

# **MSPQI – Emergency/Acute Measures**

## Indicator Definitions

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Health Sector Information, Analysis and Reporting Division  
Ministry of Health

## Detailed Definitions Documentation for Available Indicators:

The following pages contain specifications about indicator definitions and calculations with the below information. Where relevant, detailed CIHI definitions and ICD10 codes are provided in the Addendum for each indicator:

1. **Description** – how the indicator is defined.
2. **Rationale** – why this indicator is important and/or what this indicator measures
3. **Definition Source** – who developed the definition (MOH, CIHI, or other).
4. **Data Source** – which database hosts the data used for the indicator.
5. **Data Refresh** – how often the data are updated in the database.
6. **Quality Dimensions** – which quality dimension(s) does the indicator support.
7. Metric calculation and analytic methodology used to interpret the results (this needs to be reviewed for MSPQI, as funnel plots may not be the chosen method for that project)

## Time to Physician Initial Assessment

### MEASUREMENT DESCRIPTION AND CONTEXT

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**Description:** The Time to Physician Initial Assessment (TPIA) is the length of time (hours) from the earliest of registration or triage time to the time when a patient is first assessed by a physician in the ED. Performance measures include the median wait time, the 90<sup>th</sup> percentile wait time and the percent of patients meeting a target wait time.

**Rationale:** Timely access to assessment affects quality of care, patient outcomes, and ED congestion.

**Definition Source:** MOH  
**Data Source:** NACRS  
**Data Refresh:** Monthly  
**Quality Dimension(s):** Access

### CALCULATION

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#### Metrics:

Median TPIA wait time (in hours) in the patient group of interest.

90<sup>th</sup> percentile TPIA wait time (in hours) in the patient group of interest.

Percent of patients whose wait time was less than or equal to the benchmark, e.g. the Canadian Association of Emergency Physicians (CAEP), or other performance target.

#### Inclusions

1. All NACRS reporting facilities.
2. All unscheduled visits.

#### Exclusions

1. Patients who left without being seen (LWBS).

### ADDENDUM

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## ED Length of Stay – Non-admitted patients

### MEASUREMENT DESCRIPTION AND CONTEXT

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**Description:** The ED length of stay for non-admitted patients is the time from the earliest of registration/triage time to the time when patient left the ED for non-admitted patients. Performance measures include the median length of stay, the 90<sup>th</sup> percentile length of stay and the percent of patients meeting a target length of stay.

**Rationale:** Timely access to assessment affects quality of care, patient outcomes, and ED congestion.

**Definition Source:** MOH  
**Data Source:** NACRS  
**Data Refresh:** Monthly  
**Quality Dimension(s):** Access

### CALCULATION

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#### Metrics:

Median length of stay (in hours) in the patient group of interest.

90<sup>th</sup> percentile length of stay (in hours) in the patient group of interest.

Percent of patients whose length of stay was less than or equal to the benchmark, e.g. the Canadian Association of Emergency Physicians (CAEP), or other performance target.

#### Inclusions

1. All NACRS reporting facilities.
2. All unscheduled visits
3. All non-admitted patients

#### Exclusions

1. Patients who left without being seen (LWBS).

### ADDENDUM

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## ED Length of Stay – admitted patients

### MEASUREMENT DESCRIPTION AND CONTEXT

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<b>Description:</b>	The ED length of stay for admitted patients is the time from the earliest of registration/triage time to the time when patient left the ED for admitted patients. Performance measures include the median length of stay, the 90 <sup>th</sup> percentile length of stay and the percent of patients meeting a target length of stay.
<b>Rationale:</b>	Timely access to assessment affects quality of care, patient outcomes, and ED congestion.
<b>Definition Source:</b>	<b>MOH</b>
<b>Data Source:</b>	NACRS
<b>Data Refresh:</b>	Monthly
<b>Quality Dimension(s):</b>	Access

### CALCULATION

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#### Metrics:

Median length of stay (in hours) in the patient group of interest.

90<sup>th</sup> percentile length of stay (in hours) in the patient group of interest.

Percent of patients whose length of stay was less than or equal to the benchmark, e.g. the Canadian Association of Emergency Physicians (CAEP), or other performance target.

