

Managing Access, Capacity and Volumes – What is the data telling us?

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Canadian Institute for Health Information

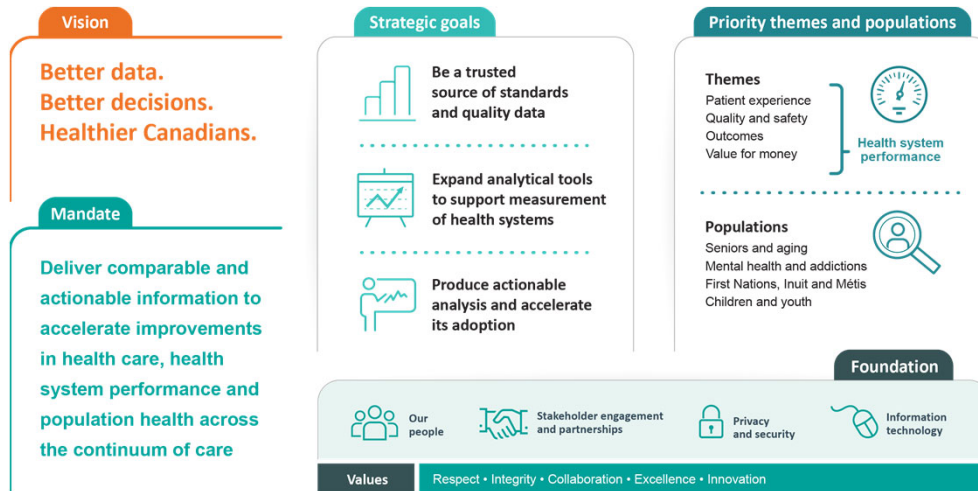
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Canadian Institute for Health Information (CIHI)



Shared Health Priorities

A Canadian first: CIHI to measure access to mental health and addictions services and to home and community care

Health ministers endorse pan-Canadian indicators of access

July 3, 2018 — The Canadian Institute for Health Information (CIHI) welcomes the federal, provincial and territorial (FPT) health ministers** endorsement of a focused set of indicators to measure pan-Canadian progress toward improving access to mental health and addictions services and to home and community care.

For community mental health and addictions, the selected set of indicators includes measures related to

- Wait times
- Early intervention for youth
- Understanding of services available
- Access to effective community care
- Addictions
- Self-injury, including suicide

<https://www.cihi.ca/en/shared-health-priorities>

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An overview of CIHI data



OMHRS

- Assessments received from **ON**, MB, NL
- Data is available from 2005 to 2018

NACRS

- Records received from PEI, NS, ON, MB, SK, AB, BC, YT
- Level 3 coverage for AB, YT, **ON**
- Data is available from 2001 to 2018



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Ontario Mental Health Reporting System (OMHRS)



OMHRS

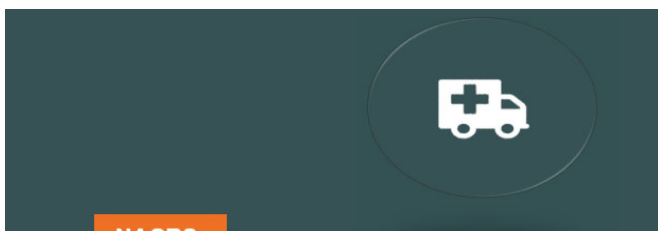
OMHRS analyzes and reports on information submitted to CIHI about all individuals receiving adult mental health services in Ontario.



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National Ambulatory Care Reporting System (NACRS)



NACRS

NACRS contains data about hospital and community based emergency and ambulatory care visits.

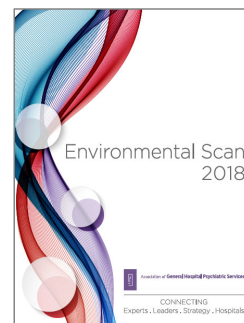


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Objectives

1. To present descriptive analyses of emergency department services and inpatient adult mental health services in Ontario
2. To highlight findings relevant to the themes of the Association of General Hospital Psychiatric Services (AGHPS) Environmental Scan, focusing on ED volumes and practices



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NACRS

Emergency Department Visits

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Emergency department (ED) visits, Ontario, FY 2017-2018

	Overall	Main Problem Mental Health	Main Problem Non Mental- Health
	ED visits	ED visits	ED visits
Emergency	6,037,353	258,057	5,779,296
Urgent Care Center	401,038	3,170	397,868
Total	6,438,391	261,227	6,177,164

