



Our vision

Better data. Better decisions.
Healthier Canadians.

Our mandate

To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our values

Respect, Integrity, Collaboration,
Excellence, Innovation

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Database description

The Canadian Organ Replacement Register (CORR) of the Canadian Institute for Health Information (CIHI) is the national information system for organ failure, transplantation and donation, and renal dialysis, with a mandate to record and analyze the level of activity and outcomes of vital organ transplantation and dialysis activities. It is a longitudinal database, following recipients with end-stage organ failure from their first treatment to their death. The national scope of CORR has been useful in informing health care policy vis-à-vis organ donation across Canada, end-stage kidney disease (ESKD) and organ transplantation.

Data sources and methodology

Target population: All patients who have received an extra-renal organ transplant since January 1, 1988, and all chronic renal failure patients who have initiated renal replacement therapy (RRT) since January 1, 1981. CORR does not contain information on patients who have been determined to have acute, but not chronic, renal failure; recipients of tissue transplants; patients who were listed for but did not receive a vital organ transplant; and potential organ donors (i.e., deceased donors who met the criteria for donation but from whom no organs were used for transplantation).

CORR's frame (i.e., the entities that would be expected to contribute data to CORR, given its mandate) includes all the dialysis programs treating chronic renal failure patients and all the vital organ transplant programs within Canada. Data is received either directly or indirectly from these programs. Tables 1 and 2 below identify the number of dialysis programs and transplant programs, respectively, in 2014, that participated in CORR directly or through a regional or provincial registry or organ procurement program.

Table 1 Dialysis programs within CORR frame by province/territory, 2014

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	P.E.I.	N.L.	N.W.T.	Total
Full-care dialysis programs	13	8	2	6	32	34	4	5	2	3	0	109
Affiliated community centres	28	27	10	16	55	6	6	9	2	10	0	169
Independent health care facilities offering hemodialysis	0	0	0	0	11	6	1	0	0	0	2	20

Table 2 Transplant programs within CORR frame by province, 2014

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.S.	Total
Kidney	3	3	1	2	7	7	2	25
Liver	1	1	0	0	3	3	1	9
Heart/heart–lung	1	1	0	0	4	4	1	11
Lung	1	1	0	1	2	1	0	6
Pancreas/ kidney–pancreas	1	2	0	0	2	2	1	8
Intestine/ multi-visceral	0	1	0	0	3	0	0	3
Islets	1	1	0	0	0	0	0	2

Frame maintenance procedures have been in place for several years. CORR staff is informed by provincial sources of new dialysis hospitals and generally follows the Discharge Abstract Database in terms of assigning facility identifiers (i.e., a province code from 1 to 9, along with a 4-digit identifier). Unique facility identifiers are assigned to hospitals in Quebec, satellite centres and organ procurement organizations (OPOs) using a consistent notation system. All facility identifiers are identified in the CORR e-Directory of Participating Dialysis Centres, Transplant Centres and Organ Procurement Organizations in Canada, which is published annually at www.cihi.ca/corr. In addition, a formal review process was undertaken in April and May 2002 to formally verify CORR's frame.

Data sources: CORR comprises retrospectively collected demographic, clinical and outcome-related data. Data is received via electronic file submission and standardized paper forms.ⁱ These forms, and the accompanying instruction manuals, also guide spreadsheet submissions.

Within CORR, data elements are classified as mandatory, conditionally mandatory or optional. Mandatory elements must be submitted and entered (e.g., Recipient Name, Birthdate, Treatment Code), whereas conditionally mandatory elements are entered only if other specific conditions are satisfied (e.g., Date of Death must be entered if a Cause of Death is given). Before 2001, mandatory items within CORR were limited to 19 data elements. Since 2001, major changes have occurred with CORR. Data providers are encouraged to submit information on all data elements, although it should be emphasized that reporting to CORR is not provincially or nationally mandated.

i. Paper-based data submission ended in 2015 and has been replaced with a web-based data entry submission method.

The types of data captured, as well as the points of data capture within CORR, are summarized in Table 3. Changes in patients’ treatment status are tracked and treatment outcomes are recorded. Information on organ donors is also collected. Facility-level data on clinical practices and policies is collected from dialysis hospitals and independent health facilities. Counts of patients waiting for a transplant are collected from OPOs.

