



OMHRS

OMHRS

Assessment Types and Data Elements

2023–2024



Canadian Institute
for Health Information
Institut canadien
d'information sur la santé

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OMHRS Assessment Types and Data Elements, 2023–2024

The following tables provide a comparative list of assessment types as well as mandatory and optional data elements for the Ontario Mental Health Reporting System (OMHRS) at the Canadian Institute for Health Information (CIHI). Data elements are from the Resident Assessment Instrument–Mental Health (RAI-MH) ©, which was designed by interRAI in collaboration with the Ontario Hospital Association and Ontario Ministry of Health and Long-Term Care.

Brief descriptions of each assessment type and data element are provided, as is limited information on the standardized clinical, care quality and resource utilization measures derived from the OMHRS data set. (For more information on these measures, please write to specializedcare@cihi.ca.)

Please refer to the *Ontario Mental Health Reporting System Resource Manual, 2023–2024* for full details on each data element.

- Table 1: OMHRS assessment types
- Table 2: OMHRS mandatory and optional data elements, by assessment type
- Table 3: OMHRS derived data elements and outcome measures

Table 1 OMHRS assessment types

| Assessment type | Description |
|-------------------|--|
| Full Admission | This assessment is completed for all admissions when the net length of stay is greater than 72 hours (3 days). |
| Short Stay | This assessment is completed whenever the net length of stay is less than or equal to 72 hours (3 days). It includes both admission and discharge information. |
| Change in Status | This assessment is completed at any time during a single episode of care for people who experience a significant, unexpected change in their clinical status. |
| Quarterly | This assessment is completed every quarter for all longer-stay people within a maximum of 92 days following the last Full Admission, Quarterly or Change in Status assessment. |
| Discharge (Full) | This assessment is completed for all planned discharges when the net length of stay is greater than 6 days and when there is no indication that the person will be returning to continue the current episode of care. |
| Discharge (Short) | <p>This assessment can be completed in lieu of the full Discharge assessment when 1 of the following 2 scenarios applies:</p> <ul style="list-style-type: none">• The discharge is unplanned and the net length of stay is greater than or equal to 4 days.• The discharge is planned or unplanned, and the net length of stay is greater than or equal to 4 days and less than or equal to 6 days. |

Table 2 OMHRS mandatory and optional data elements, by assessment type

| Legend M — Mandatory; O — Optional; O* — Optional status is dependent on an associated data element; n/a — Element is not applicable | | | | | | | | |
|--|---|--|-----------|------------|------------------|-----------|------------------|-------------------|
| Element ID | Element name | Description | Admission | Short Stay | Change in Status | Quarterly | Discharge (Full) | Discharge (Short) |
| X10 | Country of Residence | Indicates the country where the person currently resides | M | M | n/a | n/a | n/a | n/a |
| X20 | Province/Territory Issuing Health Card Number | Indicates the provincial or territorial government that issued the health card number | M | M | n/a | n/a | n/a | n/a |
| X4 | Health Card Number Status | Indicates the person's health card number status (known, unknown or not applicable) | M | M | n/a | n/a | n/a | n/a |
| AA2 | Health Card Number | The person's health card number | O* | O* | n/a | n/a | n/a | n/a |
| X30 | Chart Number | An alphanumeric identifier unique to a person within a facility | M | M | M | M | M | M |
| AA3 | Case Record Number | A hospital registration number assigned to a person for each admission to the facility | M | M | M | M | M | M |
| AA4 | Facility Number | Alphanumeric 5-digit facility identifier | M | M | M | M | M | M |
| AA5 | Unit Identifier | Numeric code identifying the unit type the person is on | M | M | M | M | M | M |
| BB1 | Sex | Indicates the sex of the person | M | M | n/a | n/a | n/a | n/a |
| BB2 | Birthdate | Indicates the person's actual or estimated birthdate | M | M | n/a | n/a | n/a | n/a |
| X40 | Estimated Birthdate | Flag indicating whether the person's date of birth cannot be verified | M | M | n/a | n/a | n/a | n/a |
| BB3 | Marital Status | Indicates the person's marital status | M | O | n/a | n/a | n/a | n/a |
| BB4 | Language | Indicates the language the person generally prefers to use | M | O | n/a | n/a | n/a | n/a |
| BB5 | Education | Indicates the person's highest level of education | M | O | n/a | n/a | n/a | n/a |

