



Data Quality Documentation, National Ambulatory
Care Reporting System—Current-Year
Information, 2011–2012

The page features decorative wavy lines in grey and teal that flow across the top and sides, framing the central content area.

Our Vision

Better data. Better decisions.
Healthier Canadians.

Our Mandate

To lead the development and maintenance of comprehensive and integrated health information that enables sound policy and effective health system management that improve health and health care.

Our Values

Respect, Integrity, Collaboration,
Excellence, Innovation

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Abbreviations

Alta.	Alberta
B.C.	British Columbia
CAD	Clinical Administrative Databases
CC	cardiac catheterization (clinic)
CIHI	Canadian Institute for Health Information
DI	diagnostic imaging
DS	day surgery
ED	emergency department
ICD-10-CA	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada
Man.	Manitoba
MIS FC	Management Information System Functional Centre
MH	mental health
NACRS	National Ambulatory Care Reporting System
N.S.	Nova Scotia
OC	oncology clinic
Ont.	Ontario
P.E.I.	Prince Edward Island
Que.	Quebec
RD	renal dialysis (clinic)
Sask.	Saskatchewan
Y.T.	Yukon

Coverage

- In 2011–2012, a total of **18,143,511** abstracts were submitted to the National Ambulatory Care Reporting System (NACRS), while **16,922,003** abstracts were submitted in 2010–2011 (see Table 2 in Appendix A for further details). There was increased coverage in 2011–2012, including 3 Saskatchewan facilities (Level 1 emergency department [ED] data), 6 British Columbia facilities (Level 1 ED data) and 15 Nova Scotia facilities (DS data).
- Saskatchewan and B.C. submitted Level 1 ED data in 2011–2012. Thus fully coded diagnosis and intervention information might not be available for the abstracts submitted by these two provinces.
- There were no sources of under-coverage at the facility level in 2011–2012.
- There was over-coverage at the record level in 2011–2012, with 185,914 duplicate abstracts. Please see Table 5 in Appendix A for further details.
- NACRS has a provincial response bias. In 2011–2012, 51.8% of the data was from Ontario and 41.8% was from Alberta.

Non-Response

- All facilities in the NACRS frame submitted data to NACRS in 2011–2012. The unit non-response rate at the institution level for 2011–2012 was therefore nil.
- The unit non-response rate at the record level due to outstanding rejected records was 0.06% for 2011–2012.
- Please refer to Table 4 for the item non-response rates for selected NACRS data elements.

Appendix A: NACRS Data Tables

The NACRS 2011–2012 population of reference included 386 facilities in Canada.

Table 1: Number of Institutions Submitting to Each Ambulatory Care Group in NACRS, 2011–2012

Prov./Terr.	Total No. of Submitting Institutions	ED		DS	Clinic					DI	Other Ambulatory Care
		Level 1	Level 3		CC	RD	OC	MH	Other		
P.E.I.	1	0	1	0	0	0	0	0	0	0	0
N.S.	20	4	4	19	1	0	1	0	15	2	1
Ont.	185	2	176	149	22	57	81	0	31	13	15
Man.	8	7	1	0	0	0	0	0	0	0	0
Sask.	3	3	0	0	0	0	0	0	0	0	0
Alta.	162	0	107	92	4	4	7	34	107	119	118
B.C.	6	6	0	0	0	0	0	0	0	0	0
Y.T.	1	0	1	0	0	0	0	0	0	0	0
Total	386	22	290	260	27	61	89	34	153	134	134

Notes

For a listing of how the ambulatory care groups are defined using the National Management Information System Functional Centre (MIS FC) Account Codes, please refer to Appendix D of the *NACRS Manual*.

The Clinic—Other category includes the following clinic subcategories: medical, surgical, cardiac, gynecology, neurology, obstetrics, pediatric, rehabilitation, rheumatology, ophthalmology, orthopedic, family practice and special day/night care, among others.

Source

National Ambulatory Care Reporting System, 2011–2012, Canadian Institute for Health Information.

