

### IDENTIFYING INFORMATION

<b>Name:</b>	Emergency department visits for minor conditions
<b>Short/Other Names:</b>	n/a

### BACKGROUND, INTERPRETATION AND BENCHMARKS

<b>Description:</b>	<p>The number of emergency department visits per 1,000 patients for minor conditions which are unlikely to need hospital admission for treatment.</p> <p>These minor emergency department (ED) visits are for a condition (diagnosis) that occurs more than 100 times over the fiscal years 2002/2003 to 2009/10, and has a less than one percent (1%) likelihood of resulting in a patient being admitted as an inpatient.</p> <p><u>Data is grouped and presented:</u></p> <ul style="list-style-type: none"> <li>a) Overall</li> <li>b) By how consistently patients use the same family doctor (doctor continuity over a three year period):             <ul style="list-style-type: none"> <li>- High (80% or greater)</li> <li>- Moderate (50% to 79%)</li> <li>- Low (Less than 50%)</li> </ul> </li> <li>c) By day of week/time of day:             <ul style="list-style-type: none"> <li>- Monday to Friday, 7AM to 5PM</li> <li>- Monday to Friday, 5-9PM, and Saturday-Sunday, 7AM-5PM</li> <li>- All other hours (overnight, weekend evenings, stat holidays)</li> </ul> </li> </ul>
<b>Rationale:</b>	To provide information on how the patient panel utilizes emergency department services for minor conditions that could be treated in a primary care setting. This measure represents an indirect measure of access to primary healthcare.
<b>Interpretation:</b>	A lower rate is desirable.
<b>Target/Benchmark:</b>	No benchmarks have been identified.

### INDICATOR CALCULATION

<b>Calculation:</b>	<p>Number per 1,000 =</p> $\left( \frac{\text{Total number of ED visits classified as minor by patients in a zone or PCN}}{\text{Total number of patients in a zone or PCN}} \right) \times 1000$ <p><b>Type of Measure</b> Rate per 1,000 patients</p> <p><b>Adjustment Applied</b> None</p>
<b>Denominator:</b>	<p><b>Description</b> The total number of patients in a zone or PCN.</p>

	<p><b>Inclusion Criteria</b></p> <ul style="list-style-type: none"> <li>▪ PCN attachment is based on assignment to a physician.</li> </ul> <p><b>Exclusions</b></p> <ul style="list-style-type: none"> <li>▪ Patients without valid AHCIP coverage.</li> </ul>
<p><b>Numerator:</b></p>	<p><b>Description</b></p> <p>The total number of ED visits classified as minor, among visits with a Canadian Triage Acuity Score (CTAS) of 4 (less urgent) or 5 (non-urgent).</p> <p><b>Inclusion Criteria</b></p> <p>Emergency department visits are identified by the MIS_CODE 71310 (the first 5 digits of the MIS functional code).</p> <p>A valid ED visit for a minor condition is identified by the first 3 digits of the following ICD-10 diagnostic codes (the DXCODE1 field in the NACRS dataset):</p> <ul style="list-style-type: none"> <li>▪ A56, A59, A63, A64 (Infections with a Predominantly Sexual Mode of Transmission)</li> <li>▪ A74 (Other Diseases Caused by Chlamydiae)</li> <li>▪ B06, B07, B08, B09 (Viral Infections Characterized by Skin and Mucous Membrane Lesions)</li> <li>▪ B30 (Other Viral Diseases)</li> <li>▪ B35, B36, B37, B48 (Mycoses)</li> <li>▪ B65, B80, B82, B83 (Protozoal Diseases)</li> <li>▪ B85, B86, B88, B89 (Pediculosis, Acariasis, and Other Infestations)</li> <li>▪ C44 (Malignant Neoplasms)</li> <li>▪ D04 (In Situ Neoplasms)</li> <li>▪ D16, D17, D22, D23, D24 (Benign Neoplasms)</li> <li>▪ E29 (Disorders of Other Endocrine Glands)</li> <li>▪ F17 (Mental and Behavioural Disorders due to Psychoactive Substance use)</li> <li>▪ F52 (Behavioural Syndromes Associated with Physiological Disturbances and Physical Factors)</li> <li>▪ G43 (Episodic and Paroxysmal Disorders)</li> <li>▪ G56 (Nerve, Root and Plexus Disorders)</li> <li>▪ H00, H01, H04 (Disorders of Eyelid, Lacrimal System and Orbit)</li> <li>▪ H10, H11 (Disorders of Conjunctiva)</li> <li>▪ H15, H18 (Disorders of Sclera, Cornea, Iris and Ciliary Body)</li> <li>▪ H57 (Visual Disturbances and Blindness)</li> <li>▪ H60, H61 (Diseases of External Ear)</li> <li>▪ H65, H66, H68, H69, H72, H73, H74 (Diseases of Middle Ear and Mastoid)</li> <li>▪ H92, H93 (Other Diseases of the Ear)</li> <li>▪ J00, J01, J02, J06 (Acute Upper Respiratory Infections)</li> <li>▪ J30, J31, J32, J33 (Other Diseases of Upper Respiratory Tract)</li> <li>▪ K00, K01, K02, K04, K05, K07, K08, K13 (Diseases of Oral Cavity, Salivary Glands and Jaws)</li> <li>▪ L01 (Infections of the Skin and Subcutaneous Tissue)</li> </ul>

