

# Hospitalizations entirely caused by alcohol

## Alternate Name\*

Totally Alcohol-Attributable Hospitalizations (AAHs)

## INDICATOR DESCRIPTION

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### Description\*

This indicator measures the rate of hospitalizations with conditions that are wholly (100%) attributable to alcohol per 100,000 population age 10 and older.

### Indicator Status\*

Active

### HQO Reporting tool/product

Public Reports (annual report, bulletins and theme reports)

### Dimension\*

Patient-centred

### Type\*

Outcome

## DEFINITION AND SOURCE INFORMATION

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### Unit of Measurement\*

Rate per 100,000 patients

### Calculation Methods\*

(Total number of hospitalizations with wholly alcohol-attributable conditions among patients age 10 and older ÷ Total mid-year population age 10 and older) × 100,000 (age-adjusted)

Unit of analysis: Single discharge

### Numerator including inclusion/exclusion\*

Total number of hospitalizations with wholly alcohol-attributable conditions among patients age 10 and older

**Inclusions:**

- Sex recorded as male or female
  - Discharge from a general or psychiatric hospital, or a day surgery clinic.
- The following codes were used to identify conditions wholly attributable to alcohol:

**Outside Quebec**

1. Inpatient and day surgery records:

i. ICD-10-CA codes for conditions 100% attributable to alcohol (or 100% alcohol-attributable fraction [AAF] codes) (see Appendix 1, ICD-10-CA codes) coded as diagnosis type (M), (1), (2), (W), (X), (Y) or (9) in the Discharge Abstract Database (DAD), or as Main Problem (MP) or Other Problem (OP) in the National Ambulatory Care Reporting System (NACRS); or

2. Records from the Ontario Mental Health Reporting System (OMHRS):

- i. DSM-IV-TR and DSM-5 (ICD-9-CM version) 100% AAF codes (see Appendix 1, DSM-IV and DSM-5 codes) coded as a principal diagnosis or secondary diagnosis for inpatient records; or
- ii. A category diagnosis of substance-related and addictive disorder coded as a principal diagnosis or secondary diagnosis and emergency department visit with 100% AAF codes in NACRS within 7 days prior to admission to an OMHRS bed (for patients without a DSM-IV-TR or DSM-5 (ICD-9-CM version) 100% AAF code and without another substance coded on the abstract)

**In Quebec**

1. Inpatient and day surgery records:

- i. 100% AAF codes coded as type (M), (1), (2), (W), (X), (Y) or (9) in the Hospital Morbidity Database (HMDB); or
- ii. 100% AAF codes (see Appendix 1, ICD-10-CA codes) coded as type (C) and ICD-10-CA codes for conditions partially attributable to alcohol (partial AAF codes) (Appendix 2) coded as diagnosis type (M) or (9)

**Exclusions:**

- Records with admission category of cadaveric donor or stillbirth (Admission Category Code = R or S).
- 2018-2019 data onward: Medical assistance in dying (MAID) (Discharge Disposition Code = 73)

**Denominator including inclusion/exclusion\***

Total mid-year population age 10 and older

**Data Source**

Hospital Morbidity Database (HMDB)  
National Ambulatory Care Reporting System (NACRS)  
Ontario Mental Health Reporting System (OMHRS)  
Discharge Abstract Database (DAD)

**Data provided to HQO by**

Canadian Institute for Health Information (CIHI)

**Reported Levels of comparability /stratifications (defined)**

Province  
Time  
Income

Hospitalizations entirely  
caused by alcohol

Region

Sex

## OTHER RELEVANT INFORMATION

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### Caveats and Limitations

• The indicator measures hospitalizations due to conditions wholly attributable to alcohol. Conditions partially attributable to alcohol (e.g., cancers, strokes, respiratory diseases) are not directly captured. This should be taken into consideration while interpreting the indicator results. It is estimated that out of all hospitalizations attributable to alcohol, 30% are due to wholly attributable conditions and 70% are due to partially attributable conditions. • This indicator depends on the documentation of alcohol as the cause of a disease condition (100% attributable) for which care is delivered. Therefore, conditions potentially related to alcohol but not diagnosed and documented as such (e.g., liver disease not linked to alcohol) might not be captured. • The stigma associated with alcohol influences the documentation of conditions associated with alcohol use. The increasing caution of clinical staff and the sensitivity of patients around documentation of alcohol use may affect the proportion of certain conditions with a documented link to alcohol. • Accidents and injuries to self or others are major consequences of harmful use of alcohol; however, this indicator's focus is on mental and medical conditions attributable to alcohol. Injuries to others are not captured, but patients admitted because of the conditions attributable to alcohol may have physical injuries as well. • Since treatment for alcohol-attributable conditions may happen at different levels of the health care system, including clinics, emergency departments, and general and psychiatric hospitals, variations in indicator results are influenced by service delivery and capacity, access to care, and type of delivery and provider

## TAGS

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### TAGS\*

Other

Outcome

Other

Patient-centred

Hospital Morbidity Database (HMDB)

National Ambulatory Care Reporting System (NACRS)

Ontario Mental Health Reporting System (OMHRS)

Discharge Abstract Database (DAD)

## PUBLISH

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### PUBLISH DATETIME\*

20/04/2021 13:34:00

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