Table 3 Types of data captured and points of data capture in CORR

Dialysis recipients	Transplant recipients	Donors	Dialysis hospital programs	Hospital transplant programs following kidney transplant recipients	Transplant waiting list statistics
When initiate dialysis ↓ When <ul style="list-style-type: none"> • Transfer to another program • Change treatment modalities • Have a kidney transplant • Withdraw from dialysis • Recover kidney function • Die ↓ Annual follow-up on October 31 (survey with voluntary participation)	When transplanted ↓ When <ul style="list-style-type: none"> • Transfer to another program for follow-up • Graft fails • Re-transplanted • Die • For liver transplant recipients only — annual follow-up to record recurrent hepatitis B, hepatitis C and liver tumour(s) 	When organ(s) are retrieved for purposes of transplantation — deceased-donor profile and living-donor profile	At year-end — hemodialysis facility profile and peritoneal dialysis facility profile	At year-end — renal transplant facility profile	Counts of patients waiting for transplants at each of the transplant programs; reported on a semi-annual basis by the OPOs

Table 4 outlines the data supply chain for CORR.

Table 4 CORR data supply chain

Province/ territory of treatment	Dialysis recipients	Organ transplant recipients	Deceased organ donors	Living organ donors	Waiting list statistics
B.C.	BC Renal Agency, renal programs	BC Transplant	BC Transplant	BC Transplant	BC Transplant
Alta.	Southern Alberta Renal Program (Calgary) and Northern Alberta Renal Program (Edmonton)	Hospital transplant programs	Southern Alberta Organ and Tissue Donation Program — Calgary, HOPE Edmonton	Hospital transplant programs	Southern Alberta Organ and Tissue Donation Program — Calgary, HOPE Edmonton
Sask.	Renal programs	Saskatchewan Transplant Program	Saskatchewan Transplant Program	Saskatchewan Transplant Program	Saskatchewan Transplant Program
Man.	Manitoba renal program	Hospital transplant program	Transplant Manitoba — Gift of Life	Hospital transplant program	Transplant Manitoba — Gift of Life
Ont.	Ontario Renal Network	Trillium Gift of Life Network	Trillium Gift of Life Network	Trillium Gift of Life Network	Trillium Gift of Life Network
Que.	Renal programs	Hospital transplant programs	Transplant Québec	Hospital transplant programs	Transplant Québec
N.B.	Renal programs		New Brunswick Organ and Tissue Procurement Program		
N.S.	Renal programs	Multi-Organ Transplant Program	Multi-Organ Transplant Program	Multi-Organ Transplant Program	Multi-Organ Transplant Program
P.E.I.	P.E.I. renal program				
N.L.	Renal programs		Organ Procurement and Exchange of Newfoundland and Labrador (OPEN)		
N.W.T.	Community dialysis program				

Error detection: All dialysis and transplant programs and the OPOs are provided with coding instruction manuals, which provide definitions and descriptions of each data element contained in CORR and information on how to appropriately record data. Other measures designed to help improve the consistency and quality of the data submissions include submission reports that summarize submitted records and errors; telephone support; site visits; and written instructions and feedback.

The data entry flow is designed to enhance error detection. On the transplant side, data relating to organ donors is entered first, followed by transplant recipient data. This facilitates identification of transplant recipient–donor links and dialysis recipients who go on to have transplants. On the dialysis side, treatment information must be entered in chronological order. This helps to identify problematic submissions (e.g., inconsistent submissions regarding a patient’s status).

Upon completion of data entry, reporting centres are forwarded standardized audit reports for the purposes of verification. Changes noted by centres are made in the database. Data entry staff may also liaise with a reporting centre prior to data entry when visual scans of the returned forms reveal problems or when problems in the data have been identified through the course of analysts’ work on ad hoc requests and research projects.

In 2001, a number of new hard and soft edits were introduced

- To reduce entry of duplicate records (e.g., matching algorithm used to reduce double entry of patient records);
- To improve consistency of data (e.g., logic checks to ensure entry of treatments in a chronological sequence);
- To minimize entry of incorrect data (e.g., drop-down menus used to minimize the opportunities for incorrect domain values to be inputted; entry of dates in the format YYYY–MON–DD to prevent the transposition of day and month during data entry); and
- To improve data completeness (e.g., mandatory data elements cannot be bypassed; some data elements are auto populated; conditionally mandatory data elements are triggered on/off based on responses to other data elements).

