

NACRS Data Elements 2014-2015

The following table is a comparative list of NACRS mandatory and optional data elements for all data submission options, along with a brief description of the data element.

For a full description of each data element, please refer to the *NACRS Abstracting Manual*.

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Legend							
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Data Element Name	Data Element Number	Description	ED			Day Surgery	Other Amb. Care
			Level 1	Level 2	Level 3		
Submission Data							
Reporting Facility's Province/Territory	00A	A code used to identify provinces and territories	M	M	M	M	M
Reporting Facility's Ambulatory Care Number	00B	A number assigned by provincial/territorial ministries to identify ambulatory facilities	M	M	M	M	M
Submission Fiscal Year	00C	The reporting fiscal year (April 1 to March 31)	M	M	M	M	M
Submission Period	00D	The date interval when the patient was registered	M	M	M	M	M
Abstract Identification Number	00E	Unique identifier for each abstract submitted to CIHI	M	M	M	M	M
Coder Number	00F	Facility-assigned number to identify the coder/abstractor	M	M	M	M	M
Chart Number	01	Facility-assigned unique identification number for patients	M	M	M	M	M
Ambulatory Registration Number	11	Facility-assigned number to associate the patient with a particular visit	O	O	O	O	O
Ambulatory Registration/Encounter Sequence Number	12	A link for encounters with the same Ambulatory Registration Number where services are provided on a recurring basis	M*	M*	M*	M*	M*
Complete Record	108	A flag to identify when data was collected from an incomplete record	NA	NA	O	O	O
Submission Level Code	128	Identifies the type of record (Level 1, 2 or 3)	M	M	M	M	M

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Data Element Name	Data Element Number	Description	ED			Day Surgery	Other Amb. Care
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Patient/Client Demographic Data							
Health Care Number	02	Patient's unique health care coverage number	M	M	M	M	M
Province/Territory Issuing Health Care Number	03	Province/territory from which the health care number was issued	M	M	M	M	M
Responsibility for Payment	04	Primary group responsible for payment of services (for example, workers' compensation, self-pay)	M	M	M	M	M
Postal Code	05	A code assigned by Canada Post to identify the patient's place of residence	M	M	M	M	M
Residence Code (Geographic Code)	06	Identifies the area in which the patient resides	O	O	O	O	O
Gender	07	Patient's sex	M	M	M	M	M
Birth Date	08	Patient's birth date	M	M	M	M	M
Birth Date Is Estimated	09	Flag to indicate that part of the patient's date of birth is unknown	M*	M*	M*	M*	M*
Living Arrangement	16	Living situation of the patient at the time of the visit	NA	NA	O	O	O
Residence Type	17	Residential status of the patient at the time of the visit	NA	NA	O	O	O
Highest Level of Education	21	Highest level of education reported by the patient	NA	NA	O	O	O
Access to Primary Health Code	129	Identifies whether a patient has access to primary health care through a family physician, family health team or walk-in clinic	O	O	M	O	O
Ambulance Data							
Admit via Ambulance	14	Identifies patients brought in by ambulance	M	M	M	M	M
Ambulance Call Number	15	The call number on the ambulance report for patients brought by ambulance	NA	NA	O	O	O
Ambulance Arrival Date/Time	118/119	Date and time when the ambulance pulled into the hospital driveway and arrived at the hospital	O	O	O	O	O
Ambulance Transfer of Care Process Date/Time	120/121	Date and time when the ambulance personnel turned over care of the patient to ED/hospital staff	O	O	O	O	O

