

IDENTIFYING INFORMATION	
<b>Name:</b>	<b>Antipsychotics without diagnosis of psychosis</b>
<b>Short/Other Names:</b>	Percentage of residents on antipsychotics without a diagnosis of psychosis
BACKGROUND, INTERPRETATION AND BENCHMARKS	
<b>Description:</b>	The percentage of long term care (LTC) residents who are taking antipsychotic medication(s) who have not received a diagnosis of psychosis. This is reported using the Resident Assessment Instrument – Minimum Data Set 2.0 (RAI-MDS) assessment. This indicator was jointly developed by InterRAI and the Canadian Institute for Health Information (CIHI).
<b>Rationale:</b>	<p>Antipsychotic medications, such as or risperidone (Risperdal) or clozapine (Clozaril), can reduce or relieve symptoms of psychosis, such as delusions (false beliefs) and hallucinations (seeing or hearing something that is not there).</p> <p>In long term care, some sites use them to calm residents with a high degree of agitation or aggression associated with living with dementia. This is considered a chemical restraint.</p> <p>These medications have many harmful effects and therefore are not recommended or are to be used with caution. All other non-medication interventions should be tried and ruled out as a solution for the resident's negative response to their situation, before antipsychotic medications are considered.</p>
<b>Interpretation:</b>	A lower percentage is desirable.
<b>Target/Benchmark:</b>	No benchmarks have been identified.
INDICATOR CALCULATION	
<b>Calculation:</b>	<p>Percent of residents on antipsychotics without a diagnosis of psychosis =</p> $\left( \frac{\text{Number of LTC residents who received an antipsychotic medication}}{\text{Number of LTC residents with a valid RAI-MDS assessment without a diagnosis of psychosis}} \right) \times 100$ <p><b>Type of Measure:</b> Percentage (risk adjusted)</p> <p><b>Adjustment Applied:</b> Risk adjustment is calculated using a predetermined statistical process that adjusts for differences in the populations served as well as the associated differences in risk that come with various conditions.</p>

	This risk adjustment process allows for comparability between different LTC sites.
<b>Denominator:</b>	The total number of LTC residents with a valid RAI-MDS assessment, excluding those with schizophrenia, Huntington's chorea and hallucinations, delusions, and end-of-life residents.
<b>Numerator:</b>	The total number of LTC residents with a valid RAI-MDS assessment who satisfy the criteria to be included in the denominator (above), and who received one or more antipsychotic medications.
<b>DATA DETAILS</b>	
<b>Data Sources:</b>	Canadian Institute for Health Information Alberta Health Services <sup>15, 16</sup>
<b>Reporting Frequency:</b>	Quarterly <b>First Available Year:</b> 2015/16 <b>Last Available Year:</b> 2019/20
<b>Geographic Coverage:</b>	The province of Alberta excluding the military and prisoners.
<b>Reporting Levels:</b>	Province, zone, site

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<sup>15</sup> Documentation and data for this measure has been provided directly by Alberta Health Services (AHS) from data generated by the Canadian Institute for Health Information (CIHI). Credit regarding the data definition and appropriate calculations should be attributed to these parties.

<sup>16</sup> While the HQCA used all reasonable efforts to ensure the accuracy, completeness, and reliability of the data used in this website, data continues to expand in scope and completeness. As such, the values reported may change over time.