

Development of Indicators for Avoidable Emergency Medical Service Calls by Mapping Paramedic Clinical Impression Codes to Ambulatory Care Sensitive Conditions and Mental Health Conditions in the UK and Canada

Objective

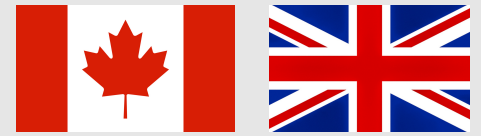
To map paramedic clinical impression codes to ACSCs and mental health conditions in two international regions with universal healthcare but different contexts (e.g. policy, programs, resources, built environment)

Ambulatory Care Sensitive Conditions (ACSCs)

- Non-acute health conditions not requiring hospital admission when properly managed
- Contribute to the burden on emergency medical services worldwide



Phase 1



Identify common ACSCs between Ontario, Canada and the East Midlands, UK

Phase 2



Identify clinical impression codes for each country that map to the shared ACSCs

Conditions that are common ACSCs for UK and Canada



Diabetes



Asthma



Chronic obstructive pulmonary disease



Convulsions and epilepsy



Lower respiratory conditions (influenza, pneumonia)



Angina



Congestive heart failure



Hypertension

Paramedic Clinical Impression Codes

Clinical impression codes for paramedics in E.Midlands were more extensive than those in Ontario

Two examples include:



Respiratory Conditions

- Ontario: 3 codes describing the etiology and general symptoms
- E.Midlands: 5 codes covering causes, symptoms, and diagnoses



Mental Health Conditions

- Ontario: 2 codes that are extremely broad
- E.Midlands: 14 codes that cover both mechanisms and diagnoses

Key Points



- This work lays the foundation for future international comparative studies in prehospital emergency care and primary care research
- It can ease the load on emergency health systems by examining the clinical pathways of patients where emergency care may be avoided

