

IDENTIFYING INFORMATION	
Name:	Emergency department visits for minor conditions
Short/Other Names:	n/a
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	<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"> a) Overall b) By how consistently patients use the same family doctor (doctor continuity over a three year period): <ul style="list-style-type: none"> ▪ High (80% or greater) ▪ Moderate (50% to 79%) ▪ Low (Less than 50%) c) By day of week/time of day: <ul style="list-style-type: none"> ▪ Monday to Friday, 7AM to 5PM ▪ Monday to Friday, 5-9PM, and Saturday-Sunday, 7AM-5PM ▪ All other hours (overnight, weekend evenings, stat holidays)
Rationale:	<p>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.</p>
Interpretation:	A lower rate is desirable.
Target/Benchmark:	No benchmarks have been identified.

INDICATOR CALCULATION	
Calculation:	<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>Type of Measure: Rate per 1,000 patients Adjustment Applied: None</p>
Denominator:	<p>Description</p> <p>The total number of patients in a zone or PCN.</p> <p>Inclusion Criteria</p> <ul style="list-style-type: none"> PCN attachment is based on assignment to a physician. <p>Exclusions</p> <ul style="list-style-type: none"> Patients without valid AHCIP coverage.
Numerator:	<p>Description</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>Inclusion Criteria</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"> A56, A59, A63, A64 (Infections with a Predominantly Sexual Mode of Transmission) A74 (Other Diseases Caused by Chlamydia) B06, B07, B08, B09 (Viral Infections Characterized by Skin and Mucous Membrane Lesions) B30 (Other Viral Diseases) B35, B36, B37, B48 (Mycoses) B65, B80, B82, B83 (Protozoal Diseases) B85, B86, B88, B89 (Pediculosis, Acariasis, and Other Infestations) C44 (Malignant Neoplasms) D04 (In Situ Neoplasms)

	<ul style="list-style-type: none"> ▪ D16, D17, D22, D23, D24 (Benign Neoplasms) ▪ E29 (Disorders of Other Endocrine Glands) ▪ F17 (Mental and Behavioural Disorders due to Psychoactive Substance use) ▪ F52 (Behavioural Syndromes Associated with Physiological Disturbances and Physical Factors) ▪ G43 (Episodic and Paroxysmal Disorders) ▪ G56 (Nerve, Root and Plexus Disorders) ▪ H00, H01, H04 (Disorders of Eyelid, Lacrimal System and Orbit) ▪ H10, H11 (Disorders of Conjunctiva) ▪ H15, H18 (Disorders of Sclera, Cornea, Iris and Ciliary Body) ▪ H57 (Visual Disturbances and Blindness) ▪ H60, H61 (Diseases of External Ear) ▪ H65, H66, H68, H69, H72, H73, H74 (Diseases of Middle Ear and Mastoid) ▪ H92, H93 (Other Diseases of the Ear) ▪ J00, J01, J02, J06 (Acute Upper Respiratory Infections) ▪ J30, J31, J32, J33 (Other Diseases of Upper Respiratory Tract) ▪ K00, K01, K02, K04, K05, K07, K08, K13 (Diseases of Oral Cavity, Salivary Glands and Jaws) ▪ L01 (Infections of the Skin and Subcutaneous Tissue) ▪ L20, L21, L22, L23, L24, L25, L28, L29, L30 (Dermatitis and Eczema) ▪ L42, L43 (Papulosquamous Disorders) ▪ L50, L55, L56, L57 (Radiation-Related Disorders of the Skin and Subcutaneous Tissue) ▪ L60, L63, L65, L70, L71, L72, L73, L74 (Disorder of Skin Appendages) ▪ L81, L82, L84, L85, L90, L91, L92 (Other Disorders of the Skin and Subcutaneous Tissue) ▪ M18, M20, M22 (Arthoropathies) ▪ M67, M70, M75, M76, M77 (Soft Tissue Disorders) ▪ M92, M94 (Osteopathies and Chondropathies) ▪ N34 (Other Diseases of Urinary System) ▪ N60, N62, N63, N64 (Disorders of Breast) ▪ N77 (Inflammatory Diseases of Female Pelvic Organs) ▪ N91, N94, N97 (Non-inflammatory Disorders of Female Genital Tract)
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	<ul style="list-style-type: none"> ▪ O92 (Complications Predominantly related to the Puerperium) ▪ P37 (Infections Specific to the Perinatal Period) ▪ Q10 (Congenital malformations of Eye, Ear, Face and/or Neck) ▪ Q38 (Other Congenital Malformations of the Digestive System) ▪ Q66 (Congenital Malformations and Deformations of the Musculoskeletal System) ▪ R30, R36 (Symptoms and Signs Involving the Urinary System) ▪ Z02, Z09, Z11, Z12, Z13 (Persons Encountering Health Services for Examination and Investigation) ▪ Z20, Z23, Z24, Z25, Z26, Z27, Z29 (Persons with Potential Health Hazards related to Communicable Diseases) ▪ Z30, Z31, Z32 (Persons Encountering Health Services in Circumstances related to Reproduction) ▪ Z56, Z57, Z64 (Persons with Potential Health Hazards related to Socioeconomic and Psychosocial Circumstances) ▪ Z70, Z71, Z76 (Persons Encountering Health Services in Other Circumstances) ▪ Z92 (Persons with Potential Health Hazards related to Family and Personal History and Certain Conditions Influencing Health Status) <p>Exclusions</p> <ul style="list-style-type: none"> ▪ Visits to urgent care centres or other ambulatory care facilities ▪ Duplicate records ▪ Records with invalid/missing data (e.g. personal health number, discharge date) ▪ Records with a missing time stamp ▪ 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'). ▪ Visits to the ED with the first 3 digits of the ICD-9 or ICD-10 diagnostic (DXCDE1) not in the criteria above.
DATA DETAILS	
Data Sources:	<p>National Ambulatory Care Reporting System (NACRS).</p> <p>Alberta Health Physician Claims.</p> <p>Alberta Health Care Insurance Plan (AHCIP) Registry.</p>

Available Data Years:	Type of Year: Fiscal year [starts April 1, ends March 31] First Available Year: 2015/16 Last Available Year: 2021/22
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Zone, PCN Also stratified by level of continuity to family doctor
QUALITY STATEMENT	
Limitations and Technical Notes:	<ul style="list-style-type: none"> ▪ This measure is diagnostic post-hoc biased. ▪ All calculations include only patients who are currently listed as 'Active' in the Alberta Health Care Insurance Plan (AHCIP) Registry database. This may lead to underestimation of the calculated measure above. ▪ Only Alberta data is available. As such, any visits by Alberta patients to physicians outside of the province are not included.