

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.

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 (short description i.e. not inclusions/exclusions)*

Numerator = Number of unscheduled emergency visits for mental health conditions in the last 30 days of the previous quarter and the first two months of the reporting quarter followed by another visit within 30 days for either a mental health or substance abuse condition. For the QIP reporting period (i.e., fiscal Q1), the numerator will include emergency visits occurring between March 1 and May 31 with a possible repeat visit up until June 30.

Calculation steps:

Number of unscheduled visits for mental health conditions followed within 30 days by a repeat visit, in the reporting quarter.

1. Identify all mental health and substance abuse emergency visits: select unscheduled emergency visits with a MPDx in ICD-10-CA Chapter 5 in the reporting fiscal quarter plus the last 30 days of the previous fiscal quarter.
2. Determine 'index' visits: Sort emergency visits for each encrypted health card number by registration date/time; calculate the time interval between the discharge date/time of the previous visit and the registration date/time of the following visit; the visits that are followed within 30 days by another visit are identified as 'index' visits.
3. Categorize 'index' visit to Mental Health or Substance Abuse category based on its MPDx: substance abuse has MPDx F10-F19, all others are mental health (F00-F09 and F20-F99).

Denominator (short description i.e. not inclusions/exclusions)*

Denominator = Total number of unscheduled emergency visits for mental health conditions in last 30 days of the previous quarter and the first two months of the reporting quarter. For the QIP reporting period (i.e., fiscal Q1), the denominator will include emergency visits occurring between March 1 and May 31.

Calculation steps:

1. Identify all mental health and substance abuse emergency visits: select unscheduled emergency visits with MPDx in ICD-10-CA Chapter 5 in last 30 days of the previous fiscal quarter plus the first 60 days of the reporting fiscal quarter.
2. Select Mental Health visits based on the MPDx: substance abuse has MPDx F10-F19, all others (F00-F09 and F20-F99) are mental health.

Adjustment (risk, age/sex standardization)- generalized

None

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 Summary

We have seen an increasing trend toward patients visiting the emergency department for mental health and addiction issues. This indicator was added to better understand this issue and how the system can best support these patients. This indicator replaces the indicator on readmissions within 30 days for mental health and addiction included in the 2019/20 QIPs. This indicator is included in hospital service accountability agreements; therefore, hospitals will be familiar with it. This indicator is also closely aligned with broader pan-Canadian work happening on frequent emergency department visits, specifically the indicator that appears as part of the work of the federal, provincial, and territorial health ministries on shared health priorities. Organizations should consider the local population and acuity of patients when setting their targets; there will be an appropriate use of ED in severe episodes, Mental Health Act police apprehensions and among patients who require hospital-level monitoring and/or stabilization for their condition. As such, a target of zero is not appropriate.

TAGS

TAGS*

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

PUBLISH

PUBLISH DATETIME*

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