



NRS

National Rehabilitation Reporting System Data Quality Documentation

2019–2020



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. *National Rehabilitation Reporting System — Data Quality Documentation, 2019–2020*. Ottawa, ON: CIHI; 2020.

Cette publication est aussi disponible en français sous le titre *Système national d'information sur la réadaptation — document sur la qualité des données, 2019-2020*.

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Important notice

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The FIM® instrument includes the following data elements:

- | | |
|---------------------------------------|---------------------------------|
| 41. Eating | 50. Transfers: Toilet |
| 42. Grooming | 51. Transfers: Tub or Shower |
| 43. Bathing | 52. Locomotion: Walk/Wheelchair |
| 44. Dressing — Upper Body | 53. Locomotion: Stairs |
| 45. Dressing — Lower Body | 54. Comprehension |
| 46. Toileting | 55. Expression |
| 47. Bladder Management | 56. Social Interaction |
| 48. Bowel Management | 57. Problem-Solving |
| 49. Transfers: Bed, Chair, Wheelchair | 58. Memory |

1 Introduction

The purpose of this data quality document is to provide information regarding interpretation of the data reported to the National Rehabilitation Reporting System (NRS) by facilities with designated rehabilitation beds in Canada, for rehabilitation activity between April 1, 2019, and March 31, 2020 (fiscal year 2019–2020). More specifically, this document highlights the content, coverage and potential limitations of the 2019–2020 data reported by all facilities that submit data to the NRS. Additionally, this document provides information about the extent of non-response, at both the facility and data element levels, which will enable users to identify further potential limitations of the data and provide additional context regarding the use of information.

This report is intended to be a companion document for use by individuals and organizations who received an NRS data file for 2019–2020. In addition, the report can be used by NRS-participating facilities and other organizations or individuals to identify the content, coverage and potential limitations of the NRS data for 2019–2020. If there are any questions regarding the NRS data or the data quality assessment of 2019–2020 data, please contact the Rehabilitation program area at the Canadian Institute for Health Information (CIHI) by email (rehab@cihi.ca). Questions of this nature may also be submitted to CIHI's eQuery tool, which can be accessed from the website (cihi.ca). Please refer to Section 8 for information about eQuery or to learn of additional data quality documentation published by CIHI regarding the NRS.

As with data releases for previous fiscal years, the 2019–2020 release contains client identifiers, socio-demographic characteristics, administrative elements, health characteristics, and activities and participation elements. This data is provided for each rehabilitation client who was admitted to, discharged from or had a follow-up NRS assessment in a Canadian facility that participated in the NRS, including facilities with specialty rehabilitation beds or programs and those with general rehabilitation beds or programs. Only those assessments submitted successfully by the error correction deadline (May 15, 2020) are included in this data release. Specifications for submitting to the NRS during 2019–2020 are available in the *Rehabilitation Minimum Data Set Manual, February 2018*.

2 Concepts and definitions

2.1 Mandate/purpose

The mandate of the NRS is to collect information and report on adult inpatient rehabilitation episodes that occur in Canada. The purpose is to provide accurate and timely information to support health policies, quality improvement activities and decision-making in the inpatient rehabilitation sector.

2.2 Population of reference

The population of reference for the NRS 2019–2020 data file is all inpatient rehabilitation episodes that occurred in participating NRS facilities between April 1, 2019, and March 31, 2020, and for which data was successfully submitted to the NRS on or before May 15, 2020.

As of May 2020, 102 inpatient rehabilitation facilities in Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia had submitted 2019–2020 data to the NRS. In Ontario, the Ministry of Health has mandated submission of NRS data from all facilities with designated adult inpatient rehabilitation beds. Although participation in the NRS is primarily voluntary in all other provinces and territories, a number of regional health authorities or facilities choose to submit data to the NRS for all inpatient rehabilitation activity.

Of the total number of episodes that had an admission, discharge or follow-up date occurring in 2019–2020, 79% (35,161 out of 44,356) were submitted from facilities in Ontario. As of May 15, 2020, 81% (551,091 out of 681,458) of all the episodes in the NRS database dating back to 2000–2001, complete or incomplete, were submitted from facilities in Ontario.

For historical comparisons, Table 1 shows the number of facilities that submitted data between 2000–2001 and 2019–2020, by province. Earlier years show more variability due to the Ontario mandate regarding data submission. The number of Ontario submitting facilities increased by 137% (from 27 to 64) in 2002–2003. It should be noted that the Ontario facilities were mandated beginning in the third quarter (Q3) of 2002–2003, so data reported prior to that quarter may not be comparable with data reported afterward. As can be seen from the table, there are fluctuations in the number of facilities submitting data over time. This can primarily be attributed to new facilities opening rehabilitation-designated beds/units, as well as to facility closures, mergers and splits (a facility splitting to become 2 facilities).

Table 1 Number of submitting facilities, by province and fiscal year

Fiscal year	B.C.	Alta.	Sask.	Man.	Ont.	N.B.	N.S.	P.E.I.	N.L.	Total
2000–2001	3	—	1	—	20	—	1	—	1	26
2001–2002	3	4	2	—	27	—	1	—	1	38
2002–2003	3	5	2	—	64	—	1	—	1	76
2003–2004	2	5	3	—	67	1	1	—	1	80
2004–2005	2	6	3	—	70	1	2	—	1	85
2005–2006	5	8	3	—	72	1	2	—	1	92
2006–2007	5	8	3	—	72	2	2	—	1	93
2007–2008	5	9	3	5	71	2	2	1	1	99
2008–2009	5	8	2	6	73	2	2	—	1	99
2009–2010	7	11	2	7	69	2	2	—	1	101
2010–2011	7	11	2	7	68	2	2	1	1	101
2011–2012	7	11	2	7	70	2	2	1	1	103
2012–2013	6	8	2	7	72	2	2	1	1	101
2013–2014	5	8	2	7	70	2	2	1	2	99
2014–2015	6	9	2	6	69	2	2	1	2	99
2015–2016	6	11	2	6	70	2	2	1	2	102
2016–2017	6	10	2	6	69	2	1	1	2	99
2017–2018	7	10	2	6	69	2	1	1	2	100
2018–2019	9	10	2	5	69	2	1	1	2	101
2019–2020	9	11	2	4	69	2	2	1	2	102

Note

— Not applicable.

Source

National Rehabilitation Reporting System, 2000–2001 to 2019–2020, Canadian Institute for Health Information.

Tables 2 and 3 show the number of submitting facilities, by facility type (specialty or general, respectively) and fiscal year. The NRS definitions of *general* and *specialty* may not necessarily align with the designation of each facility as general or specialty by the health ministries or regions of each province; thus the 2 types should be compared cautiously. For the NRS, facilities self-designate their facility type:

- A *general* rehabilitation facility is typically a rehabilitation unit or collection of beds designated for rehabilitation purposes that is part of a general hospital offering multiple levels or types of care.
- A *specialty* rehabilitation facility is typically one that provides more extensive and specialized inpatient rehabilitation services and is commonly a free-standing facility or a specialized unit within a hospital.

The data in tables 2 and 3 reflects these NRS definitions.

