



NACRS

Data Quality Documentation

National Ambulatory Care Reporting System

Current-Year Information
2023–2024

Updated August 2024



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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How to cite this document:

Canadian Institute for Health Information. *Data Quality Documentation, National Ambulatory Care Reporting System — Current-Year Information, 2023–2024*.

Ottawa, ON: CIHI; November 2024.

Cette publication est aussi disponible en français sous le titre *Document sur la qualité des données, Système national d'information sur les soins ambulatoires — information sur l'exercice courant, 2023-2024*.

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Abbreviations

Alta.	Alberta
B.C.	British Columbia
CAD	Clinical Administrative Databases
CC	cardiac catheterization (clinic)
CIHI	Canadian Institute for Health Information
DAD	Discharge Abstract Database
DI	diagnostic imaging
DS	day surgery
ED	emergency department
HCN	Health Care Number
HMDB	Hospital Morbidity Database
ICD-10-CA	<i>International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada</i>
Man.	Manitoba
MH	mental health (clinic)
MIS FC	Management Information System Functional Centre
NACRS	National Ambulatory Care Reporting System
N.B.	New Brunswick
N.S.	Nova Scotia
OC	oncology clinic
Ont.	Ontario
P.E.I.	Prince Edward Island
Que.	Quebec
RD	renal dialysis (clinic)
Sask.	Saskatchewan
Y.T.	Yukon

Purpose

The *Data Quality Documentation, National Ambulatory Care Reporting System — Current-Year Information* report is produced on a yearly basis and provides information on the quality of the data file for the given fiscal year. An associated report, [Data Quality Documentation, National Ambulatory Care Reporting System — Multi-Year Information](#), provides background information on the reporting system to help users decide whether the information fits their needs. [Data Quality Documentation, National Ambulatory Care Reporting System — Glossary of Terms](#) is also available.

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

Coverage

Levels of care and submissions, by province/territory

NACRS contains data about hospital and community-based emergency and ambulatory care visits, including visits to DS and outpatient clinics. Data is collected from all submitting facilities in Canada on the care of patients who were registered in these facilities between April 1 and March 31 of the given fiscal year (see tables 1 to 3 in [Appendix A](#)).

- NACRS ED 2023–2024 coverage was at 87%. In 2023–2024, a total of 20,539,607 records were submitted to NACRS (see Table 2 in [Appendix A](#)), which represents a decrease of 6.58% compared with 2022–2023.ⁱ
- Caution is warranted when comparing trends in the context of the COVID-19 pandemic.
- NACRS offers 3 options for submitting ED records:
 - Submission Level 1 includes mandatory data elements required for ED Wait Time indicators.
 - Submission Level 2 includes Level 1 information plus mandatory completion of either the Presenting Complaint or ED Discharge Diagnosis data element.
 - Submission Level 3 includes Level 2 information plus mandatory capture of diagnoses and interventions using ICD-10-CA and CCI.

For further information on submission levels, please see the report [Data Quality Documentation, National Ambulatory Care Reporting System — Multi-Year Information](#)

i. As a result of the implementation of a new province-wide electronic health record (EHR) system in Alberta (i.e., Connect Care), the regular data flows for day surgery, clinic, diagnostic imaging and other ambulatory care (excluding ED) to NACRS have been disrupted, resulting in a decrease in overall volume. Additionally, New Brunswick transitioned its submission of day surgery data to NACRS as of 2023–2024. Caution is warranted when interpreting the percentage change in volume.

