


Ambulatory Care Sensitive Conditions Utilization



Year to Date Performance	2,414	Performance Assessment	 Green
Island Health Target	Less than or equal to 2,754	Performance is within the acceptable range; continue to monitor.	

What do we measure and why?

Ambulatory Care Sensitive Conditions (ACSC) are a nationally pre-defined set of conditions that might not require hospital care if optimal care is provided outside of the hospital.

ACSC Utilization is the rate of acute care discharges with selected ACSC diagnoses among people 75 years of age and older, expressed as a rate per 100,000 population (based on the 2011 Canada reference population). This measure is one of the measures in Island Health's 2018/19 Health Service Plan with the Ministry of Health.

The number of hospital stays designated ACSC is considered to be an indirect measure of access to appropriate primary health care. While not all hospitalizations for ACSCs are avoidable, it is assumed that good primary health care could prevent the onset of such conditions, control or avoid acute episodes of these conditions, and improve management of chronic conditions.

What is the target?

Island Health's target for 2018/19 is a rate of less than or equal to 2,754 per 100,000. This target was agreed to between Island Health and the Ministry of Health.

How are we doing?

Island Health's rate is currently 2,414, which meets the target. Island Health has the second-lowest ACSC rate in the province, and is lower than the provincial average.

Heart failure and chronic obstructive pulmonary disease (COPD) continue to be the two most common ACSC diagnoses. They account for approximately 80% of ACSC discharges among patients over the age of 75, and continue to increase. Almost half of ACSC cases are among South Vancouver Island residents; this makes sense because of how Island Health's population is distributed.

What actions are we taking?

Island Health continues to work on ways to effectively support individuals who have chronic conditions. An Intensive Integrated Care Management Team at Nanaimo Hospital provides multidisciplinary care, including developing individual care plans and goal setting. The team supports patients to identify root causes and change behaviour, provides advocacy support, and works across programs and services to develop client-focused plans of care. Another example is Telehome monitoring for patients with heart failure and chronic obstructive pulmonary disease which has been implemented in Victoria, Nanaimo, and Oceanside (Parksville Qualicum area).