In some cases where data elements are optional (e.g., Recipient Height and Weight), the application employs soft edits, which alert data entry personnel to potential entry errors.

In 2010, database functionality was enhanced to allow for the electronic submission and processing of dialysis data using defined submission specifications (eFile). These specifications include the same edit checks and validation rules that are applied to data entered manually. The Ontario Renal Network and QEII Health Sciences Centre have been submitting data using this eFile method since 2011 and 2014, respectively. CORR monitors electronic submissions to ensure that no changes in completeness or quality are detected.

In 2015, CORR released a new electronic web-based submission method, the CORR Web-Entry Data Form. This submission method is a secure industry-standard web environment that allows a data provider to enter data online and submit it directly to CORR. This application replaced the paper forms that were mailed to CIHI prior to the 2015 data year. This submission method includes the same edit checks and validation rules that were applied to data entered manually via paper submission.

Imputation: As of December 2006, no imputed data is stored in CORR.

Quality evaluation: CIHI's Data Quality Framework, which was implemented in 2000–2001 and revised in 2009, provides a common strategy for assessing data quality across CIHI databases and registries along 5 general dimensions:

- **Accuracy:** how well information within a database reflects what was supposed to be collected.
- **Comparability:** the extent to which a database can be properly integrated within the entire health information system at CIHI.
- **Timeliness:** whether the data is available for user needs within a reasonable time period.
- **Usability:** how easily the storage and documentation of data allow one to make intelligent use of the data.
- **Relevance:** incorporates all of the above dimensions to some degree, but focuses specifically on value and adaptability.

The framework implementation is part of the larger quality cycle in which problems are identified, addressed, documented and reviewed on a regular basis. Each CIHI data holding is evaluated for each annual release of data.

Under-reporting across Canada

A summary of all known under-reporting issues is presented in Table 5. Under-reporting is summarized by province, year and type of data.

Since 2011, Quebec has had increased under-reporting due to administrative issues. CIHI is working with the province of Quebec to improve reporting for future years.

In 2014, Quebec dialysis data was 31% complete, with an estimated 750 incident records missing. This estimate of missing records is based on a historical average of 1,100 incident dialysis cases per year. Transplant data was 80% complete; missing transplant records are described in Table 5. Missing records were determined by comparing records received by CORR against aggregate-level reporting by OPOs. In Quebec, missing records for donors were supplemented with aggregate data from Transplant Québec. In 2012 and 2013, missing data for waiting lists and waiting list deaths from Quebec was determined by public reporting by Transplant Québec; this missing data has since been submitted to CORR.

Also in 2014, there was missing dialysis data from New Brunswick; incident dialysis records were 65% complete. Missing transplant data from Alberta was determined based on comparisons of submitted donor data and aggregate-level reporting received from the OPOs, as well as donor records submitted for these transplants.

Table 5 Data completeness

	2011	2012	2013	2014
Dialysis	<p><u>Quebec:</u>* Approximately 84% complete Missing an estimated 170 incident cases Missing an undetermined number of death reports</p>	<p><u>Quebec:</u>* Approximately 49% complete Missing an estimated 560 incident cases Missing an undetermined number of death reports</p>	<p><u>Quebec:</u>* Approximately 40% complete Missing an estimated 600 incident cases Missing an undetermined number of death reports</p> <p><u>Manitoba:</u> Approximately 88% complete Missing an estimated 29 incident cases</p> <p><u>New Brunswick:</u> Approximately 69% complete Missing an estimated 40 incident cases</p>	<p><u>Quebec:</u>* Approximately 31% complete Missing an estimated 750 incident cases Missing an undetermined number of death reports</p> <p><u>New Brunswick:</u> Approximately 65% complete Missing an estimated 45 incident cases</p>
Transplants	<p>No known missing records</p>	<p><u>Quebec:</u> 95% complete Missing 21 kidney transplants, 3 lung transplants</p> <p>Complete data on heart, liver and pancreas transplants</p>	<p><u>Quebec:</u> 89% complete Missing 58 kidney transplants, 5 kidney–pancreas transplants, 1 pancreas-only transplant</p> <p>Complete data on heart, liver and lung transplants</p>	<p><u>Quebec:</u> 80% complete Missing transplants include 94 kidney, 4 heart, 2 lung and 1 pancreas</p> <p><u>Alberta:</u> Missing 4 lung transplants</p> <p>Complete data on liver transplants</p>
Living donors	<p>No known missing records</p>	<p><u>Quebec:</u> Totals are supplemented with aggregate data of 9 donors from Transplant Québec</p>	<p><u>Quebec:</u> Totals are supplemented with aggregate data of 12 donors from Transplant Québec</p>	<p><u>Quebec:</u> Totals are supplemented with aggregate data of 27 donors from Transplant Québec</p>
Deceased donors	<p>No known missing records</p>	<p><u>Quebec:</u> Results are supplemented with aggregate data of 120 donors from Transplant Québec</p>	<p><u>Quebec:</u> Results are supplemented with aggregate data of 165 donors from Transplant Québec</p>	<p><u>Quebec:</u> Results are supplemented with aggregate data of 154 donors from Transplant Québec</p>

