



New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home

Appendices



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For permission or information, please contact CIHI:

Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6
Phone: 613-241-7860
Fax: 613-241-8120
cihi.ca
copyright@cihi.ca

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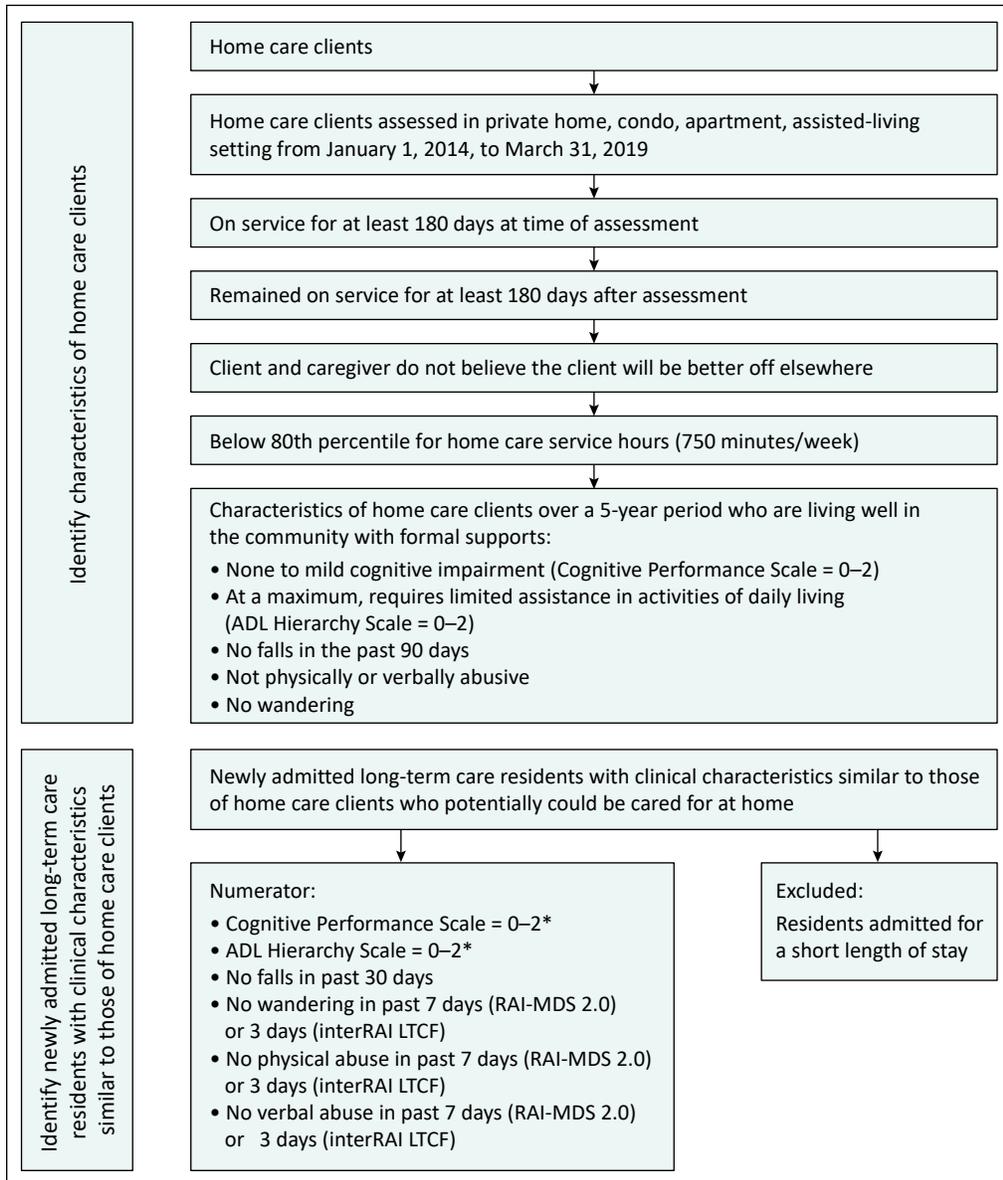
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Appendix A: Describing home care clients — numerator definition

Methodological approach: To identify the characteristics of home care clients living well at home through home care programs.

