HQCA
Health Quality Council of Alberta

IDENTIFYING INFORMATION	
Name:	**Unexplained weight loss**
Short/Other Names:	Percentage of residents who had unexplained weight loss

BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	The percentage of long term care (LTC) residents who had unexplained weight loss. 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:	Residents living in long term care may experience unexplained weight loss for a variety of reasons, including their feelings about the food (e.g., preferences), access to and availability of food, or their disease processes. The reason behind unexplained weight loss is important to understand. Weight loss can leave residents weakened and at greater risk for illness and injury. It may also mean there are underlying health concerns that need treatment. Weight loss can also mean that a resident needs increased supports with activities of daily living.
Interpretation:	A lower percentage is desirable.
Target/Benchmark:	No benchmarks have been identified.

INDICATOR CALCULATION	
Calculation:	Percent of residents who had unexplained weight loss = $$\left(\frac{\text{Number of LTC residents who had unexplained weight loss}}{\text{Number of LTC residents with a valid RAI-MDS assessment}} \right) \times 100$$ **Type of Measure:** Percentage (risk adjusted) **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.
Denominator:	The total number of LTC residents with a valid RAI-MDS assessment.

Numerator:	The total number of LTC residents with a valid RAI-MDS assessment in a fiscal quarter, who had unexplained weight loss of 5% or more within the last 30 days, or 10% or more within the last 180 days.
DATA DETAILS	
Data Sources:	Canadian Institute for Health Information Alberta Health Services[23],[24]
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

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[23] 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.

[24] 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.