



Data Quality Documentation, Discharge Abstract Database—Current-Year Information, 2012–2013

Standards and Data Submission



Canadian Institute  
for Health Information

Institut canadien  
d'information sur la santé



## 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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# Abbreviations

Alta.	Alberta
B.C.	British Columbia
CAD	Clinical Administrative Databases
CCI	Canadian Classification of Health Interventions
CIHI	Canadian Institute for Health Information
DAD	Discharge Abstract Database
ED	emergency department
HCN	Health Care Number
HMDB	Hospital Morbidity Database
ICD-10-CA	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada
Man.	Manitoba
NACRS	National Ambulatory Care Reporting System
N.B.	New Brunswick
N.L.	Newfoundland and Labrador
N.S.	Nova Scotia
Nun.	Nunavut
N.W.T.	Northwest Territories
Ont.	Ontario
OOH	out-of-hospital
P.E.I.	Prince Edward Island
Que.	Quebec
Sask.	Saskatchewan
Y.T.	Yukon



## Purpose

This report, *Data Quality Documentation, Discharge Abstract Database—Current-Year Information*, is produced on a yearly basis and provides information on the quality of the data file for the relevant fiscal year. An associated report, *Data Quality Documentation, Discharge Abstract Database—Multi-Year Information*, provides background information to help users decide whether the data fits their needs. The *Data Quality Documentation, Discharge Abstract Database—Glossary of Terms* is also available.

## Coverage

- The Discharge Abstract Database (DAD) contains data on separations from acute inpatient institutions and selected day surgery, chronic, rehabilitation and psychiatric institutions. Data is collected on separations with a discharge date between April 1 and March 31 of the given fiscal year.
- All acute inpatient institutions except those in Quebec are mandated by their provincial/territorial ministry/department of health to submit to the DAD.
- Submission of day surgery data to the DAD is also mandated in all provinces/territories except Nova Scotia, Quebec, Ontario and Alberta.
  - Nova Scotia, Ontario and Alberta institutions continue to submit their day surgery data to the National Ambulatory Care Reporting System (NACRS), as in previous years.

Information about NACRS can be found in *Data Quality Documentation, National Ambulatory Care Reporting System*.
- Quebec acute inpatient and day surgery data is submitted to CIHI via the ministère de la Santé et des Services sociaux du Québec. Information about the Hospital Morbidity Database (HMDB) can be found in *Data Quality Documentation, Hospital Morbidity Database*.
- Analysts are advised to use Analytical Institution Type Codes to identify acute inpatient and day surgery separations.
- Throughout the fiscal year, institutions may open, close or merge. Of the acute and day surgery Institution Numbers reported in 2011–2012, four were no longer valid in 2012–2013. One institution closed, one institution stopped submitting to the DAD and two institutions changed their Institution Numbers. There were also four new Institution Numbers in 2012–2013 that did not exist in 2011–2012 (three from Ontario and one from Alberta).
- The rate of over-coverage from potential extra acute and day surgery abstracts in the DAD in 2012–2013 was 0.002%. There were 27 potential extra acute care abstracts and 42 potential extra day surgery abstracts.
- There were no sources of under-coverage in the DAD in 2012–2013.

## Non-Response

- Unit non-response refers to incomplete data that is submitted from institutions in the frame, whether at the institution or record level.
- The unit non-response rate at the institution level for acute inpatient institutions was 0.34% in the DAD in 2012–2013. This was because two Ontario institutions did not submit any data to CIHI in 2012–2013 as a result of staff shortages (a total of 245 missing abstracts).
- The unit non-response rate at the institution level for day surgery institutions was nil in the DAD in 2012–2013.
- The unit non-response rate at the record level was nil for acute inpatient and day surgery abstracts in the DAD in 2012–2013 among institutions that submitted files. All institutions that had no separations to report submitted data files indicating zero separations.



