



Data Quality Documentation, Discharge Abstract
Database — Current-Year Information, 2014–2015



Our Vision

Better data. Better decisions.
Healthier Canadians.

Our Mandate

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

Our Values

Respect, Integrity, Collaboration,
Excellence, Innovation

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Abbreviations

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

Purpose

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

Information on how to complete the Discharge Abstract Database (DAD) abstract, including detailed data element descriptions and collection instructions, can be found in the *DAD Abstracting Manual*. For a summary of the mandatory and optional DAD data elements, please refer to the [DAD Data Elements](#) document on CIHI's website.

Coverage

- The DAD contains data on separations from acute inpatient facilities and selected day surgery, chronic, rehabilitation and psychiatric facilities. Data is collected on separations with a discharge date between April 1 and March 31 of the given fiscal year.
- All acute inpatient facilities except those in Quebec are mandated by their provincial/territorial ministry/department of health to submit to the DAD.
- Submission of day surgery data to the DAD is also mandated in all provinces/territories except Prince Edward Island, Nova Scotia, Quebec, Ontario and Alberta.
 - Nova Scotia, Ontario and Alberta facilities continue to submit their day surgery data to the National Ambulatory Care Reporting System (NACRS), as in previous years.
 - As of 2014–2015, P.E.I. has moved day surgery reporting to NACRS, maintaining complete coverage of day surgery data across the Clinical Administrative Databases at CIHI.

Information about NACRS can be found in *Data Quality Documentation, National Ambulatory Care Reporting System*.

- Quebec acute inpatient and day surgery data is submitted to CIHI via the ministère de la Santé et des Services sociaux du Québec. Information about the Hospital Morbidity Database (HMDB) can be found in *Data Quality Documentation, Hospital Morbidity Database*.
- Analysts are advised to use Analytical Institution Type Codes to identify acute inpatient and day surgery separations.
- Throughout the fiscal year, facilities may open, close or merge, resulting in changes to the number of reporting facilities. Of the acute and day surgery Institution Numbers reported in 2013–2014, 6 were no longer valid in 2014–2015 (1 facility closed, 2 facilities started submitting to NACRS day surgery, 1 facility changed its level of care to long-term care, 1 facility closed its day surgery unit and 1 facility amalgamated with another facility and reported as a new facility). There were also 3 new Institution Numbers in 2014–2015 that did not exist in

2013–2014 (1 each from Ontario, Nova Scotia and New Brunswick). Additionally, 6 acute inpatient facilities (2 from Yukon, 3 from Ontario and 1 from Nova Scotia) were identified for reporting to the DAD but did not submit any data to CIHI. Among the Yukon facilities, 1 has been missing submissions to the DAD since 2011–2012.

- The rate of over-coverage from potential extra acute and day surgery abstracts in the DAD in 2014–2015 was 0.001%. There were 17 potential extra acute care abstracts and 9 potential extra day surgery abstracts.
- There were no sources of under-coverage in the DAD in 2014–2015.

Non-response

- Unit non-response refers to incomplete data that is submitted from facilities in the frame, whether at the facility or record level.
- The unit non-response rate at the facility level for acute inpatient facilities was 0.68% in the DAD in 2014–2015. This was because 2 Ontario facilities and 2 Yukon facilities did not submit any data to CIHI in 2014–2015 (a total of 300 missing abstracts).
- The unit non-response rate at the facility level for day surgery facilities was nil in the DAD in 2014–2015.
- The unit non-response rate at the record level was 0.014% for acute inpatient abstracts and was nil for day surgery abstracts in the DAD in 2014–2015. These rates were the result of 6 facilities not submitting data for all or some periods in 2014–2015 (3 Ontario, 2 Yukon and 1 Nova Scotia acute inpatient facilities). All facilities that had no separations to report submitted data files indicating 0 separations.

Appendix A: DAD data tables

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

Table 1 Number of valid Institution Numbers* used to report separations in the DAD, by province/territory and Analytical Institution Type for the population of reference, 2014–2015

Submitting province/territory	Acute care	Day surgery	Total
N.L.	34	15	49
P.E.I.	6	N/A	6
N.S.	32	N/A	32
N.B.	19	14	33
Que.	N/A	N/A	N/A
Ont.	167	N/A	167
Man.	73	27	100
Sask.	62	23	85
Alta.	95	N/A	95
B.C.	80	59	139
Y.T.	1	1	2
N.W.T.	4	3	7
Nun.	1	1	2
Total	574	143	717

Notes

* Although there were 736 valid acute and day surgery Institution Numbers on the DAD frame, 717 acute and day surgery Institution Numbers were used to report separations to the DAD in 2014–2015. This is because 9 acute and 4 day surgery facilities had no separations to report, and 6 acute facilities did not submit any data in 2014–2015.

