

DAD Data Elements 2012–2013

Legend

M—mandatory; D—derived field (calculated by CIHI production system); O—optional; NA—not applicable

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This table serves as a general guideline; the *DAD Core Abstracting Manual* and the individual provincial/territorial manuals should be referenced for details on a specific data element.

| Data Element Name | Group/ Field | Description | Status | Condition(s) With Status | Applicable To | PT Variation |
|---|-----------------|--|--------|--|--------------------|--|
| Group 01—Abstract Identification | | | | | | |
| Institution Number | 01/01 | 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 | All | AB, BC, MB, NB, NL, NS, NT, NU, PE, SK, YT |
| Batch Year | 01/03 | The year the patient was discharged from a facility according to the fiscal year. | M | NA | All | NA |
| Batch Period | 01/04 | The month in which the patient was discharged according to the fiscal year. | M | NA | All | BC |
| Batch Number | 01/05 | Identifies the group (batch) containing the abstract. | M | NA | All | NA |
| Abstract Number | 01/06 | A unique identification number for each abstract within a batch. | M | NA | All | NA |
| Coder Number | 01/08 | A two-character alphanumeric person identifier field on the abstract. | M | NA | All | NA |
| Chart Number | 01/09 | The patient file number assigned by the reporting facility. | M | NA | All | NA |
| Register Number | 01/10 | The number assigned sequentially at the beginning of each fiscal year (April) for every patient that is admitted to a health care facility. | M | Acute care only for NS. All care types for NB, NL, ON, YT . | NB, NL, NS, ON, YT | MB |
| Second Chart/ Register Number | 01/11 | The patient file (chart) number assigned by the reporting facility. | O | NA | All | MB |
| Maternal/Newborn Chart Number | 01/12 | The mother's Chart Number recorded on all (live-born infant) newborn abstracts and the newborn's Chart Number recorded on the mother's abstract to facilitate linkage between the mother's and the newborn's chart for cross-reference purposes. | M | Exception: not required on the mother's or live birth's (if registered) abstract in cases of medical abortion resulting in a live birth. | All | NA |

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| Data Element Name | Group/ Field | Description | Status | Condition(s) With Status | Applicable To | PT Variation |
|---|------------------|---|--------|---|----------------------------------|---------------------------|
| Group 02—Calculated Length of Stay | | | | | | |
| Calculated Length of Stay | 02/02 derived | For inpatient abstracts, it is the difference, in days, between the Admission Date and Discharge Date. For same-day surgery abstracts, it is the difference, in hours. | D | Calculated by CIHI production system. | All | NA |
| Group 03—Patient Demographics | | | | | | |
| Health Care Number | 03/01 | The patient's health care insurance number assigned to the patient by the provincial/territorial/federal government. | M | NA | All | All |
| Postal Code | 03/02 | The six-digit alphanumeric code assigned by Canada Post to identify the patient's place of residence. | M | NA | All | BC |
| Residence Code | 03/03 | A seven-digit code that is used to identify the area in which the patient resides. | M | Not applicable for SK | AB, NB, NL, NT, NS, NU, ON | AB, NB, NL, NT, NU, ON |
| Gender | 03/04 | Alpha character describing the sex of the patient. | M | NA | All | NA |
| Province/Territory Issuing HCN | 03/05 | Represents the provincial/territorial government from which the Health Care Number was issued. | M | NA | All | MB, NT |
| Responsibility for Payment | 03/06 | Identifies the primary source responsible for payment of service(s) rendered. | M | Exception - For cadaveric donors and stillbirths, the Responsibility for Payment field is left blank. | All | BC, NL, SK |
| Birthdate | 03/08 | The Birthdate is the calendar date the patient was born. | M | NA | All | MB, SK |
| Birthdate Is Estimated | 03/09 | A flag which indicates that the Birthdate field contains unknown values for birth day and/or unknown values for birth month and/or an estimated birth year. | M | When Birthdate information is unknown (except if 99990901 Unknown birth date is recorded) or missing | All | MB, SK |