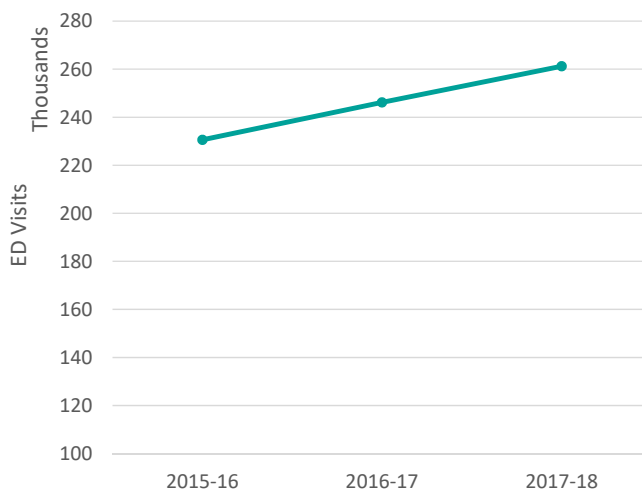
Source

National Ambulatory Care Reporting System, Canadian Institute for Health Information, FY 2017-2018.

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ED visits, Ontario, FY 2015-2016 to FY 2017-2018



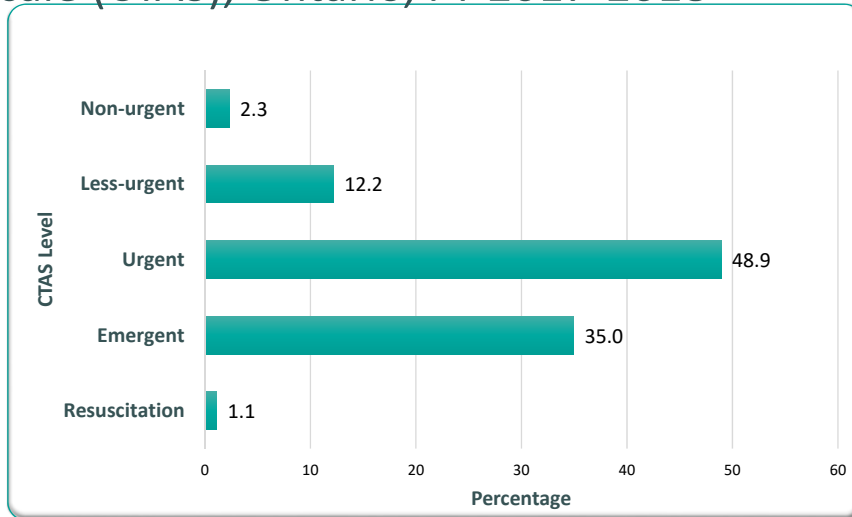
Source

National Ambulatory Care Reporting System, Canadian Institute for Health Information, FY 2015-2016 to FY 2017-2018.

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Mental health (MH) visits to ED, by Canadian Triage and Acuity Scale (CTAS), Ontario, FY 2017-2018

