

7-day post-hospital discharge follow-up rate for selected conditions (Retired)

Alternate Name*

7-day post-hospital discharge follow-up rate for selected conditions

INDICATOR DESCRIPTION

Description*

Percentage of patients or clients who see their primary care provider within 7 days after discharge from hospital for selected conditions.

The percent of enrolled patients with an acute inpatient hospital stay for:

- Acute Myocardial Infarction (AMI)
- Cardiac Conditions
- Congestive heart failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Pneumonia
- Diabetes
- Stroke
- Gastrointestinal Disease

Indicator Status*

Retired

HQO Reporting tool/product

Quality Improvement Plans (QIPs)

Dimension*

Effective

Type*

Outcome

DEFINITION AND SOURCE INFORMATION

7-day post-hospital
discharge follow-up rate for
selected conditions
(Retired)

<http://indicatorlibrary.hqontario.ca/Indicator/Detailed/7-day-post-hospital-discharge-selected-condition/EN>

Unit of Measurement*

Percentage

Calculation Methods*

The percentage is calculated as: numerator divided by denominator times 100.

Numerator including inclusion/exclusion*

Total number of rostered patients with primary care visit post acute discharge in a given time period. Selected conditions (select HIGS) are: AMI, stroke, COPD, pneumonia, congestive heart failure, diabetes, cardiac conditions and gastrointestinal disorders.

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Inclusions:

- A physician visit is counted if there is a service claim billed by any primary care physician in the group that the patient is enrolled within 0 to 7 days of their discharge from hospital.
- Includes patients rostered at the time of discharge to an Ontario physician in a primary care practice model. Follow up is restricted to professional services provided by any general practitioner, family physician, geriatrician or pediatrician in the practice group to which the patient is rostered. Does not include telephone calls to patients, visits to the family physician in ED, or visits to other non-physician providers.

Exclusions:

- Hospital discharge records with missing or invalid discharge date, admission date, health number, age and gender.
- Ontario Health Insurance Plan (OHIP) claims that are negated, duplicates, physician claims from laboratory groups, and claims paid by the Workplace Safety and Insurance Board (WSIB).

Steps:

Identify enrolled patients with primary care visit within 7 days of discharge to any physician in the group they are enrolled with:

1. Link discharge records for enrolled patient (see denominator) to the Claims History Database on health number to find services billed by an Ontario primary care physician where the service date of the claim is within 7 days of the hospital discharge date. Negated claims, duplicate claims and lab claims are excluded.
2. For clients with services, determine if the billing physician is in the group the patient is rostered to:
 - a. Link the records of OHIP services 7 days after discharge to the Corporate Provider Database (CPDB) on the billing number of the physician who provided the service.
 - b. Extract the group membership(s) for that physician and verify if it matches the group number on the patient's enrollment record.
 - c. Patients have a visit within 7 days if they have at least one service from a physician in the group that they were enrolled with at the time of discharge.

Denominator including inclusion/exclusion*

Total number rostered patients discharged from hospital (select HIGs) in a given time period.

Inclusions:

- Acute inpatients in the specified HBAM Inpatient Grouper (HIGs) enrolled with a primary care physician at the time of discharge.

- Cases that are typical, transfer in, short stay, long stay or long stay transfer in per the HIG atypical indicator (i.e. the HIG atypical indicator must be '00', '01', '09', '10', '11'); 3. Included ages are cohort specific: a) patients ≥ 45 for acute myocardial infarction (AMI), stroke, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF); b) patients ≥ 40 for cardiac HIGs, c) all ages for pneumonia, diabetes, and gastrointestinal (GI).

