

Rate of total hospital emergency department (ED) visits per 1,000 patients

Alternate Name*

Rate of total hospital emergency department (ED) visits per 1,000 patients

INDICATOR DESCRIPTION

Description*

Adjusted and unadjusted rate of ED visits measured as level 1-5 on the Canadian Triage Acuity Scale (CTAS) per 1,000 patients

Indicator Status*

Active

HQO Reporting tool/product

Personalized/Custom Reports (includes Practice Reports)

Dimension*

Effective

Type*

Outcome

DEFINITION AND SOURCE INFORMATION

Unit of Measurement*

Rate per 1,000 patients

Calculation Methods*

Numerator/ Denominator * 1,000

Numerator including inclusion/exclusion*

Number of patients who visited the ED for conditions measured as CTAS level 1, 2, 3, 4 or 5 in the previous year
Includes:

- **CTAS level 1:** Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions
- **CTAS level 2:** Conditions that are a potential threat to life limb or function, requiring rapid medical intervention or delegated acts
- **CTAS level 3:** Conditions that could potentially progress to a serious problem requiring emergency intervention. May be associated with significant discomfort or affecting ability to function at work or activities of daily living
- **CTAS level 4:** Conditions that related to patient age, distress, or potential for deterioration or complications would benefit from intervention or reassurance within 1-2 hours
- **CTAS level 5:** Conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of deterioration¹

Denominator including inclusion/exclusion*

Total number of patients between 1 and 74 years old in the previous year

Exclusion Criteria:

- Patients less than 1 year of age and patients older than age 74
- Visits with an inpatient admission

Adjustment (risk, age/sex standardization)- detailed

This indicator has been risk adjusted for age, sex and co-morbidities. Risk adjustment takes into account the differences among patient populations to allow for fairer comparisons between your patients and other populations. Unadjusted data is also provided to inform your quality improvement efforts.

Data Source

National Ambulatory Care Reporting System (NACRS)

Data provided to HQO by

Institute for Clinical Evaluative Sciences (ICES)

OTHER RELEVANT INFORMATION

Caveats and Limitations

NA

Footnotes

1. National Ambulatory Care Reporting System (NACRS). "Emergency Department Trends, 2012-2013". Canadian Institute of Health Information (CIHI).

TAGS

TAGS*

Acute Care/Hospital

Primary Care

Outcome

Access

Effective

National Ambulatory Care Reporting System (NACRS)

PUBLISH

PUBLISH DATETIME*

12/04/2016 10:14:00