| Legend M — Mandatory; O — Optional; O* — Optional status is dependent on an associated data element; n/a — Element is not applicable | | | | | | | | |
|--|---|--|-----------|------------|------------------|-----------|------------------|-------------------|
| Element ID | Element name | Description | Admission | Short Stay | Change in Status | Quarterly | Discharge (Full) | Discharge (Short) |
| BB6a–g | Income | Indicates the person's source(s) of income | M | O* | n/a | n/a | n/a | n/a |
| X50a–i | Responsibility for Payment | Indicates the agency(ies) responsible for payment for this episode of care | M | M | n/a | n/a | n/a | n/a |
| BB7a–c | Aboriginal Origin | Documents self-identified Aboriginal status | M | O | n/a | n/a | n/a | n/a |
| CC1 | Date Stay Began (Admission Date) | Records the date on which the person was admitted | M | M | n/a | n/a | n/a | n/a |
| CC2a–h | Reasons for Admission | Identifies problems that contributed to the person's present admission | M | M | n/a | n/a | n/a | n/a |
| X60 | Postal Code of Person's Residence | The Canadian postal code or forward sortation area for the person's current residence | M | M | n/a | n/a | n/a | n/a |
| CC3 | Who Lived With at Admission | Indicates who the person was living with at the time of admission | M | O | n/a | n/a | n/a | n/a |
| CC4a–b | Admitted From and Usual Residential Status | Indicates the type of residence/facility from which the person was admitted and in which the person normally lives | M | M | n/a | n/a | n/a | n/a |
| X65 | Referred From Facility Number | The 5-digit facility number of the referring facility, if applicable | O* | O* | n/a | n/a | n/a | n/a |
| CC5 | Residential Stability | Indicates the permanence of the person's living arrangements prior to admission | M | O | n/a | n/a | n/a | n/a |
| DD1 | Number of Psychiatric Admissions (Recent) | Records the number of previous psychiatric admissions in the last 2 years | M | O* | n/a | n/a | n/a | n/a |
| DD2 | Number of Psychiatric Admissions (Lifetime) | Records the number of previous psychiatric admissions | M | O* | n/a | n/a | n/a | n/a |
| DD3 | Time Since Last Discharge | Indicates the amount of time since the last discharge from a mental health facility | M | O* | n/a | n/a | n/a | n/a |
| DD4 | Amount of Time Hospitalized | Indicates the amount of time that the person was hospitalized for mental health services over the last 2 years prior to this admission | M | O* | n/a | n/a | n/a | n/a |

| Legend | | | | | | | | |
|---|---------------------------------------|--|-----------|------------|------------------|-----------|------------------|-------------------|
| M — Mandatory; O — Optional; O* — Optional status is dependent on an associated data element; n/a — Element is not applicable | | | | | | | | |
| Element ID | Element name | Description | Admission | Short Stay | Change in Status | Quarterly | Discharge (Full) | Discharge (Short) |
| DD5 | Contact With Community Mental Health | Identifies involvement with a community-based mental health service in the year prior to this admission | M | O | n/a | n/a | n/a | n/a |
| DD6 | Age at First Hospitalization | Indicates the person's approximate age at first admission for mental health services | M | O | n/a | n/a | n/a | n/a |
| A1 | Assessment Reference Date | Indicates the last day of the observation period for the current assessment | M | M | M | M | M | M |
| A2 | Reason for Assessment | Indicates the reason for completing the current assessment | M | n/a | M | M | M | O |
| A3a | Status at Time of Admission | Indicates inpatient status, as outlined in the <i>Ontario Mental Health Act</i> , at the time of admission | M | M | n/a | n/a | n/a | n/a |
| A3b | Status at Time of Assessment | Indicates inpatient status, as outlined in the <i>Ontario Mental Health Act</i> , at the time of the current assessment | M | M | M | M | M | M |
| X9a | Forensic Status at Time of Admission | Indicates the status of forensic patients at the time of admission | O* | O* | n/a | n/a | n/a | n/a |
| X9b | Forensic Status at Time of Assessment | Indicates the status of forensic patients at the time of the current assessment | O* | O* | O* | O* | O* | O* |
| A4a–d | Capacity/ Competency | Indicates whether the person is competent to participate in decisions about their health care, treatment and/or financial affairs, and whether another person is authorized to make decisions for the person | M | O | M | M | M | O |
| A5a–b | Police Intervention | Indicates whether the person has been involved with the police (other than as a victim) and the nature of the involvement | M | M | M | M | M | M |

