CPES-IC

Canadian Patient Experiences Survey

Inpatient Care Data Dictionary Manual

January 2019

Canadian Institute for Health Information
Institut canadien d'information sur la santé

Production of this document is made possible by financial contributions from Health Canada and provincial and territorial governments. The views expressed herein do not necessarily represent the views of Health Canada or any provincial or territorial government.

Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6
Phone: 613-241-7860
Fax: 613-241-8120
cihi.ca
copyright@cihi.ca

Cette publication est aussi disponible en français sous le titre *Dictionnaire de données du Sondage sur les expériences d'hospitalisation des patients canadiens, janvier 2019*.

Table of contents

Acknowledgements

The Canadian Institute for Health Information (CIHI) wishes to acknowledge and thank the members of the Inter-Jurisdictional Patient Experience Group who so willingly shared their time, experience and knowledge when developing the Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) and survey procedures.[i]

CIHI would also like to acknowledge and thank the many individuals within CIHI who contributed to the production of this manual.

Purpose of the Canadian Patient Experiences Survey — Inpatient Care Data Dictionary Manual

This manual provides detailed data element definitions, submission requirements for each data element, descriptions of permissible responses and guidelines for collecting each data element in the Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) Minimum Data Set (MDS).

This manual is intended to serve as a resource for organizations that are interested in implementing the CPES-IC and to provide them with an overview of the data elements required for data collection and submission to CIHI's Canadian Patient Experiences Reporting System (CPERS). This manual may also be useful for personnel at organizations implementing the CPES-IC who are responsible for data entry and collection.

CPES-IC data submitted to CIHI is used as a source for national comparative reports; as such, it is vital that the information captured be recorded precisely as outlined in this manual to ensure accurate and consistent reporting.

Important note: Data submission specifications are made available to organizations and/or vendors that have completed and returned their License Agreement Subscription package. This technical documentation provides detailed requirements and guidelines for CPES-IC data submission to CIHI. For more information about CPES-IC data submission specifications or vendor testing, send an email to help@cihi.ca.

---

i. At the time the survey was developed, the Inter-Jurisdictional Patient Experience Group consisted of the following members and organizations: Western Health (Newfoundland and Labrador), Health PEI, Capital Health (Nova Scotia), New Brunswick Health Council, Commissaire à la santé et au bien-être (Quebec), Ontario Hospital Association, Health Quality Ontario, Manitoba Health, Saskatchewan Health Quality Council, Alberta Health Services, Health Quality Council of Alberta and British Columbia Patient Reported Experience Measures Steering Committee.

Contact information

For more information about the CPES-IC or CPERS, contact CIHI at prems@cihi.ca.

Introduction to CIHI

About CIHI

The Canadian Institute for Health Information (CIHI) collects and analyzes information on health and health care in Canada and makes it publicly available. Canada's federal, provincial and territorial governments created CIHI as a not-for-profit, independent organization dedicated to forging a common approach to Canadian health information. CIHI's goal: to provide timely, accurate and comparable information. CIHI's data and reports inform health policies, support the effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health. For more information, visit our website at www.cihi.ca.

CIHI's Privacy and Security Program

CIHI has developed the *Privacy and Security Framework* to provide a comprehensive approach to privacy and security management. Based on best practices from across the public, private and health sectors, the framework is designed to coordinate CIHI's privacy and security policies and provide an integrated view of the organization's information management practices. The governance structure includes a chief privacy officer and general counsel (CPO/GC) and a chief information security officer (CISO).

The CPO/GC heads Privacy and Legal Services and is responsible for managing the Privacy program, providing privacy advice and support to program areas, ensuring that the suite of privacy policies and procedures is comprehensive and up to date, providing privacy training and awareness, conducting privacy impact assessments (PIAs) and audits, monitoring compliance, and benchmarking. The CPO/GC is also responsible for ensuring that appropriate data-sharing and other agreements are in place and for monitoring legal and other developments in the privacy arena.

The CISO heads Information Security and has overall day-to-day accountability for the confidentiality, integrity and availability of the data holdings within CIHI's custody and control and for ensuring that the Information Security program and suite are robust and up to date. The CISO is also responsible for providing information security training and awareness, conducting risk assessments and audits, benchmarking and monitoring industry best practices in information security. The CISO reports all significant audit findings to the Finance and Audit Committee of the Board of Directors.

Canadian Patient Experiences Reporting System

Background

Understanding and improving a patient's experience when he or she receives health services, interventions and care are integral to providing patient-centred care. In Canada, patient experience surveys are currently administered using a variety of tools and data collection methods, which do not allow for pan-Canadian comparisons. Using a standard survey tool is key to measuring and improving performance through comparative reporting.

To address information gaps and the lack of standardized patient experience information, the Canadian Patient Experiences Reporting System (CPERS) has been established to provide standardized patient experience information from across Canada. The information from CPERS will help us better understand and compare patient perspectives on health services, interventions and care received to inform and improve patient-centred care and patient outcomes in Canada.

Information from CPERS is used by health care providers, health system managers and policy-makers to

- Provide comparable data on the patient experience aspect of quality of care for reporting, monitoring and comparing performance; and
- Provide data from which to identify and inform quality and efficiency improvements and assess the effectiveness of health interventions to better support the integration of care for improved patient-centred care.

CPERS collects data about patient experiences in inpatient hospital stays across 3 hospital service lines (i.e., medical, surgical and maternity) via the Canadian Patient Experiences Survey — Inpatient Care (CPES-IC). Future expansions may include other sectors of care.

Development of the Canadian Patient Experiences Survey — Inpatient Care

The Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) is a standardized questionnaire that enables patients to provide feedback about the quality of care they received during their most recent stay in a Canadian acute care hospital. This standardized tool helps hospitals assess patient experiences with acute care, to inform the delivery of patient-centred care and quality improvement initiatives, and provide a platform for national comparisons and benchmarking for the measurement of patient experience.

CIHI has collaborated with the national and international research community as well as stakeholders across the country — including the Inter-Jurisdictional Patient Experience Group,[ii] Accreditation Canada, the Canadian Patient Safety Institute and The Change Foundation — to inform the development and pilot testing of the CPES-IC. The CPES-IC includes 22 items from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, 19 questions that address key areas relevant to the Canadian context and 7 questions that collect demographic information. Jurisdictions can add up to 10 of their own jurisdiction-specific questions to the survey. These additional questions and responses are meant for jurisdictional use only and will not be submitted to CIHI.

The CPES-IC was cognitively (May 2013) and pilot (September 2013) tested to ensure that questions are appropriate and understandable. The pilot testing included 2 modes of administration: mail and telephone. Pilot testing of the CPES-IC was conducted in selected hospital sites/jurisdictions in Ontario, Alberta and British Columbia in the appropriate language (French or English). The responses were used to improve the survey questions and survey flow.

Development of the Canadian Patient Experiences Reporting System

CIHI began developing CPERS in spring 2014. CPERS is accepting data for inpatient care based on the CPES-IC survey. Jurisdictions can continue to work with the vendor of their choice, which will submit survey data directly to CIHI in a way that meets the minimum data standards and is consistent with CIHI's current processes and privacy and security standards. To request detailed data submission requirements, email help@cihi.ca.

---

ii. At the time the survey was developed, the Inter-Jurisdictional Patient Experience Group consisted of the following members and organizations: Western Health (Newfoundland and Labrador), Health PEI, Capital Health (Nova Scotia), New Brunswick Health Council, Commissaire à la santé et au bien-être (Quebec), Ontario Hospital Association, Health Quality Ontario, Manitoba Health, Saskatchewan Health Quality Council, Alberta Health Services, Health Quality Council of Alberta and British Columbia Patient Reported Experience Measures Steering Committee.

Development of the Canadian Patient Experiences Survey — Inpatient Care Minimum Data Set

A critical first deliverable for the development of CPERS was identifying the information that should be collected by this system to capture inpatient experiences in hospitals: the CPES-IC Minimum Data Set (MDS). The CPES-IC MDS includes data elements to capture the patient's responses to the survey questions, information on the methods and processes used to administer the survey, and additional administrative information needed to support submissions, analysis and reporting. CIHI uses the term "minimum data set" to define the minimum or essential information needed by multiple stakeholders to fulfill the objectives of the CPES-IC and meet the necessary requirements of CPERS. To ensure the development of a data set that is valid and useful for its stated purpose, CIHI did an extensive review of its own and international standards and consulted with privacy and survey methodology experts.

The CPES-IC MDS standardizes the collection of patient experience information, ensures the comparability of data from participating organizations and ensures the minimum necessary data elements required for comparative reporting and analysis.

Overview of the information contained in the CPES-IC MDS

Submission requirements

Each data element in the CPES-IC MDS is assigned 1 of the following 2 submission requirement classifications:

M — Mandatory

These data elements must be completed and must fully adhere to the data submission specifications.[†]

The indicator "M*" is used to identify data elements that are conditionally mandatory (i.e., they depend on the coding of related data elements).

O — Optional

The collection and submission of these data elements are recommended but not mandatory.

Note

† Data submission specifications are made available to organizations and/or vendors that have completed and returned their License Agreement Subscription package.

Types of information

The CPES-IC MDS data elements are grouped into the following major categories: survey cycle data, organization profile and data submission information. A breakdown of the types of information captured within these categories is presented below.

Survey cycle data

Categories	Information captured within the category
Survey data (i.e., survey records)	**Administrative data elements** The administrative data elements are made up of the following types of information: • Administrative identifiers (e.g., Source Organization Identifier); • Patient administrative information (e.g., Health Care Number, Birthdate); and • Survey administrative information (e.g., Survey Language). **CPES-IC (Survey version: January 2019) data elements** The CPES-IC data elements capture the patient's responses to the survey questions. **Special projects** These data elements are used to collect supplemental data to meet the information needs of CIHI, the organization, the health authority or the ministry of health.
Survey cycle metadata	The survey cycle metadata captures information on the methods and processes used by organizations/vendors to administer the CPES-IC. The survey cycle metadata describes a set of survey data.

