DAD

DAD
Data Elements

2024–2025

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.

Unless otherwise indicated, this product uses data provided by Canada's provinces and territories.

All rights reserved.

The contents of this publication may be reproduced unaltered, in whole or in part and by any means, solely for non-commercial purposes, provided that the Canadian Institute for Health Information is properly and fully acknowledged as the copyright owner. Any reproduction or use of this publication or its contents for any commercial purpose requires the prior written authorization of the Canadian Institute for Health Information. Reproduction or use that suggests endorsement by, or affiliation with, the Canadian Institute for Health Information is prohibited.

For permission or information, please contact CIHI:

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

© 2024 Canadian Institute for Health Information

How to cite this document:
Canadian Institute for Health Information. *DAD Data Elements, 2024–2025*. Ottawa, ON: CIHI; 2024.

Cette publication est aussi disponible en français sous le titre *Éléments de données de la BDCP, 2024-2025*.

DAD Data Elements, 2024–2025

The following three tables provide a comparative list of DAD mandatory and optional data elements for **Acute Inpatient** and **Day Surgery** abstracts by submitting jurisdiction, along with a brief description of the data element.

Please refer to the latest version of the *DAD Abstracting Manual* for full details on each data element.

Table 1: DAD Data Elements, 2024–2025 — Acute Care

Table 2: DAD Data Elements, 2024–2025 — Day Surgery

Table 3: DAD Data Elements, 2024–2025 — Group 19 Licensed Vendor Assigned Values

Acute Inpatient

Table 1 DAD Data Elements, 2024–2025 — Acute Care

Legend
M — mandatory; O — optional; M* — conditional mandatory; D — derived; NA — not applicable

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 01 — Submission Control Data Elements	01	Institution Number	A five-character code assigned to a reporting facility by a provincial/territorial ministry of health identifying the facility and the level of care of the data submitted.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	02	Batch Count	Batch Count indicates the number of records contained within the batch.	M	M	M	M	NA	M	M	M	M	M	M	M	M

Group	Field	Data Element Name	Description	Field Status											
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 01 — Submission Control Data Elements (continued)	03	Batch Year	The year the patient was discharged from a facility according to the fiscal year.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	04	Batch Period	Batch Period identifies the date interval when the patient was discharged.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	05	Batch Number	Identifies the group (batch) containing the abstract.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	06	Abstract Number	A unique identification number for each abstract within a batch.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	08	Coder Number	Identifies the person responsible for completing the abstract.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	09	Chart Number	The patient's unique identification number assigned by the reporting facility.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	10	Register Number	Facility derived and assigned number to associate the patient with a particular visit.	M	O	M	M	NA	M	O	O	O	O	M	O	O
	12	Maternal/ Newborn Chart Number	Chart number of the live-born infant delivered by the patient during the current inpatient stay or the chart number of the live-born baby's mother.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
Group 02 — Calculated Length of Stay	02	Calculated Length of Stay	The difference, in days, between the Admission Date and Discharge Date.	D	D	D	D	NA	D	D	D	D	D	D	D	D

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 03 — Patient/Client Demographics	01	Health Care Number	The patient's health care coverage number assigned to the patient by the provincial/territorial/federal government.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	02	Postal Code	The six-digit alphanumeric code assigned by Canada Post to identify the geographic location of the patient's place of residence.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	03	Residence Code	A jurisdiction-defined code that identifies the area in which the patient resides.	M	NA	M	M	NA	M	NA	NA	NA	NA	NA	M	M
	04	Recorded Sex or Gender	Alpha character describing the sex of the patient.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	05	Province/ Territory Issuing Health Care Number	Represents the provincial/ territorial or federal government from which the Health Care Number was issued.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	06	Responsibility for Payment	Identifies the primary source responsible for payment of service(s) rendered.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	08	Birthdate	The Birthdate is the date the patient was born.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	09	Birthdate Is Estimated	A flag that indicates the Birthdate has unknown day/ month/year or an estimated year of birth.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*