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

Source

Discharge Abstract Database, 2014–2015, Canadian Institute for Health Information.

Table 2 Number of abstracts submitted to the DAD, by province/territory and Analytical Institution Type for the population of reference, 2014–2015

Submitting province/territory	Acute care	Day surgery	Total N (%)
N.L.	54,068	89,895	143,963 (4.3)
P.E.I.	15,425	N/A	15,425 (0.5)
N.S.	93,755	N/A	93,755 (2.8)
N.B.	85,913	43,689	129,602 (3.9)
Que.	N/A	N/A	N/A
Ont.	1,155,832	N/A	1,155,832 (34.7)
Man.	131,283	106,662	237,945 (7.1)
Sask.	140,557	122,019	262,576 (7.9)
Alta.	401,331	N/A	401,331 (12.1)
B.C.	439,208	432,521	871,729 (26.2)
Y.T.	3,176	2,302	5,478 (0.2)
N.W.T.	5,252	3,279	8,531 (0.3)
Nun.	1,921	844	2,765 (0.1)
Total	2,527,721	801,211	3,328,932 (100.0)

Note

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

Source

Discharge Abstract Database, 2014–2015, Canadian Institute for Health Information.

Table 3 Percentage change in volume of DAD abstracts between 2013–2014 and 2014–2015, by province/territory and Analytical Institution Type for the population of reference

Submitting province/territory	Acute care	Day surgery	Total
N.L.	-1.12	7.02	3.81
P.E.I.	0.85	N/A	-46.08
N.S.	1.38	N/A	1.37
N.B.	-1.51	-1.47	-1.49
Que.	N/A	N/A	N/A
Ont.	1.36	N/A	1.35
Man.	1.16	-0.23	0.53
Sask.	1.71	2.56	2.10
Alta.	1.92	N/A	1.92
B.C.	-0.42	2.35	0.94
Y.T.	3.56	11.42	6.72
N.W.T.	-5.56	-0.61	-3.71
Nun.	0.58	1.81	0.95
Total	0.97	0.62	0.89

Note

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

Source

Discharge Abstract Database, 2013–2014 and 2014–2015, Canadian Institute for Health Information.

Table 4 Number of acute care and day surgery abstracts submitted to the DAD with missing, invalid or unknown values in selected mandatory fields, 2014–2015

Data elements	Number of acute and day surgery abstracts with missing, invalid or unknown values	Percentage of acute and day surgery abstracts with missing, invalid or unknown values
HCN	25,835	0.7761
Province/Territory Issuing HCN	18,990	0.5705
Postal Code*	28,836	0.8679
Birthdate[†]	3	0.0001
Admission Time	122	0.0036
Gender	0	0
Discharge Time	2091	0.0628
Entry Code	0	0
Most Responsible Diagnosis	14	0.0004
Principal Intervention	58	0.0017

Notes

* Full 6-character postal codes that were not found in the latest Postal Code Conversion File from Statistics Canada (June 2013) are deemed invalid. Mini-postal codes that refer to a Canadian province/territory or to persons who are transient/homeless are deemed unknown.

† Invalid and unknown dates of birth include the following:

- Birth date January 1, 9999;
- Birth date September 1, 9999; and
- Combination of age code of U (unknown) and age units of 0.

Source

Discharge Abstract Database, 2014–2015, Canadian Institute for Health Information.

Table 5 Number of abstracts submitted to the DAD, by province/territory and Analytical Institution Type, 2014–2015

Submitting province/territory	Acute care	Day surgery	Rehab.	Special rehab.	Chronic care	Psych.	Other*	Total
N.L.	54,068	89,895	0	0	0	1,074	0	145,037
P.E.I.	15,425	N/A	0	0	0	117	0	155,42
N.S.	93,755	N/A	467	128	0	908	0	95,258
N.B.	85,913	43,689	557	0	1,998	279	8,655	141,091
Que.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ont.	1,155,832	N/A	0	288	287	638	0	1,157,045
Man.	131,283	106,662	0	0	32	240	3,849	242,066
Sask.	140,557	122,019	0	0	36	0	0	262,612
Alta.	401,331	N/A	1,812	0	0	3,891	5,326	412,360
B.C.	439,208	432,521	597	0	0	347	0	872,673
Y.T.	3,176	2,302	0	0	0	0	0	5,478
N.W.T.	5,252	3,279	0	0	82	0	0	8,613
Nun.	1,921	844	0	0	0	0	0	2,765
Total	2,527,721	801,211	3,433	416	2,435	7,494	17,830	3,360,540

Notes

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

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

Source

Discharge Abstract Database, 2014–2015, Canadian Institute for Health Information.