Organization profile

Organization profiles capture important administrative information (e.g., contact information) about participating organizations. Prior to the submission of survey cycle data for a given fiscal year, an organization profile for the submitting organization is required. In addition, submitting organizations can also provide organization profiles for each applicable source organization.

Updated profiles should be submitted whenever there are changes to contact and other organization administrative information.

Data submission information

To facilitate submission of CPES-IC data to CPERS, data submission information (e.g., submitting organization, data submission specification version) must be included in each file submission.

CPES-IC MDS data elements

The following table charts each of the data elements contained in the CPES-IC MDS. The legend for the table is as follows:

M Mandatory

O Optional

M* Conditionally mandatory (i.e., they depend on the coding of related data elements)

† For proportionate stratified random sampling and disproportionate stratified random sampling, values should be provided for each stratum.

‡ Applicable for telephone mode

Survey cycle data

Survey data

Administrative data elements

Data element identifier	Data element name	Submission requirement
Administrative identifiers		
A_1	Survey Identifier	M
Patient administrative information		
PA_1	Health Care Number	M
PA_2	Jurisdiction Issuing Health Care Number	M
PA_3	Organization Patient Identifier	M
PA_4	Organization Patient Identifier Type	M
PA_5	Gender	M
PA_6	Birthdate	M
PA_6b	Estimated Birthdate	O
PA_7	Discharge Date	M
PA_8	Service Line	M

Data element identifier	Data element name	Submission requirement
Survey administrative information		
SA_1	Survey Language	M
SA_2	Stratum Code	M*
SA_3	Survey Mode	M

CPES-IC (Survey version: January 2019) data elements

Data element identifier	Data element name	Submission requirement
Q1	Nurses Courtesy and Respect	M
Q2	Nurses Listen Carefully	M
Q3	Nurses Explain Things	M
Q4	Call Button	M
Q5	Doctors Courtesy and Respect	M
Q6	Doctors Listen Carefully	M
Q7	Doctors Explain Things	M
Q8	Cleanliness	M
Q9	Quietness	M
Q10	Bathroom Help Needed Flag	M
Q11	Help for Bathroom	M*
Q12	Needed Medicine for Pain Flag	M
Q13	Pain Controlled	M*
Q14	Help for Pain	M*
Q15	New Medicine Flag	M
Q16	New Medicine Explained	M*
Q17	Possible Side Effects Described	M*
Q18	Discharged to Information	M
Q19	Discuss Help After Discharge	M*
Q20	Written Information About Symptoms	M*
Q21	Overall Hospital Rating	M
Q22	Recommend Hospital to Friends and Family	M
Q23	Arrival via ED Flag	M
Q24	Admission Information	M*
Q25	Admission Organized	M*
Q26	ED Condition and Treatment Information	M*
Q27	ED Admission Information	M*
Q28	ED Wait	M*
Q29	ED Transfer to Hospital Bed Organized	M*

Data element identifier	Data element name	Submission requirement
Q30	Hospital Staff Communication About Care	M
Q31	Hospital Staff Informed About Care	M
Q32	Tests and Procedures Done on Time	M
Q33	Information About Condition and Treatment	M
Q34	Help With Anxieties, Fears, Worries	M
Q35	Patient Involvement in Decisions	M
Q36	Family and Friends Involvement in Decisions	M
Q37	Understanding of Medications Prior to Discharge	M
Q38	Information Provided if Worried After Discharge	M
Q39	Understanding of Condition	M
Q40	Helped by Hospital Stay	M
Q41	Overall Hospital Experience	M
Q42	Overall Physical Health	M
Q43	Overall Mental or Emotional Health	M
Q44	Education Level	M
Q47	In Hospital for Childbirth Experience	M
Q48	Race/Ethnicity <*Multiple Instances*>	M

Special projects

Data element identifier	Data element name	Submission requirement
P_a	Special Project Code <*Multiple Instances*>	O
P_b	Special Project Value <*Multiple Instances*>	O

Survey cycle metadata

Data element identifier	Data element name	Submission requirement
SP_0	Submission Type	M
X_1	Source Organization Identifier	M
SP_1	Survey Cycle Identifier	M
SP_2	Survey Procedures Manual Version	M
SP_3a	Survey Cycle Start Date	M
SP_3b	Survey Cycle End Date	M
SP_4	Sampling Method	M
SP_5a	Stratum Code <*Multiple Instances*†>	M*
SP_5b	Stratum Description <*Multiple Instances*†>	M*

Data element identifier	Data element name	Submission requirement
SP_6	Total Number of Eligible Discharges <*Multiple Instances*†>	M*
SP_7a	Number of Eligible Discharges, Maternity Care, Admission via ED, Female, 8–54	O
SP_7b	Number of Eligible Discharges, Maternity Care, Direct Admission, Female, 18–54	O
SP_7c	Number of Eligible Discharges, Surgical, Admission via ED, Female, 18–54	O
SP_7d	Number of Eligible Discharges, Surgical, Admission via ED, Female, 55–74	O
SP_7e	Number of Eligible Discharges, Surgical, Admission via ED, Female, 75+	O
SP_7f	Number of Eligible Discharges, Surgical, Admission via ED, Male, 18–54	O
SP_7g	Number of Eligible Discharges, Surgical, Admission via ED, Male, 55–74	O
SP_7h	Number of Eligible Discharges, Surgical, Admission via ED, Male, 75+	O
SP_7i	Number of Eligible Discharges, Surgical, Direct Admission, Female, 18–54	O
SP_7j	Number of Eligible Discharges, Surgical, Direct Admission, Female, 55–74	O
SP_7k	Number of Eligible Discharges, Surgical, Direct Admission, Female, 75+	O
SP_7l	Number of Eligible Discharges, Surgical, Direct Admission, Male, 18–54	O
SP_7m	Number of Eligible Discharges, Surgical, Direct Admission, Male, 55–74	O
SP_7n	Number of Eligible Discharges, Surgical, Direct Admission, Male, 75+	O
SP_7o	Number of Eligible Discharges, Medical, Admission via ED, Female, 18–54	O
SP_7p	Number of Eligible Discharges, Medical, Admission via ED, Female, 55–74	O
SP_7q	Number of Eligible Discharges, Medical, Admission via ED, Female, 75+	O
SP_7r	Number of Eligible Discharges, Medical, Admission via ED, Male, 18–54	O
SP_7s	Number of Eligible Discharges, Medical, Admission via ED, Male, 55–74	O
SP_7t	Number of Eligible Discharges, Medical, Admission via ED, Male, 75+	O
SP_7u	Number of Eligible Discharges, Medical, Direct Admission, Female, 18–54	O
SP_7v	Number of Eligible Discharges, Medical, Direct Admission, Female, 55–74	O
SP_7w	Number of Eligible Discharges, Medical, Direct Admission, Female, 75+	O
SP_7x	Number of Eligible Discharges, Medical, Direct Admission, Male, 18–54	O
SP_7y	Number of Eligible Discharges, Medical, Direct Admission, Male, 55–74	O
SP_7z	Number of Eligible Discharges, Medical, Direct Admission, Male, 75+	O
SP_8a	Number of Eligible Discharges, Maternity Care, Admission via ED, Female, 18–54 by Stratum <*Multiple Instances*†>	O
SP_8b	Number of Eligible Discharges, Maternity Care, Direct Admission, Female, 18–54 by Stratum <*Multiple Instances*†>	O
SP_8c	Number of Eligible Discharges, Surgical, Admission via ED, Female, 18–54 by Stratum <*Multiple Instances*†>	O
SP_8d	Number of Eligible Discharges, Surgical, Admission via ED, Female, 55–74 by Stratum <*Multiple Instances*†>	O

Data element identifier	Data element name	Submission requirement
SP_8e	Number of Eligible Discharges, Surgical, Admission via ED, Female, 75+ by Stratum <*Multiple Instances*†>	O
SP_8f	Number of Eligible Discharges, Surgical, Admission via ED, Male, 18–54 by Stratum <*Multiple Instances*†>	O
SP_8g	Number of Eligible Discharges, Surgical, Admission via ED, Male, 55–74 by Stratum <*Multiple Instances*†>	O
SP_8h	Number of Eligible Discharges, Surgical, Admission via ED, Male, 75+ by Stratum <*Multiple Instances*†>	O
SP_8i	Number of Eligible Discharges, Surgical, Direct Admission, Female, 18–54 by Stratum <*Multiple Instances*†>	O
SP_8j	Number of Eligible Discharges, Surgical, Direct Admission, Female, 55–74 by Stratum <*Multiple Instances*†>	O
SP_8k	Number of Eligible Discharges, Surgical, Direct Admission, Female, 75+ by Stratum <*Multiple Instances*†>	O
SP_8l	Number of Eligible Discharges, Surgical, Direct Admission, Male, 18–54 by Stratum <*Multiple Instances*†>	O
SP_8m	Number of Eligible Discharges, Surgical, Direct Admission, Male, 55–74 by Stratum <*Multiple Instances*†>	O
SP_8n	Number of Eligible Discharges, Surgical, Direct Admission, Male, 75+ by Stratum <*Multiple Instances*†>	O
SP_8o	Number of Eligible Discharges, Medical, Admission via ED, Female, 18–54 by Stratum <*Multiple Instances*†>	O
SP_8p	Number of Eligible Discharges, Medical, Admission via ED, Female, 55–74 by Stratum <*Multiple Instances*†>	O
SP_8q	Number of Eligible Discharges, Medical, Admission via ED, Female, 75+ by Stratum <*Multiple Instances*†>	O
SP_8r	Number of Eligible Discharges, Medical, Admission via ED, Male, 18–54 by Stratum <*Multiple Instances*†>	O
SP_8s	Number of Eligible Discharges, Medical, Admission via ED, Male, 55–74 by Stratum <*Multiple Instances*†>	O
SP_8t	Number of Eligible Discharges, Medical, Admission via ED, Male, 75+ by Stratum <*Multiple Instances*†>	O
SP_8u	Number of Eligible Discharges, Medical, Direct Admission, Female, 18–54 by Stratum <*Multiple Instances*†>	O
SP_8v	Number of Eligible Discharges, Medical, Direct Admission, Female, 55–74 by Stratum <*Multiple Instances*†>	O
SP_8w	Number of Eligible Discharges, Medical, Direct Admission, Female, 75+ by Stratum <*Multiple Instances*†>	O
SP_8x	Number of Eligible Discharges, Medical, Direct Admission, Male, 18–54 by Stratum <*Multiple Instances*†>	O
SP_8y	Number of Eligible Discharges, Medical, Direct Admission, Male, 55–74 by Stratum <*Multiple Instances*†>	O

