



Data Quality Documentation, Discharge Abstract
Database—Current-Year Information, 2013–2014

Standards and Data Submission



Canadian Institute
for Health Information

Institut canadien
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Abbreviations

Alta.	Alberta
B.C.	British Columbia
CAD	Clinical Administrative Databases
CCI	Canadian Classification of Health Interventions
CIHI	Canadian Institute for Health Information
DAD	Discharge Abstract Database
HCN	Health Care Number
HMDB	Hospital Morbidity Database
ICD-10-CA	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada
Man.	Manitoba
NACRS	National Ambulatory Care Reporting System
N.B.	New Brunswick
N.L.	Newfoundland and Labrador
N.S.	Nova Scotia
Nun.	Nunavut
N.W.T.	Northwest Territories
Ont.	Ontario
OOH	out-of-hospital
P.E.I.	Prince Edward Island
Que.	Quebec
Sask.	Saskatchewan
SCU	special care unit
Y.T.	Yukon

Purpose

This report, *Data Quality Documentation, Discharge Abstract Database—Current-Year Information*, is produced on a yearly basis and provides information on the quality of the data file for the relevant fiscal year. An associated report, *Data Quality Documentation, Discharge Abstract Database—Multi-Year Information*, provides background information to help users decide whether the data fits their needs. The *Data Quality Documentation, Discharge Abstract Database—Glossary of Terms* is also available.

Information on how to complete the Discharge Abstract Database (DAD) abstract, including detailed data element descriptions and collection instructions, can be found in the *DAD Abstracting Manual*. For a summary of the mandatory and optional DAD data elements, please refer to the [DAD Data Elements](#) document on CIHI's website.

Coverage

- The DAD contains data on separations from acute inpatient facilities and selected day surgery, chronic, rehabilitation and psychiatric facilities. Data is collected on separations with a discharge date between April 1 and March 31 of the given fiscal year.
- All acute inpatient facilities except those in Quebec are mandated by their provincial/territorial ministry/department of health to submit to the DAD.
- Submission of day surgery data to the DAD is also mandated in all provinces/territories except Nova Scotia, Quebec, Ontario and Alberta.
 - Nova Scotia, Ontario and Alberta facilities continue to submit their day surgery data to the National Ambulatory Care Reporting System (NACRS), as in previous years.

Information about NACRS can be found in *Data Quality Documentation, National Ambulatory Care Reporting System*.
- Quebec acute inpatient and day surgery data is submitted to CIHI via the ministère de la Santé et des Services sociaux du Québec. Information about the Hospital Morbidity Database (HMDB) can be found in *Data Quality Documentation, Hospital Morbidity Database*.
- Analysts are advised to use Analytical Institution Type Codes to identify acute inpatient and day surgery separations.
- Throughout the fiscal year, facilities may open, close or merge, resulting in changes to the number of reporting facilities. Of the acute and day surgery Institution Numbers reported in 2012–2013, 6 were no longer valid in 2013–2014 (1 facility closed, 1 facility stopped submitting to the DAD and 4 facilities changed their Institution Numbers). There were also 10 new Institution Numbers in 2013–2014 that did not exist in 2012–2013 (4 from Ontario and 6 from Newfoundland and Labrador). Additionally, 2 acute inpatient facilities from Yukon were identified for reporting to the DAD but did not submit any data to CIHI. Among these Yukon facilities, 1 has been missing submissions to the DAD since 2011–2012.

- The rate of over-coverage from potential extra acute and day surgery abstracts in the DAD in 2013–2014 was 0.002%. There were 48 potential extra acute care abstracts and 8 potential extra day surgery abstracts.
- There were no sources of under-coverage in the DAD in 2013–2014.

Non-Response

- Unit non-response refers to incomplete data that is submitted from facilities in the frame, whether at the facility or record level.
- The unit non-response rate at the facility level for acute inpatient facilities was 0.68% in the DAD in 2013–2014. This was because 2 Ontario facilities and 2 Yukon facilities did not submit any data to CIHI in 2013–2014 (a total of 321 missing abstracts).
- The unit non-response rate at the facility level for day surgery facilities was 0.67% in the DAD in 2013–2014. This was because 1 facility from the Northwest Territories did not submit any data to CIHI in 2013–2014.
- The unit non-response rate at the record level was 0.03% for acute inpatient abstracts and less than 0.01% for day surgery abstracts in the DAD in 2013–2014. These rates were the result of 6 facilities not submitting data for all or some periods in 2013–2014 (3 Ontario and 2 Yukon acute inpatient facilities and 1 Northwest Territories day surgery facility). All facilities that had no separations to report submitted data files indicating 0 separations.

