate Use of Antipsychotics in Long Term Care	9 -10
Appropriateness and Effectiveness: Restraint Use in Long Term Care	11-12
Health Status: Improved Physical Functioning in Long Term Care	13-14
Health Status: Worsened Physical Functioning in Long Term Care	15-16
Health Status: Worsened Depressive Mood in Long Term Care	17-18
Health Status: Experiencing Pain in Long Term Care	19-20
Health Status: Experiencing Worsened Pain in Long Term Care	21-22

Performance Measures Dashboard

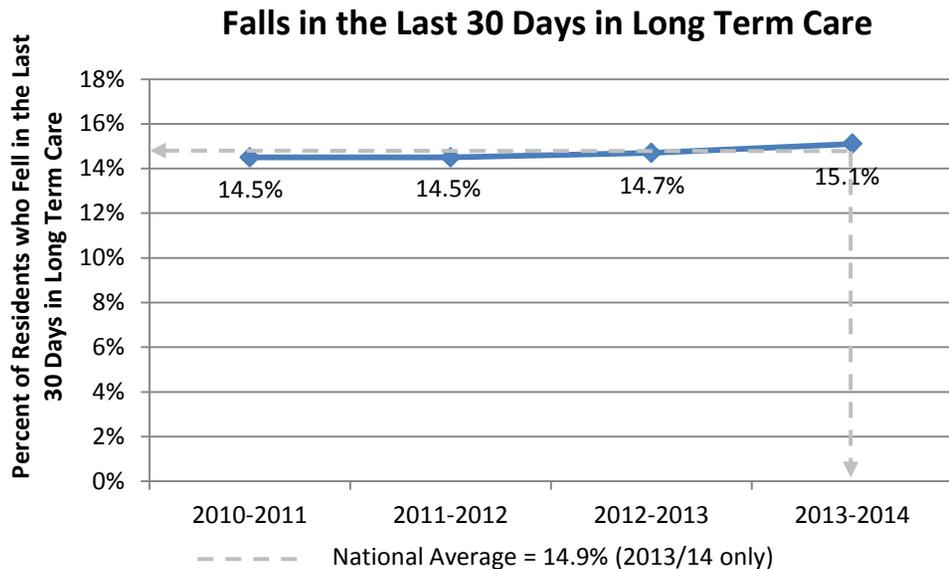
Performance Measures Dashboard		<u>2013/14 Performance</u>	<u>National Average¹</u>	<u>How does AB compare</u>
Safety	Falls in the Last 30 Days in Long Term Care (FAL02) What percentage of residents had an unintentional change in position where they end up on the floor, ground or lower level? This QI captures falls with and without injury. It does not reflect how often residents fall. <i>A lower percentage is better as it means a lower percentage of residents have fallen.</i>	15.1%	14.9%	Same as average
	Worsened Pressure Ulcer in Long Term Care (PRU06) What percentage of residents had a pressure ulcer at Stage 2 to 4 and upon re-assessment the stage of the pressure ulcer is greater? <i>A lower percentage is better as it means resident's stage 2 to 4 pressure ulcers are improving or being maintained at the current stage.</i>	3.2%	3.0%	Same as average
Appropriateness & Effectiveness	Potentially Inappropriate Use of Antipsychotics in Long Term Care (DRG01) What percentage of residents received an antipsychotic medication without a diagnosis of psychosis? <i>A lower percentage is better as it means fewer residents received a potentially inappropriate antipsychotic medication.</i>	25.3%	30.3%	Above Average
	Restraint Use in Long Term Care (RES01) What percentage of residents is being physically restrained daily? <i>A lower percentage is better as it means fewer residents are being restrained daily.</i>	9.4%	9.6%	Same as average
Health Status	Improved Physical Functioning in Long Term Care (ADL05) What percentage of residents showed improvement in their performance of activities of daily living (walking, transfer, locomotion)? <i>A higher percentage is better as it means more residents are more independent in certain activities of daily living.</i>	33.4%	32.2%	Above average
	Worsened Physical Functioning in Long Term Care (ADL5A) What percentage of residents showed a worsening in their performance of activities of daily living (walking, transfer, locomotion)? <i>A lower percentage is better as it means fewer residents became more dependent in certain activities of daily living</i>	35.8%	34.0%	Below average
	Worsened Depressive Mood in Long Term Care (MOD4A) What percentage of residents had a higher score on the Depression Rating Scale (DRS) upon re-assessment? <i>A lower percentage is better as it means fewer residents are experiencing depressive symptoms on their most recent assessment compared to their previous.</i>	29.4%	23.8%	Below average
	Experiencing Pain in Long Term Care (PAIOX) What percentage of residents has daily, moderate or horrible pain? <i>A lower percentage is better as it means fewer residents are experiencing such pain.</i>	8.9%	10.2%	Above average
	Experiencing Worsened Pain in Long Term Care (PAN01) What percentage of residents has daily, moderate or horrible pain that is getting worse? <i>A lower percentage is better as it means that there are fewer residents whose pain has gotten worse.</i>	14.2%	11.3%	Below average

¹[National figures](#) from CIHI as of 2013–2014 are for the following provinces/territories participating partially or completely in Continuing Care Reporting System (Yukon, BC, AB, SK, MB, ON, NB, NS, NL)

Please note: This data is from the CIHI all data export preview, dated June 2, 2015.

- Alberta is at or above the national average in six out of the nine QIs for long term care.
- The following pages highlight achievements in continuing care in our province and provide examples of quality improvement initiatives underway or planned. These pages will be updated as more information on successful quality initiatives becomes available.
- We are committed to ongoing action to improve and ensure long term care residents have the highest quality of care possible.

Safety: Falls in the Last 30 Days in Long Term Care – Provincial Details



Definition

Falls in the Last 30 Days in Long Term Care: A fall is defined as any unintentional change in position where the resident ends up on the floor, ground or other lower level. The measure is the percentage of residents who had a fall in the last 30 days in a long term care facility.

Understanding this Measure

Falls are a serious health concern as they are one of the leading causes (30%) of hospital admissions due to serious injury and about one-third of in-hospital deaths. As people age their risk of falling may increase. Falls may cause a person to lose their independence, or be unable to remain in their own home and they may have a lower quality of life. Many falls can be prevented so it is important to act if a resident's health is changing due to an illness, infection, reactions to medication, or because they are not eating or drinking enough of the right things.

Considerations and Initiatives:

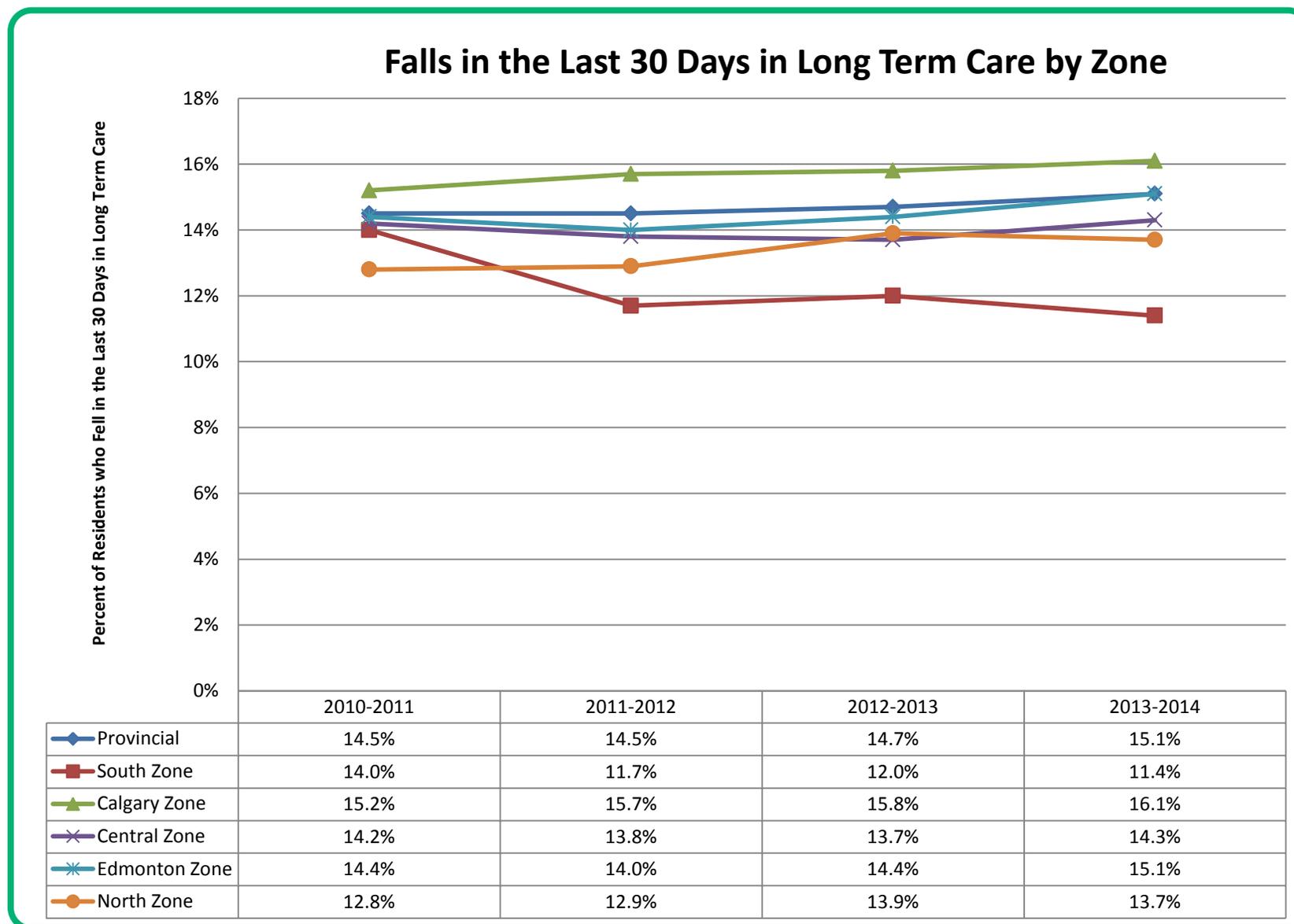
- A falls risk management (FRM) strategy has been put in place in Alberta.
- The goals of the comprehensive FRM strategy are to:
 - Identify who is at risk for falls.
 - Identify ways to prevent unintentional falls.
 - Reduce fall-related injuries.
 - Collect information on falls and use it to create and measure programs to prevent or reduce falls.
- AHS has a Falls Risk Management Level 1 Policy and must meet Accreditation Canada requirements for Falls Prevention. This policy can be found at <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-prov-falls-risk-mgmt-ps-58-policy.pdf>.