Group	Field	Data Element Name	Description	Field Status											
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 03 — Patient/Client Demographics (continued)	11–27	Provincial/ Territorial Ancillary Data	Used to collect data specific to a province/territory as defined by the provincial/ territorial ministries/ departments of health.	NA	NA	M*	O	NA	NA	NA	M*	M*	M*	NA	NA	NA
	28	Height	The height of the patient in centimetres (cm) on admission to the reporting facility.	O	O	O	O	NA	O	O	O	O	O	O	O	O
	29	Weight	The weight of the patient upon admission to the facility or the birth weight for newborns.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	31	Indigenous Identity	Indigenous Identity describes the patient self-identifying as First Nations, Métis and/or Inuk/Inuit.	O	O	O	O	NA	O	O	O	O	O	O	O	O
	32	Racialized Groups	Racialized Groups describes the patient's racial background (as identified by the patient).	O	O	O	O	NA	O	O	O	O	O	O	O	O
	Derived	Age	Age is a derived variable that represents the age of the patient at the time of admission and is calculated using the Admission Date and the Birthdate.	D	D	D	D	NA	D	D	D	D	D	D	D	D
Group 04 — Admission	01–02	Admission Date/Time	The date and time that the patient was officially registered as an inpatient.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	04	Institution From	Identifies another health care facility or another level of care within the reporting facility from which the patient was transferred for further care.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 04 — Admission (continued)	05	Admit Category	The initial status of the patient at the time of admission to the reporting facility.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	06	Entry Code	Indicates the last point of entry prior to being admitted as an inpatient to the reporting facility.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	07	Admit via Ambulance	Identifies whether a patient arrives at the reporting facility via ambulance and the type of ambulance that was used.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	08	Readmission Code	Provides information about the patient's previous acute care admission or day surgery visit at the reporting facility.	M	M	M	O	NA	O	O	O	O	O	O	O	O
	13–14	Patient Left ED Date/Time	The date and time the patient physically leaves the emergency department and does not return during that encounter.	M	O	M	O	NA	M	M	M	M	M	O	O	O
	Derived	Wait Time in ED	The difference, in hours, between the Admission Date/Time and the Date/ Time Patient Left ED.	D	D	D	D	NA	D	D	D	D	D	D	D	D
	Derived	Institution From Type	Type of care assigned to institution entered in the Institution From field.	D	D	D	D	NA	D	D	D	D	D	D	D	D

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 05 — Separation	01–02	Discharge Date/Time	The date and time when the patient was formally discharged.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	04	Institution To	Identifies the institution number of another health care facility or another level of care within the reporting facility where the patient was transferred to for further care. This field also identifies referrals for services following discharge.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	05	Discharge Disposition	The location where the patient was discharged to or the status of the patient on discharge.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	Derived	Institution To Type	Type of care assigned to institution entered in the Institution To field.	D	D	D	D	NA	D	D	D	D	D	D	D	D
Group 07 — Patient Service	01	Main Patient Service	Describes a group of similar patients with related diseases, conditions, problems or circumstances and interventions. The Main Patient Service is usually determined by the Most Responsible Diagnosis code.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	02	Main Patient Subservice	A facility-defined number that allows further differentiation for types of patients treated within the Main Patient Service.	O	O	M*	M*	NA	O	O	O	M*	O	O	O	O

Group	Field	Data Element Name	Description	Field Status											
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 08 — Service Transfers (3 occurrences)	01	Service Transfer Service	Identifies the service where the patient received additional care in the health care during their inpatient stay.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	02	Service Transfer Subservice	A facility defined number that allows further differentiation of types of patients treated within the Service Transfer Service.	O	O	O	M*	NA	O	O	O	O	O	O	O	O
	03	Service Transfer Days	The number of days a patient spent on a service other than the Main Patient Service.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
Group 09 — Provider Information (8 occurrences)	01	Provider Type	Identifies the role played by the health care providers during the patient's stay in the health care facility.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	02	Provider Number	The identification number associated with the provider responsible for provision of services to the patient during the patient’s stay in the health care facility.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	03	Provider Service	Identifies the service(s) of the health professional responsible for provision of services during the patient’s stay in the health care facility.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*