Table 2: Summary of All Visits for NACRS, by Province or Territory and Ambulatory Care Group, 2011–2012

Prov./Terr.	ED		DS	Clinic					DI	Other Ambulatory Care	Total
	Level 1	Level 3		CC	RD	OC	MH	Other			
P.E.I.	0	27,305	0	0	0	0	0	0	0	0	27,305
N.S.	153,816	78,760	102,378	2,771	0	695	0	19,386	413	63	358,282
Ont.	2,987	5,846,400	1,205,363	51,808	1,172,199	1,071,144	0	41,174	10,851	1,189	9,403,115
Man.	285,453	41,570	0	0	0	0	0	0	0	0	327,023
Sask.	115,154	0	0	0	0	0	0	0	0	0	115,154
Alta.	0	2,246,198	306,122	11,788	285,342	15,023	367,882	2,095,321	695,912	1,563,438	7,587,026
B.C.	291,593	0	0	0	0	0	0	0	0	0	291,593
Y.T.	0	34,013	0	0	0	0	0	0	0	0	34,013
Total	849,003	8,274,246	1,613,863	66,367	1,457,541	1,086,862	367,882	2,155,881	707,176	1,564,690	18,143,511

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Source

National Ambulatory Care Reporting System, 2011–2012, Canadian Institute for Health Information.

Table 3: Percentage Change in Volume of NACRS Abstracts Between 2010–2011 and 2011–2012, by Province or Territory and Ambulatory Care Type

Prov./Terr.	ED		DS	Clinic					DI	Other Ambulatory Care	Total
	Level 1	Level 3		CC	RD	OC	MH	Other			
P.E.I.	—	1.9	—	—	—	—	—	—	—	—	1.9
N.S.	N/A	2.8	571.9	N/A	—	N/A	—	713.5	N/A	N/A	280.2
Ont.	N/A	4.0	1.5	0.7	1.8	8.1	—	11.3	19.4	120.2	3.9
Man.	0.8	1.6	—	—	—	—	—	—	—	—	0.9
Sask.	N/A	N/A	—	—	—	—	—	N/A	—	—	N/A
Alta.	—	5.4	0.9	-2.2	5.0	376.2	49.2	-3.1	0.8	-0.4	2.6
B.C.	N/A	—	—	—	—	—	—	—	—	—	N/A
Y.T.	—	20.7	—	—	—	—	—	—	—	—	20.7
Total	199.7	4.3	7.2	4.5	2.4	9.4	49.2	-2.1	1.1	-0.4	7.2

Notes

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The Clinic—Other category includes the following clinic subcategories: medical, surgical, cardiac, gynecology, neurology, obstetrics, pediatric, rehabilitation, rheumatology, ophthalmology, orthopedic, family practice and special day/night care, among others.

Percentage change in volume of NACRS abstracts is not applicable when a province or territory submitted data for only one of the two fiscal years in question for a specific ambulatory care visit type.

Source

National Ambulatory Care Reporting System, 2010–2011 and 2011–2012, Canadian Institute for Health Information.

Table 4: Proportion of Unknown Data Reported for Certain NACRS Data Elements

Data Element Number	Data Element	Definition	Unknown Value	NACRS 2010–2011 Proportion When Applicable (%)	NACRS 2011–2012 Proportion When Applicable (%)	Percentage Change Between 2010–2011 and 2011–2012
02	Encrypted HCN	Health Care Number data is not available	All zeros	1.21	1.20	-0.01
05	Postal Code	Client is a resident of Canada and the postal code is unknown or invalid	Two-digit alpha code or invalid six-digit code	0.98	1.07	0.09
09	Birth Date Is Estimated	Birth Date is unknown or partial	Y	0.01	0.01	0.00
25	Triage Time	Unknown	9999	1.50	1.31	-0.19
26	Triage Level	Unknown	99	1.98	1.57	-0.41
30	Time of Physician Initial Assessment	Unknown	9999	14.53	12.57	1.96
45	Other Problem	Unknown codes for place of occurrence with injuries	U98.9	66.20	65.70	0.50
100	Glasgow Coma Scale	Not available	99 or blank	50.55	50.10	-0.45
101	Seatbelt Indicator	Unknown	99	36.27	37.71	1.44
102	Helmet Indicator	Unknown	99	71.25	71.61	0.36
115	Disposition Time	Unknown	9999	2.61	2.82	0.21
117	Time Patient Left ED	Unknown	9999	0.85	0.79	-0.06

Source

National Ambulatory Care Reporting System, 2010–2011 and 2011–2012, Canadian Institute for Health Information.