This indicator identifies newly admitted long-term care residents who have a clinical profile similar to that of clients cared for at home with formal supports in place. Examples of formal home care supports include help with daily tasks such as bathing, dressing, eating and/or toileting.

The clinical characteristics of long-term care residents in the flowchart below represent the **numerator** of this indicator.



Note

* See [Appendix B: Outcome scales in RAI-MDS 2.0 and interRAI LTCF](#).

Appendix B: Outcome scales in RAI-MDS 2.0 and interRAI LTCF

Outcome scale	Description	RAI-MDS 2.0 assessment items	interRAI LTCF assessment items	Score range
Activities of Daily Living (ADL) Hierarchy Scale	This scale reflects the disablement process by grouping ADL performance levels into discrete stages of loss (early loss: personal hygiene; middle loss: toileting and locomotion; and late loss: eating).	4 ADL Self-Performance Hierarchy Scale items: <ul style="list-style-type: none"> • Personal Hygiene (G1jA) • Toilet Use (G1iA) • Locomotion (G1eA) • Eating (G1hA) 	<ul style="list-style-type: none"> • Personal hygiene (G1b) • Locomotion (G1f) • Toilet use (G1h) • Eating (G1j) 	0–6 Higher scores indicate greater decline (progressive loss) in ADL performance.
Cognitive Performance Scale (CPS)	This scale describes the cognitive state of a resident.	5 CPS items: <ul style="list-style-type: none"> • Comatose (B1) • Short-Term Memory (B2a) • Cognition Skills for Daily Decision-Making (B4) • Expressive Communication (C4) • Eating (G1hA) 	<ul style="list-style-type: none"> • Cognitive Skills for Daily Decision-Making (C1) • Short-term memory OK (C2a) • Making Self Understood (D1) • Eating (G1j) 	0–6 Higher scores indicate more severe cognitive impairment.

Notes

RAI-MDS 2.0: Resident Assessment Instrument–Minimum Data Set 2.0.

LTCF: Long-Term Care Facilities.

Appendix C: Text alternative for flowchart

To identify the characteristics of home care clients who are living well at home through home care programs, we first look at home care clients who were assessed in a private home, a condominium, an apartment or an assisted-living setting between January 1, 2014, and March 31, 2019. From that group, we then identify home care clients who were on service for at least 180 days at the time of the assessment and who remained on service for at least 180 days after the assessment. The client and caregiver must indicate that they do not believe the client will be better off elsewhere. From this group, we then identify clients who are below the 80th percentile for home care service hours (i.e., received less than 750 minutes per week).

We then look at the characteristics of these home care clients who, over a 5-year period, are living well in the community with formal supports: no to mild cognitive impairment (Cognitive Performance Scale = 0–2); at a maximum, requires limited assistance in activities of daily living (ADLs) (ADL Hierarchy Scale = 0–2); no falls in the past 90 days; not physically or verbally abusive; and no wandering.

To identify newly admitted long-term care residents who potentially could have been cared for at home, we look at newly admitted long-term care residents with clinical characteristics similar to those of home care clients living well in the community with formal supports. These clinical characteristics represent the numerator of this indicator and are as follows: a Cognitive Performance Scale score ranging from 0 to 2, an ADL Hierarchy Scale score ranging from 0 to 2, no falls in the past 30 days, and no wandering or physical or verbal abuse in the past 7 days (RAI-MDS 2.0) or 3 days (interRAI LTCF). Residents admitted for a short length of stay are excluded from this indicator. See [Appendix B](#) for more information about outcome scales in RAI-MDS 2.0 and interRAI LTCF.



CIHI Ottawa

495 Richmond Road
Suite 600
Ottawa, Ont.
K2A 4H6
613-241-7860

CIHI Toronto

4110 Yonge Street
Suite 300
Toronto, Ont.
M2P 2B7
416-481-2002

CIHI Victoria

880 Douglas Street
Suite 600
Victoria, B.C.
V8W 2B7
250-220-4100

CIHI Montréal

1010 Sherbrooke Street West
Suite 602
Montréal, Que.
H3A 2R7
514-842-2226

cihi.ca

23851-0221