	<ul style="list-style-type: none"> <li>▪ L20, L21, L22, L23, L24, L25, L28, L29, L30 (Dermatitis and Eczema)</li> <li>▪ L42, L43 (Papulosquamous Disorders)</li> <li>▪ L50, L55, L56, L57 (Radiation-Related Disorders of the Skin and Subcutaneous Tissue)</li> <li>▪ L60, L63, L65, L70, L71, L72, L73, L74 (Disorder of Skin Appendages)</li> <li>▪ L81, L82, L84, L85, L90, L91, L92 (Other Disorders of the Skin and Subcutaneous Tissue)</li> <li>▪ M18, M20, M22 (Arthropathies)</li> <li>▪ M67, M70, M75, M76, M77 (Soft Tissue Disorders)</li> <li>▪ M92, M94 (Osteopathies and Chondropathies)</li> <li>▪ N34 (Other Diseases of Urinary System)</li> <li>▪ N60, N62, N63, N64 (Disorders of Breast)</li> <li>▪ N77 (Inflammatory Diseases of Female Pelvic Organs)</li> <li>▪ N91, N94, N97 (Non-inflammatory Disorders of Female Genital Tract)</li> <li>▪ O92 (Complications Predominantly related to the Puerperium)</li> <li>▪ P37 (Infections Specific to the Perinatal Period)</li> <li>▪ Q10 (Congenital malformations of Eye, Ear, Face and/or Neck)</li> <li>▪ Q38 (Other Congenital Malformations of the Digestive System)</li> <li>▪ Q66 (Congenital Malformations and Deformations of the Musculoskeletal System)</li> <li>▪ R30, R36 (Symptoms and Signs Involving the Urinary System)</li> <li>▪ Z02, Z09, Z11, Z12, Z13 (Persons Encountering Health Services for Examination and Investigation)</li> <li>▪ Z20, Z23, Z24, Z25, Z26, Z27, Z29 (Persons with Potential Health Hazards related to Communicable Diseases)</li> <li>▪ Z30, Z31, Z32 (Persons Encountering Health Services in Circumstances related to Reproduction)</li> <li>▪ Z56, Z57, Z64 (Persons with Potential Health Hazards related to Socioeconomic and Psychosocial Circumstances)</li> <li>▪ Z70, Z71, Z76 (Persons Encountering Health Services in Other Circumstances)</li> <li>▪ Z92 (Persons with Potential Health Hazards related to Family and Personal History and Certain Conditions Influencing Health Status)</li> </ul> <p><b>Exclusions</b></p> <ul style="list-style-type: none"> <li>▪ Visits to urgent care centres or other ambulatory care facilities</li> <li>▪ Duplicate records</li> <li>▪ Records with invalid/missing data (e.g. personal health number, discharge date)</li> <li>▪ Records with a missing time stamp</li> <li>▪ Visits to the ED that is as a result of injury (i.e. ICD-9 or ICD-10 diagnostic codes beginning with the letter ‘S’ or ‘T’).</li> <li>▪ Visits to the ED with the first 3 digits of the ICD-9 or ICD-10 diagnostic (DXCDODE1) not in the criteria above.</li> </ul>
<b>Data Details</b>	
<b>Data Sources:</b>	National Ambulatory Care Reporting System (NACRS). Alberta Health Physician Claims. Alberta Health Care Insurance Plan (AHCIP) Registry.

<b>Available Data Years:</b>	<p><b>Type of Year</b> Fiscal year [starts April 1, ends March 31]</p> <p><b>First Available Year</b> 2015/16</p> <p><b>Last Available Year</b> 2017/18</p>
<b>Geographic Coverage:</b>	The province of Alberta excluding the military and prisoners.
<b>Reporting Levels:</b>	Zone, PCN Also stratified by level of continuity to family doctor
<b>Quality Statement</b>	
<b>Limitations and Technical Notes:</b>	<ul style="list-style-type: none"> <li>▪ This measure is diagnostic post-hoc biased.</li> <li>▪ All calculations include only patients who are currently listed as ‘<b>Active</b>’ in the Alberta Health Care Insurance Plan (AHCIP) Registry database. This may lead to underestimation of the calculated measure above.</li> <li>▪ Only Alberta data is available. As such, any visits by Alberta patients to physicians outside of the province are not included.</li> </ul>