Table 5: NACRS Duplicates

Fiscal Year		2010–2011 N (%)	2011–2012 N (%)
ED	Level 1	0 (0)	340 (0.18)
	Level 3	15 (0.01)	35 (0.02)
DS		1,012 (0.81)	470 (0.25)
Clinic	CC	1 (0)	0 (0)
	RD	2,883 (2.31)	5,707 (3.07)
	OC	114 (0.09)	442 (0.24)
	MH	29,920 (23.99)	108,009 (58.10)
	Other	83,867 (67.25)	52,470 (28.22)
DI		251 (0.20)	311 (0.17)
Other Ambulatory Care		6,647 (5.33)	18,130 (9.75)
Total		124,710	185,914
Proportion of NACRS		~0.74%	~1.02%

Note

The majority of the duplicates were from Alberta in both 2010–2011 (99.9%) and 2011–2012 (99.8%).

Source

National Ambulatory Care Reporting System, 2010–2011 and 2011–2012, Canadian Institute for Health Information.

Appendix B: Mandatory NACRS Fields

This appendix is intended to be used in conjunction with the NACRS abstracting manual. Refer to the *NACRS Manual* for details.

Legend	
M	Mandatory
M*	Mandatory if applicable
O	Optional
N/A	Not applicable
L1	Level 1
L2	Level 2
L3	Level 3

Data Element ID Number	Data Element Description	Mandatory/Optional Status NACRS Standard			
		ED		DS	Other Amb. Care
		L1/L2	L3		
00A	Reporting Facility's Province/Territory	M	M	M	M
00B	Reporting Facility's Ambulatory Care Number	M	M	M	M
00C	Submission Fiscal Year	M	M	M	M
00D	Submission Period	M	M	M	M
00E	Abstract Identification Number	M	M	M	M
00F	Coder Number	M	M	M	M
01	Chart Number	M	M	M	M
02	Health Care Number	M	M	M	M
03	Province/Territory Issuing Health Care Number	M	M	M	M
04	Responsibility for Payment	M	M	M	M
05	Postal Code	M	M	M	M
06	Residence Code (Geographic Code)	O (M in N.S., Ont.)	O (M in N.S., Ont.)	O (M in N.S., Ont.)	O (M in N.S., Ont.)
07	Gender	M	M	M	M
08	Birth Date	M	M	M	M
09	Birth Date Is Estimated	M*	M*	M*	M*
11	Ambulatory Registration Number	O	O (M* in Ont. L3 ED, DS, CL)	O (M* in Ont. L3 ED, DS, CL)	O (M* in Ont. L3 ED, DS, CL)
12	Ambulatory Registration/Encounter Sequence Number	M*	M*	M*	M*
13	Visit MIS FC Account Code	M	M	M	M
14	Admit via Ambulance	M	M	M	M
15	Ambulance Call Number	N/A	O	O	O
16	Living Arrangement	N/A	O	O	O

