THE ONTARIO PALLIATIVE CARE NETWORK PERFORMANCE SUMMARY REPORT

TECHNICAL APPENDIX

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Ontario Palliative Care Network

Ontario Palliative Care Network

INTRODUCTION

This technical appendix provides general information on the data sources and analytical methodology for the cohort and indicators presented in the Ontario Palliative Care Network (OPCN) Performance Summary Report (PSR).

The purpose of the PSR is to guide quality improvement activities based on performance of system level measures and supporting measures, peer comparison and Ontario Health Team (OHT) assessment. The PSR will be updated quarterly and shared with the three Chief Regional Officers at Ontario Health, Regional Vice Presidents responsible for Palliative Care, Regional Cancer Program Vice-Presidents, Regional Cancer Centre and Regional Cancer Programs Directors, Regional Palliative Care Network Leads, Regional Palliative Care Multidisciplinary Clinical Co-Leads, OPCN Executive Oversight and OPCN Advisory Councils. The planned data lag will range from 3 to 6 months.

The PSR is one of three reporting products supported by the OPCN. The purpose, audience and other information about each product is provided in the 'Approach to Measurement and Reporting' document available on the OPCN SharePoint site and the MS Teams "Reporting Products" channel where the PSR is hosted.

The PSR consists of both system level measures (SLMs) and supporting measures (a.k.a., small dot). Figure 1 below outlines how each of the supporting measures map to the SLMs.
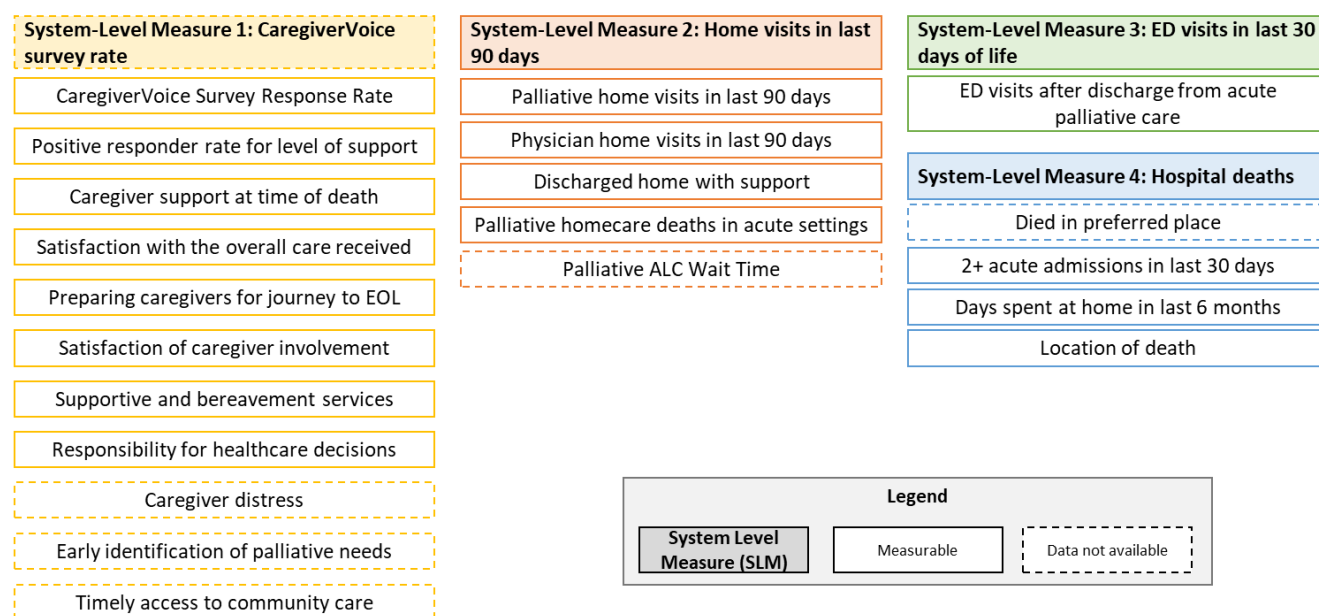
System-Level Measure 1: CaregiverVoice survey rate
CaregiverVoice Survey Response Rate
Positive responder rate for level of support
Caregiver support at time of death
Satisfaction with the overall care received
Preparing caregivers for journey to EOL
Satisfaction of caregiver involvement
Supportive and bereavement services
Responsibility for healthcare decisions
Caregiver distress
Early identification of palliative needs
Timely access to community care

System-Level Measure 2: Home visits in last 90 days
Palliative home visits in last 90 days
Physician home visits in last 90 days
Discharged home with support
Palliative homecare deaths in acute settings
Palliative ALC Wait Time

System-Level Measure 3: ED visits in last 30 days of life
ED visits after discharge from acute palliative care

System-Level Measure 4: Hospital deaths
Died in preferred place
2+ acute admissions in last 30 days
Days spent at home in last 6 months
Location of death

Legend

System Level Measure (SLM)	Measurable	Data not available

Figure 1: Map of supporting measures and their relation to system level measures

Please note the methodology described in this appendix may undergo refinements and modifications in future releases.

DATA SOURCES

The PSR presented in the Excel tool was provided by the OPCN and Ontario Health (Cancer Care Ontario) based on an analysis of administrative databases. The data sources for each metric are listed in the technical details below.

The following data sources were used for analysis:

- Ontario Health (Shared Service): Home Care Database (HCD) and CaregiverVoice Survey (CVS)
- Continuing Care Reporting System (CCRS): Long Term Care (LTC) and Complex Continuing Care (CCC)
- Discharge Abstract Database (DAD)
- National Ambulatory Care Reporting System (NACRS)
- National Rehabilitation Reporting System (NRS)
- Ontario Health Insurance Plan (OHIP)
- Ontario Mental Health Reporting System (OMHRS)
- Registered Persons Database (RPDB)

DATA AVAILABILITY AND METHODOLOGICAL CONSIDERATIONS

The PSR will be released quarterly with a six-month data lag. All data sources are available quarterly starting February 2024 (Q2 2023/24 report). The interim methodology used in previous reports has been discontinued.

