## Ambulatory Care Sensitive Conditions

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### Indicator Description and Calculation

**Description:** Age-standardized acute care hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital, per 100,000 population younger than age 75.

For further details, please see the [General Methodology Notes](#).

**Calculation:** (Total number of acute care hospitalizations for ambulatory care sensitive conditions in patients younger than age 75 ÷ total mid-year population younger than age 75) × 100,000 (age-adjusted)

**Geographic Assignment:** Place of residence

**Type of Measurement:** Rate - per 100,000

**Adjustment:** Age-adjusted

**Method of Adjustment:** Direct Standardization of Standard Population: Canada 2011

**Denominator Description:** Total mid-year population younger than age 75
Description:
Total number of acute care hospitalizations for ambulatory care sensitive conditions in patients younger than age 75

Inclusions:
1. Hospitalization for an ambulatory care sensitive condition is identified as any most responsible diagnosis code of
   - Grand mal status and other epileptic convulsions
     ICD-9-CM: 345
     ICD-10-CA: G40, G41
   - Chronic obstructive pulmonary disease (COPD)
     a. Any most responsible diagnosis (MRDx) code of
        ICD-9-CM: 491, 492, 494, 496
        ICD-10-CA: J41, J42, J43, J44, J47
     b. MRDx of acute lower respiratory infection, only when a secondary diagnosis* of J44 in ICD-10-CA or 496 in ICD-9-CM is also present
        ICD-9-CM: 466, 480–486, 487.0
        ICD-10-CA: J10.0, J11.0, J12–J16, J18, J20, J21, J22
   - Asthma
     ICD-9-CM: 493
     ICD-10-CA: J45
   - Diabetes
     ICD-9: 250.0, 250.1
     ICD-9-CM: 250.0, 250.1
     ICD-10-CA: E10.0, E10.1, E10.63, E10.64, E10.9
   - Heart failure and pulmonary edema†
     ICD-9-CM: 428, 518.4
     ICD-10-CA: I50, J81
   - Hypertension†
     ICD-9-CM: 401.0, 401.9, 402.0, 402.1, 402.9
     ICD-10-CA: I10.0, I10.1, I11
   - Angina†
     ICD-9: 411, 413
     ICD-9-CM: 411.1, 411.8, 413
     ICD-10-CA: I20, I23.82, I24.0, I24.8, I24.9
   - Excluding cases with cardiac procedures.

List of cardiac procedure codes for exclusion:
CCP: 47^^, 480^–483^, 489.1, 489.9, 492^–495^, 497^, 498^ 
ICD-9-CM: 336, 35^^, 36^, 373^, 375^, 377^, 378^, 379.4–379.8
CCI: 1.HA.58.^^, 1.HA.80.^^, 1.HA.87.^^, 1.HB.53.^^, 1.HB.54.^^, 1.HB.87.^^, 1.HD.53.^^, 1.HD.54.^^, 1.HD.55.^^, 1.HH.59.^^, 1.HH.71.^^,
1.HJ.76.^^, 1.HJ.82.^^, 1.HM.57.^^, 1.HM.80.^^, 1.HN.71.^^, 1.HN.80.^^, 1.HN.87.^^, 1.HP.76.^^, 1.HP.78.^^, 1.HP.80.^^, 1.HP.82.
1.HR.87.^^, 1.HR.87.^^, 1.HS.80.^^, 1.HS.90.^^, 1.HS.90.^^, 1.HS.90.^^, 1.HU.80.^^, 1.HU.80.^^, 1.HU.80.^^, 1.HU.80.^^, 1.HU.80.^^,
1.HU.80.^^, 1.HU.80.^^, 1.HV.80.^^, 1.HV.80.^^, 1.HX.71.^^, 1.HX.75.8, 1.HX.78.8, 1.HX.79.8, 1.HX.80.8, 1.HX.83.8, 1.HX.86.8, 1.HX.87.
1.HY.85.8, 1.HZ.53 rubric (except 1.HZ.53.LA-KP), 1.HZ.54.8, 1.HZ.55 rubric (except 1.HZ.55.LA-KP), 1.HZ.56.8, 1.HZ.57.8, 1.HZ.59.8,
1.HZ.80.8, 1.HZ.85.8, 1.HZ.87.8, 1.IF.83.8, 1.IJ.50.8, 1.IJ.54.GQ-AZ, 1.IJ.55.8, 1.IJ.57.8, 1.IJ.76.8, 1.IJ.80.8, 1.IJ.86.8, 1.IK.50.8,
1.IK.57.8, 1.IK.80.8, 1.IK.87.8, 1.IN.84.8, 1.LA.84.8, 1.LC.84.8, 1.LD.84.8, 1.YY.54.LA-NJ, 1.YY.54.LA-FS, 1.YY.54.LA-NM

Note: Code may be coded in any position. Procedures coded as abandoned after onset (Intervention Status Attribute = A) are excluded.

2. Admission to an acute care institution (Facility Type Code = 1)
3. Age at admission younger than 75
4. Sex recorded as male or female

Exclusions:
1. Records with discharge as death (Discharge Disposition Code = 07)
2. Newborn, stillbirth or cadaveric donor records (Admission Category Code = N, R or S)

Background, Interpretation and Benchmarks
Hospitalization for an ambulatory care sensitive condition is considered to be a measure of access to appropriate primary health care. While not Rationa all admissions for these conditions are avoidable, it is assumed that appropriate ambulatory care could prevent the onset of this type of illness or le condition, control an acute episodic illness or condition, or manage a chronic disease or condition. A disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care.

Interpre Low rates are desirable.
**Health System Outputs: Appropriate and effective Areas of Need**

**Targets**

The appropriate level of hospitalization for these conditions is not known, and large regional variations in the rate of hospitalization for these conditions exist.


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**Availability of Data Sources and Results**

**Data Sources**

- DAD, HMDB

**Type of Year:** Fiscal

**First Available Year:** 2010

**Last Available Year:** 2017

**Geographic Coverage**

All provinces/territories

**Reporting Level/Disaggregation**

National, Province/Territory, Region, Neighbourhood Income Quintile

**Result Updates**

- **Update Frequency:** Every year

**Web Tool:**

- [Your Health System: In Depth](http://yourhealthsystem.cihi.ca/epub/?language=en)

**URL:**

- Accessing Indicator Results on Your Health System: In Depth

**Updates**

- Not applicable

**Quality Statement**

- Not applicable

**Caveats and Limitations**

- Not applicable

**Trending Issues**

- Not applicable

**Indicator results are also available in**

- The Health Indicators e-publication ([http://yourhealthsystem.cihi.ca/epub/?language=en](http://yourhealthsystem.cihi.ca/epub/?language=en)), updated annually starting from data year 2001-2002