Data element identifier	Data element name	Submission requirement
SP_8z	Number of Eligible Discharges, Medical, Direct Admission, Male, 75+ by Stratum <*Multiple Instances*†>	O
SP_9	Sample Size <*Multiple Instances*†>	M*
SP_10	Number of Non-Responses <*Multiple Instances*†>	M*

Organization profile

Data element identifier	Data element name	Submission requirement
OP_1a	Organization Role <*Multiple Instances*>	M
OP_1b	Organization Identifier	M
X_3	Vendor Identifier	M*
OP_2	Surveying Frequency	M*
OP_3a	Organization Coordinator Name	M
OP_3b	Organization Coordinator Email Address	M
OP_3c	Organization Coordinator Telephone	M
OP_4a	Data Submission Coordinator Name	M*
OP_4b	Data Submission Coordinator Email Address	M*
OP_4c	Data Submission Coordinator Telephone	M*

Data submission information

Data element identifier	Data element name	Submission requirement
X_2	Submitting Organization Identifier	M
X_3	Vendor Identifier	M
DS_1	Data Submission Specification Version	M
DS_2	Submission Purpose	M

Definitions and guidelines for collecting the CPES-IC MDS

This section provides a detailed description of each data element in the CPES-IC MDS. The following information is provided for each data element:

- Data element identifier
- Data element name
- Submission requirement
- Data element description
- Descriptions of permissible responses
- Collection instructions

Important note: Data submission specifications are made available to organizations and/or vendors that have completed and returned their License Agreement Subscription package. This technical documentation provides detailed requirements and guidelines for CPES-IC data submission to CIHI. For more information about this, email help@cihi.ca.

This section of the data dictionary manual is intended to provide high-level details on how the CPES-IC information should be collected. Detailed survey implementation information and administrative instructions are available in the *Canadian Patient Experiences Survey — Inpatient Care Procedure Manual*.

Survey cycle data

Survey data

Administrative data elements

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Administrative identifiers					
A_1	Survey Identifier	M	An organization-/vendor-assigned number that uniquely identifies a survey across all fiscal years	• String	Each new survey from a source organization must have a unique Survey Identifier. This identifier must be unique across all fiscal years. Each survey record should meet the minimum completion criteria outlined in the CPES-IC Procedures Manual; however, any questionnaire with at least one question completed should be included in submissions to CPERS.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Patient administrative information					
PA_1	Health Care Number	M	A jurisdictionally unique number used to identify a patient who has received or is receiving health care–related services or goods	• A valid Health Care Number for the issuing jurisdiction • Unknown • Not applicable	Provide a Health Care Number (the patient's unique health care number) that is assigned to the patient by the provincial/territorial or federal government. If the Health Care Number is not known and cannot be retrieved from records within the organization, *unknown* should be captured in this field. In cases where the Health Care Number is not applicable (e.g., if the patient is a resident of the United States or another country), *not applicable* should be captured in this field. *Not applicable* must be coded when Jurisdiction Issuing Health Care Number is *not applicable*. **Important note:** The Health Care Number provided should be consistent with submissions to other CIHI data holdings. For example, jurisdictions that send de-identified Health Care Numbers to CIHI's Discharge Abstract Database (DAD) should send Health Care Number to CPERS using the same de-identification methodology.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
PA_2	Jurisdiction Issuing Health Care Number	M	A code that identifies the jurisdiction issuing the Health Care Number	• Newfoundland and Labrador • Prince Edward Island • Nova Scotia • New Brunswick • Quebec • Ontario • Manitoba • Saskatchewan • Alberta • British Columbia • Yukon • Northwest Territories • Nunavut • Other (Indigenous Affairs, Veterans Affairs) • Unknown • Not applicable	Provide the Jurisdiction Issuing Health Care Number. Provide the Jurisdiction Issuing Health Care Number even when the Health Care Number is *unknown*. Code *other* if health care is covered by the federal government (e.g., Indigenous Affairs, Veteran Affairs). Code *unknown* if the Jurisdiction Issuing Health Care Number is not known and cannot be retrieved from records within the organization. Code *not applicable* in cases where the patient is not a resident of Canada and in other not applicable situations.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
PA_3	Organization Patient Identifier	M	A unique organization-assigned number (e.g., chart number) that identifies a patient who has received or is receiving health care–related services or goods	• String	Provide the Organization Patient Identifier. Each patient who receives health care services from the organization is given a unique number as a patient identifier. This means a patient with multiple health care events within an organization will have the same Organization Patient Identifier for each event. **Important note:** Sensitive personal health information (e.g., Health Care Number) must not be captured in this field.
PA_4	Organization Patient Identifier Type	M	A code used to indicate the type of identifier assigned to the patient by the organization	• Chart number • Other	Provide the Organization Patient Identifier Type. If the Organization Patient Identifier is a chart number (also known as a medical record number) that can be associated with a DAD health service event, *chart number* should be captured in this field. If the Organization Patient Identifier cannot be associated with a DAD health service event (e.g., a de-identified or encrypted Organization Patient Identifier), *other* should be captured in this field.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
PA_5	Gender	M	A code used to indicate the gender of the patient	• Male • Female • Other • Unknown	Provide the patient's Gender. It is preferred that organizations capture Gender from the patient's administrative record. If this is not possible, the patient's self-reported gender (reported via CPES-IC Q45 [Version January 2019]) can be used to populate this field. If Gender cannot be obtained from the patient's administrative record or from the CPES-IC, a response of *unknown* must be provided.
PA_6	Birthdate	M	The year, month and day that represent the date that the patient was born or is officially deemed to have been born	• YYYYMMDD • YYYYMM • YYYY • Unknown	Provide the patient's Birthdate. It is preferred that organizations capture the patient's full birthdate from his or her administrative record. If the full birthdate is not available, organizations can populate partial birthdates (i.e., year and month or year alone). Organizations that cannot access the patient's birthdate from his or her administrative record can populate this field using the patient's self-reported Year of Birth (reported via CPES-IC Q46 [Version January 2019]). If Birthdate cannot be obtained from the patient's administrative record or from the CPES-IC, a response of *unknown* must be provided.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
PA_6b	Estimated Birthdate	O	A code used to indicate if the patient's birthdate contains estimated values	• Yes • No	If the year, month and/or day is an estimate, then *yes* should be captured. Organizations that have access to patient age only should provide a Birthdate Year and capture *yes* for Estimated Birthdate. If the provided date is accurate and true, then *no* should be captured.
PA_7	Discharge Date	M	The full date when the patient was formally discharged	• YYYYMMDD	Provide the patient's full date of discharge.
PA_8	Service Line	M	A code that identifies a branch of health care, a specialty or an administrative category the patient falls under	• Maternity care • Medical • Surgical • Unknown	Provide the Service Line the patient belongs to. If Service Line cannot be determined, a response of *unknown* must be provided. *Updates* should be used to provide this information when it becomes available. Classification codes to map to the 3 Service Lines are currently under development. For more information, please send an email to prems@cihi.ca.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Survey Administrative Information					
SA_1	Survey Language	M	A 3-letter code representing the language of the survey	• See Appendix B for descriptions of permissible responses.	Provide the Survey Language used to administer the survey. For bilingual surveys administered in tumble or "flip-side" format, provide the language that corresponds to the language used by the patient to answer the survey questions. For bilingual surveys administered in other formats, please email prems@cihi.ca.
SA_2	Stratum Code	M*	A field used to indicate the organization-/vendor-defined code for the stratum the patient belongs to	• String	Provide a value for only *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods. The Stratum Code for the individual survey must correspond to one of the Stratum Codes identified in the Survey cycle metadata section.
SA_3	Survey Mode	M	A code used to indicate the mode of survey administration — either telephone, mail or online — used	• Telephone • Mail • Online	Provide the Survey Mode.

