

Fall-Related Emergency Department Visits for Older Adults, Waterloo Region and Ontario, 2013, 2014, 2015

Table 1. Number and crude rate of fall-related emergency department (ED) visits per 100,000 older adults, by place of residence, Waterloo Region & Ontario, 2013, 2014, 2015

Place of residence	Number of visits			ED visit rate		
	2013	2014	2015	2013	2014	2015
Cambridge	1,027	998	1,026	6,057.6	5,886.5	5,596.2
Kitchener	1,400	1,550	1,634	4,752.9	5,262.1	5,134.8
Waterloo	618	610	645	4,533.1	4,474.4	4,382.4
North Dumfries	36	37	36	2,684.6	2,759.1	2,472.5
Wellesley	40	33	42	3,430.5	2,830.2	3,314.9
Wilmot	113	138	160	3,391.4	4,141.7	4,426.0
Woolwich	144	157	133	3,740.3	4,077.9	3,176.5
Waterloo Region	3,378	3,523	3,676	4,844.3	4,858.7	4,872.7
Ontario	119,077	126,804	129,544	5,786.3	5,928.9	5,836.1

Definition:

Number and rate of injuries related to falls that result in visits to hospital emergency departments per 100,000 adults aged 65 years and older.

Table 2. Number and crude rate of fall-related emergency department visits per 100,000 older adults, by sex & age group, Waterloo Region, 2015

	Measure	Number	Rate
Sex	Males	1,279	3,775.8
	Females	2,397	5,766.7
Age	65 to 74 years	1,160	2,726.7
	75 to 84 years	1,224	5,427.0
	85 years and older	1,292	12,490.3

Limitations and Notes (continued):

The emergency department visits represent unique visits with at least one fall diagnosis reported. If more than one fall diagnosis is reported for a single visit, the visit is counted only once. If a person visits the emergency department more than once within the same calendar year for fall-related injuries, each visit will be counted as a unique, separate incident. This indicator includes only unscheduled emergency visits.

The crude rate is the total number of fall-related emergency department visits during a given year per 100,000 population

This indicator uses the patient's residence (i.e., based on full address) to assign the fall-related injury to the appropriate public health unit. This indicator does not classify injuries based on either the location of the hospital or the location where the injury occurred.

The number and rate of fall-related emergency department visits may be affected by local factors such as residents who frequently leave the public health unit geographic area and are exposed to environments (e.g., built environments/ recreational activities) dissimilar to those present in the public health unit in which they live.

Limitations and Notes (continued):

This indicator provides a better representation of health care system utilization than fall-related hospitalization rate(s) alone. Fall-related hospitalization rates are more reflective of the severity of fall-related injuries whereas emergency visits capture the incidence of injurious falls.

This indicator does not consider the severity of the injury (e.g., using the Injury Severity Score).

Differences in the rate of emergency room visits across various regions may reflect differences in access to care (e.g., emergency visits vs. walk-in clinics). This is less of a concern when only looking at rate changes in a given health unit.

Source:

Ambulatory Emergency External Cause (2013-2015), Ontario Ministry of Health and Long-Term Care, IntelliHEALTH ONTARIO, Date Extracted: May 16, 2016 & Population Estimates (2013-2015), Table 109-5355 – Estimates of population (2011 Census and administrative data), Statistics Canada, Date Extracted: April 26, 2016.

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