HIG HIG description

Acute Myocardial Infarction (Age ≥ 45)

193a	Myocardial Infarction/Shock/Arrest with Coronary Angiogram
193b	Myocardial Infarction/Shock/Arrest with Coronary Angiogram with Comorbid

Cardiac Conditions

194a	Myocardial Infarction/Shock/Arrest without Coronary Angiogram
194b	Myocardial Infarction/Shock/Arrest without Coronary Angiogram with Comorbid Cardiac Conditions

Stroke (Age ≥ 45)

25	Hemorrhagic Event of Central Nervous System
26	Ischemic Event of Central Nervous System
28	Unspecified Stroke

COPD (Age ≥ 45)

139c	Chronic Obstructive Pulmonary Disease with Lower Respiratory Infection
139d	Chronic Obstructive Pulmonary Disease without Lower Respiratory Infection

Pneumonia (All ages)

136	Bacterial Pneumonia
138	Viral/Unspecified Pneumonia
143	Disease of Pleura

Congestive Heart Failure (Age ≥ 45)

196	Heart Failure without Cardiac Catheter
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Diabetes (All ages)

437a	Diabetes, Other
437b	Diabetes with renal complications
437c	Diabetes with ophthalmic, neurological, or circulatory complications

437d Diabetes with multiple complications

Cardiac CMGs (Age ≥ 40)

202 Arrhythmia without Coronary Angiogram

204a Unstable Angina/Atherosclerotic Heart Disease without Coronary Angiogram

204b Unstable Angina/Atherosclerotic Heart Disease without Coronary Angiogram with Comorbid Cardiac Conditions

208a Angina (except Unstable)/Chest Pain without Coronary Angiogram

208b Angina (except Unstable)/Chest Pain without Coronary Angiogram with Comorbid Cardiac Conditions

Gastrointestinal HIGs (All ages)

231 Minor Upper Gastrointestinal Intervention

248 Severe Enteritis

251 Complicated Ulcer

253 Inflammatory Bowel Disease

254 Gastrointestinal Hemorrhage

255 Gastrointestinal Obstruction

256 Esophagitis/Gastritis/Miscellaneous Digestive Disease

257 Symptom/Sign of Digestive System

258 Other Gastrointestinal Disorder

285 Cirrhosis/Alcoholic Hepatitis

286 Liver Disease except Cirrhosis/Malignancy

287 Disorder of Pancreas except Malignancy

288 Disorder of Biliary Tract

Exclusions:

- DAD records with missing valid data on admission/discharge date, health number, age and gender; deaths; transfers, patient sign-outs against medical advice and discharge destinations of acute, ambulatory, day surgery, ER and palliative care settings. Negated OHIP claims, duplicate claims and lab claims are also excluded.

Data Source

Client Agency Program Data (CAPE)

Corporate Provider Database (CPDB)

Ontario Health Insurance Plan (OHIP) Claims History Database

Discharge Abstract Database (DAD)

Data provided to HQO by

In-house data collection

Reported Levels of comparability /stratifications (defined)

Time

Institution

Region

OTHER RELEVANT INFORMATION

Caveats and Limitations

Not measured consistently across primary care organizations

Comments Detailed

This is a QIP priority indicator for 2017/18. QIP Current performance reporting period: April - March the following year. Primary care organizations with rostered patients will be able to access data on the Ministry's Health Data Branch Web Portal (<https://hsimi.on.ca/hdbportal/>). Click on 'Primary Care' then 'Quality Improvement Plan'. Contact DMSupport@ontario.ca to obtain a username and password if you do not already have one. Any CHCs, AHACs and nurse practitioner-led clinics that have signed up for AOHC ICES practice profiles should contact Jennifer Rayner at jrayner@lihc.on.ca. The methods used to calculate the measure differ for patient enrollment models and for CHCs, AHACs and nurse practitioner-led clinics. This results in slight differences in the definition of the population included in the numerator and denominator. This indicator is included in the Primary Care Performance Measurement Framework. The methods used to calculate the measure differ for patient enrollment models and for CHCs, AHACs and nurse practitioner-led clinics. This results in slight differences in the definition of the population included in the numerator and denominator. This indicator is included in the Primary Care Performance Measurement Framework (<http://www.hqontario.ca/portals/0/Documents/pr/pc-performance-measurement-appendices-en.pdf>).

TAGS

TAGS*

Primary Care

Outcome

Access

Effective

Client Agency Program Data (CAPE)

Corporate Provider Database (CPDB)

Ontario Health Insurance Plan (OHIP) Claims History Database

Discharge Abstract Database (DAD)

PUBLISH

PUBLISH DATETIME*

20/03/2019 13:25:00