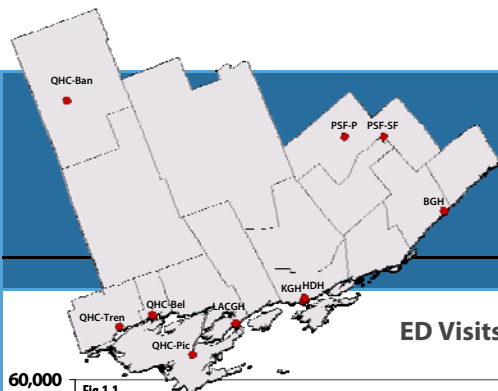


South East Local Health Integration Network Emergency Department Profile



ED Visits by Institution & Age Group (2002/2007)

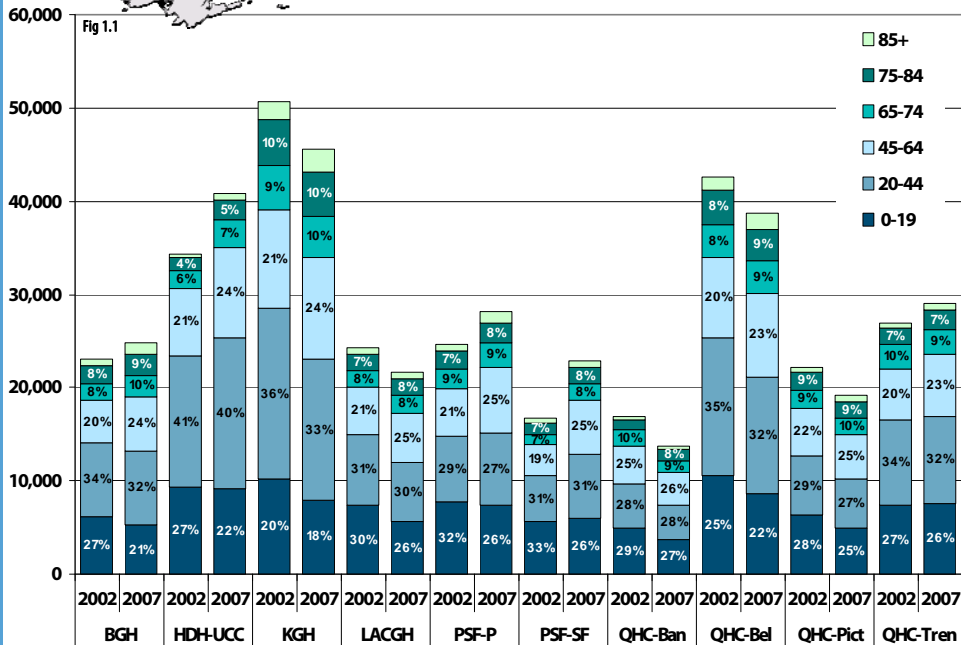


Fig 1.2 Percentage of All ED Visits for South East LHN & Ontario (2007)

Indicator	Category	SE LHN	Ontario	Major Ambulatory Cluster	SE LHN	Ontario
Age Group	<1	2.3%	2.2%	Trauma, Coma & Toxic Effects	19.9%	21.0%
	1-19	23.3%	21.9%	Ear, Nose, Mouth & Throat	11.8%	9.9%
	20-44	31.1%	33.4%	Skin & Subcutaneous Tissue	10.7%	9.5%
	45-64	23.2%	23.3%	Digestive System	9.7%	10.8%
	65-74	8.6%	8.0%	Medical Exam	7.6%	7.1%
	75-84	8.0%	7.7%	Muskuloskeletal System	7.2%	6.6%
Disposition	Admitted	7.3%	9.5%	Respiratory System	6.3%	6.1%
	Discharged	86.3%	84.4%	Circulatory System	6.2%	6.8%
Visits that could be Managed Elsewhere ⁷				Kidney & Genitourinary Tract	5.5%	5.5%
		13.9%	13.4%	Nervous System	4.6%	5.0%
				Mental Disease & Disorders	3.0%	3.8%