- Fully coded diagnosis and intervention information might not be available for abstracts submitted at Level 1 or Level 2.
- Submission of ED data to NACRS: Mandated in Quebec,ⁱⁱ Ontario, Alberta and the Yukon; partially mandated in Prince Edward Island, Nova Scotia, Manitoba, Saskatchewan and British Columbia; not mandated in Newfoundland and Labrador, New Brunswick, the Northwest Territories and Nunavut.
- Submission of DS data to NACRS: Mandated in Prince Edward Island, Nova Scotia, New Brunswick, Ontario and Alberta. All other provinces/territories submit their DS data to the DAD or to the HMDB. Information about the DAD and the HMDB can be found on the [DAD metadata](#) and [HMDB metadata](#) pages, respectively.
 - New Brunswick transitioned its submission of day surgery data to NACRS as of 2023–2024.
- NACRS Clinic Lite (Level 0) data is included starting in the 2021–2022 report. Clinic Lite is a low-cost, low-burden reporting option for ambulatory clinics. It is currently being used by outpatient rehabilitation and community physiotherapy clinics across Ontario. Level 0 Clinic Lite data should be excluded from analytical reports.

Changes to the number of reporting facilities

Throughout the fiscal year, facilities may open, close or merge, resulting in changes to the number of reporting facilities.

- Facility numbers no longer valid in NACRS in 2023–2024: 4 facilities (2 in Ontario, 2 in Alberta).
- New facility numbers in NACRS in 2023–2024: 38 facilities (15 in New Brunswick, 17 in Ontario, 6 in Alberta).

Rate of over-coverage

The rate of over-coverage from true duplicate records in 2023–2024 was 0.02%. There were 4,688 true duplicate records (see Table 5 in [Appendix A](#)). 1 Ontario facility had 3,828 renal dialysis duplicates due to technical issues.

ii. As of 2018–2019, Quebec submits ED data to CIHI on a monthly basis. This data is transformed to meet NACRS standards and is integrated into NACRS.

Non-response

Unit non-response refers to incomplete data that is submitted from facilities in the frame (facilities that submit to NACRS), whether at the facility or record level. Additional unit non-response may occur with any outstanding rejected records that are not resubmitted during the data collection period.

Unit non-response rate at the facility level, due to facilities that did not submit any data to NACRS in 2023–2024:

- Nil

Unit non-response rate at the record level, due to missing records for all or some periods in NACRS in 2023–2024:

- The unit non-response rate at the record level was 0.33% for ED, 0.53% for DS and 0.09% for all other levels of care. This was because 6 facilities from Ontario and 2 facilities from Saskatchewan submitted incomplete data for some periods in 2023–2024.ⁱⁱⁱ
- Please refer to Table 4 in [Appendix A](#) for the item non-response rates for selected NACRS data elements.

NACRS data elements

- Missing, invalid and unknown values for NACRS data elements for 2023–2024: See Table 4 in [Appendix A](#).
- NACRS data elements evolution by fiscal year: See [Appendix B](#).

iii. In 2023–2024, some southwestern Ontario facilities experienced a cyberattack, impacting their data submission capabilities and timelines.

Appendices

Appendix A: NACRS data tables

The NACRS 2023–2024 population of reference consists of 956 facilities (including Ontario facilities that submit Level 0 Clinic Lite data) in Canada.

Table 1 Number of facilities submitting to each ambulatory care group in NACRS, by province/
territory, 2023–2024

Province/ territory	Total no. of submitting facilities	ED			DS	Clinic					DI	Other ambulatory care	Clinic Lite Level 0
		Level 1	Level 2	Level 3		CC	RD	OC	MH	Other*			
P.E.I.	2	0	0	2	2	0	0	0	0	1	0	0	0
N.S.	19	4	0	4	18	1	0	1	0	16	8	6	0
N.B.	15	0	0	0	14†	1	0	0	0	8	0	2	0
Que.	116	116	0	0	0	0	0	0	0	0	0	0	0
Ont.	555	2	0	178	162	23	63	82	0	74	33	17	440
Man.	7	7	0	0	0	0	0	0	0	0	0	0	0
Sask.	56	0	0	56	0	0	0	0	0	0	0	0	0
Alta.	153	0	0	108	92	11	0	0	7	14	5	13	0
B.C.	30	0	30	0	0	0	0	0	0	0	0	0	0
Y.T.	3	0	0	3	0	0	0	0	0	0	0	0	0
Total	956	129	30	351	288	36	63	83	7	113	46	38	440

Notes

* The Clinic — Other category includes the following clinic subcategories: medical, surgical, cardiac, gynecology, neurology, obstetrics, pediatric, rehabilitation, rheumatology, ophthalmology, orthopedic, family practice and special day/night care, among others.