Group	Field	Data Element Name	Description	Field Status											
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 10 — Diagnosis Information (25 occurrences)	01	Diagnosis Prefix	Provides additional information related to the ICD-10-CA code to which it is assigned.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	02	Diagnosis Code	The ICD-10-CA classification code that describes the diagnoses, conditions, problems or circumstances of the patient during the length of stay in the health care facility.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	03	Diagnosis Cluster	A group of two or more valid ICD-10-CA Diagnosis Codes that relate to one another. Assigning the same diagnosis cluster links these codes together on the abstract.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	04	Diagnosis Type	Code signifying the impact the condition had on the patient's care as evidenced in the physician documentation.	M	M	M	M	NA	M	M	M	M	M	M	M	M
Group 11 — Intervention Information (20 occurrences)	01 17	Intervention Episode Start Date/Time	The date and time when the patient enters a physical area (intervention location) to have one or more services (interventions) initiated.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	02	Intervention Code	A valid CCI code(s) describing the services (procedures/interventions) performed for or on behalf of the patient.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 11 — Intervention Information (20 occurrences) (continued)	03–05	Attributes: Status Location Extent	Characters which provide additional details not present within the generic structure of the CCI codes.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	06	Intervention Provider Number	A unique identifier of the health care providers (physicians and allied health care professionals) involved in each intervention.	M*	O	M*	M*	NA	O	M*	M*	O	M*	M*	M*	M*
	07	Intervention Provider Service	Reflects the specialty of the physician or allied healthcare professional involved in performing services (interventions) on the patient.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	10	Intervention Location Code	Denotes the location in a facility where an intervention took place.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	11	Anaesthetist	Records the Provider Number of the physician who administered the anaesthesia during the intervention.	M*	O	O	M*	NA	M*	M*	O	O	M*	O	M*	O
	12	Anaesthetic Technique	Denotes the method of anaesthesia administered to the patient during the intervention.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	13	Out-of-Hospital Indicator	A flag used to indicate an intervention episode was performed in the day surgery or other ambulatory care setting outside of the reporting facility during the current inpatient stay.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 11 — Intervention Information (20 occurrences) (continued)	14	Out-of-Hospital Institution Number	Identifies the ambulatory setting of another facility where the out-of-hospital services (interventions) are performed.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	15	Unplanned Return to Intervention Location	A flag that identifies an inpatient's unexpected (not elective) return to the physical area (intervention location) for an unplanned procedure.	M*	O	O	O	NA	O	O	M*	M*	M*	O	O	O
	16	Died During Intervention	A flag indicating the patient expired during the performance of interventions or during the post-anesthetic recovery period for the intervention episode.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	18–19	Intervention Episode End Date/Time	The date and time when the patient exits the physical area (Intervention Location) after service(s) ended.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	20	Intervention Pre-Admit Flag	A flag indicating an intervention was performed and initiated prior to admission and in some cases continued into the acute inpatient stay.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	21 Derived	Intervention Episode Duration	The difference, in minutes, between Intervention Episode Start Date/Time and Intervention Episode End Date/Time.	D	D	D	D	NA	D	D	D	D	D	D	D	D

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 11 — Intervention Information (20 occurrences) (continued)	22	Intervention Joint Identifier (CJRR)	Intervention Joint Identifier is a linkage field to the detailed prosthesis information captured in Group 20 *Hip and Knee Prosthesis Information (CJRR)*.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	23	Revision Reason (CJRR)	The Revision Reason field indicates the patient's most responsible reason for revision (determined post-operatively) for the involved joint.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
Group 13 — Special Care Unit Information (6 occurrences)	01	Special Care Unit Death Indicator	A flag indicating a patient expired in a special care unit of the health care facility.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	02	SCU Unit Number	A code identifying the type of special care unit where the patient receives critical care.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	03–04	SCU Admit Date/Time	Date and time when the patient is physically admitted to a special care unit (SCU).	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	05–06	SCU Discharge Date/Time	Date and time when the patient is physically discharged from or expires on a special care unit (SCU).	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	09	Glasgow Coma Scale	A clinical scoring system used to assess the response of a neurologically impaired patient.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*

