Health Quality Ontario

The provincial advisor on the quality of health care in Ontario

November 2015

LTC Indicator Review Report: The review and selection of indicators for long-term care public reporting

Ontario
Health Quality Ontario

Contents

Introduction

In spring 2015, Health Quality Ontario (HQO) conducted a comprehensive review of the long-term care performance indicators that it publicly reports. This report describes the long-term care indicator review process that took place between March and July 2015, and presents a new set of long-term care indicators recommended by an expert panel for public reporting. This new set of indicators will inform future editions of HQO's yearly report, *Measuring Up*, as well as online public reporting, Quality Improvement Plans (QIPs), and other HQO monitoring and reporting products.

Background

As the province's advisor on health care quality, HQO plays a unique role reporting on the system's performance, sharing the best evidence to guide change, and supporting quality improvement. Performance monitoring and reporting is one of HQO's key responsibilities. HQO's *Monitoring What Matters* strategy aims to improve the content of its reporting to better reflect the indicators that are most meaningful to patients, the public and health care providers. As part of this strategy, HQO is committed to reviewing the indicators it publicly reports on a regular cycle to ensure they are useful to the sector, reflective of current evidence-informed practice, and in line with current quality improvement initiatives.

HQO has publicly reported long-term care indicators in its yearly report since 2006, and on its webpages since 2010. The long-term care indicators have changed over the years, both in the yearly report and online. Historically, over 30 indicators were reported online at the provincial level and four at the facility level ("new pressure ulcers," "worsened pressure ulcers," "worsened incontinence" and "falls"). Following the recommendations from a 2011/12 consensus panel, HQO narrowed the publicly reported indicators on its webpages to a focused set of 12 indicators at the provincial level[1] and a revised set of four indicators at the home level ("worsened pressure ulcers," "worsened incontinence," "falls" and "physical restraints").

Benchmarks for nine of the 12 long-term care indicators[2] were selected in 2012 through a consensus-building process facilitated by HQO. In 2013, HQO began publicly reporting benchmarks for the four indicators publicly reported at the home level.

Table 1 describes the long-term care indicators reported online, in our yearly report for 2014 and 2015, and in the 2015 QIPs prior to the long-term care indicator review and website refresh (early 2016).

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[1] In 2014, the indicator "potentially avoidable emergency department visits (emergency department visits due to ambulatory care sensitive conditions)" was removed due to uncertainty on how the indicator should be calculated.

[2] Of the nine indicators for which benchmarks were established, six were reported online and four were reported at the facility level.

Table 1: HQO's long-term care performance indicators for public reporting and quality improvement, 2014 and 2015

Indicator	Reporting level	HQO reporting product
Median number of days to long-term care home placement	Provincial, LHIN	Online, *Measuring Up*
Percentage of residents with worsening bladder control	Provincial, home	Online, QIPs
Percentage of residents with increasing difficulty carrying out normal everyday tasks	Provincial	Online
Percentage of residents whose language, memory and thinking abilities have recently decreased	Provincial	Online
Percentage of residents with pain that got worse recently	Provincial	Online
Percentage of residents who had a recent fall	Provincial, home	Online, *Measuring Up*, QIPs^
Percentage of residents who had a pressure ulcer that recently worsened	Provincial, home	Online, *Measuring Up*, QIPs^
Percentage of residents who were physically restrained	Provincial, LHIN, home	Online, *Measuring Up*, QIPs^
Number of residents prescribed a drug that should never be used among the elderly per 100,000 residents aged 65 years or older per year	Provincial	Online
Number of injuries per 100 long-term care workers per year	Provincial	Online, *Measuring Up*
Percentage of residents with one or more infections	Provincial	Online
Rate of emergency department visits made by long-term care residents due to ambulatory care sensitive conditions per 100 residents	Provincial	Online* QIPs^
Resident Experience	Provincial, Home	QIPs^
Potentially inappropriate antipsychotic use	Provincial, Home	QIPs^

*Removed from online reporting in December 2014 due to uncertainty in the indicator calculation
^ Submission of a QIP was mandatory for all LTC homes in 2015; the indicators listed reflect the priority indicators identified in the QIPs.

Indicator Review Objectives and Methodology

Objectives

The indicator review process had the following objectives:

1. Recommend a short list of 10–12 currently measureable indicators for comprehensive public reporting on the system (provincial and LHIN level) as well as on the performance of individual long-term care homes (home level).

