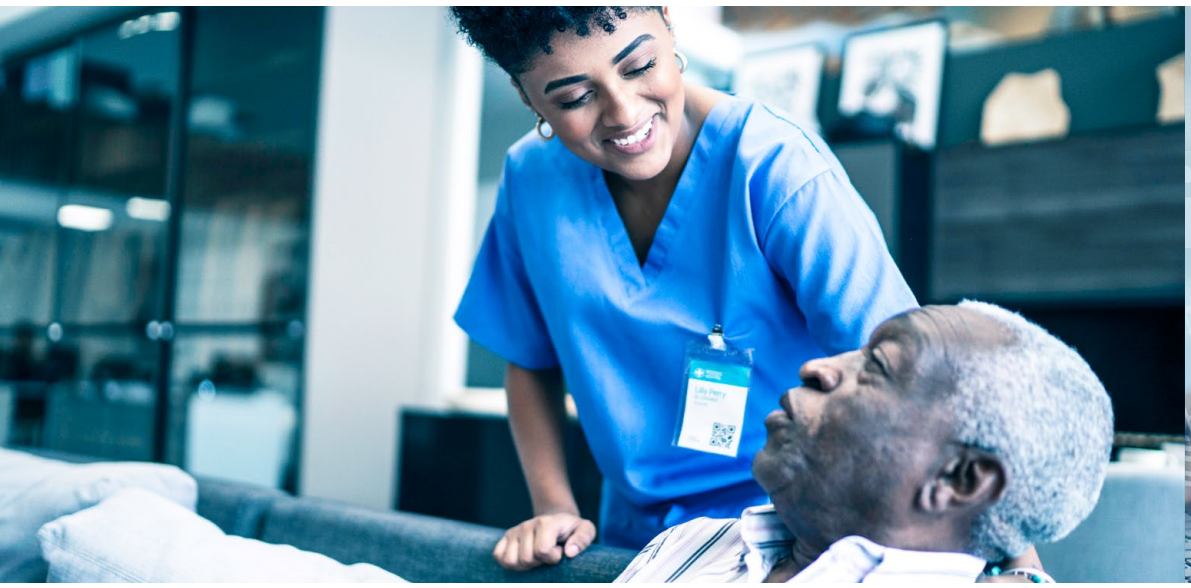
CSA Z2004:24 and CIHI Health Indicators





This document represents the Canadian Institute for Health Information (CIHI)'s long-term care facilities (LTCF) and Health Workforce Information (HWI) data that align with the Canadian Standard Association (CSA) draft standard Z2004 for Mental health and well-being in long-term care and assisted living settings.

CIHI's data

CIHI's main source of data about residents in LTC homes comes from its Continuing Care Reporting System (CCRS) and Integrated interRAI Reporting System (IRRS). These systems contain demographic, administrative, clinical and resource utilization information on individuals who receive LTC services in Canada. The data in these systems are collected through use of interRAI's LTC resident assessment instruments, the RAI MDS 2.0© and the interRAI LTCF©.

The interRAI assessment instruments enable comprehensive, standardized evaluation of the needs, strengths and preferences of LTC home residents. Resident information is entered into software at the point of care. Outputs such Clinical Assessment Protocols (CAPs) (e.g., mood and cognitive loss) are triggered based on the residents assessment and are focused on the following domains: functional performance, cognition and mental health, social life, and clinical issues. This is the foundation for care planning with residents. Outcome scales (e.g., depression rating scale, cognitive performance scale) are used to flag resident risks and inform care planning. Quality Indicators (QI) (e.g., percentage of residents whose mood from symptoms of depression worsened) can be used by the LTC home for quality improvement activities. Resource Utilization Group (RUG) are used to indicate resident complexity and resource use. As it relates to the proposed standard, the assessment instrument has sections on mood and behaviour, psychosocial well-being, functional status, and activity pursuits. Once collected, this information then flows to CIHI's reporting system. With no additional collection effort, evidence is available to guide care and system-wide planning, as well as quality improvement.

CIHI publicly reports in Your Health System In Brief indicators related to potentially inappropriate use of antipsychotics in long-term care. CIHI also publicly reports LTC data in Your Health System In Depth and Quick Stats, including:

1. potentially inappropriate use of antipsychotics in long-term care,
2. restraint use in long-term care,
3. falls in the last 90 days in long-term care,
4. worsened pressure ulcer in long-term care,
5. improved physical functioning in long-term care,
6. worsened physical functioning in long-term care,
7. worsened depressive mood in long-term care,
8. experiencing pain in long-term care,
9. experiencing worsening pain in long-term care

along with other indicators in Quick Stats. LTC care homes receive additional metrics quarterly via a secure reporting tool. Researchers can also request data through CIHI's data request process.