Group	Field	Data Element Name	Description	Field Status											
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 13 — Special Care Unit Information (6 occurrences) (continued)	Derived	SCU Hours	SCU Hours is the difference, in hours, between the SCU Admit Date/Time and the SCU Discharge Date/Time. Total SCU Hours is the sum of the hours from the first six occurrences of the special care units.	D	D	D	D	NA	D	D	D	D	D	D	D	D
Group 14 — Basic Options	01–19	Basic Options	Basic Options are defined by the facility or Provincial/ Territorial Ministry/Department of Health and are used to collect supplemental information required to meet the needs of the reporting facility.	O	O	O	O	NA	O	O	O	O	O	O	O	O
Group 15 — Mental Health Indicators	04	MH — Change in Legal Status From Admission	Describes the outcome of any psychiatric assessment that may affect the status of the patient during the current admission in the reporting facility.	M*	O	O	O	NA	O	O	O	O	M*	O	O	O
	07	MH — Previous Psychiatric Admission	Identifies whether the patient had any previous psychiatric admissions prior to the current admission the reporting facility.	O	O	O	M*	NA	O	O	O	O	O	O	O	O
	10	MH — Number of ECT Treatments	Identifies the number of electroconvulsive therapy (ECT) treatments the patient received.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 15 — Mental Health Indicators (continued)	15	Legal Status Upon Arrival to Emergency Department (ED)	Identifies the status of the patient at the time of arrival to the ED of the reporting facility.	M*	M*	M*	M*	NA	NA	M*	M*	NA	M*	M*	NA	M*
	16	Legal Status at Admission	Describes the legal status of the patient upon admission to hospital. For patients admitted via the ED of the reporting facility, record legal status at the time the order to admit is written in the ED.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	17	Type of Restraint	Identifies the use of control interventions to restrain a patient during the first 3 days of their inpatient stay. Chemical restraints are excluded from data collection.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	18	Frequency of Restraint Use	Identifies the amount of time restraints were used during the first 3 days of inpatient stay.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
Group 16 — Special Projects	99	Project Number	A three-digit number that identifies the special project information being captured for that project.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	01–24	Special Projects	Used to collect supplemental data required to meet the information needs of CIHI, the provinces/territories and health care facilities.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*

Group	Field	Data Element Name	Description	Field Status											
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 17 — Blood Transfusion Information	01	Blood Transfusion Indicator	Indicates whether or not a patient received a blood transfusion in the reporting facility during the current episode of care.	M	M	M	M	NA	M	M	M	M	M	M	M	M
	02–16	Blood Products/ Components	Blood products or components transfused and received during the episode of care.	O	O	O	M*	NA	M*	M*	M*	O	O	O	O	O
Group 18 — Reproductive Care Information	01	Number of Previous Term Deliveries	Indicates the number of previous full-term deliveries (37 or more completed weeks) for the patient.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	02	Number of Previous Pre-Term Deliveries	Indicates the number of previous pre-term deliveries (20 to 36 completed weeks) for the patient.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	03	Number of Previous Spontaneous Abortions	Indicates the number of previous spontaneous abortions (miscarriages) for the patient.	M*	M*	M*	M*	NA	M*	M*	M*	M*	O	M*	M*	M*
	04	Number of Previous Therapeutic Abortions	This field identifies the number of previous therapeutic abortions.	M*	M*	M*	M*	NA	M*	M*	M*	M*	O	M*	M*	M*
	05	Number of Previous Live Births	Identifies the number of previous live births.	O	M*	O	O	NA	M*	M*	M*	M*	O	M*	M*	M*
	06	Gestational Age	Records the duration of the gestation.	M	M*	M	M	NA	M	M	M	M	M*	M	M*	M

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 18 — Reproductive Care Information (continued)	07	Delivery Time	The time recorded on the mother's abstract to identify when the baby was born.	M*	M*	M*	M*	NA	M*	M*	M*	M*	O	M*	M*	M*
	08	Date of Last Menses	Date of Last Menses is the calendar date of the patient's last menses.	M*	O	M*	M*	NA	M*	M*	M*	M*	O	M*	O	M*
	09	Breastfeeding on Discharge for Obstetrics Delivered Cases	Indicates whether a mother was breastfeeding her infant at the time of discharge from the facility.	M*	M*	O	O	NA	O	M*	M*	O	O	O	O	O
	12 Derived	Pre-Delivery Days (Derived)	The difference in days between the Admission Date and the Intervention Episode Start Date.	D	D	D	D	NA	D	D	D	D	D	D	D	D
Group 20 — Hip and Knee Prosthesis Information (CJRR)	01	Joint Identifier	Joint Identifier is a linkage field to the hip/knee intervention code in Group 11 Intervention.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	02	Side	Indicates whether a right or left joint replacement intervention was performed.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	03	Cement — Name	Indicates the name of the cement used.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	04	Cement — Name Other	Indicates the name of the cement if OTH (Mix/Other) is indicated in the Cement — Name field (Group 20 Field 03).	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*

