Emergency Department Visits by Home Care Patients within 30 Days of Leaving Hospital

Alternate Name*

Percentage of new patients receiving publicly funded home care who had an unplanned emergency department visit within 30 days of leaving hospital, among those referred to home care from hospital or within 7 days of discharge

INDICATOR DESCRIPTION

Description*

This indicator shows the percentage of new patients receiving publicly funded home care who had an unplanned emergency department visit within 30 days of leaving hospital, among those referred to home care from hospital or within 7 days of discharge.
Timely follow-up after hospital discharge can help prevent the return of home care patients to the emergency department.
A lower percentage is better.

Indicator Status*

Active

HQO Reporting tool/product

Public reporting

Dimension*

Efficient

Type*

Outcome

DEFINITION AND SOURCE INFORMATION

Unit of Measurement*

Percentage

Calculation Methods*

Numerator divided by denominator times 100

Numerator including inclusion/exclusion*

Description:
The number of unscheduled emergency department visits by home care patients newly referred to home care services within 30 days of initial hospital discharge
Exclusions:
- Planned or scheduled emergency department visits
- Transfers between emergency departments

Denominator including inclusion/exclusion*

Description:
The number of patients newly referred to home care from hospital who were discharged from hospital and received their first home care service visit within the time period of interest.
The first home care service visit corresponds to the service associated with the home care referral and does not include case management, placement services, respite or other.

Exclusions:
- Invalid ICES Key Number (IKN)
- Sex not Male or Female
- Missing birthdate
- Invalid age (age <0 years or >120 years)
- Not an Ontario resident
- Patients with no home care services during their referral period (based on the start date and end date of the referral)
- Patient only received ineligible service(s) (ineligible services are defined as case management, placement services, respite, or other)
- Not defined as Long-Stay Home Care Patient or Acute/Short-Stay Home Care Patient
- Patients who received an eligible home care service in the 180 days prior to the index hospital admission

Adjustment (risk, age/sex standardization)- detailed

None

Data Source

Home Care Database (HCD)

National Ambulatory Care Reporting System (NACRS)

Registered Persons Database (RPDB)

Discharge Abstract Database (DAD)

Data provided to HQO by

Institute for Clinical Evaluative Sciences (ICES)

Reported Levels of comparability /stratifications (defined)

Province

Region

RESULT UPDATES

Indicator Results

Not applicable

OTHER RELEVANT INFORMATION

Caveats and Limitations

The emergency department visit may occur before or after the first home care service visit.

Comments Detailed

Emergency department visits are counted as up to 30 days from the discharge of the index hospitalization, not including the day of discharge. This can extend into the next fiscal year. This indicator is reported for new home care patients only (referrals only occur for patients not already receiving more care). This indicator assumes that referrals with a referral date between hospital admission date and seven days after hospital discharge are referrals from hospital. It does not capture the location of the referral. Although unlikely, a patient can be counted in the denominator more than once in the same fiscal year.

Footnotes

Not applicable

TAGS

TAGS*

Home Care

Outcome

Integration

Efficient

Home Care Database (HCD)

National Ambulatory Care Reporting System (NACRS)

Registered Persons Database (RPDB)

Discharge Abstract Database (DAD)

PUBLISH

PUBLISH DATETIME*

16/04/2024 13:28:00