Table 1. Frequency of data releases by data set

Sector	Data Asset	Frequency of data
Acute	DAD	Monthly, Quarterly
ED / Outpatient	NACRS	Monthly, Quarterly
Home care (CCAC)	HCD	Monthly
People / deaths	RPDB	Monthly
Physician Claims	OHIP Claims	Monthly
Caregiver Survey	CaregiverVoice Survey	Quarterly
Inpatient rehab	NRS	Quarterly
CCC/LTC	CCRS	Quarterly
Inpatient mental health	OMHRS	Quarterly

DATA SOURCES CURRENTLY NOT AVAILABLE

At this time, there are a number of measures that were selected for the PSR that are not available, as indicated by the dashed outlines in Figure 1 (page 3). Once the data is available, this report will share these additional measures.

Ontario Palliative Care Network

DECEDENT COHORT METHODOLOGY

The end-of-life (also referred to as "decedent") patient population/cohort was developed based on similar work conducted in Ontario, including the Ontario Health (Quality) *Palliative Care at the End of Life* report, Ontario Ministry of Health (MOH) Health Analytics Branch *In-Focus – Palliative Care in Ontario* report, and studies of palliative care by the Institute for Clinical Evaluative Studies (ICES), led by Dr. Peter Tanuseputro.

DECEDENT COHORT

Description	The decedent cohort captures patients who died in Ontario starting from FY 2011/12. Results by OH Region and OHT are reported from FY 2019/20 to latest data availability.
Rationale	To capture the location and date of death for Ontario decedents.
Logic Overview	
Calculation	The total number of deaths in Ontario as recorded in the administrative data sets listed below (logic for determining death is defined for each data set): • RPDB • DAD: Discharge_Disposition = 07 • NACRS: Visit_Disposition = 10 or 11 • OMHRS: discharge_reason (X90) = 2 or 3 • NRS: Discharge_reason_code = 8 • CCRS-CCC: DISCHARGE_TO_FACILITY_TYPE = 11 When a patient appears in multiple sources, a hierarchal approach is used to determine the Date of Death and Setting of Death. The following hierarchal order is applied: • DAD, OMHRS, NACRS, CCC, NRS, LTC, RPDB Setting of death is then assigned based on which data source is selected: • Death in Hospital: DAD/OMHRS/NACRS/NRS/CCRS-CCC • Death in Acute care/ED: DAD/OMHRS/NACRS/NRS • Death in CCC: CCRS-CCC • Death in LTC: CCRS-LTC • Death in Home/Residential Hospice: RPDB Note: Deaths that are assigned to home, community and residential hospices are deaths that have a record of death in RPDB, but don't have a record in any of the other sources (DAD, NACRS, OMHRS, CCRS, NRS). It is the default location if there is no record of a death in a facility. Deaths in home/hospice is calculated as: • Total deaths minus deaths in [LTC, CCC, DAD, NACRS]. Deaths in LTC is calculated using deaths recorded in the CCRS-LTC dataset. Deaths in CCC is calculated using deaths recorded in the CCRS-CCC dataset.

	To extract Sex, Postal Code & Date of Birth, the hierarchal order was re-prioritized to include RPDB as the first-ranked source in the hierarchy: • RPDB, DAD, OMHRS, NACRS, CCC, NRS, LTC Note: The decedent cohort has no restrictions on age and contains Ontarians of all ages
Data Sources	RPDB, DAD, NACRS, OMHRS, NRS, CCRS-CCC, CCRS-LTC

Exclusion/Inclusion Criteria	<u>Exclusion Criteria</u>
	
	Applied to all data sources:
	    • Province of issue for the health card is NOT Ontario
	    • Health card numbers that are equal to '0', '1', '9', 'ZZZZZZZZZZ'
	
	Applied to specific data sets:
	    • DAD: MCC = 19 [Trauma, injury, poisoning, toxic effect of drugs]
	    • DAD: Discharge_Disposition = 67, 74 [Suicide]
	    • NACRS: Diagnostic Code IN ('S', 'T', 'V', 'W', 'X', 'Y') [Sudden deaths]
	    • NACRS: Discharge_Disposition = 74 [Suicide]
	    • OMHRS: x90 = 2 [Suicide]

Methodology Notes on Individual Datasets	
RPDB	Select all Death Records. No duplicate records
DAD	De-dup: For multiple records with differing death dates, take the Maximum Death Date. If multiple records appear with the same Death Date, select the first appearing record.
NACRS	For multiple records with differing death dates, take the Maximum Death Date.
CCRS-LTC	For multiple records with differing death dates, take the Maximum Death Date. If multiple records appear with the same Maximum Death Date and information differs between them, take the first appearing record.
CCRS-CCC	For multiple records with differing death dates, take the Maximum Death Date. If multiple records appear with the same Maximum Death Date, take the first appearing record.
OMHRS	For multiple records with differing death dates, take the Maximum Death Date.
NRS	No Duplicate Records

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MEASURE DETAILS

The following section provides methodology details for each of the measures used in the Ontario Palliative Care Network Performance Summary Report.

CAREGIVERVOICE SURVEY RESPONSE RATE

NAME
CaregiverVoice Survey Response Rate

ALTERNATIVE NAME
% of caregivers of decedents who were invited to respond to a CaregiverVoice Survey who returned the survey

INDICATOR DESCRIPTION
This indicator measures the proportion of caregivers of decedents who were invited to respond to the CaregiverVoice Survey who returned the survey

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT
Percentage

CALCULATION METHODS
The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR
The number of caregivers who returned the CaregiverVoice Survey.

DENOMINATOR
The number of caregivers who were invited to complete the CaregiverVoice Survey, minus the number of non-deliverable surveys

EXCLUSION CRITERIA
None

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) - GENERALIZED
None.

