

Does the definition of preventable emergency department visit matter? An analysis using 20 million visits in Ontario and Alberta

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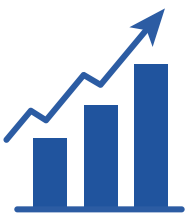
BACKGROUND

- The objective of this study was to explore how the number of preventable emergency department (ED) visits differed using four definitions of preventable ED visits used in Canada
- We included visits reported from April 1, 2016 to March 31, 2020 among individuals ages 1 to 74 who lived in one of the 19 census metropolitan areas (CMAs-i.e., large urban areas) in Alberta or Ontario
- The following definitions were used:
 - Canadian Triage and Acuity Scale (CTAS)
 - Ambulatory Care Sensitive Conditions (ACSC)
 - Family Practice Sensitive Conditions (FPSC)
 - Sentinel Non-Urgent Conditions (SNC)



STUDY FINDINGS

- The overall rate of preventable ED visits ranged, and the breakdown below shows how preventable visits varied by the definition used:
 - CTAS definition: 35.33%
 - FPSC definition: 12.88%
 - SNC definition: 3.41%
 - ACSC definition: 2.33%
- There were associations between all four measures of preventable ED visits with sex and age



NEXT STEPS

- There is a lot of variation in ED rates depending on the definition used, and researchers and policy makers should be careful when interpreting these results because they each have a different meaning and may lead to different conclusions
- These results may reflect differences in the use of health services and EDs based on sex and age, which may affect health status
- Future research should explore access to primary healthcare in CMAs to help us better understand preventable ED visits in urban settings



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