Group	Field	Data Element Name	Description	Field Status											
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 20 — Hip and Knee Prosthesis Information (CJRR) (continued)	05	Cement — Product Number	Indicates the product (reference, catalogue or other) number of the cement used for the intervention.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	06	Cement — Lot Number	Indicates the lot number of the cement used for the intervention.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	07	Component	Indicates the type of the prosthesis component.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	08	Manufacturer	Indicates the manufacturer of the implant component.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	09	Manufacturer — Other	Indicates the manufacturer of the component if Other is indicated in the Manufacturer field (Group 20 Field 08).	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	10	Product Number	Indicates the product (reference, catalogue or other) number of the component used for the procedure.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	11	Lot Number	Indicates the lot number of the component used for the intervention.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*

Day Surgery

Table 2 DAD Data Elements, 2024–2025 — Day Surgery

Legend
M — mandatory; O — optional; M* — conditional mandatory; D — derived; NA — not applicable

Note: DAD data elements that are not applicable for day surgery in any jurisdiction are not included.

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 01 — Submission Control Data Elements	01	Institution Number	A five-character code assigned to a reporting facility by a provincial/ territorial ministry of health identifying the facility and the level of care of the data submitted.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	02	Batch Count	Batch Count indicates the number of records contained within the batch.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	03	Batch Year	The year the patient was discharged from a facility according to the fiscal year.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	04	Batch Period	The month in which the patient was discharged according to the fiscal year.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	05	Batch Number	Identifies the group (batch) containing the abstract.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 01 — Submission Control Data Elements (continued)	06	Abstract Number	A unique identification number for each abstract within a batch.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	08	Coder Number	Identifies the person responsible for completing the abstract.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	09	Chart Number	The patient's unique identification number assigned by the reporting facility.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	10	Register Number	Facility derived and assigned number to associate the patient with a particular visit.	M	NA	NA	M	NA	NA	O	O	NA	O	M	O	O
Group 02 — Calculated Length of Stay	02 Derived	Calculated Length of Stay	The difference, in hours, between the Admission Date/Time and Discharge Date/Time.	D	D	D	D	NA	D	D	D	D	D	D	D	D
Group 03 — Patient/Client Demographics	01	Health Care Number	The patient’s health care coverage number assigned to the patient by the provincial/territorial/ federal government.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	02	Postal Code	The six-digit alphanumeric code assigned by Canada Post to identify the geographic location patient’s place of residence.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	03	Residence Code	A jurisdiction-defined code that identifies the area in which the patient resides.	M	NA	NA	M	NA	NA	NA	NA	NA	NA	NA	M	M
	04	Recorded Sex or Gender	Alpha character describing the sex of the patient.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M

Group	Field	Data Element Name	Description	Field Status											
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 03 — Patient/Client Demographics (continued)	05	Province/ Territory Issuing Health Care Number	Represents the provincial/ territorial or federal government from which the Health Care Number was issued.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	06	Responsibility for Payment	Identifies the primary source responsible for payment of service(s) rendered.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	08	Birthdate	The Birthdate is the date the patient was born.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	09	Birthdate Is Estimated	A flag which indicates the Birthdate has unknown day/ month/year or an estimated year of birth.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	11–27	Provincial/ Territorial Ancillary Data	Used to collect data specific to a province/territory as defined by the provincial/territorial ministries/departments of health.	NA	NA	NA	O	NA	NA	NA	M*	NA	M*	NA	NA	NA
	28	Height	The height of the patient in centimetres (cm) on admission to the reporting facility.	O	NA	NA	O	NA	NA	O	O	NA	O	O	O	O
	29	Weight	The weight of the patient upon admission to the facility or the birth weight for newborns.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	31	Indigenous Identity	Indigenous Identity describes the patient self-identifying as First Nations, Métis and/or Inuk/Inuit.	O	NA	NA	O	NA	NA	O	O	NA	O	O	O	O