DATA SOURCES

- CaregiverVoice Survey data

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region

Ontario Palliative Care Network

NAME

Positive responder rate for level of support

- Home care
- Doctor/clinician
- Cancer centre
- Long term care home
- Hospice
- Hospital admission
- Last week of life

ALTERNATIVE NAME

% of caregivers who responded that the level of support in the following dimensions/areas:

- Relief of physical pain,
- Relief of other symptoms,
- Spiritual support,
- Emotional support,
- Practical support with activities of daily living (only asked for the home care setting), or
- Respect and dignity

Was "Excellent", "Very Good", "Good", "Fair", or "Poor" in the following settings:

- While receiving home care in the last three months of life
- While being cared for by the doctor/clinician who provided the most care in the last three months of life
- While being cared for by a cancer centre in the last three months of life
- While in a long-term care home in the last three months of life
- While in a hospice in the last three months of life was excellent or very good
- In the last hospital admission
- In the last week of life

Alternatively presented as:

% of caregivers who responded "Excellent" or "Very Good" in all dimensions/areas in the following setting:

- While receiving home care in the last three months of life
- While being cared for by the doctor/clinician who provided the most care in the last three months of life
- While being cared for by a cancer centre in the last three months of life
- While in a long-term care home in the last three months of life
- While in a hospice in the last three months of life was excellent or very good
- In the last hospital admission

INDICATOR DESCRIPTION

This indicator measures the proportion of caregivers who stated that the overall level of support provided
- While receiving home care in the last three months of life,
- While being cared for by the doctor/clinician who provided the most care in the last three months of life,
- While being cared for by a cancer centre in the last three months of life,
- While in a long-term care home in the last three months of life,
- While in a hospice in the last three months of life was excellent or very good,
- In the last hospital admission, or

- In the last week of life

Was "Excellent", "Very Good", "Good", "Fair", or "Poor" in the following dimensions/areas:
- Relief of physical pain,
- Relief of other symptoms,
- Spiritual support,
- Emotional support,
- Practical support with activities of daily living (only evaluated in the home care setting), or
- Respect and dignity

Alternatively:
This indicator measures the proportion of caregivers who stated that the overall level of support provided
- While receiving home care in the last three months of life,
- While being cared for by the doctor/clinician who provided the most care in the last three months of life,
- While being cared for by a cancer centre in the last three months of life,
- While in a long-term care home in the last three months of life,
- While in a hospice in the last three months of life was excellent or very good,
- In the last hospital admission, or
- In the last week of life
Was "Excellent" or "Very Good" in all dimensions/areas

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT
Percentage

CALCULATION METHODS
The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR
Number of respondents from the denominator, who responded to the question, in each dimension/area, with:
"Excellent", "Very Good", "Good", "Fair", or "Poor"

Alternatively:

Number of respondents who responded "Excellent" or "Very Good" in ALL dimensions/areas

DENOMINATOR

Number of CVS respondents who answered the question "what is your assessment of the overall level of support given in the following dimensions/areas?" (For each of the dimensions/areas listed)

- Relief of physical pain
- Relief of other symptoms
- Spiritual support
- Emotional support
- Practical support with activities of daily living (only asked for the home care setting)
- Respect and dignity

Excluding those who responded "Does not apply" or "Don't know" to this question.

Alternatively:

Number of CVS respondents who provided a response to each of the dimensions/areas of the question "what is your assessment of the overall level of support given in the following dimensions/areas?" Excluding those who responded "Does not apply" or "Don't know" to any dimensions/area.

EXCLUSION CRITERIA

Excluding those who responded "Does not apply" or "Don't know" to any dimensions/area from the denominator.

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) – GENERALIZED
None.

DATA SOURCES

- CaregiverVoice Survey data

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region

CAREGIVER SUPPORT AT TIME OF DEATH

NAME
Caregiver support at time of death

ALTERNATIVE NAME

% of caregivers who responded "Yes, definitely", "Yes, to some extent", or "No not at all" to the question "Were you or his/her family given enough help and support by the health care providers at the actual time of his/her death?"

INDICATOR DESCRIPTION

This indicator measures the proportion of caregivers who stated that they did or didn't receive enough help and support by health care providers at the time of their loved one's death.

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT
Percentage

CALCULATION METHODS

The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR

Number of respondents from the denominator, who responded to the question with: "Yes, definitely", "Yes, to some extent", or "No not at all"

DENOMINATOR

Number of CVS respondents who answered the question "Were you or his/her family given enough help and support by the health care providers at the actual time of his/her death?", excluding those who responded "Don't know" to this question.

EXCLUSION CRITERIA

Excluding those who responded "Don't know" to this question from the denominator.

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) – GENERALIZED
None.

DATA SOURCES

- CaregiverVoice Survey data

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region

SATISFACTION WITH OVERALL CARE RECEIVED

NAME

Satisfaction with the overall care received

ALTERNATIVE NAME

% of caregivers who responded "Excellent", "Very Good", "Good", "Fair", or "Poor" to the question "Overall, and taking all services, in all settings into account, how would you rate his/her care in the last 3 months of life?"

INDICATOR DESCRIPTION

This indicator measures the proportion of caregivers who stated that they were and were not satisfied with the overall care received by the decedent in the last 3 months of life

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT
Percentage

CALCULATION METHODS
The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR

Number of respondents from the denominator, who responded to the question with: "Excellent", "Very Good", "Good", "Fair", or "Poor"

DENOMINATOR

Number of CVS respondents who answered the question "Overall, and taking all services, in all settings into account, how would you rate his/her care in the last 3 months of life?", excluding those who responded "Don't know" to this question.

EXCLUSION CRITERIA

Excluding those who responded "Don't know" to this question from the denominator.

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) – GENERALIZED

None.

DATA SOURCES

- CaregiverVoice Survey data

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region

PREPARING CAREGIVERS FOR JOURNEY TO END-OF-LIFE

NAME

Preparing caregivers for journey to end-of-life

ALTERNATIVE NAME

% of caregivers who responded "Yes, definitely", "Yes, to some extent", or "No" to the question "Did your healthcare providers help you, the caregiver, understand what to expect/how to prepare for his/her death?"

INDICATOR DESCRIPTION

This indicator measures the proportion of caregivers who stated that health care professionals did or did not help them understand what to expect and how to prepare for each stage of the journey toward the end of life

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT

Percentage

CALCULATION METHODS

The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR

Number of respondents from the denominator, who responded to the question with: "Yes, definitely", "Yes, to some extent", or "No"

DENOMINATOR

Number of CVS respondents who answered the question "Did your healthcare providers help you, the caregiver, understand what to expect/how to prepare for his/her death?", excluding those who responded "Don't know" to this question.