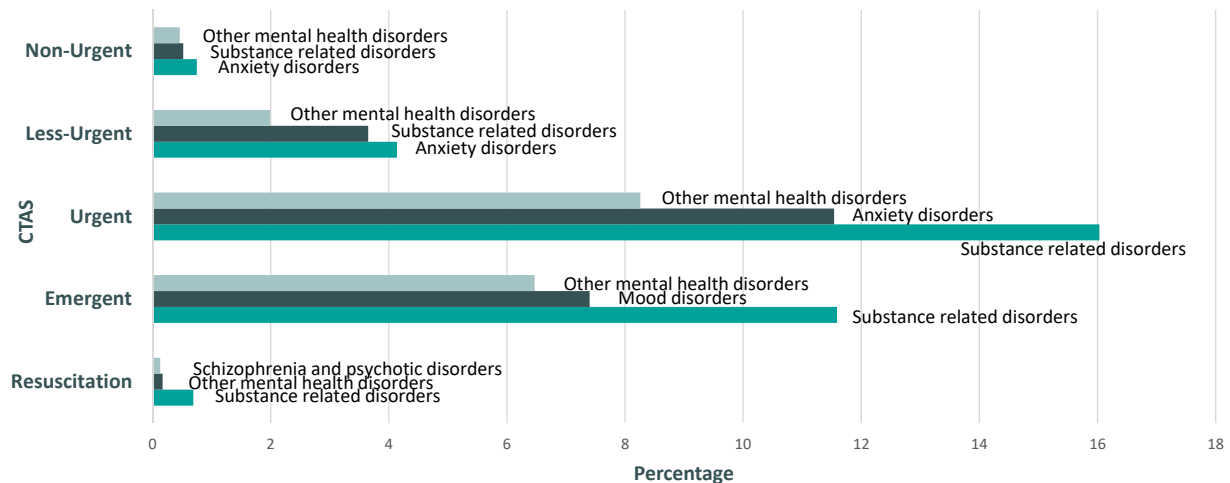


Source

11 National Ambulatory Care Reporting System, Canadian Institute for Health Information, FY 2017-2018.
N = 261,277



Top 3 MH diagnostic categories for ED visits, by CTAS, Ontario, FY 2017-2018

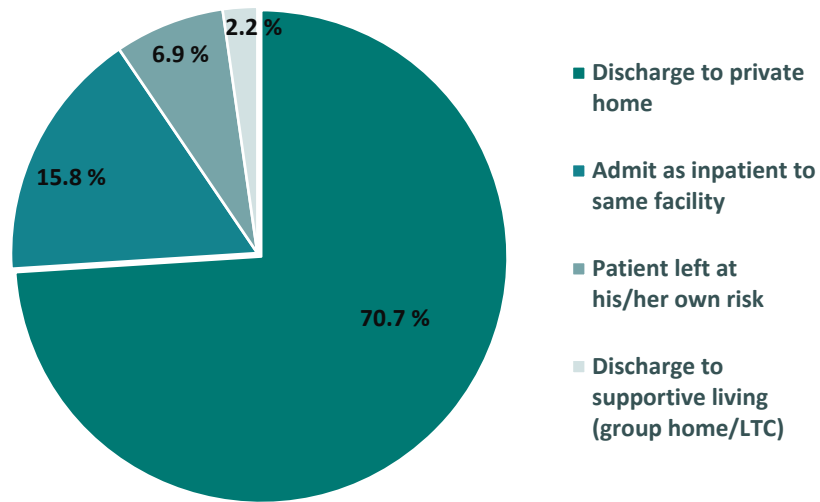


Source

12 National Ambulatory Care Reporting System, Canadian Institute for Health Information, FY 2017-2018.
N = 261,277



MH visits by disposition, Ontario, FY 2017-2018



13 **Source**
National Ambulatory Care Reporting System, Canadian Institute for Health Information, FY 2017-2018.
N = 261,277



OMHRS

Inpatient hospitalizations

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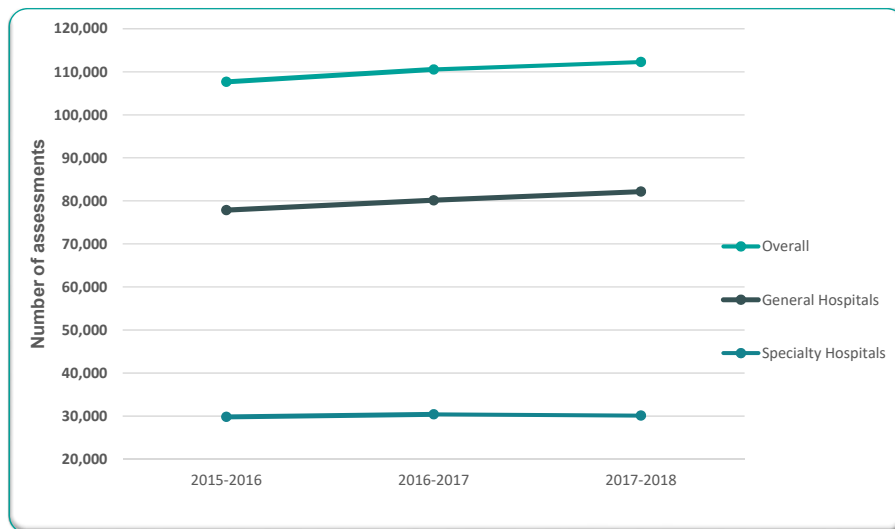
Inpatient assessments by type, FY 2017-2018

	Overall	General Hospitals	Specialty Hospitals
	Number of Assessments	Number of Assessments	Number of Assessments
Initial (admission)	44,424	33,361	11,063
Short Stay	19,342	16,590	2,752
Quarterly	7,498	811	6,687
Discharge	43,911	32,962	10,949
Total	115,175	83,724	31,451

15 **Source**
Ontario Mental Health Reporting System, Canadian Institute for Health Information, FY 2017-2018.



