

Experiencing Worsened Pain in Long-Term Care

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| Name | Experiencing Worsened Pain in Long-Term Care |
| Short/Other Names | Percentage of Residents Whose Pain Worsened |
| Description | This indicator looks at how many long-term care residents had worsened pain. Worsening pain can be related to a number of issues, including medication complications and/or improper management of medication. Careful monitoring of changes in pain can help identify appropriate treatment. Worsened pain raises concerns about the resident's health status and the quality of care received. |
| Interpretation | Lower is better. It means that a lower percentage of residents had worsened pain. |
| HSP Framework Dimension | Health System Outcomes: Improve health status of Canadians |
| Areas of Need | Living With Illness, Disability or Reduced Function |
| Geographic Coverage | Newfoundland and Labrador, New Brunswick, Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon |
| Reporting Level/Disaggregation | Province/Territory, Region, Facility, Corporation, Sector (residential and hospital-based continuing care) |
| Indicator Results | Accessing Indicator Results on Your Health System: In Depth |

Identifying Information

Name Experiencing Worsened Pain in Long-Term Care
 Short/Other Names Percentage of Residents Whose Pain Worsened

Indicator Description and Calculation

Description This indicator looks at how many long-term care residents had worsened pain. Worsening pain can be related to a number of issues, including medication complications and/or improper management of medication. Careful monitoring of changes in pain can help identify appropriate treatment. Worsened pain raises concerns about the resident's health status and the quality of care received.

Calculation: Description This indicator examines the percentage of residents who had worsened pain. It is calculated by dividing the number of residents who had worsened pain by the number of all residents with valid assessments whose symptoms increased within the applicable time period.

Unit of Analysis: Resident

Calculation: Geographic Assignment Place of service

Calculation: Type of Measurement Percentage or proportion

Calculation: Adjustment Applied The following covariates are used in risk adjustment:

Individual covariates:
 – Age younger than 65

Facility-level stratification:
 – Case Mix Index (CMI)

Calculation: Method of Adjustment Stratification, direct standardization, indirect standardization

Standard Population:
 3,000 facilities in 6 U.S. states and 92 residential care facilities and continuing care hospitals in Ontario and Nova Scotia

Description:
 Residents with valid assessments whose pain symptoms could increase

The Pain Scale ranges from 0 to 3, with higher values indicating that the resident has a more severe pain experience.

Data elements used to calculate the Pain Scale:

– Frequency of Pain (J2a)

– Intensity of Pain (J2b)

Inclusions:

Denominator 1. Residents with valid assessments. To be considered valid, the target assessment must

a. Be the latest assessment in the quarter

b. Be carried out more than 92 days after the Admission Date

c. Not be an Admission Full Assessment

As this is an incidence indicator, the resident must also have had an assessment in the previous quarter, with 45 to 165 days between the target and prior assessments. If multiple assessments in the previous quarter meet the time period criteria, the latest assessment is selected as the prior assessment.

Exclusions:

1. Residents who had the highest Pain Scale score (3) on the prior assessment

Description:

Residents with greater pain (higher Pain Scale score) on their target assessment than on their prior assessment

Inclusions:

1. Residents with valid assessments. To be considered valid, the target assessment must

Numerator

- a. Be the latest assessment in the quarter
- b. Be carried out more than 92 days after the Admission Date
- c. Not be an Admission Full Assessment

As this is an incidence indicator, the resident must also have had an assessment in the previous quarter, with 45 to 165 days between the target and prior assessments. If multiple assessments in the previous quarter meet the time period criteria, the latest assessment is selected as the prior assessment.

Exclusions:

1. Residents who had the highest Pain Scale score (3) on the prior assessment

Background, Interpretation and Benchmarks

Rationale

CCRS quality indicators were developed by interRAI (www.interrai.org), an international research network, to provide organizations with measures of quality across key domains, including physical and cognitive function, safety and quality of life. Each indicator is adjusted for resident characteristics that are related to the outcome and independent of quality of care. The indicators can be used by quality leaders to drive continuous improvement efforts. They are also used to communicate with key stakeholders through report cards and accountability agreements.

Interpretation

Lower is better. It means that a lower percentage of residents had worsened pain.

HSP Framework Dimension

Health System Outcomes: Improve health status of Canadians

Areas of Need

Living With Illness, Disability or Reduced Function
CIHI: None

Targets/Benchmarks

- Health Quality Ontario (external): 6% for long-term care
Canadian Institute for Health Information. *CCRS Quality Indicators Risk Adjustment Methodology*. 2013.
- Canadian Institute for Health Information. *When a Nursing Home Is Home: How Do Canadian Nursing Homes Measure Up on Quality?* 2013.
- Health Quality Ontario. *Long-Term Care Benchmarking Resource Guide*. 2013.
- Health Quality Ontario. *Results From Health Quality Ontario's Benchmark Setting for Long-Term Care Indicators*. 2017.
- References
- Health Quality Ontario. *Health Quality Ontario Indicator Library*. Accessed October 4, 2017.
- Hirdes JP, Mitchell L, Maxwell CJ, White N. Beyond the "iron lungs of gerontology": Using evidence to shape the future of nursing homes in Canada. *Canadian Journal on Aging*. 2011.
- Hirdes JP, Poss JW, Caldarelli H, et al. An evaluation of data quality in Canada's Continuing Care Reporting System (CCRS): Secondary analyses of Ontario data submitted between 1996 and 2011. *BMC Medical Informatics and Decision Making*. 2013.
- Jones RN, Hirdes JP, Poss JW, et al. Adjustment of nursing home quality indicators. *BMC Health Services Research*. 2010.

Availability of Data Sources and Results

Data Sources

CCRS

Type of Year:
Fiscal

Available Data Years

First Available Year:
2010
Last Available Year:
2017

Geographic Coverage

Newfoundland and Labrador, New Brunswick, Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon

Reporting Level/Disaggregation

Province/Territory, Region, Facility, Corporation, Sector (residential and hospital-based continuing care)

Result Updates

Update Frequency Every year

Web Tool:

Indicator Results

Your Health System: In Depth

URL:

[Accessing Indicator Results on Your Health System: In Depth](#)

Updates

Not applicable

Quality Statement

Users should be cautious when interpreting results from the Continuing Care Reporting System (CCRS) because the CCRS frame does not currently contain all facilities in all provinces and territories that make up the CCRS population of interest; thus the population covered by CCRS may not be representative of all continuing care facilities across Canada.

Caveats and Limitations – Coverage is incomplete in the following jurisdictions:

- Manitoba (includes all facilities in Winnipeg Regional Health Authority only)
- New Brunswick
- Nova Scotia

Indicators are risk-adjusted to control for potential confounding factors.

Trending Issues Since 2003, the number of facilities and jurisdictions submitting to CCRS has been increasing. With the addition of new jurisdictions, it is possible that differences in care practices may impact indicator rates; however, changes to the underlying population would be controlled for using risk adjustment. There is also evidence to suggest that trending and use of data from the entire time series is not an issue and that data quality is consistent over time (Hirdes et al., 2013).

Comments The CCRS quality indicators use 4 rolling quarters of data for calculations in order to have a sufficient number of assessments for risk adjustment. Since residents are assessed on a quarterly basis, each resident can contribute to the indicator up to 4 times.

Data for this indicator is also available in the Quick Stats tool, which includes results for both the residential and hospital-based continuing care sectors: <https://www.cihi.ca/sites/default/files/document/ccrs-quick-stats-2016-2017-en.xlsx>.