The table below outlines how CIHI's LTC data can be used to support an organization's ability to meet criteria within the standard CSA Z2004:24, *Mental health and well-being in long-term care and assisted living settings.* This comparison exercise was performed by CIHI on November 17, 2023. It has been reproduced by CSA Group with their permission.

Alignment of CIHI data with CSA Z2004:24, *Mental health and well-being in long-term care and assisted living settings standard*

CSA Z2004:24 Table of Contents			CIHI's data tools, outputs and products that support the criteria in CSA Z2004:24
Clause	**Related Subclauses**	**Second level of subclause**	
1. Scope			
2. Reference publications			
3. Definitions and Abbreviations			
4. Guiding principles			
5. Organizational commitment to metal health and well-being			
6. Quality improvement	6.1 Quality improvement process		Assessment information can be used to monitor and evaluate the effectiveness of programming individually and organizationally. Routine assessment provides the opportunity for residents, families, care partners, and workers to contribute to the care plan. Publicly reported CIHI indicators can be used to monitor a long-term care home with the nine indicators noted above allowing for comparison and trending indicators (e.g., Ontario's publicly reported indicators.) Assessment instruments have 22 Clinical Assessment Protocols (CAPs), 13 outcome scales and 34 Quality Indicators (QIs) that serve as monitoring tools to support accountability for quality of care. CAPs are used to address key factors in a person's life including aspects of function, health, social support, service use and quality of life. Outcome scales and quality indicators are used to monitor and evaluate care.
	6.2 Alignment		
	6.3 Quality improvement process elements		
	6.4 Applying the quality improvement process	6.4.3 Quality indicators 6.4.4 Evaluations	

CSA Z2004:24 Table of Contents			CIHI's data tools, outputs and products that support the criteria in CSA Z2004:24
Clause	**Related Subclauses**	**Second level of subclause**	
7. Workforce	7.1 General		Resource Utilization Groups (RUG) can provide information to determine resource use and complexity of residents that can be reflected in overall mental health and well-being. CIHI has developed a new Minimum Data Set (MDS) modernizing data collection for Health Workforce Information. These data will not be collected until 2024. Currently there is record level data for Registered Nurses/Nurse Practitioners, Registered Practical Nurses, Licensed Practical Nurses, Occupational Therapist, Physiotherapists, Pharmacists, and Physicians. Record level data includes information on registration, demographics, geography, education (e.g., entry to practice data elements including year of graduation, level of education and institution) and employment (e.g., area of practice, place of work). The addition of data elements such as provider type and primary site organization identifier in the modernized MDS, will facilitate data integration to be able to analyze topics such as models of care.
	7.2 Mental health and well-being of workers		
	7.3 Workforce practices	7.3.1 General 7.3.2 Recruitment 7.3.3 Continuity of care 7.3.4 Workforce rations 7.3.5 Skills and occupational mix 7.3.6 Models	
	7.4 Work environment	7.4.1 Psychological health and safety in the workplace 7.4.2 Accessible mental health support	
	7.5 Worker training	7.5.1 General 7.5.2 Content of training	
8. Design of the LTC and AL setting	8.1 General 8.2 Building design elements		CIHI collects data from publicly funded long-term care homes also called nursing homes, continuing care facilities and residential care homes providing a wide range of health and personal care services for Canadians with medical or physical needs who require access to 24-hour nursing care, personal care and other therapeutic and support services. CIHI collects some data from alternate living settings using the Home Care Reporting System (HCRS) and Integrated interRAI Reporting System (IRRS).