2. Identify potential areas for data advancement and indicator development, recognizing that there are several important areas in long-term care performance measurement that are currently underreported due to limitations in indicator development or data availability.

Methodology: modified Delphi panel and sector survey

Indicators were reviewed through a set of criteria to determine their strength for public reporting (see Appendix A: Indicator Selection Criteria). The intent was to select a set of indicators that comprehensively measure long-term care performance (see Appendix B: Dimensions of Health Care Quality and Appendix C: Final Set of Indicators by Dimensions of Health Care Quality).

HQO began the long-term care indicator review in March 2015, convening a review panel composed of experts from the long-term care sector that included policymakers, long-term care home and resident council representatives, data holders and researchers (see Appendix D: Membership of Delphi Panel). The indicator review will inform the subsequent selection of indicators for public reporting and for quality improvement. The decision on when and how to incorporate the indicators into one or more of HQO's products will be determined by HQO with the input of key stakeholders.

The indicator selection process was conducted in four phases: internal planning and review, a modified Delphi panel process, feedback from long-term care homes, and indicator finalization and project wrap-up. Table 2 summarizes the steps taken in each phase.
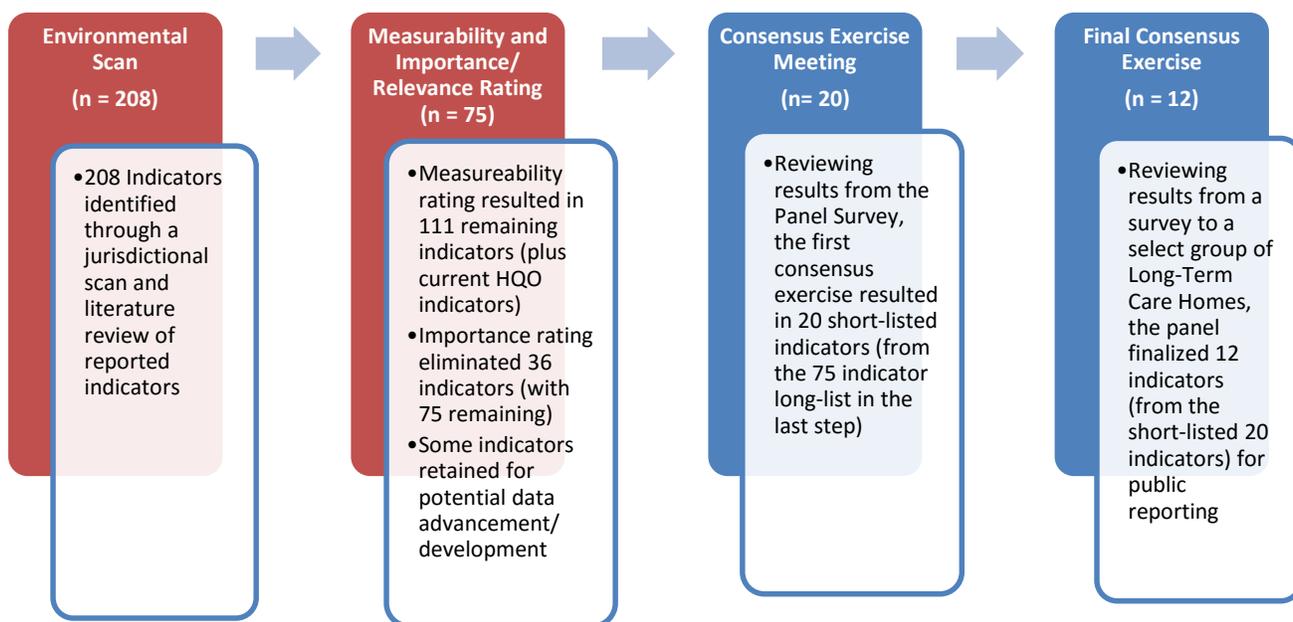
Table 2: Phases of the indicator review