Inpatient assessments, FY 2015-2016 to FY 2017-2018



16 **Source**
Ontario Mental Health Reporting System, Canadian Institute for Health Information, 2015-2016 to 2017-2018.



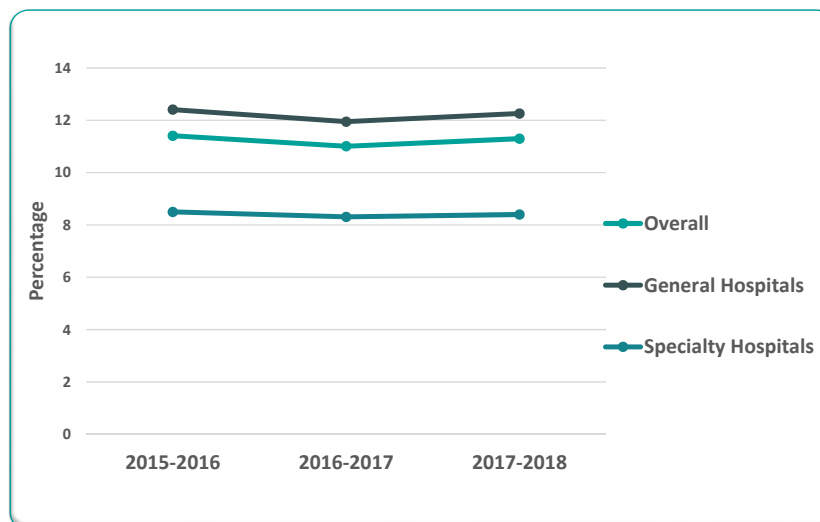
Length of stay and 30-day readmission, FY 2017-2018

	Length of Stay Median	30-day Readmission
General Hospitals	12 days	12.3%
Specialty Hospitals	33 days	8.4%
Combined	28 days	11.3%

17 **Source**
Ontario Mental Health Reporting System, Canadian Institute for Health Information, FY 2017-2018
Includes full admission, short stay and discharge assessments.



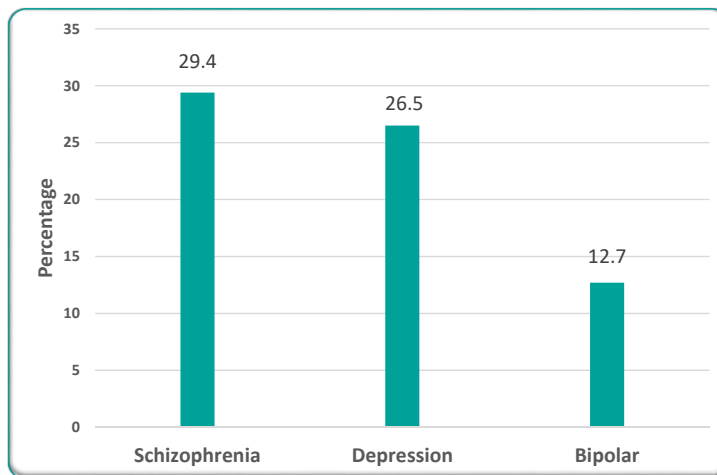
30-day readmission rates, FY 2015-2016 to FY 2017-2018



18 **Source**
Ontario Mental Health Reporting System, Canadian Institute for Health Information, FY 2015-2016 to FY 2017-2018.
Includes full admission, short stay and discharge assessments.



Top 3 MH diagnostic categories for inpatient admissions, Ontario, FY 2017-2018

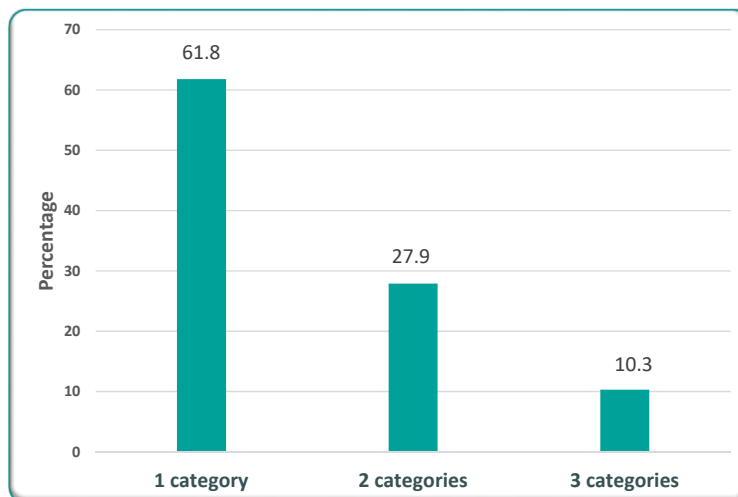


Source

19 Ontario Mental Health Reporting System, Canadian Institute for Health Information, FY 2017-2018
Includes full admission and short stay assessments



