Emergency visits for conditions that could be treated in alternative primary care setting

Resource for Indicator Standards (RIS)
Health Analytics Branch, Ministry of Health and Long-Term Care

Indicator description

RIS indicator name
Emergency visits for conditions that could be treated in alternative primary care setting

Other names for this indicator
- Rate of emergency visits for conditions best managed elsewhere
- Emergency visits best managed elsewhere

Indicator description
Rate of unscheduled emergency visits that could be treated in alternative primary care settings per 1,000 population age 1-74 years.

Accountability agreement(s) or ministry initiative(s) the indicator supports
- Ministry LHIN Accountability Agreement (MLAA), 2015-2018
- Multi-Sector Service Accountability Agreement (MSAA), 2014-2017
- The Quarterly
- Quality Improvement Plan (primary care)

Numerator

Data source
Population Estimates and Projections from Statistics Canada, National Ambulatory Care Reporting System (NACRS), Canadian Institute for Health Information (CIHI)
Inclusion/exclusion criteria

Includes:
1. Unscheduled visits to emergency rooms (including urgent care centres);
2. Specific selection criteria:
3. Canadian Emergency Department Triage and Acuity Scale (CTAS) levels – IV and V (less-urgent, non-urgent).

Excludes:
1. Persons less than one year of age or age 75 and older;
2. Emergency visits resulting in an inpatient admission (visit disposition not equal to 06 or 07);
3. Out of province patients.

Calculation

Steps:
1. Count the number of unscheduled emergency visits per the selection criteria described above.

Denominator

Data source

Inclusion/exclusion criteria

Includes:
1. Year-specific LHIN and Ontario population (age 1-74).

Excludes:
1. Persons less than one year of age or age 75 and older.

Calculation

Steps:
1. Extract the population.
2. Calculate the number of visits per 1,000 population.
3. Divide by the year-specific population age 1-74 to obtain the rate.
Timing and geography

Timing/frequency of release
How often and when data are being released (e.g., be as specific as possible...data are released annually in mid-May)

Final data by fiscal year are available annually (usually by September); interim data are updated quarterly.

Trending
Years available for trending
Data using ICD-10-CA codes are available as of 2002/03 fiscal year (data prior to that time are potentially incomplete).

Levels of comparability
Levels of geography for comparison
Data are available at the LHIN, provincial, and primary care practice levels. Data are also available for other levels of geography including postal code.

Additional information

Limitations
Specific limitations
There may be quality issues with earlier years of data.

Comments
Additional information regarding the calculation, interpretation, data source, etc.
Results for Ontario include residents with an unknown LHIN of residence.

Conditions selected for this indicator are considered common high volume conditions. If multiple conditions are diagnosed throughout the emergency visit, the diagnosis/condition responsible for the greatest resource use is chosen as the most clinically significant reason for the visit.

It is estimated that at least 50 percent of emergency visits are non-urgent according to medical guidelines and criteria. Appropriate dissemination of information may decrease the number of emergency visits that are non-urgent, since it can make patients more aware of resources available in the community. Strategies to divert non-urgent patients may not improve the quality of care received or reduce overall costs and may create an additional strain on the community care aspect of the health system.
A variation of this indicator is calculated for enrolled patients and reported at the primary care practice level for the Primary Care Quality Improvement Plan. Patients are included in the numerator and denominator if CAPE (Client Agency Program Enrollment) records show they are enrolled during the relevant time period. The group billing number from CAPE identifies the group the patient is enrolled with for practice level results.

References

Provide URLs of any key references (e.g., Diabetes in Canada, HTTP:// …)


Contact information

For more information about this indicator, please contact RIS@ontario.ca.

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2012-12-17

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