



NACRS

# Data Elements

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2023–2024



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# NACRS Data Elements, 2023–2024

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 latest version of the *NACRS Abstracting Manual*.

## NACRS Data Elements, 2023–2024

### Legend

M — mandatory; O — optional; M\* — conditional mandatory; NA — not applicable

**Note:** The status of a data element as mandatory, optional or conditional mandatory may vary due to service type and/or jurisdiction. A shaded text cell with a dagger symbol (†) indicates a jurisdictional variation to the data element reporting status. The *NACRS Abstracting Manual* should be referenced for details.

NACRS Data Elements	Data Element Name	Data Element Number	Description	ED			Day Surgery	Clinic Lite	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 of the submitting facility.	M	M	M	M	M	M
	Reporting Facility's Ambulatory Care Number	00B	A code assigned to a facility by the provincial/territorial Ministry or Department of Health which identifies the facility and the level of care submitted.	M	M	M	M	M	M
	Submission Fiscal Year	00C	The reporting fiscal year (April 1 to March 31) when the patient's visit occurred.	M	M	M	M	M	M

NACRS Data Elements	Data Element Name	Data Element Number	Description	ED			Day Surgery	Clinic Lite	Other Amb. Care
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<b>Submission Data (continued)</b>	Submission Period	00D	The date interval when the patient's visit occurred.	M	M	M	M	M	M
	Abstract Identification Number	00E	Unique identification number assigned to each record submitted to NACRS.	M	M	M	M	M	M
	Coder Number	00F	Facility-assigned number that identifies the person responsible for completing the abstract.	M	M	M	M	O	M
	Chart Number	01	Facility-assigned unique identification number for the patient.	M	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	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*	O	M*
	Complete Record	108	A flag identifying where data collection is finished but the abstract is incomplete or information needed for comprehensive data collection is incomplete.	O	O	O	O	O	O
	Submission Level Code	128	Identifies the data submission level of the record.	M	M	M	M	M	M

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<b>Patient/Client Demographic Data</b>	Health Care Number	02	Patient's unique health care coverage number.	M	M	M	M	M	M
	Province/Territory Issuing Health Care Number	03	Province/territory or federal government from which the health care number was issued.	M	M	M	M	M	M
	Responsibility for Payment	04	Identifies the primary source responsible for payment of service(s) rendered.	M	M	M	M	O	M
	Postal Code	05	A code assigned by Canada Post to identify the geographic location of the patient's place of residence.	M	M	M	M	M	M
	Residence Code	06	Jurisdiction defined code that identifies the area in which the patient resides.	O †	O †	O †	O †	O	O †
	Recorded Sex or Gender	07	Alpha character describing the sex of the patient.	M	M	M	M	M	M
	Birth Date	08	The date the patient was born.	M	M	M	M	M	M
	Birth Date Is Estimated	09	A flag that indicates the Birth Date has unknown day/month/year or an estimated year of birth.	M*	M*	M*	M*	M*	M*
	Highest Level of Education	21	Highest level of education completed by the patient.	O	O	O	O	O	O
	Access to Primary Health Care Code	129	Identifies whether a patient has access to primary health care through a family physician, family health team, walk-in clinic or in other settings.	O	O	M	O	O	O

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<b>Patient/Client Demographic Data (continued)</b>	Indigenous Identity	186	Indigenous Identity describes the patient self-identifying as First Nations, Métis and/or Inuk/Inuit.	O	O	O	O	O	O
	Racialized Groups	187	Racialized Groups describes the patient's racial background (as identified by the patient).	O	O	O	O	O	O
<b>Ambulance Data</b>	Admit via Ambulance	14	Identifies whether a patient arrives at the reporting facility via ambulance and the type of ambulance that was used.	M	M	M	M	O	M
	Ambulance Arrival Date/Time	118/119	Date and time when the ambulance pulls into the hospital driveway and arrives at the hospital.	O †	O †	O †	NA	O	NA
	Ambulance Transfer of Care Process Date/Time	120/121	Date and time when the ambulance personnel turn over care of the patient to ED/hospital staff.	O †	O †	O †	NA	O	NA
<b>Triage Data</b>	Triage Date and Time	24/25	Date and time when the patient is triaged in the ED.	M*	M*	M*	NA	O	NA
	Triage Level (CTAS)	26	Categorizes the patient according to the type and severity of the patient's initial presenting signs and symptoms using the CTAS scale.	M*	M*	M*	NA	O	NA