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| Data Element Name | Group/ Field | Description | Status | Condition(s) With Status | Applicable To | PT Variation |
|-----------------------------------|-----------------|--|--------|--|----------------------------|--------------------------------|
| Province/Territory Ancillary Data | 03/11–27 | Used to collect data specific to a province/territory as defined by the provincial/ territorial ministries/ departments of health. | M | Mandatory for AB, BC, NS and SK. Optional—NB—for designated level of care 2 only Do not use in MB, NT, NL, NU, ON, PE and YT. Do not include patients' identifiers in these fields. | AB, BC, NS, SK | AB, BC, NB, NS, SK |
| Age | derived | Age is a derived variable that represents how old the patient is at the time of admission and is calculated using the Birthdate. | D | Calculated by CIHI production system. | All | NA |
| Group 04—Admission Data | | | | | | |
| Admission Date | 04/01 | The calendar date that the patient was officially registered as an inpatient. | M | NA | All | NA |
| Admission Time | 04/02 | The time (using the 24-hour clock) the patient is registered as an inpatient. | M | NA | All | MB |
| Institution From | 04/04 | Identifies another health care facility or another level of care within the reporting facility from which the patient was transferred for further care. | M | When patient is transferred from another facility | All | All |
| Admit Category | 04/05 | The patient classification on admission to a health care facility. | M | NA | All | BC, MB, NL, NB, NS, ON, PE, SK |
| Entry Code | 04/06 | The point of entry to the health care facility. | M | NA | All | BC, MB, NB, NL, ON, SK |
| Admit Via Ambulance | 04/07 | Identifies whether a patient arrives at the health care facility via ambulance and the type of ambulance that was used. | M | For all abstract types and levels of care | All | NA |
| Readmission Code | 04/08 | Provides information about the patient's previous acute care admissions to the same facility. | M | For all Entry Codes except Stillborn (S). For acute care abstracts only. | BC, NB, NL, NS, NT, NU, PE | NA |
| Date Patient Left ED | 04/13 | The calendar date the patient physically left the emergency department and was moved to the inpatient unit, operating room or diagnostic area and did NOT return to the ED. | M | If there is an admission to acute care with an Entry Code of E—Through ED of the reporting facility | AB, BC, MB, NL, NS, ON, SK | NA |

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| Data Element Name | Group/ Field | Description | Status | Condition(s) With Status | Applicable To | PT Variation |
|--------------------------------|------------------|---|--------|--|---------------------------|----------------|
| Time Patient Left ED | 04/14 | The time the patient physically left the emergency department and was moved to the inpatient unit, operating room or diagnostic area and did NOT return to the ED. | M | If the Date Patient Left ED has been recorded | AB, BC,MB, NL, NS, ON, SK | MB |
| Wait Time In ED | 04/15 derived | The difference, in hours, between the Admission Date/Admission Time and the Date/Time Patient Left ED. | D | Calculated by CIHI production system. | All | NA |
| Institution From Type | derived | Type of care assigned to institution entered in the Institution From field. | D | Calculated by CIHI production system. | All | NA |
| Group 05—Discharge Data | | | | | | |
| Discharge Date | 05/01 | The calendar date that the patient physically left the nursing unit of the reporting facility. | M | NA | All | SK |
| Discharge Time | 05/02 | The time the patient was formally discharged (physically left the bed) from the nursing unit, | M | NA | All | MB |
| Institution To | 05/04 | Identifies the health care facility or another level of care within the reporting facility where the patient was transferred to for further care. | M | When patients are transferred to another facility or different level of care within the reporting facility | All | All |
| Discharge Disposition | 05/05 | The location (01 to 05) where the patient was discharged to or the status of the patient on discharge (06 to 09 and 12). | M | NA | All | AB, MB, NL, ON |
| Institution To Type | derived | Type of care assigned to institution entered in the Institution To field. | D | Calculated by CIHI production system. | All | NA |

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|---|-----------------|--|--------|--|---|--|
| Group 07—Patient Service Information | | | | | | |
| Main Patient Service | 07/01 | Describes a group of similar patients with related diseases and treatments. The Main Patient Service is usually determined by the Most Responsible Diagnosis code. | M | Optional in NS | All except NS | AB, BC, MB, NB, NL, NS, NU, ON, PE, SK, YT |
| Patient Sub-Service | 07/02 | Optional code that allows the client to further differentiate types of patients treated within the Main Patient Service. | M | In Nova Scotia for designated psychiatric facilities | NS | AB, NB, NS |
| Weight | 07/03 | The baby's weight on admission, in grams. | M | For newborns and neonates less than 29 days of age at the time of admission | All | MB, NL |
| Abstract Overflow | 07/04 | An indicator that not all data can be accommodated on the abstract. | O | NA | All | NA |
| Group 08—Service Transfers (3 occurrences) | | | | | | |
| Service Transfer | 08/01 | Identifies the service where the patient received additional care in the health care facility. | M | M—all—for alternate level of care (ALC) M—BC—for ALC patients and for designated rehabilitation units in an acute care setting M—ON—for mental health patients in the acute care setting M—MB, NL—all service transfers | All for ALC BC, MB, NL, ON have certain conditions | BC, MB, NL, ON, SK |
| Service Transfer Sub-Service | 08/02 | Defines a further specification of the patient Service Transfer as assigned by the health care facility. | O | NA | All | NB |
| Service Transfer Days | 08/03 | The number of days a patient spent on a service other than the Main Patient Service. | M | If a Service Transfer Service is recorded | All | NA |