Legend:

- BGH-Brockville General Hospital
- HDH-UCC-Hotel Dieu Hospital-Urgent Care Centre
- KGH-Kingston General Hospital
- LACGH-Lennox & Addington County General Hospital
- PSF-P-Perth & Smiths Falls Hospital-Perth
- PSF-SF-Perth & Smiths Falls Hospital-Smiths Falls
- QHC-Ban-Quinte Health Care-Bancroft
- QHC-Bel-Quinte Health Care-Belleville
- QHC-Pic-Quinte Health Care-Picton
- QHC-Tren-Quinte Health Care-Trenton
- SE LHN-South East Local Health Integration Network

Fig 1.3 Age-specific ED Utilization Rates (per 1,000) by Sex (2007)

Age Group	SE LHN	Ontario
<1	1,555.3	837.1
1-19	676.3	383.3
20-44	659.9	413.1
Female	45-64	502.1
	65-74	546.4
	75-84	781.1
Male	85+	982.9
	<1	1,699.8
	1-19	667.8
20-44	545.6	
45-64	481.3	
65-74	596.9	
75-84	936.6	
85+	1,164.2	

Introduction:

The Regional Capacity Assessment Project (ReCAP) provides a profile, including short-term projections, on the utilization of health care services in the South East LHN. Results of ReCAP are used to support the recommendations in the Integrated Health Service Plan for the South East region. This short report on Emergency Department (ED) visits is one in a series of summary analyses from ReCAP that focuses on specific health care services. In the South East LHN there are 9 institutions that provide comprehensive emergency care and one institution that operates as an urgent care centre; 3 out of the 10 institutions (KGH, QHC-Bel and HDH-UCC) are considered large EDs while the remaining 7 are small EDs.

Summary of Main Findings:

- Regardless of the year or type of institution, most visits to the ED are for individuals aged 20-44 years. For other age groups, KGH and QHC-Bel have proportionally more visits from the 45-64 age group, while the other institutions see proportionally more of the 0-19 age group. Between 16-25% of ED visits originate from those persons aged 65+.
- Smaller institutions (LAGH, PSF-P, PSF-SF, QHC-Ban and QHC-Pic) registered less than 5 ED visits on average between midnight and 6:00am. All institutions registered 9+ ED visits during morning, afternoon or evening periods.
- Of those institutions providing comprehensive emergency care, a higher percentage of visits that could be managed elsewhere (>15%) were reported in QHC-Tren, PSF-P and LAGH. The only institutions in the LHN with less than 10% of this type of visit were BGH and KGH. Upper respiratory conditions (4-10%) accounted for the majority of these ED visits followed by otitis media and cystitis. HDH-UCC, operating as an urgent care centre, recorded almost 20% of visits that could be managed elsewhere - though some of these visits could be considered appropriate for this institution.
- A large percentage of ED visits end up being treated and discharged (75-94%). In the larger institutions (KGH, QHC-Bel and BGH) 9-17% of ED visits resulted in an admission while 5-6% left or receive incomplete treatment.
- The number of transferred ED visits usually increased between 2002 & 2007, particularly in KGH (reaching 4,000) and QHC-Bel (reaching 1,500). Despite most being urgent or more serious visits, KGH, QHC-Bel and BGH still had 14-16% of ED transfers that were less urgent or non urgent.
- When compared to the province, ED utilization rates in the South East LHN are substantially higher in all age groups, especially for infants under 1 year (>1,500 per 1,000). At the SubLHN level notably higher rates were observed in North Hastings, Prince Edward County, Smith Falls/Perth/Lanark and Tyendinaga/Napanee.
- The largest annual growth in unweighted ED visits between 2007 and 2012 are expected in QHC-Bel and KGH (both at 1.0%) whereas 3 institutions (PSF-P, PSF-SF and QHC-Ban) are likely to receive less visits. Overall, unweighted ED visits in the LHN is projected to grow marginally by 0.4%. Although similar trends are observed, slightly more resource demands would be expected during the same period. The annual growth in the weighted visits indicate at least a 1.2% increase for KGH and QHC-Bel and 1.0% for BGH. As a whole the SE LHN is projected to have a 0.8% growth in weighted visits.