2014-15 Examples of Initiatives:

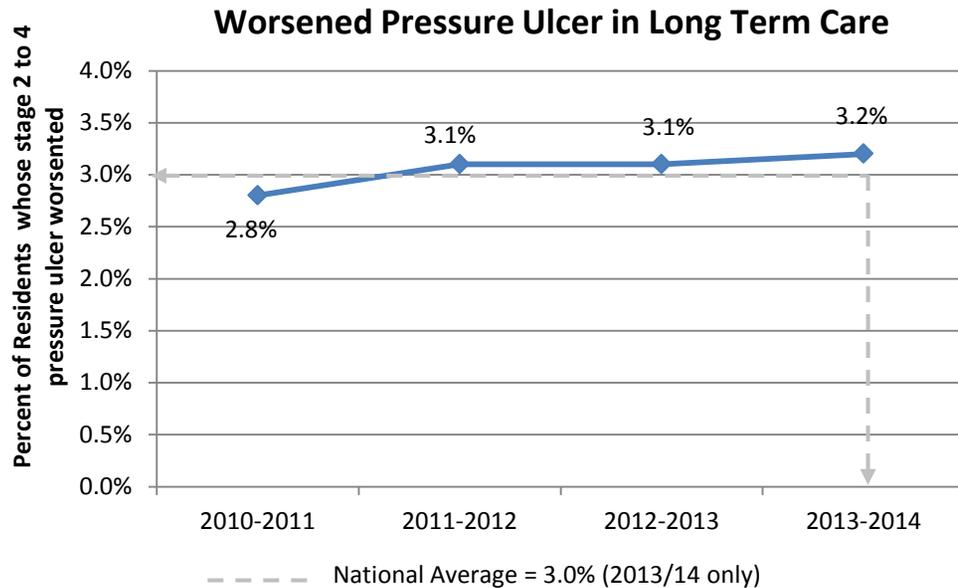
- Wing Kei in Calgary Zone is seeing a reduction in falls.
- The [Move 'n Mingle Fall Prevention Exercise Program](#) offers seniors two 45-minute exercise sessions per week with balance and fall prevention education, in the Calgary Zone.
- A Fall Prevention Lending Library is housed in the Bridgeland Seniors Clinic in Calgary. The University of Alberta's [Injury Prevention Centre](#) - the home of *Finding Balance* - offers tips to stay active, training, free resources and falls prevention programs. Early results from their research show a link between seniors' falls-related injuries and socioeconomic status.
- Other Alberta zones use resources from the organization called *Finding Balance* (<http://www.findingbalancealberta.ca>) that provides resources to support caregivers such as the user friendly education sessions for caregivers.
- The START (Sustaining Transfers through Affordable Research Translation) project in collaboration with Susan Slaughter in Faculty of Nursing at the University of Alberta has trained health care aides in 24 long term care and supportive living settings in Edmonton Zone to help residents practice a "sit to stand" activity to reduce falls.

Safety: Falls in the Last 30 Days in Long Term Care – Zone Details

The measure is the percentage of residents who had a fall in the last 30 days in a long term care facility.



Safety: Worsened Pressure Ulcer in Long Term Care – Provincial Details



Definition

Worsened Pressure Ulcer in Long Term Care: A pressure ulcer is a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction. Stage 2 to 4 wounds range in severity from partial loss of skin layers (e.g. abrasions, blisters) to full thickness of skin and subcutaneous tissue loss with exposure of muscle or bone.

Understanding this Measure

Pressure ulcers that occur and get worse over time may lead to pain and suffering, increased risk for infections, poor general health and even death. A person with a pressure ulcer has three times the risk of dying compared to a person without an ulcer. If a pressure ulcer is not present when a resident enters long term care, the goal of care is to prevent one from occurring. If a pressure ulcer is present, the goal is to heal or close it. These goals are not always easy or possible to achieve but every effort should be made to do so.

Considerations and Initiatives:

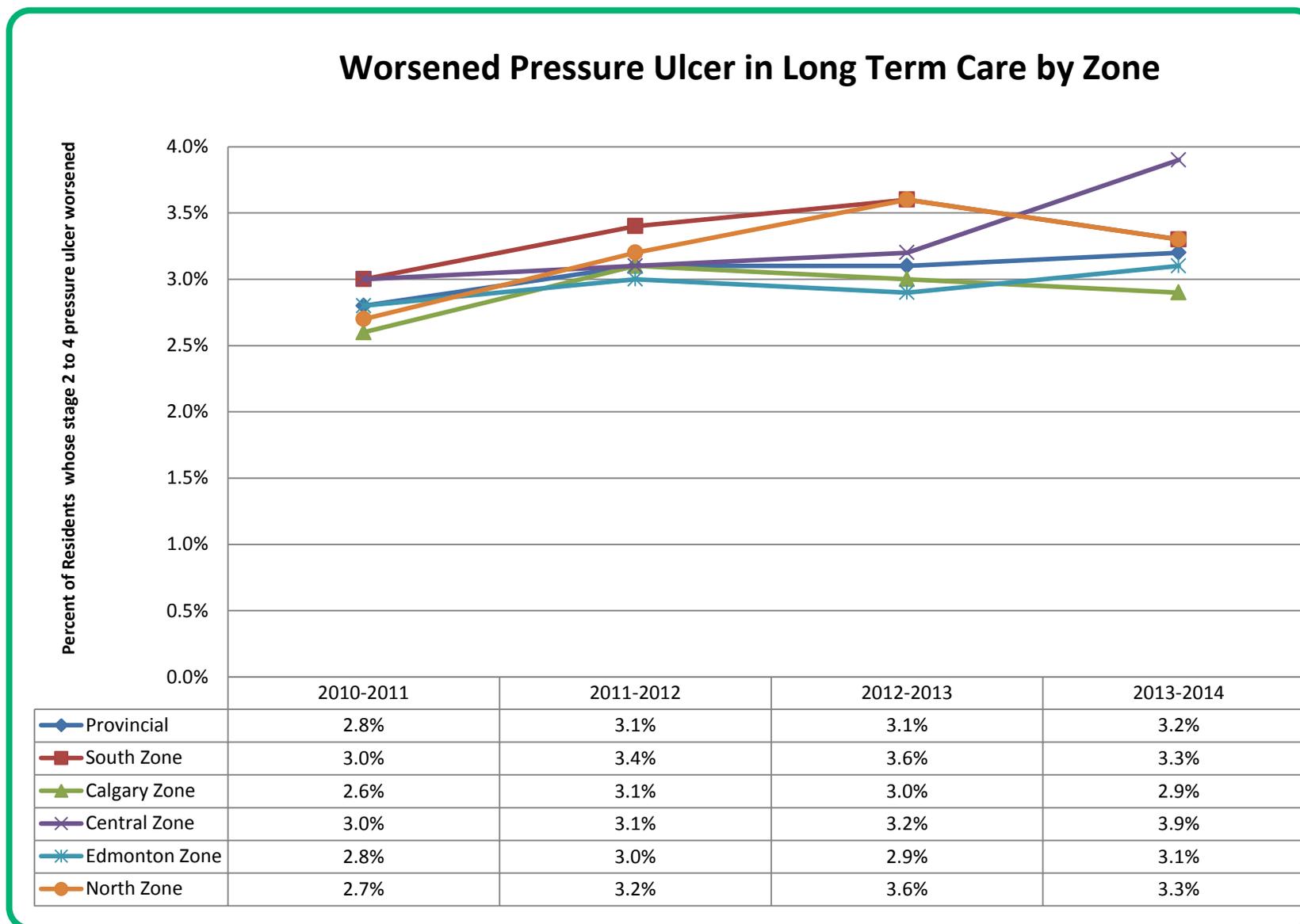
- Research has shown that turning residents routinely according to a schedule is effective to prevent and heal pressure ulcers.
- AHS has training on pressure ulcer prevention, assessment and treatment teams in all settings (hospital, long term care, designated supportive living, and home living) and specialized teams available to help staff.
- Organizational Practices for Pressure Ulcer Prevention is followed by AHS in all settings (hospital, home, supportive living and long term care).
- A Skin and Wound Care Manual is used and includes education, training resources, assessment tools, outcome scales and prevention strategies for staff to follow.
- Other resources being developed include:
 - AHS Pressure Ulcer Prevention Policy;
 - Reporting, tracking and auditing of pressure ulcers; and,
 - Patient/family/caregiver brochure.