## Appendix A: DAD Data Tables

The following tables are based on the population of reference for the current fiscal year; the Analytical Institution Type Code was used to identify acute and day surgery institutions. The level of care of an institution may change over time due to hospital mergers or closures, or if CIHI's validation processes or analyses determine that it was previously incorrectly assigned. The totals reported in these tables reflect the levels of care recorded in the DAD at the time of database closure.

**Table 1: Number of Valid Institution Numbers Used to Report Separations in the DAD, by Province/Territory and Analytical Institution Type for the Population of Reference, 2012–2013**

Submitting Province/Territory	Acute Care	Day Surgery	Total
N.L.	33	13	46
P.E.I.	7	2	9
N.S.	33	N/A	33
N.B.	21	15	36
Que.	N/A	N/A	N/A
Ont.	165	N/A	165
Man.	73	27	100
Sask.	62	23	85
Alta.	95	N/A	95
B.C.	80	59	139
N.W.T.	4	4	8
Nun.	1	1	2
Y.T.	1	1	2
<b>Total</b>	<b>575</b>	<b>145</b>	<b>720*</b>

### Notes

\* Although there were 736 valid acute and day surgery Institution Numbers on the DAD frame, 720 acute and day surgery Institution Numbers were used to report separations to the DAD in 2012–2013. This is because 10 acute and 4 day surgery institutions had no separations to report, and 2 acute institutions did not submit any data in 2012–2013 due to staff shortages.

N/A: not applicable (Quebec institutions and day surgery institutions in Nova Scotia, Ontario and Alberta are not part of the DAD frame).

### Source

Discharge Abstract Database, 2012–2013, Canadian Institute for Health Information.

**Table 2: Number of Abstracts Submitted to the DAD, by Province/Territory and Analytical Institution Type for the Population of Reference, 2012–2013**

<b>Submitting Province/Territory</b>	<b>Acute Care</b>	<b>Day Surgery</b>	<b>Total N (%)</b>
<b>N.L.</b>	55,302	76,708	<b>132,010 (4.1)</b>
<b>P.E.I.</b>	15,327	11,947	<b>27,274 (0.8)</b>
<b>N.S.</b>	93,019	N/A	<b>93,019 (2.9)</b>
<b>N.B.</b>	88,279	43,496	<b>131,775 (4.1)</b>
<b>Que.</b>	N/A	N/A	<b>N/A</b>
<b>Ont.</b>	1,132,848	N/A	<b>1,132,848 (34.9)</b>
<b>Man.</b>	132,201	105,593	<b>237,794 (7.3)</b>
<b>Sask.</b>	136,938	115,418	<b>252,356 (7.8)</b>
<b>Alta.</b>	385,536	N/A	<b>385,536 (11.9)</b>
<b>B.C.</b>	428,259	411,123	<b>839,382 (25.8)</b>
<b>N.W.T.</b>	5,538	2,861	<b>8,399 (0.3)</b>
<b>Nun.</b>	1,858	857	<b>2,715 (0.1)</b>
<b>Y.T.</b>	3,471	2,058	<b>5,529 (0.2)</b>
<b>Total</b>	<b>2,478,576</b>	<b>770,061</b>	<b>3,248,637 (100.0)</b>

**Note**

N/A: not applicable (Quebec institutions and day surgery institutions in Nova Scotia, Ontario and Alberta are not part of the DAD frame).

**Source**

Discharge Abstract Database, 2012–2013, Canadian Institute for Health Information.

**Table 3: Percentage Change in Volume of DAD Abstracts Between 2011–2012 and 2012–2013, by Province/Territory and Analytical Institution Type for the Population of Reference**

Submitting Province/Territory	Acute Care	Day Surgery	Total
N.L.	-0.65	2.50	1.16
P.E.I.	-2.57	-5.02	-3.66
N.S.	-1.17	N/A	-1.17
N.B.	-2.67	-0.25	-1.88
Que.	N/A	N/A	N/A
Ont.	1.21	N/A	1.21
Man.	-1.22	-0.56	-0.93
Sask.	0.43	0.67	0.54
Alta.	2.50	N/A	2.50
B.C.	1.27	0.13	0.71
N.W.T.	0.78	-11.45	-3.75
Nun.	-3.63	9.17	0.07
Y.T.	1.02	5.54	2.66
<b>Total</b>	<b>0.94</b>	<b>0.21</b>	<b>0.77</b>

**Note**

N/A: not applicable (Quebec institutions and day surgery institutions in Nova Scotia, Ontario and Alberta are not part of the DAD frame).