Please send any questions or comments to:

SEdatateam@lhins.on.ca



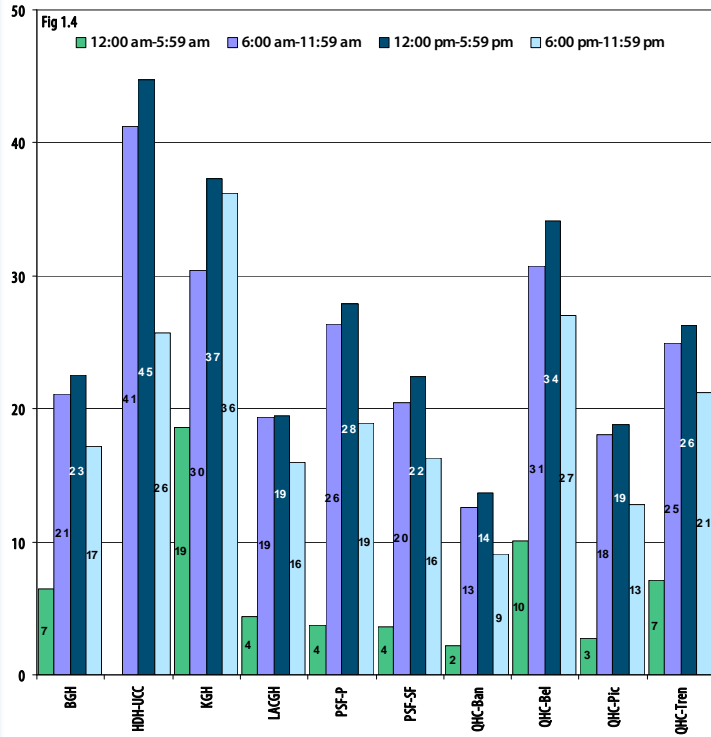
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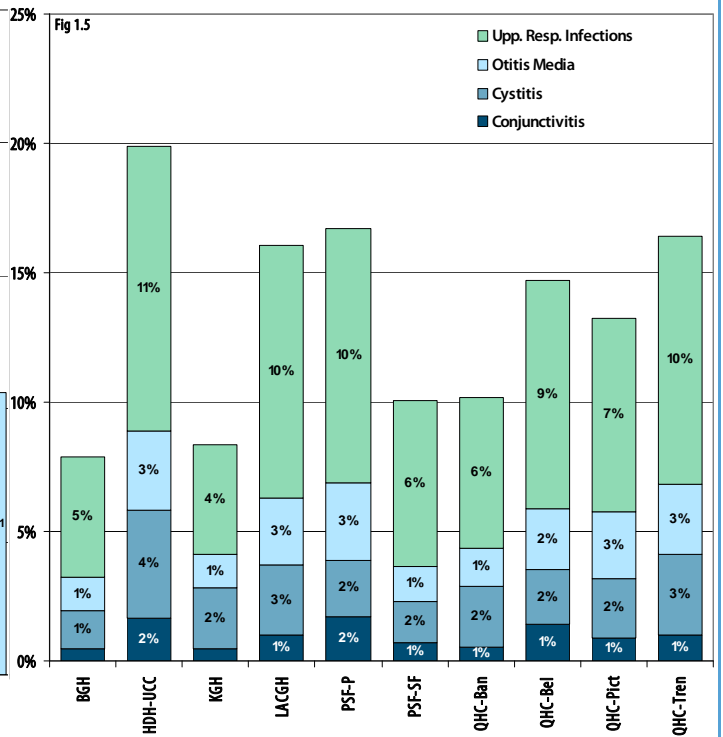
South East Local Health Integration Network