Note

* The estimate of missing incident cases assumes approximately 1,100 incident cases in Quebec annually.

Missing incident dialysis data affects the prevalence data in these provinces and Canada overall. For Quebec, totals for transplant and organ donor activity are also affected. As a result, trending must be interpreted with care.

The impact of the missing Quebec data is most apparent on dialysis incident counts and rates. The impact on overall prevalence counts and rates is difficult to determine, since the

undercounts of both Quebec incident cases and deaths partially offset each other. Prevalence reflects the number of persons living with a condition at a specific point in time. The under-reporting of incident cases in Quebec and the unreported number of deaths from Quebec have offsetting effects, resulting in an undetermined true impact on prevalence.

Data accuracy

Coverage: There are no known coverage errors within CORR. The program is aware of all hospitals that should report. An analysis of transplant procedures as captured in the Hospital Morbidity Database (HMDB) for the calendar years 1995 to 2000 confirms the transplant hospitals within CORR.

A formal linkage¹ of CORR data to the Discharge Abstract Database (DAD) and the National Ambulatory Care Reporting System (NACRS) completed in 2008 found that patients who received a transplant or who have chronic renal failure are well reported in CORR. The coverage of transplants in CORR is 98.5% when compared to data on transplants in the DAD. For coverage of dialysis treatment in Ontario, the patients receiving dialysis were comparable between CORR and NACRS.

Duplicate patient records were identified and eliminated in the database for pre-2001 data. The new application introduced in 2001 has a matching algorithm in place that prevents duplicate entry of patients.

Unit non-response: Because CORR is updated continually, unit non-response is addressed on an ongoing basis. Those centres that failed to report to CORR in a timely and complete way are identified, and staff works with them to improve reporting. Strategies to improve reporting include telephone support and on-site support, where needed. Trending of incident dialysis patients and cross-checking of aggregate-level data sources with patient-level data are 2 main approaches used to evaluate unit non-response. In this section, unit non-response is described for the data used in this report.

1) Incident dialysis cases

As noted in Table 5, unit non-response was an issue for several provinces for incident dialysis cases (under-reporting).

2) Kidney transplants

Since the 1990s, patient-level data submitted by hospitals and OPOs is reconciled with aggregate-level counts received from OPOs, which are received in advance of patient-level data submissions. For under-reporting in Quebec, see Table 5. Table 6 presents a comparison of these sources and the respective transplant counts per province for 2014, and shows that the new patient-level data is comparable to the OPO aggregate counts.

Table 6 Comparison of counts of kidney transplants* by data source, 2014 (number)

	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.S.	Total
Patient-level data for transplants in CORR	209	150	29	37	639	203	69	1,336
Aggregate counts provided by OPOs at year-end	209	157	26	38	639	297	69	1,435

Note

* Includes simultaneous kidney–pancreas and other kidney combination transplants.

3) Extra-renal transplants

For the extra-renal transplants in 2014, the transplants registered in the database were compared against the aggregate counts reported by the OPOs. The results are provided in Table 7 and suggest that little under-reporting of transplant procedures was observed in the last decade.

Table 7 Comparison of counts of extra-renal transplants* by data source and province of treatment, 2014 (number)

Organ type	Data source [†]	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.S.	Total
Liver	CORR registration	63	76	—	—	268	113	17	537
	OPO count	63	77	—	—	268	113	17	538
Heart	CORR registration	22	26	—	—	71	30	10	159
	OPO count	22	24	—	—	69	34	10	159
Lung/ heart–lung	CORR registration	24	40	—	1	115	40	0	220
	OPO count	24	47	—	2	115	42	0	230
Pancreas	CORR registration	6	10	—	—	50	10	1	77
	OPO count	6	12	--	—	50	11	1	80
Islets	CORR registration	6	52	—	—	0	0	0	58
	OPO count	6	52	—	—	0	0	0	58
Intestine/ multi-visceral	CORR registration	0	1	—	—	1	0	0	2
	OPO count	—	0	—	—	1	—	—	1

Notes

* Includes combination transplants; combination transplants are counted under their respective organ types.