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<b>Triage Data (continued)</b>	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	O	NA
<b>Arrival and Visit Type Data</b>	Mode of Visit/ Contact	20	The method of contact between the provider and the patient.	O	O	M	M	M	M
	Arrival Date and Time	22/23	Date and time the patient arrives at the emergency department for services.	O	O	O	NA	O	NA
	Date of Registration/Visit	27	Date when the patient is officially registered for emergency or ambulatory care services.	M	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	M*
	Referral Source Prior to Ambulatory Care Visit	31	Identifies the person/ agency that referred the patient for emergency or ambulatory care service in the reporting facility.	O	O	M	O	O	O
	Institution From	32	Identifies another health care facility or another level of care within the reporting facility from which the patient was transferred for further care.	O	O	M*	M*	O	O

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<b>Arrival and Visit Type Data (continued)</b>	Referral Date	104	Date the patient was referred to an ambulatory care service.	O	O	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	O	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	O	NA
<b>Provider Data</b>	Provider Type	40	Identifies the role played by the health care providers in association with the patient's visit.	O	O	M*	M*	O	M* †
	Provider Service	41	Identifies the service(s) of the health professional(s) responsible for provision of services to the patient during the visit.	O	O	M*	M*	O	M*
	Provider Number	42	Identification number associated with the provider responsible for provision of services to the patient during the visit.	O †	O †	M*	M*	O	M*
	Program Area	98	Identifies the program area providing service.	O	O	M*	M*	O	M*



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<b>Assessment and Consultation Data</b>	Date and Time of Physician Initial Assessment	29/30	Date and time when patient was first assessed by a physician in the ED.	M*	M*	M*	NA	O	NA
	Main and Other Problem Prefix	43	A code that provides additional information relating to the ICD-10-CA code to which it is assigned.	O	O	O	O†	O	O
	Main Problem	44	ICD-10-CA code that describes the most clinically significant diagnosis, condition, problem or circumstance for the client's visit.	O	O	M	M	O	M
	Other Problem	45	ICD-10-CA code that describes other diagnosis, condition, problem or circumstance for the patient's visit.	O	O	M*	M*	O	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.	O	O	M*	M*	O	M*
	Consult Request Date and Time	130/131	Date and time when the initial request for a provider consultation was made.	O†	O†	O†	O	O	O
	Consult Request Service	132	Identifies the service of the provider requested for consultation.	O†	O†	O†	O	O	O

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<b>Assessment and Consultation Data (continued)</b>	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	O	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	O	NA
	ED Discharge Diagnosis	137	The patient's diagnosis at the time of discharge from the emergency department.	O †	M*	O †	NA	O	NA
	Consult Arrival Date and Time	143/144	Date and time when the consultant's service begins.	O †	O †	O †	O	O	O
<b>Intervention Data</b>	Main Intervention	46	The intervention performed and considered the most clinically significant.	O	O	M*	M*	O	M*
	Other Intervention(s)	47	Other intervention(s) performed to consolidate treatment and diagnosis in addition to the Main Intervention.	O	O	M*	M*	O	M*
	Main and Other Attributes — Status/Location/Extent	48–50	Characters which provide additional details not present within the generic structure of the CCI codes.	O	O	M*	M*	O	M*
	Duration of Ambulatory Care Intervention for Main and Other Intervention(s)	51	The length of time it took to complete the intervention.	O	O	O	O †	O	O †

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<b>Intervention Data (continued)</b>	Intervention Location Code for Main and Other Intervention(s)	52	The location in a facility where an intervention took place.	O	O	O	M* †	O	M*
	Anaesthetic Technique	53	Denotes the method of anaesthesia administered to the patient during the intervention.	O	M*	M*	M*	O	M*
	Out of Hospital Indicator	55	Indicates that an intervention was performed in the day surgery or other ambulatory care setting outside of the reporting facility during the current emergency or ambulatory care visit.	O	O	M*	M*	O	M*
	Out of Hospital Institution Number	56	Indicates the ambulatory setting of another facility where the out of hospital service (intervention) was performed.	O	O	M*	M*	O	M*
	Main Intervention Start Date/Time	109/110	Date and time when the main intervention started.	O	O	O	M*	O	M*
	Other Intervention Start Date/Time	111/112	Date and time when other interventions started.	O	O	O	M*	O	M*