Emergency Department Profile

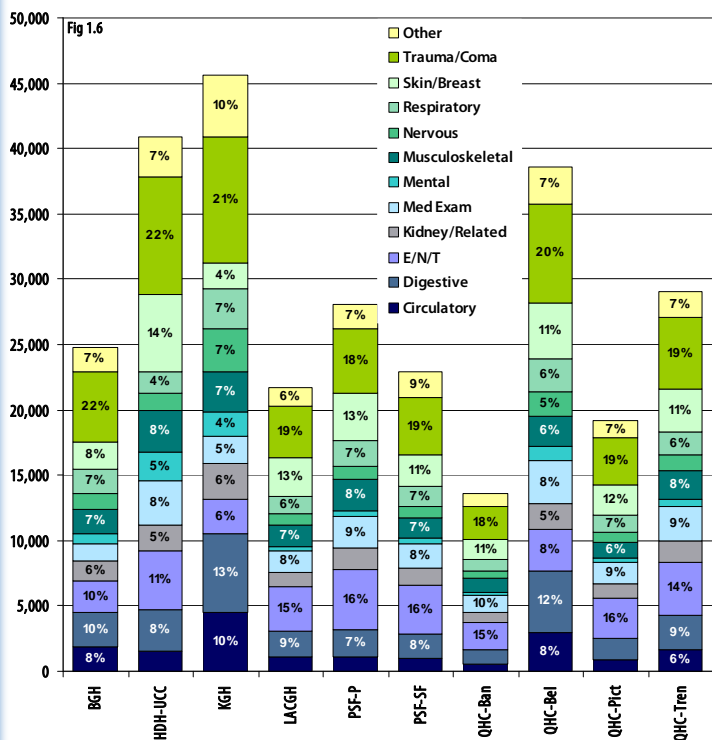
Average Number ED Visits by Institution & Time of Day (2007)



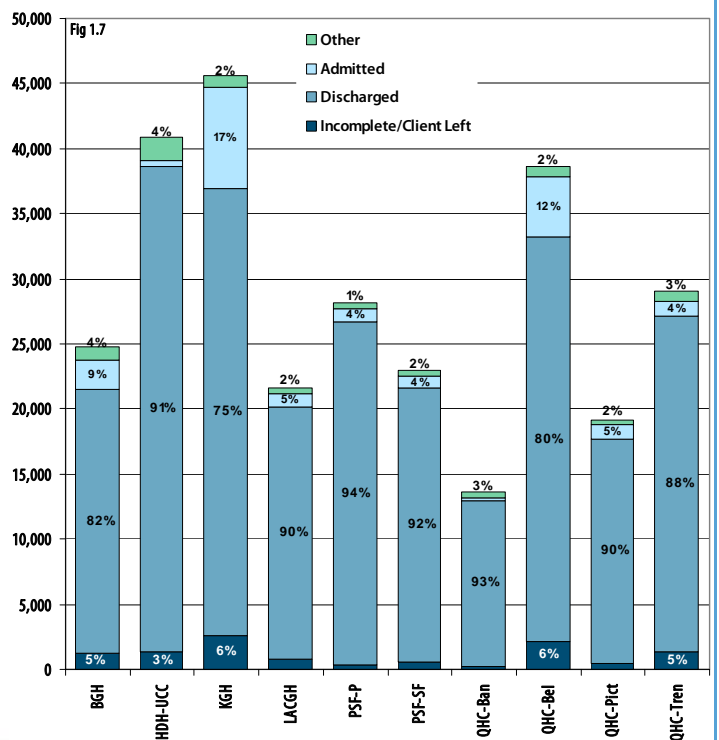
Percent of ED Visits that Could be Managed Elsewhere⁷ (2007)