† CORR registration: Patient-level data within CORR; OPO count: Aggregate count provided by OPOs at year-end.

4) Donors

A comparison of donors registered in CORR with donor numbers reported by OPOs at year-end is provided in Table 8. With the exception of the unreported deceased and living donors from Quebec between 2012 and 2014, included in Table 5, this table suggests that no under-reporting of donors has been observed in CORR.

Table 8 Comparison of deceased and living donors registered in CORR and reported by OPOs, 2005 to 2014 (number)

Year	Registered in CORR			Reported by OPOs		
	Deceased donors	Living donors	Total donors	Deceased donors	Living donors	Total donors
2005	411	504	915	414	503	917
2006	461	556	1,017	468	554	1,022
2007	485	554	1,039	493	549	1,042
2008	481	546	1,027	486	542	1,028
2009	487	516	1,003	487	516	1,003
2010	466	557	1,023	468	549	1,017
2011	515	521	1,036	514	518	1,032
2012	421	529	950	542	537	1,079
2013	388	573	961	542	586	1,128
2014	438	526	964	593	553	1,146
Total	4,553	5,382	9,935	5,007	5,407	10,414

Item non-response: Overall, item non-response has improved over time, particularly since 1997. There are, however, some significant province-specific item non-response issues.

A data quality study¹ completed in 2008 that included a recoding of 2006 data found that, with the exception of Race/Ethnic Origin, demographic data elements (Health Care Number, Date of Birth) captured in CORR were generally coded with a high degree of accuracy.

An examination of risk factors for incident dialysis patients found that there was a low-to-moderate sensitivity observed for most risk factors, indicating a tendency to under-report. However, it is uncommon for conditions to be falsely attributed to patients, indicating a high specificity.

Table 9 presents a summary of the proportion of records with null and unknown values on key mandatory data elements within CORR for transplant recipients of first grafts for the period from 2005 to 2014, and for donors for the same period. Rates of non-response/unknowns greater than 10% are shaded.

Table 9 Non-response/unknown values for key analytical data elements related to donors and transplant recipients* in CORR, 2005 to 2014

Data type	Data element	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Deceased donor	Age	0	0	0	0	0	0	0	0	0	0
	Sex	0	0.2	0.2	0	0	0	0	0	0.3	0.2
	Blood Type	0.2	0	0.4	0.2	0.4	0.2	0	0.2	0	0
	Race/Ethnic Origin	37.0	34.7	36.3	36.6	31.6	16.3	6.6	5.9	43.0	6.8
	Province of Residence	0	0	0.2	0.2	0	0	0.2	0	0	0.5
	Cause of Death	6.3	6.3	6.8	3.3	4.1	2.4	2.3	3.1	1.3	7.5
Living donor	Age	5.6	5.0	0	0.2	0	0	0	0	0	0
	Sex	0	0.5	0.2	0.2	0	0	0.2	0	0.7	0
	Blood Type	9.5	4.5	0.7	1.5	1.9	1.1	1.9	0.9	2.4	1.0
	Province of Residence	1.2	2.2	1.1	0.5	0	0.9	0.2	4.0	0.9	1.7
Transplant recipients	Sex	0	0	0.1	0	0	0	0	0	0	0
	Race/Ethnic Origin	23.5	21.9	19.8	19.4	19.3	18.3	19.3	18.7	16.5	18.3
	Blood Type	3.9	3.1	4.7	4.9	2.2	1.6	4.1	2.8	1.0	1.4
	Residential Postal Code	1.7	0.9	1.8	1.0	0.8	0.9	0.8	1.4	0.4	0.3
	Cause of Death	32.4	29.5	34.9	32.8	34.9	29.4	30.2	32.3	36.2	39.7
	Diagnosis	2.8	3.5	7.2	4.2	4.1	6.1	5.5	5.7	4.9	3.2
	Medical Status at Listing (Heart, Liver, Lung Transplants)	3.2	3.8	2.8	2.9	4.6	3.3	10.1	7.3	23.8	30.5
	Medical Status at Transplant (Heart, Liver, Lung Transplants)	1.5	1.0	3.0	2.2	2.4	4.0	7.1	14.0	30.2	33.2
	Cause of Graft Failure (Transplants With Failed Grafts)	46.1	52.1	54.9	48.8	58.3	44.3	48.7	55.6	44.1	50.0

Note

* Recipients of first grafts for 2005 to 2014.

