Asthma Emergency Department Visits: Volume and Median Length of Stay

Name: Asthma Emergency Department Visits: Volume and Median Length of Stay

Description: Number of emergency department (ED) visits and median length of stay (in minutes) for asthma

Interpretation: The length of stay is the time elapsed from the patient's registration to the time he or she physically leaves the ED.

HSP Framework Dimension: Health System Outputs: Appropriate and effective

Areas of Need: Living With Illness, Disability or Reduced Function

Geographic Coverage: Prince Edward Island, Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon

Reporting Level/Disaggregation: Triage level, visit disposition, age and sex

Indicator Results: https://apps.cihi.ca/mstrapp/asp/Main.aspx?server=apmstrextprd_i.cihi.ca&project=Quick+Stats&uid=pce_pub_en&pwd=

Indicator Description and Calculation:

**Description:**
Number of emergency department (ED) visits and median length of stay (in minutes) for asthma

**Calculation:**
Length of stay = (Disposition Date/Time or Patient Left ED Date/Time) - (Registration Date/Time or Triage Date/Time)

Asthma records are captured using the ICD-10-CA code J45.

**Unit of Analysis:** ED visit

**Geographic Assignment:** Place of service

**Type of Measurement:** Number - Median length of stay (in minutes)

**Adjustment Applied:** None

**Adjustment Method:** Not applicable

**Denominator:**

**Description:**
Number of ED visits and median length of stay for asthma

**Inclusions:**
1. ED visit record with the following ICD-10-CA code documented as the Main Problem:
2. Visits from participating facilities in Prince Edward Island, Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia and Yukon
3. ED visits as defined by the MIS Functional Centre Account Code series = 7*310 or Amcare_group code = ED (as of 2010–2011)
4. Canadian and non-Canadian residents receiving care in participating Canadian EDs
5. Records with an invalid length of stay and an unknown triage level (applicable to number of ED visits only)
6. Records where sex is categorized as “other” are included in the "all" sex counts (applicable to number of ED visits only)
7. Records where birthdate is unknown are included in the "total" age counts (applicable to number of ED visits only)

**Exclusions:**
1. Visits from non-participating ED facilities
2. Scheduled ED visits where Scheduled ED Visit Indicator = Y or ED Visit Indicator = 0 (as of 2011–2012)
3. Records where sex is categorized as undifferentiated (as of 2012–2013)

4. Records with invalid length of stay or patient registered but left without being seen or triaged (Visit Disposition = 02) (as of 2013–2014) (applicable to median length of stay calculation only)

5. Duplicate records that were identified using all data elements except the following: am_care_key, abstract_id_number and date_recorded

Background, Interpretation and Benchmarks

Rationale

This indicator was developed to inform government planners, policy-makers, health system decision-makers, health care providers, patients and the general public. It can help raise awareness and allow ED planners to make more informed decisions.

Interpretation

The length of stay is the time elapsed from the patient's registration to the time he or she physically leaves the ED.

HSP Framework

Dimension

Health System Outputs: Appropriate and effective

Areas of Need

Living With Illness, Disability or Reduced Function

Targets/Benchmarks

Not applicable

References

Not applicable

Availability of Data Sources and Results

Data Sources

NACRS

Type of Year:

Fiscal

First Available Year:

2003

Last Available Year:

2017

Geographic Coverage

Prince Edward Island, Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon

Result Updates

Update Frequency

Every year

Web Tool:

Quick Stats

URL: https://apps.cihi.ca/mstrapp/asp/Main.aspx?server=apmstrextpd_i.cihi.ca&project=Quick+Stats&uid=pce_pub_en&pwd=&evt=2048001&visualizationMode=0&documentID=8A3FAB3E46D03C93AE5F82AD01FE74D9

Updates

Not applicable

Quality Statement

Not applicable

Caveats and Limitations

Not applicable

Trending Issues

The number of facilities that submit ED visit data to the National Ambulatory Care Reporting System (NACRS) has varied since 2003–2004. Due to this variation, trending across fiscal years, especially for jurisdictions that did not have complete coverage, is not recommended. Users are advised to refer to the NACRS data quality documents for more details.

In 2003–2004, 2004–2005 and 2008–2009, some facilities reported a disproportionately high number of ED visit records (greater than 10%) coded as Visit Disposition 05 (left before medical treatment completed). These records were included in the number of ED visits but were excluded from the valid Visit Disposition count.

For 2003–2004, 2004–2005 and 2005–2006, length of stay may be overestimated for some facilities due to the difficulty of collecting the exact time the visit was completed. When the exact time the visit is completed is not available, some vendor systems and abstractors may use 2359 as a proxy value.

Length of stay might not be comparable across historical fiscal years due to newly added and/or retired time elements related to the calculation of length of stay; in 2007–2008, four data elements (Decision to Admit Date/Time and Date/Time Visit Completed) were deleted from NACRS because it was not possible to calculate key indicators. Four new data elements (Disposition Date/Time and Date/Time Patient Left ED) were introduced in NACRS in 2007–2008 so that key indicators, such as Time Waiting for an Inpatient Bed, could be calculated.

Median length of stay:

As of 2013–2014, median length of stay is calculated based on LOS_HOURS, which is a derived data element in NACRS. The median length of stay (in minutes) was converted by multiplying LOS_HOURS by 60.

From 2010–2011 to 2012–2013, length of stay = (Disposition Date/Time or Patient Left ED Date/Time) – (Registration Date/Time or Triage Date/Time).

If Visit Disposition = 02, use Registration Date/Time; otherwise, use whichever is earlier: Triage Date/Time or Registration Date/Time.

If Visit Disposition = 06, 07, 08, 09, 12, 13 or 14, use Patient Left ED Date/Time if known; otherwise, use Disposition Date/Time.

If Visit Disposition = 01, 02, 03, 04, 05, 10, 11 or 15, use Disposition Date/Time if known; otherwise, use Patient Left ED Date/Time.

From 2008–2009 to 2009–2010, length of stay = (Disposition Date/Time or Patient Left ED Date/Time) – (Registration Date/Time or Triage Date/Time).
Comments If Visit Disposition = 02, use Registration Date/Time; otherwise, use whichever is earlier: Triage Date/Time or Registration Date/Time.

If Visit Disposition = 06, 07, 08 or 09, use Patient Left ED Date/Time if known; otherwise, use Disposition Date/Time.

If Visit Disposition = 01, 02, 03, 04, 05, 10, 11, 12, 13, 14 or 15, use Disposition Date/Time if known; otherwise, use Patient Left ED Date/Time.

For 2007–2008, length of stay = (Disposition Date/Time or Patient Left ED Date/Time) (Registration Date/Time or Triage Date/Time).

If Visit Disposition = 02, use Registration Date/Time; otherwise, use whichever is earlier: Triage Date/Time or Registration Date/Time.

If Visit Disposition = 06, 07, 08 or 09, use Patient Left ED Date/Time if known; otherwise, use Disposition Date/Time.

If Visit Disposition = 01, 02, 03, 04, 05, 10, 11, 12, 13, 14 or 15, use Disposition Date/Time.

From 2003–2004 to 2006–2007, length of stay = (Visit Completed Date/Time) (Registration Date/Time or Triage Date/Time).

If Visit Disposition = 02, use Registration Date/Time; otherwise, use whichever is earlier: Triage Date/Time or Registration Date/Time.