CSA Z2004:24 Table of Contents			CIHI's data tools, outputs and products that support the criteria in CSA Z2004:24
Clause	**Related Subclauses**	**Second level of subclause**	
9. Recreation therapy programs and activities to foster social connectedness, mental health, and well-being	9.1 Offering recreation therapy programs and activities	9.1.1 General 9.1.2 Content of the recreation therapy program 9.1.3 Development of the recreation therapy program	The assessments gather information on the average time residents are involved in activities, activity preference, and physical activity level. Social relationships, sense of involvement and stressors are also assessed. The depression rating scale and revised index of social engagement, mood and activities CAPs can be used to identify residents with low mood and those that are withdrawn from actives and/or social relationships. Effectiveness of interventions can be monitored using outcome scales and CAPs.
	9.2 Resident input into the recreation therapy program and activities		
	9.3 Types of therapy interventions and activities offered	9.3.1 Range of activities 9.3.2 Culturally appropriate therapy interventions and activities 9.3.3 Internal and external activities	
	9.4 Accessibility	9.4.1 General 9.4.2 Adaptability to individual strengths and abilities	
	9.5 Resources	9.5.1 General 9.5.2 Coordination of outside resources	
	9.6 Implementation and communication		
	9.7 Evaluation		

CSA Z2004:24 Table of Contents			CIHI's data tools, outputs and products that support the criteria in CSA Z2004:24
Clause	**Related Subclauses**	**Second level of subclause**	
10. Optimizing mental health and well-being through relationships within LTC and AL settings	10.1 General		Initial and routine assessments provide opportunity for collaboration between care team, resident, family and supports. Interventions can be evaluated using facility reported outcome scales (depression rating scale & revised index of social engagement) and CAPs, specifically activity and mood. The assessments gather information on residents' mood, activity preferences and involvement as well as the residents' overall sense of involvement. The indicator for worsened depressive mood is publicly reported.
	10.2 Optimizing mental health and well-being of residents by building relationships with workers and volunteers		
	10.3 Optimizing mental health and well-being of residents by building relationships with families and care partners		
	10.4 Building relationships among residents to support their mental health and well-being		
11. Support for residents with mental health conditions	11.1 Addressing mental health needs		The assessment obtains information on possible depressed mood (depression severity scale); anxious or sad moods are assessed along with the residents' self-reported mood. Cognition and health conditions are also assessed. Some psychiatric disorders are tracked (anxiety, bipolar depression, depression and schizophrenia) as well as symptoms (abnormal thought process, delusions, and hallucinations). This information, available through the assessments, helps inform the care, allowing for changes in mood and health to be addressed in residents' care plan.
	11.2 Mental health assessments		
	11.3 Care plans	11.3.1 General 11.3.2 Care plan development 11.3.3 Care plan content 11.3.4 Treatment approaches 11.3.4.1 General 11.3.4.2 Intervention outcomes in care plans	
12. Critical incident management			

CSA Z2004:24 Table of Contents			CIHI's data tools, outputs and products that support the criteria in CSA Z2004:24
Clause	**Related Subclauses**	**Second level of subclause**	
13. LTC and AL considerations for younger residents	13.1 General		Publicly available indicators reported for rehabilitation programs are improved physical functioning in long-term care and worsened physical functioning in long-term care. The assessments also collect information on type of therapy or nursing services administered (in minutes) in the last 7 days.
	13.2 PCC principles for younger residents		
	13.3 Transitions		
	13.4 Rehabilitation program		
	13.5 Workforce and care relationships		
	13.6 Activities and community participation		
Annex A Lighting levels to promote mental health and well-being			
Annex B Examples of activities offered within a recreation therapy program			The assessments collect information on 16 different potential activity preferences (card, games or puzzles, computer activity, conversing or talking on the phone, crafts or arts, dancing, discussing/reminiscing about life, exercise or sports, gardening or plants, helping others, music or singing, pets, reading, writing or crossword puzzles, spiritual or religious activities, trips or shopping, walking or wheeling outdoors, watching TV or listening to radio).
Annex C Non-pharmacological treatment options for dementia, delirium, and depression	C.1 Non-pharmacological treatment options for changes in mood, personality, or behaviour in dementia C.2 Non-pharmacological treatment options for delirium C.3 Non-pharmacological treatment options for depression		The assessments identify treatment and therapies that the resident has received, including therapy focused on health conditions but also recreational therapy and psychological therapy by a licensed mental health professional. Consideration to track receipt of psychotropic medication (antipsychotic/neuroleptic, anxiolytic, antidepressant, hypnotic) in the absence of a psychiatric diagnosis. CIHI indicator for potentially inappropriate use of antipsychotics helps track organizational use of medications.
Annex D Additional context on younger residents	D.1 Background D.2 Length of stay D.3 Characteristics of younger residents D.4 Needs of younger residents		Length of stay, age of resident and % of residents under the age of 65 is reported. Assessments track some conditions i.e., multiple sclerosis and schizophrenia. There is the option to provide additional diagnosis i.e., Huntington's.



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