EXCLUSION CRITERIA

Excluding those who responded "Don't know" to this question from the denominator.

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) – GENERALIZED

None.

DATA SOURCES

- CaregiverVoice Survey data

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region

SATISFACTION OF CAREGIVER INVOLVEMENT

NAME

Satisfaction of caregiver involvement

ALTERNATIVE NAME

% of caregivers who responded "I was involved as much as I wanted to be", "I would have liked to be more involved", or "I would have liked to be less involved" to the question "Looking back over the last 3 months of his/her life, were you involved in decisions about his/her care as much as you would have wanted?"

INDICATOR DESCRIPTION

This indicator measures the proportion of caregivers who stated that they were or were not as involved as they wanted to be in decision making in the decedent's last 3 months of life

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT

Percentage

CALCULATION METHODS

The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR

Number of respondents from the denominator, who responded to the question with: "I was involved as much as I wanted to be", "I would have liked to be more involved", or "I would have liked to be less involved"

DENOMINATOR

Number of CVS respondents who answered the question: **"**Looking back over the last 3 months of his/her life, were you involved in decisions about his/her care as much as you would have wanted?**"**, excluding those who responded "Don't know" to this question.

EXCLUSION CRITERIA

Excluding those who responded "Don't know" to this question from the denominator.

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) – GENERALIZED

None.

DATA SOURCES

- CaregiverVoice Survey data

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region

SUPPORTIVE AND BEREAVEMENT SERVICES

NAME

Supportive and bereavement services

ALTERNATIVE NAME

% of caregivers who have responded "Yes", "No, I was not aware of these services but I would have liked to use them", "No, I was not aware of these services but I was not interested anyway" or "No, I was aware of these services but I was not interested anyway" to the question "Since he/she died, have you talked to anyone from health and supportive services, or from a bereavement service, about your feelings about his/her illness and death?"

INDICATOR DESCRIPTION

This indicator measures the proportion of caregivers who indicated they did or did not receive health and supportive services or bereavement services after their loved one's death

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT

Percentage

CALCULATION METHODS

The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR

Number of respondents from the denominator, who responded to the question with: "Yes", "No, I was not aware of these services but I would have liked to use them", "No, I was not aware of these services but I was not interested anyway" or "No, I was aware of these services but I was not interested anyway"

DENOMINATOR

Number of CVS respondents who answered the question "Since he/she died, have you talked to anyone from health and supportive services, or from a bereavement service, about your feelings about his/her illness and death?" excluding those who responded "Not sure" to this question.

EXCLUSION CRITERIA

Excluding those who responded "Not Sure" to this question from the denominator.

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) – GENERALIZED

None.

DATA SOURCES

- CaregiverVoice Survey data

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region

RESPONSIBILITY FOR HEALTHCARE DECISIONS

NAME

Responsibility for healthcare decisions

ALTERNATIVE NAME

% of caregivers who responded "He/she made his/her own decisions", "Substitute decision maker", "Other family member/friend", "Health care provider(s)", or "Other" to the question "Looking back over the last 3 months of his/her life, who was mainly responsible for making most of his/her health care decisions?"

INDICATOR DESCRIPTION

This indicator measures the proportion of the caregivers' responses to the question about who was mainly responsible for health care decisions

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT

Percentage

CALCULATION METHODS

The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR

Number of respondents from the denominator, who responded to the question with: "He/she made his/her own decisions", "Substitute decision maker", "Other family member/friend", "Health care provider(s)", or "Other"

DENOMINATOR

Number of CVS respondents who answered the question: "Who was mainly responsible for health care decisions?", excluding those who responded "Don't know" to this question.

EXCLUSION CRITERIA

Excluding those who responded "Don't know" to this question from the denominator.

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) – GENERALIZED

None.

DATA SOURCES

- CaregiverVoice Survey data

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region

PALLIATIVE HOME VISITS IN THE LAST 90 DAYS OF LIFE

NAME
Palliative care at home at end-of-life

ALTERNATIVE NAME
Percentage of decedents who received physician visits at home and/or palliative home care services in their last 90 days of life.

INDICATOR DESCRIPTION
This indicator measures the proportion of people who received care in their home at the end of life

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT
Percentage

CALCULATION METHODS
The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR

The number of decedents in the denominator who received at least one palliative home care service *or* any physician home visit within their last 90 days of life.

*See definitions for **Palliative Home Services Visits in Last 90 Days** and **Physician Home Visits in Last 90 Days** for details.

DENOMINATOR

Number of people in Ontario who died during a fiscal quarter (decedent cohort) who were not in an institution during the entire last 90 days of life.

EXCLUSION CRITERIA

Exclude patients who were in an institution during the entire last 90 days of life.

If the sum of the lengths of stay (considering episodes of care within acute inpatient stays) across all institutions during the last 90 days of life equals or exceeds 90 days, the patient is considered in an institution for the duration of interest, and is excluded.

Institution is defined as:

- Acute inpatient hospital

- Complex continuing care

- Long-term care home

- Inpatient mental health

- Inpatient rehab

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) - GENERALIZED

None

DATA SOURCES

- Decedent cohort
- CCAC Home Care Database
- Discharge Abstract Database (DAD)
- OHIP Claims History Database
- Continuing Care Reporting System (CCRS: Long Term Care, Complex Continuing Care)
- Inpatient Mental Health (OHMRS)
- Inpatient Rehabilitation (NRS)

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region
- OHT

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NAME
Palliative home care services at end-of-life

ALTERNATIVE NAME
Percentage of decedents who received palliative home care services in their last 90 days of life.

INDICATOR DESCRIPTION
This indicator measures the proportion of people who received home care services at the end of life

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT
Percentage

CALCULATION METHODS
The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR
The number of decedents in the denominator who received at least one palliative home care service within their last 90 days of life.