ED Visits by Institution & Major Ambulatory Cluster (2007)

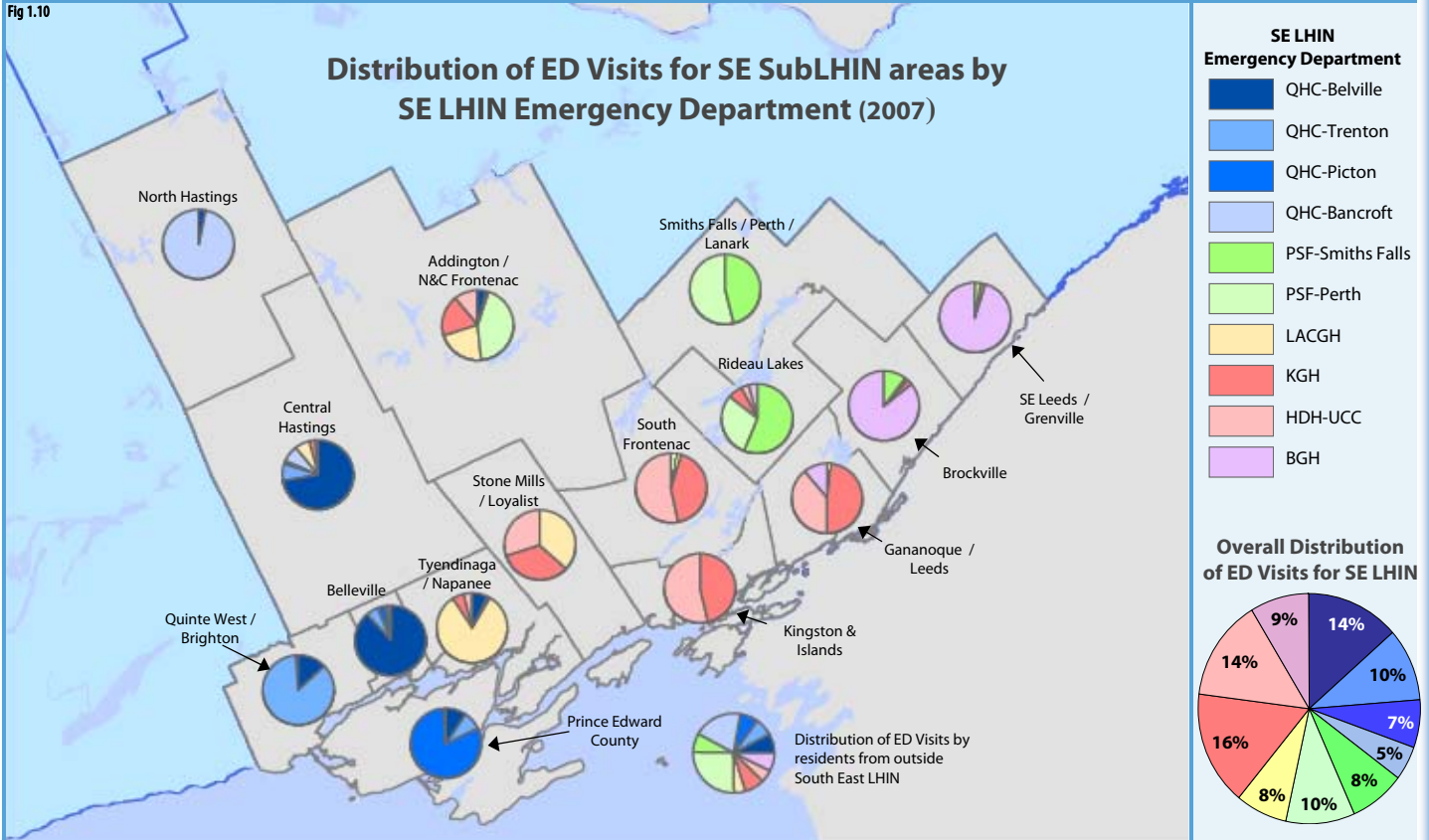
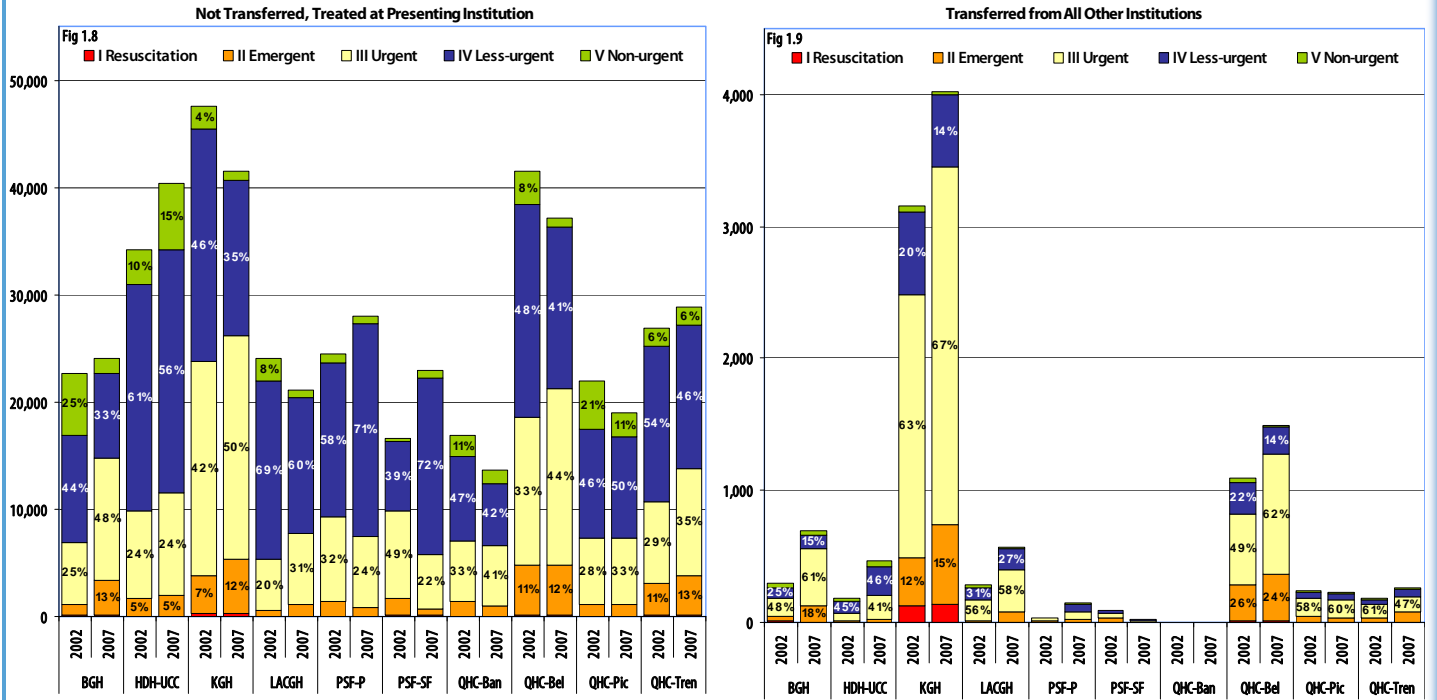