2014-15 Examples of Initiatives:

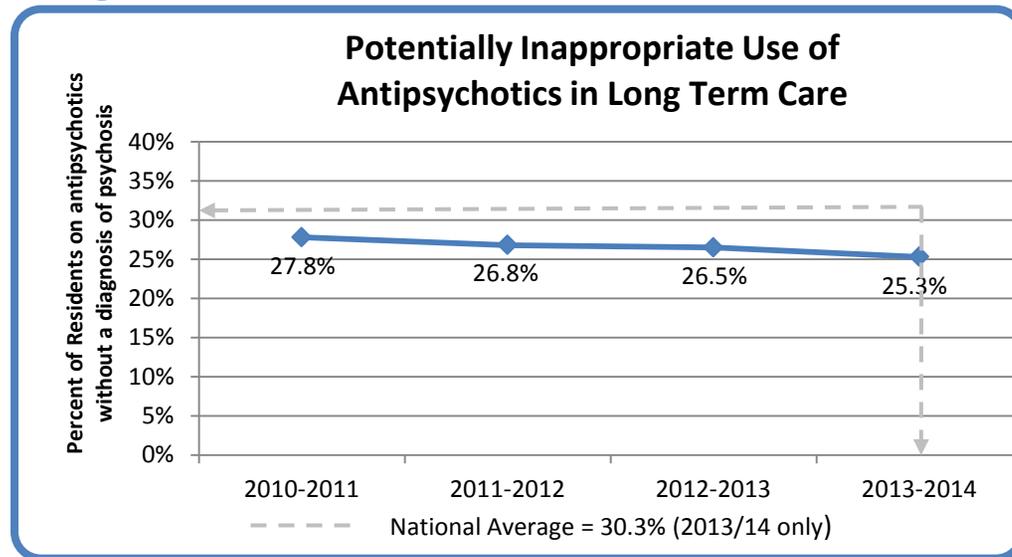
- Revera staff throughout Alberta use the [Safe Moves Turning Clock Deluxe](#) as an easy turning schedule reminder at a resident's bedside.
- South Zone developed Pressure Relieving Heel Protector Guidelines.
- Central Zone Pressure Sore Prevention training.
- Extencicare Eaux Claires is undertaking a quality improvement initiative to reduce pressure ulcers by 10% in the next three months.

Safety: Worsened Pressure Ulcer in Long Term Care – Zone Details

The measure is the percentage of residents who had a worsened pressure ulcer in the last 30 days in a long term care facility.



Appropriateness and Effectiveness: Potentially Inappropriate Use of Antipsychotics in Long Term Care – Provincial Details



Definition

Potentially Inappropriate Use of Antipsychotics in Long Term Care: A lower percentage is desirable as it indicates a lower proportion of long term care residents who received a potentially inappropriate antipsychotic medication. The frequency of administration or dosage is not factored into the inclusion criteria. If a resident has received an antipsychotic medication once within the seven day look-back period of the RAI-MDS 2.0 assessment, they are included in the QI (providing they do not have a diagnosis of schizophrenia, hallucinations, Huntington's disease or are end-of-life).

Understanding this Measure

Antipsychotics are a class of medications used for the treatment of acute and chronic psychosis. Antipsychotic drugs have been associated with numerous adverse effects (e.g. increased risk of strokes, confusion) and as such, should be used with caution, especially among the elderly. Antipsychotic drugs are appropriate when used in the treatment of chronic mental health conditions such as schizophrenia and to manage psychosis (hallucinations or delusions that are troublesome to the person).

Considerations and Initiatives:

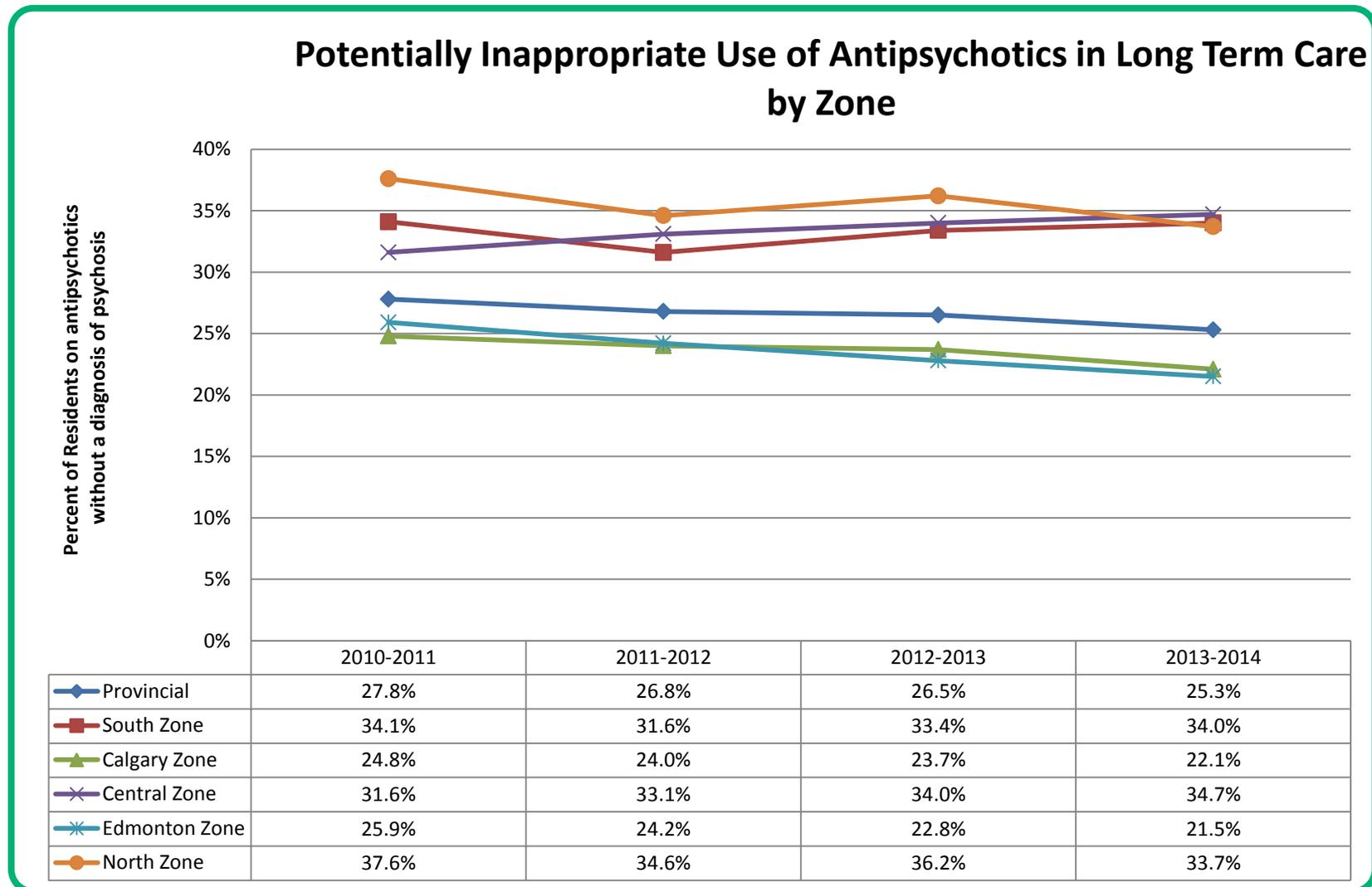
- Accreditation Canada will require long term care facilities to assess the appropriateness of antipsychotic use.
- Alberta has the lowest rate in Canada (25%) for this indicator and will strive for ongoing improvement.
- The Seniors Health Strategic Clinical Network (SH SCN) in collaboration with the Addiction and Mental Health Strategic Clinical Network involved 11 early adopter long term care units, to reduce the use of antipsychotic medications without a diagnosis of psychosis.
- By January 2014, there was a 50% reduction in the number of residents receiving an antipsychotic medication without a diagnosis of psychosis on these 11 units leading to improvements in resident health and experience of care.
- Read more on inappropriate use of antipsychotics on [Healthy Debate.ca](http://HealthyDebate.ca).