Data Element ID Number	Data Element Description	Mandatory/Optional Status NACRS Standard			
		ED		DS	Other Amb. Care
		L1/L2	L3		
17	Residence Type	N/A	O	O	O
19	Ambulatory Visit Status	N/A	O	O	O
20	Mode of Visit/Contact	O	M	M	M
21	Highest Level of Education	N/A	O	O	O
22	Arrival Date	O	O	N/A	N/A
23	Arrival Time	O	O	N/A	N/A
24	Triage Date	M*	M*	N/A	N/A
25	Triage Time	M*	M*	N/A	N/A
26	Triage Level (CTAS)	M*	M*	N/A	N/A
27	Date of Registration/Visit	M	M	M	M
28	Registration/Visit Time	M	M	M	O
29	Date of Physician Initial Assessment	M*	M*	N/A	N/A
30	Time of Physician Initial Assessment	M*	M*	N/A	N/A
31	Referral Source Prior to Ambulatory Care Visit	O	M	O	O
32	Institution From	N/A	M*	M*	M*
35	Visit Disposition	M	M	M	M
38	Referred To—After Completion of Ambulatory Care Visit	N/A	O	O	O
39	Institution To	N/A	M*	M*	M*
40	Provider Type	N/A	M*	M*	M*
41	Provider Service	N/A	M*	M*	M*
42	Provider Number	N/A	M*	M*	M*
43, 43 (a–i)	Problem Prefix (Main and Other)	O	O	O (M* for Ont.)	O
44	Main Problem	O	M	M	M
45 (a–i)	Other Problem(s)	N/A	M*	M*	M*
46	Main Intervention	N/A	M*	M*	M*
47 (a–i)	Other Intervention(s)	N/A	M*	M*	M*
48, 48 (a–i)	Status Attribute (Main and Other Interventions)	N/A	M*	M*	M*
49, 49 (a–i)	Location Attribute (Main and Other Interventions)	N/A	M*	M*	M*
50, 50 (a–i)	Extent Attribute (Main and Other Interventions)	N/A	M*	M*	M*
51 (a–i)	Duration of Ambulatory Care Intervention (Main and Other Interventions)	N/A	O	O (M* in Ont.)	O
52 (a–i)	Intervention Location Code (Main and Other Interventions)	N/A	O	O (M* in Ont., N.S.)	O (M* in Ont.)

Data Element ID Number	Data Element Description	Mandatory/Optional Status NACRS Standard			
		ED		DS	Other Amb. Care
		L1/L2	L3		
53	Anaesthetic Technique	N/A	M*	M*	M*
55	Out-of-Hospital Indicator	N/A	M*	M*	M*
56	Out-of-Hospital Institution Number	N/A	M*	M*	M*
57	Blood Transfusion Indicator	N/A	M* (O in Alta., B.C.)	M* (O in Alta., B.C.)	M* (O in Alta., B.C.)
58–63	Blood Components/Products	N/A	M* (O in Alta., B.C.)	M* (O in Alta., B.C.)	M* (O in Alta., B.C.)
64–68	Units of Blood Transfused	N/A	O	O	O
69–74	Therapeutic Abortion Information	N/A	M* (O in P.E.I., Alta., B.C.)	M* (O in P.E.I., Alta., B.C.)	M* (O in P.E.I., Alta., B.C.)
75 (a–j)	MIS FC Account Code	N/A	O	O	O
79	Project Number	O	O	O	O
80–96	Special Project Fields	O	O	O	O
98	Program Area	N/A	M*	M*	M*
100	Glasgow Coma Scale	N/A	M*	N/A	N/A
101	Seatbelt Indicator	N/A	M*	N/A	N/A
102	Helmet Indicator	N/A	M*	N/A	N/A
103	Level of Care/Service Recipient	N/A	N/A	N/A	N/A
104	Referral Date	N/A	O	O	O
105	Vendor MAC	N/A	O	O	O
106	Vendor CACS	N/A	O	O	O
107	Vendor RIW	N/A	O	O	O
108	Complete Record	N/A	O	O	O
109	Main Intervention Start Date	N/A	O	O (M* in Ont.)	O
110	Main Intervention Start Time	N/A	O	O (M* in Ont.)	O
111 (a–i)	Other Intervention Date	N/A	O	O (M* in Ont.)	O
112 (a–i)	Other Intervention Start Time	N/A	O	O (M* in Ont.)	O
114	Disposition Date	M	M	M	O
115	Disposition Time	M	M	M	O
116	Date Patient Left Emergency Department (ED)	M*	M*	N/A	N/A
117	Time Patient Left Emergency Department (ED)	M*	M*	N/A	N/A
118	Ambulance Arrival Date	O (M* in Ont.)	O (M* in Ont.)	O	O
119	Ambulance Arrival Time	O (M* in Ont.)	O (M* in Ont.)	O	O

