# Rates of Emergency Department Visits As First Point of Contact for Mental Health And Addictions–Related Care

### Alternate Name*

Rates of Emergency Department Visits As First Point of Contact for Mental Health And Addictions–Related Care

## INDICATOR DESCRIPTION

### Description*

This indicator measures number of individuals for whom the emergency department was the first point of contact for mental health and addictions care per 100 population aged 0 to 105 years with an incident MHA-related ED visit.

### HQO Reporting tool/product

Ontario Health Teams: Quality

### Dimension*

Timely

### Type*

Process

## DEFINITION AND SOURCE INFORMATION

### Unit of Measurement*

Rate per 100 patients

### Calculation Methods*

- Index ED visit includes individuals who left without being seen and those admitted to hospital.
- Visits on the same day as the index are not considered prior contact.
- Look-back can include scheduled ED visits.
- Person-level indicator: one index visit per person.
- Diagnostic categories represent the reason for the incident ED visit (i.e., the denominator).
- Diagnoses-specific denominators do not add up to the overall denominator

Deliberate self-harm may be present as a secondary diagnosis in any of the other diagnostic types. Deliberate self-harm refers to residual deliberate self-harm, i.e., the presence of a self-harm diagnosis where the main reason for the ED visit is non-MHA-related.

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

Number of individuals in Ontario without an MHA-related service contact in a 2-year look-back period; includes only those who did not have an MHA-related outpatient visit to a psychiatrist, primary care provider or pediatrician or an MHA-related ED visit (scheduled or unscheduled) or an MHA-related hospitalization in the 2 years preceding the index ED visit.

The numerator is a subset of denominator.

Index: Date of ED visit

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

Number of unique Ontario residents aged 0–105 years with an incident (first in a calendar year) unscheduled mental health and addictions (MHA)-related emergency department (ED) visit in the reporting period.

### Adjustment (risk, age/sex standardization)- generalized

None

### Data Source

PCCF (Statistics Canada's Postal Code Conversion File)

CHC (Community Health Centre)

National Ambulatory Care Reporting System (NACRS)

Ontario Health Insurance Plan (OHIP) Claims History Database

Ontario Mental Health Reporting System (OMHRS)

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)

Other

## OTHER RELEVANT INFORMATION

### Caveats and Limitations

• CHC data were not available for 2010/11 and after March 31, 2017, and only for reporting at organizational level. • Data did not capture most non-physician mental health and addictions services (i.e., psychologists, counsellors, and social workers). • General limitations of health administrative data include potential coding errors and lack of clinical detail.

### Comments Summary

When access to timely community-based mental health assessment and treatment is insufficient, individuals who require services may use the emergency department (ED) as their first point of contact. Therefore, a high rate of use of the ED as a first point of contact for mental health and addictions (MHA) care may be a useful indicator of inadequate access to outpatient physician- and community-based care. This indicator is selected as a Collaborative Quality Improvement Plan indicator (cQIP) in 2022/23. Indicator is reported at OHT level with reporting period of April 2020 – March 2021

## TAGS

### TAGS*

Other

Process

Mental Health and Addiction

Timely

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## PUBLISH

### PUBLISH DATETIME*

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