Table 2 Number of submitting specialty facilities, by province and fiscal year

Fiscal year	B.C.	Alta.	Sask.	Man.	Ont.	N.B.	N.S.	P.E.I.	N.L.	Total
2000–2001	2	—	1	—	6	—	1	—	1	11
2001–2002	2	4	1	—	9	—	1	—	1	18
2002–2003	2	5	1	—	15	—	1	—	1	25
2003–2004	1	5	1	—	15	1	1	—	1	25
2004–2005	1	6	1	—	15	1	1	—	1	26
2005–2006	2	6	1	—	15	1	1	—	1	27
2006–2007	2	6	1	—	15	1	1	—	1	27
2007–2008	2	7	1	2	15	2	1	—	1	31
2008–2009	2	4	1	5	18	2	1	—	—	33
2009–2010	2	7	1	5	16	2	—	—	—	33
2010–2011	2	7	1	5	14	2	—	—	—	31
2011–2012	2	7	1	5	15	2	—	—	—	32
2012–2013	2	4	1	6	15	2	1	—	—	31
2013–2014	2	4	1	4	15	2	1	—	—	29
2014–2015	2	5	1	6	14	2	1	—	1	32
2015–2016	2	7	1	5	16	2	1	—	1	35
2016–2017	2	6	1	5	15	2	1	—	1	33
2017–2018	2	6	1	5	16	2	1	—	1	34
2018–2019	3	6	1	5	18	2	1	—	1	37
2019–2020	3	7	1	4	18	2	2	—	1	38

Note

— Not applicable.

Source

National Rehabilitation Reporting System, 2000–2001 to 2019–2020, Canadian Institute for Health Information.

Table 3 Number of submitting general facilities, by province and fiscal year

Fiscal year	B.C.	Alta.	Sask.	Man.	Ont.	N.B.	N.S.	P.E.I.	N.L.	Total
2000–2001	1	—	—	—	14	—	—	—	—	15
2001–2002	1	—	1	—	18	—	—	—	—	20
2002–2003	1	—	1	—	49	—	—	—	—	51
2003–2004	1	—	2	—	52	—	—	—	—	55
2004–2005	1	—	2	—	55	—	1	—	—	59
2005–2006	3	2	2	—	57	—	1	—	—	65
2006–2007	3	2	2	—	57	1	1	—	—	66
2007–2008	3	2	2	3	56	—	1	1	—	68
2008–2009	3	4	1	1	55	—	1	—	1	66
2009–2010	5	4	1	2	53	—	2	—	1	68
2010–2011	5	4	1	2	54	—	2	1	1	70
2011–2012	5	4	1	2	55	—	2	1	1	71
2012–2013	4	4	1	1	57	—	1	1	1	70
2013–2014	3	4	1	3	55	—	1	1	2	70
2014–2015	4	4	1	—	55	—	1	1	1	67
2015–2016	4	4	1	1	54	—	1	1	1	67
2016–2017	4	4	1	1	54	—	—	1	1	66
2017–2018	5	4	1	1	53	—	—	1	1	66
2018–2019	6	4	1	—	51	—	—	1	1	64
2019–2020	6	4	1	—	51	—	—	1	1	64

Note

— Not applicable.

Source

National Rehabilitation Reporting System, 2000–2001 to 2019–2020, Canadian Institute for Health Information.

Rehabilitation clinicians in facilities complete assessments when a client is admitted to and discharged from the inpatient rehabilitation program. Facilities can choose to collect additional clinical information in an optional follow-up assessment, which is conducted between 80 and 180 days after clients complete their inpatient rehabilitation stays. Collection of this follow-up information provides an opportunity for facilities to assess sustainability of functional outcomes that were gained during rehabilitation. There were 41,082 admission assessments, 40,641 discharge assessments and 294 follow-up assessments successfully submitted for 2019–2020 from the 102 submitting facilities.

Table 4 shows the number of admission assessments submitted for each fiscal year by participating facilities in each province. Facilities have the option either to submit the admission and discharge assessments during the quarters in which they occur, or to submit admission assessments only when the corresponding discharge assessment has been completed, thereby submitting both in the quarter in which the discharge occurred. Consequently, total admission numbers for any given fiscal year may differ slightly from admission counts in previous years. In addition, numbers of submitted assessments could vary between fiscal years due to changes in practice that might impact volumes of admissions during a given year. Please see [Section 7](#) for more details on this topic.

Table 4 Number of admission assessments, by province and fiscal year

Fiscal year	B.C.	Alta.	Sask.	Man.	Ont.	N.B.	N.S.	P.E.I.	N.L.	Total
2000–2001 through 2009–2010	9,079	19,988	3,763	6,262	233,244	1,093	4,342	139	1,403	279,313
2010–2011	1,619	2,858	522	2,316	29,709	198	479	317	293	38,311
2011–2012	1,661	2,839	447	2,263	30,166	213	579	291	298	38,757
2012–2013	1,598	2,815	513	1,963	30,207	193	523	282	380	38,474
2013–2014	1,710	2,875	534	1,891	31,203	185	541	293	348	39,580
2014–2015	1,535	2,972	502	1,859	31,742	190	572	342	409	40,123
2015–2016	1,518	2,894	508	2,043	32,777	191	538	354	460	41,283
2016–2017	1,617	2,777	522	1,972	33,119	191	438	324	463	41,423
2017–2018	1,732	2,818	513	1,947	32,949	169	445	278	479	41,330
2018–2019	2,065	2,825	478	1,897	33,135	204	426	288	464	41,782
2019–2020	2,670	2,494	462	1,491	32,840	186	285	258	396	41,082
Total	26,804	48,155	8,764	25,904	551,091	3,013	9,168	3,166	5,393	681,458

Source

National Rehabilitation Reporting System, 2019–2020, Canadian Institute for Health Information.

Table 5 shows the number of discharges that occurred in participating facilities for which assessments were successfully submitted to the NRS, by province and fiscal year.

Table 5 Number of discharge assessments, by province and fiscal year

Fiscal year	B.C.	Alta.	Sask.	Man.	Ont.	N.B.	N.S.	P.E.I.	N.L.	Total
2000–2001 through 2009–2010	8,426	19,076	3,508	5,939	213,548	1,001	3,724	127	1,254	256,603
2010–2011	1,513	2,725	516	2,283	28,319	193	437	297	273	36,556
2011–2012	1,549	2,768	469	2,269	29,203	207	562	286	282	37,595
2012–2013	1,540	2,503	485	1,945	29,283	183	491	276	341	37,047
2013–2014	1,673	2,495	489	1,900	30,045	181	518	279	306	37,886
2014–2015	1,490	2,622	495	1,787	30,776	186	547	308	370	38,581
2015–2016	1,447	2,452	506	2,005	31,725	169	517	315	438	39,574
2016–2017	1,596	2,220	516	1,947	32,283	201	437	296	453	39,949
2017–2018	1,675	2,383	516	1,973	32,063	164	417	254	414	39,859
2018–2019	1,798	2,320	472	1,931	32,094	201	424	280	384	39,904
2019–2020	2,501	2,439	497	1,629	32,459	185	308	233	390	40,641
Total	25,208	44,003	8,469	25,608	521,798	2,871	8,382	2,951	4,905	644,195

Source

National Rehabilitation Reporting System, 2019–2020, Canadian Institute for Health Information.

Table 6 shows the number of follow-up assessments successfully submitted by participating facilities, by province and fiscal year. The table shows that facilities from only 3 provinces — New Brunswick, Ontario and Alberta — submitted 2019–2020 follow-up data, with Alberta facilities submitting 90% of the total follow-up records for that year. Since the submission of follow-up assessments is optional, it is expected that the number of submissions of follow-up assessments will vary from year to year, due in part to the additional processes required by facilities to collect this information.

Table 6 Number of follow-up assessments, by province and fiscal year

Fiscal year	B.C.	Alta.	Sask.	Man.	Ont.	N.B.	N.S.	P.E.I.	N.L.	Total
2000–2001 through 2009–2010	343	3,824	39	—	3,014	40	16	—	—	7,276
2010–2011	22	672	—	—	297	27	—	—	—	1,018
2011–2012	13	669	—	—	336	19	—	—	—	1,037
2012–2013	—	471	—	—	261	28	—	12	—	772
2013–2014	—	485	—	—	102	14	—	—	—	601
2014–2015	—	615	—	—	130	25	—	—	—	770
2015–2016	—	648	—	—	108	31	—	—	—	787
2016–2017	—	574	—	—	13	25	—	—	—	612
2017–2018	—	598	—	—	8	5	—	—	—	611
2018–2019	—	403	—	—	7	20	—	—	—	430
2019–2020	—	264	—	—	7	23	—	—	—	294
Total	378	9,233	39	—	4,283	257	16	12	—	14,208

Note

— Not applicable.