Appendix B: DAD field evolution by fiscal year

This information must be referenced when performing trending analysis on DAD data and is intended to be used in conjunction with the *DAD Abstracting Manual* (see the bibliography). Please refer to the *DAD Abstracting Manual* or contact CIHI for details behind these changes.

Legend	
*	No change to existing field
C	Change in field definition (including code value or collection instruction)
F	Change in field format
D	Deleted field
N	New field
O	Field did not exist that year

		ICD-10-CA/CCI abstract											
Group and field no.	Field	2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015
01 01	Institution Number	*	*	*	*	*	*	*	*	F	*	*	*
01 02	Batch Count	O	O	O	O	O	O	O	O	O	O	O	N
01 03	Batch Year	*	*	*	*	*	*	*	*	*	*	*	*
01 04	Batch Period	*	*	*	*	*	*	*	*	*	*	*	*
01 05	Batch Number	*	*	*	*	*	*	*	*	*	*	*	*
01 06	Abstract Number	*	*	*	*	*	*	*	*	*	*	*	*
01 08	Coder Number	*	*	*	*	*	*	F	*	*	*	*	*
01 09	Chart Number	*	*	*	*	*	*	*	*	*	*	*	*
01 10	Register Number	*	*	*	*	*	*	*	*	*	*	*	*
01 11	Second Chart/ Register Number	*	*	*	*	*	*	*	*	*	*	*	*
01 12	Maternal/ Newborn Chart/Register Number	*	*	C	*	*	*	*	*	*	*	C	*
03 01	Health Care Number	*	*	*	*	F	C, F	C	*	*	*	*	C
03 02	Postal Code	*	*	*	*	C	*	*	*	C	*	*	*

Group and field no.	Field	ICD-10-CA/CCI abstract											
		2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015
03 03	Residence Code	*	*	*	*	*	*	*	*	*	*	*	*
03 04	Gender	*	*	*	*	*	*	*	*	*	*	*	*
03 05	Province/ Territory Issuing HCN	*	*	*	*	*	C	C	*	*	*	*	*
03 06	Responsibility for Payment	*	*	*	*	*	*	*	*	*	*	*	C
03 08	Birthdate	*	*	*	*	*	*	*	*	C	*	*	*
03 09	Birthdate Is Estimated	*	*	*	*	*	*	*	*	C	*	*	*
03 11–27	Provincial/ Territorial Ancillary Data	*	*	*	*	*	*	*	C	*	*	*	*
04 01	Admission Date	*	*	*	*	*	*	*	*	*	*	*	*
04 02	Admission Time	*	*	*	*	*	*	*	*	C	*	*	*
04 04	Institution From	*	*	*	*	C	*	*	*	*	*	*	*
04 05	Admit Category	C	*	*	*	*	C	*	*	*	*	*	*
04 06	Entry Code	*	*	*	*	*	*	*	C	*	*	*	*
04 07	Admit via Ambulance	*	*	F	C, F	*	*	*	*	*	C	*	*
04 08	Readmission Code	*	*	C	*	*	C	*	*	*	*	*	*
04 11	ER Decision to Admit Date	*	*	*	*	D	O	O	O	O	O	O	O
04 12	ER Decision to Admit Time	*	*	*	*	D	O	O	O	O	O	O	O
04 13	Date Patient Left ED	*	*	*	*	*	*	*	*	*	*	*	*
04 14	Time Patient Left ED	*	*	F	*	*	*	C	*	*	*	*	*
05 01	Discharge Date	*	*	*	C	*	C	*	C	*	*	*	*
05 02	Discharge Time	*	*	*	C	*	C	*	*	C	*	*	*
05 04	Institution To	*	*	*	*	*	*	*	*	*	*	*	*
05 05	Discharge Disposition	C	*	*	*	*	C, F	*	*	*	*	*	*
07 01	Main Patient Service	*	*	*	C	*	*	*	*	*	*	*	*
07 02	Main Patient Subservice	*	*	*	*	*	*	*	*	*	*	*	*