Palliative home care visits are described as follows:

- Palliative home care: from the Home Care Database (HCD):
  - Service_RPC = 95: Service care goal of end of life; patient provided service under end of life designation OR
  - For any service record within the 90 days, consider it palliative if:
    - SRC_admission = 95: Service recipient code (i.e., classification) of end of life on admission OR
    - SRC_discharge = 95: Service recipient code of end of life on discharge OR
  - A CCM sub-population of "palliative" or "end of life" at time of:
    - Admission: using a combination of ADMIT_CCM_POP_CD AND ADMIT_CCM_SUBPOP_CD **OR**
    - Discharge: using a combination of DISCH_CCM_POP_CD and DISCH_CCM_SUBPOP_CD **OR**
    - Service Delivery: A combination of CARE_CCM_POP_CD AND CARE_CCM_SUBPOP_CD

  - A CCM sub-population of "palliative" or "end of life" is defined as the flowing:
    - CCM population = 1 "Adult – Complex" AND CCM sub population = 3 "Palliative"
    - CCM population = 6 "Child - Complex" AND CCM sub population = 14 "End of Life"

- Decedents received one or more home services of any type except 10 and 14. (Home Care Database (HCD): services variable SERVICE)

SERVICE = Type of service provided (home care service)

ID	description
1	NURSING - VISIT
2	NURSING - SHIFT (HOUR)
3	RESPIRATORY SERVICES
4	NUTRITION/DIETETIC
5	PHYSIOTHERAPY
6	OCCUPATIONAL THERAPY
7	SPEECH LANGUAGE THERAPY
8	SOCIAL WORK
9	PSYCHOLOGY
10	CASE MANAGEMENT
11	PERSONAL SERVICES (HOUR)
12	HOMEMAKING SERVICES (HOUR)
13	COMBINED PS AND HM SERVICES (HOUR)
14	PLACEMENT SERVICES
15	RESPITE
16	MENTAL HEALTH AND ADDIDCTION NURSING VISIT
17	Nurse Practitioner Palliative Visit
18	Rapid Response Nursing Visit
19	Primary Care Clinics
20	Pharmacy
21	Health Promotion Education and Symptom Management
22	Other Combined Clinics
23	Telehomecare
24	Primary Care
99	OTHER

DENOMINATOR

Number of people in Ontario who died in a fiscal quarter (decedent cohort) who were not in an institution for the entire last 90 days of life.

EXCLUSION CRITERIA

Exclude patients who were in an institution for the entire last 90 days of life.

If the sum of the lengths of stay (considering episodes of care within acute inpatient stays) across all institutions during the last 90 days of life equals or exceeds 90 days, the patient is considered in an institution for the duration of interest, and is excluded.

Institution is defined as:

- Acute inpatient hospital

- Complex continuing care

- Long term care home

- Inpatient mental health

- inpatient rehab

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) - GENERALIZED

None

DATA SOURCES

- **Decedent cohort**
- CCAC Home Care Database
- Discharge Abstract Database (DAD)
- Continuing Care Reporting System (CCRS: Long Term Care, Complex Continuing Care)
- Inpatient Mental Health (OHMRS)
- Inpatient Rehabilitation (NRS)

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region

PHYSICIAN HOME VISITS IN LAST 90 DAYS

NAME

Physician home visits at end-of-life

ALTERNATIVE NAME

Percentage of decedents who received physician visits at home in their last 90 days of life.

INDICATOR DESCRIPTION

This indicator measures the proportion of people who received physician home visit at the end of life

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT
Percentage

CALCULATION METHODS
The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR
The number of decedents in the denominator who received at least one physician home visit within their last 90 days of life.

Physician home care visits are described as follows (OHIP billing codes):

- G511: Telephone management regarding a patient receiving palliative care at home
- B966: Travel premium for palliative care (billed with B998/B996)
- B998: Home visit for palliative care between 07:00 and 24:00 (Sat, Sun, and holidays) or
- B997: Home visit for palliative care between 00:00 and 07:00
- A901: House call assessment (GP/FP)
- B990: Special visit to patient's home (weekday/daytime or elective home visit)
- B992: Special visit to patient's home (weekday/daytime), with sacrifice to office hours, non-elective
- B993: Special visit to patient's home (Sat, Sun and holidays) between 07:00 - 24:00, non-elective
- B994: Special visit to patient's home, non-elective, (weekday/evenings)
- B996: Special visit to patient's home, night time, first patient of the night
- A900: Complex house call assessment (GP/FP)
- B960: Travel premium - Special visit to patient's home (weekday/daytime or elective home visit)
- B961: Travel premium - Special visit to patient's home (weekday/daytime), with sacrifice to office hours, non-elective
- B962: Travel premium - Special visit to patient's home, non-elective, (weekday/evenings)
- B963: Travel premium - Special visit to patient's home (Sat, Sun and holidays) between 07:00 - 24:00, non-elective
- B964: Travel premium - Special visit to patient's home, night time, first patient of the night
- B986: Travel premium - Geriatric home visit, weekdays with or without sacrifice to office hours, or Sat, Sun, holidays (07:00 - 24:00) and nights (00:00-07:00)
- B987: Geriatric home visit, nights (00:00-07:00)
- B988: Geriatric home visit, weekdays with or without sacrifice to office hours, or Sat, Sun, holidays (07:00 - 24:00)

DENOMINATOR
Number of people in Ontario who died in a fiscal quarter (decedent cohort) who were not in an institution during the entire last 90 days of life.

EXCLUSION CRITERIA

Exclude patients who were in an institution during the last 90 days of life.

If the sum of the lengths of stay (considering episodes of care within acute inpatient stays) across all institutions during the last 90 days of life equals or exceeds 90 days, the patient is considered in an institution for the duration of interest, and is excluded.

Institution is defined as:

- Acute inpatient hospital

- Complex continuing care

- Long term care home

- Inpatient mental health

- inpatient rehab

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) - GENERALIZED

None

DATA SOURCES

- Decedent cohort
- Discharge Abstract Database (DAD)
- OHIP Claims History Database
- Continuing Care Reporting System (CCRS: Long Term Care, Complex Continuing Care)
- Inpatient Mental Health (OHMRS)
- Inpatient Rehabilitation (NRS)

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region
- OHT

DISCHARGED HOME WITH SUPPORT

NAME

Discharge home with support

ALTERNATIVE NAME

Percent of patients designated as palliative who were discharged home from hospital with the discharge status "Home with Support".

