

# Unplanned emergency department visits QIP (Retired)

## Alternate Name\*

Unplanned emergency department visits QIP

## **INDICATOR DESCRIPTION**

#### **Description\***

Percentage of home care clients with an unplanned, less-urgent ED visit within the first 30 days of discharge from hospital

#### **Indicator Status\***

Active

## HQO Reporting tool/product

Quality Improvement Plans (QIPs)

## **Dimension\***

Efficient

## Type\*

Process

# **DEFINITION AND SOURCE INFORMATION**

#### **Unit of Measurement\***

Percentage

#### **Calculation Methods\***

The percentage is calculated as: numerator divided denominator times 100.

#### Numerator including inclusion/exclusion\*

Number of adult home care clients who had an ED visit assessed at Canadian Triage and Acuity Scale levels 4 or 5 (but who were not admitted to hospital) in the first 30 days after hospital discharge.

#### Inclusions:

- ED Visit: ED Indicator=1
- ED Registration Date is within 30 days of Hospital Index case
- Low Acuity: CTAS Level = 4,5

#### **Denominator including inclusion/exclusion\***



All adult home care clients discharged from a hospital.

Inclusions:

- Client applied for in-home services: request program =01
- Client is Short or Long-Stay: Last SRC=91,92,93,94
- Client is active at time of Hospital Discharge: HC Admission Date <= Hospital Discharge Date + 7 days AND HC Discharge Date is NULL OR > Hospital Discharge Date
- Client is discharged from an Acute Hospital: Analytical institution type =1
- Client received home care service within 30 days of hospital discharge: HC Service Date between Hospital Discharge Date AND Hospital Discharge Date + 30days

## Exclusions:

- Invalid Health Card Numbers: HCN\_index=D
- Palliative Care Clients: Last SRC= 95
- Newborn or Stillborn Discharges: Hospital Entry code = N,S
- Cadaver Donor Discharges: Hospital Admit Category=R
- Case Management Services: Service Type Code=10
- Clients less than 19 at time of hospital discharge: Hospital Age <19
- Hospital transfer to acute care: Inst\_to\_type=1 AND Disposition code= 01
- Hospital sign-outs and deaths: Disposition code = 06 or 07

Hospital is based on the location of the index visit; Client's SRC is based on the last SRC recorded; Age is calculated at time of discharge.

#### **Data Source**

Home Care Database (HCD) National Ambulatory Care Reporting System (NACRS)

Discharge Abstract Database (DAD)

## Data provided to HQO by

Health Shared Services Ontario (HSSO)

# **OTHER RELEVANT INFORMATION**

#### **Comments Detailed**

\*\* This indicator is retired for 2020/21 \*\* This is a QIP priority indicator for 2019/20. QIP current performance reporting period: July 2017 - June 2018 To access your organization's data for the reporting period, refer to Health Quality Ontario's QIP Navigator. Data will be available in February. Alternatively, you can access your organization's data for this indicator by visiting the CCAC Reporting Portal.



# TAGS

TAGS\* Home Care Process Readmission Efficient Home Care Database (HCD) National Ambulatory Care Reporting System (NACRS) Discharge Abstract Database (DAD)

# PUBLISH

PUBLISH DATETIME\*

20/12/2019 15:30:00