



Recording Frequency of Restraint Use and Legal Status Upon Arrival to ED in the DAD

These clarifications to the Discharge Abstract Database (DAD) abstracting guidelines from the Canadian Institute for Health Information (CIHI) should improve data quality, lessen redundancy and reduce coder burden.

Frequency of Restraint Use

The data element Frequency of Restraint Use (Group 15 Field 18) identifies restraint frequency during the first 3 days of the patient's stay whenever you record Main Patient Service or Service Transfer 64 or 65 (Adult or Paediatric Psychiatry).

Consider this scenario when abstracting Frequency of Restraint Use:

Scenario: Frequency of Restraint Use beyond first 3 days

- Patient is admitted to the psychiatric unit for management of their mental health condition.
- Main Patient Service 64 — Psychiatry is assigned.
- Patient is placed in a 4-point restraint (M — Mechanical Restraint) near the end of day 3, at the 69th hour post-admission.
- Restraint use is continued for another 16 hours on day 4.

How to capture Frequency of Restraint Use for this scenario

"I — Intermittent" (used occasionally; for any period of time that is less than 12 hours)

Explanation: You would record Frequency of Restraint Use as "I — Intermittent" because the patient was placed in restraint at the 69th hour post-admission. The cut-off for data collection is 72 hours (3 days), so you shouldn't consider restraint use beyond the first 3 days. To allow for pan-Canadian data comparisons for Type of Restraint and Frequency of Restraint Use, we use similar data collection practices for the DAD as we do for OMHRS (Ontario Mental Health Reporting System).

Legal Status Upon Arrival to ED

The data element Legal Status Upon Arrival to ED (Group 15 Field 15) identifies the status of the patient at the time of arrival to the ED (emergency department) of the reporting facility.

For facilities *not* submitting National Ambulatory Care Reporting System (NACRS) Level 3 ED data, you must report this data element on the DAD abstract whenever you record Main Patient Service or Transfer Service 64 or 65 (Adult or Paediatric Psychiatry).

Consider these 2 scenarios when abstracting Legal Status Upon Arrival to ED:

Scenario 1: Legal Status Upon Arrival to ED with/without NACRS Level 3 ED submission

- Patient presents to the ED of the reporting hospital.
- Following assessment in the ED, an order to admit is written and the patient is transferred to the inpatient psychiatric unit, where they remain until discharge.
- Main Patient Service 64 — Psychiatry is recorded.

How to capture Legal Status Upon Arrival to ED for this scenario

If your facility **submits** NACRS Level 3 ED data, **do not record** Legal Status Upon Arrival to ED on the DAD abstract.

If your facility **does not submit** NACRS Level 3 ED data, you **must** record Legal Status Upon Arrival to ED. You cannot leave this data element blank.

Explanation: You don't need to record Legal Status Upon Arrival to ED on a DAD abstract if you're also submitting NACRS Level 3 ED data. CIHI can obtain this information by linking to the NACRS abstract (data element 170 — Legal Status Upon Arrival to ED). Recording Group 15 Field 15 on the DAD abstract is redundant and increases coder burden.

Scenario 2: Legal Status Upon Arrival to ED with/without Entry Code “E — Emergency”

- Patient is seen in the physician's office for exacerbation of their mental health condition.
- Physician arranges for admission to the psychiatric unit of the local hospital.
- Main Patient Service 64 — Psychiatry is recorded on the inpatient abstract.

How to capture Legal Status Upon Arrival to ED for this scenario

If the patient entered the hospital via the ED and they were assessed there prior to admission (Entry Code is “E — Emergency”), you **must record** Legal Status Upon Arrival to ED. The only situation in which you can leave this data element blank is if your facility submits NACRS Level 3 ED data.

If the patient was admitted directly to the inpatient unit, bypassing the ED (Entry Code is “D — Direct”), **do not record** Legal Status Upon Arrival to ED on the DAD abstract.

Explanation: If the patient doesn't enter the facility via the ED, it's incorrect to record Legal Status Upon Arrival to ED on the DAD abstract. Legal Status Upon Arrival to ED must be blank unless the Entry Code is “E — Emergency.”



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