CPES-IC (Survey version: January 2019) data elements

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Patient's Care From Nurses					
Q1	Nurses Courtesy and Respect	M	A code used to indicate the patient-reported frequency with which nurses treated him or her with courtesy and respect	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
Q2	Nurses Listen Carefully	M	A code used to indicate the patient-reported frequency with which nurses listened carefully to him or her	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
Q3	Nurses Explain Things	M	A code used to indicate the patient-reported frequency with which nurses explained things in a way that he or she could understand	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
Q4	Call Button	M	A code used to indicate the patient-reported frequency with which he or she received help soon after pressing the call button	• Never • Sometimes • Usually • Always • Not applicable (*I never pressed the call button*) • Unknown	See Appendix A for general collection instructions.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Patient's Care From Doctors					
Q5	Doctors Courtesy and Respect	M	A code used to indicate the patient-reported frequency with which the doctors treated him or her with courtesy and respect	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
Q6	Doctors Listen Carefully	M	A code used to indicate the patient-reported frequency with which the doctors listened carefully to him or her	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
Q7	Doctors Explain Things	M	A code used to indicate the patient-reported frequency with which doctors explained things in a way that he or she could understand	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
The Hospital Environment					
Q8	Cleanliness	M	A code used to indicate the patient-reported frequency with which his or her room and bathroom were kept clean	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Q9	Quietness	M	A code used to indicate the patient-reported frequency with which the area around his or her room was quiet at night	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
Q10	Bathroom Help Needed Flag	M	A code used to indicate whether the patient reported needing help from nurses or hospital staff to get to the bathroom or to use a bedpan	• Yes • No • Unknown	See Appendix A for general collection instructions.
Q11	Help for Bathroom	M*	A code used to indicate the patient-reported frequency with which he or she got help to use the bathroom or bedpan	• Never • Sometimes • Usually • Always • Not applicable‡ • Unknown	If the response for Q10 is *no*, no response should be provided for this data element. *Not applicable* is permissible for *telephone* survey mode only. See Appendix A for general collection instructions.
Q12	Needed Medicine for Pain Flag	M	A code used to indicate whether the patient reported needing medicine for pain	• Yes • No • Unknown	See Appendix A for general collection instructions.
Q13	Pain Controlled	M*	A code used to indicate the patient-reported frequency with which his or her pain was well controlled	• Never • Sometimes • Usually • Always • Not applicable‡ • Unknown	If the response for Q12 is *no*, no response should be provided for this data element. *Not applicable* is permissible for *telephone* survey mode only. See Appendix A for general collection instructions.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Q14	Help for Pain	M*	A code used to indicate the patient-reported frequency with which the hospital staff did everything they could to help with his or her pain	• Never • Sometimes • Usually • Always • Not applicable‡ • Unknown	If the response for Q12 is *no*, no response should be provided for this data element. *Not applicable* is permissible for *telephone* survey mode only. See Appendix A for general collection instructions.
Q15	New Medicine Flag	M	A code used to indicate whether the patient reported being given any medicine that he or she had not taken before	• Yes • No • Unknown	See Appendix A for general collection instructions.
Q16	New Medicine Explained	M*	A code used to indicate the patient-reported frequency with which the hospital staff told him or her what any new medicine was for	• Never • Sometimes • Usually • Always • Not applicable‡ • Unknown	If the response for Q15 is *no*, no response should be provided for this data element. *Not applicable* is permissible for *telephone* survey mode only. See Appendix A for general collection instructions.
Q17	Possible Side Effects Described	M*	A code used to indicate the patient-reported frequency with which the hospital staff described the possible side effects of any new medicine in a way he or she could understand	• Never • Sometimes • Usually • Always • Not applicable‡ • Unknown	If the response for Q15 is *no*, no response should be provided for this data element. *Not applicable* is permissible for *telephone* survey mode only. See Appendix A for general collection instructions.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
When the Patient Left the Hospital					
Q18	Discharged to Information	M	A code used to indicate whether the patient reported going home, to someone else's home or to another health facility after he or she left the hospital	• Own home • Someone else's home • Another health facility • Unknown	See Appendix A for general collection instructions.
Q19	Discuss Help After Discharge	M*	A code used to indicate whether the patient reported doctors, nurses or other hospital staff spoke with him or her about having the help needed once he or she left the hospital	• Yes • No • Not applicable‡ • Unknown	If the response for Q18 is *another health facility*, no response should be provided for this data element. *Not applicable* is permissible for *telephone* survey mode only. See Appendix A for general collection instructions.
Q20	Written Information About Symptoms	M*	A code used to indicate whether the patient reported receiving written information about symptoms or health problems to look out for after leaving the hospital	• Yes • No • Not applicable‡ • Unknown	If the response for Q18 is *another health facility*, no response should be provided for this data element. *Not applicable* is permissible for *telephone* survey mode only. See Appendix A for general collection instructions.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Patient's Overall Rating of Hospital					
Q21	Overall Hospital Rating	M	A value representing the patient's overall rating of the hospital during his or her stay	• 0 (*worst hospital possible*) • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 (*best hospital possible*) • Unknown	See Appendix A for general collection instructions.
Q22	Recommend Hospital to Friends and Family	M	A code used to indicate whether the patient would recommend the hospital to friends and family	• Definitely no • Probably no • Probably yes • Definitely yes • Unknown	See Appendix A for general collection instructions.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Patient's Arrival at the Hospital					
Q23	Arrival via ED Flag	M	A code used to indicate whether the patient reported going to the emergency department (ED) when he or she arrived at the hospital	• Yes • No • Unknown	See Appendix A for general collection instructions.
Q24	Admission Information	M*	A code used to indicate the extent to which the patient reported receiving enough information about the admission to the hospital	• Not at all • Partly • Quite a bit • Completely • Unknown	If the response for Q23 is *yes*, no response should be provided for this question. See Appendix A for general collection instructions.
Q25	Admission Organized	M*	A code used to indicate the extent to which the patient reported that his or her admission to the hospital was organized	• Not at all • Partly • Quite a bit • Completely • Unknown	If the response for Q23 is *yes*, no response should be provided for this question. See Appendix A for general collection instructions.
Q26	ED Condition and Treatment Information	M*	A code used to indicate whether the patient reported being given enough information about his or her condition and treatment while in the ED	• Not at all • Partly • Quite a bit • Completely • Unknown	If the response for Q23 is *no*, no response should be provided for this question. See Appendix A for general collection instructions.
Q27	ED Admission Information	M*	A code used to indicate whether the patient reported being given enough information about the hospital admission process	• Not at all • Partly • Quite a bit • Completely • Unknown	If the response for Q23 is *no*, no response should be provided for this question. See Appendix A for general collection instructions.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Q28	ED Wait	M*	A code used to indicate whether the patient reported having to wait too long before being admitted to a hospital bed	• Yes • No • Unknown	If the response for Q23 is *no*, no response should be provided for this question. See Appendix A for general collection instructions.
Q29	ED Transfer to Hospital Bed Organized	M*	A code used to indicate whether the patient reported that his or her transfer from the ED into a hospital bed was organized	• Not at all • Partly • Quite a bit • Completely • Unknown	If the response for Q23 is *no*, no response should be provided for this question. See Appendix A for general collection instructions.
During the Patient's Hospital Stay					
Q30	Hospital Staff Communication About Care	M	A code used to indicate the patient-reported frequency with which he or she felt there was good communication about care between doctors, nurses and other hospital staff	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
Q31	Hospital Staff Informed About Care	M	A code used to indicate the patient-reported frequency with which doctors, nurses and other hospital staff seemed to be informed and up to date about his or her hospital care	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Q32	Tests and Procedures Done on Time	M	A code used to indicate the patient-reported frequency with which tests and procedures were done when he or she was told they would be done	• Never • Sometimes • Usually • Always • Not applicable (*I did not have any tests or procedures*) • Unknown	See Appendix A for general collection instructions.
Q33	Information About Condition and Treatment	M	A code used to indicate the patient-reported frequency with which the patient received all the information needed about his or her condition and treatment	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
Q34	Help With Anxieties, Fears, Worries	M	A code used to indicate the patient-reported frequency with which he or she received support to help with anxieties, fears or worries	• Never • Sometimes • Usually • Always • Not applicable • Unknown	See Appendix A for general collection instructions.
Q35	Patient Involvement in Decisions	M	A code used to indicate the patient-reported frequency with which he or she was involved as much as wanted regarding decisions about care and treatment	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Q36	Family and Friends Involvement in Decisions	M	A code used to indicate the patient-reported frequency with which his or her family and friends were involved in decisions about care and treatment	• Never • Sometimes • Usually • Always • I did not want them to be involved • I did not have family or friends to be involved • Unknown	See Appendix A for general collection instructions.
Leaving the Hospital					
Q37	Understanding of Medications Prior to Discharge	M	A code used to indicate the extent to which the patient felt he or she had a clear understanding about prescribed medications before leaving the hospital	• Not at all • Partly • Quite a bit • Completely • Not applicable • Unknown	See Appendix A for general collection instructions.
Q38	Information Provided if Worried After Discharge	M	A code used to indicate the extent to which the patient felt he or she received enough information from hospital staff regarding worries about his or her condition or treatment after discharge	• Not at all • Partly • Quite a bit • Completely • Not applicable‡ • Unknown	*Not applicable* is permissible for *telephone* survey mode only. See Appendix A for general collection instructions.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Q39	Understanding of Condition	M	A code used to indicate the extent to which the patient felt he or she had a better understanding of his or her condition after hospitalization	• Not at all • Partly • Quite a bit • Completely • Unknown	See Appendix A for general collection instructions.
The Patient's Overall Ratings					
Q40	Helped by Hospital Stay	M	A value representing the patient's overall rating of how he or she was helped by the hospital stay	• 0 (*not helped at all*) • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 (*helped completely*) • Unknown	See Appendix A for general collection instructions.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Q41	Overall Hospital Experience	M	A value representing the patient's overall rating of the hospital experience	• 0 (*I had a very poor experience*) • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 (*I had a very good experience*) • Unknown	See Appendix A for general collection instructions.
About the Patient					
Q42	Overall Physical Health	M	A code used to indicate the patient's self-reported overall physical health	• Excellent • Very good • Good • Fair • Poor • Unknown	See Appendix A for general collection instructions.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Q43	Overall Mental or Emotional Health	M	A code used to indicate the patient's self-reported overall mental or emotional health	• Excellent • Very good • Good • Fair • Poor • Unknown	See Appendix A for general collection instructions.
Q44	Education Level	M	A code used to represent the patient-reported level of schooling attained or received	• 8th grade or less • Some high school, but did not graduate • High school or high school equivalency certificate • College, CEGEP or other non-university certificate or diploma • Undergraduate degree or some university • Post-graduate degree or professional designation • Unknown	See Appendix A for general collection instructions.
Q47	In Hospital for Childbirth Experience	M	A code used to indicate whether the patient reported that her most recent hospital stay was for a childbirth experience	• Yes • No • Unknown	If the patient's Gender is *male*, no response should be provided for this question. See Appendix A for general collection instructions.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Q48	Race/Ethnicity	M	A patient's self-declared affiliation with a social group that has a common national or cultural tradition	• First Nations • Inuit • Métis • Indigenous/Aboriginal (not included above) • Arab • Black (North American, Caribbean, African, etc.) • Chinese • Filipino • Japanese • Korean • Latin American • South Asian (East Indian, Pakistani, Sri Lankan, etc.) • Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.) • West Asian (Iranian, Afghan, etc.) • White (North American, European, etc.) • Other • Unknown	Up to 16 instances can be submitted for Race/Ethnicity. If Race/Ethnicity response is *unknown*, then no other responses should be provided. Each provided Race/Ethnicity response must be unique. See Appendix A for general collection instructions.