Phase	Description
Phase 1: Internal planning and review	• Environmental scan of academic and grey literature within Ontario and other jurisdictions (other provinces and internationally), organizations (e.g., Canadian Institute for Health Information (CIHI)) and other sources (e.g., Long-Term Care Home Service Accountability Agreement (L-SAA)) that report long-term care quality indicators • Assembly of a review panel that included policymakers, long-term care home and resident council representatives, data holders and researchers • HQO review of indicators identified through the scan for whether they are measurable (i.e. available data sources to measure the indicator) and important/relevant (i.e. appropriateness for Ontario and consistency with HQO elements of a quality health system) *Note: A list of previously discarded indicators was made available to the panel to ensure no viable indicators were inappropriately discarded*
Phase 2: Modified Delphi panel process	• Panel orientation to describe HQO's reporting mandate, the objectives of the review, selection criteria and list of measurable indicators • Panel discussion of crucial measurement gaps, to frame the future discussion around areas for data advancement in the long-term care sector • Panel member online survey to independently rate the list of measurable indicators according to three criteria: important/relevant, actionable, and interpretable; members also asked to identify which indicators should be reported at the facility level • Presentation of panel member ratings for comment and discussion • First round of review and refinement of the list of long-term care performance indicators based on the survey ratings and meeting discussions, with consideration of comprehensive measurement across quality domains
Phase 3: Feedback from long-term care homes	• Online surveys to long-term care homes selected with the assistance of the Ontario Long-Term Care Association (OLTCA) and the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) • Survey participants were asked to comment on the comprehensiveness and actionability of the refined list of indicators generated in Phase 2
Phase 4: Indicator finalization and project wrap-up	• Final decision on recommended indicators based on long-term care home survey results and panel discussions • Panel recommendations on key areas for data advancement and indicator development • HQO evaluation of indicator data quality, measurement feasibility, final indicator definitions and next steps for reporting of indicators • Final report including indicator selection process and review results

Following the selection of the recommended indicators by the panel, HQO will determine the appropriate products, reporting level and time frame for reporting on the recommended set of indicators. HQO will also continue to advance indicator development and advocate for data in the measurement areas that the review panel identified as critical gaps.

Results

A four-phase indicator review process began with 208 indicators identified in an environmental scan, and was narrowed down to a finalized set of 12 long-term care indicators. Figure 1 summarizes the indicator selection process and the number of indicators eliminated at each stage.

Figure 1: Indicator shortlisting

Environmental Scan (n = 208)	Measurability and Importance/ Relevance Rating (n = 75)	Consensus Exercise Meeting (n= 20)	Final Consensus Exercise (n = 12)
• 208 Indicators identified through a jurisdictional scan and literature review of reported indicators	• Measureability rating resulted in 111 remaining indicators (plus current HQO indicators) • Importance rating eliminated 36 indicators (with 75 remaining) • Some indicators retained for potential data advancement/ development	• Reviewing results from the Panel Survey, the first consensus exercise resulted in 20 short-listed indicators (from the 75 indicator long-list in the last step)	• Reviewing results from a survey to a select group of Long-Term Care Homes, the panel finalized 12 indicators (from the short-listed 20 indicators) for public reporting

Feedback on indicators from long-term care homes

Long-term care home representatives were surveyed partway through the modified Delphi process to validate the indicators and to ensure sector support for the final set of recommended indicators. A selected group of home representatives, identified by OAHNSS and OLTCA were surveyed on the comprehensiveness and actionability of a short list of 20 indicators being considered by the review panel for public reporting (see Appendix E for the Home-Level survey questions). About 85% of survey respondents indicated that the list was completely or mostly comprehensive, and 90% indicated that the list was completely or mostly actionable.

The final 12 recommended indicators

The final list of recommended indicators for future reporting includes five currently reported indicators, five previously retired indicators that have been reinstated (including one indicator that will undergo some methodological refinement), and two indicators that are completely new to HQO reporting. The two new indicators, "improved physical functioning among long-term care home residents" and "improved behavioural symptoms among long-term care home residents," represent an evolution of HQO's long-term care public reporting. Appendix F provides the median ratings on the selection criteria the panel applied and a summary of the panel deliberations. Table 3 lists the recommended indicators and provides details on their prior use in HQO public and QIP reporting, the level at which the panel recommended them to be reported, the availability of benchmarks, and alignment with CIHI's public reporting, the Quality Improvement Plans, and the Long-term care Service Accountability Agreement.