Source

National Rehabilitation Reporting System, 2019–2020, Canadian Institute for Health Information.

For the NRS, a *complete episode* is defined as an admission assessment that has a corresponding discharge assessment. Table 7 shows that, as of May 15, 2020, there were 644,195 complete episodes in the NRS database. This represents the total number of complete episodes in the NRS since its inception in 2000–2001. There were 37,425 admission assessments submitted with corresponding discharge assessments for inpatient rehabilitation stays in 2019–2020. By comparison, there were 3,657 admission assessments submitted for 2019–2020 that, as of May 15, 2020, did not have a corresponding discharge assessment.

It is valid for a(n) (un)planned discharge — reflecting an inpatient rehabilitation stay lasting 3 days or less — to have no corresponding discharge assessment. Of the admission assessments submitted for 2019–2020 without a corresponding discharge assessment, 760 were coded as (un)planned discharges. Although these *records* are considered complete, they are not included as *complete episodes* for comparison purposes, as they do not contain any discharge functional-status information. Discounting these (un)planned discharges, there were 2,897 admission assessments in the database for 2019–2020 that did not have corresponding discharges submitted by the May 15, 2020, submission deadline. These records most likely represent open episodes of care from admissions in 2019–2020, in which the client was or will be discharged in 2020–2021.

Table 7 Number of complete episodes as of May 15, 2020

B.C.	Alta.	Sask.	Man.	Ont.	N.B.	N.S.	P.E.I.	N.L.	Total
25,208	44,003	8,469	25,608	521,798	2,871	8,382	2,951	4,905	644,195

Source

National Rehabilitation Reporting System, 2019–2020, Canadian Institute for Health Information.

2.3 Data elements

Data elements collected for the NRS are grouped into 1 of the following categories: client identifiers, socio-demographic characteristics, administrative elements, health characteristics, and activities and participation. A list of all data elements is available in the *Rehabilitation Minimum Data Set Manual, February 2018*.

3 Data limitations

Due to the primarily voluntary nature of the NRS in provinces other than Ontario, the information presented or reported cannot necessarily be generalized to all rehabilitation episodes that occurred throughout the country during this reporting period. CIHI continues to work toward expanding the implementation of the NRS across Canada in order to increase national representation and coverage, particularly for general rehabilitation facilities outside of Ontario.

Under the mandate of the Ontario Ministry of Health, it is assumed that the data received from Ontario facilities includes all inpatient rehabilitation episodes that occurred in designated beds within these facilities. At this time, there is no absolute mechanism in place for verifying this assumption. However, various initiatives of the Ontario ministry and CIHI are expected to provide additional confirmation by comparing NRS data with that of other available sources.

In addition, follow-up assessments are optional to record in the NRS. Facilities can choose to submit follow-up data on some, all or none of their clients. A total of 5 facilities submitted 2019–2020 follow-up data. Consequently, only limited follow-up information is available in the NRS.

4 Coverage

4.1 NRS frame

The *NRS frame* is defined as all facilities that are licensed to participate in the NRS and have submitted data at least once since the implementation of the NRS in 2000–2001. Excluded from this definition are facilities that have permanently closed, that have merged to form a single facility, that have informed CIHI of their intent to stop submitting to the NRS or that have stopped submitting to the NRS for at least a year prior. In 2019–2020, 107 facilities from Newfoundland and Labrador, Prince Edward Island, Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia were expected to submit data to the NRS at some point during the year. As of the end of the fourth-quarter submission period (May 15, 2020), 105 facilities remained on the NRS facilities frame.

As stated in Section 2.2, about 79% of the 2019–2020 data submitted to the NRS was received from participating facilities in Ontario. The remaining data (21%) was submitted by facilities in other provinces that participate on a primarily voluntary basis. These facilities can choose to submit information on some or all of their rehabilitation episodes. Hence, it is not known whether data on all rehabilitation episodes from these voluntary facilities is being captured.

4.2 Frame maintenance procedures

The NRS frame is periodically updated to reflect the addition of new facilities, temporary or permanent closures of facilities or rehabilitation units, and/or hospital mergers.

There were 107 facilities on the frame at some point in 2019–2020. Over the course of 2019–2020, the following changes occurred:

- Ridge Meadows Hospital (90604) and St. Joseph's Continuing Care Centre of Sudbury (55017) began submitting to the NRS in 2019–2020.
- Covenant Health Misericordia Community Hospital (80041) and Harbourview Hospital (24087) resumed submissions to the NRS in 2019–2020, after a hiatus from 2016–2017 to 2018–2019, and were added back onto the NRS frame.
- Humber River Hospital (54800) closed and all inpatient general rehabilitation activities were transferred to Runnymede Healthcare Centre (54867).

At the end of 2019–2020, the NRS frame contained 105 facilities.

5 Non-response

The following sections describe the rate of non-response in terms of unit (facility) and item (data element) non-response. These rates are calculated for all admission, discharge and follow-up assessments from all facilities and relate to activity between April 1, 2019, and March 31, 2020.

There are several reasons why some participating facilities may not report in any particular quarter, including temporary closures, temporary challenges in their technical capacity to submit data, labour disruptions, mergers or failure to meet the submission deadline. Therefore, when interpreting the data for non-response, users should be aware that such factors may have influenced the reported data.

5.1 Unit non-response/over-response

Unit non-response occurs when a participating facility on the NRS facility frame does not submit data for the reporting period. For the purpose of comparison, CIHI uses the unit response rate to derive the unit non-response rate. (It should be noted that unit non-response can occur not only at the facility level but also at the assessment level. However, due to the fact that the total number of expected assessments from each facility is not known, it is difficult to determine a unit non-response rate at the assessment level. To calculate this, one would ideally need to know the number of expected assessments prior to each quarterly submission.)

In 2019–2020, there were 5 facilities that were on the NRS frame but did not submit any data, yielding a national *unit non-response rate* of 5%. There were no facilities that were not on the frame that submitted data to the NRS in 2019–2020.

Table 8 displays the unit (facility) response rate by province for 2019–2020. Calculations are based on the number of facilities in a province that submitted data divided by the number expected to submit data for 2019–2020 (i.e., those that were on the NRS frame at some point during the year). Note that Ontario had a rate of 96%, which is the result of 3 facilities not submitting data when they were expected to. Note, as mentioned above, that having 100% of expected facilities submit data at some point during the year does not necessarily mean that they each submitted 100% of the volume that was appropriate to submit.

Table 8 Facility response rate, by province, 2019–2020

B.C.	Alta.	Sask.	Man.	Ont.	N.B.	N.S.	P.E.I.	N.L.
90%	100%	100%	80%	96%	100%	100%	100%	100%

Source

National Rehabilitation Reporting System, 2019–2020, Canadian Institute for Health Information.

5.2 Item non-response

In contrast to unit non-response, which reflects the number of facilities on the frame that did not submit data, item non-response occurs, strictly speaking, when an assessment is received that contains blank values for data elements that should not be left blank. In practice, data submission software and database edits prevent facilities from submitting blank values in mandatory data fields. As such, item non-response must be estimated by looking instead at the prevalence of non-response codes used for mandatory data elements. For these data elements, facilities can use options such as *asked*, *unknown* or *not available*, *temporarily*. These codes are used for situations in which assessors are not able to submit information either because it is not available or because they are not able to obtain it. Table 9 summarizes the data elements for which these coding responses can be used.