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 03 — Patient/Client Demographics (continued)	32	Racialized Groups	Racialized Groups describes the patient's racial background (as identified by the patient).	O	NA	NA	O	NA	NA	O	O	NA	O	O	O	O
	Derived	Age	Age is a derived variable that represents the age of the patient is at the time of admission and is calculated using the Admission Date and the Birthdate.	D	D	D	D	NA	D	D	D	D	D	D	D	D
Group 04 — Admission	01–02	Admission Date/Time	The date and time that the patient was officially registered as a day surgery patient.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	04	Institution From	Identifies another health care facility or another level of care within the reporting facility from which the patient was transferred for further care.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	Derived	Institution From Type	Type of care assigned to institution entered in the Institution From field.	D	D	D	D	NA	D	D	D	D	D	D	D	D
	05	Admit Category	The initial status of the patient at the time of admission to the reporting facility.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	06	Entry Code	Indicates the last point of entry prior to being admitted as an inpatient to the reporting facility.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	07	Admit via Ambulance	Identifies whether a patient arrives at the reporting facility via ambulance and the type of ambulance that was used.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 05 — Separation	01–02	Discharge Date/Time	The date and time when the patient was formally discharged.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	04	Institution To	Identifies the institution number of another health care facility or another level of care within the reporting facility where the patient was transferred to for further care. This field also identifies referrals for services following discharge.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	05	Discharge Disposition	The location where the patient was discharged to or the status of the patient on discharge.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	Derived	Institution To Type	Type of care assigned to institution entered in the Institution To field.	D	D	D	D	NA	D	D	D	D	D	D	D	D
Group 07 — Patient Service	01	Main Patient Service	Describes a group of similar patients with related diagnoses, conditions, problems or circumstances and interventions. The Main Patient Service is usually determined by the Most Responsible Diagnosis code.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	02	Main Patient Subservice	A facility-defined number that allows further differentiation of types of patients treated within the Main Patient Service.	O	NA	NA	O	NA	NA	O	O	NA	O	O	O	O

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 09 — Provider Information (8 occurrences)	01	Provider Type	Identifies the role played by the health care providers during the patient's stay in the health care facility.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	02	Provider Number	The identification number associated with the provider responsible for provision of services during the patient's stay in the health care facility.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	03	Provider Service	Identifies the service(s) of the health professional responsible for providing the services during the patient's stay in the health care facility.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
Group 10 — Diagnosis Information (25 occurrences)	02	Diagnosis Code	The ICD-10-CA classification code that describes the diagnoses, conditions, problems or circumstances of the patient during the length of stay in the health care facility.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M
	03	Diagnosis Cluster	A group of two or more valid ICD-10-CA Diagnosis Codes that relate to one another. Assigning the same diagnosis cluster links these codes together on the abstract.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	04	Diagnosis Type	Code signifying the impact the condition had on the patient's care as evidenced in the physician documentation.	M	NA	NA	M	NA	NA	M	M	NA	M	M	M	M

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 11 — Intervention Information (20 occurrences)	01 17	Intervention Episode Start Date/Time	The date and time when the patient enters a physical area (intervention location) to have one or more services (interventions) initiated.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	02	Intervention Code	A valid CCI code(s) describing the services (procedures/ interventions) performed for or on behalf of the patient.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	03–05	Attributes: Status Location Extent	Characters which provide additional details not present within the generic structure of the CCI codes.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	06	Intervention Provider Number	A unique identifier of the health care providers (physicians and allied health care professionals) involved in each intervention.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	07	Intervention Provider Service	Reflects the specialty of the physician or allied healthcare professional involved in performing services (interventions) on the patient.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	10	Intervention Location Code	Denotes the location in a facility where an intervention took place.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	11	Anaesthetist	Records the Provider Number of the physician who administered the anaesthesia during the (intervention).	M*	NA	NA	M*	NA	NA	M*	O	NA	M*	M*	O	O