† New Brunswick transitioned its submission of day surgery data to NACRS as of 2023–2024.

For additional information on how the ambulatory care groups are defined using MIS functional centre account codes, please refer to detailed data element information for Visit MIS Functional Centre Account Code (data element 13) and MIS Functional Centre Account Code (data element 75), as well as the National MIS Standards Functional Centre Accounts to Ambulatory Care Group Mapping Table.

B.C.'s data submission level is based on the reporting mandate.

Source

National Ambulatory Care Reporting System, 2023–2024, Canadian Institute for Health Information.

Table 2 Summary of all visits for NACRS,* by province/territory and ambulatory care group, 2023–2024

Province/ territory	ED			DS	Clinic					DI	Other ambulatory care	Clinic Lite Level 0	Total N (%)
	Level 1	Level 2	Level 3		CC	RD	OC	MH	Other [†]				
P.E.I.	0	0	62,381	18,602	0	0	0	0	348	0	0	0	81,331 (0.40%)
N.S.	185,938	0	116,816	116,852	2,772	0	668	0	12,493	7,024	417	0	442,980 (2.16%)
N.B.	0	0	0	40,382‡	1,677	0	0	0	10,574	0	517	0	53,150 (0.26%)
Que.	3,658,353	0	0	0	0	0	0	0	0	0	0	0	3,658,353 (17.81%)
Ont.	13,426	0	6,433,101	1,353,623	67,551	1,391,784	1,442,261	0	109,180	11,848	10,149	92,250	10,925,173 (53.19%)
Man.	283,332	0	0	0	0	0	0	0	0	0	0	0	283,332 (1.38%)
Sask.	0	0	654,059	0	0	0	0	0	0	0	0	0	654,059 (3.18%)
Alta.	0	0	2,289,114	216,783	12,043	0	0	8,269	23,227	8,936	26,548	0	2,584,920 (12.59%)
B.C.	0	1,808,254	0	0	0	0	0	0	0	0	0	0	1,808,254 (8.80%)
Y.T.	0	0	48,055	0	0	0	0	0	0	0	0	0	48,055 (0.23%)
Total	4,141,049	1,808,254	9,603,526	1,746,242	84,043	1,391,784	1,442,929	8,269	155,822	27,808	37,631	92,250	20,539,607 (100.00%)

Notes

* The number of abstracts includes duplicate records. There were 4,688 abstracts with duplicate records in NACRS in 2023–2024.

† The Clinic — Other category includes the following clinic subcategories: medical, surgical, cardiac, gynecology, neurology, obstetrics, pediatric, rehabilitation, rheumatology, ophthalmology, orthopedic, family practice and special day/night care, among others.

‡ New Brunswick transitioned its submission of day surgery data to NACRS as of 2023–2024.

For additional information on how the ambulatory care groups are defined using MIS functional centre account codes, please refer to detailed data element information for Visit MIS Functional Centre Account Code (data element 13) and MIS Functional Centre Account Code (data element 75), as well as the National MIS Standards Functional Centre Accounts to Ambulatory Care Group Mapping Table.

Source

National Ambulatory Care Reporting System, 2023–2024, Canadian Institute for Health Information.

Table 3 Percentage change in volume of NACRS records between 2022–2023 and 2023–2024,*
by province/territory and ambulatory care group