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<b>Intervention Data (continued)</b>	ED Intervention Value Set	173	The ED Intervention Value Set is a list of specific interventions performed by health care providers during an emergency department encounter for diagnosis or treatment of the patient.	O	O	O	NA	O	NA
	Number of Emergency Department Investigative Technologies Performed	175	Number of Emergency Department Investigative Technologies Performed indicates the number of times an investigative technology intervention from the ED Intervention Value Set (data element 173a–f) is performed.	M*	M*	M*	NA	O	NA
<b>Mental Health Data</b>	Legal Status Upon Arrival to ED	170	Identifies the status of the patient at the time of arrival to the ED of the reporting facility.	O	O	M*	NA	O	NA
	Type of Restraint	171	Identifies the use of control interventions to restrain a patient during their stay in the ED. Chemical restraints are excluded from data collection.	O	O	M*	NA	O	NA
	Frequency of Restraint Use	172	Identifies the amount of time restraints were used during a patient's stay in the ED.	O	O	M*	NA	O	NA

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<b>Clinical Decision Unit Data</b>	Clinical Decision Unit Flag	122	Indicates if the patient was placed in a clinical decision unit during the emergency visit.	O †	O †	O †	NA	O	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	O	NA
	Clinical Decision Unit Date Out/ Time Out	125/126	Date and time when the patient leaves the clinical decision unit.	M*	M*	M*	NA	O	NA
<b>Separation Data</b>	Visit Disposition	35	Patient's type of separation from the ambulatory care service after registration.	M	M	M	M	M	M
	Referred To — After Completion of Ambulatory Care Visit	38	Describes a person or agency to which the patient was referred after discharge from the reporting facility.	O	O	O	O	O	O
	Institution To	39	Identifies the institution number of another health care facility or another level of care within the reporting facility where the patient was transferred to for further care.	O	O	M*	M*	O	O
	Disposition Date/Time	114/115	Date and time the decision was made about the patient's disposition.	M	M	M	M	O	M*
	Date and Time Patient Left Emergency Department (ED)	116/117	Date and time the patient physically leaves the ED.	M*	M*	M*	NA	O	NA

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<b>MIS Information</b>	Visit MIS Functional Centre Account Code	13	Account number for statistical and financial reporting related to the service provided.	M	M	M	M	M	M
	MIS Functional Centre Account Code	75	A list of MIS Standards Functional Centre Account codes related to the services provided during an ambulatory care visit.	O	O	O	O	O	O
<b>CACS Grouper Output</b>	Vendor MAC/CACS/RIW	105–107	Vendor-assigned MAC/CACS/RIW values populated by the vendor software (grouping methodology).	NA	NA	O	O	O	O
	Vendor Age and Vendor Anaesthetic Category	140/141	Vendor-assigned CACS category codes. This value is populated by the vendor software.	NA	NA	O	O	O	O
	Vendor IT Total Count	142	A distinct count of the total number of Investigative Technology categories found on the abstract.	NA	NA	O	O	O	O
<b>Blood Information</b>	Blood Transfusion Indicator	57	Identifies whether or not a patient received a blood transfusion during the episode of care.	O	O	M †	M †	O	M †
	Blood Products/Components	58–63, 177–185	Blood products or components transfused and received during the episode of care.	O	O	M †	M †	O	M †

