IDENTIFYING INFORMATION	
Name:	**Emergency department visits for minor conditions**
Short/Other Names:	n/a
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	The number of emergency department visits per 1,000 patients for minor conditions which are unlikely to need hospital admission for treatment. 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. Data is grouped and presented: a) Overall b) By how consistently patients use the same family doctor (doctor continuity over a three year period): ▪ High (80% or greater) ▪ Moderate (50% to 79%) ▪ Low (Less than 50%) c) By day of week/time of day: ▪ 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:	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.
Interpretation:	A lower rate is desirable.
Target/Benchmark:	No benchmarks have been identified.

INDICATOR CALCULATION	
Calculation:	Number per 1,000 = $\left(\frac{\text{Total number of ED visits classified as minor by patients in a zone or PCN}}{\text{Total number of patients in a zone or PCN}}\right) \times 1000$ **Type of Measure:** Rate per 1,000 patients **Adjustment Applied:** None
Denominator:	**Description** The total number of patients in a zone or PCN. **Inclusion Criteria** ▪ PCN attachment is based on assignment to a physician. **Exclusions** ▪ Patients without valid AHCIP coverage.
Numerator:	**Description** 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). **Inclusion Criteria** Emergency department visits are identified by the MIS_CODE 71310 (the first 5 digits of the MIS functional code). 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): ▪ 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)

	▪ 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)

	▪ 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) **Exclusions** ▪ 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 (DXCDODE1) not in the criteria above.
DATA DETAILS	
Data Sources:	National Ambulatory Care Reporting System (NACRS). Alberta Health Physician Claims. Alberta Health Care Insurance Plan (AHCIP) Registry.

Available Data Years:	**Type of Year:** Fiscal year [starts April 1, ends March 31] **First Available Year:** 2018/19 **Last Available Year:** 2022/23
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:	▪ 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.