

Repeat emergency visits for mental health

Alternate Name*

Repeat emergency visits for mental health-QIP

INDICATOR DESCRIPTION

Description*

Percent of unscheduled repeat emergency visits following an emergency visit for a mental health condition.

Indicator Status*

Active

HQO Reporting tool/product

Quality Improvement Plans (QIPs)

Dimension*

Effective

Type*

Process

DEFINITION AND SOURCE INFORMATION

Unit of Measurement*

Percentage

Calculation Methods*

This indicator is presented as a proportion of all mental health emergency visits.

A visit is counted as a repeat visit if it is for either a mental health or substance abuse condition and occurs within 30 days of an 'index' visit (first visit) for a mental health condition.

The 'index' visit must be for a mental health condition; however, the repeat visit can be for any diagnosis within ICD-10-CA Chapter 5 (i.e., either a mental health OR substance abuse condition).

To avoid under-counting of qualified repeat visit pairs, the calculation includes the reporting fiscal period plus an additional 30 days. In order to provide more timely results, the time period for the calculation has shifted. The indicator considers index visits occurring within the last 30 days of the previous quarter and the first 60 days of the reporting quarter. Repeat visits can occur within the reporting quarter or within the last 30 days of the previous quarter.

Numerator including inclusion/exclusion*

Inclusions:

- Information on unscheduled emergency visits to Ontario hospitals for mental health or substance abuse conditions, defined by the main problem diagnosis (MPDX) in ICD-10-CA Chapter 5.
- The diagnostic categories refer to the main problem diagnosis for the 'index' visit.
- All ICD-10-CA codes beginning with 'F'.

Exclusions:

- Visits for those without a valid health card number.
- Visits for those without a valid registration date.

Denominator including inclusion/exclusion*

Inclusions:

- Information on unscheduled emergency visits to Ontario hospitals for mental health conditions defined by the MPDX in ICD-10-CA Chapter 5.
- The diagnostic categories refer to the visits' main problem.
- All ICD-10-CA codes beginning with 'F', excluding Substance Abuse (F10-F19).

Exclusions:

- Visits for those without a valid health card number.
- Visits for those without a valid registration date.

Data Source

National Ambulatory Care Reporting System (NACRS)

Data provided to HQO by

Ministry of Health and Long-Term Care (MOHLTC)

Reported Levels of comparability /stratifications (defined)

Corporation

OTHER RELEVANT INFORMATION

Comments Detailed

This indicator is a priority QIP indicator for 2020/21 QIPs. Indicator reporting period is Q1 FY 2019/20 (i.e., April 2019 – June 2019). To access your organization's data for the reporting period, refer to Health Quality Ontario's QIP Navigator. Data will be available in February 2020.

TAGS

TAGS*

Acute Care/Hospital
 Process
 Mental Health and Addiction
 Effective
 National Ambulatory Care Reporting System (NACRS)

PUBLISH

PUBLISH DATETIME*

20/01/2020 12:57:00