Data Element ID Number	Data Element Description	Mandatory/Optional Status NACRS Standard			
		ED		DS	Other Amb. Care
		L1/L2	L3		
120	Ambulance Transfer of Care Date	O (M* in Ont.)	O (M* in Ont.)	O	O
121	Ambulance Transfer of Care Time	O (M* in Ont.)	O (M* in Ont.)	O	O
122	Clinical Decision Unit Flag	O (M* in Ont.)	O (M* in Ont.)	N/A	N/A
123	Clinical Decision Unit Date In	O (M* in Ont.)	O (M* in Ont.)	N/A	N/A
124	Clinical Decision Unit Time In	O (M* in Ont.)	O (M* in Ont.)	N/A	N/A
125	Clinical Decision Unit Date Out	O (M* in Ont.)	O (M* in Ont.)	N/A	N/A
126	Clinical Decision Unit Time Out	O (M* in Ont.)	O (M* in Ont.)	N/A	N/A
127, 127 (a–i)	Problem Cluster (Main and Other)	N/A	M*	M*	M*
128	Submission Level Code	M	M	M	M
129	Access to Primary Health Care Code	O	M	O	O
130	Specialist Consult Request Date	O (M* in Ont.)	O (M* in Ont.)	O	O
131	Specialist Consult Request Time	O (M* in Ont.)	O (M* in Ont.)	O	O
132	Specialist Consult Request Service	O (M* in Ont.)	O (M* in Ont.)	O	O
133	Date of Non-Physician Initial Assessment	O (M* in Ont.)	O (M* in Ont.)	N/A	N/A
134	Time of Non-Physician Initial Assessment	O (M* in Ont.)	O (M* in Ont.)	N/A	N/A
135	Non-Physician Initial Assessment Provider Service	O (M* in Ont.)	O (M* in Ont.)	N/A	N/A
136 (a–c)	Presenting Complaint List	O (M* for L2)	O	N/A	N/A
137 (a–c)	ED Discharge Diagnosis	O (M* for L2)	O	N/A	N/A
138	Status After Triage	O	O	N/A	N/A
139	ED Visit Indicator	M	M	N/A	N/A
140	Vendor Age Category	N/A	O	O	O
141	Vendor Anaesthetic Category	N/A	O	O	O
142	Vendor IT Total Count	N/A	O	O	O
143	Consult Arrival Date	O (M* for Ont.)	O (M* for Ont.)	O	O
144	Consult Arrival Time	O (M* for Ont.)	O (M* for Ont.)	O	O

Appendix C: NACRS Field Evolution by Fiscal Year

This appendix is intended to be used in conjunction with the *NACRS Manual*; please refer to it for details.

Legend	
*	No change to existing data element
C	Change in data element definition (including legend/code or change/collection of new data)
F	Change in data element format
R	Retired data element
N	New data element
O	Data element did not exist that year

Current NACRS Schema		ICD-10-CA									
Data Element ID Number	Data Element Description	2011–2012	2010–2011	2009–2010	2008–2009	2007–2008	2006–2007	2005–2006	2004–2005	2003–2004	2002–2003
00A	Reporting Facility's Province/Territory	*	*	*	*	*	*	*	*	*	N
00B	Reporting Facility's Ambulatory Care Number	*	*	*	*	*	*	*	*	*	*
00C	Submission Fiscal Year	*	*	*	*	*	*	*	*	*	*
00D	Submission Period	C	*	*	*	*	*	*	*	*	*
00E	Abstract Identification Number	*	*	*	*	*	*	*	*	*	N
00F	Coder Number	*	F	*	*	*	*	*	*	*	N
00G	Primary Abstract ID Number	O	O	O	O	O	R	N	O	O	O
1	Chart Number	*	*	*	*	*	*	*	*	*	*
2	Health Care Number	C	C	*	*	*	*	*	*	*	*
3	Province/Territory Issuing Health Care Number	C	C	*	*	*	*	*	*	C	F
4	Responsibility for Payment	C	C	*	*	*	*	*	*	*	C