Table 9 Data elements and coding options used to identify item non-response, 2019–2020

Data element	Codes used to identify non-response	
	Code	Description
Health Care Number	-50	Not available, temporarily
	-70	Asked, unknown
Province/Territory Issuing Health Care Number	-50	Not available, temporarily
	-70	Asked, unknown
Estimated Birthdate	1	Yes
Primary Language	unk	Language not known
Postal Code of Residence	-50	Not available, temporarily
	-70	Asked, unknown
Province/Territory of Residence	-50	Not available, temporarily
	-70	Asked, unknown
Living Arrangement	-50	Not available, temporarily
	-70	Asked, unknown
Living Setting	-50	Not available, temporarily
	-70	Asked, unknown
Vocational Status	-50	Not available, temporarily
	-70	Asked, unknown
Responsibility for Payment	-50	Not available, temporarily
	-70	Asked, unknown
Height	999.999	Height unknown
Weight	999.999	Weight unknown
Date Ready for Admission Known	0	No
Referral Source/Referred To	-50	Not available, temporarily
	-70	Asked, unknown
Referral Source/Referred To Province	-50	Not available, temporarily
	-70	Asked, unknown
Referral Source/Referred To Facility Number	99999	Facility number unknown
Hospitalization Since Discharge	-50	Not available, temporarily
	-70	Asked, unknown
General Health Status	8	Not able to test

Source

National Rehabilitation Reporting System, 2019–2020, Canadian Institute for Health Information.

From a clinical perspective, options such as *not applicable*, *not able to test* and *client unable to answer* may be valid responses. Although *asked*, *unknown* and *not available, temporarily* may be noted as valid responses, the proportion of cases in which these options are coded may provide an estimate of item non-response. As such, the item non-response rates for 2019–2020 were estimated using those data elements for which facilities used *asked*, *unknown* (-70), *not available, temporarily* (-50) or any of the other coding options presented in Table 9. As these codes may be clinically valid, the actual non-response rates may be lower than is suggested by the present report (see [Table 10](#)). In the current NRS context, item non-response in data elements is measured only when facilities are actually expected to submit information on clients for that data element.

Given the coding options available in Table 9, facilities are not always providing information about these data elements that would be useful for analysis. As such, records containing these values are sometimes excluded from certain analyses performed on these data elements. Consequently, the clients included in a given analysis involving a particular data element or indicator may be different from the clients that are included in other indicators for the same reporting period. Hence, a calculation of the proportion of cases in which information is identified as *not available* may provide an understanding of the degree to which a given indicator is representative of the population sample. This information, referred to here as the *estimated item non-response rate*, is summarized in Table 10. Note that, because the completion of follow-up assessments is optional, the number of assessments from which item non-response is estimated for follow-up assessments is generally less than for admission and discharge assessments.

Table 10 Estimated non-response rates of data elements, by assessment type, all participating facilities, 2019–2020

Data element	Admission		Discharge		Follow-up	
	%	#	%	#	%	#
Health Care Number	0.1	41,082	—	—	—	—
Province/Territory Issuing Health Care Number	0.1	41,082	—	—	—	—
Estimated Birthdate	0.1	41,082	—	—	—	—
Primary Language	0.2	40,322*	—	—	—	—
Postal Code of Residence	0.1	40,322*	—	—	—	—
Province/Territory of Residence	0.0	40,322*	—	—	—	—
Living Arrangement	0.3	40,322*	0.1	36,468†	0.0	294
Living Setting	0.2	40,322*	0.1	36,468†	0.0	294
Vocational Status	1.2	40,322*	2.3	36,468†	2.7	294
Responsibility for Payment	0.1	40,322*	0.1	36,468†	—	—
Height	9.9	40,322*	11.5	11,534‡	—	—
Weight	7.0	40,322*	10.7	11,534‡	—	—
Date Ready for Admission Known	10.8	40,322*	—	—	—	—
Referral Source	0.0	40,322*	—	—	—	—
Referral Source Province/Territory	0.0	40,322*	—	—	—	—
Referral Source Facility Number	0.2	39,158§	—	—	—	—
Referred To	—	—	0.2	40,073**	—	—
Referred To Province/Territory	—	—	0.0	38,191††	—	—
Referred To Facility Number	—	—	3.6	11,954‡‡	—	—
Hospitalization Since Discharge	—	—	—	—	0.3	294
General Health Status	4.4	40,322*	4.5	36,468†	1.7	294

Notes

% The percentage of assessments for which one of the non-response values presented in Table 9 was coded for the data element in question.

The number of assessments for which the data element should have been reported. This number is used as the denominator to calculate the percentage.

* These elements are mandatory if Admission Class ≠ 4.

† These elements are mandatory if Reason for Discharge = 1 or 2.

‡ These elements are mandatory if Reason for Discharge = 1 or 2 and the difference between the discharge and admission dates is greater than 30 days.

§ Referral Source Facility Number is mandatory for collection only when Referral Source = 02 to 06 or 10.

** Referred To is mandatory for collection when Reason for Discharge = 1 to 3.

†† Referred To Province/Territory is mandatory for collection only when Referred To = 02 to 13 or 97.

‡‡ Referred To Facility Number is mandatory for collection only when Referred To = 02 to 06 or 10.

— Not applicable.

Source

National Rehabilitation Reporting System, 2019–2020, Canadian Institute for Health Information.

Table 10 shows that the non-response rate is negligible for the data elements for which valid non-response coding options are available, aside from Date Ready for Admission Known, Referred To Facility Number, Height, Weight and General Health Status. However, analyses and reports produced by CIHI should be interpreted in light of the varying rates of item non-response for these data elements.

The following 3 examples illustrate how different item non-response rates can affect data analyses. First, the Days Waiting for Admission indicator can be calculated only for those cases in which Date Ready for Admission was known. As Table 10 indicates, the Date Ready for Admission was not known for 10.8% of clients. As such, the number of days waiting for admission cannot be calculated for at least 10.8% of clients. The second noteworthy non-response rate item is the Referred To Facility Number data element. Analyses pertaining to this data element will necessarily have to omit 3.6% of episodes and should be interpreted in this context. Finally, the Body Mass Index (BMI) indicator can be calculated only for those cases in which height and weight have been recorded. At admission, height was unknown for 9.9% of clients and weight was unknown for 7.0% of clients. At discharge, height and weight were unknown for 11.5% and 10.7% of clients, respectively. Some of the clients with missing values on discharge were different from those missing values on admission. As such, pre-/post-rehab BMI analysis cannot be performed for approximately 14% of clients.

It is worth noting that inter-facility variation is observed in the response rates for these elements. CIHI continues to implement measures to improve response rates, in particular on these 4 data elements. Such measures include specific initiatives in educational products aimed at assessors and trainers at participating facilities, as well as the inclusion of these data elements in the facility-level quarterly data quality reports available in the NRS eReporting system (see [Section 8.4](#)).

5.3 Adjustment for non-response

There are no adjustments made (i.e., imputation) for non-response in the NRS since there is no clear identification of cases of true item non-response elements in the data set, given the edit and validation checks in place.

6 Major methodological changes from previous years

The following is a summary of changes in key data elements over time, together with some selected analyses that were conducted to assess the impact of the changes on the NRS database.

