

IDENTIFYING INFORMATION	
Name:	Time waiting for specialist/admitting doctor opinion
Calculation:	Time patients wait for specialist/admitting physician(s) opinions in the emergency department = (Disposition time) - (Consult request time) Metric: Median and 90th percentile time in hours
Description:	Consult request time: The time the first consult request was recorded in an information system.¹² Disposition time: - Admitted patients – when an admission order or request is completed in an information system. If the admission order time is unknown, the request for an inpatient bed or admission time from the inpatient record is recorded as the decision to admit time. - Discharged patients – the discharge time in an information system (see information systems below).
Data source:	Primary - National Ambulatory Care Reporting System (NACRS) Secondary¹³ - Emergency Department Information System (EDIS) - Regional Emergency Department Information System (REDIS) - Sunrise Clinical Manager (SCM)
Assumptions:	None
Exclusions:	- Patients are excluded if they were discharged from the emergency department and a specialist/admitting physician was not involved in their care. - Patients are excluded if either time stamp in the calculation is missing. - Patients are excluded if their emergency department visit was not a face-to-face interaction between the patient and provider. - Patients are excluded if their recorded wait between first consult request and disposition time is greater than 72 hours (3 days) or a recognized data entry error occurred.¹⁴

¹² For some patients more than one consult may occur before a decision to admit or a decision to discharge occurs.

¹³ Secondary data sources (clinical information systems) capture the consult request time because it is not a mandatory field in NACRS.

¹⁴ E.g., if the patient's wait between first consult request and disposition time is less than 0 hours.

Limitations:	1. The consult request time and the disposition time are proxy measures used to define the actual duration of the consultation. 2. Information on consult request time is incompletely captured at the five regional emergency department sites (Chinook Regional Hospital, Medicine Hat Regional Hospital, Red Deer Regional Hospital, Northern Lights Regional Health Centre, and Queen Elizabeth II Hospital), resulting in a large amount of missing data. Therefore, this time interval is only reported for the 11 sites in the Calgary and Edmonton zones. 3. Some patients require multiple consults, resulting in longer times before a disposition is recorded. These longer time intervals may be entirely appropriate and not necessarily reflect an inefficient system. Caution is urged when interpreting the length of this time interval.
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