INDICATOR DESCRIPTION

This indicator measures the proportion of people who received palliative care in an acute care hospital and were discharged with the status 'home with support'.

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT

Percentage

CALCULATION METHODS

The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR

Out of denominator, number of inpatient acute care discharges who are discharged "home with support" (DAD Discharge disposition = 04)

DENOMINATOR

Number of home discharges in the last year with a hospital admission that indicates the patient received palliative care in the hospital.

Includes:
- One of:
    - Any diagnosis code with a palliative care indication: ICD 10 Code Z51.5 or ICD 9 Code V66.7 or
    - Main patient service of palliative care (PATSERV = 058)
- And
    - Discharge destination is home (Discharge disposition = 4 (home with support) or 5 (home without support)

Excludes: Same day surgery

EXCLUSION CRITERIA

Same day surgery

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) - GENERALIZED

None

DATA SOURCES

- Discharge Abstract Database (DAD)
- National Ambulatory Care Reporting System (NACRS)

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region
- OHT

DEATHS IN HOSPITAL AMONG THOSE WHO RECEIVED PALLIATIVE HOME CARE SERVICE DURING END OF LIFENAME

PERCENT OF DECEDENTS RECEIVING AT LEAST 1 PALLIATIVE HOME CARE SERVICE WITHIN THE LAST 90 DAYS OF LIFE WHO DIED IN HOSPITAL.ALTERNATIVE NAME

Percentage of decedents who died in hospital that had received palliative home care services in their last 90 days of life.

INDICATOR DESCRIPTION

This indicator measures the proportion of people who died in hospital (acute inpatient hospital and emergency departments) that had received home care services at the end-of-life.

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT

Percentage

CALCULATION METHODS

The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR

The number of people from the denominator who died in an acute inpatient hospital or emergency department.

Data Source	Description
DAD	Patients discharged from the Hospital with a Discharge Disposition being Death (Discharge Disposition = '07'). Starting in 2018/19, the following discharge disposition codes are valid: • 66 -Died while on pass/leave • 67 -Suicide out of facility • 72 -Died in facility • 73 -Medical assistance in dying (MAID) • 74 -Suicide in facility Patients discharged with a Discharge Disposition equal to 66, 67, 72, 73, or 74 were assigned as having an acute setting of death.
	Excluding: Suicide (out of and in facility, discharge disposition 67 or 74), Trauma, injury, poisoning, toxic effect of drugs (MCC = 19)
NACRS	Patients that either died after arrival or on arrival at an Ambulatory Care Centre (Emergency department and other ambulatory settings) (visit disposition = 10 or 11). Starting in 2018/19, the following visit disposition codes are valid: • 71 - Dead on arrival • 72 - Died in facility • 73 - Medical assistance in dying (MAID) • 74 - Suicide in facility Patients discharged with a Visit Disposition being 71, 72, 73, or 74 were assigned as having an acute setting of death.
	Excluding: Suicide (visit disposition 74), Sudden deaths - when any diagnosis code begins with one of the following: 'S', 'T', 'V', 'W', 'X', 'Y'

DENOMINATOR

Number of people in Ontario who died during the time period who were not in an institution during their last 90 days of life, that received at least one palliative home care service within their last 90 days of life.

Palliative home care visits are described as follows:

• Palliative home care: from the Home Care Database (HCD):

- o Service_RPC = 95: Service care goal of end of life; patient provided service under end of life designation OR
- o For any service record within the 90 days, consider it palliative if:
  - SRC_admission = 95: Service recipient code (i.e., classification) of end of life on admission OR
  - SRC_discharge = 95: Service recipient code of end of life on discharge OR
- o A CCM sub-population of "palliative" or "end of life" at time of:
  - Admission: using a combination of ADMIT_CCM_POP_CD AND ADMIT_CCM_SUBPOP_CD **OR**
  - Discharge: using a combination of DISCH_CCM_POP_CD and DISCH_CCM_SUBPOP_CD **OR**
  - Service Delivery: A combination of CARE_CCM_POP_CD AND CARE_CCM_SUBPOP_CD
- o A CCM sub-population of "palliative" or "end of life" is defined as the flowing:
  - CCM population = 1 "Adult – Complex" AND CCM sub population = 3 "Palliative"
  - CCM population = 6 "Child - Complex" AND CCM sub population = 14 "End of Life"

- Decedents received one or more home service of any type except 10 and 14. (Home Care Database (HCD): services variable SERVICE)

  SERVICE = Type of service provided (home care service)

ID	description
1	NURSING - VISIT
2	NURSING - SHIFT (HOUR)
3	RESPIRATORY SERVICES
4	NUTRITION/DIETETIC
5	PHYSIOTHERAPY
6	OCCUPATIONAL THERAPY
7	SPEECH LANGUAGE THERAPY
8	SOCIAL WORK
9	PSYCHOLOGY
10	CASE MANAGEMENT
11	PERSONAL SERVICES (HOUR)
12	HOMEMAKING SERVICES (HOUR)
13	COMBINED PS AND HM SERVICES (HOUR)
14	PLACEMENT SERVICES
15	RESPITE

16	MENTAL HEALTH AND ADDIDCTION NURSING VISIT	
17	Nurse Practitioner Palliative Visit	
18	Rapid Response Nursing Visit	
19	Primary Care Clinics	
20	Pharmacy	
21	Health Promotion Education and Symptom Management	
22	Other Combined Clinics	
23	Telehomecare	
24	Primary Care	
99	OTHER	

EXCLUSION CRITERIA

Exclude patients who were in an institution for the last 90 days of life.

If the sum of the lengths of stay (considering episodes of care within acute inpatient stays) across all institutions during the last 90 days of life equals or exceeds 90 days, the patient is considered in an institution for the duration of interest, and is excluded.