Table 10 presents a summary of the proportion of records with null and unknown values on key mandatory data elements within CORR for incident dialysis patients for each year in the period 2005 to 2014. Table 11 presents the same information stratified by province of treatment. Rates of non-response/unknowns greater than 10% are shaded.

Table 10 Non-response/unknown values for key analytical data elements related to incident dialysis patients registered in CORR by year, 2005 to 2014

Data type	Data element	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Total
Recipients	Sex	0	0	0	0	0	0	0.1	0.2	0.1	0.1	0
	Race/Ethnic Origin	4.7	6.5	5.1	4.4	5.7	4.5	4.1	5.0	5.5	4.8	5.1
	Residential Postal Code	1.1	0.8	1.1	1.7	1.0	0.8	0.8	1.7	1.3	1.1	1.1
	Diagnosis	12.6	13.1	14.8	13.4	14.2	12.6	10.7	14.8	13.6	20.1	13.9
	Cause of Death	33.1	32.3	33.5	34.2	36.3	37.3	37.6	46.9	49.7	60.1	36.3
Risk factors	Angina	9.2	11.8	11.1	13.2	15.5	13.2	8.8	9.4	7.7	4.2	10.6
	Coronary Artery Bypass/Angioplasty	9.4	11.2	10.7	12.4	13.8	11.9	7.1	8.2	6.4	3.0	9.6
	Pulmonary Edema	9.3	11.2	10.9	12.5	14.6	12.2	7.7	8.8	7.1	4.2	10.1
	Myocardial Infarct	9.0	11.0	10.5	12.5	14.2	12.1	7.9	8.7	6.7	3.6	9.8
	Diabetes	6.4	8.1	6.4	7.9	7.7	6.3	4.7	4.1	3.6	1.7	5.9
	Cerebrovascular Accident	8.5	11.0	10.1	12.3	14.1	11.8	6.8	8.3	6.8	3.5	9.5
	Peripheral Vascular Disease	9.1	11.5	11	12.9	15.3	12.8	7.7	8.8	7.0	3.8	10.2
	Malignancy	12.6	13.5	14.6	16.3	19.8	16.2	10.0	10.6	8.7	6.3	13.1
	Chronic Lung Disease	9.4	11.9	11.5	13.5	16.5	14.4	7.8	8.6	7.4	3.8	10.7
	Use of Medications for Hypertension	6.6	8.3	7.0	8.1	8.9	9.3	6.8	6.6	4.3	1.9	6.9
	Presence of Other Serious Illness	21.4	19.5	18.2	24.9	28.0	22.4	21.4	24.8	26.4	21.6	22.8
	Current Smoker	15.1	15.7	15.0	16.1	18.1	17.6	12.1	11.6	10.2	6.7	14.1

Table 11 Non-response/unknown values for key analytical data elements related to incident dialysis patients registered in CORR by province, 2005 to 2014