2014-15 Examples of Initiatives:

- The SH SCN initiative has developed [guidelines and a toolkit](#) of resources to promote the appropriate use of antipsychotics in long term care facilities and to appropriately manage responsive behaviours associated with dementia.
- Salem Manor Long Term Care in Leduc saw the rate of residents on antipsychotics drop from 29% to 11%. Staff trained using the P.I.E.C.E.S approach for professionals, providing long term care to older adults with cognitive/mental health needs and providing residents with alternatives to drugs.
- The Allen Gray Continuing Care Centre in Edmonton saw antipsychotic drug use for 28 residents (18%) drop to 19 residents (12%) since January 2015.
- Northern Lights Regional Health Center Long Term Care has been able to reduce its inappropriate antipsychotic use from 27.5% (2014 Q3) to 0% (current).

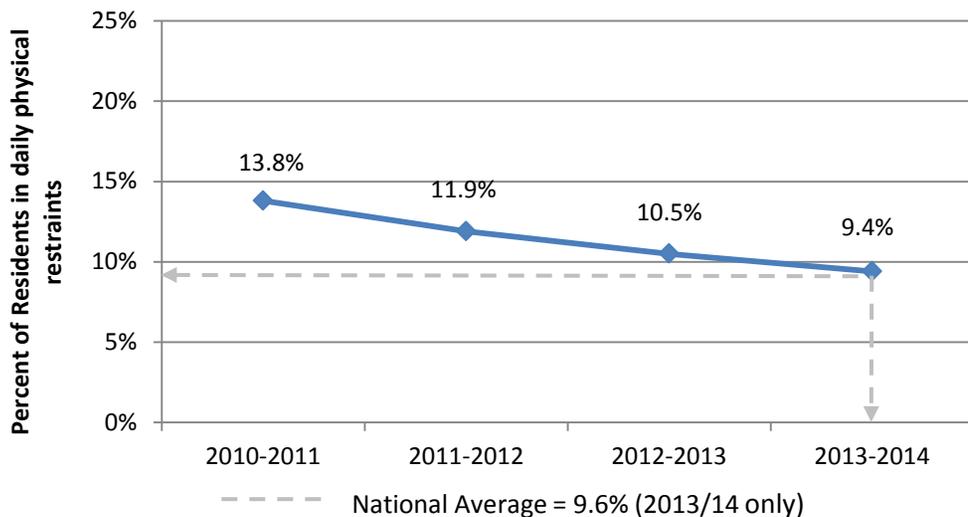
Appropriateness and Effectiveness: Potentially Inappropriate Use of Antipsychotics in Long Term Care – Zone Details

The measure is the percentage of residents who receive an antipsychotic medication without a diagnosis of psychosis in the last 30 days in a long term care facility.



Appropriateness and Effectiveness: Restraint Use in Long Term Care – Provincial Details

Restraint Use in Long Term Care



Definition

Restraint Use in Long Term Care: A physical restraint is defined as any manual method, or any physical or 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.

Understanding this Measure

Physical restraints are associated with negative physical and psychosocial outcomes. If used for any significant period of time, the physical consequences may include loss of muscle mass, contractures, lessened mobility and stamina, impaired balance, skin breakdown, constipation, social isolation, emotional distress and incontinence. Further, persons who try to free themselves from restraints may fall and be injured. Physical restraints should be used as a last available option after all other supportive interventions have been trialed. Where physical restraint use is unavoidable, the outcomes of the restraint on resident status must be evaluated regularly.

Considerations and Initiatives:

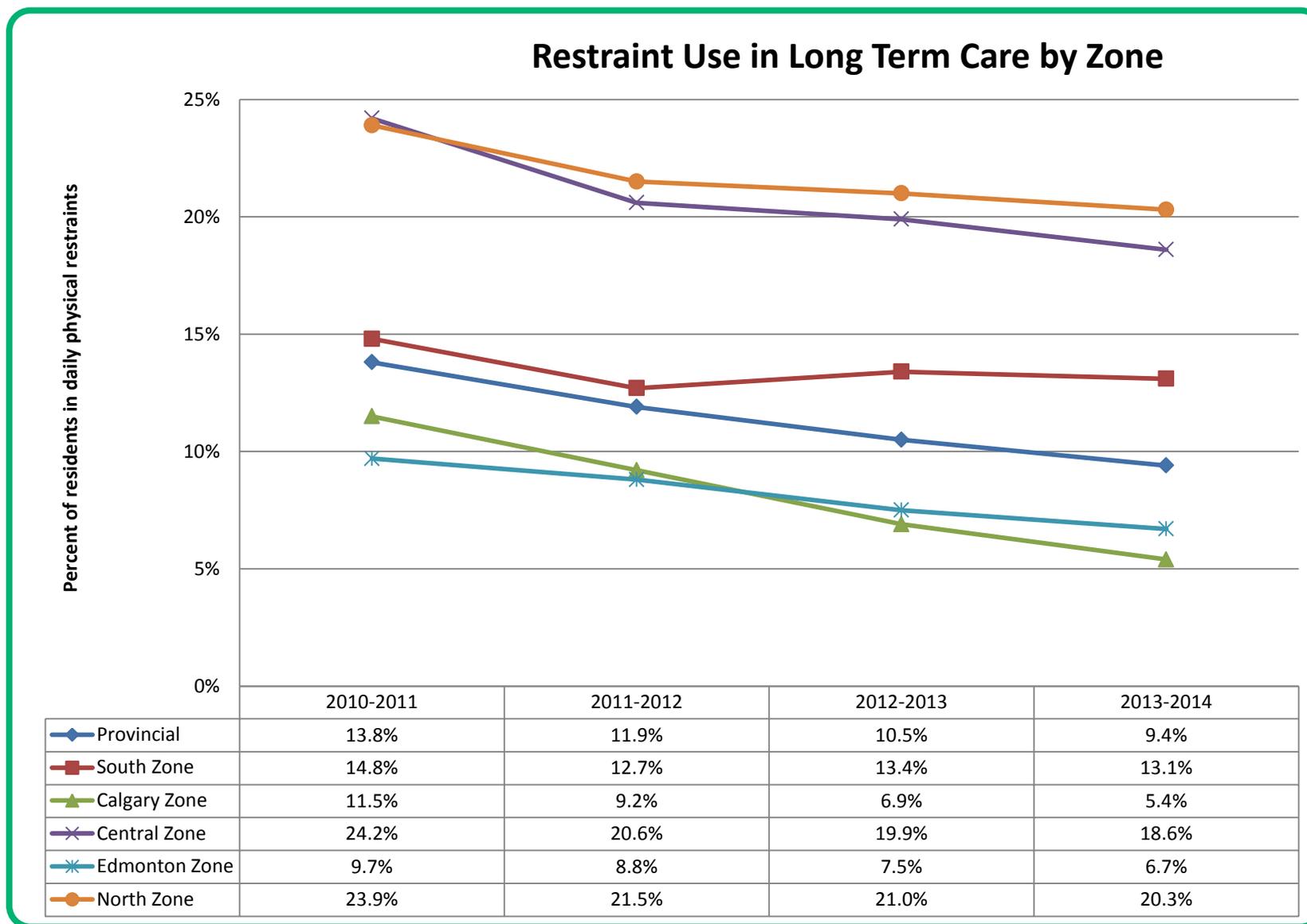
- The use of restraints should only be used as a last option to protect the safety of the resident or other residents and only after all other options have been explored, including the provision of additional care support.
- Alberta Health Services is completing a policy aimed at reducing the use of daily physical restraints with a focus on the care and safety of all residents.
- Accreditation Canada requires restraint use be monitored and limited in use.
- Staff are trained to apply other methods and if a restraint is used, it is to be on a temporary basis with careful, scheduled monitoring.
- Alberta long term care homes are doing well to reduce and adhere to minimal use of restraints as reflected by the downward trend.

