

DAD/NACRS Reporting of Patients “Admitted for Observation” – DRAFT for discussion purposes

Issue

When a patient comes to the Emergency Department (ED) of an acute care hospital and once the ED investigation is finished, a patient may be “admitted for observation”.

Following this period of “observation” the patient may be admitted as an inpatient, transferred to another acute hospital or sent home.

How should these cases be recorded in the Discharge Abstract Database (DAD) and the National Ambulatory Care Reporting System (NACRS)?

Proposal

Once the initial ED assessment and care is finished, an “admission for observation” should be considered equivalent to any other order for inpatient admission.

A discharge summary should be prepared and the case should be reported to the DAD even if it is a short stay. Dr. Larsen has offered to work the Senior Medical Officers Committee, if necessary, to encourage this practice.

The rationale behind this is that these patients are using the same resources as inpatients (nursing and meals etc.) and are sometimes even moved to inpatient beds. For reporting (and management?) purposes we would like to have two categories of patients (Emergency Department patients and inpatients) and no grey area between the two.

Relevant Data Fields in DAD/NACRS

In 2009-10, NACRS introduced the concept of a Clinical Decision Unit. From the 2011-12 NACRS Abstracting Manual: *The CDU is an area or section to which emergency department patients may be formally assigned following their initial ED assessment and care. The purpose of clinical decision units is to provide facilities for short term (< 24 hours) monitoring, investigation and treatment to support disposition decisions.*

In Saskatchewan, only Regina General Hospital and Pasqua Hospital possess formal CDUs although Saskatoon may also implement such units in the future. We propose that in Saskatchewan only hospitals with a formal Clinical Decision Unit separate from the Emergency Department and inpatient wards use the CDU fields in NACRS.

NACRS	DAD	Notes/Questions
Disposition Date/Time	Admission Date/Time	Equivalent if decision to admit to an inpatient bed is made
Date/Time Patient Left ED	Date/Time Patient Left ED	Equivalent in DAD and NACRS

NACRS	DAD	Notes/Questions
Clinical Decision Unit Date/Time In		How should the CDU times relate to the date/time the patient left the ED?
Clinical Decision Unit Date/Time Out		

Example 1

A patient arrives in the Emergency Department of a rural hospital at 19:10 on September 26, 2011. After the initial ED assessment and care, at 22:30 the physician decides that the patient should stay overnight for observation. The patient is immediately moved from the ED to an inpatient bed close to the nursing station. The patient is assessed again by a physician in the morning and is discharged at 11:15.

NACRS		DAD	
Disposition Date/Time	2011-09-26 2230	Admission Date/Time	2011-09-26 2230
Date/Time Patient Left ED	2011-09-26 2230	Date/Time Patient Left ED	2011-09-26 2230
Clinical Decision Unit Date/Time In	Not Applicable	Discharge Date/Time	2011-09-27 1115
Clinical Decision Unit Date/Time Out	Not Applicable		

Example 2

A patient arrives in the Emergency Department of a large urban hospital at 07:10 on September 26, 2011. It takes until 15:30 for the ED team to determine a diagnosis and a decision to admit is made. The ED is busy and there are no inpatient beds so the patient is moved to the CDU at 1610 and stays until 19:45 when she is moved to an inpatient bed. She is discharged from hospital at 15:20 on September 31, 2011.

NACRS		DAD	
Disposition Date/Time	2011-09-26 1530	Admission Date/Time	2011-09-26 1530
Date/Time Patient Left ED	2011-09-26 1610	Date/Time Patient Left ED	2011-09-26 1610
Clinical Decision Unit Date/Time In	2011-09-26 1610	Discharge Date/Time	2011-09-31 1520
Clinical Decision Unit Date/Time Out	2011-09-26 1945		

Example 3

A patient arrives in the Emergency Department of a large urban hospital at 07:10 on September 26, 2011. The ED team finishes their investigation, but the physician taking over care does not feel that it is safe to send the patient home and would like him to be observed for a while. This decision is made at 15:45. The patient is moved to the CDU at 16:10 and stays until 22:45 when it is determined that he can be discharged home.

NACRS		DAD	
Disposition Date/Time	2011-09-26 1545	Admission Date/Time	2011-09-26 1545
Date/Time Patient Left ED	2011-09-26 1610	Date/Time Patient Left ED	2011-09-26 1610
Clinical Decision Unit Date/Time In	2011-09-26 1610	Discharge Date/Time	2011-09-31 2245
Clinical Decision Unit Date/Time Out	2011-09-26 2245		

Example 4

A patient arrives in the Emergency Department of a district hospital at 19:10 on September 26, 2011. After the initial ED assessment and care, at 22:30 the physician decides that the patient should stay overnight for observation. There isn't an inpatient bed available so the patient stays in the ED. The patient is assessed again by a physician in the morning at 09:30 and it is decided that the patient needs to be admitted. The patient is moved to an inpatient bed at 10:10. The patient stays in hospital until October 2, 2011 at 11:02.

NACRS		DAD	
Disposition Date/Time	2011-09-26 2230	Admission Date/Time	2011-09-26 2230
Date/Time Patient Left ED	2011-09-27 1010	Date/Time Patient Left ED	2011-09-27 1010
Clinical Decision Unit Date/Time In	Not Applicable	Discharge Date/Time	2011-10-02 1102
Clinical Decision Unit Date/Time Out	Not Applicable		

Questions

1. Should a move to a CDU be considered leaving the ED?
2. Should a move to a CDU always be considered an inpatient admission?