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|--|-----------------|---|--------|---|---------------|------------------------|
| Group 09—Provider Information (8 occurrences) | | | | | | |
| Provider Type | 09/01 | Describes the role of the health care providers associated with the patient's care during his or her length of stay in the health care facility. | M | NA | All | AB, NB, NL, NT, NU, PE |
| Provider Number | 09/02 | The number that identifies a specific health care provider. | M | For Provider Type M, 2, 3, 4, W, X and Y | All | BC, NB, NL, ON, PE, SK |
| Provider Service | 09/03 | Identifies the level of training or the specialty of the physician. | M | Recorded with Provider Type. | All | NL, ON |
| Group 10—Diagnosis Information (25 occurrences) | | | | | | |
| Diagnosis Prefix | 10/01 | Additional information relating to the ICD-10-CA code to which it is assigned. | M | For prefixes 5, 6 and 8. Diagnosis prefixes 5 and 6 are applicable only to acute care (excludes obstetric codes O00-O99 and Day Surgery cases). | All | NA |
| Diagnosis Code | 10/02 | The ICD-10-CA classification code that describes the diagnoses/conditions of the patient during the length of stay in the health care facility. | M | NA | All | MB, NT, SK |
| Diagnosis Cluster | 10/03 | An alpha character assigned to two or more valid ICD-10-CA Diagnosis Codes to indicate when more than one ICD-10-CA code is required to describe a circumstance or condition. | M | Mandatory for Drug-resistant microorganisms and Post-intervention conditions | All | NA |
| Diagnosis Type | 10/04 | Code meant to signify the impact the condition had on the patient's care. | M | For Diagnosis Codes entered on the abstract | All | NA |
| Cancer Staging—Clin. Tumour | 10/05 | The extent of the primary tumour. Clinical classification is based on evidence acquired before treatment. | O | NA | All | NA |
| Cancer Staging—Clin. Node | 10/06 | The absence or presence and extent of regional lymph node metastasis. Clinical classification is based on evidence acquired before treatment. | O | NA | All | NA |
| Cancer Staging—Clin. Met | 10/07 | The absence or presence of distant metastasis. Clinical classification is based on evidence acquired before treatment. | O | NA | All | NA |
| Cancer Staging—Path. Tumour | 10/08 | The extent of the primary tumour. Pathological classification is based on the surgical findings. | O | NA | All | NA |

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|---|-----------------|--|--------|--|------------------------------------|--------------|
| Cancer Staging—Path. Node | 10/09 | The absence or presence and extent of regional lymph node metastasis. Pathological classification is based on the surgical findings. | O | NA | All | NA |
| Cancer Staging—Path. Met. | 10/10 | The absence or presence of distant metastasis. Pathological classification is based on the surgical findings. | O | NA | All | NA |
| Cancer Staging—Summary Staging | 10/11 | A grouping of the TNM information. | O | NA | All | NA |
| Group 11—Intervention Information (20 occurrences) | | | | | | |
| Intervention Episode Start Date | 11/01 | The calendar date when the patient enters a physical area (intervention location) to have a service(s) (intervention) initiated. | M | For all intervention episodes, record this once per intervention episode. | All | NA |
| Intervention Code | 11/02 | A valid CCI code(s) describing the services during the health care facility stay. | M | Record when affecting CMG assignment | All | NA |
| Status Attribute | 11/03 | CCI intervention attributes identify additional circumstances which may impact on the intervention resources required. | M | See Canadian Coding Standards | All | NA |
| Location Attribute | 11/04 | CCI intervention attributes identify additional circumstances which may impact on the intervention resources required. | M | See Canadian Coding Standards | All | NA |
| Extent Attribute | 11/05 | CCI intervention attributes identify additional circumstances which may impact on the intervention resources required. | M | See Canadian Coding Standards | All | NA |
| Intervention Provider Number | 11/06 | A unique identifier assigned by health care facilities or individual province/territories. | M | Exceptions: If the Intervention Attribute is A (Abandoned) or the OOH Indicator is Y (Yes) or the Intervention Pre-Admit Flag is Y (Yes), leave the Intervention Provider Number/Provider Service blank. | BC, MB, NB, NL, NT, NS, NU, SK, YT | NA |
| Intervention Provider Service | 11/07 | Reflects the specialty of the physician or allied healthcare professional involved in performing services (interventions). | M | When an Intervention Provider Number has been recorded | All | NA |