2014-15 Examples of Initiatives:

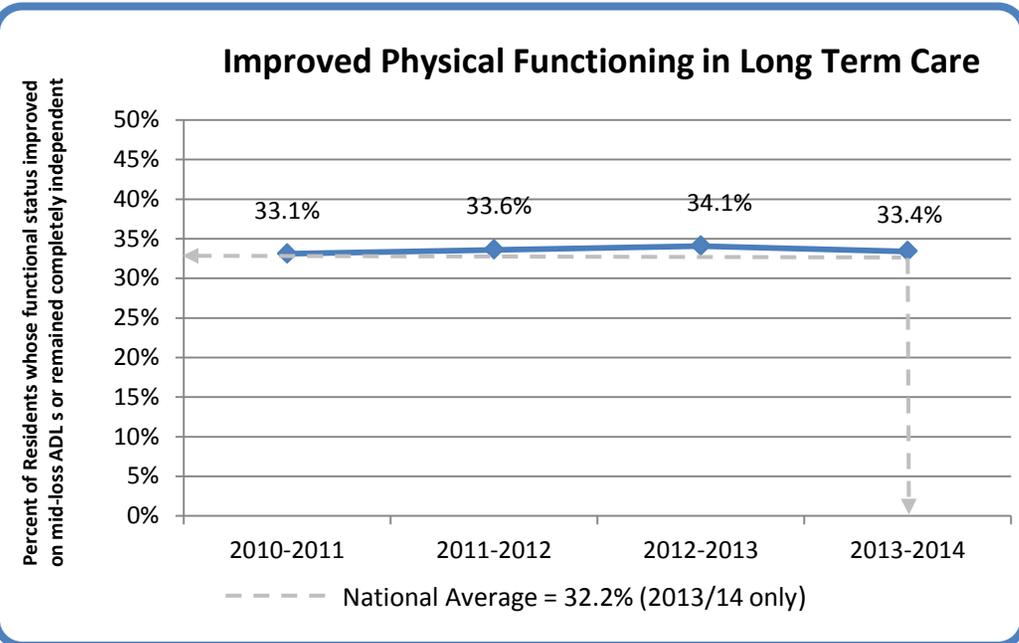
- Restraint use was identified as a major concern in the North Zone. Through consultation with sites it was determined that a part of this issue was the data integrity and comprehension of assessment. It was determined that many sites were confused between restraint and safety measures. To reduce the risk of coding error a comprehensive document was sent to area managers and site managers as a reference for staff to code restraint use correctly.

Appropriateness and Effectiveness: Restraint Use in Long Term Care – Zone Details

The measure is the percentage of residents who are restrained in the last 30 days in a long term care facility.



Health Status: Improved Physical Functioning in Long Term Care – Provincial Details



Definition

Improved Physical Functioning in Long Term Care: A higher percentage is desirable for a facility because it indicates their residents are improving their mid-loss activities to daily living (transfer and locomotion) and are more independent in these activities.

Understanding this Measure

Activities of daily living (ADL) range from dressing and personal hygiene (early loss) to walking, transfer and locomotion (mid-loss) to eating and bed mobility (late loss). The indicator is triggered after the current assessment is lower than the previous assessment (over a period of three months). Most long term care residents are at risk of physical decline and a resident's potential for improvement or optimal ADL functionality is often underestimated by family, staff, or the resident. The mid-loss ADLs such as ability to walk and self-transfer are very decisive factors in a resident's quality of life.

Considerations and Initiatives:

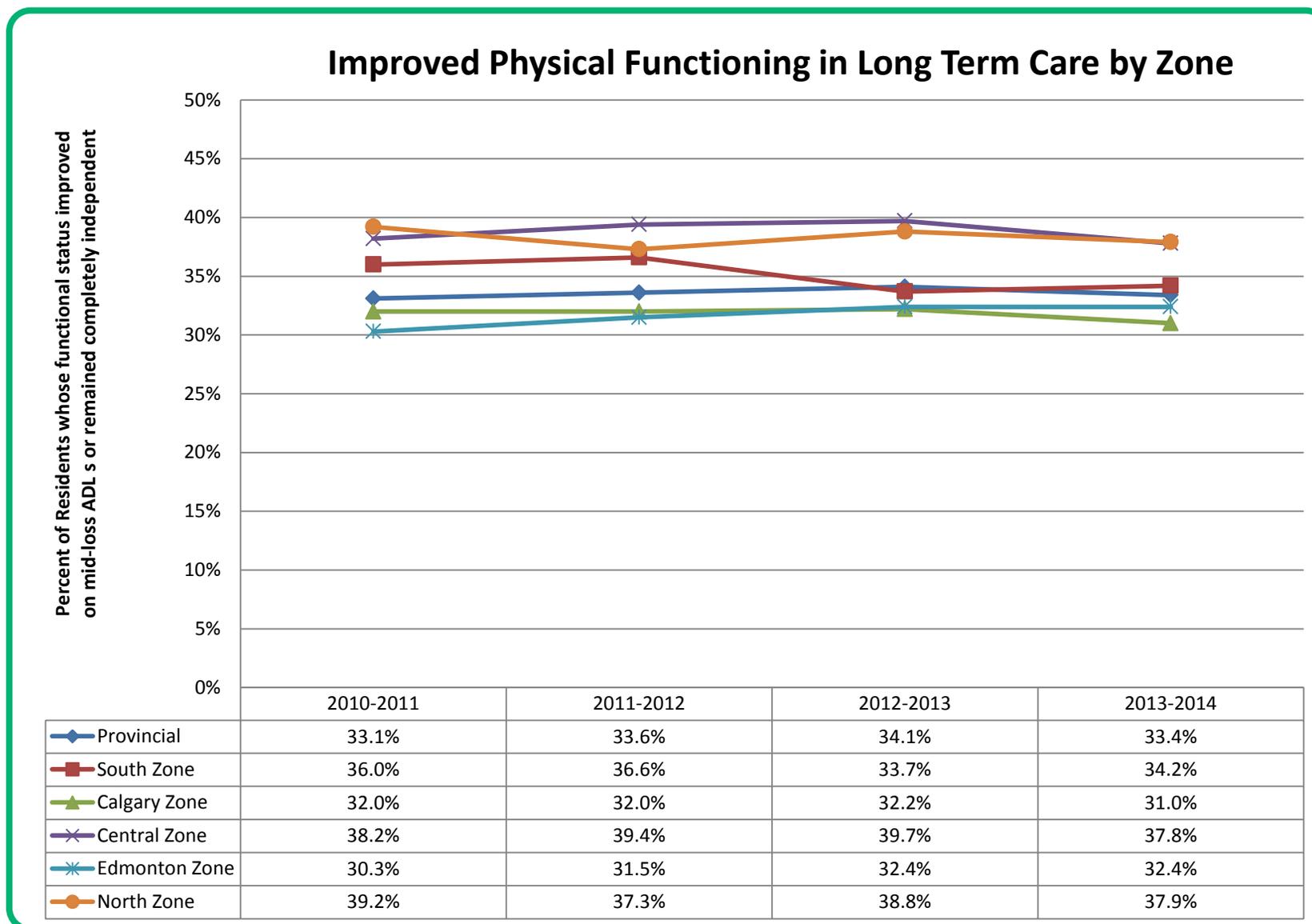
- Engaging residents in regular physical activity has many benefits, avoids health complications and prevents decline and loss of independence.
- Staff in Alberta facilities use ideas from residents and their families to understand their likes and dislikes. In this way, a resident can be engaged in activities that interest them and are most suited to their abilities.
- Movement through activities is a key part of nursing restorative and specific therapeutic recreation, occupational and physical therapy programs in facilities

2014-15 Examples of Initiatives:

- The [MOVE EZ program at Glenrose](#) in Edmonton focuses on restorative care and reablement and offers a model of care and shared learnings for all sectors in the Edmonton Zone.
- The START (Sustaining Transfers through Affordable Research Translation) project in collaboration with Susan Slaughter in Faculty of Nursing at the University of Alberta has trained health care aides in 24 long term care and supportive living settings in Edmonton Zone to help residents practice a "sit to stand" activity to improve safe transfers.