Province/ territory	ED			DS	Clinic					DI	Other ambulatory care	Clinic Lite Level 0	Total
	Level 1	Level 2	Level 3		CC	RD	OC	MH	Other [†]				
P.E.I.	n/a	n/a	-5.49	14.24	n/a	n/a	n/a	n/a	10.48	n/a	n/a	n/a	-1.54
N.S.	2.93	n/a	1.91	2.74	0.95	n/a	-17.94	n/a	7.04	11.92	-2.80	n/a	2.79
N.B.	n/a	n/a	n/a	n/a [‡]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Que.	0.87	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.87
Ont.	884.31 [§]	n/a	3.30	4.56	6.84	3.01	3.58	n/a	4.01	4.52	-23.75	165.60**	4.10
Man.	0.32	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.32
Sask.	n/a	n/a	2.28	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2.28
Alta. ^{††}	n/a	n/a	2.63	-40.81	2.28	-100.00	-100.00	-94.38	-97.32	-97.52	-95.04	n/a	-43.96
B.C.	n/a	2.18	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2.18
Y.T.	n/a	n/a	1.57	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.57
Total	1.22	2.18	2.98	-2.49 [‡]	8.10	-3.47	3.32	-94.38	-84.17	-92.64	-93.15	165.60	-6.58 [‡]

Notes

* Caution is warranted when interpreting the percentage change in volume in the context of COVID-19 pandemic.

† The Clinic — Other category includes the following clinic subcategories: medical, surgical, cardiac, gynecology, neurology, obstetrics, pediatric, rehabilitation, rheumatology, ophthalmology, orthopedic, family practice and special day/night care, among others.

‡ New Brunswick transitioned its submission of day surgery data to NACRS as of 2023–2024.

§ In 2023–2024, some southwestern Ontario facilities experienced a cyberattack, impacting their data submission capabilities and timelines. 2 affected facilities submitted Level 1 ED records (instead of Level 3), which resulted in a notable increase in volumes this year.

** 40 facilities started submitting NACRS Clinic Lite records during 2022–2023 and 2023–2024. The notable increase in volumes in 2023–2024 was mainly due to 1 facility that submitted information on ambulatory visits for internal tracking purposes (not currently mandated for reporting).

†† As a result of the implementation of a new province-wide electronic health record (EHR) system in Alberta (i.e., Connect Care), the regular data flows for day surgery, clinic, diagnostic imaging and other ambulatory care (excluding ED) to NACRS have been disrupted, resulting in a decrease in overall volumes. Caution is warranted when interpreting the percentage change in volume.

n/a: Not applicable.

For additional information on how the ambulatory care groups are defined using MIS functional centre account codes, please refer to detailed data element information for Visit MIS Functional Centre Account Code (data element 13) and MIS Functional Centre Account Code (data element 75), as well as the National MIS Standards Functional Centre Accounts to Ambulatory Care Group Mapping Table.

Source

National Ambulatory Care Reporting System, 2022–2023 and 2023–2024, Canadian Institute for Health Information.

Table 4 Number and percentage of abstracts submitted to NACRS with missing, invalid or unknown values in selected data elements, 2023–2024

Data element number	Data element	Number of abstracts with missing, invalid or unknown values	Number of relevant abstracts*	Percentage of abstracts with missing, invalid or unknown values (%)
02	HCN [†]	318,229	20,539,607	1.55
03	Province/Territory Issuing HCN	256,591	20,539,607	1.25
05	Postal Code [‡]	4,177,925	20,539,607	20.34
08	Birth Date	3,660,667	20,539,607	17.82
25	Triage Time	58,673	15,439,840	0.38
26	Triage Level	85,319	15,439,840	0.55
30	Time of Physician Initial Assessment	399,417	10,337,346	3.86
45	Other Problem(s)	1,173,265	1,961,810	59.81
100	Glasgow Coma Scale	17,841	74,459	23.96
101	Seatbelt Indicator	18,273	74,501	24.53
102	Helmet Indicator	118,190	196,358	60.19
115	Disposition Time	257,068	17,245,038	1.49
117	Time Patient Left ED	5,789	2,000,044	0.29
137 and 44	ED Discharge Diagnosis and Main Problem [§]	1,166,711	15,498,796	7.53
136	Presenting Complaint [§]	7,150,785	15,498,796	46.14

Notes

* Denominator used in calculating percentage only included records where the data element completion is mandatory.

† Invalid health card numbers (HCNs) are defined as those that are missing or unknown, those with invalid formats, those used for administrative purposes and not associated with an individual, those that are the same for a child and mother, and those associated with multiple-person demographic profiles.