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 11 — Intervention Information (20 occurrences) (continued)	12	Anaesthetic Technique	Denotes the method of anaesthesia to the patient during the intervention.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	16	Died During Intervention	A flag indicating the patient expired during the performance of interventions or during the post-anesthetic recovery period for the intervention episode.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	18–19	Intervention Episode End Date/Time	The date and time when the patient exits the physical area (Intervention Location) after service(s) ended.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	21 Derived	Intervention Episode Duration — Derived	The difference, in minutes, between Intervention Episode Start Date/Time and Intervention Episode End Date/Time.	D	D	D	D	NA	D	D	D	D	D	D	D	D
	22	Intervention Joint Identifier (CJRR)	Intervention Joint Identifier is a linkage field to the detailed prosthesis information captured in Group 20 *Hip and Knee Prosthesis Information (CJRR)*.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	23	Revision Reason (CJRR)	The Revision Reason field indicates the patient's most responsible reason for revision (determined post-operatively) for the involved joint.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 13 — Special Care Unit Information (6 occurrences)	09	Glasgow Coma Scale	A clinical scoring system used to assess the response of a neurologically impaired patient.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
Group 14 — Basic Options	01–19	Basic Options	Basic Options are defined by the facility or Provincial/ Territorial Ministry/Department of Health and are used to collect supplemental information required to meet the needs of the reporting facility.	O	NA	NA	O	NA	NA	O	O	NA	O	O	O	O
Group 16 — Special Projects	99	Project Number	A three-digit number that identifies the special project information being captured for that project.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	01–24	Special Projects	Used to collect supplemental data required to meet the information needs of CIHI, the provinces/territories and health care facilities.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
Group 17 — Blood Transfusion Information	01	Blood Transfusion Indicator	Indicates whether or not a patient received a blood transfusion in the reporting facility during the current episode of care.	O	NA	NA	M	NA	NA	M	O	NA	O	O	O	O
	02–16	Blood Products/ Components	Blood products or components transfused and received during the episode of care.	O	NA	NA	M*	NA	NA	M*	O	NA	O	O	O	O

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 18 — Reproductive Care Information	01	Number of Previous Term Deliveries	Indicates the number of previous full-term deliveries (37 or more completed weeks) for the patient.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	02	Number of Previous Pre-Term Deliveries	Indicates the number of previous pre-term deliveries (20 to 36 completed weeks) for the patient.	M*	NA	NA	M*	NA	NA	M*	M*	NA	M*	M*	M*	M*
	03	Number of Previous Spontaneous Abortions	Indicates the number of previous spontaneous abortions (miscarriages) for the patient.	M*	NA	NA	M*	NA	NA	M*	M*	NA	O	M*	M*	M*
	04	Number of Previous Therapeutic Abortions	Indicates the number of previous therapeutic abortions for the patient.	M*	NA	NA	M*	NA	NA	M*	M*	NA	O	M*	M*	M*
	06	Gestational Age	Records the duration of the gestation.	M	NA	NA	M	NA	NA	M	M	NA	M*	M	M*	M
	08	Date of Last Menses	Date of Last Menses is the calendar date of the patient's last menses.	M*	NA	NA	M*	NA	NA	M*	M*	NA	O	M*	O	M*
Group 20 — Hip and Knee Prosthesis Information (CJRR)	01	Joint Identifier	Joint Identifier is a linkage field to the hip/knee intervention code in Group 11 Intervention.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	02	Side	Indicates whether a right or left joint replacement intervention was performed.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	03	Cement — Name	Indicates the name of the cement used.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*

Group	Field	Data Element Name	Description	Field Status												
				N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.
Group 20 — Hip and Knee Prosthesis Information (CJRR) (continued)	04	Cement — Name Other	Indicates the name of the cement if OTH (Mix/Other) is indicated in the Cement — Name field (Group 20 Field 03).	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	05	Cement — Product Number	Indicates the product (reference, catalogue or other) number of the cement used for the intervention.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	06	Cement — Lot Number	Indicates the lot number of the cement used for the intervention.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	07	Component	Indicates the type of the prosthesis component.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	08	Manufacturer	Indicates the manufacturer of the implant component.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	09	Manufacturer — Other	Indicates the manufacturer of the component if Other is indicated in the Manufacturer field (Group 20 Field 08).	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	10	Product Number	Indicates the product (reference, catalogue or other) number of the component used for the procedure.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*
	11	Lot Number	Indicates the lot number of the component used for the intervention.	M*	M*	M*	M*	NA	M*	M*	M*	M*	M*	M*	M*	M*

