

DAD Data Elements 2013–2014

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 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	NL, PE, NS, NB, MB, SK, AB, BC, NT, YT, NU
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.	NL, NS, NB, 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	NL, NS, NB, ON, AB, NT, NU	NL, NB, ON, AB, NT, NU
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	NL, MB, SK, BC
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	NA

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Provincial/Territorial 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.	NS, SK, AB, BC	NS, NB, SK, AB, BC
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 and Time	04/01 04/02	The date and time that the patient was officially registered as an inpatient.	M	NA	All	AB
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	NL, PE, NS, NB, ON, MB, SK, AB, BC
Entry Code	04/06	The point of entry to the health care facility.	M	NA	All	NL, NB, ON, MB, SK, BC
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	ON
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.	NL, PE, NS, MB, BC, NT, NU	NA
Date and Time Patient Left ED	04/13 04/14	The date and 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 there is an admission to acute care with an Entry Code of E—Through ED of the reporting facility	NL, NS, ON, MB, SK, AB, BC	NA
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

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Data Element Name	Group/ Field	Description	Status	Condition(s) With Status	Applicable To	PT Variation
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 and Time	05/01 05/02	The date and time when the patient was formally discharged	M	NA	All	SK, AB
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	NL, ON, MB, AB
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	NA	All	NL, PE, NS, NB, ON, MB, SK, AB, BC, YT, NU
Main 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 In New Brunswick provincially defined values used. In Alberta for designated subacute cases	NS, NB, AB	NS, NB, AB
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	NL, MB
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 Service	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—NL, MB—all service transfers	All for ALC BC, MB, NL, ON have certain conditions	NL, NB, ON, SK, BC
Service Transfer Sub-Service	08/02	Defines a further specification of the patient Service Transfer as assigned by the health care facility.	O	Mandatory in New Brunswick	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	NL, PE, NB, AB, NT, NU
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	NL, PE, NB, ON, SK, BC
Provider Service	09/03	Identifies the level of training or the specialty of the physician.	M	Recorded with Provider Type.	All	NL, ON, BC
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	SK, NT
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

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Data Element Name	Group/ Field	Description	Status	Condition(s) With Status	Applicable To	PT Variation
Cancer Staging—Path. Tumour	10/08	The extent of the primary tumour. Pathological classification is based on the surgical findings.	O	NA	All	NA
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 and Time	11/01 11/17	The date and time 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	ON
Status Attributes: Status Location Extent	11/03 11/04 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.	NL, NS, NB, MB, SK, BC, NT, YT, NU	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	AB
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

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Data Element Name	Group/ Field	Description	Status	Condition(s) With Status	Applicable To	PT Variation
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	AB
Anaesthetist	11/11	Records the Intervention Provider Number of the physician(s) who administers the anaesthesia during the service (intervention).	M	NA	NL, NB, ON, MB, BC, NT	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	AB
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	NL, SK, AB, BC	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 End Date and Time	11/18 11/19	The date and time 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	All	NA

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Data Element Name	Group/ Field	Description	Status	Condition(s) With Status	Applicable To	PT Variation
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	NB, MB, SK, AB, BC, NT
SCU Admit Date and Time	13/03 13/04	Date and time 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	MB
SCU Discharge Date and Time	13/05 13/06	Date and time 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	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						

