

Does the definition of preventable emergency department visit matter?

Fact Sheet No. 4

August 2022



Introduction

Emergency departments (EDs) are an important part of emergency care systems and play a key role in the delivery of healthcare, as they provide immediate care for injuries and illnesses [1]. However, many ED visits are for conditions that could be addressed in non-ED settings [2,3]. These preventable ED visits place a burden on ED services and resources, as these patients could otherwise be treated in primary healthcare settings [4,5]. There are many factors that may contribute to preventable ED visits (Figure 1). When there are high volumes of preventable ED visits, this may also highlight an issue of access to adequate primary healthcare [6,7]. Furthermore, with the many Canadians currently living in large urban centres [8], and the high demands and pressures that are experienced by urban EDs [9,10] it is important to explore preventable ED visits in urban areas.

Definitions

Canadian Triage and Acuity Scale (CTAS): The CTAS is a five-level triage system (I – resuscitation, II – emergent, III – urgent, IV – less urgent, and V – non-urgent) used in Canadian EDs [11]. Its primary objective is to provide benchmark target times to physician assessment [11-13].

Ambulatory Care Sensitive Conditions (ACSC): ACSC are conditions for which timely and effective primary healthcare could prevent or reduce the risk of hospitalization by either preventing the onset of the illness, controlling the acute illness episode, or managing a chronic condition or disease [14]. According to CIHI’s definition, the ACSC includes seven chronic conditions.

Family Practice Sensitive Conditions (FPSC): FPSC visits are ED visits for conditions that may be better managed at a family physician’s (FP) office, as treating these conditions at a FP’s office would allow for proper follow-up and would lead to better patient outcomes [15, 16].

Sentinel Non-Urgent Conditions (SNC): SNC visits are ED visits for conditions that could be managed in non-hospital, alternative primary healthcare settings [17,18].

Census Metropolitan Areas (CMAs): A CMA is formed by one or more adjacent municipalities centered around a large urban core with a total population of at least 100,000, of which at least 50,000 must live in the urban core [19].

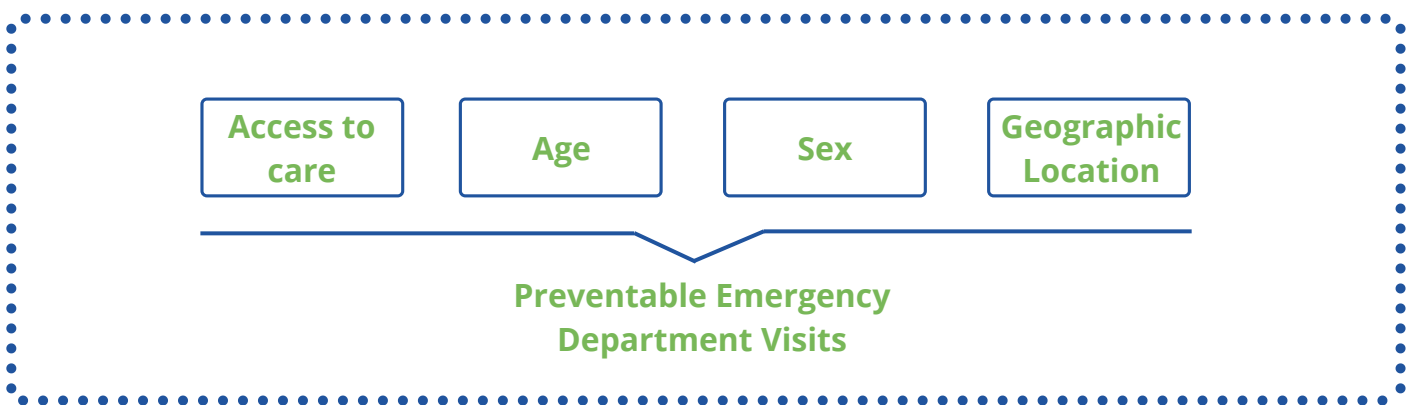


Figure 1: Factors that may influence preventable emergency department visits.

Study Spotlight: Preventable ED Visits in Ontario and Alberta

The objectives of this study were to 1) estimate the prevalence of preventable ED visits during the 2016 - 2020 time-period among those ages 1 to 74 years living in 19 CMAs across Alberta and Ontario, Canada, and 2) assess if the definition of preventable ED matters in estimating the prevalence. Researchers explored how the prevalence of preventable ED visits differed across four definitions of preventable ED visits used in Canada: (1) CTAS, (2) ACSC, (3) FPSC, and (4) SNC. Assessing these estimates simultaneously provided a better understanding of preventable ED visits in urban settings in Canada. This study also explored if other factors, like age and sex, differed across the definitions. The overall prevalence of preventable ED visits for all patients residing in one of the 19 CMAs in Alberta or Ontario ranged from 2.33% to 35.33%. Specifically, 35.33% of ED visits were defined as preventable based on CTAS definition, 12.88% based on FPSC definition, 3.41% based on the SNC definition, and 2.33% based on the ACSC definition. All four measures of preventable ED visits were associated with sex and age, although there were differences in these associations [20].

Next steps

The prevalence of preventable ED visits varies based on the definition used. Policy makers and researchers should be cautious about interpreting estimates based on the definition used. Measuring preventable ED visits is a complex process, and it may not be adequate to use one definition. ED utilization may also vary by age and sex, highlighting differences in the burden and impact of illnesses that an individual may experience depending on their stage of life. Older adults have higher rates of ED usage, and their visits are of greater urgency [21,22]. Meanwhile, younger patients may access EDs if they do not have access to a family physician [23,24]. Future research should explore access to primary healthcare in CMAs to help provide a better understanding of preventable ED visits in urban settings.

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