



National Ambulatory Care Reporting System (NACRS) FY 2008–2009 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)
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)
10	Family Physician Flag (mandatory for Emergency Department visits 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, PEI, BC and NS for Emergency Department visits. Optional for other provinces/territories)
19	Ambulatory Visit Status (optional)
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 Department visits unless Visit Disposition = "02")
25	Triage Time (mandatory for Emergency Department visits unless Visit Disposition = "02")
26	Triage Level (mandatory for Emergency Department visits unless Visit Disposition = "02")
27	Date of Registration/Visit (mandatory) (CACS Grouper element)
28	Registration/Visit Time (mandatory for Emergency Department and Surgical Day/Night Care visits)
29	Date of Physician Initial Assessment (mandatory for Emergency Department visits when a physician is recorded as the Main Service Provider)
30	Time of Physician Initial Assessment (mandatory for Emergency Department visits when a physician is recorded as the Main Service Provider)

Data Element	Description
31	Referral Source Prior to Ambulatory Care Visit (mandatory in BC, optional for other provinces/territories)
32	Institution From (optional, mandatory if applicable)
35	Visit Disposition (mandatory) (CACS Grouper element)
38	Referred To-After Completion of Ambulatory Care Visit (optional)
39	Institution To (mandatory when Visit Disposition = "8", "9" and "15")
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)
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)
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 Surgical Day/Night Care visits 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 when Out of Hospital indicator is completed) (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,YT, NU, MB, optional for AB)
70	Number of Previous Pre-Term Deliveries (mandatory for NL, NS, NB, ON, SK,YT, NU, MB, optional for AB)
71	Number of Previous Spontaneous Abortions (mandatory for NL, NS, NB, ON, SK,YT, NU, MB, optional for AB)
72	Number of Previous Therapeutic Abortions (mandatory for NL, NS, NB, ON, SK,YT, NU, MB, optional for AB)
73	Gestational Age—Therapeutic Abortion (mandatory for NL, NS, NB, ON, SK,YT, NU, MB, optional for AB)
74	Date of Last Menses (mandatory for NL, NS, NB, ON, SK,YT, NU, MB, optional for AB)
75 a-j	MIS Functional Center Account Code (a-j) (optional, if used, include visit MIS Functional Center Account Code as first occurrence)
79-96	Special Project (up to 5 occurrences)
79	Project Number (only defined field) (mandatory for ON Emergency Department and Surgical Day/Night Care visits)
80–92	Single character alpha-numeric field

Data Element	Description
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 Department visits)
98	Program Area (mandatory for specified CCI codes if applicable) (CACS Grouper element)
99	Scheduled ED Visit Indicator (mandatory for ON, PEI, BC, NS and Yukon for Clinic and Surgical Day/Night Care visits occurring in the Emergency Department using the 7*310 visit MIS functional center account code. Optional in other provinces/territories.)
100	Glasgow Coma Scale (mandatory for Emergency Department visits with head injury and patients over 3 years old)
101	Seat Belt Indicator (mandatory for Emergency Department visits for motor vehicle accidents)
102	Helmet Indicator (mandatory for Emergency Department visits 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 ACW (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 Emergency Department visits)
114	Disposition Date (mandatory for Emergency Department and Surgical Day/Night Care visits)
115	Disposition time (mandatory for Emergency Department and Surgical Day/Night Care visits)
116	Date Patient Left Emergency Department (ED) (mandatory for Emergency Department visits ending in an admission or transfer)
117	Time Patient Left Emergency Department (ED) (mandatory for Emergency Department visits ending in an admission or transfer)