Data type	Data element	B.C.	Alta.	Sask.	Man.	Ont.	Que.	N.B.	N.S.	N.L.	Total
Recipients	Sex	0	0.1	0	0	0	0	0.4	0	0	0
	Race/Ethnic Origin	10.6	5.3	3.4	7.3	3.6	3.1	3.7	9.1	2.5	5.1
	Residential Postal Code	1.1	1.5	0.5	1.1	0.7	1.8	3.6	2.5	0.6	1.1
	Diagnosis	23.9	10.7	9.5	5.9	13.5	14.1	9.8	10.1	12.8	13.9
	Cause of Death	68.3	40.2	36.8	22.7	31.8	27.8	27.5	32.0	14.2	36.3
Risk factors	Angina	30.4	9.6	10.5	10.1	6.1	10.4	4.6	2.4	1.8	10.6
	Coronary Artery Bypass/Angioplasty	29.9	9.1	3.5	9.8	5.0	9.8	5.1	1.5	1.9	9.6
	Pulmonary Edema	29.5	8.8	8.1	9.7	5.5	10.8	4.5	2.0	2.3	10.1
	Myocardial Infarct	29.0	8.6	7.2	9.9	5.3	10.4	4.2	2.1	1.5	9.8
	Diabetes	21.7	3.6	0.9	6.2	2.6	6.2	2.1	0.7	0.4	5.9
	Cerebrovascular Accident	29.6	8.1	5.4	9.6	5.3	9.1	4.4	1.4	1.0	9.5
	Peripheral Vascular Disease	31.3	9.1	5.6	9.6	5.8	9.9	3.6	2.1	1.5	10.2
	Malignancy	34.0	13.5	8.4	12.2	8.1	13.9	7.6	3.0	4.6	13.1
	Chronic Lung Disease	32.3	9.8	7.8	10.6	6.2	9.2	5.3	3.3	2.6	10.7
	Use of Medications for Hypertension	26.9	3.4	1.6	6.2	3.1	6.8	2.8	1.0	0.6	6.9
	Presence of Other Serious Illness	65.3	24.0	14.0	15.1	14.0	18.9	20.2	11.1	5.7	22.8
	Current Smoker	35.4	10.8	13.1	14.3	8.1	18.0	14.4	4.5	2.7	14.1

Reliability/response bias: A formal linkage¹ of CORR data to the DAD and NACRS completed in 2008 found that patients who received a transplant or who have chronic renal failure are well reported in CORR. The coverage of transplants in CORR is 98.5% when compared with data on transplants in the DAD. For coverage of dialysis treatment in Ontario, patients receiving dialysis were comparable between CORR and NACRS.

In the same study, a recoding of 2006 data found the agreement rate between study coder and the CORR data on the primary renal disease was 59%, and the agreement on the type of renal disease was 71%. The study also observed that, in general, risk factors were under-reported in CORR.

However, in general, hazard ratios for various primary renal disease and risk factors were similar whether these were calculated using the CORR data or study data. Hazard ratios either remained less than 1 (indicating conditions that were protective of mortality) or remained greater than 1 (indicating conditions that increased the risk of mortality). However, the extent of the risk sometimes changed in magnitude. Unadjusted hazard ratios were similar when using the CORR data compared to the study data for the various primary renal diseases but were underestimated in CORR for several risk factors.

The results from the data quality study provided an understanding of the quality of CORR and identified areas for ongoing improvement. While CORR may contain the most comprehensive national data on treatment for end-stage organ failure at the present time, evaluation of completeness and accuracy of data will continue. Specifically, an investigation of the extent and impact of reporting completeness and accuracy of death status will be performed in the coming year, as patient and graft survival rates for transplant recipients in Canada continue to be higher than rates reported in other countries, likely due to under-reporting of failures and deaths.

Deaths on the waiting list, which are provided in the form of counts by OPOs, are likely to be underestimated because high-risk (medically urgent) patients are more likely to receive a transplant, and patients who are withdrawn from the list and subsequently die are not included within the death count, even if their deaths were attributable to lack of medical treatment (i.e., organ transplantation).

Recent database revisions

In 2000, the database underwent a major review involving a number of expert working groups. Data elements were in some cases eliminated or refined, and new data elements and reporting requirements were added. These changes became effective for reporting year 2001.

The main changes included the following:

- Expanded the treatment modalities for dialysis.
- Added data elements on pre-dialysis contact.
- Added data elements relating to cardiac function and inotrope use on the deceased donor profile.
- Created a standardized form for living donors.
- Added a follow-up survey of all dialysis recipients, designed to capture information on the ways in which current treatment corresponds to the *Clinical Practice Guidelines of the Canadian Society of Nephrology for the Treatment of Recipients With Chronic Renal Failure*.
- Refined the dialysis and renal facility profiles.
- Added data elements pertaining to liver tumours in liver transplant recipients.
- Added a follow-up questionnaire for all liver transplant recipients with diagnoses of hepatitis B, hepatitis C or liver tumours.
- Added comorbidities for transplant recipients and donors.
- Added data elements relating to transplant procedures.

A new data model was created, which was designed to improve the flexibility of the database for analysis and facilitate the accommodation of future changes.

In 2010, database functionality was enhanced to allow for the electronic submission and processing of dialysis data using defined submission specifications.

Reference

1. Canadian Institute for Health Information. [*Data Quality Study on the Canadian Organ Replacement Register*](#). 2009.

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