**Source**

Discharge Abstract Database, 2011–2012 and 2012–2013, Canadian Institute for Health Information.

**Table 4: Number of Acute Care and Day Surgery Abstracts Submitted to the DAD With Missing, Invalid or Unknown Values in Selected Mandatory Fields, 2012–2013**

Field	Number of Acute and Day Surgery Abstracts With Missing, Invalid or Unknown Values	Percentage of Acute and Day Surgery Abstracts With Missing, Invalid or Unknown Values
Postal Code*	33,957	1.0453
Birthdate	1	0.0000
Admission Time	1,797	0.0553
Discharge Date	6	0.0002
Discharge Time	6,881	0.2118
Most Responsible Diagnosis	10	0.0003
Principal Intervention	9	0.0003

**Note**

\* Full six-digit postal codes that were not found in the latest Postal Code Conversion File from Statistics Canada (May 2011) are deemed invalid. Mini-postal codes that refer to a Canadian province/territory or to persons who are transient/homeless are deemed unknown.

**Source**

Discharge Abstract Database, 2012–2013, Canadian Institute for Health Information.

**Table 5: Number of Abstracts Submitted to the DAD, by Province/Territory and Analytical Institution Type, 2012–2013**

Submitting Province/ Territory	Acute Care	Day Surgery	Rehab.	Special Rehab.	Chronic Care	Psych.	Other*	Total
<b>N.L.</b>	55,302	76,708	0	0	0	1,081	0	<b>133,091</b>
<b>P.E.I.</b>	15,327	11,947	0	0	0	137	0	<b>27,411</b>
<b>N.S.</b>	93,019	0	440	112	0	501	0	<b>94,072</b>
<b>N.B.</b>	88,279	43,496	608	0	1,474	351	9,711	<b>143,919</b>
<b>Que.</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<b>N/A</b>
<b>Ont.</b>	1,132,848	0	0	246	858	580	0	<b>1,134,532</b>
<b>Man.</b>	132,201	105,593	0	0	27	193	4,235	<b>242,249</b>
<b>Sask.</b>	136,938	115,418	0	0	46	0	0	<b>252,402</b>
<b>Alta.</b>	385,536	0	2,013	0	0	3,355	5,379	<b>396,283</b>
<b>B.C.</b>	428,259	411,123	703	0	0	264	0	<b>840,349</b>
<b>N.W.T.</b>	5,538	2,861	0	0	60	0	0	<b>8,459</b>
<b>Nun.</b>	1,858	857	0	0	0	0	0	<b>2,715</b>
<b>Y.T.</b>	3,471	2,058	0	0	0	0	0	<b>5,529</b>
<b>Total</b>	<b>2,478,576</b>	<b>770,061</b>	<b>3,764</b>	<b>358</b>	<b>2,465</b>	<b>6,462</b>	<b>19,325</b>	<b>3,281,011</b>

**Notes**

\* Other levels of care include sub-acute, unclassified, home for the aged and organized outpatient.

NA: not applicable.

**Source**

Discharge Abstract Database, 2012–2013, Canadian Institute for Health Information.

## Appendix B: Mandatory DAD Fields

This appendix is intended to be used in conjunction with the *DAD Abstracting Manual*<sup>1</sup> available on CIHI's website, which provides details on provincial variations. The table below provides information on the acute inpatient data collection standards for the current fiscal year.