Special Projects

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Multiple instances of the following 2 data elements can be provided.					
P_a	Special Project Code	O	A code used to indicate the project (or supplemental data) being captured	• String	Use these fields to capture reserved special projects (identified by Special Project Codes 001–499). Send an email to prems@cihi.ca before capturing data provider–specific projects using these fields. Appendix C provides detailed information on reserved projects. **Important note:** Patient identifiers (e.g., Health Care Number) must not be captured in these fields.
P_b	Special Project Value	O	A field used to collect supplemental data (i.e., data not already collected through the CPES-IC MDS) to meet the information needs of CIHI, the organization, the health authority or the ministry of health	• String	

Survey cycle metadata

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
SP_0	Submission Type	M	A code used to indicate whether the survey cycle data is new, requires updates or is to be deleted	• New • Update • Delete	All new survey cycle data submissions must be submitted as *new*. If changes or updates need to be made to survey cycle metadata and/or survey data, the *update* Submission Type is used. Deletions are used to delete all survey cycle data for a survey cycle identifier and source organization. Detailed information on Submission Types is available in the CPES-IC Data Submission Manual.
X_1	Source Organization Identifier	M	A unique CIHI-assigned identifier for the organization rendering the health care services	• String	Use the CIHI-assigned identifier.
SP_1	Survey Cycle Identifier	M	An organization-/vendor-assigned number that uniquely identifies survey cycle data for a source organization across all fiscal years A Survey Cycle corresponds to the time period used to sample patient discharges.	• String	Survey cycle data from a source organization must have a unique Survey Cycle identifier. This identifier must be unique across all fiscal years.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
SP_2	Survey Procedures Manual Version	M	A code used to indicate the version of the CPES-IC Procedure Manual being used to administer the CPES-IC survey	• A list of permissible versions is available in the CPES-IC Data Submission Specifications.	Provide the version of the CPES-IC Procedure Manual corresponding to the procedures being used to administer the survey at the organization.
SP_3a	Survey Cycle Start Date	M	The year, month and day that represent the start of the survey cycle used to sample patients	• YYYYMMDD	Provide the full dates corresponding to the start and end of the survey cycle used to sample patients. A survey cycle must be confined to a fiscal year. A fiscal year is defined as April 1 to March 31. **Example 1** An organization that conducts ongoing surveying for fiscal year 2013–2014 (i.e., the organization surveys patients discharged between April 1, 2013, and March 31, 2014) could capture the following: • Survey Cycle Start Date: 20130401 • Survey Cycle End Date: 20140331

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
SP_3b	Survey Cycle End Date	M	The year, month and day that represent the end of the survey cycle used to sample patients	• YYYYMMDD	**Example 2** An organization that surveys for 3 consecutive months (January, February, March) in fiscal year 2013–2014 (i.e., the organization surveys patients discharged between January 1, 2014, and March 31, 2014) would capture the following: • Survey Cycle Start Date: 20140101 • Survey Cycle End Date: 20140331 Organizations that conduct ongoing surveying can compile (and submit) their survey data as 4 separate quarterly survey cycles. **Note:** The Survey Cycle is the time between the Survey Cycle Start Date and the Survey Cycle End Date. The Survey Cycle corresponds to the time period used to sample patient discharges.
SP_4	Sampling Method	M	A code used to indicate the type of sampling used by the organization for the given survey cycle	• Census • Simple random sample • Proportionate stratified random sample • Disproportionate stratified random sample	Provide the sampling method used for the given survey cycle. See Appendix D for an overview of the applicable survey cycle metadata for each sampling method.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
SP_5a	Stratum Code	M*	An organization-/vendor-assigned code for each stratum used for the given survey cycle	• String	Provide Stratum Codes for only *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods. A minimum of 2 Stratum Codes is required.
SP_5b	Stratum Description	M*	An organization-/vendor-assigned description or name for each Stratum Code used for the given survey cycle	• String	Provide Stratum Descriptions for only *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods. A Stratum Description is required for each provided Stratum Code.
SP_6	Total Number of Eligible Discharges	M*	A value representing the total number of eligible patients discharged from the hospital (i.e., source organization) for the given survey cycle	• Numeric	Provide a value for *census* and *simple random sample* Sampling Methods. For *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods, provide a value for each Stratum Code.
SP_7a–SP_7z	* Number of Eligible Discharges by Service Line, Admission Source, Age Category and Sex * See Appendix E for detailed data element information.	O	Values representing the number of eligible patients discharged from the hospital (i.e., source organization) for the given survey cycle and for a particular Service Line, Admission Source, Sex and Age Category	• Numeric	Provide values for each of SP_7a to SP_7z for all Sampling Methods. **Note:** The collection of these data elements is optional to reduce the burden on data providers. However, organizations are strongly encouraged to capture this information.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
SP_8a–SP_8z	* Number of Eligible Discharges by Service Line, Admission Source, Age Category and Sex by Stratum * See Appendix E for detailed data element information.	O	Values representing the number of eligible patients discharged from the hospital (i.e., source organization) for the given survey cycle and for a particular Service Line, Admission Source, Sex and Age Category, captured by Stratum	• Numeric	These data elements are applicable only to *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods. For *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods, provide values for each of SP_8a to SP_8z for each Stratum Code. **Note:** The collection of these data elements is optional to reduce the burden on data providers. However, organizations are strongly encouraged to capture this information.
SP_9	Sample Size	M*	A value representing the number of eligible patients drawn into the sample for survey administration for the given survey cycle	• Numeric	Provide a value for *census* and *simple random sample* Sampling Methods. For *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods, provide the value for each Stratum Code.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
SP_10	Number of Non-Responses	M*	A value representing the number of non-responses for the given survey cycle Types of non-responses include the following: • Invalid/no phone number; • Invalid/no mailing address; • Invalid email address; • Non-response after maximum attempts (details outlined in the CPES-IC Procedure Manual); and • Patients who refuse to participate.	• Numeric	Provide a value for *census* and *simple random sample* Sampling Methods. For *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods, provide the value for each Stratum Code. The following categories must be omitted from the Total Number of Non-Responses value: • Patients who were alive at time of discharge but were deceased when the survey was administered; • Patients who were not qualified under the eligibility criteria (details outlined in the CPES-IC Procedure Manual); • Patients with a language barrier;§ and • Patients who cannot complete the survey because of mental and/ or physical capacity challenges (e.g., visual impairment). § Language barrier implies that the patient does not speak or read the language in which the survey is being administered.

Organization profile

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
OP_1a	Organization Role	M	The function, responsibility or competency that an organization may play, perform or be assigned	• Source: The organization rendering the health care services • Submitting: The organization responsible for submitting data to CIHI	Provide the Organization Role(s). Organizations can be a source, submitting or both.
OP_1b	Organization Identifier	M	A unique CIHI-assigned identifier for the organization rendering the health care services and/or responsible for submitting data to CIHI	• String	Use the CIHI-assigned identifier.
X_3	Vendor Identifier	M*	A unique CIHI-assigned identifier for the vendor that is responsible for producing a file submission that adheres to CIHI data submission specifications used by the submitting organization	• String	This data element is applicable only to organizations with a submitting role.
OP_2	Surveying Frequency	M*	A code used to indicate the frequency with which the source organization surveys patients as annual, every 2 years or every 3 years	• Annually • Every 2 years • Every 3 years	This data element is applicable only to organizations with a source role.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
OP_3a	Organization Coordinator Name	M	Contact information for the contact within an organization that acts as CIHI's primary contact regarding CPES-IC data	• String	Provide contact information for the Organization Coordinator. See Appendix F for information on the typical roles and responsibilities of Organization Coordinators.
OP_3b	Organization Coordinator Email Address	M		• A valid email address (e.g., first.name@hospitalABC.ca)	
OP_3c	Organization Coordinator Telephone	M		• A valid phone number	
OP_4a	Data Submission Coordinator Name	M*	Contact information for the contact within a submitting organization who is responsible for CPES-IC data submission–related activities (e.g., data submission, reviewing submission reports)	• String	This data element is applicable only to organizations with a submitting role. Provide contact information for the Data Submission Coordinator. See Appendix F for information on the typical roles and responsibilities of Data Submission Coordinators.
OP_4b	Data Submission Coordinator Email Address	M*		• A valid email address (e.g., first.name@hospitalABC.ca)	
OP_4c	Data Submission Coordinator Telephone	M*		• A valid phone number	

Data submission information

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
X_2	Submitting Organization Identifier	M	A unique CIHI-assigned identifier for the vendor or organization responsible for submitting data to CIHI	• String	Use the CIHI-assigned identifier.
X_3	Vendor Identifier	M	A unique CIHI-assigned identifier for the vendor that has developed the software to create a file that adheres to the data submission specifications used by the submitting organization	• String	Use the CIHI-assigned identifier. **Note:** The Vendor Identifier provided with each file submission will be validated against the vendor identifier provided in the submitting organization's organization profile.
DS_1	Data Submission Specification Version	M	A code used to indicate the version of the data submission specification being used to compile and extract data for submission to CIHI	• A list of permissible versions is available in the CPES-IC Data Submission Specifications.	Provide the technical documentation version being used to compile and submit CPES-IC data.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
DS_2	Submission Purpose	M	A code used to indicate whether the CPES-IC submission file contains live (i.e., production) data or test data	• Test • Live	Data to be processed and stored in CIHI's test environment (e.g., for vendor testing) must be submitted as *test*. Data to be processed and stored in the live (i.e., production) CPERS database must be submitted as *live*. To facilitate submissions and enhance data quality, participating organizations must provide test data to CIHI before providing live data. Detailed information on the organization testing process is available in the CPES-IC Data Submission Manual. All live (i.e., production) data must be submitted as *live*.