‡ Invalid postal codes are defined as those that are not submitted, those that are invalid and those that are non-linkable (i.e., not in Statistics Canada's Postal Code Conversion File Plus [PCCF+] Version 8B, December 2023).

§ The collection instructions for ED data elements Discharge Diagnosis, Main Problem and Presenting Complaint vary across jurisdictions based on submission level. The percentages of missing values for these data elements reflect the completeness of submissions rather than a data quality issue.

Source

National Ambulatory Care Reporting System, 2022–2023 and 2023–2024, Canadian Institute for Health Information.

Table 5 NACRS duplicates*

Ambulatory care group		2022–2023 N (%)	2023–2024 N (%)
ED	Level 1	0 (0.00%)	0 (0.00%)
	Level 2	1 (0.02%)	0 (0.00%)
	Level 3	49 (1.19%)	22 (0.47%)
DS		1,931 (46.74%)	544 (11.60%)†
Clinic	CC	0 (0.00%)	0 (0.00%)
	RD	71 (1.72%)	3,828 (81.66%)‡
	OC	2 (0.05%)	4 (0.09%)
	MH	401 (9.71%)	2 (0.04%)
	Other	913 (22.10%)	44 (0.94%)
DI		9 (0.22%)	0 (0.00%)
Other ambulatory care		666 (16.12%)	93 (1.98%)
Clinic Lite	Level 0	88 (2.13%)	151 (3.22%)
Total		4,131	4,688
Proportion of NACRS		~0.02%	~0.02%

Notes

* The majority of the duplicates were from Alberta in 2022–2023 (96.61%) and Ontario in 2023–2024 (85.90%).

† New Brunswick transitioned its submission of day surgery data to NACRS as of 2023–2024.

‡ 1 Ontario facility had 3,828 renal dialysis duplicates due to technical issues.

Source

National Ambulatory Care Reporting System, 2022–2023 and 2022–2024, Canadian Institute for Health Information.

Appendix B: NACRS data element evolution by fiscal year

This information must be referenced when performing trending analysis on NACRS data and is intended to be used in conjunction with the *NACRS Abstracting Manual*. Please refer to the [NACRS Abstracting Manual](#) or contact CIHI for details of these changes.

Legend	
*	No change to existing data element
C	Change in data element definition (including code or change/collection of new data)
F	Change in data element format
R	Retired data element
N	New data element
O	Data element did not exist that year

Data element number	Description	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
00A	Reporting Facility's Province/Territory	*	*	*	*	*	*	*	*	*	*
00B	Reporting Facility's Ambulatory Care Number	*	*	C	*	C	*	*	*	*	*
00C	Submission Fiscal Year	*	*	*	*	*	*	*	*	*	*
00D	Submission Period	*	*	*	*	*	*	*	*	*	*
00E	Abstract Identification Number	*	*	*	*	*	*	*	*	*	*
00F	Coder Number	*	*	*	*	*	*	*	*	*	*
00G	Primary Abstract ID Number	O	O	O	O	O	O	O	O	O	O
1	Chart Number	*	*	*	*	*	*	*	*	*	*
2	Health Care Number	C	C	*	*	C	*	*	*	*	*
3	Province/Territory Issuing Health Care Number	*	*	*	*	C	*	*	C	*	*
4	Responsibility for Payment	C	*	*	*	C	*	*	C	C	*
5	Postal Code	*	*	*	*	C	*	*	C	*	*
6	Residence Code (Geographic Code)	*	*	*	*	*	*	*	*	*	*
7	Gender	*	*	*	*	C	*	*	*	C	*
8	Birth Date	*	*	*	*	*	*	*	*	*	*
9	Birth Date Is Estimated	*	*	*	*	*	*	*	*	*	*
10	Family Physician Flag	O	O	O	O	O	O	O	O	O	O
11	Ambulatory Registration Number	*	*	*	*	C	*	*	*	*	*
12	Ambulatory Registration/Encounter Sequence Number	*	*	*	*	*	*	*	*	*	*
13	Visit MIS FC Account Code	*	*	*	*	*	*	*	*	*	*
14	Admit via Ambulance	*	*	*	*	*	*	*	C	*	*
15	Ambulance Call Number	*	*	*	*	R	O	O	O	O	O
16	Living Arrangement	*	*	*	*	R	O	O	O	O	O

