

Hospitalizations for Ambulatory Care Sensitive Conditions in Newfoundland and Labrador

Objective:

To evaluate acute care hospitalization rates for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital in Newfoundland and Labrador (NL).

Practice Points

1. Ambulatory care sensitive conditions are illnesses for which timely and appropriate primary care can reduce or prevent the need for hospital admission. Among individuals under the age of 75, these conditions include chronic lower respiratory diseases, asthma, diabetes, heart failure, hypertension and angina.
2. While not all hospital admissions for these conditions are avoidable, it is assumed that appropriate primary care could prevent the onset of illness, control an acute episodic illness, or manage a chronic disease or condition.
3. Low rates of hospitalization are desirable, and a disproportionately high rate is presumed to reflect problems in obtaining access to appropriate primary care.
4. In recent years, efforts have been made to redesign primary care delivery in NL to offer comprehensive, team-based services to those in need as recommended by Health Accord for Newfoundland and Labrador (HANL),

Methods

1. Data on ambulatory care sensitive hospitalization rates were made available by the Canadian Institute for Health Information (CIHI) for the period from April 2015 to March 2025. Rates were calculated as the age-adjusted acute care hospitalization rate per 100,000 population among individuals younger than 75.
2. Primary care access indicators were retrieved from CIHI for the 2024 calendar year, including the percentage of Canadian adults who reported being able to see a health provider (family doctor, general practitioner, medical specialist, nurse practitioner or another health professional) for a non-urgent primary care need on the same day or the next day in the

past 12 months, and the percentage of Canadians who reported being satisfied with the wait time to see a health provider in the past 12 months.

Results

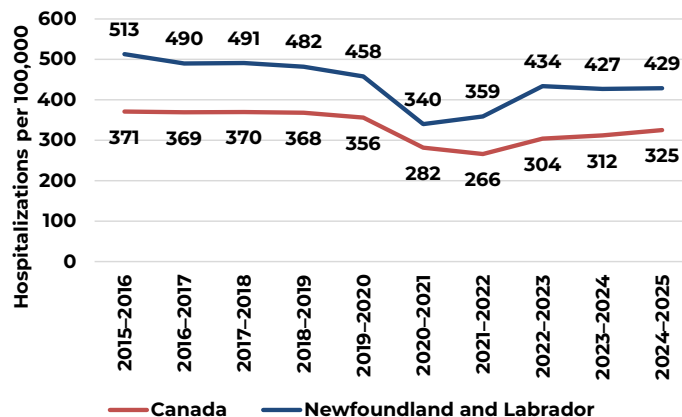


Figure 1. Ambulatory Care Sensitive Hospitalization Rate in NL and Canada, Apr 2015–Mar 2025

- The hospitalization rate in NL was higher than the Canadian average. The rate declined at the onset of COVID-19 (2020/21) and increased thereafter without returning to pre-pandemic levels. Hospitalization rates decreased by 16.4% and 12.4% in NL and Canada (CA), respectively, from 2015/16 to 2024/25.

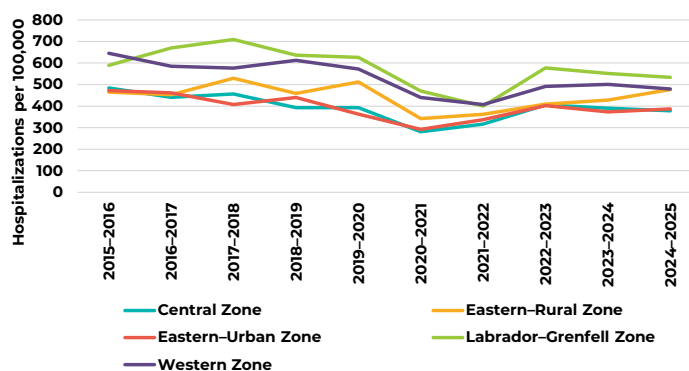


Figure 2. Ambulatory Care Sensitive Hospitalization Rate Analyzed by Health Region in NL, Apr 2015–Mar 2025

- The hospitalization rate was highest in Labrador-Grenfell Zone, followed by Western Zone. Rates decreased slightly from 2015/16 to 2024/25 in all regions except for Eastern-Rural Zone, with the greatest decline seen during the first year of COVID-19 (2020/21).

