

Unplanned ED visits in the last 30 days of life

Alternate Name*

Percentage of people, among those who died, who had at least one unplanned emergency department visit in their last 30 days of life

INDICATOR DESCRIPTION

Description*

This indicator measures the percentage of people who had at least one unplanned emergency department visit in their last 30 days of life among those who were not in hospital the entire month.

Indicator Status*

Active

HQO Reporting tool/product

Public reporting

Dimension*

Effective

Timely

Type*

Process

DEFINITION AND SOURCE INFORMATION

Unit of Measurement*

Percentage

Calculation Methods*

Numerator divided by the denominator times 100

Numerator including inclusion/exclusion*

Number of people who had at least one unplanned emergency department visit in their last 30 days of life.

Inclusions:

People who had unplanned ED visit in NACRS

Unscheduled/unplanned ED visits are identified by:

NACRS variables VISITTYPE = [1,2,4] or SCHEDEDVISIT = N

Exclusions:

Planned ED visits

Denominator including inclusion/exclusion*

Number of people in Ontario who died in each year of interest.

Exclusions:

- DAD death records (discharge disposition = 07) that have MCC = 19 (Trauma, injury, poisoning, toxic effect of drugs)
- NACRS death records (VISIT_DISPOSITION = '10', '11') where any diagnosis code begins with one of the following: 'S', 'T', 'V', 'W', 'X', 'Y' (sudden deaths)
- OMHRS death records (x90 = 2 or 3) where x90 = 2 (suicide)
- Decedents who were in hospital for the entire period of 1 month before death, as people who are in hospital during this time cannot have an unplanned ED visit).
- NOTE: for acute care (DAD) records, 'episodes of care' are considered, not individual discharge records.

Adjustment (risk, age/sex standardization)- detailed

None

Data Source

National Ambulatory Care Reporting System (NACRS)

Registered Persons Database (RPDB)

Postal Code Conversion File Plus (PCCF+)

Discharge Abstract Database (DAD)

Data provided to HQO by

Cancer Care Ontario (CCO)

Reported Levels of comparability /stratifications (defined)

Time

Age

Income

Rurality

Region

Sex

OTHER RELEVANT INFORMATION

Caveats and Limitations

- Missing the information on clinical details, health care needs, preferences and appropriateness of the unplanned emergency visits.
- Hard to interpret as there are no benchmarks or targets on the acceptable rate of ED visits in this patient population.

Comments Detailed

Unplanned ED visits in the
last 30 days of life

This indicator aligns with the palliative care QS overarching and the OPCN system level indicators.

Footnotes

1. Lawrenson R, Waetford J, Gibbons V, Kirk P, Haggart S, Reddy R. Palliative care patients' use of emergency departments. N Z Med J. 2013 Apr 5;126(1372): 80-88. 2. Barbera L, Paszat L, Chartier C. Indicators of poor quality end-of-life cancer care in Ontario. J Palliat Care. 2006 Apr 1;22(1):12-17. 3. Delgado-Guay MO, Kim YJ, Shin SH, Chisholm G, Williams J, Allo J, Bruera E. Avoidable and unavoidable visits to the emergency department among patients with advanced cancer receiving outpatient palliative care. J Pain Symptom Manage. 2015 Mar 31;49(3):497-504.

TAGS

TAGS*

Acute Care/Hospital
Process
End-of-life / Palliative
Effective
Timely
National Ambulatory Care Reporting System (NACRS)
Registered Persons Database (RPDB)
Postal Code Conversion File Plus (PCCF+)
Discharge Abstract Database (DAD)

PUBLISH

PUBLISH DATETIME*

20/11/2018 15:26:00