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Data element number	Description	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
17	Residence Type	*	*	*	*	R	O	O	O	O	O
18	Visit Type	O	O	O	O	O	O	O	O	O	O
19	Ambulatory Visit Status	*	*	*	*	R	O	O	O	O	O
20	Mode of Visit/Contact	*	*	*	*	*	*	*	*	C	*
21	Highest Level of Education	*	*	*	*	*	*	*	*	*	*
22	Arrival Date	*	*	*	*	*	*	*	*	*	*
23	Arrival Time	*	*	*	*	*	*	*	*	*	*
24	Triage Date	*	*	*	*	*	*	*	*	*	*
25	Triage Time	*	*	*	*	*	*	*	*	*	*
26	Triage Level	*		*	*	*	*	*	*	*	*
27	Date of Registration/Visit	*	C	C	*	*	*	*	*	*	*
28	Registration/Visit Time	*	C	C	*	*	*	*	*	*	*
29	Date of Physician Initial Assessment	*	*	*	*	*	*	*	*	*	*
30	Time of Physician Initial Assessment	*	*	*	*	*	*	*	*	*	*
31	Referral Source Prior to Ambulatory Care Visit	*	*	*	*	*	*	*	*	*	*
32	Institution From	*	*	*	*	C	*	*	*	*	*
33	Decision to Admit Date	O	O	O	O	O	O	O	O	O	O
34	Decision to Admit Time	O	O	O	O	O	O	O	O	O	O
35	Visit Disposition	*	C	C	*	C	*	*	C	C	*
36	Date Visit Completed	O	O	O	O	O	O	O	O	O	O
37	Time Visit Completed	O	O	O	O	O	O	O	O	O	O
38	Referred To — After Completion of Ambulatory Care Visit	*	*	*	*	*	*	*	*	*	*
39	Institution To	*	*	*	*	C	*	*	C	*	*
40	Provider Type	*	*	C	*	*	*	*	*	*	*

Data element number	Description	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
41	Provider Service	C	*	*	*	*	*	*	*	*	*
42	Provider Number	*	*	*	*	*	*	*	*	*	*
43, 43 (a–i)	Main and Other Problem Prefix	*	*	*	*	F, C	*	*	C	C	*
44	Main Problem	*	*	*	*	C	*	*	*	*	*
45 (a–i)	Other Problem(s)	*	*	C	*	*	*	*	*	*	*
46	Main Intervention	*	C	*	*	*	*	*	*	*	*
47 (a–i)	Other Intervention(s)	*	*	*	*	C	*	*	*	*	*
48 (a–i)	Status Attribute (Main and Other)	*	*	*	*	*	*	*	*	*	*
49 (a–i)	Location Attribute (Main and Other)	*	*	*	*	*	*	*	*	*	*
50 (a–i)	Extent Attribute (Main and Other)	*	*	*	*	C	*	*	*	*	*
51 (a–i)	Duration of Ambulatory Care Intervention for Main and Other Interventions	*	*	*	*	*	*	*	*	*	*
52 (a–i)	Intervention Location Code for Main and Other Interventions	*	*	*	*	C	*	*	*	*	*
53	Anaesthetic Technique	*	C	C	*	C	*	*	*	*	*
54	Died During Intervention Flag	O	O	O	O	O	O	O	O	O	O
55	Out-of-Hospital Indicator	*	C	C	*	C	*	*	C	*	C
56	Out-of-Hospital Institution Number	*	*	*	*	*	*	*	*	*	*
57	Blood Transfusion Indicator	*	*	*	*	*	*	*	*	*	*
58	Blood Components/ Products — Red Blood Cells	C	*	C	*	C	*	*	*	*	*
59	Platelets	C	*	*	*	*	*	*	*	*	*
60	Plasma — Other or Unspecified (name changed in 2018)	C	*	*	*	C	*	*	*	*	*
61	Albumin	C	*	*	*	*	*	*	*	*	*