| Legend M — Mandatory; O — Optional; O* — Optional status is dependent on an associated data element; n/a — Element is not applicable | | | | | | | | |
|--|--|---|-----------|------------|------------------|-----------|------------------|-------------------|
| Element ID | Element name | Description | Admission | Short Stay | Change in Status | Quarterly | Discharge (Full) | Discharge (Short) |
| B1a–gg | Mental State Indicators | Records the frequency of a number of indicators indicative of the person's mental state over the last 3 days | M | M | M | M | M | M |
| B2 | Insight Into Mental Health | Indicates the person's level of awareness of their mental health problems | M | M | M | M | M | M |
| C1 | Alcohol | Documents the number of alcoholic drinks in a single sitting during the last 14 days | M | M | M | M | M | M |
| C2a–f | Substance Use | Provides an inventory of substances that the person may be taking or has taken in the past | M | M | M | M | M | M |
| C3 | Withdrawal Symptoms | Indicates the severity of signs or symptoms indicative of withdrawal from alcohol or drugs in the last 3 days | M | M | M | M | M | M |
| C4a–d | Patterns of Drinking or Other Substance Use | Documents behaviours indicating that the person may have had a problem with an alcohol or drug addiction in the last 3 months | M | O | M | M | M | O |
| C5 | Smoking | Indicates whether the person is addicted to nicotine | M | O | M | M | M | O |
| C6 | Gambling | Indicates whether the person has gambled excessively or uncontrollably in the last 3 months | M | O | M | M | M | O |
| D1a–d | Self-Injury | Indicates whether the person is engaging in or is at risk of engaging in self-injurious behaviour | M | M | M | M | M | M |
| D2a–c | Violence | Indicates whether the person is or is at risk of becoming violent | M | M | M | M | M | M |
| D3 | History of Sexual Violence or Assault as Perpetrator | Indicates whether the person has engaged in sexual violence toward others in the past | M | M | M | M | M | M |

| Legend M — Mandatory; O — Optional; O* — Optional status is dependent on an associated data element; n/a — Element is not applicable | | | | | | | | |
|--|--|---|-----------|------------|------------------|-----------|------------------|-------------------|
| Element ID | Element name | Description | Admission | Short Stay | Change in Status | Quarterly | Discharge (Full) | Discharge (Short) |
| E1a–g | Behavioural Symptoms | Documents the frequency of behavioural symptoms that cause distress to the person or others with whom the person comes in contact, over the last 3 days | M | M | M | M | M | M |
| E2 | Extreme Behaviour Disturbance | Indicates whether caregivers have concern that the person may pose a serious current risk of harm to self or others | M | M | M | M | M | M |
| F1a–b | Memory/Recall Ability | Documents the person's capacity to remember recent events and perform sequential activities over the last 3 days | M | M | M | M | M | M |
| F2 | Cognitive Skills for Daily Decision-Making | Documents the person's ability and actual performance in making everyday decisions | M | M | M | M | M | M |
| F3a–f | Indicators of Delirium | Documents behavioural signs observed over the last 3 days that may indicate that delirium is present | M | O | M | M | M | M |
| F4 | Cognitive Decline | Documents change in cognitive status | M | O | M | M | M | O |
| G1a–e | ADL | Documents the person's performance of activities of daily living during the last 3 days | M | M | M | M | M | M |
| G2a–e | IADL | Documents the person's performance of instrumental activities of daily living during the last 3 days | M | M | M | M | M | M |
| G3 | Stamina | Documents the person's involvement in physical activities in the last 3 days | M | O | M | M | M | O |
| G4 | ADL Decline | Compares current ADL status with that of 90 days ago (or since the last assessment) | M | O | M | M | M | O |
| H1 | Hearing | Indicates the person's ability to hear during the last 3 days | M | O | M | M | M | O |