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Triage Data							
Triage Date and Time	24/25	Date and time when the patient is triaged in the ED	M*	M*	M*	NA	NA
Triage Level	26	Triage level assigned in the ED	M*	M*	M*	NA	NA
Status After Triage	138	Records the placement of the client on a stretcher at any point during the emergency department visit commencing with triage	O	O	O	NA	NA
Arrival and Visit Type Data							
Ambulatory Visit Status	19	Identifies patients who receive services on a recurring or continual basis for the same problem or reason	NA	NA	O	O	O
Mode of Visit/Contact	20	The method of patient contact (for example, face-to-face, telephone)	O	O	M	M	M
Arrival Date and Time	22/23	Date and time when the patient arrived at the ED (before triage)	O	O	O	NA	NA
Registration/Visit Date	27	Date when the patient is officially registered for emergency or ambulatory care services	M	M	M	M	M
Registration/Visit Time	28	Time when the patient is officially registered for emergency or ambulatory care services	M	M	M	M	M*
Referral Source Prior to Ambulatory Care Visit	31	The source from which the patient was referred to services in the reporting facility (self, other hospital, home care, etc.)	O	O	M	O	O
Institution From	32	Code to identify the facility from which the patient was directly transferred	NA	NA	M*	M*	M*
Referral Date	104	Date the patient was referred to an ambulatory care service	NA	NA	O	O	O
Presenting Complaint List	136	The symptom, complaint, problem or reason for seeking emergency medical care as identified by the patient	O	M*	O	NA	NA
ED Visit Indicator	139	Indicates whether a visit reported under the emergency MIS functional centre account code is an arranged day surgery or clinic visit taking place in the ED or an ED visit	M	M	M	NA	NA

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Provider Data							
Provider Type	40	Identifies the role of the service provider in relation to the ambulatory care visit	O	O	M*	M*	M*
Provider Service	41	The service the health professional is associated with (cardiology, physiotherapy, respiratory therapy, etc.)	O	O	M*	M*	M*
Provider Number	42	Identification number associated with the service provider	O	O	M*	M*	M*
Program Area	98	Identifies the program area providing services	NA	NA	M*	M*	M*
Assessment and Consultation Data							
Date and Time of Physician Initial Assessment	29/30	Date and time when the physician first assesses the patient	M*	M*	M*	NA	NA
Main and Other Problem Prefix	43	A prefix to distinguish/group diagnoses for study purposes	O	O	O	O	O
Main Problem	44	The problem the patient presents with that is clinically significant	O	O	M	M	M
Other Problem(s)	45	Other significant condition or circumstance that exists at the time of the client's visit	NA	NA	M*	M*	M*
Main and Other Problem Cluster	127	Identifies when more than one ICD-10-CA diagnosis code is required to describe a circumstance or condition	NA	NA	M*	M*	M*
Consult Request Date and Time	130/131	Date and time when the initial request for a specialist consultation was made	O	O	O	O	O
Consult Request Service	132	Indicates the service/specialty of the physician requested to consult	O	O	O	O	O
Date and Time of Non-Physician Initial Assessment	133/134	Date and time when a patient is first assessed or evaluated by a non-physician provider	O	O	O	NA	NA
Non-Physician Initial Assessment Provider Service	135	The specialty of the non-physician provider who performed the initial assessment of the patient	O	O	O	NA	NA
Emergency Department Discharge Diagnosis	137	The patient's diagnosis at the time of discharge from the emergency department	O	M*	O	NA	NA
Consult Arrival Date and Time	143/144	Date and time when the consultation occurred	O	O	O	O	O

