

Rate of less urgent hospital emergency department (ED) visits per 1,000 patients

Alternate Name*

Rate of less urgent hospital emergency department (ED) visits per 1,000 patients

INDICATOR DESCRIPTION

Description*

Adjusted and unadjusted rate of less urgent ED visits measured as level 4-5 on CTAS per 1,000 patients

Indicator Status*

Active

HQO Reporting tool/product

Personalized/Custom Reports (includes Practice Reports)

Dimension*

Effective

Type*

Outcome

DEFINITION AND SOURCE INFORMATION

Unit of Measurement*

Rate per 1,000 patients

Calculation Methods*

Numerator/ Denominator * 1,000

Numerator including inclusion/exclusion*

Number of patients who visited the ED for conditions measured as CTAS level 4 or 5 in the previous year Includes: - CTAS level 4: Conditions that related to patient age, distress, or potential for deterioration or complications would benefit from intervention or reassurance within 1-2 hours - CTAS level 5: Conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of deterioration¹

Denominator including inclusion/exclusion*

Total number of patients between the ages 1 and 74 years in the previous year Exclusion Criteria: - Patients less than 1 year of age and patients older than age 74 - Visits with an inpatient admission - Visits with CTAS 1, 2 or 3 and planned emergency visits

Adjustment (risk, age/sex standardization)- detailed

This indicator has been risk adjusted for age, sex and co-morbidities. Risk adjustment takes into account the differences among patient populations to allow for fairer comparisons between your patients and other populations. Unadjusted data is also provided to inform your quality improvement efforts.

Data Source

National Ambulatory Care Reporting System (NACRS)

Data provided to HQO by

Institute for Clinical Evaluative Sciences (ICES)

OTHER RELEVANT INFORMATION

Caveats and Limitations

NA

Footnotes

1. National Ambulatory Care Reporting System (NACRS). "Emergency Department Trends, 2012-2013". Canadian Institute of Health Information (CIHI).

TAGS

TAGS*

Acute Care/Hospital

Primary Care

Outcome

Access

Effective

National Ambulatory Care Reporting System (NACRS)

PUBLISH

PUBLISH DATETIME*

12/04/2016 10:13:00