| Legend M — Mandatory; O — Optional; O* — Optional status is dependent on an associated data element; n/a — Element is not applicable | | | | | | | | |
|--|--|--|-----------|------------|------------------|-----------|------------------|-------------------|
| Element ID | Element name | Description | Admission | Short Stay | Change in Status | Quarterly | Discharge (Full) | Discharge (Short) |
| H2 | Vision | Indicates the person's ability to see during the last 3 days | M | O | M | M | M | O |
| H3 | Making Self Understood | Indicates the person's ability to communicate | M | M | M | M | M | M |
| I1a–q | Health Conditions — Signs and Symptoms | Records specific problems or symptoms that affected, or could have affected, the person's health or functional status over the last 3 days | M | O | M | M | M | O |
| I2a–g | Extra-Pyramidal Signs and Symptoms | Records signs and symptoms commonly seen as side effects with the administration of neuroleptic medication over the last 3 days | M | O | M | M | M | O |
| I3 | Sexual Functioning | Records whether the person has experienced sexual dysfunction over the last 30 days | M | O | M | M | M | O |
| I4 | Self-Reported Health | Indicates the person's perception of their own physical health over the last 3 days | M | O | M | M | M | O |
| I5 | Chewing/Swallowing | Documents the presence of any problem with swallowing or chewing | M | O | M | M | M | O |
| I6aa–ab | Skin Problems | Documents the presence of skin conditions or changes in the last 3 days | M | O | M | M | M | O |
| I6b | Foot Problems | Documents the presence of problems with feet in the last 3 days | M | O | M | M | M | O |
| 17a | Falls | Documents whether the person fell in the last 90 days and the number of falls the person sustained in the last 30 days | M | O | M | M | M | O |
| 17b | Recent Falls | Documents whether the person has a recent history of falling | n/a | n/a | O | n/a | O | O |
| I8a–b | Pain Frequency/ Intensity | Records the frequency and intensity of the signs and symptoms of pain in the last 3 days | M | O* | M | M | M | O* |
| I9 | Bladder Continence | Records the person's bladder continence over the last 3 days | M | O | M | M | M | O |

| Legend M — Mandatory; O — Optional; O* — Optional status is dependent on an associated data element; n/a — Element is not applicable | | | | | | | | |
|--|--|--|-----------|------------|------------------|-----------|------------------|-------------------|
| Element ID | Element name | Description | Admission | Short Stay | Change in Status | Quarterly | Discharge (Full) | Discharge (Short) |
| I10 | Bowel Continence | Records the person's bowel continence over the last 3 days | M | O | M | M | M | O |
| I11a–g | Medical Diagnoses | Documents the presence of selected medical diseases or infections for which the person is currently being treated or monitored, and that have a relationship to the person's current mental or physical health status or behaviour | M | M | M | M | M | M |
| I11h–m | Other Medical Diagnoses (ICD-10-CA Code) | Alphanumeric codes indicating the presence of additional medical diseases or infections for which the person is currently being treated or monitored, and that have a relationship to the person's current mental or physical health status or behaviour | O* | O* | O* | O* | O* | O* |
| J1a–l | Life Events | Indicates whether and how recently the person has experienced selected life events | M | O | M | M | M | M |
| J1m–p | Life Events | Indicates whether and how recently the person has experienced selected life events | M | M | M | M | M | M |
| J2 | Life Event (J1) Causes Sense of Horror or Intense Fear | Indicates the subjective impact of any of the recorded life events on the person | M | O* | M | M | M | O* |
| J3a–b | Other Indicators | Indicates whether the person has experienced any form of abuse or assault by a family member, and whether the person fears a family member, caregiver, friend or staff | M | O | M | M | M | O |
| K1 | History of Medication Adherence | Indicates whether the person was taking medication as prescribed during the month prior to admission | M | O | n/a | n/a | n/a | n/a |