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Intervention Data							
Main Intervention/Other Intervention(s)	46/47	The procedure/intervention performed and considered the most clinically significant, as well as any other significant procedures/interventions	NA	NA	M*	M*	M*
Main and Other Intervention Attributes—Status/Location/Extent	48-50	Additional details that do not impact the intent of the intervention	NA	NA	M*	M*	M*
Duration of Ambulatory Care Intervention for Main and Other Interventions	51	The length of time it took to complete the procedure	NA	NA	O	O	O
Intervention Location Code for Main and Other Interventions	52	The location where the intervention took place (outpatient department, cardiac catheter lab, diagnostic imaging, etc.)	NA	NA	O	M*	M*
Anaesthetic Technique	53	The method of anaesthesia administered during an intervention (general, spinal, local, etc.)	NA	NA	M*	M*	M*
Out-of-Hospital Indicator	55	Indicates that an intervention took place at another institution during an ambulatory care visit	NA	NA	M*	M*	M*
Out-of-Hospital Institution Number	56	Indicates the facility where the off-site intervention took place	NA	NA	M*	M*	M*
Main Intervention Start Date/Start Time	109/110	Date and time when the main intervention started	NA	NA	O	M*	M*
Other Intervention Start Date/Start Time	111/112	Date and time when other interventions started	NA	NA	O	M*	M*
Clinical Decision Unit Data							
Clinical Decision Unit Flag	122	Indicates whether the patient was placed in a clinical decision unit during the emergency visit	O	O	O	NA	NA
Clinical Decision Unit Date In/Time In	123/124	Date and time when the patient arrived in the clinical decision unit	M*	M*	M*	NA	NA
Clinical Decision Unit Date Out/Time Out	125/126	Date and time when the patient left the clinical decision unit	M*	M*	M*	NA	NA
Separation Data							
Visit Disposition	35	Patient status at time of discharge/leaving ambulatory care service (home, admitted, transferred, etc.)	M	M	M	M	M
Referred To After Completion of Ambulatory Care Visit	38	Where the patient was referred to at the completion of the visit (outpatient clinic, family physician, etc.)	NA	NA	O	O	O
Institution To	39	Code to identify the facility to which the patient was directly transferred	NA	NA	M*	M*	M*

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Disposition Date/Time	114/115	Date and time the decision was made about the patient's disposition	M	M	M	M	M*
Date and Time Patient Left Emergency Department (ED)	116/117	Date and time the patient physically left the ED	M*	M*	M*	NA	NA
MIS Information							
Visit MIS Functional Centre Account Code	13	Account number for statistical and financial reporting related to the service provided	M	M	M	M	M
MIS Functional Centre Account Code	75	MIS Functional Centre Account codes related to the services provided during an ambulatory care visit	NA	NA	O	O	O
CACS Grouper Output							
Vendor MAC/CACS/RIW	105-107	Vendor-assigned MAC/CACS/RIW. These values are populated by the vendor software (grouping methodology)	NA	NA	O	O	O
Vendor Age and Anaesthetic Category	140/141	Vendor-assigned CACS category code. This value is populated by the vendor software	NA	NA	O	O	O
Vendor IT Total Count	142	Vendor-assigned major investigative technology total count. This value is populated by the vendor software	NA	NA	O	O	O
Blood Information							
Blood Transfusion Indicator	57	Identifies whether a patient received a blood transfusion	NA	NA	M	M	M
Blood Components/Products	58-63	Type of blood product or component transfused and received during a blood transfusion	NA	NA	O	O	O
Units of Blood Transfused	64-68	The number of units given for each blood component/product	NA	NA	O	O	O
Therapeutic Abortion Information							
Number of Previous Term Deliveries	69	The number of previous full-term deliveries (37+ weeks)	NA	NA	M*	M*	M*
Number of Previous Pre-Term Deliveries	70	The number of previous pre-term deliveries (20 to 36 weeks)	NA	NA	M*	M*	M*
Number of Previous Spontaneous Abortions	71	The number of previous spontaneous abortions	NA	NA	M*	M*	M*
Number of Previous Therapeutic Abortions	72	The number of previous therapeutic abortions	NA	NA	M*	M*	M*
Gestational Age—Therapeutic Abortion	73	The gestational age must be recorded in completed weeks for patients having a therapeutic abortion	NA	NA	M*	M*	M*
Date of Last Menses	74	The date of the patient's last menses	NA	NA	M*	M*	M*

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Special Projects Fields							
Special Project	79-96	Used to collect supplemental data	O	O	O	O	O
Injury Information							
Glasgow Coma Scale	100	A clinical scoring system to assess the response of neurologically impaired patients	NA	NA	M*	NA	NA
Seatbelt/Helmet Indicator	101/102	Identifies whether a patient was wearing a seatbelt or helmet at the time of the accident	NA	NA	M*	NA	NA