Appendix A: General guidelines for collection

The following guidelines for collection are applicable to all CPES-IC questions collected via paper and telephone survey modes.

Data element identifier	Guidelines for collection
Q1–Q48	For paper questionnaires: • If the proper value is not known (i.e., a mark/code is missing on a paper questionnaire, the mark falls equidistant between 2 response options or more than one response option is marked), a response of *unknown* should be provided for this data element. • If a mark on a paper questionnaire falls between 2 response options but is obviously closer to one than the other, provide the choice to which the mark is closest.
Q1–Q48	For telephone questionnaires: • In order to keep the interview moving forward, if a patient finds question Q11, Q13, Q14, Q16, Q17, Q19, Q20 or Q38 to be not applicable to himself or herself, a response of *not applicable* should be provided for this data element. • If the proper value is not known (i.e., a patient refuses to answer or the patient indicates that he or she doesn't know), a response of *unknown* should be provided for this data element.

Data element identifier	Guidelines for collection
Q1–Q48	When a patient makes an error in skip patterns or provides suspicious data, the responses originally provided by the patient should be submitted to CIHI. In other words, organizations/vendors are not to correct patient-reported data (i.e., keep original data intact) when preparing file submissions to CIHI. **Example of suspicious data** **45. What is your gender?** ■ Male □ Female □ Other **47. Was your most recent stay at this hospital for a childbirth experience?** ■ Yes □ No **Example of skip pattern error** **10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?** □ Yes ■ No → **If No, go to Question 12** **11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?** □ Never □ Sometimes ■ Usually □ Always

Appendix B: Permissible responses for Survey Language data element

Afrikaans
Akan
Albanian
Algonquin
American Sign Language
Amharic
Arabic
Armenian
Atikamekw
Azerbaijani
Babine
Bambara
Beaver
Belarusian
Bengali
Bikol
Bilin
Bosnian
Bulgarian
Burmese
Carrier
Catalan
Cayuga
Cebuano
Chilcotin
Chinese
Chinese, Hakka
Chinese, Mandarin
Chinese, Min Bei
Chinese, Min Dong
Chinese, Min Nan
Chinese, Min Zhong
Chinese, Pu-Xian
Chinese, Wu
Chinese, Yue (Cantonese)
Comox
Cree
Cree, Moose
Cree, Northern East
Cree, Plains
Cree, Southern East
Cree, Swampy
Cree, Woods
Croatian
Czech
Dakota
Danish
Dari
Dene Suline
Dinka
Dogrib
Dutch
Edo
English
Estonian
Ewe
Fijian
Finnish
French
Frisian, Western

Ga
Gaelic, Scottish
Ganda
Georgian
German
Gitxsan
Greek, Modern (1453–)
Gujarati
Gwich’in
Haida
Haisla
Haitian
Halkomelem
Han
Harari
Hebrew
Heiltsuk
Hiligaynon
Hindi
Hungarian
Icelandic
Igbo
Iloko
Inuinnaqtun
Inuktitut
Italian
Japanese
Kabyle
Kannada
Kashmiri
Kaska
Khmer, Central
Kinyarwanda
Konkani (macro language)
Korean
Kurdish
Kutenai
Kwakiutl
Lao
Latvian
Lillooet
Lingala
Lithuanian
Macedonian
Malagasy
Malay (macro language)
Malayalam
Malecite-Passamaquoddy
Maltese
Marathi
Michif
Micmac
Mohawk
Mongolian
Montagnais
Naskapi
Neo-Aramaic, Assyrian
Neo-Aramaic, Chaldean
Nepali (individual language)
Nisga’a
Norwegian
Nuu-chah-nulth
Ojibwa
Ojibwa, Severn
Okanagan
Oneida
Oriya (macro language)
Oromo

Ottawa
Pampanga
Pangasinan
Panjabi
Pashto
Persian
Polish
Portuguese
Pular
Quebec Sign Language
Romanian
Rundi
Russian
Salish, Straits
Sarsi
Sekani
Serbian
Serbo-Croatian
Shona
Shuswap
Siksika
Sindhi
Sinhala
Slave (Athapascan)
Slavey, North
Slavey, South
Slovak
Slovenian
Somali
Spanish
Squamish
Stoney
Swahili (macro language)
Swedish
Tagalog (Filipino)
Tahltan
Tamil
Telugu
Thai
Thompson
Tigrinya
Tlingit
Tsimshian
Turkish
Tutchone, Northern
Tutchone, Southern
Twi
Ukrainian
Urdu
Uyghur
Uzbek
Vietnamese
Vlaams
Waray (Philippines)
Welsh
Wolof
Yiddish
Yoruba
Unknown
Other

Appendix C: CPES-IC special projects

Overview of special projects

The Special Project data elements (P_a, P_b) are used to collect supplemental data that is not already collected through the CPES-IC MDS.

Reserved Special Projects (identified by Special Project Codes 001–499) are applicable to all participating organizations, and all organizations are strongly recommended to capture and submit this information to CPERS. Unreserved Special Projects (identified by Special Project Codes 500–999) are used to collect organization-specific supplemental data. Organizations may request an unreserved special project code by writing to prems@cihi.ca.

Project 001 — Lag Time

Participation

The collection and submission of lag time is recommended for all organizations.

Project overview

Special Project 001 is assigned by CIHI to capture lag time. Lag time represents the time period (in days) between the **patient's discharge date** and the **end of the data collection for that patient** (i.e., the date the survey was received at the organization).

Project completion guidelines

An instance of P_a and P_b should be collected and submitted with each survey record.

The following table provides a description of the data element, permissible responses and collection instructions.

Data element identifier	Data element name	Data element description for Project 001	Descriptions of permissible responses for Project 001	Collection instructions for Project 001
P_a	Special Project Code	A code used to indicate the lag time	• 001	Provide the Special Project Code of 001.
P_b	Special Project Value	A value used to represent the time period (in days) between a patient's discharge date and the end of the data collection for that patient	• Numeric	Provide the Lag Time value. For mail survey contact mode, lag time must be greater than or equal to 2 days and less than or equal to 84 days. For telephone and email contact survey modes, lag time must be greater than or equal to 2 days and less than or equal to 56 days.

Example

A patient was discharged on April 4, 2016, and the survey was mailed out on April 11, 2016. The survey was received at the hospital on April 25, 2016. The lag time between April 4, 2016, and April 25, 2016, is 21 days. The special project information (i.e., Lag Time) for the survey record for this patient should be captured as follows:

- P_a = 001
- P_b = 21

Refer to the Sample XML Data Submission File in the CPES-IC Data Submission Specifications for an XML fragment illustration.

Project 002 — Survey Contact Mode

Participation

The collection and submission of survey contact mode is recommended for all organizations.

Project overview

Special Project 002 is assigned by CIHI to capture the survey contact mode. Survey contact mode represents the *initial* contact mode used to reach the patient with respect to completing the CPES-IC.

Project completion guidelines

An instance of P_a and P_b should be collected and submitted with each Survey Record.

The following table provides a description of the data element, permissible responses and collection instructions.

Data element identifier	Data element name	Data element description for Project 002	Descriptions of permissible responses for Project 002	Collection instructions for Project 002
P_a	Special Project Code	A code used to indicate the survey contact mode	• 002	Provide the Special Project Code of 002.
P_b	Special Project Value	A code used to indicate the mode of initial contact with the patient regarding survey administration: telephone, mail or email	• Telephone • Mail • Email	Provide the Survey Contact Mode.

Examples

Example 1

A patient was initially contacted via telephone to complete the survey. The patient also responded to the survey over the telephone. The special project information (i.e., Survey Contact Mode) for the survey record for this patient should be captured as follows:

- P_a = 002
- P_b = Telephone

Additionally, as part of the MDS, the Survey Mode (SA_3) for this survey record should also indicate Telephone, because this is the mode by which the patient *responded* to the survey.

Example 2

A patient was mailed a letter that included a web link for submitting the survey securely online. The patient submitted the survey via the secure online website. The special project information (i.e., Survey Contact Mode) for the survey record for this patient should be captured as follows:

- P_a = 002
- P_b = Mail

Additionally, the Survey Mode (SA_3) for this survey record should indicate Online, because this is the mode by which the patient *submitted* the survey.

Refer to the Sample XML Data Submission File in the CPES-IC Data Submission Specifications for an XML fragment illustration.

Project 003 — Number of Attempts Made

Participation

The collection and submission of number of attempts made *including* the initial contact made is recommended for all organizations.

Project overview

Special Project 003 is assigned by CIHI to capture the number of attempts made. This represents the number of times the survey administrator (e.g., vendor, facility, jurisdiction) attempted to contact the patient (e.g., reminder letters or emails, follow-up phone calls) before receiving the survey from the patient. The *initial* contact is included in the count of number of attempts made.

Project completion guidelines

An instance of P_a and P_b should be collected and submitted with each Survey Record.

The following table provides a description of the data element, permissible responses and collection instructions.