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| Data Element Name | Group/ Field | Description | Status | Condition(s) With Status | Applicable To | PT Variation |
|---|-----------------|--|--------|---|-----------------------|--------------|
| Tissue Code | 11/08 | Records the pathology results documented in the patient's chart regarding material (tissue) removed from a patient during an intervention. | O | NA | All | NA |
| Intervention Location Code | 11/10 | Records the physical area in the health care facility where a service(s) (intervention) has been performed. | M | For all facilities (all levels of care) | All | NA |
| Anaesthetist | 11/11 | Records the Intervention Provider Number of the physician(s) who administers the anaesthesia during the service (intervention). | M | NA | BC, MB, NL, NT, ON | NA |
| Anaesthetic Technique | 11/12 | The method used to administer anaesthesia to the patient during the service (intervention). | M | For each intervention | All | NA |
| OOH Indicator | 11/13 | A flag used to indicate an intervention episode was performed in the ambulatory care setting of another facility during the current inpatient stay in the reporting facility. | M | For certain OOH interventions affecting CMG+ and RIW | All | NA |
| OOH Institution Number | 11/14 | Identifies the ambulatory setting of another facility where the out-of-hospital services (interventions) for or on behalf of the patient were performed during the current inpatient stay. | M | When the Out-Of-Hospital (OOH) Indicator flag is Y (Yes). | All | NA |
| Unplanned Return to Intervention Location | 11/15 | A flag that identifies an inpatient's unexpected (not elective) return to the physical area (intervention location). | M | NA | AB, BC, NL, SK | NA |
| Died During Intervention | 11/16 | A flag indicating the patient expired during the performance of services (interventions) while in an Intervention Location Code. | M | When a death occurs in an Intervention Location Code. | All | NA |
| Intervention Episode Start Time | 11/17 | The time the patient entered a physical area (intervention location) within the reporting facility to have a service(s) (intervention) initiated. | M | For all intervention episodes performed in Intervention Location Codes Main operating room (01) and Cardiac catheterization room (08). Record this once per intervention episode. | All | NA |

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|--|----------------------|--|--------|--|---------------|------------------------|
| Intervention Episode End Date | 11/18 | The calendar date when the patient exits the physical area (Intervention Location) after service(s) ended. | M | For all intervention episodes performed in Intervention Location Codes Main operating room (01) and Cardiac catheterization room (08). Record this once per intervention episode. | All | NA |
| Intervention Episode End Time | 11/19 | The time the patient exits the physical area (intervention location) within the reporting facility after services (interventions) ended. | M | For all intervention episodes performed in Intervention Location Codes Main operating room (01) and Cardiac catheterization room (08). Record this once per intervention episode. | All | NA |
| Intervention Pre-Admit Flag | 11/20 | A flag indicating a service performed was initiated prior to admission and in some cases continued into the acute inpatient stay. | M | For a subset of flagged interventions, interventions (performed pre-admit at another acute care facility as an inpatient, or in an ED or an ambulatory care unit of an acute care facility or in the ambulatory care unit of the reporting facility), induction of labour and thrombolytic therapy when initiated prior to admission and in some cases continue into the acute inpatient stay. | All | NA |
| Intervention Episode Duration—Derived | 11/21 DERIVE D | It is the difference, in minutes, between Intervention Episode Start Date/Time and Intervention Episode End Date/Time. | D | Calculated by CIHI production system. | All | NA |
| Group 13—Special Care Information (6 occurrences) | | | | | | |
| SCU Death Indicator | 13/01 | A flag indicating a patient expired in a special care unit of the health care facility. | M | When a patient expires in a special care unit. Acute care abstracts only. | All | NA |
| SCU Unit Number | 13/02 | A code identifying the type of special care unit where the patient receives critical care. | M | Acute care abstracts only. | All | AB, BC, MB, NB, NT, SK |
| SCU Admit Date | 13/03 | The calendar date when the patient is admitted to a special care unit (SCU). | M | With all SCU Unit Numbers except for 99 (No SCU). Acute care abstracts only. | All | NA |
| SCU Admit Time | 13/04 | The time the patient is admitted to a special care unit (SCU) according to the 24-hour clock. | M | With all SCU Unit Numbers except for 99 (No SCU). Acute care abstracts only. | All | MB |