There were major revisions to the NRS database effective October 1, 2001, in order to address issues with the prototype reporting system:

- Post-Discharge Living Arrangements (data element 13): A new response code was added (8) to indicate that the living arrangement was transitional.
- Informal Support Received (data element 16): There was a definition change to response codes 2, 3 and 4 in order to clarify that the client required informal support services.
- Responsibility for Payment (data element 24): A new response code was added (8 — *Canadian resident, insurance pay*).
- Service Interruptions (data element 25): A new data element (25D) was added to indicate the service interruption transfer status.
- Reason for Discharge (data element 31): There were changes to response codes 2 and 3 (2 — *service goals met and referral/transfer to other unit/facility*; 3 — *service goals not met and referral/transfer to other unit/facility [change in health status] or discharged to community*).
- Referred To (data element 32): A coding restriction was removed to allow completion of data element 32 based on the coding for data element 31 (Reason for Discharge); a new valid code of -90 (*not applicable*) was added.

Further revisions to the NRS in subsequent years included the following:

Prior to 2005–2006

- Edits were changed to allow inclusion of clients younger than age 18. This edit change did not result in a change to the overall age or sex distribution of clients in the database.
- The distribution of Admission Class (data element 19A) changed following the onset of the Ontario mandate (Q3 2002–2003). There was an increase in the overall number of assessments in specific admission classes. The greatest increase noted was in the short-stay admission class, which increased dramatically after the Ontario mandate.

For 2005–2006

- There was a change from optional to mandatory reporting of Informal Support (data element 16); therefore, the number of responses for this data element increased. Since there may be differences in characteristics of the clients for whom this data element had historically not been collected, trends should be interpreted cautiously.
- A change was made to permit the discharge and admission dates to be the same when the Admission Class (data element 19A) is coded as 4 — *(un)planned discharge without assessment*. Previously, discharge date was forced to be at least 1 day after admission date.
- A change to the short-stay admission class coding was made effective Q1 2005–2006. The 10-day upper limit validation on the short-stay category was removed. This change was implemented to address a previously identified data quality issue related to coding of this data element: cases where the length of stay on admission was expected to be less than 10 days, but the actual length of stay was greater than 10 days.
- There were no methodological changes made for 2006–2007 or 2007–2008, in anticipation of significant revisions implemented in 2008–2009.

For 2008–2009

New elements

- Most Responsible Health Condition ICD-10-CA (data element 80), Pre-Admit Comorbid Health Condition ICD-10-CA (data element 81), Post-Admit Comorbid Health Condition ICD-10-CA (data element 82), Transfer or Death Health Condition ICD-10-CA (data element 83), Service Interruption Reason ICD-10-CA (data element 84) and Health Condition Reason(s) for Hospitalization ICD-10-CA (data element 85): New data elements using a pick-list of ICD-10-CA codes for validation.
- Pre-Admit Comorbid Procedure or Intervention CCI (data element 86): New data element using CCI codes to describe the reason for service intervention.
- Glasses/Hearing Aid Flag (data element 79): A new data element added to indicate cases in which reduced FIM® instrumentⁱ scores relating to comprehension, expression, social interaction or problem-solving are due to the presence of glasses and/or a hearing aid.

i. The 18-item FIM® instrument referenced herein is the property of Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc.

Retired elements

- Therapy Start Date (data element 26) and Therapy End Date (data element 27): Retired.
- Most Responsible Health Condition (data element 35): Retired and replaced with Most Responsible Health Condition ICD-10-CA (data element 80).
- Pre-Admit Comorbid Health Condition (data element 36A): Retired and replaced with Pre-Admit Comorbid Health Condition ICD-10-CA (data element 81).
- Post-Admit Comorbid Health Condition (data element 36B): Retired and replaced with Post-Admit Comorbid Health Condition ICD-10-CA (data element 82).
- Transfer or Death Health Condition (data element 37): Retired and replaced with Transfer or Death Health Condition ICD-10-CA (data element 83).
- Service Interruption Reason (data element 25C): Retired and replaced with Service Interruption Reason ICD-10-CA (data element 84).
- Health Condition Reason(s) for Hospitalization (data element 73C): Retired and replaced with Health Condition Reason(s) for Hospitalization ICD-10-CA (data element 85).
- Interventions (data elements 71A and 71B): Retired.

Modified elements

- Postal Code (data element 11B): Coding of forward sortation area (FSA) is no longer valid for Ontario clients in Ontario facilities; only full postal codes or -50, -70 or -90 are valid.
- Post-Discharge Living Arrangement (data element 13): A new response code of 9 — *living in acute care* was added; 9 — *living in acute care* can only be coded along with 4 — *living with paid attendant* or 8 — *living arrangement(s) is/are transitional or temporary*.
- Post-Discharge Living Setting (data element 15): A response code of 9 — *acute care* was added; if Referred To (data element 32) is coded 02 — *inpatient acute unit, same facility* or 03 — *inpatient acute unit, different facility*, Post-Discharge Living Setting must be coded 9 — *acute care*.
- Informal Support Received (data element 16): Invalid to code this element for clients between ages 0 and 13.
- Post-Discharge Living Arrangement (data element 13), Post-Discharge Living Setting (data element 15), Informal Support Received (data element 16), Post-Discharge Vocational Status (data element 18), Referred To Province/Territory (data element 33A), Referred To Facility Number (data element 33B): Invalid to code these items if Reason for Discharge (data element 31) is coded 8 — *person deceased*.
- Service Interruption Start Date (data element 25A), Service Interruption Return Date (data element 25B) and Service Interruption Transfer Status (data element 25D): Now cross-validate with Service Interruption Reason ICD-10-CA (data element 84) instead of retired element Service Interruption Reason (data element 25C).

- Height and Weight (data elements 40A and 40B): New validations to impose upper and lower limits on height and weight measurements.
- FIM® instrument elements (data elements 41 to 58): A requirement to not allow the FIM® instrument to be partially coded was added.
- CIHI cognitive elements (data elements 64 to 69): A new validation was added requiring CIHI cognitive elements to be coded if conditions from previous years were satisfied and Glasses/Hearing Aid Flag (data element 79) is coded 0 — *no, FIM® instrument cognitive items score(s) of 6 is/are NOT due solely to the use of glasses and/or a hearing aid*; another requirement: if 1 CIHI cognitive element is coded, then all must be coded.

Modification to submissions

- New validation to disallow an admission record to be updated to a(n) (un)planned discharge if a discharge record exists in the database for that episode of care.

For 2009–2010

New elements

- Aboriginal Status (data element 87): A new data element included to allow CIHI to identify clients entering adult inpatient rehabilitation who identify as First Nations, Inuit or Métis.

Retired elements

- Presence of Cognitive and/or Communication Impairment(s) or Activity Limitations (data element 63): Retired; its presence became redundant with the addition of Glasses/Hearing Aid Flag (data element 79) the previous year.

Modified elements

- CIHI cognitive elements (data elements 64 to 69): Specification modified to remove references related to Presence of Cognitive and/or Communication Impairment(s) or Activity Limitations (data element 63). The edit specifications were updated for these elements to instead reference Glasses/Hearing Aid Flag (data element 79).
- Locomotion: Walk/Wheelchair FIM® instrument — Mode (data element 52A): Element 52A added to discharge and follow-up assessments and specifications modified to require the mode coded on the discharge and follow-up assessments to be the same as that coded on the admission assessment.

For 2010–2011

New elements

- Project Field (data elements 88A–B and 89A–B): 2 new data elements were introduced to allow facilities to capture internally defined projects that are not part of the NRS common data set. Part A is the self-defined project code and Part B is the data that corresponds to the project code.