Appendix A: DAD Data Tables

The following tables are based on the population of reference for the current fiscal year; the Analytical Institution Type Code was used to identify acute and day surgery facilities. The level of care of a facility may change over time due to hospital mergers or closures, or if CIHI's validation processes or analyses determine that it was previously incorrectly assigned. The totals reported in these tables reflect the levels of care recorded in the DAD at the time of database closure.

Table 1: Number of Valid Institution Numbers Used to Report Separations in the DAD, by Province/Territory and Analytical Institution Type for the Population of Reference, 2013–2014

Submitting Province/Territory	Acute Care	Day Surgery	Total
N.L.	34	15	49
P.E.I.	7	2	9
N.S.	32	N/A	32
N.B.	21	15	36
Que.	N/A	N/A	N/A
Ont.	169	N/A	169
Man.	73	26	99
Sask.	62	23	85
Alta.	95	N/A	95
B.C.	80	59	139
N.W.T.	4	3	7
Nun.	1	1	2
Y.T.	1	1	2
Total	579	145	724

Notes

* Although there were 742 valid acute and day surgery Institution Numbers on the DAD frame, 724 acute and day surgery Institution Numbers were used to report separations to the DAD in 2013–2014. This is because 9 acute and 4 day surgery facilities had no separations to report, and 4 acute facilities and 1 day surgery facility did not submit any data in 2013–2014.

N/A: Not applicable (Quebec facilities and day surgery facilities in Nova Scotia, Ontario and Alberta are not part of the DAD frame).

Source

Discharge Abstract Database, 2013–2014, Canadian Institute for Health Information.

Table 2: Number of Abstracts Submitted to the DAD, by Province/Territory and Analytical Institution Type for the Population of Reference, 2013–2014

Submitting Province/Territory	Acute Care	Day Surgery	Total N (%)
N.L.	54,680	84,000	138,680 (4.2)
P.E.I.	15,295	13,313	28,608 (0.9)
N.S.	92,482	N/A	92,482 (2.8)
N.B.	87,227	44,341	131,568 (4.0)
Que.	N/A	N/A	N/A
Ont.	1,140,353	N/A	1,140,353 (34.6)
Man.	129,781	106,906	236,687 (7.2)
Sask.	138,191	118,975	257,166 (7.8)
Alta.	393,765	N/A	393,765 (11.9)
B.C.	441,048	422,574	863,622 (26.2)
N.W.T.	5,561	3,299	8,860 (0.3)
Nun.	1,910	829	2,739 (0.1)
Y.T.	3,067	2,066	5,133 (0.2)
Total	2,503,360	796,303	3,299,663 (100.0)

Note

N/A: Not applicable (Quebec facilities and day surgery facilities in Nova Scotia, Ontario and Alberta are not part of the DAD frame).

Source

Discharge Abstract Database, 2013–2014, Canadian Institute for Health Information.

Table 3: Percentage Change in Volume of DAD Abstracts Between 2012–2013 and 2013–2014, by Province/Territory and Analytical Institution Type for the Population of Reference

Submitting Province/Territory	Acute Care	Day Surgery	Total
N.L.	-1.12	9.51	5.05
P.E.I.	-0.21	11.43	4.89
N.S.	-0.58	N/A	-0.58
N.B.	-1.19	1.94	-0.16
Que.	N/A	N/A	N/A
Ont.	0.66	N/A	0.66
Man.	-1.83	1.24	-0.47
Sask.	0.92	3.08	1.91
Alta.	2.13	N/A	2.13
B.C.	2.99	2.79	2.89
N.W.T.	0.42	15.31	5.49
Nun.	2.80	-3.27	0.88
Y.T.	-11.64	0.39	-7.16
Total	1.00	3.41	1.57

Note

N/A: Not applicable (Quebec facilities and day surgery facilities in Nova Scotia, Ontario and Alberta are not part of the DAD frame).