Legend	
<b>M</b>	Mandatory field
<b>Blank</b>	Optional field
<b>N/A</b>	Not applicable (Quebec institutions are not part of the DAD frame)

Group and Field No.	Field	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	N.W.T.	Y.T.	Nun.
01 01	Institution Number	M	M	M	M	N/A	M	M	M	M	M	M	M	M
01 03	Batch Year	M	M	M	M	N/A	M	M	M	M	M	M	M	M
01 04	Batch Period	M	M	M	M	N/A	M	M	M	M	M	M	M	M
01 05	Batch Number	M	M	M	M	N/A	M	M	M	M	M	M	M	M
01 06	Abstract Number	M	M	M	M	N/A	M	M	M	M	M	M	M	M
01 08	Coder Number	M	M	M	M	N/A	M	M	M	M	M	M	M	M
01 09	Chart Number	M	M	M	M	N/A	M	M	M	M	M	M	M	M
01 10	Register Number	M		M	M	N/A	M						M	
01 11	Second Chart/Register Number					N/A								
01 12	Maternal/Newborn Chart Number	M	M	M	M	N/A	M	M	M	M	M	M	M	M
03 01	Health Care Number	M	M	M	M	N/A	M	M	M	M	M	M	M	M
03 02	Postal Code	M	M	M	M	N/A	M	M	M	M	M	M	M	M

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Group and Field No.	Field	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	N.W.T.	Y.T.	Nun.
03 03	Residence Code	M		M	M	N/A	M			M		M		M
03 04	Gender	M	M	M	M	N/A	M	M	M	M	M	M	M	M
03 05	Prov./Terr. Issuing HCN	M	M	M	M	N/A	M	M	M	M	M	M	M	M
03 06	Responsibility for Payment	M	M	M	M	N/A	M	M	M	M	M	M	M	M
03 08	Birthdate	M	M	M	M	N/A	M	M	M	M	M	M	M	M
03 09	Birthdate Is Estimated	M	M	M	M	N/A	M	M	M	M	M	M	M	M
03 11–27	Prov./Terr. Ancillary Data			M		N/A			M	M	M			
04 01	Admission Date	M	M	M	M	N/A	M	M	M	M	M	M	M	M
04 02	Admission Time	M	M	M	M	N/A	M	M	M	M	M	M	M	M
04 04	Institution From	M	M	M	M	N/A	M	M	M	M	M	M	M	M
04 05	Admit Category	M	M	M	M	N/A	M	M	M	M	M	M	M	M
04 06	Entry Code	M	M	M	M	N/A	M	M	M	M	M	M	M	M
04 07	Admit via Ambulance	M	M	M	M	N/A	M	M	M	M	M	M	M	M
04 08	Readmission Code	M	M	M	M	N/A					M	M		M
04 13	Date Patient Left ED	M		M		N/A	M	M	M	M	M			
04 14	Time Patient Left ED	M		M		N/A	M	M	M	M	M			
05 01	Discharge Date	M	M	M	M	N/A	M	M	M	M	M	M	M	M
05 02	Discharge Time	M	M	M	M	N/A	M	M	M	M	M	M	M	M
05 04	Institution To	M	M	M	M	N/A	M	M	M	M	M	M	M	M
05 05	Discharge Disposition	M	M	M	M	N/A	M	M	M	M	M	M	M	M
07 01	Main Patient Service	M	M	M	M	N/A	M	M	M	M	M	M	M	M

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Group and Field No.	Field	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	N.W.T.	Y.T.	Nun.
07 02	Main Patient Subservice			M	M	N/A				M				
07 03	Weight (0–29 Days on Admission)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
07 04	Abstract Overflow					N/A								
08 01	Service Transfer (3 occurrences; mandatory for alternate level of care patients in all provinces/territories)	M			M	N/A	M	M	M	M	M			
08 02	Service Transfer Subservice				M	N/A				M				
08 03	Service Transfer Days (if Service Transfer coded)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
09 01	Provider Type (8 occurrences)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
09 02	Provider Number	M	M	M	M	N/A	M	M	M	M	M	M	M	M
09 03	Provider Service	M	M	M	M	N/A	M	M	M	M	M	M	M	M
10 01	Diagnosis Prefix (25 occurrences; Prefix 5, 6, 8 mandatory when applicable)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
10 02	Diagnosis Code (ICD-10-CA) (25 occurrences)	M	M	M	M	N/A	M	M	M	M	M	M	M	M