Current NACRS Schema		ICD-10-CA									
Data Element ID Number	Data Element Description	2011–2012	2010–2011	2009–2010	2008–2009	2007–2008	2006–2007	2005–2006	2004–2005	2003–2004	2002–2003
5	Postal Code	C	C	*	*	*	*	*	*	C	F
6	Residence Code/ Geographic Code (2001)	C	C	C	*	*	*	*	*	*	F
7	Gender	*	C	*	*	*	*	*	*	*	F
8	Birth Date	C	*	*	*	*	*	*	*	*	*
9	Birth Date Is Estimated	C	C	*	*	*	*	*	*	*	F
10	Family Physician Flag	O	O	R	*	C	*	*	*	*	N
11	Ambulatory Registration Number/ Encounter Number (2001)	C	*	*	*	*	*	*	*	*	*
12	Ambulatory Registration/ Encounter Sequence Number	*	*	*	*	*	*	*	*	*	*
13	Visit MIS FC Account Code	C	C	*	*	*	*	*	*	*	*
14	Admit via Ambulance	*	C	*	*	*	C	*	*	C	*
15	Ambulance Call Number	*	C	*	*	*	*	*	*	*	*
16	Living Arrangement	*	*	*	*	*	*	*	*	*	C
17	Residence Type	*	*	*	*	*	*	*	*	*	C
18	Visit Type	R	C	C	C	*	*	*	*	*	N
19	Ambulatory Visit Status/ Type of Visit (2001)	*	*	*	*	*	*	*	*	*	*
20	Mode of Visit/ Contact	C	C	*	*	*	*	*	*	*	*
21	Highest Level of Education	*	*	*	*	*	*	*	*	*	C
22	Arrival Date	*	*	C	*	*	*	*	*	*	N
23	Arrival Time	*	*	C	*	*	*	*	*	*	N
24	Triage Date	C	*	*	*	*	*	*	*	*	N
25	Triage Time	C	*	*	*	C	*	*	*	*	N
26	Triage Level	C	C	C	*	*	C	*	*	*	*

Current NACRS Schema		ICD-10-CA									
Data Element ID Number	Data Element Description	2011–2012	2010–2011	2009–2010	2008–2009	2007–2008	2006–2007	2005–2006	2004–2005	2003–2004	2002–2003
27	Date of Registration/ Visit	*	*	*	*	*	*	*	*	*	*
28	Registration/ Visit Time	*	*	*	*	*	*	*	*	*	*
29	Date of Physician Initial Assessment	C	C	C	*	*	*	*	*	*	N
30	Time of Physician Initial Assessment	C	C	C	*	*	*	*	*	C	N
31	Referral Source Prior to Ambulatory Care Visit	C	C	C	C	*	*	*	C	*	C
32	Institution From	*	C	C	C	*	*	*	*	*	N
33	Decision to Admit Date	O	O	O	O	R	*	*	*	*	N
34	Decision to Admit Time	O	O	O	O	R	*	*	*	C	*
35	Visit Disposition	C	C	C	*	*	*	C	*	C	C
36	Date Visit Completed	O	O	O	O	R	*	*	*	*	*
37	Time Visit Completed/ Disposition Time (2001)	O	O	O	O	R	C	*	*	*	*
38	Referred To—After Completion of Ambulatory Care Visit	C	*	C	*	*	*	*	C	*	C
39	Institution To	C	C	C	C	*	*	*	*	*	N
40	Provider Type/Primary Provider Type (2001)	C	C	C	*	C	*	*	*	*	C
41	Service Provider/ Provider Type (2001)	C	C	C	C	C	C	C	*	C	C
42	Service Provider ID Number	C	C	C	*	*	*	*	*	*	F

Current NACRS Schema		ICD-10-CA									
Data Element ID Number	Data Element Description	2011–2012	2010–2011	2009–2010	2008–2009	2007–2008	2006–2007	2005–2006	2004–2005	2003–2004	2002–2003
43, 43 (a–i)	Main and Other Problem Prefix	C	C	C	C	*	C	*	*	C	N
44	Main Problem	*	C	*	*	*	*	*	*	*	F
45 (a–i)	Other Problem(s)	*	C	C	*	*	*	*	*	*	F
45 (a–i)	External Cause of Injury/Poisoning (2001—separate data element)	C	*	*	*	*	*	*	*	*	C
45 (a–i)	Place of Occurrence/Activity When Injured (2001—separate data element)	*	*	*	*	*	*	*	*	*	C
46	Main Intervention	*	*	*	*	*	*	*	*	*	F
47 (a–i)	Other Intervention(s)	*	*	*	*	*	*	*	*	*	F
48, 48 (a–i)	Status Attribute (Main and Other)	C	C	*	*	*	*	*	*	*	N
49, 49 (a–i)	Location Attribute (Main and Other)	C	C	*	*	*	*	*	*	*	N
50, 50 (a–i)	Extent Attribute (Main and Other)	C	C	*	*	*	*	*	*	*	N
51 (a–i)	Duration of Ambulatory Care Intervention for Main and Other Interventions	C	C	*	*	*	*	*	*	*	N
52, 52 (a–i)	Intervention Location Code for Main and Other Interventions	C	*	*	*	*	*	*	*	C	N
53	Anaesthetic Technique	C	*	C	*	*	*	C	*	*	C