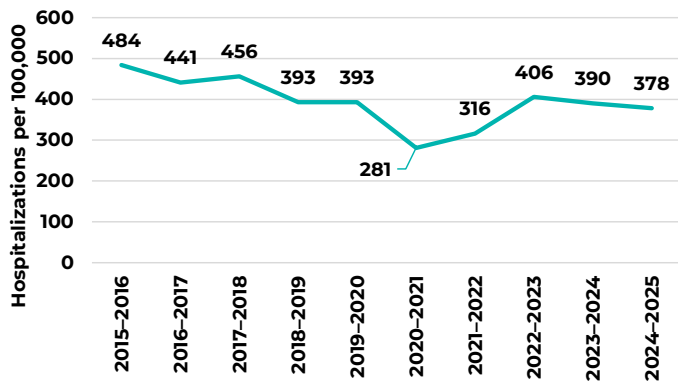


Figure 3. Ambulatory Care Sensitive Hospitalization Rate in Central Zone, Apr 2015–Mar 2025

- The hospitalization rate in Central Zone decreased by 21.9% from 2015/16 to 2024/25.

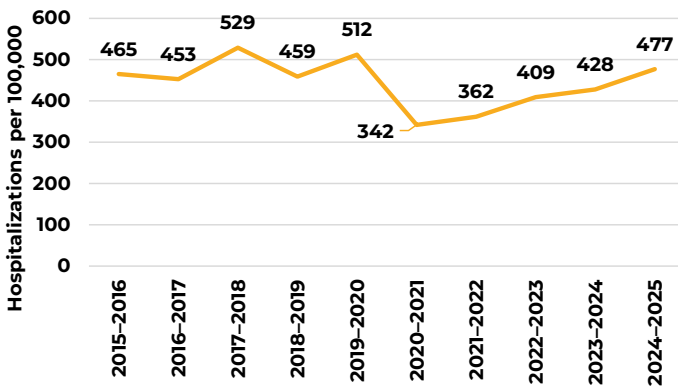


Figure 4. Ambulatory Care Sensitive Hospitalization Rate in Eastern-Rural Zone, Apr 2015–Mar 2025

- The hospitalization rate in Eastern-Rural Zone decreased by 33.2% during the first year of COVID-19 (2020/21) compared to the previous year. The rate increased steadily thereafter, surpassing pre-pandemic levels and increasing by 2.6% in 2024/25 compared to 2015/16.

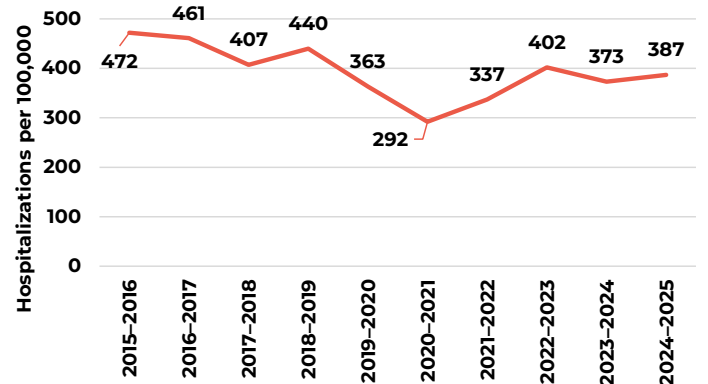


Figure 5. Ambulatory Care Sensitive Hospitalization Rate in Eastern-Urban Zone, Apr 2015–Mar 2025

- The hospitalization rate in Eastern-Urban Zone decreased by 18.0% from 2015/16 to 2024/25.

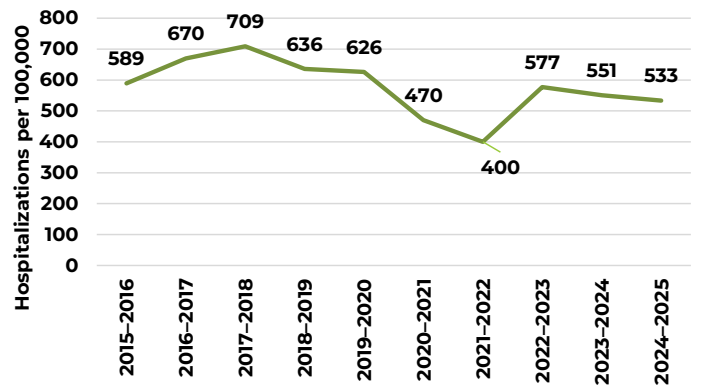


Figure 6. Ambulatory Care Sensitive Hospitalization Rate in Labrador-Grenfell Zone, Apr 2015–Mar 2025

- The hospitalization rate in Labrador-Grenfell Zone increased by 44.3% in the final year of COVID-19 (2022/23) compared to the previous year. The rate decreased by 9.5% from 2015/16 to 2024/25.