Table 3: Recommended set of indicators

Indicator	Indicator status for public reporting[3]	HQO past public and Quality Improvement Plan reporting			Recommended reporting levels			Benchmark defined[4] (percentage)	External Alignment	
		Online (refresh dates)	Yearly reports (report release dates)	QIPs (2015/16)	Provincial	LHIN	Facility		CIHI public reporting	L-SAA (2016/17)
Waiting for a place in a long-term care home	Continued	Provincial (2010–2014)	Provincial and LHIN (2009–2012, 2014, 2015)	Not included	X	X	Not recommended		Not reported	Not included
Lost-time injuries on the job in long-term care	Continued	Provincial (2010–2014)	Provincial (2009–2012, 2014, 2015)	Not included	X	Not available	Not available		Not reported	Not included
Antipsychotic medication use among long-term care home residents without a diagnosis of psychosis	Reinstated	Provincial (2010)	Provincial (2010)	X	X	X	X		X	X
Diminished physical functioning among long-term care home residents	Reinstated	Provincial (2010–2011)	No	Not included	X	X	X		X	Not included
Improved physical functioning among long-term care home residents	New	No	No	Not included	X	X	X		X	Not included
Worsened symptoms of depression among long-term care home residents	Reinstated	Provincial (2010–2011)	Provincial (2009–2012) and LHIN (2011)	Not included	X	X	X	Yes (13%)	X	Not included
Improved behavioural symptoms among long-term care home residents	New	No	No	Not included	X	X	X		Not reported	Not included
Potentially avoidable emergency department visits by long-term care home residents • Indicator includes emergency department visits for injuries due to falls.[5]	Refined	Provincial (2012–2013)	Provincial (2009–2012) and LHIN (2011)	X	X	X	Not recommended		Not reported	Not included
Pressure ulcers among long-term care home residents	Continued	Provincial and home (2010–2014)	Provincial (2012, 2014, 2015)	X	X	X	X	Yes (1%)	X	X

[3] The status of indicators references HQO's reporting prior to the refresh. Indicators identified as "continued" were reported prior to the indicator review. Those that are identified as "reinstated" were historically reported by HQO but not in the most recent year of reporting. Indicators identified as "refined" have been modified from a previously reported indicator. "New" indicators have not been previously reported by HQO.

[4] Benchmarks defined through the 2012 benchmarking process facilitated by HQO

[5] The panel recommended specifically reporting on falls resulting in injury. While this indicator will require further development, it will be reported as a subset of the avoidable ED visits indicator.

Indicator	Indicator status for public reporting[3]	HQO past public and Quality Improvement Plan reporting			Recommended reporting levels			Benchmark defined[4] (percentage)	External Alignment	
		Online (refresh dates)	Yearly reports (report release dates)	QIPs (2015/16)	Provincial	LHIN	Facility		CIHI public reporting	L-SAA (2016/17)
Pain among long-term care home residents	Reinstated	Provincial (2012–2013)	Provincial (2012)		X	X	X		X	Not included
Falls among long-term care home residents	Continued	Provincial (2010–2014)	Provincial (2010-2012, 2014, 2015) and LHIN (2011)	X	X	X	X	Yes (9%)	X	X
Use of physical restraints on long-term care home residents	Continued	Provincial (2010–2014) and home (2012–2014)	Provincial (2010–2012, 2014, 2015) and LHIN (2011, 2014, 2015)	X	X	X	X	Yes (3%)	X	X

Notes on the final recommended indicators

- HQO will determine the timeline for reporting, level of reporting and reporting products to ensure that LTC homes are well supported from the perspective of quality improvement and that residents, their families, providers and policy makers are able to leverage the information available through the public reporting and quality improvement initiatives in the province.

- Three of the 12 indicators were not recommended for home-level reporting by the long-term care indicator review panel. HQO will continue to evaluate and determine which indicators will have results reported by each individual long-term care home, based on data and expert consultation.

- CIHI publicly reports nine long-term care indicators on its "Your Health System" webpages. The panel recommended eight of the nine indicators for public reporting by HQO. CIHI also publicly reports "worsened pain in long-term care," which the panel did not recommended for HQO to report. However, the panel did recommend indicators that cover this topic area, "pain among long-term care home residents."

- The indicator "potentially avoidable emergency department visits", which also includes "emergency department visits for a fall-related injury", requires methodological development. This development will continue past the first year of reporting, such that the indicators reported in subsequent years may differ slightly from what is reported in 2016.

- The panel expressed that the quality indicator "fall-related injuries" was a better measure of quality. In subsequent discussions, it was recommended that both a measure of "fall-related injuries" and the previously reported falls indicator "percentage of residents who had a recent fall" be reported by HQO.