Institution is defined as:

- Acute inpatient hospital
- Complex continuing care
- Long term care home
- Inpatient mental health
- inpatient rehab

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) - GENERALIZED

None

DATA SOURCES

- Decedent cohort
- CCAC Home Care Database
- Discharge Abstract Database (DAD)
- Continuing Care Reporting System (CCRS) – LTC and CCC
- National Rehabilitation System (NRS)
- Ontario Mental Health Record System (OMHRS)

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Fiscal year
- Fiscal year and quarter
- Province

EMERGENCY DEPARTMENT VISITS IN THE LAST 30 DAYS OF LIFE

NAME
Unplanned emergency department visits at end-of-life

ALTERNATIVE NAME

A. Percentage of decedents who had one or more unplanned emergency department visits during their last 30 days of life.
B. Percentage of decedents who had two or more unplanned emergency department visits during their last 30 days of life.

INDICATOR DESCRIPTION

A. This indicator measures the percentage of decedents who had one or more unplanned emergency department (ED) visits in their last 30 days of life.
B. This indicator measures the percentage of decedents who had two or more unplanned emergency department (ED) visits in their last 30 days of life.

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT
Percentage

CALCULATION METHODS
The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR

A. The number of decedents who had one or more unplanned emergency department visits in their last 30 days of life.
B. The number of decedents who had two or more unplanned emergency department visits in their last 30 days of life.

DENOMINATOR
Number of people in Ontario who died during reporting period who were not in an acute care hospital during the last 30 days of life.

EXCLUSION CRITERIA
Exclude patients who were hospitalized in an acute care facility for the last 30 days of life.

If the sum of all episodes of care in acute care facilities during the last 30 days of life equals or exceeds 30 days, the patient is considered hospitalized for the duration of interest, and is excluded.

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) - GENERALIZED

None

DATA SOURCES

- Decedent cohort
- National Ambulatory Care Reporting System (NACRS)
- Discharge Abstract Database (DAD)

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region of the patient

ED VISITS AFTER DISCHARGE FROM ACUTE PALLIATIVE CARE

NAME

ED visit after discharge from Acute Palliative Care

ALTERNATIVE NAME

Percentage of patient designated palliative discharged from hospital who were seen in the ED at least once within 30 days.

INDICATOR DESCRIPTION

This indicator measures the proportion of people who received palliative care in an acute care hospital, who subsequently visited an emergency department within 30 days of discharge.

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT

Percentage

CALCULATION METHODS

The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR

Out of the denominator, the number of discharges which were followed by at least one unplanned emergency department visit within 30 days.

DENOMINATOR

Number of discharges in the last year with a hospital admission that indicates that the patient is palliative.

Includes:

- One of:
  - Any diagnosis code with a palliative care indication: ICD 10 Code Z51.5 or ICD 9 Code V66.7 or
  - Main patient service of palliative care (PATSERV = 058)

EXCLUSION CRITERIA

- Records with an invalid health card number
- Records with an invalid date of birth
- Records with an invalid admission date or time
- Records with an invalid discharge date or time
- Discharged to another inpatient facility
  - Institution to type = 1 - Acute Inpatient Care
- Discharge to death, self sign-out or did not return from a pass
  - Up until FY 2017/18
    - Discharge Disposition = 07 – Died
    - Discharge Disposition = 06 – signed out (against medical advice) and AWOL (absent without leave)
    - Discharge Disposition = 08 – Cadaver – admitted for organ/tissue retrieval
    - Discharge Disposition = 09 – Stillbirth
    - Discharge Disposition = 12 - Did not return from pass
  - FY 2018/19 and onwards
    - Discharge Disposition = 08 – Cadaver – admitted for organ/tissue retrieval
    - Discharge Disposition = 09 – Stillbirth
    - Discharge Disposition = 61 - Absent without leave (AWOL)
    - Discharge Disposition = 62 - Left against medical advice (LAMA)
    - Discharge Disposition = 65 - Did not return from pass/leave
    - Discharge Disposition = 66 - Died while on pass/leave
    - Discharge Disposition = 67 - Suicide out of facility
    - Discharge Disposition = 72 - Died in facility
    - Discharge Disposition = 73 - Medical assistance in dying (MAID)
    - Discharge Disposition = 74 - Suicide in facility
- Same day surgery

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) - GENERALIZED
None

DATA SOURCES

- Discharge Abstract Database (DAD)
- National Ambulatory Care Record System (NACRS)

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region
- OHT

NAME
Acute hospital deaths

ALTERNATIVE NAME
Percentage of decedents who died in acute hospital.

INDICATOR DESCRIPTION
This indicator measures the proportion of people who died in an acute hospital (acute inpatient hospital, ED).

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT
Percentage

CALCULATION METHODS
The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR
The number of decedents who died in an acute hospital setting during the reporting time period.

Acute hospital includes the following facilities:

- Acute inpatient hospitals
- Emergency departments

DENOMINATOR
Number of people in Ontario who died in a fiscal quarter (decedent cohort).

EXCLUSION CRITERIA
None.

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) - GENERALIZED
None.

DATA SOURCE

- Decedent cohort
- Discharge Abstract Database (DAD)
- National Ambulatory Care Record System (NACRS)

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region
- OHT

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NAME
Hospital deaths

ALTERNATIVE NAME
Percentage of decedents who died in hospital.

INDICATOR DESCRIPTION
This indicator measures the proportion of people who died in a hospital (acute inpatient hospital, ED, mental health hospital, complex continuing care, rehabilitation center).

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT
Percentage

CALCULATION METHODS
The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR
The number of decedents who died in a hospital setting during the reporting time period.

Hospital settings include the following facilities:

- Acute inpatient hospitals
- Emergency departments
- Mental health hospital
- Complex continuing care
- Rehabilitation center

DENOMINATOR
Number of people in Ontario who died in a fiscal quarter (decedent cohort).

EXCLUSION CRITERIA
None.

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) - GENERALIZED
None.

DATA SOURCE

- Decedent cohort
- Discharge Abstract Database (DAD)
- National Ambulatory Care Record System (NACRS)
- Continuing Care Reporting System (CCRS) - Complex Continuing Care
- Inpatient Mental Health (OHMRS)
- Inpatient Rehabilitation (NRS)

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REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region
- OHT

DEATHS IN SETTINGS OTHER THAN HOSPITAL

For details on how deaths in home/hospice, LTC, and CCC are calculated, refer to the notes under "Calculation" under the **Decedent Cohort Methodology**.