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<b>Therapeutic Abortion Information</b>	Number of Previous Term Deliveries	69	The number of previous full-term deliveries (37 or more completed weeks) for the patient.	O	O	M* †	M* †	O	M* †
	Number of Previous Pre-Term Deliveries	70	The number of previous pre-term deliveries (20 to 36 completed weeks) for the patient.	O	O	M* †	M* †	O	M* †
	Number of Previous Spontaneous Abortions	71	The number of previous spontaneous abortions (miscarriages) for the patient.	O	O	M* †	M* †	O	M* †
	Number of Previous Therapeutic Abortions	72	The number of previous therapeutic abortions for the patient.	O	O	M* †	M* †	O	M* †
	Gestational Age — Therapeutic Abortion	73	Records the duration of gestation.	O	O	M* †	M* †	O	M* †
	Date of Last Menses	74	Calendar date of the patient's last menses.	O	O	M* †	M* †	O	M* †
<b>Special Projects Fields</b>	Special Projects	145–169	Used to collect supplemental data required to meet the information needs of CIHI, the provinces/territories and health care facilities.	M*	M*	M*	M*	O	M*

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<b>Injury Information</b>	Glasgow Coma Scale	100	A clinical scoring system to assess the response of neurologically impaired patients.	O	O	M*	M*	O	NA
	Seatbelt Indicator	101	Denotes whether a patient was wearing a seatbelt at the time of the motor vehicle accident.	O	O	M*	NA	O	NA
	Helmet Indicator	102	Denotes whether a patient was wearing a helmet at the time of the accident where helmet use would be warranted.	O	O	M*	NA	O	NA
<b>Hip and Knee Prosthesis Information (CJRR)</b>	Reporting Facility Ambulatory Care Number	CJ00B	Reporting Facility Ambulatory Care Number is the 5-character code assigned to a facility by the provincial/territorial ministry or department of health, which identifies the facility and the level of care of the data submitted.	NA	NA	M*	M*	NA	M*
	Submission Period	CJ00D	Submission Period identifies the date interval when the patient's visit occurred.	NA	NA	M*	M*	NA	M*
	Abstract ID Number	CJ00E	Abstract Identification Number is a unique identification number assigned to each record submitted to NACRS.	NA	NA	M*	M*	NA	M*



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<b>Hip and Knee Prosthesis Information (CJRR)</b> <b>(continued)</b>	CJRR Intervention	CJ46	CJRR Intervention identifies the CCI code of the eligible CJRR intervention.	NA	NA	M*	M*	NA	M*
	Status Attribute	CJ48	Attributes are 2 characters that provide extra detail not present within the generic structure of the CCI codes.	NA	NA	M*	M*	NA	M*
	Location Attribute	CJ49	Attributes are 2 characters that provide extra detail not present within the generic structure of the CCI codes.	NA	NA	M*	M*	NA	M*
	Revision Reason	CJ01	The Revision Reason indicates the patient's most responsible reason for revision (determined post-operatively) for the involved joint.	NA	NA	M*	M*	NA	M*
	A/B Side	CJ02	Side indicates whether a right or left joint replacement intervention was performed.	NA	NA	M*	M*	NA	M*
	A/B Cement	CJ03	Cement indicates the name of the cement used.	NA	NA	M*	M*	NA	M*
	A/B Cement Other	CJ04	Cement Other indicates the name of the cement if OTH (Mix/Other) is indicated in the Cement field (CJ03).	NA	NA	M*	M*	NA	M*

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<b>Hip and Knee Prosthesis Information (CJRR) (continued)</b>	A/B Cement Product Number	CJ05	Cement Product Number indicates the product (reference, catalogue or other) number of the cement used for the intervention.	NA	NA	M*	M*	NA	M*
	A/B Cement Lot Number	CJ06	Cement Lot Number indicates the lot number of the cement used for the intervention.	NA	NA	M*	M*	NA	M*
	A–F Component	CJ07	Component indicates the type of the prosthesis component.	NA	NA	M*	M*	NA	M*
	01–42 Manufacturer	CJ08	Manufacturer indicates the manufacturer of the implant component.	NA	NA	M*	M*	NA	M*
	01–42 Manufacturer Other	CJ09	Manufacturer Other indicates the manufacturer of the component if Other is indicated in the Manufacturer field (data element CJ08).	NA	NA	M*	M*	NA	M*
	01–42 Product Number	CJ10	The Product Number indicates the product (reference, catalogue or other) number of the component used for the procedure.	NA	NA	M*	M*	NA	M*
	01–42 Lot Number	CJ11	Lot Number indicates the lot number of the component used for the intervention.	NA	NA	M*	M*	NA	M*



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