

Unknown Admission Time 9999

Issue

In 2011-12, the option to record 9999 as an unknown Admission Time became available in the Discharge Abstract Database (DAD).

Saskatchewan hospitals have different interpretations of the use of this value and we would like to develop a common approach that fits with the national approach.

Background

For patients admitted through the Emergency Department (ED), the Admission Date and Time is the date and time when the order to admit was made by the physicians. Physicians do not always document this time point on the chart.

In Saskatoon, if the admission time is not documented on the Emergency Registration form (Disposition/Time Bed Called For field) or the Physician Orders form, coders are replacing the time that comes through from the ADT system with 9999. They are working with physicians to improve documentation.

In April-May 2011, this has resulted in unknown admission times for 24.4% of admissions through the ED.

Regina is using the same practice as previous years. If the physician has not documented the admission time, they look to other sources to get a best guess for the admission time.

Points in favour of recording 9999 for Admission Time when the physician documentation is lacking

1. This will show the magnitude of the problem with physician documentation.
2. Saskatoon is improving the timeliness of their data submissions and having to search through the chart to decide on the best admission time reduces productivity.

Points in favour of looking through the chart for a best guess at the Admission Time when physician documentation is lacking

1. The Admission Time is a key data element. It is used for the calculation of several prominent indicators such as the wait time in the ED for an inpatient bed and the wait time for hip fracture repair. The wait time in the ED for an inpatient bed is being used as a pay-for-performance measure for health region CEOs in 2011-12. The wait time for hip fracture repair is reported by CIHI in their annual Health Indicators report (http://secure.cihi.ca/indicators/2011/ind2011_e.html) as well as their annual Wait Times in Canada report (http://secure.cihi.ca/cihiweb/products/Wait_times_tables_2011_en.pdf). It is also reported publicly by the Ministry of Health (http://www.sasksurgery.ca/pdf_files/pancanadian_benchmarks/Benchmarks_Hip

- [FractureRepair.pdf](#)). It is one of the pan-Canadian wait time benchmarks established by the first ministers in 2004.
2. A best guess is more useful than no information at all.
 3. If there is a systematic trend around missing documentation, for example the cases that wait longer (or shorter) in the ED are more likely to be missing the physician documentation, then this can bias the measure of the wait time in the ED.

Feedback from the National Clinical Advisory Group

- Alberta and Manitoba have not given hospitals the option of using 9999 for the admission time because this time point is so important. Coders take what comes through the registration system if not available on the chart.
- Alberta also has not allowed using 9999 for delivery time.
- Ontario has discouraged using 9999 for admission time.
- CIHI is planning to do some open year data mining to see what is happening across Canada. Data mining for earlier years found a lot of cases with 2359. 9999 is better than 2359 is the value is really unknown.

DRAFT Recommendation (For Discussion!)

The value of 9999 for unknown Admission Time should only be used if the time is absolutely unknown.

If the admitting physician has not documented the admission time, a best guess should be made from other documentation on the chart or the value from the registration system.

Reasons for lack of physician documentation should be investigated and attempts should be made to make it easier for physicians to record this time point.