

Physician visits after discharge from hospital

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

Indicator description

RIS indicator name

Physician visits after discharge from hospital

Other names for this indicator

Percent of acute care patients who have had a follow up with a physician within 7 days of discharge

Indicator description

Percentage of inpatient days where a physician (or designated other) has indicated that a patient occupying an acute care hospital bed has finished the acute care phase of his/her treatment. This indicator can be stratified by characteristics such as age or discharge destination (see Comments section for Percentage of patients with a hospital stay for specified conditions who saw their physician within 7 days of discharge. Conditions include:

- Acute Myocardial Infarction, AMI (age \geq 45 years)
- Cardiac conditions (excluding AMI, CHF) (age \geq 40 years)
- Congestive heart failure, CHF (age \geq 45 years)
- Chronic obstructive pulmonary disease
- Pneumonia (all ages)
- Diabetes (all ages)
- Stroke (age \geq 45 years)
- Gastrointestinal disease (all ages)

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

- Ministry LHIN Accountability Agreement (MLAA), 2015-2018
- The Quarterly

Numerator

Data source

Discharge Abstract Database (DAD), Canadian Institute for Health Information (CIHI);

Claims History Database (CHDB), Ontario Ministry of Health and Long-Term Care (MOHLTC)

Inclusion/exclusion criteria

Includes:

1. Ontario physician visits taking place in office, home, or long-term care;
2. Physician visits occurring within 0 to 7 days of discharge (i.e., includes date of discharge).

Excludes:

1. Negated OHIP claims, duplicate claims, lab claims and claims paid for by the Workplace Safety and Insurance Board (WSIB);
2. Records with missing or invalid data on discharge/admission date, health number, age or gender.

Calculation

Steps:

1. Link inpatient episodes in selected HIGs (see denominator) to the Claims History Database by health number to retrieve services billed by Ontario physicians within 7 days of discharge. Negated claims, duplicate claims, lab claims and claims paid for by WSIB are excluded;
2. Determine the location of OHIP services according to the fee codes billed and keep the records where the location is office, home or long-term care;
3. Retain the first service within 7 days for cases where there are multiple visits in the 7 days after discharge.

Denominator

Data source

Discharge Abstract Database (DAD), Canadian Institute for Health Information (CIHI)

Inclusion/exclusion criteria

Includes:

1. Discharges from acute care hospitals with discharge date in the reporting period;
2. Inpatient episodes assigned to any of the conditions (included HIGs are specified in Appendix A);

3. Cases that are typical, transfer in, short stay, long stay or long stay transfer in per the HIG atypical indicator (i.e. the HIG atypical indicator must be '00', '01', '09', '10', '11').

Excludes:

1. Deaths, acute transfers, patient sign-outs against medical advice;
2. Records with missing or invalid data on discharge/admission date, health number, age or gender;
3. Transfers to other hospital care and to other (palliative care/hospice, addiction treatment centre) as defined by discharge disposition '01'(for FY 2018 and onwards, discharge disposition '10'), '03' (for FY 2018 and onwards, discharge disposition '20', '30', '40', '90') or institution to type '2', '3', '7'.

Calculation

Steps:

1. Identify inpatient episodes in selected HIGs (see Appendix A) discharged from hospital during the reporting period. Retain records that meet the inclusion/exclusion criteria described above.

This is the same group of patients that are tracked for 30 day readmissions (refer to the RIS documentation for Readmissions within 30 days for selected CMGs).

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 available quarterly.

Trending

Years available for trending

Data are available since fiscal year 2011.

Levels of comparability

Levels of geography for comparison

Data are available at the provincial, Local Health Integration Network (LHIN) and hospital level.

Additional information

Limitations

Specific limitations

Deaths which take place in the community within 7 days following discharge are not able to be accounted for and cannot be removed from the calculation.

Comments

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

Office, home, or long-term care visits are identified by OHIP fee schedule codes. This indicator only includes visits with physicians whose billings are available in the Claims History Database (CHDB).

Results released prior to FY 2015 examined follow-up for enrolled patients belonging to select CMGs (rather than HIGs) and did not include patients discharged after Acute Myocardial Infarction

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.

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