

Wait time from hospital discharge to service initiation - short stay rehab clients

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

Indicator description

RIS indicator name

Wait time from hospital discharge to service initiation - short stay rehab clients

Other names for this indicator

- Wait time from hospital discharge to service initiation (hospital clients) - Short stay rehab clients

Indicator description

Number of days from the hospital discharge date to the first non-case management (CM) service for clients whose referral source was hospital - for Short Stay rehab Clients..

Both 90th and 50th percentiles are calculated for the Multi-Sector Service Accountability Agreement (MSAA).

The 90th (or 50th) percentile is the point at which 90% (or 50%) of the clients received their service while the other 10% (or 50%) waited longer. The 90th (or 50th) percentile wait time is an actual wait time of a client and is not estimated.

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

- Multi-Sector Service Accountability Agreement (MSAA), 2017 – 2018

Numerator

Data source

Discharge Abstract Database (DAD), Canadian Institute for Health Information (CIHI), Home Care Database (HCD), Ontario Association of Community Care Access Centres (OACCAC)

Inclusion/exclusion criteria

Includes:

1. In-Home Program includes requested programs being In-Home (01); in Adult Day Care (05); or in Supportive Housing (06);
2. Eligible clients: Assessment Outcome EQUAL TO (12) Eligible client admitted to in-home services; (15) Eligible for Long-term care (LTC); or (16) Eligible in-home plus other services;
3. Hospital clients (based on Step 3 of Calculation below);
4. Clients present in both DAD and HCD Datasets;
5. Service Recipient Code (SRC) at admission = 91.

Excludes:

1. Community referrals:
 - a. School, Long-Term Care Placement and Other Programs;
 - b. Home care episodes with calculated wait time less than 0 or greater than 365 days.
2. Episodes with only a case management service.

Calculation

Steps:

1. Select service date for the time period of interest.
2. Identify client eligibility for home care (refer to inclusion criteria for details).
3. Determine if the application was from community or hospital using the Intake Referral Source:
 - a. Hospital – referrals with Intake Referral Source equal to:
GENERAL HOSPITAL - OUTPATIENT
GENERAL HOSPITAL - INPATIENT
SPECIALTY HOSPITAL - OUTPATIENT
SPECIALTY HOSPITAL – INPATIENT
 - b. Community – All other Intake Referral Sources.
4. Link service record (HCD) to Hospital Discharge Record (DAD) using the following criteria:
 - a. Health Card number match,
 - b. HCD application date was between DAD admission & discharge date,
 - c. HCD discharge date is greater than DAD discharge date or missing (active case).
5. Calculate number of days between DAD discharge date and first non-case management Community Care Access Centre (CCAC) service date. Apply the following boundaries:
 - a. Lower Boundaries: Greater than or equal to zero
 - b. Upper Boundaries: Less than or equal to 365 days.
6. Calculate the 90th (or 50th) percentile for the number of days between the discharge date and the first non- case management CCAC service date.

Denominator

Data source

N/A

Inclusion/exclusion criteria

Includes:

N/A

Excludes:

N/A

Calculation

Steps:

N/A

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)

Ministry of Health and Long-term Care (MOHLTC) receives HCD data quarterly, ~6 weeks after end of quarter. MOHLTC receives Hospital DAD data quarterly, ~20 weeks after end of quarter.

Trending

Years available for trending

Data are available since fiscal year 2007/08 (post CCAC realignment).

Levels of comparability

Levels of geography for comparison

Data are available at the levels of the LHIN, CCAC and province.

Additional information

Limitations

Specific limitations

There could be wait lists in place in some CCACs which would affect the number of days since the clients will not be counted until the service is delivered.

Each case is reported under the fiscal year and quarter in which the client received their first home care service. Approximately 3% of records per fiscal year are dropped due to invalid (less than zero) or implausible (over a year) wait times.

Comments

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

The re-alignment of the 42 CCACs to the 14 Local Health Integration Network (LHIN) CCACs took place as of January 1, 2007. From fiscal year 2007/08 and onward, complete years of data were reported under the new 14 CCAC boundaries.

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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