Current NACRS Schema		ICD-10-CA									
Data Element ID Number	Data Element Description	2011–2012	2010–2011	2009–2010	2008–2009	2007–2008	2006–2007	2005–2006	2004–2005	2003–2004	2002–2003
54	Died During Intervention Flag	O	R	*	*	*	*	*	*	*	N
55	Out-of-Hospital Indicator	*	C	*	*	*	*	*	*	*	N
56	Out-of-Hospital Institution Number	*	*	*	*	*	*	*	*	*	N
57	Blood Transfusion Indicator	*	C	*	*	*	*	*	*	*	*
58	Blood Components/Products—Red Blood Cells	*	C	C	*	*	*	*	*	*	C
59	Platelets	*	C	C	*	*	*	*	*	*	C
60	Plasma	*	C	C	*	*	*	*	*	*	C
61	Albumin	*	C	C	*	*	*	*	*	*	C
62	Other	*	C	C	*	*	*	*	*	*	C
63	Autologous	*	C	C	*	*	*	*	C	*	N
64	Units of Blood Transfused—Red Blood Cells	*	*	*	*	*	*	*	*	*	*
65	Platelets	*	*	*	*	*	*	*	*	*	*
66	Plasma	*	*	*	*	*	*	*	*	*	*
67	Albumin	*	*	*	*	*	*	*	*	*	*
68	Other	*	*	*	*	*	*	*	*	*	*
69	Therapeutic Abortion Information—Number of Previous Term Deliveries	C	C	C	*	*	*	*	*	*	C, F
70	Number of Previous Pre-Term Deliveries	C	C	C	*	*	*	*	*	*	N
71	Number of Previous Spontaneous Abortions	C	C	C	*	*	*	*	*	*	C, F

Current NACRS Schema		ICD-10-CA									
Data Element ID Number	Data Element Description	2011–2012	2010–2011	2009–2010	2008–2009	2007–2008	2006–2007	2005–2006	2004–2005	2003–2004	2002–2003
72	Number of Previous Therapeutic Abortions	C	C	C	*	*	*	*	*	*	C, F
73	Gestational Age—Therapeutic Abortion	C	C	C	*	*	*	*	*	*	C
74	Date of Last Menses	C	C	C	*	*	*	*	*	*	*
75 (a–j)	MIS FC Account Code	C	C	*	*	*	*	*	F	*	*
76	Service Recipient—Specific Direct Cost	O	O	O	O	O	O	O	R	*	*
77	Service Recipient—Specific Indirect Cost	O	O	O	O	O	O	O	R	*	*
78	Traceable Supplies/ Patient-Specific Supplies (2001)	O	O	O	O	O	O	O	R	*	*
79	Project Number	*	C	*	*	*	*	*	*	*	N
80–96	Special Project Fields	C	C	*	*	*	*	*	*	*	N
97	PCTAS Indicator	O	R	*	*	*	*	*	*	N	O
98	Program Area	C	C	*	*	*	*	*	*	N	O
99	Scheduled ED Visit Indicator	R	C	*	C	*	*	*	*	N	O
100	Glasgow Coma Scale	*	C	C	C	*	*	*	*	N	O
101	Seatbelt Indicator	C	*	*	*	*	*	*	*	N	O
102	Helmet Indicator	C	*	*	C	*	*	*	N	O	O
103	Level of Care/ Service Recipient	*	*	*	*	*	*	*	N	O	O
104	Referral Date	*	*	*	*	*	*	*	N	O	O
105	Vendor MAC	*	*	*	*	*	*	*	N	O	O
106	Vendor CACS	*	*	*	*	*	*	*	N	O	O

