

# Palliative patients with multiple acute care admissions in the last three months of life

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

## Indicator description

### RIS indicator name

Palliative patients with multiple acute care admissions in the last three months of life

### Other names for this indicator

Percentage of palliative patients with multiple acute care admissions in the last three months of life

### Indicator description

This indicator measures the percentages of palliative patients in the acute hospital inpatients setting that had multiple admissions in the 90 days prior to death.

Palliative patients are defined as all patients who died in acute care hospitals, excluding those who died of significant trauma or injury. Patients who died from significant trauma or injury are different in profile and care needs than those who died from other natural causes.

### Accountability agreement(s) or ministry initiative(s) the indicator supports

- The Quarterly

## Numerator

### Data source

Discharge Abstract Database (DAD)

### Inclusion/exclusion criteria

#### Includes:

1. Acute care inpatient discharges (Institution Type=AT or AP);
2. Records with valid health number (HCN\_Index = "H");
3. Patients who died in hospital (Discharge disposition = 07);

4. Patients who died in hospital with at least one previous discharge that occurred between 0 and 90 days prior to their date of death (i.e. discharge date).

**Excludes:**

1. Records with missing discharge date;
2. Patients admitted to the acute care facility as infant born alive, or still born infant (Entry code = N, S);
3. Patients admitted for organ/tissue retrieval purposes only (Admit category = R);
4. Patients who died of significant trauma or injury (Major clinical category = 19).

## Calculation

**Steps:**

To calculate the number of palliative patients who had multiple acute admissions in the last 3 months of life:

1. Create a list of unique palliative patients (i.e. 1 record, as defined in the inclusion/exclusion criteria, for each health card number. If multiple records exist, select the last discharge record).
2. Create a separate *lookup* file that contains all acute inpatient discharges for the reporting period, plus at least 3 months prior to the reporting period. For example, if the reporting period is fiscal year 2011/12, the lookup file should contain all acute inpatient discharges in fiscal year 2011/12 and Q4, 2010/11.
3. Merge the palliative patient list with the *lookup* list by health card number.
4. For each palliative patient, identify any records in the *lookup* file with discharge date between 0 and 90 days prior to the date of death.
5. Palliative patients having at least one previous admission identified within the 90 days preceding death are flagged.
6. Fiscal year is assigned based on the patient's date of death.
7. LHIN assignment is based on hospital LHIN.

## Denominator

### Data source

Discharge Abstract Database (DAD)

### Inclusion/exclusion criteria

**Includes:**

1. All acute care inpatient discharges (Institution Type=AT or AP);
2. Records with valid health number (HCN\_Index = "H");
3. All patients who died in acute care hospitals (Discharge disposition = 07).

**Excludes:**

1. Records with missing discharge date;
2. Patients admitted to the acute care facility as infant born alive, or still born infant (Entry code = N, S);
3. Patients admitted for organ/tissue retrieval purposes only (Admit category = R);
4. Patients who died of significant trauma or injury (Major clinical category = 19).

## Calculation

### Steps:

To identify palliative record/patient:

1. Select all discharges with discharge dates falls under the reporting period as described in inclusion/exclusion criteria.

## 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)**

Data are released annually; interim data are available quarterly.

### Trending

#### Years available for trending

Data are available since fiscal year 1996/1997.

### Levels of comparability

#### Levels of geography for comparison

Data are available at the Local Health Integration Networks (LHIN) of hospital, and province levels.

## Additional information

### Limitations

#### Specific limitations

There are multiple ways to identify palliative patients in acute care facilities. The method used in this indicator may include patients who died from acute conditions, such as heart attack, which is not conventionally considered part of palliative care. However, due to lack of specific coding guideline for palliative care needs, not all patients who require palliative care are appropriately coded in DAD. The current method is more conservative and likely captures patients who received palliative care but were not coded as such.

## Comments

**Additional information regarding the calculation, interpretation, data source, etc.**

Among those who died in acute care hospitals in fiscal year 2011/12, approximately 5% of patients died from significant trauma, injury, poisoning or toxic effects of drugs. The remaining 95% were considered the palliative patient cohort.

## References

**Provide URLs of any key references (e.g., Diabetes in Canada, [http:// ...](#))**

N/A

## Contact information

For more information about this indicator, please contact [RIS@ontario.ca](mailto:RIS@ontario.ca).

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2013-07-04

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2017-10-05