- Four of the 12 indicators have benchmarks available. HQO will re-evaluate the existing benchmark values, as well as the indicators without benchmarks, to determine how best to signal high quality care and the appropriate timeline for release of benchmarks and home level reporting.

Identifying areas for data advancement

HQO will contribute its efforts to enhance data in the areas the panel identified as critical measurement gaps. Through indicators identified in the environmental scan, panel members' expertise, and feedback from long-term care homes, the panel highlighted four focused areas for further definition, data collection and refinement:

- **Appropriate Resourcing**: Data exist within the Ministry of Health and Long-Term Care on staffing and resources. HQO will initiate discussions with ministry data experts and the long-term care sector to identify potential indicators.

- **Resident Experience**: There is no standardized data collection tool that is used by all long-term care homes and no organization is responsible for the data management or reporting of resident experience. HQO will contribute to discussions of a standardized Ontario resident experience survey.

- **Toileting Programs**: The review panel did not recommend reporting existing continence and catheter-use indicators as they were considered poor measures of quality care. The panel did

identify the use of toileting programs as an important process indicator of good continence care. HQO will consult with CIHI regarding further assessment of and consultations on indicators for reporting on this topic area, including those developed by the Center for Health Systems Research and Analysis (CHSRA).

- **Short-Stay Measurement**: The panel highlighted the importance of investigating, identifying or developing indicators for short-stay long-term care residents (i.e., respite and convalescent care). These could include rates of occupancy, length of stay, and discharge to home. HQO will explore potential data sources, such as interRAI Post-Acute Care discharge assessment, and indicators related to short-stay residents.

As part of its data advancement efforts, HQO will leverage the initial environmental scan to identify potential indicators in these four areas, but will also identify additional data sources, develop and refine indicator definitions and methodology, validate indicators and data, and interpret results.

Conclusion

The long-term care indicator review resulted in a recommended list of 12 quality indicators that reflect comprehensive performance measurement of the long-term care sector. These indicators aim to evaluate the quality of care being provided to long-term care residents in Ontario and allow for comparisons over time, across regions and between homes, as appropriate.

Further data advancement and development is recommended to ensure HQO's public reporting on long-term care performance remains relevant to the public and providers, and continues to mature over time. Indicator development in areas such as resident and family experience, and continuing reviews of the evidence related to all performance indicators, is necessary ongoing work.

HQO is committed to providing patients, the public and health care providers with easily accessible, high-quality performance data that are as close to real-time as possible, and to reporting performance results tailored to a public audience.

Appendix A: Indicator Selection Criteria

Criteria	Comments
Important/relevant	The indicator reflects an issue that is important to the general population and to relevant stakeholders, and is consistent with HQO's mandate
Measureable	There are data sources that could potentially be used to measure the indicator
Actionable	Performance on the indicator is likely to inform and influence policy or funding, alter behaviour of health care providers, or increase general understanding in the community in order to improve quality of care and population health
Interpretable	The indicator (as defined) is clear and interpretable to a range of audiences, and the results of the indicator are comparable and easy to understand, including what constitutes improved performance (clear directionality)
Evidence-based	There is good/strong evidence to support the process or evidence of the importance of the outcome
Feasible	Indicator is calculable; data are timely
Data Quality (including validity, reliability and timeliness)	HQO will explore the indicator in detail, including the technical definition, calculation methodology, validity and reliability of measurement, and timeliness of data If possible, baseline data analysis is conducted to understand: - Limitations and caveats of the indicator - Current performance, including variation over time, by region and at the provider level

Appendix B: Dimensions of Health Care Quality

Attribute	Description
Timely	Reducing waits and sometimes harmful delays for both those who receive and those who give care
Patient-centred	Providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions
Safe	Avoiding harm to patients from the care that is intended to help them
Effective	Providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit (avoiding underuse and misuse)
Efficient	Avoiding waste, including waste of equipment, supplies, ideas and energy
Equitable	Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status

Ref: Institute of Medicine (IOM). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C: National Academy Press; 2001

Appendix C: Final Set of Recommended Indicators by Dimensions of Health Care Quality