Data element identifier	Data element name	Data element description for Project 003	Descriptions of permissible responses for Project 003	Collection instructions for Project 003
P_a	Special Project Code	A code used to indicate the number of attempts made	• 003	Provide the Project Code of 003.
P_b	Special Project Value	A value used to represent the number of attempts made by the survey administrator to contact the patient to complete the CPES-IC	• Numeric	Provide the Number of Attempts Made (including initial contact and all follow-up letters, emails or telephone calls). If the survey was received after only the initial contact, Number of Attempts Made must be coded as 1. The following telephone contacts must be counted as attempts: • Contact successfully made (leading to partial or full completion of survey) • Answering machine • Busy signal • No answer • Partial survey/interview • Patient or another individual (household member) requested a call back The Number of Attempts Made should be between 1 and 8.

Examples

Example 1 (Mail Mode)

A patient was first mailed the CPES-IC on April 1, 2016. On April 11 and April 25, follow-up reminder letters were sent to the patient. On May 5, the survey was received at the hospital. Therefore, a total of 3 attempts were made. The special project information (i.e., Number of Attempts Made) for the Survey Record for this patient should be captured as follows:

- P_a = 003
- P_b = 3

Example 2 (Telephone Mode)

A patient was first called on April 1, 2016, to complete the survey. During this call, the patient requested that the interviewer call back in 1 week. On April 8, the patient was contacted again by telephone to complete the survey but was not reached. On April 9, the patient was contacted a second time and this time the patient was reached and responded to the survey during the call. Therefore, a total of 3 attempts were made. The special project information (i.e., Number of Attempts Made) for the Survey Record for this patient should be captured as follows:

- P_a = 003
- P_b = 3

Example 3 (Telephone Mode)

A patient was first called on April 10, 2016, to complete the survey but was not reached. On April 11, the patient was contacted a second time and this time the patient was reached and responded to the survey during the call. Therefore, a total of 2 attempts were made. The special project information (i.e., Number of Attempts Made) for the Survey Record for this patient should be captured as follows:

- P_a = 003
- P_b = 2

Example 4 (Email Mode)

A patient was first emailed the survey on April 15, 2016. No further contact attempts were made as the survey was received at the hospital on April 25, 2016. The special project information (i.e., Number of Attempts Made) for the Survey Record for this patient should be captured as follows:

- P_a = 003
- P_b = 1

Refer to the Sample XML Data Submission File in the CPES-IC Data Submission Specifications for an XML fragment illustration.

Appendix D: Applicable survey cycle metadata by Sampling Method

The following is an overview of the survey cycle metadata that is applicable to *census* and *simple random sample* Sampling Methods.

Data element identifier	Data element name	Submission requirement
SP_0	Submission Type	M
X_1	Source Organization Identifier	M
SP_1	Survey Cycle Identifier	M
SP_2	Survey Procedures Manual Version	M
SP_3a	Survey Cycle Start Date	M
SP_3b	Survey Cycle End Date	M
SP_4	Sampling Method	M
SP_6	Total Number of Eligible Discharges	M
SP_7a–SP_7z	Number of Eligible Discharges by Service Line, Admission Source, Age Category and Sex	O
SP_9	Sample Size	M
SP_10	Number of Non-Responses	M

The following is an overview of the survey cycle metadata that is applicable to *proportionate stratified random sampling* and *disproportionate stratified random sampling* Sampling Methods.

Data element identifier	Data element name	Submission requirement
SP_0	Submission Type	M
X_1	Source Organization Identifier	M
SP_1	Survey Cycle Identifier	M
SP_2	Survey Procedures Manual Version	M
SP_3a	Survey Cycle Start Date	M
SP_3b	Survey Cycle End Date	M
SP_4	Sampling Method	M
SP_7a–SP_7z	Number of Eligible Discharges by Service Line, Admission Source, Age Category and Sex	O
SP_5a	Stratum Code <*Multiple Instances*†>	M
SP_5b	Stratum Description <*Multiple Instances*†>	M
SP_6	Total Number of Eligible Discharges <*Multiple Instances*†>	M
SP_8a–SP_8z	Number of Eligible Discharges by Service Line, Admission Source, Age Category and Sex by Stratum <*Multiple Instances*†>	O
SP_9	Sample Size <*Multiple Instances*†>	M
SP_10	Number of Non-Responses<*Multiple Instances*†>	M

Appendix E: Survey cycle metadata — Number of eligible discharges by service line, admission source, sex and age category

The following table provides details on the collection of the data elements used to capture the number of eligible discharges by service line, admission source, sex and age category.

For *census* and *simple random sample* Sampling Methods, values for each of SP_7a to SP_7z should be provided.

For *proportionate stratified random sampling* and *disproportionate stratified random sampling* Sampling Methods, values for each of SP_7a to SP_7z should be provided, as well as values for SP_8a to SP_8z for each Stratum Code.

Service line	Admission source	Sex	Age category	Data element identifier*	Data element name	Data element identifier†	Data element name
Maternity Care	Admission via ED	Female	18–54	SP_7a	Number of Eligible Discharges, Maternity Care, Admission via ED, Female, 18–54	SP_8a	Number of Eligible Discharges, Maternity Care, Admission via ED, Female, 18–54 by Stratum
Maternity Care	Direct Admission	Female	18–54	SP_7b	Number of Eligible Discharges, Maternity Care, Direct Admission, Female, 18–54	SP_8b	Number of Eligible Discharges, Maternity Care, Direct Admission, Female, 18–54 by Stratum
Surgical	Admission via ED	Female	18–54	SP_7c	Number of Eligible Discharges, Surgical, Admission via ED, Female, 18–54	SP_8c	Number of Eligible Discharges, Surgical, Admission via ED, Female, 18–54 by Stratum
Surgical	Admission via ED	Female	55–74	SP_7d	Number of Eligible Discharges, Surgical, Admission via ED, Female, 55–74	SP_8d	Number of Eligible Discharges, Surgical, Admission via ED, Female, 55–74 by Stratum
Surgical	Admission via ED	Female	75+	SP_7e	Number of Eligible Discharges, Surgical, Admission via ED, Female, 75+	SP_8e	Number of Eligible Discharges, Surgical, Admission via ED, Female, 75+ by Stratum

Service line	Admission source	Sex	Age category	Data element identifier*	Data element name	Data element identifier†	Data element name
Surgical	Admission via ED	Male	18–54	SP_7f	Number of Eligible Discharges, Surgical, Admission via ED, Male, 18–54	SP_8f	Number of Eligible Discharges, Surgical, Admission via ED, Male, 18–54 by Stratum
Surgical	Admission via ED	Male	55–74	SP_7g	Number of Eligible Discharges, Surgical, Admission via ED, Male, 55–74	SP_8g	Number of Eligible Discharges, Surgical, Admission via ED, Male, 55–74 by Stratum
Surgical	Admission via ED	Male	75+	SP_7h	Number of Eligible Discharges, Surgical, Admission via ED, Male, 75+	SP_8h	Number of Eligible Discharges, Surgical, Admission via ED, Male, 75+ by Stratum
Surgical	Direct Admission	Female	18–54	SP_7i	Number of Eligible Discharges, Surgical, Direct Admission, Female, 18–54	SP_8i	Number of Eligible Discharges, Surgical, Direct Admission, Female, 18–54 by Stratum
Surgical	Direct Admission	Female	55–74	SP_7j	Number of Eligible Discharges, Surgical, Direct Admission, Female, 55–74	SP_8j	Number of Eligible Discharges, Surgical, Direct Admission, Female, 55–74 by Stratum
Surgical	Direct Admission	Female	75+	SP_7k	Number of Eligible Discharges, Surgical, Direct Admission, Female, 75+	SP_8k	Number of Eligible Discharges, Surgical, Direct Admission, Female, 75+ by Stratum
Surgical	Direct Admission	Male	18–54	SP_7l	Number of Eligible Discharges, Surgical, Direct Admission, Male, 18–54	SP_8l	Number of Eligible Discharges, Surgical, Direct Admission, Male, 18–54 by Stratum
Surgical	Direct Admission	Male	55–74	SP_7m	Number of Eligible Discharges, Surgical, Direct Admission, Male, 55–74	SP_8m	Number of Eligible Discharges, Surgical, Direct Admission, Male, 55–74 by Stratum
Surgical	Direct Admission	Male	75+	SP_7n	Number of Eligible Discharges, Surgical, Direct Admission, Male, 75+	SP_8n	Number of Eligible Discharges, Surgical, Direct Admission, Male, 75+ by Stratum
Medical	Admission via ED	Female	18–54	SP_7o	Number of Eligible Discharges, Medical, Admission via ED, Female, 18–54	SP_8o	Number of Eligible Discharges, Medical, Admission via ED, Female, 18–54 by Stratum
Medical	Admission via ED	Female	55–74	SP_7p	Number of Eligible Discharges, Medical, Admission via ED, Female, 55–74	SP_8p	Number of Eligible Discharges, Medical, Admission via ED, Female, 55–74 by Stratum

