

IDENTIFYING INFORMATION	
Name:	Behavioural symptoms improved
Short/Other Names:	Percentage of residents whose adverse behavioural symptoms improved between assessments
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	The percentage of long term care (LTC) residents whose adverse behavioural symptoms improved since their prior assessment. 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).
Rationale:	<p>Adverse behavioural symptoms may include confusion, agitation, or aggression. These symptoms can reflect a resident’s discomfort, and can be caused by many things. For example, symptoms such as nausea, shortness of breath (dyspnea), and pain or features of the social (e.g., styles of communication) and physical environment (e.g., noise) can trigger these adverse behavioural symptoms.</p> <p>Treating the cause of the confusion, agitation, or aggression can help improve or reduce adverse behavioural symptoms.</p>
Interpretation:	A higher percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percent of residents whose adverse behavioural symptoms improved =</p> $\left(\frac{\text{Number of LTC residents whose behavioural symptoms improved since their prior assessment}}{\text{Number of LTC residents with a valid RAI-MDS assessment whose behavioural symptoms could improve}} \right) \times 100$ <p>Type of Measure: Percentage (risk adjusted)</p> <p>Adjustment Applied: 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. This risk adjustment process allows for comparability between different LTC sites.</p>
Denominator:	The total number of LTC residents with a valid RAI-MDS assessment whose behavioural symptoms could improve.

Numerator:	The total number of LTC residents with a valid RAI-MDS assessment whose behavioural symptom score improved since their previous assessment.
DATA DETAILS	
Data Sources:	Canadian Institute for Health Information Alberta Health Services ^{13, 14}
Reporting Frequency:	Quarterly First Available Year: 2015/16 Last Available Year: 2019/20
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province, zone, site

¹³ 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.

¹⁴ 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.