Number of DSM-5 diagnostic categories

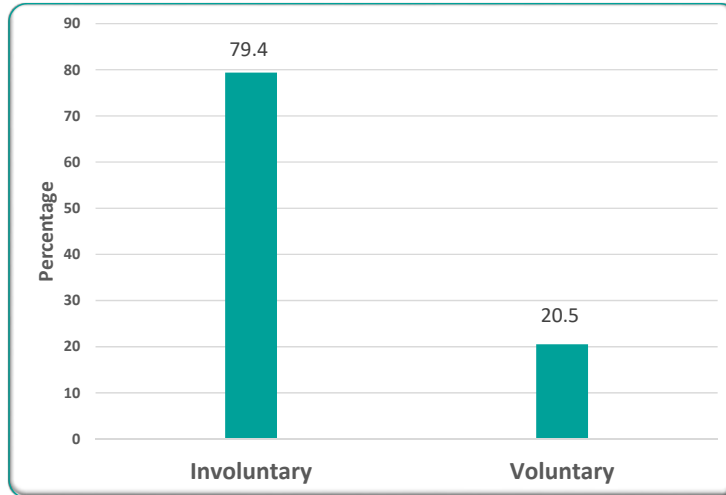


Source

20 Ontario Mental Health Reporting System, Canadian Institute for Health Information, FY 2017-2018
Includes full admission and short stay assessments.



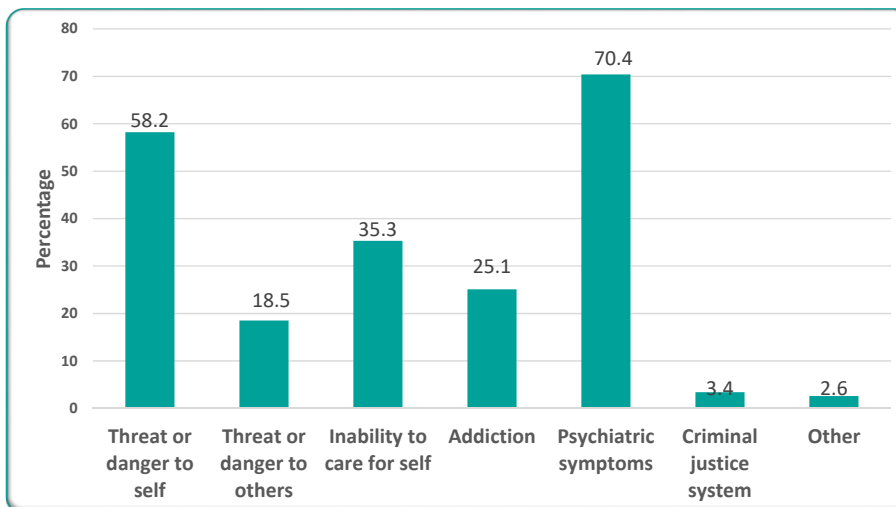
Legal status at admission, Ontario, FY 2017-2018



21 **Source**
Ontario Mental Health Reporting System, Canadian Institute for Health Information, FY 2017-2018
Includes full admission and short stay assessments