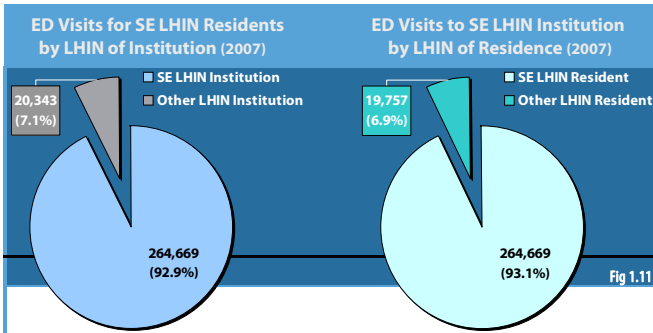
ED Visits by Institution & Disposition (2007)



Emergency Department Profile

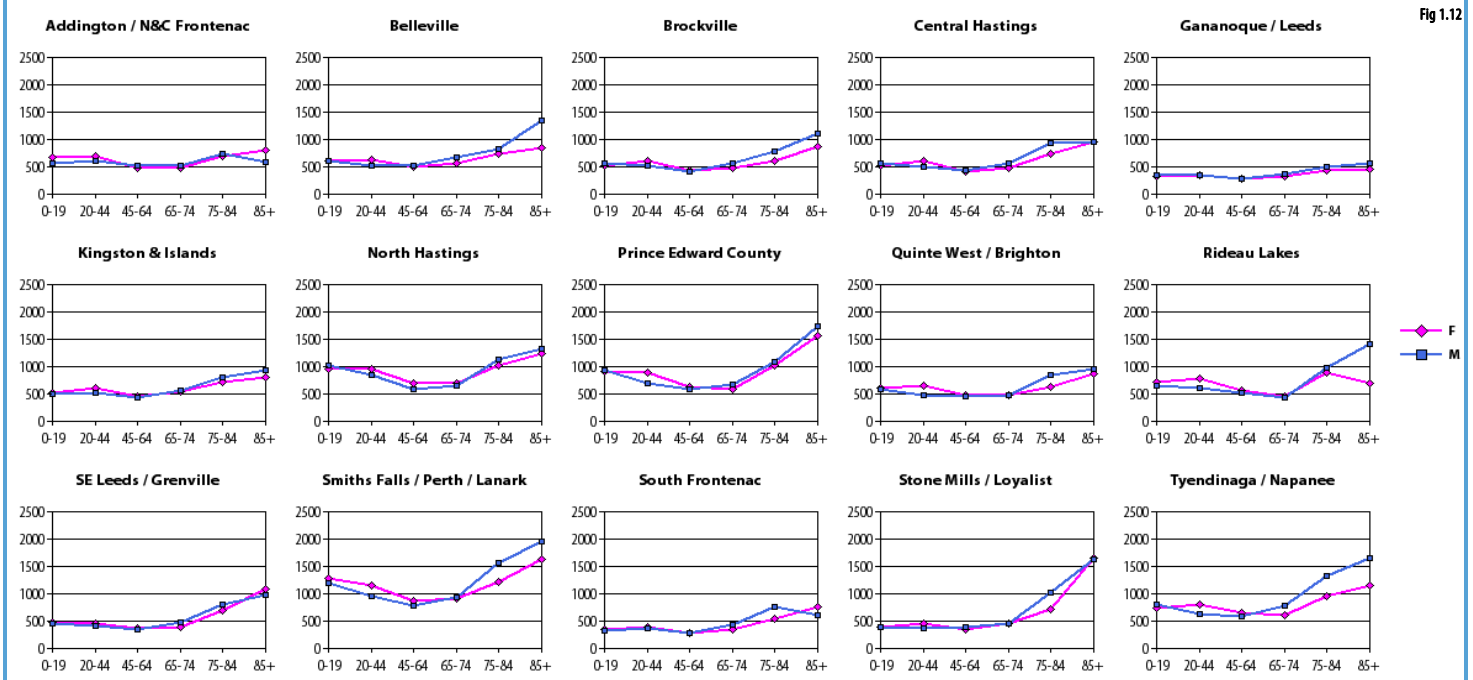
ED Visits treated at SE LHIN Institutions by Triage Level & Transfer Status⁸
(2002/2007)