Indicator	Timely	Patient-Centred	Safe	Effective	Efficient	Equitable*
Waiting for a place in a long-term care home	■	■			■	■
Lost-time injuries on the job in long-term care					■	■
Antipsychotic medication use among long-term care home residents without a diagnosis of psychosis		■	■	■		■
Diminished physical functioning among long-term care home residents		■		■		■
Improved physical functioning among long-term care home residents		■		■		■
Worsened symptoms of depression among long-term care home residents		■		■		■
Improved behavioural symptoms among long-term care home residents		■	■	■		■
Potentially avoidable emergency department visits by long-term care home residents			■	■	■	■
Pressure ulcers among long-term care home residents		■				■
Pain among long-term care home residents		■		■		■
Falls among long-term care home residents		■	■			■
Use of daily physical restraints on long-term care home residents		■	■			■

Note: Equitable is a cross-cutting domain – the assessment of equitable delivery should be incorporated into the measurement of all indicators where possible.

Appendix D: Membership of Delphi Panel

Membership of Review Panel
Mark Dobrow (Chair), Health Quality Ontario
Katherine Berg, University of Toronto
Barb Bryan, Long-Term Care Home Representative, Jarlette Health Services
Dan Buchanan, Ontario Association of Non-Profit Homes and Services for Seniors
Michelle Collins, Mississauga-Halton Local Health Integration Network
Nancy Cooper, Ontario Long Term Care Association
Gail Dobell, Health Quality Ontario
Donna Fairley, Ontario Association of Residents' Councils
Rob Francis, Ontario Ministry of Health and Long-Term Care
Andrea Gruneir, University of Alberta
Norma Jutan, Canadian Institute for Health Information
Sudha Kutty (non-voting), Health Quality Ontario
Kathy McGilton, University of Toronto
Rod Millard, Ontario Association of Community Care Access Centres
Kathy Tschirhart, Long-Term Care Home Representative, St. Joseph's Health Centre Guelph
Evelyn Williams, Ontario Long Term Care Physicians

Appendix E: Home-Level Survey Questions

1. **Is this a comprehensive set of quality indicators for long-term care?** If you answer b) or c) (i.e. that there are gaps in measurement), please provide us with further comments or examples of the gaps that need to be addressed.

    a) Yes, this is a comprehensive set of quality indicators for long-term care.
    b) Mostly, this is a fairly comprehensive set of quality indicators for long-term care, but there are still some important gaps that are measurable.
    c) No, this is an incomplete set of quality indicators for long-term care, leaving a number of important gaps that are measurable.

2. **Is this an actionable set of quality indicators for long-term care?** If you answer b) or c), please indicate which indicators you believe to be outside of the control of long-term care homes and providers to improve (i.e., these indicators are not actionable)

    a) Yes: This list of indicators represent actionable quality measures for long-term care.
    b) Mostly: This list includes some long-term care indicators that are actionable, but some are not.
    c) No: Most or all of the indicators included here are not actionable and performance is outside the control of long-term care homes and providers.

3. **Please select up to three indicators from the list that you believe are most important for HQO to publicly report.**

4. **Please select up to three indicators from the list that you believe are *not* important for HQO to publicly report.**

5. **Please provide any other comments on the short list of indicators, or on public reporting for long-term care generally, in the space provided below.**

Appendix F: Summary ratings and deliberations for selected indicators

The table below summarizes the ratings and the deliberations of the review panel through the course of two consensus meetings and an independent rating survey. More than the recommended indicators were discussed and rated. A summary of the full deliberations is available upon request.

Indicator	Median rating on selection criteria (max score= 7)			Summary of deliberations
	Important/ Relevant	Actionable	Interpretable	
Waiting for a place in a long-term care home	6.5	4.5	5.5	This indicator is an important measure of system capacity and as such is a good system level indicator. The panel expressed concerns with actionability at the home level and timeliness of the data (online reporting). As well, performance is difficult to interpret because a longer wait time could be attributed to a home that has better performance or is more desirable. *The panel selected this indicator for inclusion because it is an important measure for the public*
Lost-time injuries on the job in long-term care	6.5	5.5	5.0	This indicator is a good measure of system level staffing and work flow. This indicator however is unlikely to be of significance to family when selecting a LTC home. *This indicator was selected to report to ensure inclusion of some measure of resource availability. The panel recommended developing better measures of resources over time.*
Antipsychotic medication use among long-term care home residents without a diagnosis of psychosis	6.0	6.0	6.0	A problem with this indicator is if the symptoms are controlled (specifically delusions) because of medication use, the coding may not capture the presence of the symptoms. The panel emphasized that the expectation should not be that homes should be attempting to achieve a 0% result. There were concerns raised about the ease at which the indicator can be 'gamed'. This indicator is aligned to the indicator that is publicly reported by CIHI and is included in the QIPs. There is also evidence that these medications are associated with adverse outcomes in this population. Finally, performance data show that homes can improve performance on this indicator through QI efforts. *This indicator was recommended for reporting because it is actionable and poor performance has negative impacts on residents*
Diminished physical functioning among long-term care home residents	5.5	4.0	3.5	The panel felt that it was important to include some measures of physical function since it is closely tied to quality of life. The panel agreed that mid-loss ADL was important and that both improvement and decline should be measured to provide a complete picture. While prevention of decline is a key