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| Data Element Name | Group/ Field | Description | Status | Condition(s) With Status | Applicable To | PT Variation |
|--|-----------------|---|--------|---|---|---------------------|
| SCU Discharge Date | 13/05 | The calendar date when the patient leaves the special care unit (SCU). | M | With all SCU Unit Numbers except for 99 (No SCU). Acute care abstracts only. | All | NA |
| SCU Discharge Time | 13/06 | The time patient is discharged from/expired on a special care unit according to the 24-hour clock. | M | With all SCU Unit Numbers except for 99 (No SCU). Acute care abstracts only. | All | MB |
| Glasgow Coma Scale | 13/09 | A clinical scoring system used to assess the response of a neurologically impaired patient. | M | For inpatients when the Most Responsible Diagnosis and/or other significant diagnoses are in the range S06.0 to S06.9 and the patient's Age at the time of admission is greater than three years old. | All | NA |
| SCU Hours | derived | SCU Hours is the difference, in hours, between the SCU Admit Date (any time) and the SCU Discharge Date (any time). Total SCU Hours is the sum of the hours from the first six occurrences of the special care units. | D | Calculated by CIHI production system. | All | NA |
| Group 14—Basic Options | | | | | | |
| Basic Options | 14/01–19 | Area on the abstract that can be used to collect supplemental information required to meet the needs of the health care facility. | M | Refer to NL manual for Basic Options 01 to 17 instructions | NL | NL |
| Group 15—Mental Health Indicators | | | | | | |
| MH—Source of Referral | 15/02 | Identifies a person or an agency that referred the patient for treatment at the health care facility. | M | NB, NL, NS, ON, PEI or for those facilities where the Mental Health flag is set on the Institution File. | NB, NL, NS, ON, PEI or flagged | Refer to PT manuals |
| MH—Method of Admission | 15/03 | The status of the patient at the time of admission to the health care facility. | M | NB, NL, NS, ON, PEI or for those facilities where the Mental Health flag is set on the Institution File. | NB, NL, NS, ON, PEI or flagged | Refer to PT manuals |
| MH—Change in Legal Status from Admission | 15/04 | Describes the outcome of any psychiatric assessment that may affect the status of the patient during the current admission in the health care facility. | M | NB, NL, NS, ON, PEI or for those facilities where the Mental Health flag is set on the Institution File. | NB, NL, NS, ON, PEI or flagged facilities | Refer to PT manuals |
| MH—AWOL | 15/05 | AWOL indicates that a patient is absent without leave from the health care facility. | M | NB, NL, NS, ON, PEI or for those facilities where the Mental Health flag is set on the Institution File. | NB, NL, NS, ON, PEI or flagged | Refer to PT manuals |