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Data element number	Description	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
62	Other Blood Products	C	*	C	*	C	*	*	*	*	*
63	Autologous Blood Transfusion	C	*	*	*	*	*	*	*	*	*
64	Units of Blood Transfused — Red Blood Cells	*	*	*	*	R	O	O	O	O	O
65	Platelets	*	*	*	*	R	O	O	O	O	O
66	Plasma	*	*	*	*	R	O	O	O	O	O
67	Albumin	*	*	*	*	R	O	O	O	O	O
68	Other Product Transfused	*	*	*	*	R	O	O	O	O	O
69	Number of Previous Term Deliveries	*	*	*	*	*	*	*	*	*	*
70	Number of Previous Preterm Deliveries	*	*	*	*	*	*	*	*	*	*
71	Number of Previous Spontaneous Abortions	*	*	*	*	*	*	*	*	*	*
72	Number of Previous Therapeutic Abortions	*	*	*	*	*	*	*	*	*	*
73	Gestational Age — Therapeutic Abortion	*	*	*	*	C	*	*	*	C	*
74	Date of Last Menses	*	*	*	*	C	*	*	*	*	*
75 (a–j)	MIS FC Account Code	*	*	*	*	*	*	*	*	*	*
76	Service Recipient–Specific Direct Cost	O	O	O	O	O	O	O	O	O	O
77	Service Recipient–Specific Indirect Cost	O	O	O	O	O	O	O	O	O	O
78	Traceable Supplies	O	O	O	O	O	O	O	O	O	O
79–96 (a–e)	Special Project	*	O	O	O	O	O	O	O	O	O
97	PCTAS Indicator	O	O	O	O	O	O	O	O	O	O
98	Program Area	*	*	*	*	C	*	*	*	*	*

Data element number	Description	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
99	Scheduled ED Visit Indicator	O	O	O	O	*	*	*	*	*	*
100	Glasgow Coma Scale	*	*	*	*	C	*	*	*	*	*
101	Seatbelt Indicator	*	*	*	*	*	*	*	*	*	*
102	Helmet Indicator	*	*	*	*	*	*	*	*	*	*
103	Level of Care/Service Recipient	O	O	O	O	O	O	O	O	O	O
104	Referral Date	*	*	*	*	C	*	*	*	*	*
105	Vendor MAC	*	*	*	*	*	*	*	*	*	*
106	Vendor CACS	*	*	*	*	*	*	*	*	*	*
107	Vendor RIW	*	*	*	*	*	*	*	*	*	*
108	Complete Record	*	*	*	*	*	*	*	*	*	*
109	Main Intervention Start Date	*	*	*	*	C	*	*	*	*	*
110	Main Intervention Start Time	*	*	*	*	C	*	*	*	*	*
111 (a–i)	Other Intervention Start Date	*	*	*	*	*	*	*	*	*	*
112 (a–i)	Other Intervention Start Time	*	*	*	*	*	*	*	*	*	*
113	Reason for Visit/Chief Complaint	O	O	O	O	O	O	O	O	O	O
114	Disposition Date	*	*	*	*	C	*	*	*	*	*
115	Disposition Time	*	*	*	*	C	*	*	*	*	*
116	Date Patient Left Emergency Department	*	C	*	*	*	*	*	*	*	*
117	Time Patient Left Emergency Department	*	C	*	*	*	*	*	*	*	*
118	Ambulance Arrival Date	*	*	*	*	C	*	*	*	*	*
119	Ambulance Arrival Time	*	*	*	*	C	*	*	*	*	*
120	Ambulance Transfer of Care Process Date	*	*	*	*	C	*	*	*	*	*
121	Ambulance Transfer of Care Process Time	*	*	*	*	C	*	*	*	*	*

