

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

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 90th 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

Metrics:

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

90th 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

ED Length of Stay – Non-admitted patients

MEASUREMENT DESCRIPTION AND CONTEXT

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 90th 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

Metrics:

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

90th 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

ED Length of Stay – admitted patients

MEASUREMENT DESCRIPTION AND CONTEXT

Description:	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 th 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

Metrics:

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

90th 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

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

MEASUREMENT DESCRIPTION AND CONTEXT

Description: 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.

Rationale: Patient outcomes, and ED congestion.

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

CALCULATION

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

Number of Emergency Department visits per hour

MEASUREMENT DESCRIPTION AND CONTEXT

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

Metrics:

Inclusions

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

ADDENDUM

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

MEASUREMENT DESCRIPTION AND CONTEXT

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

Metrics:

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

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

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

MEASUREMENT DESCRIPTION AND CONTEXT

Description:	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.
Rationale:	Patient outcomes, and quality of care.
Definition Source:	MOH
Data Source:	NACRS
Data Refresh:	Monthly
Quality Dimension(s):	Effectiveness

CALCULATION

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

ADDENDUM