Improved physical functioning among long-term care home residents	5.0	4.5	4.0	objective for homes, improvement is a great indicator of quality of care. These indicators are risk adjusted and validated by interRAI; it is aligned to CIHI reporting and large denominator values ensures stability. Improvements in these indicators are very specific and can be affected by homes. *These two indicators were selected because the panel felt measures of functioning were important to include and that mobility and locomotion were determined to be important for LTC performance. The panel recommended these two indicators over other measures of functioning as they arethe most actionable functional indicators by homes.*
Worsened symptoms of depression among long-term care home residents	6.0	5.0	6.0	This indicator is a good system measure that can identify a chronic problem and a need for care in the sector. It can also be compared to other sectors – and will support a current provincial priority (mental health). Publicly reporting this indicator will draw attention to important LTC issues. This indicator is a good measure because it is measured on the depression rating scale rather than based on a diagnosis only. It can help homes identify who needs assistance. *This indicator was selected because it is an important quality of life measure and care at the home level can affect performance*
Improved behavioural symptoms among long-term care home residents	6.0	5.5	6.0	The panel felt that this is a good measure of how homes are managing behavior. It is an important balance measure to the antipsychotics indicator and the restraints indicator. It also provides an important narrative about quality of care at the home level. There was widespread agreement to include this indicator. *This indicator was selected because it is an important balance measure to other indicators, it reflects resident quality of life and can reflect LTC care provision and home level performance.*
Potentially avoidable emergency department visits by long-term care home residents • Indicator includes emergency department visits for injuries due to falls.	6.0 7.0	5.0 6.0	4.5 6.0	This indicator is an important measure of integration across settings. The panel recommended that this indicator should be stratified by urban and rural homes. The fall-related admissions is part of this indicator, which is an important sub-measure. This indicator should be aligned to the QIP indicator. *This indicator was recommended by the panel as it is an important measure of integration and health service utilization.*
Pressure ulcers among long-term care home residents	6.5	6.0	6.0	The panel selected this indicator over other pressure ulcer indicators because it includes new and pre-existing ulcers. This indicator was determined to be a better measure of home performance than simply measures new pressure

				ulcers only since worsening of ulcers is within the control of homes. This is an important indicator for families and for residents as care will affect quality of life. *This indicator was selected because it is an important quality of life measure and care at the home level can affect performance.*
Pain among long-term care home residents	6.0	6.0	6.0	This is a very good quality of life indicator and is comparable across homes and across sectors. It is an important quality indicator for home performance. The panel selected this over worsening pain since worsening pain is more subjective. *This indicator was selected because it is an important quality of life measure and is a more objective measure of pain than 'worsening' pain and care at the home level can affect performance.*
Falls among long-term care home residents	6.0	4.5	5.5	The RAI falls indicator is not a good measure of performance and does not distinguish between falls resulting in injury and other falls. The panel felt that the inclusion of falls with injury (under the ED visit indicator) will add a lot of context for this indicator. The falls with injury is actionable by homes but this indicator is currently developed and available. This is also a good balance measure for the mid-loss ADL set of indicators. *The panel recommended that this indicator be reported until a valid and reliable measure of falls resulting in injury is developed.*
Use of physical restraints on long-term care home residents	7.0	7.0	7.0	There was unanimous agreement that this indicator should be included since it is aligned to the LTCH act, QIPs, CIHI as well as homes own goals for quality of care. *This indicator was selected because it is an important balance measure, is an area of focus for homes and care can affect home performance.*