

National Rehabilitation Reporting System (NRS) Listing of Data Elements 2013-2014

Canadian Institute for Health Information

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Important Notice

UDSMR

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The FIM® instrument includes the following data elements:

- | | |
|---------------------------------------|---------------------------------|
| 41. Eating | 50. Transfers: Toilet |
| 42. Grooming | 51. Transfers: Tub or Shower |
| 43. Bathing | 52. Locomotion: Walk/Wheelchair |
| 44. Dressing—Upper Body | 53. Locomotion: Stairs |
| 45. Dressing—Lower Body | 54. Comprehension |
| 46. Toileting | 55. Expression |
| 47. Bladder Management | 56. Social Interaction |
| 48. Bowel Management | 57. Problem-Solving |
| 49. Transfers: Bed, Chair, Wheelchair | 58. Memory |

Listing of Data Elements—By Type of Assessment

In the following table, data elements are identified by admission, discharge and follow-up records. The “X” represents the data collection point and “(X)” indicates the option to modify (revise or add) data.

Data Element Number and Name	Admission	Discharge	Follow-Up (Optional)
Facility Identifiers			
1A. Facility Number or Code 1B. Facility Type 1C. Facility Size (Approved Beds) 1D. Facility Size (Operating Beds) 1F. Facility/Site Name 1G. Facility/Site Street Address 1H. Facility/Site City 1I. Facility/Site Province 1J. Facility/Site Postal Code 1K. Facility/Site Telephone Number 1L. Facility/Site Fax Number 1M. Facility/Site CEO/Administrator Name 1N. Facility Coordinator Name 1O. Facility Coordinator Telephone Number 1P. Facility Coordinator Fax Number 1Q. Facility Coordinator Email Address 1R. Primary Data Submission Contact Name 1S. Primary Data Submission Contact Telephone Number 1T. Primary Data Submission Contact Fax Number 1U. Primary Data Submission Contact Email Address 1V. Facility Corporation/Region Name 1W. Facility Corporation/Region CEO Name 1Y. Facility/Site Telephone Extension 1Z. Facility Coordinator Telephone Extension 1AA. Primary Data Submission Contact Telephone Extension 1AB. Secondary Data Submission Contact Name 1AC. Secondary Data Submission Contact Telephone Number			Submit to CIHI Prior to Start of Data Collection

Data Element Number and Name	Admission	Discharge	Follow-Up (Optional)
1AD. Secondary Data Submission Contact Fax Number			
1AE. Secondary Data Submission Contact Email Address			
1AF. Secondary Data Submission Contact Telephone Extension			
Client Identifiers			
2. Assessment Type	X	X	X
3. Program Type	X		
4. Chart Number	X	X	X
5. Health Care Number	X		
6. Province/Territory Issuing Health Care Number	X		
Socio-Demographic Data			
7. Sex	X		
8. Birthdate	X		
9. Estimated Birthdate	X		
10. Primary Language	X		
11A. Country of Residence	X		
11B. Postal Code of Residence	X		
11C. Province/Territory of Residence	X		
11D. Residence Code	X		
12. Pre-Hospital Living Arrangements	X		
13. Post-Discharge Living Arrangements		X	
14. Pre-Hospital Living Setting	X		
15. Post-Discharge Living Setting		X	
16. Informal Support Received	X	X	X
17. Pre-Hospital Vocational Status	X		
18. Post-Discharge Vocational Status		X	
76. Follow-Up Living Arrangements			X
77. Follow-Up Living Setting			X
78. Follow-Up Vocational Status			X
87. Aboriginal Status	X		

Data Element Number and Name	Admission	Discharge	Follow-Up (Optional)
Administrative Data			
19A. Admission Class	X	(X)	
19B. Readmission Within 1 Month	X		
19C. Readmission Planned or Unplanned	X		
20A. Date Ready for Admission Known	X		
20B. Date Ready for Admission	X		
21. Admission Date	X		
22. Referral Source	X		
23A. Referral Source Province/Territory	X		
23B. Referral Source Facility Number	X		
24. Responsibility for Payment	X	(X)	
25A. Service Interruption Start Date		X	
25B. Service Interruption Return Date		X	
25D. Service Interruption Transfer Status		X	
28A. Provider Type(s)		X	
28B. Provider Type ID Number		X	
29. Date Ready for Discharge		X	
30. Discharge Date *if 19A = 4	X*	X	
31. Reason for Discharge		X	
32. Referred To		X	
33A. Referred to Province/Territory		X	
33B. Referred to Facility Number		X	
72. Follow-Up Assessment Date			X
73A. Hospitalizations Since Discharge			X
73B. Days in Hospital			X
74. Respondent Type			X
90A. Primary Reason for Waiting for Discharge		X	
90B. Secondary Reason for Waiting for Discharge		X	
Health Characteristics			
34. Rehabilitation Client Group (RCG)	X	(X)	
38. ASIA Impairment (Spinal Cord Injury)	X		
39. Date of Onset	X		

Data Element Number and Name	Admission	Discharge	Follow-Up (Optional)
Health Characteristics (cont)			
40A. Height	X	X	
40B. Weight	X	X	
80. Most Responsible Health Condition ICD-10-CA	X	(X)	
81. Pre-Admit Comorbid Health Condition ICD-10-CA	X		
82. Post-Admit Comorbid Health Condition ICD-10-CA		X	
83. Transfer or Death Health Condition ICD-10-CA *if 19A = 4	X*	X	
84. Service Interruption Reason ICD-10-CA		X	
85. Health Condition Reason For Hospitalization ICD-10-CA			X
86. Pre-Admit Comorbid Procedure or Intervention CCI	X		
Activities and Participation			
41. Eating—FIM® instrument	X	X	X
42. Grooming—FIM® instrument	X	X	X
43. Bathing—FIM® instrument	X	X	X
44. Dressing—Upper Body—FIM® instrument	X	X	X
45. Dressing—Lower Body—FIM® instrument	X	X	X
46. Toileting—FIM® instrument	X	X	X
47. Bladder Management—FIM® instrument	X	X	X
48. Bowel Management—FIM® instrument	X	X	X
49. Transfers: Bed, Chair, Wheelchair—FIM® instrument	X	X	X
50. Transfers: Toilet—FIM® instrument	X	X	X
51. Transfers: Tub or Shower—FIM® instrument	X	X	X
52. Locomotion: Walk/Wheelchair—FIM® instrument	X	X	X
53. Locomotion: Stairs—FIM® instrument	X	X	X
54. Comprehension—FIM® instrument	X	X	X
55. Expression—FIM® instrument	X	X	X
56. Social Interaction—FIM® instrument	X	X	X
57. Problem-Solving—FIM® instrument	X	X	X
58. Memory—FIM® instrument	X	X	X
59. Impact of Pain	X	X	X

Data Element Number and Name	Admission	Discharge	Follow-Up (Optional)
Activities and Participation (cont'd)			
60. Meal Preparation	X	X	X
61. Light Housework	X	X	X
62. Heavy Housework	X	X	X
64. Communication—Verbal/Non-Verbal Expression	X	X	X
65. Communication—Written Expression	X	X	X
66. Communication—Auditory/ Non-Auditory Comprehension	X	X	X
67. Communication—Reading Comprehension	X	X	X
68. Financial Management	X	X	X
69. Orientation	X	X	X
70. General Health Status	X	X	X
75. Reintegration to Normal Living			X
79. Glasses/Hearing Aid Flag	X	X	X
Projects Fields			
88A. Project Code 1	X	X	X
88B. Project Data 1	X	X	X
89A. Project Code 2	X	X	X
89B. Project Data 2	X	X	X