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|-----------------------------------|-----------------|--|--------|--|---|---------------------|
| MH—Suicide | 15/06 | Suicide identifies the patient's intentional taking of his or her own life by self-inflicted methods. | M | NB, NL, NS, ON, PEI or for those facilities where the Mental Health flag is set on the Institution File. | NB, NL, NS, ON, PEI or flagged | Refer to PT manuals |
| MH—Previous Psychiatric Admission | 15/07 | Identifies whether the patient had any previous psychiatric admissions prior to the current admission to the health care facility. | M | NB, NL, NS, ON, PEI or for those facilities where the Mental Health flag is set on the Institution File. | NB, NL, NS, ON, PEI or flagged facilities | Refer to PT manuals |
| MH—Referred To | 15/08 | Describes a person or an agency to which the patient was referred after discharge from the health care facility. | M | NB, NL, NS, ON, PEI or for those facilities where the Mental Health flag is set on the Institution File. | NB, NL, NS, ON, PEI or flagged | Refer to PT manuals |
| MH—ECT Treatment | 15/09 | To identify whether the patient received any ECT treatments during the hospitalization. | M | NB, NL, NS, ON, PEI or for those facilities where the Mental Health flag is set on the Institution File. | NB, NL, NS, ON, PEI or flagged facilities | Refer to PT manuals |
| MH—Number of ECT Treatments | 15/10 | Identifies the number of electroconvulsive therapy (ECT) treatments the patient received. | M | NB, NL, NS, ON, PEI or for those facilities where the Mental Health flag is set on the Institution File. | NB, NL, NS, ON, PEI or flagged facilities | Refer to PT manuals |
| MH—Education | 15/12 | Education identifies the most advanced level of education attained by the patient. | M | NB, NL, NS, ON, PEI or for those facilities where the Mental Health flag is set on the Institution File. | NB, NL, NS, ON, PEI or flagged facilities | Refer to PT manuals |
| MH—Employment | 15/13 | Employment Status identifies the status of the patient's employment at the time of admission to the health care facility. | M | NB, NL, NS, ON, PEI or for those facilities where the Mental Health flag is set on the Institution File. | NB, NL, NS, ON, PEI or flagged facilities | Refer to PT manuals |
| MH—Financial Support | 15/14 | Financial Support identifies the source of income for the patient at the time of admission. | M | NB, NL, NS, ON, PEI or for those facilities where the Mental Health flag is set on the Institution File. | NB, NL, NS, ON, PEI or flagged facilities | Refer to PT manuals |

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| Group 16—Project Information | | | | | | |
| Project Information | 16/01–18 | The Project fields on the DAD abstract can be used to collect supplemental data required to meet the information needs of CIHI, the provinces/territories and health care facilities. | Depends on project | CIHI currently has four projects: 1/Project 150—Wait Times (Optional) 2/ Project 202—Organ Harvesting for Organ Transplants (Mandatory for ON) 3/ Project 224—Acute Myocardial Infarction (AMI) Data Collection (Optional) 4/ Project 340—Canadian Stroke Strategy Performance Improvement (mandatory in NS) | Refer to Core and PT manuals for full project details. | AB, BC, NB, NL, NS, ON, SK |
| Group 17—Blood Information | | | | | | |
| Blood Transfusion Indicator | 17/01 | Indicates whether or not a patient received a blood transfusion in the reporting facility during the current episode of care. | M | Except BC | All except BC | MB, NB |
| Red Blood Cells | 17/02 | The type of blood product/component that the patient received via transfusion during his or her stay in the reporting facility. | M | Except BC | All except BC | MB, NB |
| Platelets | 17/03 | The type of blood product/component that the patient received via transfusion during his or her stay in the reporting facility. | M | Except BC | All except BC | MB, NB |
| Plasma | 17/04 | The type of blood product/component that the patient received via transfusion during his or her stay in the reporting facility. | M | Except BC | All except BC | MB, NB |
| Albumin | 17/05 | The type of blood product/component that the patient received via transfusion during his or her stay in the reporting facility. | M | Except BC | All except BC | MB, NB |
| Other Blood Products | 17/06 | The type of blood product/component that the patient received via transfusion during his or her stay in the reporting facility. | M | Except BC | All except BC | MB, NB |
| Autologous Transfusion | 17/07 | A flag that identifies whether or not the patient was transfused with his or her own blood. | M | If Group 17 Field 01 = Y (Patient received a blood transfusion) | All except BC | MB,NB |
| Group 18—Reproductive Care Information | | | | | | |

Legend

M—mandatory; D—derived field (calculated by CIHI production system); O—optional; NA—not applicable

Note: The status of a data element as mandatory or optional may vary due to jurisdiction.

This table serves as a general guideline; the *DAD Core Abstracting Manual* and the individual provincial/territorial manuals should be referenced for details on a specific data element.