Modified elements

- Height and Weight (data elements 40A and 40B): Mandatory to record on admission unless Admission Class (data element 19A) = 4. Mandatory to record on discharge unless Reason for Discharge (data element 31) = 3 to 8. On both admission and discharge, if unable to code, can code 999.999.
- Impact of Pain (data element 59A): Ability to record 59A on discharge even if 59A on admission was coded as 5 — *no*. Ability to record 59A on follow-up even if 59A on discharge was coded as 5 — *no*.
- Postal Code (data element 11B): Postal code on follow-up can now be different than that on admission.
- Health Care Number (HCN; data element 5): If Province/Territory Issuing Health Care Number is -50 or -70, then HCN will be given the same designation.
- Date of Onset (data element 39): Validation to ensure onset date is greater than birthdate and less than or equal to date ready for admission, or admission date if date ready for admission is not coded.
- Post-Discharge Living Arrangements (data element 13): If *living arrangement(s) is/are transitional or temporary* is coded as 1 — *yes*, then it is mandatory to code at least 1 other living arrangement as 1 — *yes*.
- CIHI cognitive (data elements 64 to 69): If 1 CIHI cognitive element is coded, then all must be coded. If coded on admission, then must be coded on discharge, unless discharge reason code ≠ 1 or 2. If recorded on admission and discharge, then must be recorded on follow-up.
- Aboriginal Status (data element 87): A new response code of 8 — *did not ask/answer* was introduced.
- Province/territory codes of NF, PQ and YK have been made invalid and replaced with NL, QC and YT, respectively, affecting several data elements.

Modification to submissions

- New validation introduced to reject any new record that is submitted as an update record, to reduce accidental submission of overlapping, nearly identical records for the same client.

For 2011–2012

New elements

- Reasons for Waiting for Discharge (data elements 90A and 90B): 2 new data elements were introduced to allow facilities to capture the primary and secondary (if applicable) reasons a person waited to be discharged from a facility or agency.

Modified elements

- Pre-Hospital Living Arrangements (data element 12) and Follow-up Living Arrangements (data element 76): If *living arrangement* is coded as “living alone” (1 — yes), then cannot also code “living in a facility” as 1 — yes.
- Post-Discharge Living Arrangements (data element 13): If *living arrangement* is coded as “living alone” (1 — yes), then cannot also code “living in a facility” as 1 — yes or “living in acute care” as 1 — yes.
- Service Interruption Start Date (data element 25A): Must be less than or equal to the Service Interruption Return Date and less than or equal to the Date Ready for Discharge or Discharge Date (if the Date Ready for Discharge is not coded).
- Service Interruption Return Date (data element 25B): Must be greater than or equal to the Service Interruption Start Date and less than or equal to the Date Ready for Discharge or Discharge Date (if the Date Ready for Discharge is not coded).

For 2012–2013

Modified elements

- Service Interruptions (data element 25A–D): The number of service interruptions that can be coded within an episode increased from 3 to 5.
- Service Interruption Reason ICD-10-CA (data element 84): The number of service interruption reason codes that can be coded increased from 3 to 5.
- Referred To (data element 32): Optional to record if Reason for Discharge (data element 31) = 4, 5, 6, 7 or 8.
- ASIA Impairment Scale (data element 38): Optional to record if Rehabilitation Client Group (data element 34) is recorded as Non-Traumatic Spinal Cord Dysfunction (04.1 to 04.130).

- Comprehension FIM® instrument — Mode (data element 54A): Mandatory to record on admission, discharge and follow-up assessment if corresponding Comprehension FIM® instrument score (data element 54B) is recorded.
- Expression FIM® instrument — Mode (data element 55A): Mandatory to record on admission, discharge and follow-up assessment if corresponding Expression FIM® instrument score (data element 55B) is recorded.
- Pre-Admit Comorbid Procedure or Intervention CCI (data element 86): The number of pre-admit comorbid procedure or intervention CCI codes that can be recorded within an episode increased from 3 to 5.
- Project Code 1 and 2 (data elements 88A and 89A): Mandatory to record 88A Project Code 1 if 88B Project Data 1 is recorded. Mandatory to record 89A Project Code 2 if 89B Project Data 2 is recorded.
- Reasons Waiting for Discharge (data elements 90A and 90B): Changed descriptions for reasons 1.9, 2.6, 3.3 and 4.2 from *other* to *other location*, *other services*, *other home modifications/equipment* and *other personal*, respectively.

For 2013–2014

New elements

- An optional Secondary Data Submission Contact was added to the facility profile, with data elements 1AB–1AF added to capture the Secondary Data Submission Contact's information.
- Residence Code (data element 11D) was added as a new data element to identify the area in which the patient resided prior to admission, per a request from New Brunswick's Department of Health. Valid codes are defined by provincial ministries of health, and it is mandatory to record for New Brunswick facilities.

Modified elements

- Primary Language (data element 10) was upgraded to the new ISO 639-3 language code standards from ISO 639-2.
- Data Submission Contact (data elements 1R–1U, 1AA) was renamed Primary Data Submission Contact to account for new optional Secondary Data Submission Contact.
- A new coding option was added to Primary and Secondary Reasons for Waiting for Discharge (data elements 90A and 90B) to include *inpatient medical/nursing care* (option 2.7).

For 2014–2015

There were no new, modified or retired elements in 2014–2015.

For 2015–2016

New elements

- 91A–91F Rehabilitation Time: 6 data elements were added to the NRS in order to capture direct/active therapy time (in minutes) spent by clients during their rehabilitation stay with 6 specific health professionals: occupational therapist, physiotherapist, speech–language pathologist, occupational therapist assistant, physiotherapist assistant and communicative disorders assistant. Where Rehabilitation Client Group (RCG) is Stroke, it is mandatory to code these data elements for Ontario facilities; otherwise it remains optional to record.

Modified elements

- A new standard language pick-list of 167 codes was implemented. This pick-list is a subset of ISO 639-3 language codes and names for languages spoken in Canada (based on Canadian census data). This new standard pick-list is now used across CIHI databases that collect client primary language.
- Changes were made to the NRS ICD-10-CA pick-list. New codes were made available where there was an expressed need, some codes were disabled and further detail was added to many coding descriptions to facilitate code selection. To obtain a full list of NRS ICD-10-CA pick-list changes, send an email request to nrs@cihi.ca.

For 2016–2017

Modified elements

- Date Ready for Discharge (data element 29): A change in the validation rule now allows Date Ready for Discharge to be equal to or greater than Admission Date (data element 21) (previously, only greater than).
- Referred to Facility Number (data element 33B): The definition of coding option 99999 was expanded to include instances in which a facility number has not been issued by the province/territory.

- Rehabilitation Client Group (data element 34): 02.1 Non-Traumatic Brain Dysfunction Rehabilitation Client Group was subdivided into 02.11 Degenerative Processes and 02.12 Non Degenerative. Further, a hip fracture (S72 family of ICD-10-CA codes) can no longer be coded as the Most Responsible Health Condition (data element 80) when the Rehabilitation Client Group is coded as Status Post Hip Replacement (08.5, 08.51 to 08.54).
- Onset Date (data element 39): A change in the validation rule now permits Onset Date to be greater than or equal to Birthdate (data element 8) (previously, only greater than).
- Financial Management (data element 68): A new option was added to allow coding of “8 Not able to test.”
- Reintegration to Normal Living Index (data element 75): A new option was added to allow coding of “8 Not able to test/unable to answer.”
- Most Responsible Health Condition ICD-10-CA (data element 80): The following validation rules were added:
 - If Most Responsible Health Condition is coded using the G81 family of codes (Hemiplegia), then Rehabilitation Client Group (data element 34) cannot be recorded as Stroke (01.1 to 01.9).
 - If Most Responsible Health Condition is coded using the G82 family of codes (Paraplegia and quadriplegia), then Rehabilitation Client Group (data element 34) cannot be recorded as Spinal Cord Dysfunction (04.1 or 04.1 sub-codes, or 04.2 or 04.2 sub-codes).
 - If Most Responsible Health Condition is R29.6 (Tendency to fall, not elsewhere classified), then Rehabilitation Client Group (data element 34) cannot be recorded as Fracture of Lower Extremity (08.1, 08.11, 08.12, 08.2, 08.3, 08.4).
 - If Most Responsible Health Condition is from the Z89 family of codes (Acquired absence of . . .), then Rehabilitation Client Group (data element 34) cannot be recorded as Amputation of Limb (05.1 to 05.9).
 - If Most Responsible Health Condition is coded using the Z96.6 family of codes (Presence of orthopedic joint implants), then Rehabilitation Client Group (data element 34) cannot be recorded as Orthopedic Condition (08.1 to 08.9 and sub-codes).
- A number of warning flags were added related to Rehabilitation Client Group (data element 34) and Pre-Admit Comorbid Procedure or Intervention CCI (data element 86). To obtain a list, send an email to nrs@cihi.ca.
- Slight changes were made to the NRS ICD-10-CA pick-list. 1 new code (Z22.30) was added to the list, and further detail was added to 2 coding descriptions (M96.60 and M96.68) to facilitate code selection.
- Code 1SE89 (Excision total, intervertebral disc) was removed from the CCI pick-list.