Current NACRS Schema		ICD-10-CA									
Data Element ID Number	Data Element Description	2011–2012	2010–2011	2009–2010	2008–2009	2007–2008	2006–2007	2005–2006	2004–2005	2003–2004	2002–2003
107	Vendor RIW/ACW (2004 to 2005)	*	*	*	*	*	C	*	N	O	O
108	Complete Record	*	*	*	*	*	*	*	N	O	O
109	Main Intervention Date	C	C	*	*	*	*	*	N	O	O
110	Main Intervention Start Time	C	C	*	*	*	*	*	N	O	O
111 (a–i)	Other Intervention Start Date	C	C	*	*	*	*	*	N	O	O
112 (a–i)	Other Intervention Start Time	C	C	*	*	*	*	*	N	O	O
113 (#43 R Code—2003 to 2005)	Reason for Visit/Chief Complaint	R	*	C	*	*	N	O	O	O	O
114	Disposition Date	C	*	*	*	N	O	O	O	O	O
115	Disposition Time	C	*	*	*	N	O	O	O	O	O
116	Date Patient Left Emergency Department	*	C	*	*	N	O	O	O	O	O
117	Time Patient Left Emergency Department	*	C	*	*	N	O	O	O	O	O
118	Ambulance Arrival Date	C	C	N	O	O	O	O	O	O	O
119	Ambulance Arrival Time	C	C	N	O	O	O	O	O	O	O
120	Ambulance Transfer of Care Date	C	C	N	O	O	O	O	O	O	O
121	Ambulance Transfer of Care Time	C	C	N	O	O	O	O	O	O	O
122	Clinical Decision Unit/ Observation Unit Flag	C	C	N	O	O	O	O	O	O	O

Current NACRS Schema		ICD-10-CA									
Data Element ID Number	Data Element Description	2011–2012	2010–2011	2009–2010	2008–2009	2007–2008	2006–2007	2005–2006	2004–2005	2003–2004	2002–2003
123	Clinical Decision Unit Date In	C	C	N	O	O	O	O	O	O	O
124	Clinical Decision Unit Time In	C	C	N	O	O	O	O	O	O	O
125	Clinical Decision Unit Date Out	C	C	N	O	O	O	O	O	O	O
126	Clinical Decision Unit Time Out	C	C	N	O	O	O	O	O	O	O
127, 127 (a–i)	Problem Cluster for Main Problem (Main and Other)	C	*	N	O	O	O	O	O	O	O
128	Submission Level Code	*	C	N	O	O	O	O	O	O	O
129	Access to Primary Health Care Code	*	*	N	O	O	O	O	O	O	O
130	Specialist Consult Request Date	C	N	O	O	O	O	O	O	O	O
131	Specialist Consult Request Time	C	N	O	O	O	O	O	O	O	O
132	Specialist Consult Request Service	C	N	O	O	O	O	O	O	O	O
133	Date of Non-Physician Initial Assessment (DNPIA)	C	N	O	O	O	O	O	O	O	O
134	Time of Non-Physician Initial Assessment (TNPIA)	C	N	O	O	O	O	O	O	O	O
135	Non-Physician Initial Assessment Provider Service (NPIAPS)	C	N	O	O	O	O	O	O	O	O

Current NACRS Schema		ICD-10-CA									
Data Element ID Number	Data Element Description	2011–2012	2010–2011	2009–2010	2008–2009	2007–2008	2006–2007	2005–2006	2004–2005	2003–2004	2002–2003
136 (a–c)	Presenting Complaint List	C	N	O	O	O	O	O	O	O	O
137 (a–c)	Emergency Department (ED) Discharge Diagnosis	C	N	O	O	O	O	O	O	O	O
138	Status After Triage	N	O	O	O	O	O	O	O	O	O
139	ED Visit Indicator	N	O	O	O	O	O	O	O	O	O
140	Vendor Age Category	N	O	O	O	O	O	O	O	O	O
141	Vendor Anaesthetic Category	N	O	O	O	O	O	O	O	O	O
142	Vendor IT Total Count	N	O	O	O	O	O	O	O	O	O
143	Consult Arrival Date	N	O	O	O	O	O	O	O	O	O
144	Consult Arrival Time	N	O	O	O	O	O	O	O	O	O

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