Service line	Admission source	Sex	Age category	Data element identifier*	Data element name	Data element identifier†	Data element name
Medical	Admission via ED	Female	75+	SP_7q	Number of Eligible Discharges, Medical, Admission via ED, Female, 75+	SP_8q	Number of Eligible Discharges, Medical, Admission via ED, Female, 75+ by Stratum
Medical	Admission via ED	Male	18–54	SP_7r	Number of Eligible Discharges, Medical, Admission via ED, Male, 18–54	SP_8r	Number of Eligible Discharges, Medical, Admission via ED, Male, 18–54 by Stratum
Medical	Admission via ED	Male	55–74	SP_7s	Number of Eligible Discharges, Medical, Admission via ED, Male, 55–74	SP_8s	Number of Eligible Discharges, Medical, Admission via ED, Male, 55–74 by Stratum
Medical	Admission via ED	Male	75+	SP_7t	Number of Eligible Discharges, Medical, Admission via ED, Male, 75+	SP_8t	Number of Eligible Discharges, Medical, Admission via ED, Male, 75+ by Stratum
Medical	Direct Admission	Female	18–54	SP_7u	Number of Eligible Discharges, Medical, Direct Admission, Female, 18–54	SP_8u	Number of Eligible Discharges, Medical, Direct Admission, Female, 18–54 by Stratum
Medical	Direct Admission	Female	55–74	SP_7v	Number of Eligible Discharges, Medical, Direct Admission, Female, 55–74	SP_8v	Number of Eligible Discharges, Medical, Direct Admission, Female, 55–74 by Stratum
Medical	Direct Admission	Female	75+	SP_7w	Number of Eligible Discharges, Medical, Direct Admission, Female, 75+	SP_8w	Number of Eligible Discharges, Medical, Direct Admission, Female, 75+ by Stratum
Medical	Direct Admission	Male	18–54	SP_7x	Number of Eligible Discharges, Medical, Direct Admission, Male, 18–54	SP_8x	Number of Eligible Discharges, Medical, Direct Admission, Male, 18–54 by Stratum
Medical	Direct Admission	Male	55–74	SP_7y	Number of Eligible Discharges, Medical, Direct Admission, Male, 55–74	SP_8y	Number of Eligible Discharges, Medical, Direct Admission, Male, 55–74 by Stratum
Medical	Direct Admission	Male	75+	SP_7z	Number of Eligible Discharges, Medical, Direct Admission, Male, 75+	SP_8z	Number of Eligible Discharges, Medical, Direct Admission, Male, 75+ by Stratum

Notes

* Captured for all Sampling Methods.

† Captured for *proportionate stratified random sampling* and *disproportionate stratified random sampling* Sampling Methods only. A set of SP_8a to SP_8z is to be captured for each stratum.

Appendix F: Organization coordinator and data submission coordinator descriptions

Organization coordinator description

The organization coordinator will have varying responsibilities depending on the processes in place at a particular organization; however, as a general rule, the organization coordinator is CIHI's first point of contact within an organization regarding CPES-IC data. In some cases, the organization coordinator may also act as the data submission coordinator, so this person should always have a good understanding of data submission processes. Other responsibilities of the organization coordinator may include the following:

- Ensuring communication between CIHI and the organization (i.e., disseminating CIHI's materials and reports to staff and bringing questions/issues from the organization to CIHI);
- Identifying/confirming key players, such as the data submission coordinator and those requiring access to CIHI's secure electronic Data Submission Services (eDSS) and submission reports;
- Responding to CIHI's submission reports, in collaboration with the data submission coordinator; and
- Ensuring the completeness and accuracy of data by conducting data quality checks.

Data submission coordinator description

Data submission personnel are fundamental to ensuring the accurate and timely submission of CPES-IC data to CIHI. Some of the roles and responsibilities for the data submission coordinator may include the following:

- Reviewing submission files for completeness and accuracy;
- Coding the required administrative and survey cycle metadata data elements or liaising with staff responsible for completing these data elements, depending on the organization's practices;
- Extracting the data and submitting files to CPERS through CIHI's secure eDSS;
- Accessing, reviewing and distributing the submission reports;
- Reviewing the reasons for any rejections or warning flags and resubmitting data as necessary;
- Monitoring and examining data quality issues;
- Liaising with CIHI regarding data file submission issues; and
- Submitting the organization's test data.

Appendix G: Standards used in the CPES-IC MDS

When available and applicable, pan-Canadian standards were referenced and used to develop the CPES-IC MDS content. CIHI also referred to other CIHI databases and Canadian and international patient experience survey tools.

Data elements	Sources
PA_2 — Jurisdiction Issuing Health Care Number	ISO 3166-1:2006 (Edition 2)
SA_1 — Survey Language	ISO 639-3:2007, Merriam-Webster Dictionary
PA_4, PA_5, PA_8, SA_3, SP_7a–SP_7z, SP_8a–SP_8z, Q18, DS_2	HL7
Q1–Q22, Q43 — *Various data elements corresponding to HCAHPS questions*	Centers for Medicare and Medicaid Services. *CAHPS Hospital Survey (HCAHPS): Quality Assurance Guidelines*. 2013.
Q44 — Education Level	HL7, Statistics Canada, SNOMED CT, METeOR
Q48 — Race/Ethnicity	Statistics Canada (Population Group, Aboriginal Persons), NCI (CDC Ethnicity Code), Merriam-Webster Dictionary
PA_8, SA_1, SA_3, SP_4, SP_5, SP_6 — Various administrative and survey cycle metadata data elements	Centers for Medicare and Medicaid Services. *CAHPS Hospital Survey (HCAHPS): Quality Assurance Guidelines*. 2013.
Missing Value Reasons *(unknown, not applicable, other)*	HL7, NCI, CIHI Data Warehouse

Appendix H: Glossary of initialisms and acronyms

CEGEP: collège d'enseignement général et professionnel

CIHI: Canadian Institute for Health Information

CISO: chief information security officer

CPERS: Canadian Patient Experiences Reporting System

CPES-IC: Canadian Patient Experiences Survey — Inpatient Care

CPES-IC MDS: Canadian Patient Experiences Survey — Inpatient Care Minimum Data Set

CPO/GC: chief privacy officer and general counsel

DAD: Discharge Abstract Database

eDSS: electronic Data Submission Services

HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems

PIAs: privacy impact assessments

Appendix I: Summary of changes to the CPES-IC Data Dictionary Manual

The following table outlines the major changes between the CPEC-IC MDS released since the May 2014.

Data element identifier	Data element name	Description of change	Release date
Q48	Race/Ethnicity	Added additional information to permissible responses and re-ordered list	January 2019
PA_1, PA_2	Health Care Number, Jurisdiction Issuing Health Care Number	Updated the submission requirement for Health Care Number and Jurisdiction Issuing Health Care Number to mandatory and updated descriptions of permissible responses and collection instructions.	December 2017
SA_1	Survey Language	Included additional Survey Language permissible responses.	December 2017
Q48	Race/Ethnicity	Disaggregated response option of *First Nations, Métis, Inuk or mixed (others may say Aboriginal or Indigenous)* into 4 groups: *First Nations*, *Inuit*, *Metis* and *Indigenous/Aboriginal (not included elsewhere)*.	December 2016
Q11, Q13, Q14, Q16, Q17, Q19, Q20, Q38	Various	*Not applicable* response category added to Description of Permissible Responses for the *telephone* survey mode and collection guidelines updated.	December 2016
n/a	n/a	Updated Appendix A: General guidelines for collection.	December 2016
P_a, P_b	Special Project Code, Special Project Value	Corrected calculation error in the example for lag time. Clarified the Number of Attempts Made coding guidelines and added more examples.	December 2015
P_a, P_b	Special Project Code, Special Project Value	Added Appendix B, which includes Lag Time, Survey Contact Mode and Number of Attempts Made.	October 2015
SP_10	Number of Non-Responses	Modified and re-introduced data element.	December 2014
PA_8	Service Line	Modified the data element description and collection guidelines.	December 2014

Data element identifier	Data element name	Description of change	Release date
A_1, X_1, X_2, X_3, PA_3, SA_2, P_a, P_b, X_1, SP_1, SP_5a, SP_5b, OP_1b, OP_3a, OP_4a	Various	Updated format in the Description of Permissible Responses.	December 2014
n/a	n/a	Reorganized the data elements according to updated categories outlined in the Types of information section.	October 2014
n/a	n/a	Added data submission information to the MDS.	October 2014
n/a	n/a	Added detailed information to the Organization profile section of the MDS.	October 2014
n/a	n/a	Updated all data element identifiers.	October 2014
n/a	n/a	Added a general guideline for collection to Appendix A for telephone questionnaires.	October 2014
n/a	n/a	Added a general guideline for collection to Appendix A regarding the submission of the responses originally provided by the patient.	October 2014
A_1	Survey Identifier	Added a note regarding survey completion criteria.	October 2014
PA_6b	Estimated Birthdate	New data element added.	October 2014
SA_1	Survey Language	Added a collection instruction for bilingual surveys.	October 2014
SA_3	Survey Mode	Updated the list of permissible responses.	October 2014
SP_1	Survey Cycle Identifier	New data element added.	October 2014
SP_3a, SP_3b, SP_5a, SP_5b, SP_6, SP_9	Survey Cycle Start Date, Survey Cycle End Date, Stratum Code, Stratum Description, Total Number of Eligible Discharges, Sample Size	Updated the data element names and collection guidelines.	October 2014
SP_7a–SP_7z, SP_8a–SP_8z	Various data elements to capture Number of Eligible Discharges by Service Line, Admission Source, Age Category and Sex	New data elements added.	October 2014

Data element identifier	Data element name	Description of change	Release date
DS_1	Data Submission Specification Version	Updated the data element name and added a description of permissible responses.	October 2014
OP_2	Surveying Frequency	Updated descriptions of permissible responses.	October 2014
n/a	Survey Version	Data element removed.	October 2014
n/a	Survey Weight	Data element removed.	October 2014
n/a	Number of Complete Responses	Data element removed.	October 2014
n/a	Number of Non-Responses	Data element temporarily removed.	October 2014

help@cihi.ca

CIHI Ottawa
495 Richmond Road
Suite 600
Ottawa, Ont.
K2A 4H6
613-241-7860

CIHI Toronto
4110 Yonge Street
Suite 300
Toronto, Ont.
M2P 2B7
416-481-2002

CIHI Victoria
880 Douglas Street
Suite 600
Victoria, B.C.
V8W 2B7
250-220-4100

CIHI Montréal
1010 Sherbrooke Street West
Suite 602
Montréal, Que.
H3A 2R7
514-842-2226

cihi.ca

19111-0119