South East Local Health Integration Network (LHIN) Emergency Department Profile

Age-specific ED Utilization Rates (per 1,000) by Sex and SubLHIN¹¹ (2007)



Reported and Projected ED Visits by SE LHIN Institution & Year⁹⁻¹⁴

Fig 1.13

Institution Name	Unweighted Count ⁹			Weighted Count ⁹		
	Reported	Projected	Average Annual Growth (%)	Reported	Projected	Average Annual Growth (%)
	2007	2012	2007-2012	2007	2012	2007-2012
Brockville General Hospital	24,726	25,141	0.3	1,230	1,277	0.8
Hotel Dieu Hospital-Urgent Care Centre	40,872	42,432	0.8	1,554	1,621	0.8
Kingston General Hospital	45,565	47,936	1.0	2,883	3,080	1.3
Lennox & Addington County General Hospital	21,665	22,069	0.4	875	905	0.7
Perth & Smiths Falls District Hospital-Perth	28,115	27,629	-0.3	1,031	1,022	-0.2
Perth & Smiths Falls District Hospital-Smiths Falls	22,959	22,451	-0.4	861	852	-0.2
Quinte Healthcare Corporation-Bancroft	13,638	12,620	-1.5	497	462	-1.5
Quinte Healthcare Corporation-Belleville	38,648	40,660	1.0	2,016	2,139	1.2
Quinte Healthcare Corporation-Picton	19,157	19,269	0.1	746	769	0.6
Quinte Healthcare Corporation-Trenton	29,081	29,914	0.6	1,207	1,269	1.0
South East Local Health Integration Network	284,426	290,119	0.4	12,899	13,397	0.8

General Notes and Limitations:

1. Data Sources: National Ambulatory Care Reporting System (NACRS) and Population estimates - Provincial Health Planning Database, MOHLTC.
2. Population projections at the SubLHIN level were generated by the South East LHIN based on cohort component methodology.
3. ED visits in the SE LHIN exclude visits to the HDH-UCC Children Outpatient Centre.
4. ED visits are reported for completed/discharged cases only.
5. HDH-UCC registers patients between 8.00 am and 10.00 pm ; its closing time varies between 11.00 pm and "open for 24 hours".
6. All estimates are reported for fiscal periods, e.g. 2007 is April 2007 - March 2008.
7. The computation of percentage of ED visits that could be managed elsewhere exclude individuals less than 1 year or greater than 74 years; CTAS levels 1, 2 or 3; or planned visits. ED visits that could be managed elsewhere include visits for conjunctivitis, cystitis, otitis media and upper respiratory conditions (e.g. common cold, acute or chronic sinusitis and tonsillitis, acute pharyngitis, laryngitis or tracheitis, and other upper respiratory infections).
8. Transferred patients treated at SE LHIN EDs include visits originating from other emergency departments, chronic care, home care, long term care or mental health institutions.

Notes on Projections of Utilization of ED Visits :

9. Two types of projections are presented in this profile: unweighted (the actual number of ED visits) and weighted (according to the Comprehensive Ambulatory Classification System [CACS] 2006/07 Resource Intensity Weights [RIW]). Weighted visits adjust for diagnosis, age, gender, intervention, visit disposition, and anesthetic technique
10. Projections of the health care utilization are primarily based on changes in population growth (including mortality, fertility and migration).
11. Market share and utilization rates for 2007 are assumed to remain constant until 2012. Note that all utilization rates for 2007 by region, sex and age group are based on 50 or more ED visits.
12. South East SubLHIN, sex and age group (0-19, 20-44, 45-64, 65-74, 75-84, 85+) are assumed to be independent strata.
13. Projections of health care utilization do not incorporate program realignments or enhancements, changes in service demand, technological or clinical developments, or changes in disease prevalence.
14. At the time of this publication preliminary data for fiscal 2008 pointed to greater than expected growth in HDH-UCC. Future updates of this report will aim to incorporate other factors that influence the utilization of visits to this institution.