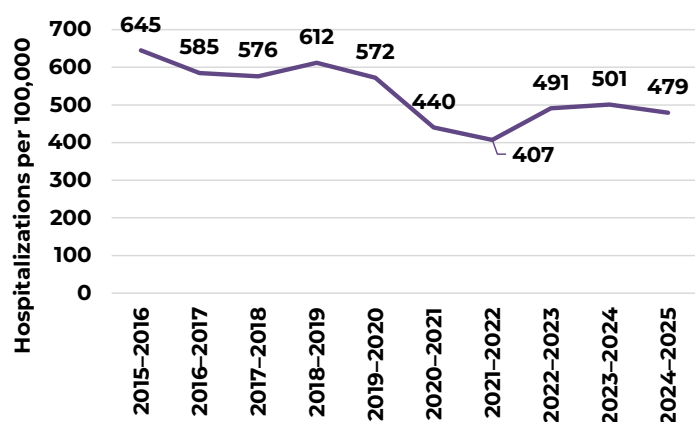


Figure 7. Ambulatory Care Sensitive Hospitalization Rate in Western Zone, Apr 2015–Mar 2025

- The hospitalization rate in Western Zone decreased by 25.7% from 2015/16 to 2024/25.

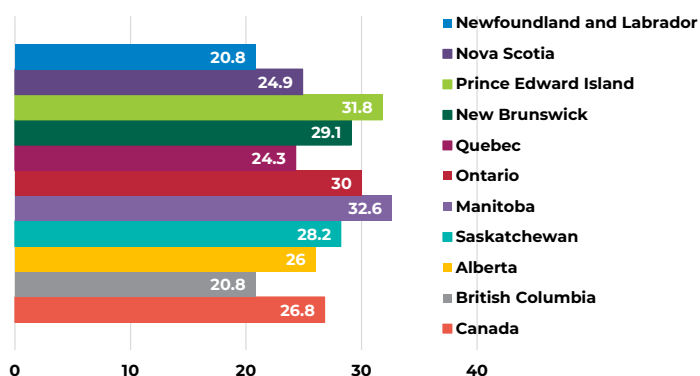


Figure 8. Percentage of Canadians Who Reported Being Able to See a Health Provider on the Same Day or the Next Day in the Past 12 Months, Analyzed by Location, Jan–Dec 2024

- Compared to the national average, five provinces had lower percentages of people reporting same day or next day access to primary care, namely NL, Nova Scotia, Quebec, Alberta, and British Columbia.

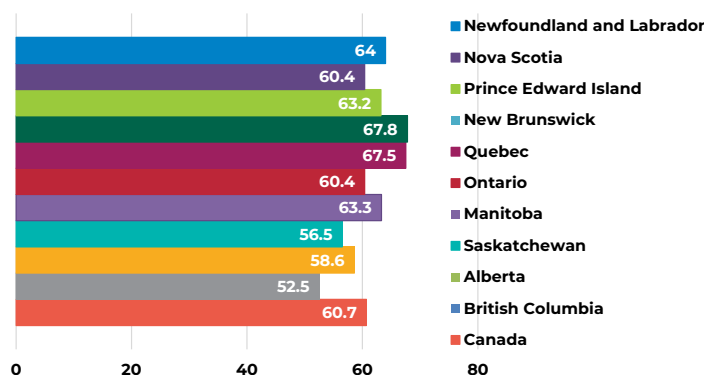


Figure 9. Percentage of Canadians Who Reported Being Satisfied With the Wait Time to See a Health Provider in the Past 12 months, Analyzed by Location, Jan–Dec 2024

- Compared to the national average, five provinces had higher percentages of people reporting that they were satisfied with the wait time to receive primary care, namely NL, Prince Edward Island, New Brunswick, Quebec, and Manitoba.

Conclusions

- NL had slightly below average performance for the ambulatory care sensitive hospitalization rate compared to the rest of CA, although performance improved over time.
- Hospitalization rates in NL declined after COVID-19 without returning to historic levels (2015/16) in all health regions except for Eastern-Rural Zone.
- In 2024, NL's performance was slightly below average for one indicator of primary care access (same day or next day access) and slightly above average for another (wait time to see a health provider).
- 23 Family Care Teams of the 35 recommended by HANL have been rolled out across the province to address the need for community-based primary care services.
- More recent data are needed to assess same/next day access since the introduction of a new urgent care center in St. John's that was designed to support the health system by addressing unmet primary care needs in the community.