

Appendix 2: Quality indicators rated as invalid* by expert clinical panel (n=17). Indicators proposed by the panel are shown in bold font (n=3)

Falls and Mobility Disorders

1. ALL persons aged 65 or older should be asked at least annually about the occurrence of recent falls.
2. ALL persons aged 65 or older should be asked about or examined for the presence of balance and/or gait disturbances at least once.

Hearing

1. ALL persons aged 65 or older should be offered a hearing screen at least once.

Ischaemic Heart Disease

1. IF a person aged 65 or older with established CHD[†] smokes, THEN he or she should be offered counselling for smoking cessation at least annually.

Medication Use

1a. IF a person aged 65 or over is treated with an NSAID[†], THEN (1) concomitant treatment with either misoprostol or a proton pump inhibitor should be used OR (2) the NSAID[†] that is used should be selective for COX-2[†].

1b. IF a person aged 65 or over is treated with an NSAID[†] (selective or non-selective) AND takes aspirin daily, THEN concomitant treatment with either misoprostol or a proton pump inhibitor should be used.

Osteoporosis

1. ALL women aged 65 or older who smoke should be offered advice annually about smoking cessation.

2. ALL women aged 65 or older should be offered advice about the pharmacological prevention of osteoporosis at least once.

(The only indicator rejected due to disagreement)

3. IF a person aged 65 or older has one of the following risk factors for

osteoporosis: previous low trauma fracture, hypogonadism, chronic steroid use, comorbidity (with gastrointestinal disease, chronic liver disease, hyperparathyroidism or hyperthyroidism) or radiological osteopenia, THEN the patient should be offered measurement of BMD[†].

Pain Management

1. ALL persons aged 65 or older should be asked about persistent pain every 2 years.

Screening and Prevention

1. ALL persons aged 65 or older should be asked about who would be a surrogate decision maker, or whether they have an advance directive indicating their surrogate decision maker.
2. ALL persons aged 65 or over should be asked about life-sustaining treatment preferences, or about an advance directive.
3. ALL persons aged 65 or older should be weighed at each physician office visit.

4. ALL persons aged 65 or older with chronic disease should be weighed at each physician office visit.

Urinary Incontinence

1. ALL persons aged 65 or older should be asked by their doctor or nurse annually about the presence or absence of urinary incontinence.

2. IF a person aged 65 or older has new urinary incontinence that persists for over 1 month or urinary incontinence at the time of a new evaluation, THEN a dipstick urinalysis and post-void residual should be obtained.

Vision

1. IF a person aged 65 or older develops progression of a chronic visual deficit that now interferes with his or her ability to carry out needed or desired activities, THEN he or she should have a blood pressure check, be examined for atrial fibrillation and carotid bruits, and have a blood glucose sample taken.

*Definition of invalid = median 6 or less on a scale of 1-9, or median >6 with

disagreement (disagreement defined as 3 or more ratings in the 1-3 region, together with 3 or more ratings in the 7-9 region)

†CHD = coronary heart disease; NSAID = non-steroidal anti-inflammatory drug; COX = cyclooxygenase; BMD = bone mineral density.