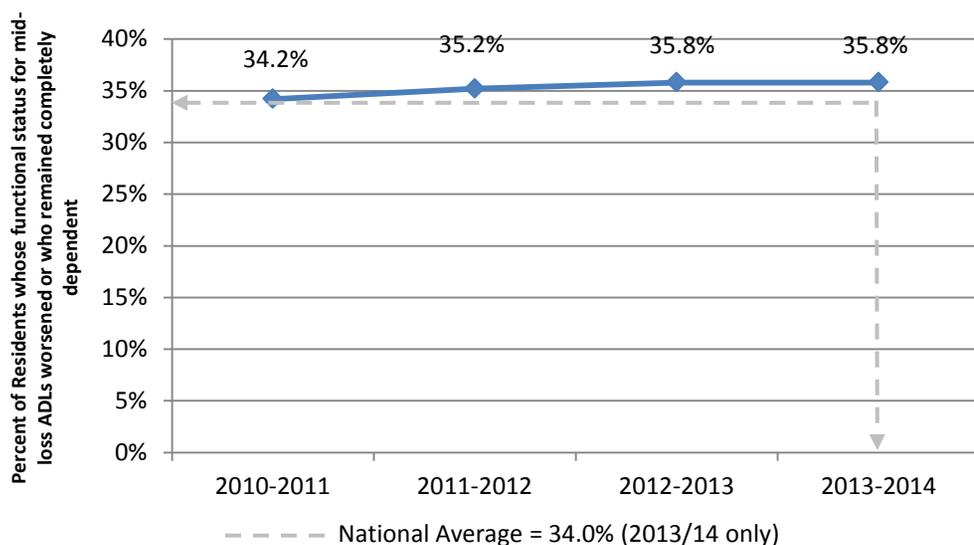
Health Status: Improved Physical Functioning in Long Term Care – Zone Details

The measure is the percentage of residents who had improved physical functioning in the last 30 days in a long term care facility. **NOTE:** higher is better for this measure.



Health Status: Worsened Physical Functioning in Long Term Care – Provincial Details

Worsened Physical Functioning in Long Term Care



Definition

Worsened Physical Functioning in Long Term Care: Residents whose mid-loss ADLs worsened get a higher ADL self-performance score on their most recent assessment than the previous assessment (or a maximum of three previous assessments) for one or more of three mid-loss ADLs: i) transfers, ii) walk in corridors, and/or iii) locomotion on unit. A higher ADL self-performance score is not desirable as it indicates less independence in these ADLs.

Understanding this Measure

Activities of daily living (ADL) range from dressing and personal hygiene (early loss) to walking, transfer and locomotion (mid-loss) to eating and bed mobility (late loss). The indicator is triggered after the current assessment is lower than the previous assessment (over a period of three months). The mid-loss ADLs such as ability to walk and self-transfer are very decisive factors in a resident's quality of life. A lower percentage is desirable as it indicates that mid-loss ADL functioning is worsened in a lower proportion of long term care residents.

Considerations and Initiatives:

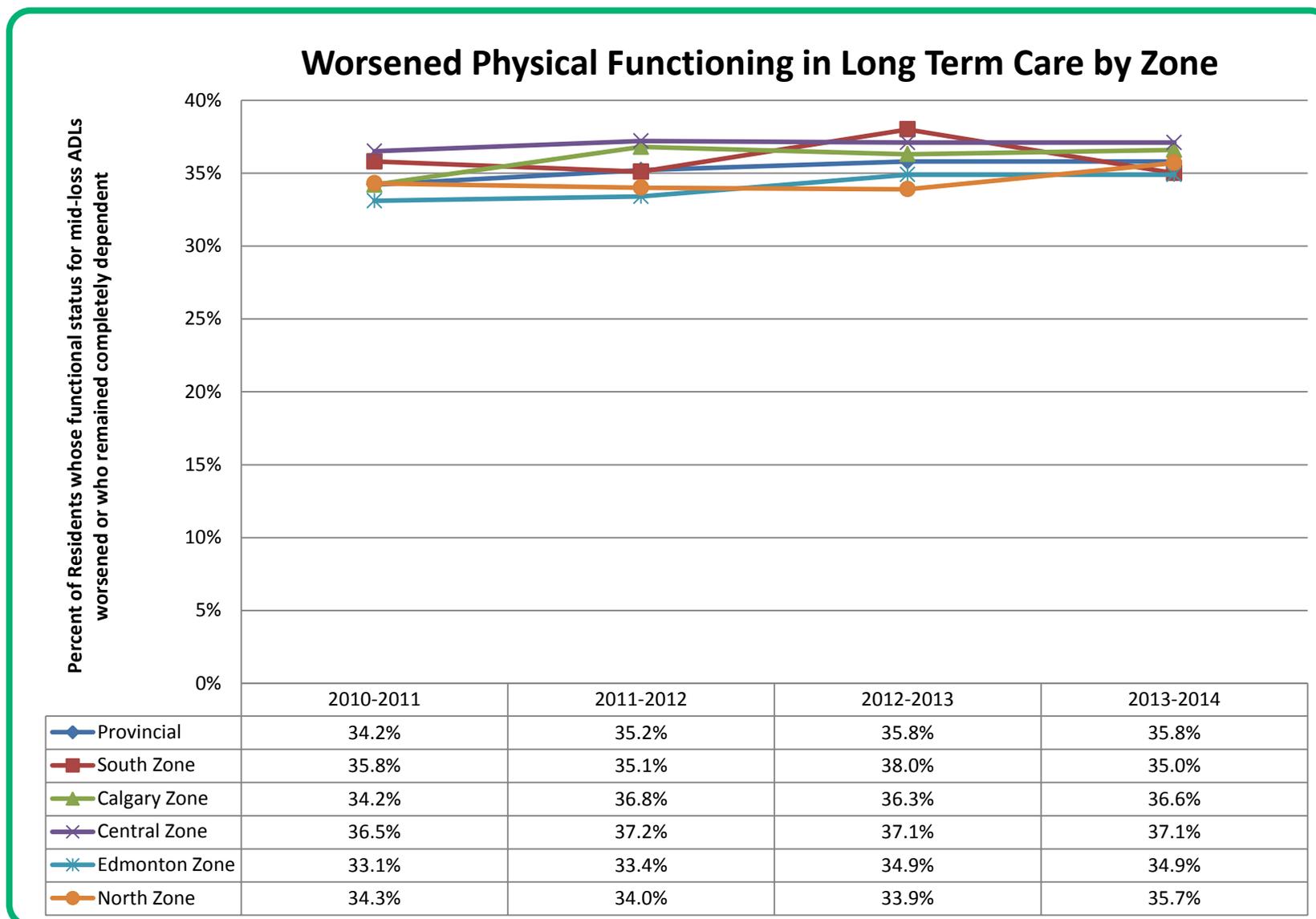
- Residents who have difficulty remembering, understanding and learning new information may also benefit from increased physical activity and, like anyone, they are more likely to take part in activities they did before, are familiar with and enjoy.

2014-15 Examples of Initiatives:

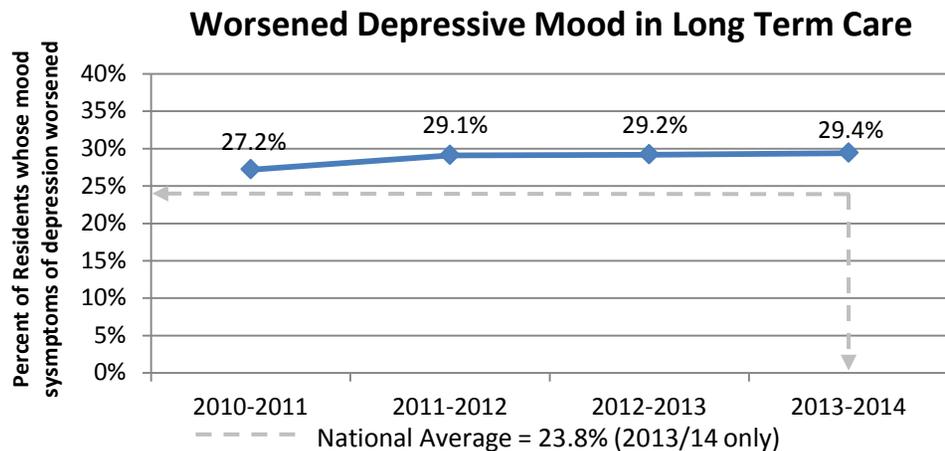
- The Music and Memory Program is making a difference for people with cognitive difficulties. Donna Munro, a staff member at the Didsbury Municipal Library and Nicole Brander, a local care aide at Bethany Care Didsbury, were trained in June 2014 in how to customize music for elderly patients who have suffered declines due to dementia with promising results.
- Similar music and memory programs are now offered in other Alberta facilities (Beverly Centre Glenmore, Calgary; Allen Gray Continuing Care Centre, Edmonton; Citadel Mews West, St. Albert; Garneau Hall, Edmonton; Royal Oak Village, Lacombe; and Glastonbury Village, Edmonton).