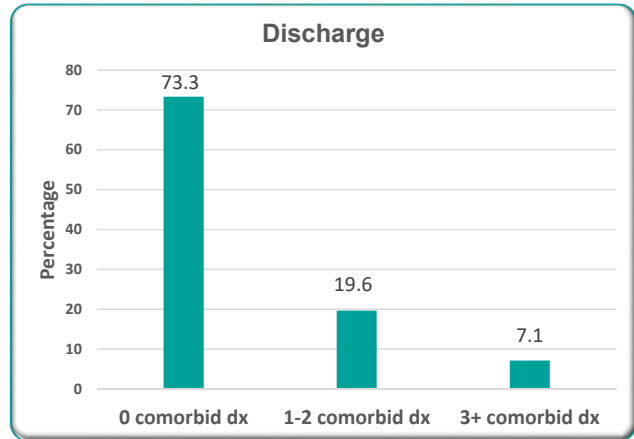
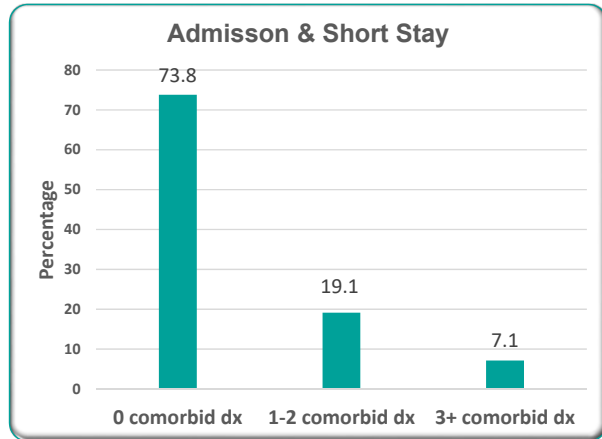
Reason for admission, Ontario, FY 2017-2018



22 **Source**
Ontario Mental Health Reporting System, Canadian Institute for Health Information, FY 2017-2018
Includes full admission and short stay assessments.



Comorbid medical diagnoses, Ontario, FY 2017-2018



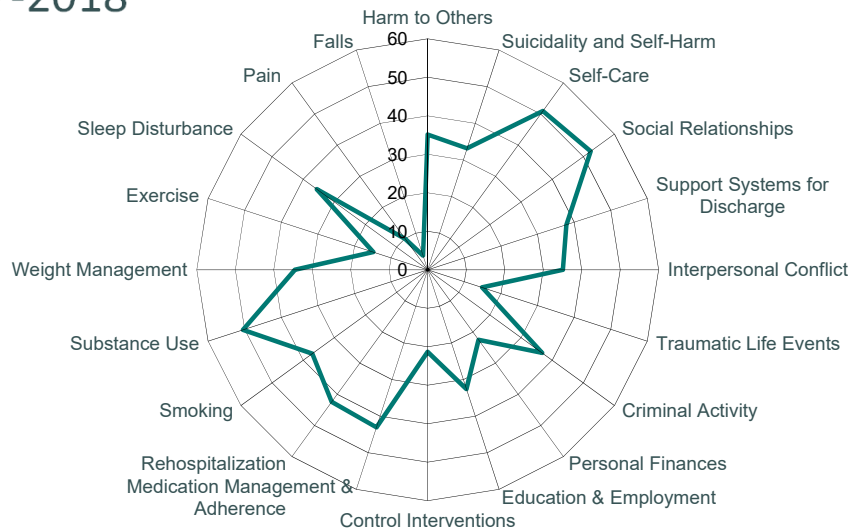
Source

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Ontario Mental Health Reporting System, Canadian Institute for Health Information, FY 2017-2018
Includes full admission, short stay and discharge assessments.



Clinical assessment protocols on admission, Ontario, FY 2017-2018



Source

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Ontario Mental Health Reporting System, Canadian Institute for Health Information, FY 2017-2018.
Includes full admission and short stays.



Summary: ED services

- **MH ED visits increasing by 6% each year since 2015-2016**
- **ED visits triage levels were 35% emergent and 48% urgent**
- **Substance related, anxiety, mood and other mental disorders top MH diagnostic categories**
- **1% of all ED visits have a neurocognitive diagnosis**
- **70% of MH ED visits discharged home**
- **16% MH ED visits admitted**



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Summary: Inpatient services

- **Assessments increasing 2-3% since 2015-2016**
- **12% readmission rate for general hospitals since 2015-2016**
- **79% of patients admitted were involuntarily**
 - 58% threat to self, 18% threat to others, 70% with psychotic symptoms and 25% addiction
- **Schizophrenia, depression and bipolar disorder top MH diagnostic categories**
- **2% of assessments had neurocognitive disorders as top diagnosis**
- **Top CAPs triggers on admission include self-care, social relationships, substance use, adherence to medication and rehospitalization**



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Final thought

Numbers have an important story to tell. They rely on you to give them a clear and convincing voice.

Stephen Few

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Canadian Institute for Health Information

Better data. Better decisions. Healthier Canadians.



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