TWO OR MORE ACUTE ADMISSIONS IN LAST 30 DAYS

NAME
Two or more admissions at end-of-life

ALTERNATIVE NAME
Percentage of decedents who had two or more acute hospital admissions during their last 30 days of life.

INDICATOR DESCRIPTION
This indicator measures the proportion of people who had two or more acute hospital admissions during their last 30 days of life

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT
Percentage

CALCULATION METHODS
The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR
The number of decedents in the denominator who had two or more acute admissions within their last 30 days of life. Admissions are considered using episodes methodology. The first admission of an episode must be within the last 30 days of life.

DENOMINATOR
Number of people in Ontario who died in a fiscal quarter (decedent cohort) who did not have an episode of care in an acute care hospital that spanned the entire last 30 days of life.

EXCLUSION CRITERIA
Exclude patients who had an episode of care in an acute care hospital that lasted the entire last 30 days of life.

If the sum of all episodes of care in acute care facilities during the last 30 days of life equals or exceeds 30 days, the patient is considered hospitalized for the duration of interest, and is excluded.

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) - GENERALIZED
None

DATA SOURCES

- Decedent cohort
- Discharge Abstract Database (DAD)

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region
- OHT

DAYS SPENT AT HOME IN LAST SIX MONTHS

NAME
Days at spent home during the last 6 months

ALTERNATIVE NAME

The number of days spent at home and/or place of residence during the last 6 months of life

INDICATOR DESCRIPTION

Average (mean) number of days spent at home during the last 6 months before death, among people who died.

DEFINITION AND SOURCE INFORMATION

UNIT OF MEASUREMENT
Percentage

CALCULATION METHODS
The percentage is calculated as: numerator divided by the denominator times 100

NUMERATOR

Number of days people spent at home during the last 6 months before death.

Among individuals identified in denominator, identify the number of days that they have spent in the last 6 months

- In the hospital (discharge date minus admission day) include all days
- Unplanned EDs (count as a full day for each unplanned ED visit)
- Inpatient rehab (discharge date minus admission day) include all days
- CCC beds (discharge date minus admission day) include all days
- Mental health beds (discharge date minus admission day) include all days

Calculation for 6 months: 180 minus the sum of the days spent in the above mentioned settings

DENOMINATOR
Number of people in Ontario who died during a fiscal quarter within the time period of interest (decedent cohort).

EXCLUSION CRITERIA

None.

ADJUSTMENT (RISK, AGE/SEX STANDARDIZATION) - GENERALIZED
None

DATA SOURCES

- Quarterly decedent cohort
- CCAC Home Care Database
- Discharge Abstract Database (DAD)
- National Ambulatory Care Reporting System (NACRS)
- Continuing Care Reporting System (CCRS: Long Term Care, Complex Continuing Care)
- Inpatient Mental Health (OHMRS)
- Inpatient Rehabilitation (NRS)

REPORTED LEVELS OF COMPARABILITY/STRATIFICATIONS (DEFINED)

- Province
- OH Region
- OHT

ASSIGNING DECEDENTS TO OH REGION AND OHT's

OHT's are assigned to individual decedents using the Ontario Health Team Attribution Model (OHTAM) file provided by the MOH. The latest version of this file includes OHIP registrants up to 2019.

OH Region is assigned by aggregating OHT's. An OHT is assigned to an OH Region based on the location and boundaries of the most populous FSA in the OHT. Note that some OHT's span two OH Regions, causing OH Region totals to be slightly misrepresented.

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AMENDMENT HISTORY

Table 2. Amendment history documenting substantial updates to the PSR Technical Appendix

Version Date: MONTH-YYYY [FY and Quarter of latest available data in corresponding PSR release]	Amendment	Description
February 2024 [FY 2023/24 Q2]	• Amended "ASSIGNING DECEDENTS TO OH REGION AND OHT's" section LHIN region and sub-region amended to clarify how OHT's and OH Region were assigned.	
February 2024 [FY 2023/24 Q2]	• Language around closed versus open (interim) methodology has been removed.	• Given that all data sources are now available quarterly, a single methodology now applies to data analysis.
February 2024 [FY 2023/24 Q2]	• Language updated from "LHIN" to "OH Region", and from "LHIN sub-region" to "OHT".	• This change was made to reflect stratifications by OH Region and OHT.
July 2024 [FY 2023/24 Q3]	• Typo corrected under Exclusion Criteria in "Decedent Cohort Methodology". • Clarified meaning of codes used to apply exclusion criteria.	• Excluded those who died as a result of suicide (OMHRS x90=2).
July 2024 [FY 2023/24 Q3]	• SLM 4 ("Percentage of decedents who died in acute hospital"): Removed typos regarding facilities captured under "acute hospital".	• The following correction was made: deaths in acute hospital includes deaths occurring in acute inpatient hospitals and emergency departments.
November 2024 [FY 2023/24 Q4]	• Updated frequency of data availability for HCD, RPDB, and OHIP in **Table 1.**	• These datasets are available monthly.
November 2024 [FY 2023/24 Q4]	• Methodology for "Deaths in Hospital" has been added. Previously this section was specific to deaths in acute hospital.	
November 2024 [FY 2023/24 Q4]	• Details about Death in home/hospice, death in LTC, and death in CCC have been added under Decedent Cohort Methodology section.	

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November 2024 [FY 2023/24 Q4]	• Added suicide codes from DAD and NACRS under Decedent Cohort Methodology section.	• DAD: Discharge_Disposition = 67, 74 [Suicide] • NACRS: Discharge_Disposition = 74 [Suicide]
January 2025 [FY 2024/25 Q1]	• Updated years of patient capture and reporting under Decedent Cohort Methodology section (Decedent Cohort description).	• The decedent cohort captures patients who died in Ontario starting from FY 2011/12. Results by OH Region and OHT are reported from FY 2019/20 to latest data availability.
March 2025 [FY 2024/25 Q2]	• Fixed broken link under "Deaths in Settings Other Than Hospital" methodology.	• Fixed link to direct to "Decedent Cohort Methodology".