**APPENDIX 3:**

**Pan – Canadian Results for Year One Indicators**

Of the12 agreed upon indicators 3 are reported on in this report. Variations between provinces and territories indicates work needs to continue on defining indicators, enhancing and trying to standardize data collection and reporting. Data is from 2017-18 and provides a baseline.

1. **Hospital stays for harm caused by substance use:**

***Every day 400+ are hospitalized because of harm from alcohol or drugs (more than heart attack and stroke combined). 10 die in hospital from substance use, 3 in 4 due to alcohol***

Half stay 5 days or longer, adding up to 2 million days. 4 in 10 also received care for a mental health condition. Adult men have higher rates than women, 64%, and peaks for those between 25 and 34 and 50 and 64. Alcohol is the major factor. For children (10-19) the female rate is higher. The female rate peaks in the mid 20’s, with cannabis the most common cause (data compiled prior to legalization). Those in lower income neighborhoods are 3 times more likely to be hospitalized than those in higher income.

The data may signal a need for more access to community-based prevention, care and services. It can bring awareness to the extent of harm, estimate the burden on the system and assist in monitoring prevention and treatment policies and services effectiveness. Not included are treatment or deaths out of hospital, harm to bystanders, children under 10, hospital stays for conditions partially attributable to substance use. There are wide variations in rates between provinces/territories.

1. **Frequent emergency room visits for help with mental health and/or addictions:**

***Nearly 1 in 10 who visit ER’s for help with mental health and/or alcohol addictions have 4+ visits/ year.***

Data for this indicator is growing however was incomplete/not available from most jurisdictions. 50% presented with both mental health and addictions, 32% with mental health and 18% with substance/addictions. 80% required urgent care, including resuscitation. Among adults, 56% were men (most between 25 and 39). For children (age 10 -19) 63% were female and 55% were for mental health only. 2/3 of frequent visitors were hospitalized at least once and 26% had 3 or more hospital stays per year with about 25% related to substance abuse disorders.

The data may signal wait times/community availability challenges - poorly managed services, lack of service awareness, difficulty with access or poor experiences. Poverty and homelessness appear as underlying social factors. (7% of the homeless had 4 or more visits.) Income status indicates those from lower income neighborhoods are 4 times more likely to access than those in higher income neighborhoods. In general visits were more frequent in rural and remote areas and may reflect how services are organized.

1. **Hospital stays extended until home care services/supports ready:**

***Over 90% of hospital patients can access home care promptly but 1 in 12 have extended hospital stays until supports/services are ready, the equivalent of 1200 hospital beds/day***

There are differences in classifying and recording. Standards introduced in 2016 may not be fully implemented. Mental health stays are not included. The reasons for extended stays are medical (85%), not surgical. Although 351,456 were discharged with recommendations for formal, not family, care data does not reveal if care was received. Half of the stays are 7 days or less; 1 in 10 spend 39+ extra days. 23% are dementia related, 20% diabetes and complications and the remainder, congestive heart failure, COPD and cancer. Sex, age, income and rural or urban did not appear to be significant. 86% of extended stays are 65 and older (average 82) and 3 of 5 are women. For those under 65 there are more men. Among extended stays twice as many were waiting care in a nursing home/long term care facility and the average wait is 9 days.

The data may signal poor anticipation of needs, challenges in coordinating care or lack of community resources to provide home care. It is possible health professionals will differ on when to designate someone as “on extended stay” given that it requires careful assessment of care needs. It can help show where additional home care services or supports could help to accelerate the discharge of patients and reduce the need for more expensive extended hospital services and raise awareness of the importance of planning for the release of the patient as early as possible during a hospital stay to ensure that services are ready for patients at home.

The remaining 9 indicators will be reported on as follows and include indicators from previous years.

**2020**: self harm (including suicide), caregiver distress, long term care at appropriate time.

**2021**: wait times for community mental health services and referral/self referral, wait times for home care services and referral to services, home care services helping individual stay home.

**2022**: awareness of and/or successful navigation of mental health and addiction services, early identification intervention for youth (ages 10 to 25+), death at home

Source: Common Challenges Shared Priorities Measuring Access to Home and Community Care and to Mental Health and Addictions Services in Canada Canadian Institute for Health Information Report May 30th, 2019 ( <https://www.cihi.ca/en/shared-health-priorities-0> )