| Legend M — Mandatory; O — Optional; O* — Optional status is dependent on an associated data element; n/a — Element is not applicable | | | | | | | | |
|--|--|---|-----------|------------|------------------|-----------|------------------|-------------------|
| Element ID | Element name | Description | Admission | Short Stay | Change in Status | Quarterly | Discharge (Full) | Discharge (Short) |
| K2 | Medication Refusal | Documents any refusal to take prescribed medication during the last 3 days | M | O | M | M | M | M |
| K3 | Stopped Taking Psychotropic Medication | Indicates whether the person has stopped taking psychotropic medication in the last 90 days due to side effects | M | O | M | M | M | M |
| K4 | Intentional Misuse of Medication | Indicates whether the person uses medication as recommended or prescribed | M | M | M | M | M | M |
| K5 | Acute Control Medications | Records the frequency with which acute control medication was administered to the person over the last 3 days | M | O | M | M | M | O |
| K6 | Allergy to Drugs | Indicates whether the person has any known drug allergies to medication | M | O | M | M | M | O |
| L1a–h | Service Utilization — Formal Care | Indicates the number of days where the person had contact with selected formal caregivers in the last 7 days (or since admission) | M | O | M | M | M | O |
| L2a–d | Nursing Interventions | Indicates the extent to which the person receives nursing services | M | O | M | M | M | O |
| L3a–d | Treatment Modalities | Indicates the type of treatment modalities offered to the person during the last 7 days (or since admission) | M | O | M | M | M | O |
| L4a–l | Focus of Intervention | Indicates the focus of the recorded treatment modalities | M | O | M | M | M | O |
| L5 | Adherence to Treatments, Therapies, Programs | Indicates whether the person has adhered to treatments, therapies or programs as planned | M | O | M | M | M | O |
| L6 | ECT | Documents the person's history of receiving electroconvulsive therapy (ECT) | M | O | M | M | M | O |

| Legend M — Mandatory; O — Optional; O* — Optional status is dependent on an associated data element; n/a — Element is not applicable | | | | | | | | |
|--|---|--|-----------|------------|------------------|-----------|------------------|-------------------|
| Element ID | Element name | Description | Admission | Short Stay | Change in Status | Quarterly | Discharge (Full) | Discharge (Short) |
| X6 | Number of ECTs Since Last Assessment | Documents the number of electroconvulsive therapy (ECT) treatments since last assessment | O* | O* | M | M | M | M |
| M1a–f | Control Interventions | Records the frequency with which the person was restrained at any time over the last 3 days | M | O | M | M | M | O |
| M2a–d | Observation Levels | Documents the level of supervision required over the last 3 days | M | O | M | M | M | O |
| M3 | Psychiatric Intensive Care | Documents the number of days spent in a psychiatric intensive care unit during the last 3 days | M | O | M | M | M | O |
| M4a–b | Authorized Activities Outside Facility | Indicates whether the person has left the facility or locked unit at any time in the last 3 days | M | O | M | M | M | O |
| N1a–b | Height and Weight | Indicates the person's current height and weight | M | O | M | M | M | O |
| N2a–d | Nutritional Problems | Documents issues related to nutrition | M | O | M | M | M | O |
| N3a–c | Eating Disorder Indicators | Documents any potential signs of eating disorders in the last month | M | O | M | M | M | O |
| N4 | Polydipsia | Documents any excessive intake of fluids in the last 3 days | M | O | M | M | M | O |
| O1 | Family Roles | Indicates perceptions of the quality of relationships with family members | M | O | M | M | M | O |
| O2a–g | Social Relations and Interpersonal Conflict | Documents several important features of a person's current social network | M | O | M | M | M | M |
| O3 | Employment Status | Documents the person's present employment status | M | M | M | M | M | O |