| Data Element Name | Group/Field | Description | Status | Condition(s) With Status | Applicable To | PT Variation |
|--|-------------|--|--------|--|---------------|---------------------------------|
| Number of Previous Term Deliveries | 18/01 | This field identifies the number of previous full-term deliveries, meaning 37 to 41 completed weeks. | M | TA cases—AB, MB, NB, NL, NS, NU, ON, SK, YT OBS delivered—AB, MB, NT, NU, ON, SK, YT | | AB, BC, MB, SK for Group 18 |
| Number of Previous Pre-Term Deliveries | 18/02 | This field identifies the number of previous pre-term deliveries, meaning 20 to 36 completed weeks. | M | TA cases—AB, MB, NB, NL, NS, NU, ON, SK, YT OBS delivered—AB, MB, NT, NU, ON, SK, YT | | AB, BC, MB, SK for Group 18 |
| Number of Previous Spontaneous Abortions | 18/03 | This field identifies the number of previous spontaneous abortions (miscarriages). | M | TA cases—AB, MB, NB, NL, NS, NU, ON, SK, YT OBS delivered—AB, MB, NT, NU, ON, SK, YT | | AB, BC, MB, SK for Group 18 |
| Number of Previous Therapeutic Abortions | 18/04 | This field identifies the number of previous (legal) therapeutic abortions. | M | TA cases—AB, MB, NB, NL, NS, NU, ON, SK, YT OBS delivered—AB, MB, NT, NU, ON, SK, YT | | AB, BC, MB, SK for Group 18 |
| Number of Previous Live Births | 18/05 | This field identifies the number of previous live births. | M | OBS delivered—AB, MB, NT, NU, ON, SK, YT | | AB, BC, MB, SK for Group 18 |
| Gestational Age | 18/06 | TA cases - The duration of gestation is measured from the first day of the last normal menstrual period expressed in completed weeks. OBS Delivered/Undelivered cases—The Gestational Age is recorded in completed weeks at the time of admission. Newborn/Neonates cases—Gestational Age refers to the gestational age recorded at the time of delivery for newborns and neonates (<29 days). | M | TA cases—AB, MB, NB, NL, NS, NU, ON, SK, YT OBS delivered/undelivered, newborn/neonates—all provinces/territories | | AB, BC, MB, NL, SK for Group 18 |

Legend

M—mandatory; D—derived field (calculated by CIHI production system); O—optional; NA—not applicable

Note: The status of a data element as mandatory or optional may vary due to jurisdiction.

This table serves as a general guideline; the *DAD Core Abstracting Manual* and the individual provincial/territorial manuals should be referenced for details on a specific data element.

| Data Element Name | Group/ Field | Description | Status | Condition(s) With Status | Applicable To | PT Variation |
|-------------------------------------|------------------|---|--------|--|---|------------------------------|
| Gestational Age on Date of Delivery | 18/06 Derived | Gestational Age on Date of Delivery is: 1/ <u>OBS delivered</u> —the difference between the Gestational Age on Admission plus the difference in days between the Admission Date and the Intervention Episode Start Date for an Intervention Code in the range of 5MD50 to 5MD60 . 2/ <u>OBS undelivered</u> —the Gestational Age on Admission plus the difference in days between the Discharge Date and the Admission Date for a Diagnosis Code with a first digit of O and a sixth digit of 1 or 2 or a Diagnosis Code Z34 or Z35 at the third-digit level with a Diagnosis Type M (Most responsible diagnosis) . | D | Calculated by CIHI production system. | All meeting OBS specifications. | For OBS undelivered - AB, NL |
| Delivery Time | 18/07 | The time (using the 24-hour clock) recorded on the mother's abstract to identify when the baby was born. | M | OBS delivered—AB, MB, NB, NL, NS, NT, NU, ON, PE, SK, YT | AB, MB, NB, NL, NS, NT, NU, ON, PE, SK, YT | AB, BC, MB, SK for Group 18 |
| Date Of Last Menses | 18/08 | Identifies the date of the last known menstrual period provided by the patient to the health care provider. | M | TA cases—AB, MB, NB, NL, NS, NU, ON, SK, YT if Gestational Age is not available (99) | TA cases in AB, MB, NB, NL, NS, NU, ON, SK, YT if Gestational Age is not available (99) | AB, BC, MB, SK |
| Breast Feeding On Discharge | 18/09 | Indicates whether a mother was breastfeeding her infant at the time of discharge from the facility. | M | OBS delivered | NL, SK | AB, BC, MB, SK for Group 18 |
| Pre-delivery Days—Derived | 18/12 | The Pre-Delivery Days are the difference in days between the Admission Date and the Intervention Episode Start Date for the Intervention Codes in the range of 5MD50 to 5MD60. | D | Calculated by CIHI production system. | All OBS delivered cases meeting specifications. | NA |

Legend

M—mandatory; D—derived field (calculated by CIHI production system); O—optional; NA—not applicable