Group and field no.	Field	ICD-10-CA/CCI abstract											
		2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015
07 03	Weight	*	*	*	*	*	*	*	*	*	*	*	C
07 04	Abstract Overflow	*	*	*	*	*	*	*	*	*	*	*	*
08 01	Service Transfer	*	*	*	C	*	*	*	*	*	*	*	C
08 02	Service Transfer Subservice	*	*	*	*	*	*	*	*	*	*	*	*
08 03	Service Transfer Days	*	*	*	*	*	*	*	*	*	*	*	*
09 01	Provider Type	*	*	*	*	*	C, F	C	*	*	*	C	C
09 02	Provider Number	*	*	*	*	*	*	*	*	*	*	C, F	*
09 03	Provider Service	*	*	F	*	C	F	C	C	C	C	C	C
10 01	Diagnosis Prefix	*	*	*	*	*	F	C	C	*	C	C	*
10 02	Diagnosis Code	*	*	C	*	*	*	*	*	*	*	*	*
10 03	Diagnosis Cluster	O	O	O	O	O	O	N	*	*	C	*	*
10 04	Diagnosis Type	C	C	F	*	C	C	*	*	*	C	*	*
10 05–11	Cancer Staging	*	*	*	*	*	*	*	*	*	*	*	*
11 01	Procedure/ Intervention Date	*	*	*	*	C	C	D	O	O	O	O	O
11 01	Intervention Episode Start Date	O	O	O	O	O	O	N	*	*	*	*	*
11 02	Procedure/ Intervention Code	*	*	*	*	*	C	*	*	*	*	*	*
11 03/05	Intervention Attributes	*	*	*	*	*	*	*	*	*	*	*	*
11 06	Intervention Provider Number	*	*	*	*	*	*	*	*	C	*	C, F	*
11 07	Intervention Provider Service	*	*	*	*	*	*	*	*	*	*	C	*
11 08	Tissue Code	*	*	*	*	*	*	*	*	*	*	*	*
11 09	Intervention Time	F	*	*	*	*	*	D	O	O	O	O	O
11 10	Intervention Location	*	*	*	*	*	C	C	C	*	*	*	*

Group and field no.	Field	ICD-10-CA/CCI abstract											
		2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015
11 11	Anaesthetist	*	*	*	C	*	*	*	*	*	*	C, F	C
11 12	Anaesthetic Technique	C	*	F	*	*	C	C	C	*	*	C, F	C
11 13	Out-of-Hospital Indicator	*	*	*	*	*	C	C	C	*	*	C	*
11 14	Out-of-Hospital Institution Number	*	*	*	*	*	*	*	C	*	*	*	*
11 15	Unplanned Return to Intervention Location	*	*	*	*	*	*	*	*	*	*	*	*
11 16	Died in OR (name changed in 2012)	*	*	*	*	*	C	C	C	*	D	O	O
11 16	Died During Intervention (name changed in 2012)	O	O	O	O	O	O	O	O	O	N	C	*
11 17	Intervention Episode Start Time	O	O	O	O	O	O	N	*	*	*	*	*
11 18	Intervention Episode End Date	O	O	O	O	O	O	N	*	*	*	*	*
11 19	Intervention Episode End Time	O	O	O	O	O	O	N	*	*	*	*	*
11 20	Intervention Pre-Admit Flag	O	O	O	O	O	O	N	C	C	C	*	*
13 01	SCU Death Indicator	*	*	*	*	*	*	*	*	*	C	*	*
13 02	SCU Unit Number	*	*	*	*	*	F	C	*	*	*	*	*
13 03	SCU Admit Date	*	*	*	*	*	*	*	*	*	*	*	*
13 04	SCU Admit Time	*	*	*	*	*	*	*	*	C	*	*	*
13 05	SCU Discharge Date	*	*	*	*	*	*	*	*	*	*	*	*
13 06	SCU Discharge Time	*	*	*	*	*	*	*	*	C	*	*	*
13 09	Glasgow Coma Scale	*	*	*	*	*	*	*	C	*	C	C	*

Group and field no.	Field	ICD-10-CA/CCI abstract											
		2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015
14 01–19	Basic Options	*	*	*	*	F	*	*	C	*	*	*	*
15 02–14	Mental Health Indicators	*	*	*	*	*	C	*	C	*	*	C	*
16 01–18	Project Information	*	*	*	C	F	*	*	C	C	C	C	C, F
17 01–07	Blood Information	*	*	*	*	*	*	*	*	*	*	C	C
18 01–12	Reproductive Care	*	*	*	C	*	*	*	*	C	C	C	C
19 01–04 06–15 20–24	Vendor-Assigned Values	*	*	*	*	F	*	*	*	*	C	*	*

Contact

For more information, please contact CIHI by sending an email to cad@cihi.ca.

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