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Group and Field No.	Field	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	N.W.T.	Y.T.	Nun.
10 03	Diagnosis Cluster (25 occurrences; mandatory for drug-resistant micro-organisms, adverse effects in therapeutic use and post-intervention conditions)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
10 04	Diagnosis Type	M	M	M	M	N/A	M	M	M	M	M	M	M	M
10 05	Cancer Staging—Clinical Tumour					N/A								
10 06	Cancer Staging—Clinical Node					N/A								
10 07	Cancer Staging—Clinical Metastasis					N/A								
10 08	Cancer Staging—Pathology Tumour					N/A								
10 09	Cancer Staging—Pathology Node					N/A								
10 10	Cancer Staging—Pathology Metastasis					N/A								
10 11	Cancer Staging—Summary Stage					N/A								
11 01	Intervention Episode Start Date (formerly called Intervention Date) (20 occurrences)	M	M	M	M	N/A	M	M	M	M	M	M	M	M

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Group and Field No.	Field	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	N.W.T.	Y.T.	Nun.
11 02	Intervention Code (CCI)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
11 03	Status Attribute (if mandatory for CCI code)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
11 04	Location Attribute (if mandatory for CCI code)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
11 05	Extent Attribute (if mandatory for CCI code)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
11 06	Intervention Provider Number	M		M	M	N/A		M	M		M	M	M	M
11 07	Intervention Provider Service	M		M	M	N/A		M	M		M	M	M	M
11 08	Tissue Code					N/A								
11 10	Intervention Location (All)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
11 11	Anaesthetist	M			M	N/A	M	M			M	M		
11 12	Anaesthetic Technique	M	M	M	M	N/A	M	M	M	M	M	M	M	M
11 13	OOH Indicator	M	M	M	M	N/A	M	M	M	M	M	M	M	
11 14	OOH Institution Number	M	M	M	M	N/A	M	M	M	M	M	M	M	
11 15	Unplanned Return to Intervention Location	M				N/A			M	M	M			
11 16	Died During Intervention	M	M	M	M	N/A	M	M	M	M	M	M	M	M

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Group and Field No.	Field	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	N.W.T.	Y.T.	Nun.
11 17	Intervention Episode Start Time (mandatory for intervention episodes performed in Main OR or Cardiac Catheterization Room)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
11 18	Intervention Episode End Date (mandatory for intervention episodes performed in Main OR or Cardiac Catheterization Room)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
11 19	Intervention Episode End Time (mandatory for intervention episodes performed in Main OR or Cardiac Catheterization Room)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
11 20	Intervention Pre-Admit Flag (mandatory for specific interventions)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
13 01	SCU Death Indicator (6 occurrences)	M	M	M	M	N/A	M	M	M	M	M	M	M	M
13 02	SCU Unit Number	M	M	M	M	N/A	M	M	M	M	M	M	M	M
13 03	SCU Admit Date	M	M	M	M	N/A	M	M	M	M	M	M	M	M

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Group and Field No.	Field	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	N.W.T.	Y.T.	Nun.
13 04	SCU Admit Time	M	M	M	M	N/A	M	M	M	M	M	M	M	M
13 05	SCU Discharge Date	M	M	M	M	N/A	M	M	M	M	M	M	M	M
13 06	SCU Discharge Time	M	M	M	M	N/A	M	M	M	M	M	M	M	M
13 09	Glasgow Coma Scale	M	M	M	M	N/A	M	M	M	M	M	M	M	M
14 01–19	Basic Options					N/A								
15 02–14	Mental Health Indicators	M	M	M	M	N/A	M							
16 01–18	Project Information (5 occurrences)			M	M	N/A	M		M	M	M			
17 01–07	Blood Information	M	M	M	M	N/A	M	M	M	M		M	M	M
18 01–09	Reproductive Care Information	M	M	M	M	N/A	M	M	M	M	M	M	M	M
19 01–14	Licensed Vendor–Assigned Values			M	M	N/A		M						
19 15	Abstract Vendor ID Number	M	M	M	M	N/A	M	M	M	M	M	M	M	M



## Appendix C: DAD Field Evolution by Fiscal Year

This information must be referenced when performing trending analysis on DAD data and is intended to be used in conjunction with the *DAD Abstracting Manual*.<sup>1</sup> Please refer to the *DAD Abstracting Manual* or contact CIHI for details behind these changes.