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| Data Element Name | Group/ Field | Description | Status | Condition(s) With Status | Applicable To | PT Variation |
|---|-----------------|--|--------|---|---------------|--------------|
| Group 19—Licensed Vendor Assigned Values | | | | | | |
| MCC | 19/01 | Major Clinical Category (MCC) assigned according to Case Mix Grouping (CMG+) methodology. An MCC is a large grouping of diagnoses generally related to a body system, specific conditions, or trauma. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| CMG | 19/02 | Crossover Case Mix Grouping assigned by the Case Mix Grouping (CMG+) methodology. CMG+ is a grouping methodology developed by CIHI that categorizes acute care patients into groups based on similarities of diagnosis, intervention, LOS and resource requirements. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| RIW | 19/04 | Resource Intensity Weight (RIW) assigned to the abstract from the CMG+ methodology. All RIW cost weights are relative to the average cost of a typical acute inpatient case, such that the sum of typical cases is equal to the sum of the typical weighted cases. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| Grouping Vendor ID | 19/06 | ID number of vendor assigning the Case Mix Grouping (CMG) methodology. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| CMG Age Category | 19/07 | Age Category assigned by the Case Mix Grouping (CMG+) methodology. 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. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| Comorbidity Level | 19/08 | The Comorbidity Levels reflect the cumulative resource impact of comorbidities on the patient's stay as assigned by the Case Mix Grouping (CMG+) methodology. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |

Legend

M—mandatory; D—derived field (calculated by CIHI production system); O—optional; NA—not applicable

Note: The status of a data element as mandatory or optional may vary due to jurisdiction.

This table serves as a general guideline; the *DAD Core Abstracting Manual* and the individual provincial/territorial manuals should be referenced for details on a specific data element.

| Data Element Name | Group/Field | Description | Status | Condition(s) With Status | Applicable To | PT Variation |
|----------------------------|-------------|---|--------|---|---------------|--------------|
| Flagged Intervention Count | 19/09 | Flagged Intervention Count is the number that represents the total flagged intervention categories associated with the patient's case. Flagged interventions identify interventions associated with higher resource consumption cases, although the interventions themselves may not be costly. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| Intervention Event Count | 19/10 | Intervention Event Count is a number that represents the intervention events associated with the case as assigned by the Case Mix Grouping (CMG+) methodology. An intervention event (IE) is an intervention that occurred during the patient's stay in a facility. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| OOH Factor Count | 19/11 | Out-of-Hospital (OOH) Interventions Factor Count is a number that indicates if the patient had an OOH intervention or if OOH is applicable to the patient's case as assigned by the Case Mix Grouping (CMG+) methodology. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| RIW Atypical Code | 19/12 | Resource Intensity Weight (RIW) Atypical Code is a measure used to determine a patient's typical or atypical status for the calculation of RIW and ELOS as assigned to abstract by the Case Mix Grouping (CMG+) methodology. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| ELOS | 19/13 | Expected length of stay (ELOS) value represents the length of time a patient is expected to stay in a facility as assigned by the Case Mix Grouping (CMG+) methodology. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| RI Level | 19/14 | Resource intensity level (RIL) for the abstract as assigned according to Case Mix Grouping (CMG+) methodology. The RIL is a derived variable created for reporting purposes. It is a way of further distinguishing patients with higher resource use. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |

Legend

M—mandatory; D—derived field (calculated by CIHI production system); O—optional; NA—not applicable

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| Data Element Name | Group/ Field | Description | Status | Condition(s) With Status | Applicable To | PT Variation |
|---|-----------------|--|--------|---|---------------|--------------|
| Abstracting Vendor ID | 19/15 | ID number of licensed software vendor. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| CACS | 19/20 | 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 classifications. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| MAC | 19/21 | Major Ambulatory Cluster is a high level grouping of the Comprehensive Ambulatory Classification System (CACS) cells generally related to body system or functional grouping. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| CACS age category | 19/22 | The Comprehensive Ambulatory Classification System (CACS) age category assigned to the abstract. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| CACS anaesthetic code | 19/23 | The Comprehensive Ambulatory Classification System (CACS) anaesthetic code identifies the anaesthetic type recorded. | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |
| CACS investigative technology total count | 19/24 | A distinct count of the total number of Investigative Technology categories found on each abstract as assigned according to the Comprehensive Ambulatory Classification System (CACS). | M | Clients do not complete these fields. Values calculated by the vendor's system and compared to values calculated by the CIHI production system. | All | NA |