

National Ambulatory Care Reporting System (NACRS) FY 2006–2007 Data Element Summary

| Data Element | Description |
|--------------|---|
| 00A | Reporting Facility's Province/Territory (mandatory) |
| 00B | Reporting Facility's Ambulatory Care Number (mandatory) |
| 00C | Submission Fiscal Year (mandatory) |
| 00D | Submission Period (mandatory) |
| 00E | Abstract Identification Number (key data element, mandatory) |
| 00F | Coder Number (mandatory) |
| 00G | Primary Abstract ID Number (Data element retired) |
| 01 | Chart Number (mandatory) |
| 02 | Health Care Number (mandatory, specific to each province) |
| 03 | Province/Territory Issuing Health Care Number (mandatory) |
| 04 | Responsibility for Payment (mandatory) |
| 05 | Postal Code (mandatory) |
| 06 | Residence Code (Geographic code) (mandatory for NL, NS, NB, ON, AB, NWT, NU. Optional for other provinces, n/a to SK) |
| 07 | Gender (mandatory) (CACS Grouper element) |
| 08 | Birth Date (mandatory) (CACS Grouper element) |
| 09 | Birth Date is Estimated (mandatory when applicable) (CACS Grouper element) |
| 10 | Family Physician Flag (mandatory for Emergency only) |
| 11 | Ambulatory Registration Number (optional) |
| 12 | Ambulatory Registration/Encounter Sequence Number (optional) |
| 13 | Visit MIS Functional Centre Account Code (mandatory) |
| 14 | Admit Via Ambulance (mandatory) |
| 15 | Ambulance Call Number (optional) |
| 16 | Living Arrangement (optional) |
| 17 | Residence Type (optional) |
| 18 | Visit Type (mandatory for ON and PEI Emergency. Optional for other provinces/territories) |
| 19 | Ambulatory Visit Status (optional) |

| Data Element | Description |
|---------------|--|
| 20 | Mode of Visit/Contact (mandatory) |
| 21 | Highest Level of Education (optional) |
| 22 | Arrival Date (optional) |
| 23 | Arrival Time (optional) |
| 24 | Triage Date (mandatory for Emergency) |
| 25 | Triage Time (mandatory for Emergency) |
| 26 | Triage Level (mandatory for Emergency unless Visit Disposition = "02") |
| 27 | Date of Registration/Visit (mandatory) (CACS Grouper element) |
| 28 | Registration/Visit Time (mandatory for Emergency and Day Surgery) |
| 29 | Date of Physician Initial Assessment (mandatory for Emergency when a physician is recorded as the Main Service Provider) |
| 30 | Time of Physician Initial Assessment (mandatory for Emergency when a physician is recorded as the Main Service Provider) |
| 31 | Referral Source Prior to Ambulatory Care Visit (optional) |
| 32 | Institution From (optional, mandatory if applicable for ON and NS) |
| 33 | Decision to Admit Date (mandatory for admitted ambulatory patients) |
| 34 | Decision to Admit Time (mandatory for admitted ambulatory patients) |
| 35 | Visit Disposition (mandatory) (CACS Grouper element) |
| 36 | Date Visit Completed (mandatory for Emergency and Day Surgery) |
| 37 | Time Visit Completed (mandatory for Emergency and Day Surgery) |
| 38 | Referred To—After Completion of Ambulatory Care Visit (optional) |
| 39 | Institution To (optional, mandatory if applicable for ON and NS) |
| 40 | Provider Type (mandatory unless Visit Disposition = "02") |
| 41 | Service Provider (mandatory unless Visit Disposition = "02") |
| 42 | Service Provider Identification Number (mandatory only for physicians) |
| 43 and 43 a–i | Problem Prefix (optional) (up to 10 occurrences, any alpha character except "R") |
| 44 | Main Problem (mandatory) (CACS Grouper element) |
| 45 a–i | Other Problems (mandatory if applicable) (9 occurrences) |
| 46 | Main Intervention (mandatory if applicable) (CACS Grouper element) |
| 47 a–i | Other Intervention(s) (mandatory if applicable) (9 occurrences) (CACS Grouper element) |

