

IDENTIFYING INFORMATION	
Name:	Pain worsened
Short/Other Names:	Percentage of residents whose pain worsened between assessments
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	The percentage of long term care (LTC) residents whose pain worsened since their previous 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:	Pain directly impacts the resident's quality of life and can impact social engagement, one's ability to perform activities of daily living, mood and behaviours, and nutrition status.
Interpretation:	A lower percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	<p>Percent of residents whose pain worsened =</p> $\left(\frac{\text{Number of LTC residents with greater pain, when compared with their previous assessment}}{\text{Number of LTC residents with a valid RAI-MDS assessment whose pain symptoms could increase}} \right) \times 100$ <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 pain symptoms could increase.
Numerator:	The total number of LTC residents with a valid RAI-MDS assessment who had greater pain, when compared with their previous assessment.

DATA DETAILS	
Data Sources:	Canadian Institute for Health Information Alberta Health Services ^{17, 18}
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

¹⁷ 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.

¹⁸ 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.