Glossary of Terms

Term	Definition
Ambulatory Care Group	Service area primarily responsible for the patient's care and treatment. NACRS captures several ambulatory care groups: emergency department, day surgery, diagnostic imaging and numerous clinic visits (including renal dialysis, cardiac catheterization, oncology and mental health).
Duplicates	Abstracts with identical values for all data elements except the following: am_care_key, abstract_id_number and date_recorded. A potential source of duplicates is the cloning function included in many abstracting systems. Using this feature, a facility can copy an abstract from a previous visit and reuse the data that is applicable to a subsequent visit. Information that is unique to each visit, like registration date, should be updated. If updating does not occur, multiple records may appear as duplicates.
Encrypted Health Care Number	Health Care Number (HCN) is replaced with an encrypted HCN, which can be used to link records across fiscal years within NACRS and across CIHI's data holdings. A valid value of 0, 1 or 9 in the HCN field is encrypted to the value of 000000000000, which is the same value applied to invalid HCNs.
Item Non-Response	Item non-response or partial non-response refers to missing or unknown information within data elements at the record level. Abstracts that have missing data for NACRS-mandated data elements are rejected from the database.
Multiple Contact Record (MCR)	A NACRS record should represent a single ambulatory care visit, but facilities may submit multiple records for a single visit when the patient receives care or treatment from service providers who are not routinely involved in patient care delivery within the service area. These additional records are referred to as multiple contact records.
NACRS Pick-Lists	Standardized lists from which predefined words or phrases can be selected. NACRS contains two pick-lists that may be used for ED abstracts: • The Presenting Complaint List (PCL) consists of approximately 165 common initial complaints received from patients entering the ED. • The Canadian Emergency Department Diagnoses Shortlist (CED-DxS) consists of a subset of more than 800 diagnoses derived from a complete list of more than 17,000 ICD-10-CA codes used to capture diagnostic information on acute and ambulatory care patients in Canada.
Over-Coverage (Institution Level)	When institutions that are not part of the population of reference are included in the frame.
Over-Coverage (Record Level)	When an institution creates multiple abstracts for the same visit.
Under-Coverage	When an institution should be part of the population of reference but is not included in the frame.
Unit Non-Response (Institution Level)	When an institution in the frame does not submit any data files for the entire fiscal year. This rate is calculated by dividing the number of institutions that did not submit any data by the number of institutions in the frame.
Unit Non-Response (Record Level)	When entire abstracts from an institution in the frame are missing. This rate is calculated by dividing the number of missing abstracts by the number of expected abstracts (that is, the sum of the submitted and missing abstracts). One source of record-level unit non-response in NACRS is records that did not pass the data quality checks to qualify for inclusion in the database and were therefore rejected. If corrections are not made before database closure, these abstracts are not included in NACRS.
Valid Facility Number	Designated by a ministry or department of health in a province/territory for an institution that is required to report data on ambulatory care visits to NACRS.