Health Status: Worsened Physical Functioning in Long Term Care – Zone Details

The measure is the percentage of residents who had a worsened physical functioning in the last 30 days in a long term care facility.



Health Status: Worsened Depressive Mood in Long Term Care – Provincial Details



Definition

Worsened Depressive Mood in Long Term Care: The Depression Rating Scale (DRS) is a direct output of the RAI-MDS 2.0. It can be used as a clinical screen for the severity of and change in depressive symptoms; it is not a diagnostic tool. If a resident has a score of three or more on the DRS they should be further assessed for a clinical diagnosis of depression. The RAI Clinical Assessment Protocol Manual states that 20% of persons in long term care facilities will have a DRS score of three or higher. Therefore, this QI should not reach 0%.

Understanding this Measure

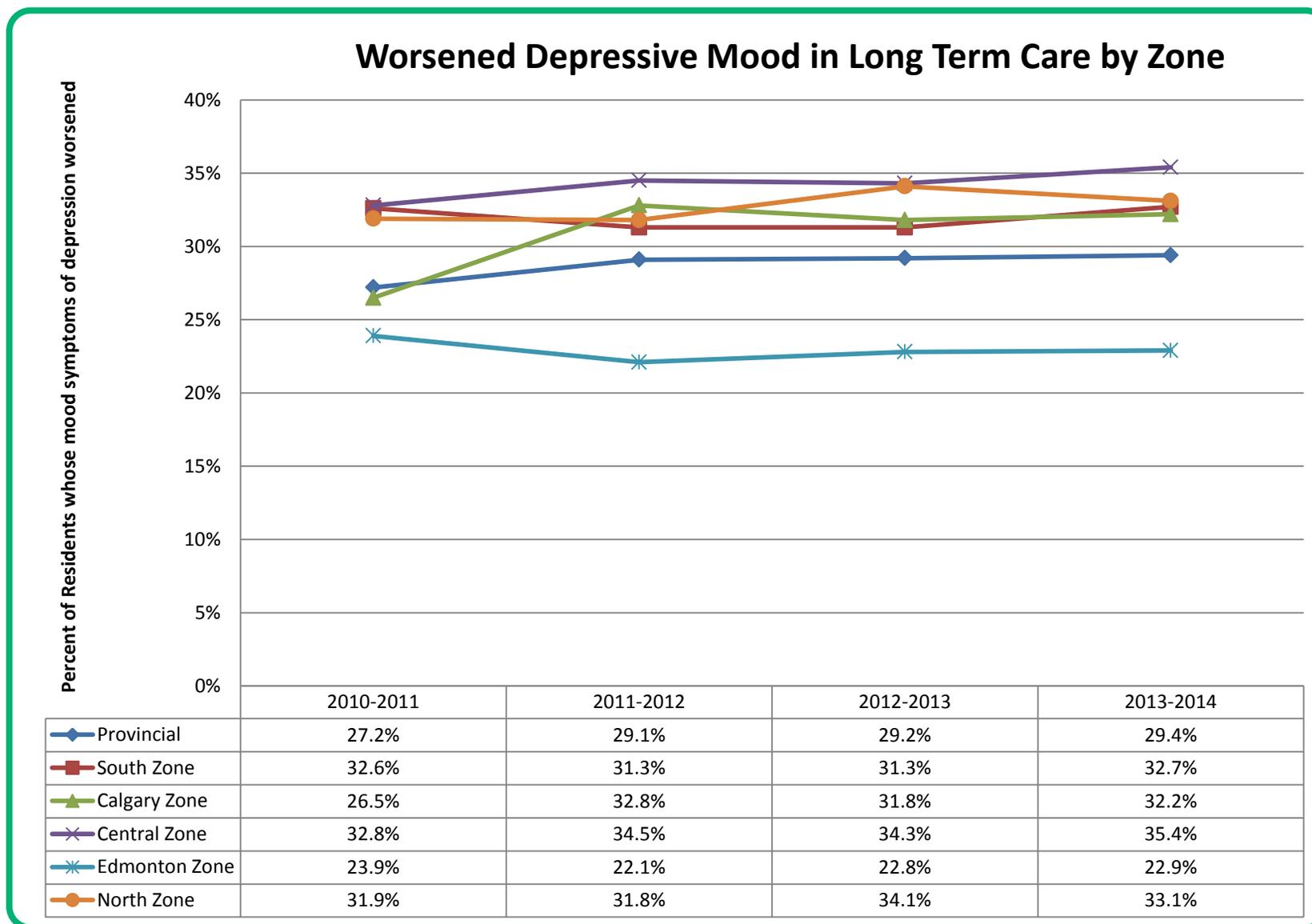
DRS scores range from 0-14 with higher values indicating that the resident has more numerous and/or frequent depressive symptoms. Symptoms used to calculate the DRS include the resident making negative statements, persistent anger with self or others and repetitive anxious complaints/concerns. Depression is a serious condition and if left untreated is associated with significant morbidity, functional decline and unnecessary suffering by the person, family and caregivers. Residents in long term care are at high risk due to factors including relocation adjustment to the facility, functional impairment (including vision, hearing and speech and ability to participate in activities), social withdrawal, increased risk of medical illness, cognitive impairment and issues with pain. It is important to identify signs and symptoms of mood distress, as it is very treatable.

Considerations and Initiatives:

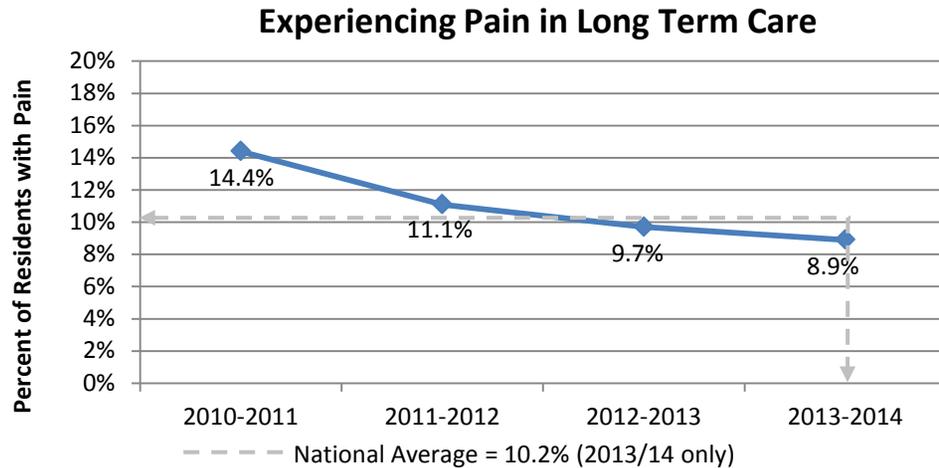
- This indicator looks at the rate of residents in long term care whose symptoms of depression got worse over a period of time.
- Resident with symptoms of depression often experience significant medical, social and quality-of-life challenges.
- The use of the RAI MDS 2.0 standardized assessment in all long term care homes across Alberta helps staff identify depressive symptoms so that it does not go un-diagnosed and untreated.
- There are many things that can contribute to a mood problem. Staff in long term care facilities has the information from the RAI assessments to identify when a resident is at risk and can then involve mental health professionals in the resident's assessment and care.
- The national rate for this indicator sits around 24%, with B.C. performing better than average, at 17%.

Health Status: Worsened Depressive Mood in Long Term Care – Zone Details

The measure is the percentage of residents who had a worsened depressive mood in the last 30 days in a long term care facility.



Health Status: Experiencing Pain in Long Term Care – Provincial Details



Definition

Experiencing Pain in Long Term Care: Pain refers to any type of physical pain or discomfort in any part of the body. It may be acute or chronic, continuous or intermittent, or occur at rest or with movement. It is a subjective experience, and the inability to communicate verbally does not negate the possibility that an individual is experiencing pain and is in need of appropriate pain-relieving treatment.