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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	NL, PE, NS, NB, ON or for those facilities where the Mental Health flag is set on the Institution File.	NL, PE, NS, NB, ON or flagged facilities	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	NL, PE, NS, NB, ON or for those facilities where the Mental Health flag is set on the Institution File.	NL, PE, NS, NB, ON or flagged facilities	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	NL, PE, NS, NB, ON or for those facilities where the Mental Health flag is set on the Institution File.	NL, PE, NS, NB, ON 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	NL, PE, NS, NB, ON or for those facilities where the Mental Health flag is set on the Institution File.	NL, PE, NS, NB, ON or flagged facilities	Refer to PT manuals
MH—Suicide	15/06	Suicide identifies the patient's intentional taking of his or her own life by self-inflicted methods.	M	NL, PE, NS, NB, ON or for those facilities where the Mental Health flag is set on the Institution File.	NL, PE, NS, NB, ON or flagged facilities	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	NL, PE, NS, NB, ON or for those facilities where the Mental Health flag is set on the Institution File.	NL, PE, NS, NB, ON 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	NL, PE, NS, NB, ON or for those facilities where the Mental Health flag is set on the Institution File.	NL, PE, NS, NB, ON or flagged facilities	Refer to PT manuals
MH—ECT Treatment	15/09	To identify whether the patient received any ECT treatments during the hospitalization.	M	NL, PE, NS, NB, ON or for those facilities where the Mental Health flag is set on the Institution File.	NL, PE, NS, NB, ON 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	NL, PE, NS, NB, ON or for those facilities where the Mental Health flag is set on the Institution File.	NL, PE, NS, NB, ON or flagged facilities	Refer to PT manuals
MH—Education	15/12	Education identifies the most advanced level of education attained by the patient.	M	NL, PE, NS, NB, ON or for those facilities where the Mental Health flag is set on the Institution File.	NL, PE, NS, NB, ON 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	NL, PE, NS, NB, ON or for those facilities where the Mental Health flag is set on the Institution File.	NL, PE, NS, NB, ON or flagged facilities	Refer to PT manuals

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MH—Financial Support	15/14	Financial Support identifies the source of income for the patient at the time of admission.	M	NL, PE, NS, NB, ON or for those facilities where the Mental Health flag is set on the Institution File.	NL, PE, NS, NB, ON or flagged facilities	Refer to PT manuals

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Data Element Name	Group/ Field	Description	Status	Condition(s) With Status	Applicable To	PT Variation
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 five projects: 1/Project 050 - Canadian Paediatric Surgical Wait Times (Optional) 2/Project 150—Wait Times (Optional) 3/ Project 202—Organ Harvesting for Organ Transplants (Mandatory for ON) 4/ Project 224—Acute Myocardial Infarction (AMI) Data Collection (Optional) 5/ Project 340—Canadian Stroke Strategy Performance Improvement	Refer to Core and PT manuals for full project details.	NL, NS, NB, ON, MB, SK, AB, BC
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	NB, MB
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	NB, MB
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	NB, MB
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	NB, MB
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	NB, MB
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	NB, MB
Autologous Blood 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	NB, MB

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Group 18—Reproductive Care Information						
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—NL, NS, NB, ON, MB, SK, AB, YT, NU OBS delivered—ON, MB, SK, AB, NT, YT, NU		BC 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—NL, NS, NB, ON, MB, SK, AB, YT, NU OBS delivered—ON, MB, SK, AB, NT, YT, NU		BC for Group 18
Number of Previous Spontaneous Abortions	18/03	This field identifies the number of previous spontaneous abortions (miscarriages).	M	TA cases—NL, NS, NB, ON, MB, SK, AB, YT, NU OBS delivered—ON, MB, SK, AB, NT, YT, NU		BC for Group 18
Number of Previous Therapeutic Abortions	18/04	This field identifies the number of previous (legal) therapeutic abortions.	M	TA cases—NL, NS, NB, ON, MB, SK, AB, YT, NU OBS delivered—ON, MB, SK, AB, NT, YT, NU		BC for Group 18
Number of Previous Live Births	18/05	This field identifies the number of previous live births.	M	OBS delivered—ON, MB, SK, AB, NT, YT, NU		BC 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—NL, NS, NB, ON, MB, SK, AB, YT, NU OBS delivered/undelivered, newborn/neonates—all provinces/territories		BC for Group 18

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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.	NL, AB
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—NL, PE, NS, NB, ON, MB, SK, AB, YT, NT, NU	NL, PE, NS, NB, ON, MB, SK, AB, NT, YT, NU	AB
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—NL, NS, NB, ON, MB, SK, AB, YT, NU if Gestational Age is not available (99)	TA cases in NL, NS, NB, ON, MB, SK, AB, YT, NU if Gestational Age is not available (99)	BC for Group 18
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	BC 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

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
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

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
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