



# 2010–2011 Mandatory and Optional Data Elements Comparison

This appendix includes a comparative list of NACRS mandatory and optional data elements for all data submission options, along with a brief description of the data element. For a full description of each data element, please refer to the *NACRS Manual*.

<b>NACRS Data Elements 2010–2011</b>						
<b>Legend</b>						
M—mandatory; O—optional; MIA—mandatory if applicable; NA—not applicable						
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Data Element	Description	ED			Day Surgery	Other Ambulatory Care
		Level 1	Level 2	Level 3		
Reporting Facility's Province/Territory	A code used to identify provinces and territories	M	M	M	M	M
Reporting Facility's Ambulatory Care Number	A number assigned by provincial/territorial ministries to identify ambulatory facilities	M	M	M	M	M
Submission Fiscal Year	The reporting fiscal year (April 1 to March 31)	M	M	M	M	M
Submission Period	Calendar month of the data being reported	M	M	M	M	M
Abstract Identification Number	Unique identifier for each abstract submitted to CIHI	M	M	M	M	M
Coder Number	Facility-assigned number to identify the coder/abstractor	M	M	M	M	M
Chart Number	Facility-assigned unique identification number for patients	M	M	M	M	M
Health Care Number	Patient's unique health care coverage number	M	M	M	M	M
Province/Territory Issuing Health Care Number	Province/territory from which the health care number was issued	M	M	M	M	M
Responsibility for Payment	Primary group responsible for payment of services (for example, workers' compensation, self-pay)	M	M	M	M	M
Postal Code	A code assigned by Canada Post to identify the patient's place of residence	M	M	M	M	M
Residence Code (Geographic Code)	Identifies the area in which the patient resides	MIA	MIA	MIA	MIA	MIA
Gender	Patient's sex	M	M	M	M	M
Birth Date (or estimated birth date if not known)	Patient's birth date	M	M	M	M	M
Birth Date Is Estimated	Flag to indicate that all or part of the patient's date of birth is unknown	MIA	MIA	MIA	MIA	MIA
Ambulatory Registration Number	Facility-assigned number to associate the patient with a particular visit	O	O	O	O	O

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Data Element	Description	ED			Day Surgery	Other Ambulatory Care
		Level 1	Level 2	Level 3		
Ambulatory Registration/Encounter Sequence Number	A link for encounters with the same Ambulatory Registration Number where services are provided on a recurring basis	MIA	MIA	MIA	MIA	MIA
Visit MIS Functional Centre Account Code	Account number for statistical and financial reporting related to the service provided	M	M	M	M	M
Admit via Ambulance	Identifies patients brought in by ambulance	M	M	M	M	M
Ambulance Call Number	The call number on the ambulance report for patients brought by ambulance	NA	NA	O	O	O
Living Arrangement	Living situation of the patient at the time of the visit	NA	NA	O	O	O
Residence Type	Residential status of the patient at the time of the visit	NA	NA	O	O	O
Visit Type	Differentiates between planned and unplanned ED visits	O	O	MIA	NA	NA
Ambulatory Visit Status	Identifies patients who receive services on a recurring or continual basis for the same problem or reason	NA	NA	O	O	O
Mode of Visit/Contact	The method of patient contact (for example, face-to-face, telephone)	O	O	M	M	M
Highest Level of Education	Highest level of education reported by the patient	NA	NA	O	O	O
Arrival Date and Time	Date and time when the patient arrived at the ED (before triage)	O	O	O	NA	NA
Triage Date and Time	Date and time when the patient is triaged in the ED	MIA	MIA	MIA	NA	NA
Triage Level	Triage level assigned in the ED	MIA	MIA	MIA	NA	NA
Date of Registration/Visit	Date when the patient is officially registered as a patient	M	M	M	M	M
Time of Registration/Visit	Time when the patient is officially registered as a patient	M	M	M	M	O
Date and Time of Physician Initial Assessment	Date and time when the physician first assesses the patient	MIA	MIA	MIA	NA	NA
Referral Source Prior to Ambulatory Care Visit	The source from which the patient was referred to services in the reporting facility (self, other hospital, home care, etc.)	O	O	M	O	O
Institution From	Code to identify the facility from which the patient was directly transferred	NA	NA	MIA	MIA	MIA
Visit Disposition	Patient status at time of discharge/leaving ambulatory care service (home, admitted, transferred, etc.)	M	M	M	M	M
Referred To After Completion of Ambulatory Care Visit	Where the patient was referred to at the completion of the visit (outpatient clinic, family physician, etc.)	NA	NA	O	O	O