Legend	
*	No change to existing field
C	Change in field definition
F	Change in field format
D	Deleted field
N	New field
O	Field did not exist that year

Group and Field No.	Field	ICD-10-CA/CCI Abstract										
		2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	
01 01	Institution Number	*	*	*	*	*	*	*	*	*	F	*
01 03	Batch Year	*	*	*	*	*	*	*	*	*	*	*
01 04	Batch Period	*	*	*	*	*	*	*	*	*	*	*
01 05	Batch Number	*	*	*	*	*	*	*	*	*	*	*
01 06	Abstract Number	*	*	*	*	*	*	*	*	*	*	*
01 08	Coder Number	*	*	*	*	*	*	F	*	*	*	*
01 09	Chart Number	*	*	*	*	*	*	*	*	*	*	*
01 10	Register Number	*	*	*	*	*	*	*	*	*	*	*
01 11	Second Chart/ Register Number	*	*	*	*	*	*	*	*	*	*	*
01 12	Maternal/Newborn Chart/Register Number	*	*	C	*	*	*	*	*	*	*	*
03 01	Health Care Number	*	*	*	*	F	C, F	C	*	*	*	*
03 02	Postal Code	*	*	*	*	C	*	*	*	C	*	*
03 03	Residence Code	*	*	*	*	*	*	*	*	*	*	*
03 04	Gender	*	*	*	*	*	*	*	*	*	*	*
03 05	Province/Territory Issuing HCN	*	*	*	*	*	C	C	*	*	*	*
03 06	Responsibility for Payment	*	*	*	*	*	*	*	*	*	*	*
03 08	Birthdate	*	*	*	*	*	*	*	*	C	*	*
03 09	Birthdate Is Estimated	*	*	*	*	*	*	*	*	C	*	*

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Group and Field No.	Field	ICD-10-CA/CCI Abstract									
		2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013
03 11–27	Provincial/Territorial Ancillary Data	*	*	*	*	*	*	*	C	*	*
04 01	Admission Date	*	*	*	*	*	*	*	*	*	*
04 02	Admission Time	*	*	*	*	*	*	*	*	C	*
04 04	Institution From	*	*	*	*	C	*	*	*	*	*
04 05	Admit Category	C	*	*	*	*	C	*	*	*	*
04 06	Entry Code	*	*	*	*	*	*	*	C	*	*
04 07	Admit via Ambulance	*	*	F	C, F	*	*	*	*	*	C
04 08	Readmission Code	*	*	C	*	*	C	*	*	*	*
04 11	ER Decision to Admit Date	*	*	*	*	D	O	O	O	O	O
04 12	ER Decision to Admit Time	*	*	*	*	D	O	O	O	O	O
04 13	Date Patient Left ED	*	*	*	*	*	*	*	*	*	*
04 14	Time Patient Left ED	*	*	F	*	*	*	C	*	*	*
05 01	Discharge Date	*	*	*	C	*	C	*	C	*	*
05 02	Discharge Time	*	*	*	C	*	C	*	*	C	*
05 04	Institution To	*	*	*	*	*	*	*	*	*	*
05 05	Discharge Disposition	C	*	*	*	*	C, F	*	*	*	*
07 01	Main Patient Service	*	*	*	C	*	*	*	*	*	*
07 02	Main Patient Subservice	*	*	*	*	*	*	*	*	*	*
07 03	Weight	*	*	*	*	*	*	*	*	*	*
07 04	Abstract Overflow	*	*	*	*	*	*	*	*	*	*
08 01	Service Transfer	*	*	*	C	*	*	*	*	*	*
08 02	Service Transfer Subservice	*	*	*	*	*	*	*	*	*	*
08 03	Service Transfer Days	*	*	*	*	*	*	*	*	*	*
09 01	Provider Type	*	*	*	*	*	C, F	C	*	*	*
09 02	Provider Number	*	*	*	*	*	*	*	*	*	*
09 03	Provider Service	*	*	F	*	C	F	C	C	C	C
10 01	Diagnosis Prefix	*	*	*	*	*	F	C	C	*	C
10 02	Diagnosis Code	*	*	C	*	*	*	*	*	*	*
10 03	Diagnosis Cluster	O	O	O	O	O	O	N	*	*	C
10 04	Diagnosis Type	C	C	F	*	C	C	*	*	*	C
10 05–11	Cancer Staging	*	*	*	*	*	*	*	*	*	*
11 01	Procedure/Intervention Date	*	*	*	*	C	C	D	O	O	O
11 01	Intervention Episode Start Date	O	O	O	O	O	O	N	*	*	*