#### Inclusions

1. All NACRS reporting facilities.
2. All unscheduled visits
3. All admitted patients

#### Exclusions

1. Patients who left without being seen (LWBS).

### ADDENDUM

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## Percentage of visits for patients admitted as a total of all ED visits

### MEASUREMENT DESCRIPTION AND CONTEXT

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<b>Description:</b>	The percentage of ED visits for patients admitted as a total of all ED visits is defined as the number of visits with a visit disposition of "06" or "07" divided by the total number of emergency department visits. These dispositions indicate that the patient is admitted to the ICU (06) or other acute care units (07) of the reporting facility.
<b>Rationale:</b>	Patient outcomes, and ED congestion.
<b>Definition Source:</b>	<b>MOH</b>
<b>Data Source:</b>	NACRS
<b>Data Refresh:</b>	Monthly
<b>Quality Dimension(s):</b>	Access

### CALCULATION

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#### Metrics:

$$\frac{\text{Number of visits with a visit disposition of admitting to the ICU or other acute care units}}{\text{Total number of emergency department visits}} * 100$$

#### Inclusions

1. All NACRS reporting facilities.
2. All unscheduled visits

#### Exclusions

3. Patients who left without being seen (LWBS).

### ADDENDUM

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## Number of Emergency Department visits per hour

### MEASUREMENT DESCRIPTION AND CONTEXT

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**Description:** This indicator shows the number of Emergency Department visits by the hour of the day. The hour of the day is represented as a 24 hour clock.

**Rationale:** ED congestion.

**Definition Source:** MOH  
**Data Source:** NACRS  
**Data Refresh:** Monthly  
**Quality Dimension(s):** Access

### CALCULATION

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#### Metrics:

##### Inclusions

1. All NACRS reporting facilities.
2. All unscheduled visits

### ADDENDUM

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## Number and Percentage of non-admitted patients who return within 48 hours

### MEASUREMENT DESCRIPTION AND CONTEXT

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**Description:** The number of ED visits for patients who are not admitted to hospital during an initial visit and return to the emergency department for an additional visit within 48 hours. This indicator can also be expressed as a percentage of the total number of emergency department visits with patients who are not admitted to hospital. ED visits with patients not admitted to hospital are identified by a visit disposition other than '06' or '07'. These dispositions would indicate that the patient is admitted to the ICU (06) or other acute care units (07) of the reporting facility.

**Rationale:** Patient outcomes, and quality of care.

**Definition Source:** MOH  
**Data Source:** NACRS  
**Data Refresh:** Monthly  
**Quality Dimension(s):** Effectiveness

### CALCULATION

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#### Metrics:

*Number of visits for patients not admitted to hospital during an initial visit and return to the ED within 48 hours*  

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*Total number of emergency department visits with patients not admitted to hospital*

#### Inclusions

1. All NACRS reporting facilities.
2. All unscheduled visits

#### Exclusions

3. Patients who left without being seen (LWBS).
4. Patients who died in ED

### ADDENDUM

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Number of non-admitted patients who are admitted to hospital through the emergency department within 7 days of an initial visit

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## MEASUREMENT DESCRIPTION AND CONTEXT

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<b>Description:</b>	The number of ED visits for patients who are not admitted to hospital during an initial visit but are admitted to the hospital on a subsequent visit within seven days. Patients not admitted to hospital are identified by a visit disposition other than '06' or '07'. Admission to hospital on a subsequent visit is identified by visit dispositions of '06' or '07'. These dispositions indicate that the patient is admitted to the ICU (06) or other acute care units (07) of the reporting facility.
<b>Rationale:</b>	Patient outcomes, and quality of care.
<b>Definition Source:</b>	<b>MOH</b>
<b>Data Source:</b>	NACRS
<b>Data Refresh:</b>	Monthly
<b>Quality Dimension(s):</b>	Effectiveness

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## CALCULATION

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### Metrics:

#### Inclusions

1. All NACRS reporting facilities.
2. All unscheduled visits

#### Exclusions

3. Patients who left without being seen (LWBS).
4. Patients who died in ED

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## ADDENDUM

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