For 2017–2018

There were no new, modified or retired elements in 2017–2018.

For 2018–2019

There were no new, modified or retired elements in 2018–2019.

For 2019–2020

There were no new, modified or retired elements in 2019–2020.

6.1 Effects of data element modifications

Aboriginal Status (data element 87) was made mandatory to record on admission in 2009–2010. At that time, coding of *does not identify with an Aboriginal community* occurred 97.7% of the time. Introduction of the response code 8 — *did not ask/answer* in 2010–2011 caused this rate to fall to 73.0%, with *did not ask/answer* being coded 25.6% of the time. This change highlights the potential impact of not providing non-response coding options to data submitters.

In 2009–2010, admission Height and Weight (data elements 40A–B) were coded only 20.8% and 22.6% of the time, respectively. The remaining clients had these elements left blank or coded as *unknown* (999.999). When Height and Weight became mandatory to record in 2010–2011, there was a large increase in coding, with non-response (i.e., coding of *unknown*) falling to between 14% and 18%.

7 Impact of longitudinal nature of NRS database

The longitudinal nature of the NRS needs to be considered when interpreting data files. As noted previously, this document references the 2019–2020 NRS fiscal year, for submitted data received on or before the May 15, 2020, error correction deadline. Due to the longitudinal nature of the database, data continues to be accepted for previous fiscal years after the corresponding submission deadlines. It is important to note, therefore, that analysis of 2019–2020 data included in a later data cut (i.e., after the May 15, 2020, deadline) may result in different findings due to additional data being included or changes being made to the existing data. In the following sections, specific examples of the impact of the longitudinal nature of the database are explored.

7.1 Impact of data submission options

As noted previously, facilities have 2 options for NRS data submission: they can submit admission assessments in the quarter in which they occur; or they can submit admission assessments when the corresponding discharge assessment has been completed (either in the same quarter or in a subsequent quarter). Changes to the database for a particular quarter following the submission deadline for that quarter usually occur when facilities use the second option to submit data. Quarterly reports or data files extracted at the end of a given quarter will reflect only records submitted by that date. Therefore, if an admission record for a Q1 admission is submitted in Q2 along with the corresponding discharge, the Q2 report or data file will include 1 additional admission for Q1 than would appear in a report or file extracted earlier. In 2019–2020, approximately 10.1% of complete episodes included admission assessments submitted in a subsequent quarter.

7.2 Impact of late submissions

In some cases, facilities may submit data after the submission deadline for that quarter, resulting in exclusion of this data from that quarter's NRS eReports. Similar situations may arise for a whole year of data when the submissions for 1 fiscal year are received in a subsequent fiscal year. This may occur, for instance, if a facility is submitting admission data at the time of discharge (i.e., data submission option 2) and the discharge occurs in a different fiscal year than that of the admission. In such situations, changes in the database may arise after the data is reported to facilities in the quarterly eReport update.

Table 11 provides a snapshot of the number of facilities that submitted data for previous fiscal years in 2019–2020.

Table 11 Number of facilities submitting data for previous fiscal years in 2019–2020, by submission quarter

Submission quarter	Data related to . . . (fiscal year)			
	2003–2004 through 2015–2016	2016–2017	2017–2018	2018–2019
Q1 2019–2020	4	1	5	43
Q2 2019–2020	2	1	5	30
Q3 2019–2020	4	1	2	18
Q4 2019–2020	10	0	2	9

Source

National Rehabilitation Reporting System, 2019–2020, Canadian Institute for Health Information.

7.3 Impact of corrections to database

In rare situations, facilities may provide an update to information previously submitted and accepted into the NRS database. For example, if a data element such as Date of Onset or Discharge Date was coded incorrectly, the facility has the option of modifying this information on an assessment record that is already in the database. In 2019–2020, 5,788 update records were submitted to the NRS (see [Table 12](#)).

A facility may also delete an assessment that was previously accepted into the database. This may affect comparisons of assessments for the same fiscal period in different data cuts. In 2019–2020, 112 delete records were submitted to the NRS (see [Table 12](#)). It is important to note that, in some cases, an assessment record may be replaced with correct data after the original assessment is deleted, as this is the required method to correct an inaccurate Health Care Number, Admission Date or Chart Number.

Fluctuations in the number of deletions between years can be attributed to efforts within Ontario to close episodes that remained open in error due to near-duplicate admission assessments being accidentally submitted over time. The Ministry of Health in Ontario strongly encouraged facilities to close or remove open episodes that appeared to represent data quality issues. Funding initiatives in Ontario also caused some facilities to revisit episodes in which the health card number was incorrectly coded as being *unknown*. Fixing these instances required the deletion and then resubmission of records. It is felt that the increased number of deletions observed the past few fiscal years has resulted in better overall data quality within the NRS.

Table 12 Number of new, update and delete records submitted, by submission year

Submission year	New records		Update records		Delete records		Total records received	
	#	%	#	%	#	%	#	%
2000–2001	2,452	82.8	508	17.2	2	0.1	2,962	100.0
2001–2002	11,752	93.8	764	6.1	19	0.2	12,535	100.0
2002–2003	39,989	96.1	1,589	3.8	55	0.1	41,633	100.0
2003–2004	58,314	97.4	1,336	2.2	236	0.4	59,886	100.0
2004–2005	65,970	95.7	2,890	4.2	57	0.1	68,917	100.0
2005–2006	72,589	97.4	1,894	2.5	60	0.1	74,543	100.0
2006–2007	73,878	98.2	1,316	1.7	26	0.0	75,220	100.0
2007–2008	71,669	98.8	832	1.1	41	0.1	72,542	100.0
2008–2009	71,078	97.3	1,884	2.6	56	0.1	73,018	100.0
2009–2010	75,525	96.6	2,501	3.2	132	0.2	78,158	100.0
2010–2011	76,106	95.1	3,749	4.7	186	0.2	80,041	100.0
2011–2012	78,318	94.7	3,605	4.4	751	0.9	82,674	100.0
2012–2013	76,111	93.6	3,536	4.3	1,694	2.1	81,341	100.0
2013–2014	77,592	92.0	6,379	7.6	374	0.4	84,345	100.0
2014–2015	80,228	93.1	5,748	6.7	238	0.3	86,214	100.0
2015–2016	81,831	92.4	6,543	7.4	189	0.2	88,563	100.0
2016–2017	82,897	93.0	6,162	6.9	80	0.1	89,139	100.0
2017–2018	83,327	92.1	6,955	7.7	153	0.2	90,435	100.0
2018–2019	82,644	91.9	7,193	8.0	123	0.1	89,960	100.0
2019–2020*	83,785	93.4	5,788	6.5	112	0.1	89,685	100.0

Note

* These numbers reflect all data submitted between May 16, 2019, and May 15, 2020, regardless of the fiscal year(s) to which it pertains.