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Group and Field No.	Field	ICD-10-CA/CCI Abstract									
		2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013
11 02	Procedure/Intervention Code	*	*	*	*	*	C	*	*	*	*
11 03/05	Intervention Attributes	*	*	*	*	*	*	*	*	*	*
11 06	Intervention Provider Number	*	*	*	*	*	*	*	*	C	*
11 07	Intervention Provider Service	*	*	*	*	*	*	*	*	*	*
11 08	Tissue Code	*	*	*	*	*	*	*	*	*	*
11 09	Intervention Time	F	*	*	*	*	*	D	O	O	O
11 10	Intervention Location	*	*	*	*	*	C	C	C	*	*
11 11	Anaesthetist	*	*	*	C	*	*	*	*	*	*
11 12	Anaesthetic Technique	C	*	F	*	*	C	C	C	*	*
11 13	Out-of-Hospital Indicator	*	*	*	*	*	C	C	C	*	*
11 14	Out-of-Hospital Institution Number	*	*	*	*	*	*	*	C	*	*
11 15	Unplanned Return to Intervention Location	*	*	*	*	*	*	*	*	*	*
11 16	Died in OR (name changed in 2012)	*	*	*	*	*	C	C	C	*	D
11 16	Died During Intervention (new name in 2012)	O	O	O	O	O	O	O	O	O	N
11 17	Intervention Episode Start Time	O	O	O	O	O	O	N	*	*	*
11 18	Intervention Episode End Date	O	O	O	O	O	O	N	*	*	*
11 19	Intervention Episode End Time	O	O	O	O	O	O	N	*	*	*
11 20	Intervention Pre-Admit Flag	O	O	O	O	O	O	N	C	C	C
13 01	SCU Death Indicator	*	*	*	*	*	*	*	*	*	C
13 02	SCU Unit Number	*	*	*	*	*	F	C	*	*	*
13 03	SCU Admit Date	*	*	*	*	*	*	*	*	*	*
13 04	SCU Admit Time	*	*	*	*	*	*	*	*	C	*
13 05	SCU Discharge Date	*	*	*	*	*	*	*	*	*	*
13 06	SCU Discharge Time	*	*	*	*	*	*	*	*	C	*
13 09	Glasgow Coma Scale	*	*	*	*	*	*	*	C	*	C
14 01–19	Basic Options	*	*	*	*	F	*	*	C	*	*
15 02–14	Mental Health Indicators	*	*	*	*	*	C	*	C	*	*
16 01–18	Project Information	*	*	*	C	F	*	*	C	C	C

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		ICD-10-CA/CCI Abstract									
Group and Field No.	Field	2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013
17 01–07	Blood Information	*	*	*	*	*	*	*	*	*	*
18 01–12	Reproductive Care	*	*	*	C	*	*	*	*	C	C
19 01–15	Vendor-Assigned Values	*	*	*	*	F	*	*	*	*	C



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