Percentage of Residents Who Had a Newly Occurring Stage 2 to 4 Pressure Ulcer

Name	Percentage of Residents Who Had a Newly Occurring Stage 2 to 4 Pressure Ulcer
Short/Other Names	PRU09
Description	Percentage of residents who had a newly occurring stage 2 to 4 pressure ulcer
Interpretation	A high number indicates a higher percentage of residents who had a newly occurring stage 2 to 4 pressure ulcer on their target assessment; thus a lower percentage is desirable.
HSP Framework Dimension	Health System Outputs: Safe
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	https://www.cihi.ca/sites/default/files/document/ccrs-quick-stats-2017-2018-en-web.xlsx

Identifying Information

Name Percentage of Residents Who Had a Newly Occurring Stage 2 to 4 Pressure Ulcer

Short/Other Names PRU09

Indicator Description and Calculation

Description	Percentage of residents who had a newly occurring stage 2 to 4 pressure ulcer
Calculation: Description	Residents who had a pressure ulcer at stage 2 to 4 on their target assessment and no pressure ulcer at stage 2 to 4 on their prior assessment 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 –Personal Severity Index (PSI): Subset 1—Diagnoses –More dependence in toileting –Resource Utilization Group (RUG): Cognitive Impairment 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
Denominator	**Description:** Residents with valid assessments **Inclusions:** 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 a pressure ulcer greater than or equal to stage 2 (M2a = 2 or higher) on their prior assessment

Numerator	**Description:** Residents who had a pressure ulcer at stage 2 to 4 on their target assessment and no pressure ulcer at stage 2 to 4 on their prior assessment **Inclusions:** 1. Residents who had a pressure ulcer on their target assessment (M2a = 2 or higher) 2. 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 a pressure ulcer greater than or equal to stage 2 (M2a = 2 or higher) on their 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	A high number indicates a higher percentage of residents who had a newly occurring stage 2 to 4 pressure ulcer on their target assessment; thus a lower percentage is desirable.
HSP Framework Dimension	Health System Outputs: Safe
Areas of Need	Living With Illness, Disability or Reduced Function
Targets /Benchmarks	None
References	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. 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
Available Data Years	**Type of Year:** Fiscal **First Available Year:** 2003 **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
Indicator Results	**Web Tool:** Quick Stats **URL:** https://www.cihi.ca/sites/default/files/document/ccrs-quick-stats-2017-2018-en-web.xlsx
Updates	Not applicable

Quality Statement

	The Continuing Care Reporting System (CCRS) frame does not currently contain all facilities in all provinces and territories that make up the CCRS population of interest. Users should be cautious when interpreting results from CCRS, as 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 affect 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 four 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 four times. Although the CCRS quality indicators are reported publicly at the provincial/territorial level only, indicator results are available at other levels (facility, corporation, region) to data submitters in the CCRS eReports application. Data in CCRS eReports is updated on a quarterly basis.