| Legend | | | | | | | | |
|---|---|--|-----------|------------|------------------|-----------|------------------|-------------------|
| M — Mandatory; O — Optional; O* — Optional status is dependent on an associated data element; n/a — Element is not applicable | | | | | | | | |
| Element ID | Element name | Description | Admission | Short Stay | Change in Status | Quarterly | Discharge (Full) | Discharge (Short) |
| O4a–d | Risk of Unemployment/ Disrupted Education | Documents factors that place the person at risk for employment and/or education difficulties | M | O | M | M | M | O |
| O5 | Trade-Offs | Indicates whether the person made trade-offs to purchase required medications, home heating, health care or food due to limited funds in the last month | M | M | M | M | M | O |
| O6a–c | Social Relationship | Documents the nature and recentness of social interactions | M | O | M | M | M | O |
| P1a–d | Available Social Supports | Documents the availability of family or close friends to provide support the person will require following discharge | M | O | M | M | M | M |
| P2a–b | Discharge Readiness | Documents indicators of discharge readiness | M | O | M | M | M | O |
| P3 | Projected Time to Planned Discharge | Indicates the person's estimated remaining length of stay | M | O | M | M | O | O |
| P4 | Overall Change in Care Needs | Documents the person's overall change in clinical status as compared with 30 days ago (or since admission/last assessment) | M | O | M | M | M | O |
| P5 | Discharged To | Indicates the living arrangement to which the person is being discharged | n/a | M | n/a | n/a | M | M |
| X140 | Discharged to Facility Number | The 5-digit facility number to which the person was discharged, if applicable | n/a | O* | n/a | n/a | O* | O* |
| X141 | Discharged With Support/Referral for Home Care Services | Indicates whether the person was referred for or will be receiving home care services upon discharge | n/a | O* | n/a | n/a | O* | O* |
| Q1a–v | DSM-5-TR Provisional Diagnostic Category | Indicates up to 3 diagnoses, according to broad <i>Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision</i> (DSM-5-TR) categories | M | M | M | M | M | M |

| Legend M — Mandatory; O — Optional; O* — Optional status is dependent on an associated data element; n/a — Element is not applicable | | | | | | | | |
|--|-----------------------------------|--|-----------|------------|------------------|-----------|------------------|-------------------|
| Element ID | Element name | Description | Admission | Short Stay | Change in Status | Quarterly | Discharge (Full) | Discharge (Short) |
| Q2a–f | DSM-5-TR Code | Indicates the specific psychiatric diagnoses | O | O | O | O | M | O |
| Q3 | Intellectual Disability | Documents conditions associated with intellectual disability | M | O | M | M | M | O |
| Q4 | GAF Score | Documents the person's most current Global Assessment of Functioning (GAF) score | O | O | O | O | O | O |
| Q5 | Patient Type | Provides a general categorization of patient type | M | M | M | M | M | M |
| X160 | Schizophrenia Primary Diagnosis | Identifies persons with a primary diagnosis of schizophrenia or schizoaffective disorder as determined by the psychiatrist/ attending physician | n/a | M | n/a | n/a | O | M |
| X161 | Long-Acting Injectable Medication | Identifies persons admitted to hospital with a primary diagnosis of schizophrenia who received treatment with a long-acting injectable medication during their stay, before admission or after discharge | n/a | O* | n/a | n/a | O* | O* |
| X162 | Treatment Resistant | Identifies persons with schizophrenia who are deemed treatment resistant/ treatment refractory | n/a | O* | n/a | n/a | O* | O* |
| X163 | Treatment With Clozapine | Identifies persons admitted to hospital with a primary diagnosis of schizophrenia who failed to respond to previous adequate trials of treatment with 2 antipsychotic medications, and who receive clozapine during this hospital stay | n/a | O* | n/a | n/a | O* | O* |
| X164 | Care Plan Sent | Identifies persons who have a documented care plan that will be made available to any receiving provider within 7 days of discharge | n/a | O* | n/a | n/a | O* | O* |