Source

National Rehabilitation Reporting System, 2000–2001 to 2019–2020, Canadian Institute for Health Information.

As shown above, the submission of update and delete records in 2019–2020 accounted for 6.6% of total accepted submissions for the period.

As seen in the table above, CIHI is able to track the number of updates and deletions received, but there is currently limited capability to track which assessments were deleted or which elements of an assessment were updated. CIHI will continue to explore opportunities to enhance the database to be able to capture more details about the type of correction or modification made.

8 Data quality control

Significant quality control measures are in place to support the collection of high-quality data in the NRS. These include processes related to NRS data submission, the NRS education program, NRS client support activities and data quality documentation. Each of these is described below.

8.1 Data submission

Assessments are submitted in an electronic format to CIHI through a secure web-based application. At a minimum, facilities are expected to submit data on a quarterly basis, but they may choose to submit data more frequently. In order to submit data, all facilities must use in-house or vendor software that has undergone the CIHI testing process. In the event of changes to NRS specifications, vendors and facilities must submit test assessments, which are then processed in a testing environment to ensure that the format and content of the files meet the submission requirements for the fiscal year.

All assessments submitted to the NRS are verified according to system edits to ensure that the data in each field is in the expected format and within a specific range of values. In addition to individual data element verification, the editing process also checks a number of inter-element relationships. Facilities may receive an error message in a field when the reported value is in fact valid but violates certain logical relationships with the data in other fields. Edits are reviewed and updated as new data elements are added and changes to the database are made to ensure relevance and consistency. The technical specifications used for 2019–2020 are found in Module 1 of the *Rehabilitation Minimum Data Set Manual, February 2018* and in detailed vendor edit specifications available to licensed NRS software vendors.

8.2 Education program

Through the CIHI Education program, online training and educational resources are provided to facilities in order to enhance coding proficiency at a facility level. All clinicians involved in clinical coding for the NRS must demonstrate coding proficiency on a standard test. Additional educational products are also offered to facilitate NRS facility report interpretation, provide instruction on data submission procedures and allow clinicians and other data collectors at participating facilities to refresh coding skills. These sessions serve as a mechanism to facilitate standardized coding practices and adherence to CIHI's data submission and collection requirements. In addition, topical web conferences are offered regularly to facilities according to need or coinciding with changes to data set specifications.

CIHI also has an application called eQuery that enables facilities to submit questions to a variety of CIHI program areas, including Rehabilitation. It is a shared knowledge base that allows individuals to use extended search functionality to view previously submitted questions and answers. New questions may be submitted through a common point of entry if the user cannot locate answers to the particular question in the knowledge base. Additional information regarding this tool can be found at cihi.ca.

8.3 Client support

In addition to the eQuery service, the Rehabilitation program area offers client support to NRS facilities and other users of the NRS via email at nrs@cihi.ca. This client resource aims to answer questions related to NRS products and coding, assist in the development and delivery of education programs and provide data quality expertise.

Additionally, the *Rehabilitation Minimum Data Set Manual, February 2018* is made available to all participating NRS facilities and other requestors. As the primary information resource for the NRS, it contains data element definitions, data validation rules, submission criteria, clinical coding guidelines and complete pick-lists of valid NRS codes. Please note that due to the proprietary nature of the content, those who wish to receive the manual must first sign an end-user licence agreement with the NRS. For further information on this resource, please send inquiries to the Rehabilitation team via email (nrs@cihi.ca).

The Rehabilitation program area has also made available an online NRS product, *NRS eReports: Report Interpretation Guidelines*, via NRS Operational Reports and the NRS eReports launch page. This manual is designed to provide assistance in creating and interpreting NRS eReports and includes descriptions of available NRS indicators. This manual is available only to clients who have signed an eServices agreement. To find out more, please send an email to nrs@cihi.ca.

8.4 Other data quality reports

8.4.1 Data quality report for provinces/territories

In addition to the present annual data quality document, CIHI releases the *Provincial/Territorial Data Quality Reports for the Deputy Ministers of Health* on an annual basis to each provincial and territorial deputy minister of health. The Rehabilitation program area is one of several CIHI program areas that participate in this compilation report annually.

This report for provinces/territories consists of several documents, including a 1-page jurisdictional summary (that highlights indicator findings and recommendations to enhance data quality) and an indicator table.

The NRS portion of the report can be used to assess and compare the quality of NRS data with the following set of actionable data quality indicators, which are included in the *Provincial/Territorial Data Quality Reports for the Deputy Ministers of Health*:

Contextual information

- Number of beds in participating facilities
- Number of complete NRS episodes

Data quality indicators

- Commitment to Participate
- Completeness of Participation: Organization
- Missing Longitudinal Record
- Missing/Unknown Data Element–Level Characteristics — Referred To Facility Number (available in data quality indicators in eReports)
- Missing/Unknown Data Element–Level Characteristics — Date Ready for Admission (available in data quality indicators in eReports)
- Records Rejected Due to Hard Edits
- Facilities With Incomplete Coding of Pre-Admit Comorbid Health Conditions
- Facility Non-Response
- Availability of Health Care Number for Linkage (available in data quality indicators in eReports)
- Late Submissions: Record Level

3 of these indicators are also reported at the facility level in the data quality indicators eReport, described in the next subsection of this document.

The objectives of the *Provincial/Territorial Data Quality Reports for the Deputy Ministers of Health* are to

- Promote an enhanced awareness of CIHI's health information relating to inpatient rehabilitation in Canada;
- Highlight issues related to the quality of this information in jurisdictions that are presently submitting NRS data to CIHI;
- Identify or flag emerging or potential data quality issues;
- Increase provincial/territorial support for CIHI data quality initiatives; and
- Promote the use of NRS information in decision-making.

The annual *Provincial/Territorial Data Quality Reports for the Deputy Ministers of Health* are released in December of each year. Details on the indicators are available by contacting CIHI at nrs@cihi.ca.

For further information relating to the indicator methodology, please see [*Provincial/Territorial Data Quality Report: Indicators and Contextual Measures — Reference Guide*](#).

8.4.2 Data quality indicators eReport

A data quality indicators report is generated on a quarterly basis and available within the NRS eReports environment for all participating NRS facilities. It contains a subset of the indicators found in the *Provincial/Territorial Reports for the Deputy Ministers of Health* and enables facility-level analysis across the subset of indicators.

8.4.3 Internal data quality framework analysis

On an annual basis, the NRS database is assessed according to 5 dimensions of data quality as defined by CIHI's Information Quality Framework: relevance, accuracy and reliability, comparability and coherence, timeliness and punctuality, and accessibility and clarity. This assessment builds upon previous NRS data quality assessment reports and includes recommendations based on the criteria assessment. This document is used internally at CIHI by the Rehabilitation program area to consider data quality improvements for future years, as well as by other programs or internal research teams conducting analyses of NRS data.

9 Conclusion

The present report highlights the content, coverage and response rates related to the inpatient rehabilitation activity that occurred in 2019–2020 and for which data was successfully submitted to the NRS on or before May 15, 2020. This information is intended to assist users in identifying potential limitations related to item response rates and the generalizability of the data in the NRS. Identification of historical changes in NRS methodology and a discussion of the longitudinal nature of the NRS also provides additional context regarding the use of NRS information. Furthermore, activities related to improving NRS data quality are outlined and references to further NRS documentation provided.

As part of CIHI's efforts to ensure a high level of data quality within data holdings, the NRS data quality documentation will continue to be updated for each annual data file released. The goal is to promote awareness of our effort to continually improve the quality of the information that is generated by the NRS, as well as to assist users in utilizing that information appropriately, given certain limitations that may exist in the data.

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