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Data Element	Description	ED			Day Surgery	Other Ambulatory Care
		Level 1	Level 2	Level 3		
Institution To	Code to identify the facility which the patient was directly transferred to	NA	NA	MIA	MIA	MIA
Provider Type	Identifies the role of the service provider in relation to the ambulatory care visit	NA	NA	MIA	MIA	MIA
Provider Service	The service the health professional is associated with (cardiology, physiotherapy, respiratory therapy, etc.)	NA	NA	MIA	MIA	MIA
Provider Number	Identification number associated with the service provider	NA	NA	MIA	MIA	MIA
Main and Other Problem Prefix	A prefix to distinguish/group diagnoses for study purposes	O	O	O	O	O
Main Problem	The problem the patient presents with that is clinically significant	O	O	M	M	M
Other Problem(s)	Other significant condition or circumstance which exists at the time of the client's visit	NA	NA	MIA	MIA	MIA
Main Intervention/ Other Intervention(s)	The procedure/intervention performed and considered the most clinically significant, as well as any other significant procedures/interventions	NA	NA	MIA	MIA	MIA
Main and Other Intervention Attributes— Status/Location/Extent	Additional details that do not impact the intent of the intervention	NA	NA	MIA	MIA	MIA
Duration of Ambulatory Care Intervention for Main and Other Interventions	The length of time it took to complete the procedure	NA	NA	O	O	O
Intervention Location Code for Main and Other Interventions	The location where the intervention took place (outpatient department, cardiac catheter lab, diagnostic imaging, etc.)	NA	NA	O	MIA	O
Anesthetic Technique	The method of anesthesia administered during an intervention (general, spinal, local, etc.)	NA	NA	MIA	MIA	MIA
Out-of-Hospital Indicator	Indicates that an intervention took place at another institution during an ambulatory care visit	NA	NA	MIA	MIA	MIA
Out-of-Hospital Institution Number	Indicates the facility where the off-site intervention took place	NA	NA	MIA	MIA	MIA
Blood Transfusion Indicator	Identifies whether a patient received a blood transfusion	NA	NA	MIA	MIA	MIA
Blood Components/ Products	Type of blood product or component transfused and received during a blood transfusion	NA	NA	MIA	MIA	MIA
Units of Blood Transfused	The number of units given for each blood component/product	NA	NA	O	O	O

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Data Element	Description	ED			Day Surgery	Other Ambulatory Care
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Number of Previous Term Deliveries	The number of previous full-term deliveries (37+ weeks)	NA	NA	MIA	MIA	MIA
Number of Previous Pre-Term Deliveries	The number of previous pre-term deliveries (20 to 36 weeks)	NA	NA	MIA	MIA	MIA
Number of Previous Spontaneous Abortions	The number of previous spontaneous abortions	NA	NA	MIA	MIA	MIA
Number of Previous Therapeutic Abortions	The number of previous therapeutic abortions	NA	NA	MIA	MIA	MIA
Gestational Age—Therapeutic Abortion	The gestational age must be recorded in completed weeks for patients having a therapeutic abortion	NA	NA	MIA	MIA	MIA
Date of Last Menses	The date of the patient's last menses	NA	NA	MIA	MIA	MIA
MIS Functional Centre Account Code	MIS Functional Centre Account codes related to the services provided during an ambulatory care visit	NA	NA	O	O	O
Special Project	Used to collect supplemental data	O	O	O	O	O
Program Area	Identifies the program area providing services	NA	NA	MIA	MIA	MIA
Scheduled ED Visit Indicator	Identifies an ED visit that had a pre-scheduled visit date and time	O	O	MIA	NA	NA
Glasgow Coma Scale	A clinical scoring system to assess the response of neurologically impaired patients	NA	NA	MIA	NA	NA
Seatbelt/Helmet Indicator	Identifies whether a patient was wearing a seatbelt or helmet at the time of the accident	NA	NA	MIA	NA	NA
Level of Care/Service Recipient	This data field is reserved for future development	NA	NA	NA	NA	NA
Referral Date	Date the patient was referred to an ambulatory care service	NA	NA	O	O	O
Vendor MAC/CACS/RIW	The values assigned by the software vendor (grouping methodology)	NA	NA	O	O	O
Complete Record	A flag to identify when data was collected from an incomplete record	NA	NA	O	O	O
Main Intervention Date/Start Time	Date and time when the main intervention started	NA	NA	O	O	O
Other Intervention Date/Start Time	Date and time when other interventions started	NA	NA	O	O	O
Reason for Visit/Chief Complaint	The symptom, complaint, problem or reason for seeking emergency medical care as identified by the patient	NA	NA	MIA	NA	NA
Disposition Date/Time	Date and time the decision was made about the patient's disposition	M	M	M	M	O







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Date and Time Patient Left Emergency Department (ED)	Date and time the patient physically left the ED	MIA	MIA	MIA	NA	NA
Ambulance Arrival Date/Time	Date and time when the ambulance pulled into the hospital driveway and arrived at the hospital	O	O	O	O	O
Ambulance Transfer of Care Date/Time	Date and time when the ambulance personnel turned over care of the patient to ED/hospital staff	O	O	O	O	O
Clinical Decision Unit Flag	Indicates if the patient was placed in a clinical decision unit during the emergency visit	O	O	O	NA	NA
Clinical Decision Unit Date In/Time In	Date and time when the patient arrived in the clinical decision unit	O	O	O	NA	NA
Clinical Decision Unit Date Out/Time Out	Date and time when the patient left the clinical decision unit	O	O	O	NA	NA
Main and Other Problem Cluster	Identifies when more than one ICD-10-CA diagnosis code is required to describe a circumstance or condition	NA	NA	MIA	MIA	MIA
Submission Level Code	Identifies the type of record (Level 1, 2 or 3)	M	M	M	M	M
Access to Primary Health Code	Identifies if a patient has access to primary health care through a family physician, family health team or walk-in clinic	O	O	M	O	O
 Specialist Consult Request Date and Time	Date and time when the initial request for a specialist consultation was made	O	O	O	O	O
 Specialist Consult Request Service	Indicates the service/specialty of the physician requested to consult	O	O	O	O	O
 Date and Time of Non-Physician Initial Assessment	Date and time when a patient is first assessed or evaluated by a non-physician provider	O	O	O	O	O
 Non-Physician Initial Assessment Provider Service	The specialty of the non-physician provider who performed the initial assessment of the patient	O	O	O	NA	NA
 Presenting Complaint List	The symptom, complaint, problem or reason for seeking emergency medical care as identified by the patient	O	MIA	O	NA	NA
 Emergency Department Discharge Diagnosis	The patient's diagnosis at the time of discharge from the emergency department	O	MIA	O	NA	NA