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Data element number	Description	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
122	Clinical Decision Unit/Observation Unit Flag	*	*	*	*	*	*	*	*	*	*
123	Clinical Decision Unit Date In	*	*	*	*	*	*	*	*	*	*
124	Clinical Decision Unit Time In	*	*	*	*	*	*	*	*	*	*
125	Clinical Decision Unit Date Out	*	*	*	*	*	*	*	*	*	*
126	Clinical Decision Unit Time Out	*	*	*	*	*	*	*	*	*	*
127, 127 (a–i)	Problem Cluster for Main Problem (Main and Other)	*	*	C	*	*	*	*	*	C	*
128	Submission Level Code	*	*	*	*	*	*	*	*	*	*
129	Access to Primary Health Care Code	*	*	*	*	*	*	*	*	*	*
130 (a–c)	Consult Request Date	*	*	*	*	*	*	*	*	*	*
131 (a–c)	Consult Request Time	*	*	*	*	*	*	*	*	*	*
132 (a–c)	Consult Request Service	*	*	*	*	*	*	*	*	*	*
133	Date of Non-Physician Initial Assessment (DNPIA)	*	*	*	*	*	*	*	*	*	*
134	Time of Non-Physician Initial Assessment (TNPIA)	*	*	*	*	*	*	*	*	*	*
135	Non-Physician Initial Assessment Provider Service (NPIAPS)	*	*	*	*	*	*	*	*	*	*
136 (a–c)	Presenting Complaint List	*	C	C	*	C	*	*	*	*	*
137 (a–c)	Emergency Department Discharge Diagnosis	*	*	*	*	*	*	*	*	*	*
138	Status After Triage	*	*	*	*	*	*	*	*	*	*
139	ED Visit Indicator	*	*	*	*	C	*	*	*	*	*
140	Vendor Age Category	*	*	*	*	*	*	*	*	*	*
141	Vendor Anaesthetic Category	*	*	*	*	*	*	*	*	*	*
142	Vender IT Total Count	*	*	*	*	*	*	*	*	*	*
143 (a–c)	Consult Arrival Date	*	*	*	*	*	*	*	*	*	*

Data element number	Description	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023	2023–2024
144 (a–c)	Consult Arrival Time	*	*	*	*	*	*	*	*	*	*
146–169	Project Data Fields	O	C, F	C	*	C	C	C	C	*	C
170	Mental Health Indicators — Legal Status Upon Arrival to ED	O	O	O	O	N	C	*	C	*	*
171 (a–d)	Type of Restraint	O	O	O	O	N	*	*	*	*	*
172 (a–d)	Frequency of Restraint Use	O	O	O	O	N	*	*	*	*	*
173 (a–f)	Emergency Department Intervention Value Set	O	O	O	O	N	*	*	*	C, F	*
174 (a–c)	Emergency Department Investigative Technology	O	O	O	O	N	*	*	*	R	O
175 (a–f)	Number of Emergency Department Investigative Technologies Performed	O	O	O	O	N	*	*	*	C	*
177	Blood Products/ Components — Cryoprecipitate Plasma	O	O	O	O	N	*	*	*	*	*
178	Cryosupernatant Plasma	O	O	O	O	N	*	*	*	*	*
179	Intravenous/Subcutaneous Immune Globulin (IVIG/SCIG)	O	O	O	O	N	*	*	*	*	*
180	Fibrinogen	O	O	O	O	N	*	*	*	*	*
181	Prothrombin Complex Concentrate (PCC)	O	O	O	O	N	*	*	*	*	*
182	Anti-Inhibitor Coagulant (FEIBA)	O	O	O	O	N	*	*	*	*	*
183	Antithrombin III	O	O	O	O	N	*	*	*	*	*
184	C1 Inhibitor	O	O	O	O	N	*	*	*	*	*
185	Protein C/ Other Factors	O	O	O	O	N	*	*	*	*	*
186	Indigenous Identity	O	O	O	O	O	O	O	O	N	*
187	Racialized Groups	O	O	O	O	O	O	O	O	N	*

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

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