Understanding this Measure

Pain directly impacts the resident's quality of life and can impact social engagement, ability to perform activities of daily living, mood and behaviours, and nutrition status. A lower percentage is desirable as it indicates fewer long term care residents who suffer from moderate daily or excruciating pain. This QI is triggered for residents with moderate pain at least daily or horrible/excruciating pain (worst possible pain which can interfere with daily routines, socialization and sleep) at any frequency during the seven day look-back period. Pain experienced outside of this reflective period is not included in the calculation. For residents with chronic pain, if pain management strategies (e.g. receipt of regularly scheduled analgesic or other therapeutic interventions) are effective to the extent that the resident does not report experiencing pain or does not demonstrate behaviours associated with pain, then the resident would be coded as having "no pain".

Considerations and Initiatives:

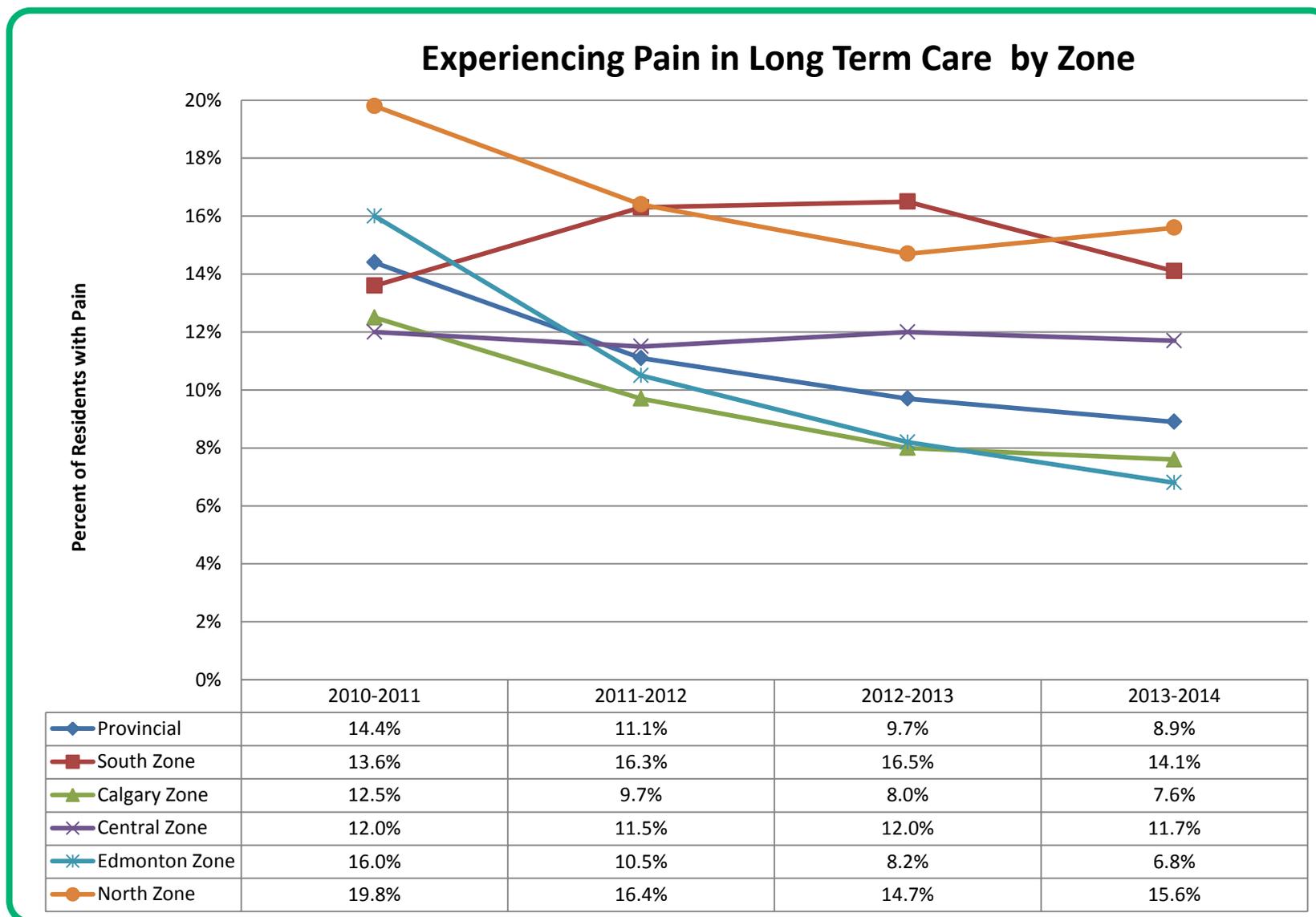
- This indicator measures the percentage of long term care residents who indicated they were experiencing moderate to significant levels of pain on assessment.
- Pain can have a significant impact of quality-of-life, function and mood, and is not a "normal" part of aging.
- Rates of residents indicating they were experiencing moderate to significant pain have dropped over the last 4 years in Alberta, from 14% to 9%.
- Pain relief for long term care may be due to many factors and must be accomplished in a number of different ways.

2014-15 Examples of Initiatives:

- An interdisciplinary team at Extendicare explored the complex nature of pain. Through attention, careful assessment and care the rate of pain among Extendicare Michener Hill residents dropped from just over 25% to less than 3% within 6 months and has remained at this low level. The Extendicare Quality Initiative will continue to address pain management needs of their residents.

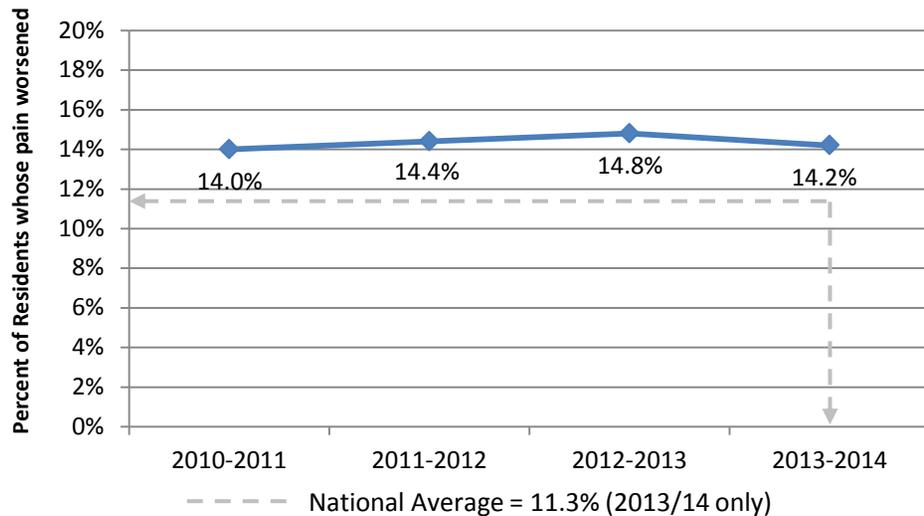
Health Status: Experiencing Pain in Long Term Care – Zone Details

The measure is the percentage of residents who are experiencing pain in the last 30 days in a long term care facility.



Health Status: Experiencing Worsened Pain in Long Term Care – Provincial Details

Experiencing Worsened Pain in Long Term Care



Definition

Experiencing Worsened Pain in Long Term Care: Pain refers to any type of physical pain or discomfort in any part of the body. It may be acute or chronic, continuous or intermittent, or occur at rest or with movement. It is a subjective experience, and the inability to communicate verbally does not negate the possibility that an individual is experiencing pain and is in need of appropriate pain-relieving treatment.

Understanding this Measure

Pain directly impacts the resident's quality of life and can impact social engagement, ability to perform activities of daily living, mood and behaviours, and nutrition status. A lower percentage is desirable as it indicates fewer long term care residents whose pain has worsened. Coding of the RAI-MDS 2.0 assessment uses a seven day look-back period for this data element. Pain experienced outside of this reflective period is not included in the calculation. Clinical judgement is used when assessing pain. If difficulty is encountered in assessing intensity level (i.e. mild, moderate, severe), the clinician will code for the higher intensity level of pain.

Considerations and Initiatives:

- AHS and operators continuously analyze available resident outcome data to find opportunities for quality improvement. Pain is one of these indicators and must be identified and managed in a timely manner.
- Various ways to reduce pain using appropriate medications and medication dosing times and alternative therapeutic methods are used and monitored.

2014-15 Examples of initiatives include:

- A seniors health provincial quality review team conducts data quality reviews to look at information from resident assessments to ensure accuracy of this indicator so that care plans and decisions on pain management are timely, appropriate and meet resident needs.

Health Status: Experiencing Worsened Pain in Long Term Care – Provincial Details

The measure is the percentage of residents who are experiencing worsening pain in the last 30 days in a long term care facility.