| Data Element | Description |
|---|---|
| 48 a–i Status 49 a–i Location 50 a–i Extent | Main and Other Attributes (a–i) that accompany relevant CCI codes (mandatory if applicable) (CACS Grouper element) |
| 51 | Duration of Ambulatory Care Intervention for Main and Other Interventions (a–i) (optional) |
| 52 | Intervention Location Code For Main and Other Interventions (a–i) (optional, mandatory for Day Surgery for ON, NS, NL and NB) |
| 53 | Anaesthetic Technique (mandatory) (CACS Grouper element) |
| 54 | Died During Intervention Flag (mandatory if applicable) |
| 55 | Out of Hospital Indicator (mandatory if applicable) |
| 56 | Out of Hospital Institution Number (mandatory if applicable) (CACS Grouper element) |
| 57 | Blood Transfusion Indicator (mandatory except BC) |
| 58–63 | Blood Components/Products (mandatory except BC) |
| 64–68 | Units of Blood Transfused (optional) |
| 69–74 | Therapeutic Abortion Information (all are mandatory as defined in manual) |
| 69 | Number of Previous Term Deliveries (mandatory for NL, NS, NB, ON, SK, AB, YT, NU, MB) |
| 70 | Number of Previous Pre-Term Deliveries (mandatory for NL, NS, NB, ON, SK, AB, YT, NU, MB) |
| 71 | Number of Spontaneous Abortions (mandatory for NL, NS, NB, ON, SK, AB, YT, NU, MB) |
| 72 | Number of Therapeutic Abortions (mandatory for NL, NS, NB, ON, SK, AB, YT, NU, MB) |
| 73 | Gestational Age – Therapeutic Abortion (mandatory for NL, NS, NB, ON, SK, AB, YT, NU, MB) |
| 74 | Date of Last Menses (mandatory if D/E 73 Gestational Age = “99” for NL, NS, NB, ON, SK, AB, YT, NU, MB) |
| 75 a–j | MIS Functional Center Account Code (a–) (optional, if used, include visit MIS Functional Center Account Code as first occurrence) |
| 76 | Service Recipient Specific Direct Cost (Data element retired) |
| 77 | Specific Total Indirect Cost (Data element retired) |
| 78 | Traceable Supplies (Data element retired) |
| 79–96 | Special Project (up to 5 occurrences) These fields are for mandated studies or facility specific topics. Fields can be used any way client chooses. |

| Data Element | Description |
|--------------|--|
| 79 | Project Number (only defined field) |
| 80–92 | Single character alpha-numeric field |
| 93 and 94 | Double character alpha-numeric field |
| 95 | Triple character alpha-numeric field |
| 96 | 4 character alpha-numeric field |
| 97 | PCTAS Indicator (mandatory for Emergency) |
| 98 | Program Area (mandatory for specified CCI codes if applicable) (CACS Grouper element) |
| 99 | Scheduled ED Visit Indicator (mandatory for ON and PEI for Clinic and Day Surgery visits occurring in the Emergency department using the 7*310 visit MIS functional center account code) |
| 100 | Glasgow Coma Scale (mandatory for Emergency with head injury and patients over 3 years old) |
| 101 | Seat Belt Indicator (mandatory for Emergency for motor vehicle collisions) |
| 102 | Helmet Indicator (mandatory for Emergency for specific causes of injury) |
| 103 | Level of Care Recipient (optional) |
| 104 | Referral Date (optional) |
| 105 | Vendor MAC (grouping element) (optional, all grouper variables are mandatory if one is submitted) |
| 106 | Vendor CACS (grouping element) (optional, all grouper variables are mandatory if one is submitted) |
| 107 | Vendor RIW (grouping element) (optional, all grouper variables are mandatory if one is submitted) |
| 108 | Complete Record (optional) |
| 109 | Main Intervention Date (optional, mandatory if Main Intervention Start Time has been entered) |
| 110 | Main Intervention Start Time (optional, mandatory if Main Intervention Date has been entered) |
| 111a–i | Other Intervention Date (optional, mandatory if Other Intervention Start Time has been entered) |
| 112a–i | Other Intervention Start Time (optional, mandatory if Other Intervention Date has been entered) |
| 113 | Reason for visit/Chief Complaint (optional, mandatory for ON ED visits) |