| Legend | | | | | | | | |
|---|--|--|-----------|------------|------------------|-----------|------------------|-------------------|
| M — Mandatory; O — Optional; O* — Optional status is dependent on an associated data element; n/a — Element is not applicable | | | | | | | | |
| Element ID | Element name | Description | Admission | Short Stay | Change in Status | Quarterly | Discharge (Full) | Discharge (Short) |
| R1 | Prescribed Medications | Indicates whether the person has had any medication prescribed in the last 3 days | M | O | M | M | M | M |
| X8a | Admitted Through Emergency Department | Indicates whether the person was admitted through the emergency department | n/a | M | n/a | n/a | M | M |
| X8b | Arrived on Inpatient Unit | Indicates whether the person arrived on a mental health inpatient unit after being admitted through the emergency department | n/a | O* | n/a | n/a | O* | O* |
| X8c | Date Arrived on Inpatient Unit | Indicates the date that the person arrived on a mental health inpatient unit from the emergency department | n/a | O* | n/a | n/a | O* | O* |
| X75 | Days in Alternate Level of Care Since Last Assessment or Admission | Indicates the number of days the person was determined to be in alternate level of care | O | O | M | M | M | M |
| X80 | Discharge Date | Indicates the date on which the person was discharged from the facility | n/a | M | n/a | n/a | M | M |
| X90 | Discharge Reason | Indicates the most accurate reason for the person's discharge | n/a | M | n/a | n/a | M | M |
| X130 | Total Days Away From Bed | Indicates the total number of days the person was away from the mental health bed since the last assessment (or since admission) | M | M | M | M | M | M |
| X131 | Days Away From Bed in Previous Fiscal Year | Indicates the total number of days the person was away from the mental health bed since the last assessment (or since admission) that occurred in a previous fiscal year | O* | O* | O* | O* | O* | O* |
| X200 A, B | Project Code | A unique code assigned by CIHI that is used to identify a project that could be used to collect supplemental data | O* | O* | O* | O* | O* | O* |

| Legend M — Mandatory; O — Optional; O* — Optional status is dependent on an associated data element; n/a — Element is not applicable | | | | | | | | |
|--|---|--|-----------|------------|------------------|-----------|------------------|-------------------|
| Element ID | Element name | Description | Admission | Short Stay | Change in Status | Quarterly | Discharge (Full) | Discharge (Short) |
| X210 A, B | Project Data | Provides supplemental data as needed | O | O | O | O | O | O |
| X70 | Drug Identification Number (DIN) | Identifies each medication the person has taken in the past 3 days using the 8-digit DIN assigned by Health Canada | O | O | O | O | O | O |
| R2b–f | Medication Dose/ Form/Frequency/ PRN/Discontinued | Provides additional information on all medications the person has taken in the last 3 days | O | O | O | O | O | O |

Table 3 OMHRS derived data elements and outcome measures

| Output type | Examples | Clinical uses |
|--|--|---|
| Clinical Assessment Protocols (CAPs) | Substance Use Harm to Others | Guide care planning to resolve problems and increase the potential for improvement |
| Outcome scales | Severity of Self-Harm Scale Cognitive Performance Scale | Summarize functional characteristics, such as behaviour, cognition and self-care Establish baseline scores and indicate the success of care planning interventions |
| Quality indicators | Self-Injury Capacity to Manage Medications | Allow for comparative reporting of important dimensions of mental health care Flag potential quality issues |
| System for Classification of In-Patient Psychiatry (SCIPP) 49 SCIPP groups in 9 categories | n/a | Describe each patient's resource utilization based on clinical characteristics and care needs |



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