Licensed Vendor Assigned Values

Table 3 DAD Data Elements, 2024–2025 — Group 19 Licensed Vendor Assigned Values

Facilities with vendor grouper software will have these licensed vendor assigned values automatically populated according to the CMG+ and CACS grouping methodology.

Vendor assigned values are mandatory in New Brunswick, Nova Scotia and Manitoba.

Group	Field	Data Element Name	Description
Group 19 — Licensed Vendor Assigned Values	01	MCC	A Major Clinical Category (MCC) is a large grouping of diagnoses generally related to a body system, specific conditions, or trauma.
	02	CMG	A Case Mix Group is a numbered cell/group to which an acute care inpatient is assigned. CMG+ is a CIHI grouping methodology that categorizes acute care patients into groups based on similarities of diagnosis and/or interventions, length of stay (LOS) and resource use.
	04	RIW	Resource Intensity Weight (RIW) are cost weights that are relative to the average cost of a typical acute inpatient case.
	06	Grouping Vendor ID	The ID number of the vendor.
	07	CMG Age Category	The CMG Age Category is the alphabetic age group code that represents the age group and category to which the case is assigned for RIW calculation.
	08	Comorbidity Level (CL)	The CL is the cumulative resource impact of various comorbidities on the patient's stay and resource consumption.
	10	Intervention Event Count	An intervention event is a visit by a patient to an operating room or procedure suite for at least 1 intervention on the CCI intervention partition codes list.
	11	OOH Factor Count	Indicates whether the patient had a specific intervention outside of the admitting institution.
	12	RIW Atypical Code	A measure used to determine a patient's typical or atypical status for the calculation of RIW and ELOS.
	13	ELOS	The Expected length of stay (ELOS) is the length of time a patient is expected to stay in a facility as determined by CMG + methodology.

Group	Field	Data Element Name	Description
Group 19 — Licensed Vendor Assigned Values (continued)	14	RI Level	Resource intensity level (RIL) was created as a single-variable reporting tool to capture complicated and resource-intensive cases beyond CMG and age. RIL measures the degree to which the final RIW value differs from the non-factor RIW of each case.
	15	Abstracting Vendor ID	The ID number of the licensed software vendor for the abstracting system.
	20	CACS	The Comprehensive Ambulatory Classification System (CACS) code is an outpatient grouping methodology for ambulatory data and is based on the ICD-10-CA and CCI classification systems.
	21	MAC	Major Ambulatory Cluster is a high-level grouping of the (CACS) cells generally related to body system or functional grouping.
	22	Vendor Age Category	Vendor Age Category is the CACS age category assigned to the abstract.
	23	Vendor Anaesthetic Category	Vendor Anaesthetic Code is the anaesthetic category code assigned by the CACS methodology.
	24	CACS Investigative Technology Count	A distinct count of the total number of Investigative Technology categories found on each abstract.
	125	Flagged Intervention Status	The Flagged Intervention Status differs from the CIHI assignment. If the Vendor Assigned Flagged Intervention Status is not blank, it should be the same as the CIHI assigned Flagged Intervention Status. Because this is a warning message, no change was made to the data. The original data recorded on the abstract appears on the Submission Detailed Error File as “Original Data Submitted.” The CIHI value also appears on the report. The first value recorded on the Submission Detailed Error File is the Vendor Assigned value and the value following it, separated by a forward slash, is the CIHI assigned value. For example, if the Vendor Assigned a value of 4 and CIHI assigned a value of 1, “4/1” appears on the Submission Detailed Error File. For an explanation of Flagged Intervention Status, please refer to the Introduction and Flagged Intervention sections of the CMG+ Directory.

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 511
Montréal, Que.
H3A 2R7
514-842-2226

cihi.ca
56431-0724