Source

Discharge Abstract Database, 2012–2013 and 2013–2014, Canadian Institute for Health Information.

Table 4: Number of Acute Care and Day Surgery Abstracts Submitted to the DAD With Missing, Invalid or Unknown Values in Selected Mandatory Fields, 2013–2014

Data Elements	Number of Acute and Day Surgery Abstracts With Missing, Invalid or Unknown Values	Percentage of Acute and Day Surgery Abstracts With Missing, Invalid or Unknown Values
HCN	23,853	0.7229
Province/Territory Issuing HCN	17,497	0.5303
Postal Code*	53,254	1.6139
Birthdate†	3	0.0001
Admission Time	118	0.0036
Gender	1	<0.0001
Discharge Time	3,574	0.1083
Entry Code	1	<0.0001
Most Responsible Diagnosis	11	0.0003
Principal Intervention	5	0.0002

Notes

* Full 6-digit postal codes that were not found in the latest Postal Code Conversion File from Statistics Canada (May 2011) are deemed invalid. Mini-postal codes that refer to a Canadian province/territory or to persons who are transient/homeless are deemed unknown.

† Invalid and unknown dates of birth include the following:

- Birth date January 1, 9999;
- Birth date September 1, 9999; and
- Combination of age code of U (unknown) and age units of 0.

Source

Discharge Abstract Database, 2013–2014, Canadian Institute for Health Information.

Table 5: Number of Abstracts Submitted to the DAD, by Province/Territory and Analytical Institution Type, 2013–2014

Submitting Province/Territory	Acute Care	Day Surgery	Rehab.	Special Rehab.	Chronic Care	Psych.	Other*	Total
N.L.	54,680	84,000	0	0	0	1,136	0	139,816
P.E.I.	15,295	13,313	0	0	0	104	0	28,712
N.S.	92,482	N/A	462	123	0	528	0	93,595
N.B.	87,227	44,341	589	0	1,573	286	8,535	142,551
Que.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ont.	1,140,353	N/A	0	237	888	631	0	1,142,109
Man.	129,781	106,906	0	0	42	215	3,885	240,829
Sask.	138,191	118,975	0	0	32	0	0	257,198
Alta.	393,765	N/A	2,044	0	0	3,749	5,244	404,802
B.C.	441,048	422,574	631	0	0	382	0	864,635
N.W.T.	5,561	3,299	0	0	66	0	0	8,926
Nun.	1,910	829	0	0	0	0	0	2,739
Y.T.	3,067	2,066	0	0	0	0	0	5,133
Total	2,503,360	796,303	3,726	360	2,601	7,031	17,664	3,331,045

Notes

* Other levels of care include sub-acute, unclassified, home for the aged and organized outpatient.

N/A: Not applicable (Quebec facilities and day surgery facilities in Nova Scotia, Ontario and Alberta are not part of the DAD frame).

Source

Discharge Abstract Database, 2013–2014, Canadian Institute for Health Information.

Appendix B: DAD Field Evolution by Fiscal Year

This information must be referenced when performing trending analysis on DAD data and is intended to be used in conjunction with the *DAD Abstracting Manual* (see the bibliography). Please refer to the *DAD Abstracting Manual* or contact CIHI for details behind these changes.

Legend	
*	No change to existing field
C	Change in field definition (including code value or collection instruction)
F	Change in field format
D	Deleted field
N	New field
O	Field did not exist that year

		ICD-10-CA/CCI Abstract										
Group and Field No.	Field	2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014
01 01	Institution Number	*	*	*	*	*	*	*	*	F	*	*
01 03	Batch Year	*	*	*	*	*	*	*	*	*	*	*
01 04	Batch Period	*	*	*	*	*	*	*	*	*	*	*
01 05	Batch Number	*	*	*	*	*	*	*	*	*	*	*
01 06	Abstract Number	*	*	*	*	*	*	*	*	*	*	*
01 08	Coder Number	*	*	*	*	*	*	F	*	*	*	*
01 09	Chart Number	*	*	*	*	*	*	*	*	*	*	*
01 10	Register Number	*	*	*	*	*	*	*	*	*	*	*
01 11	Second Chart/ Register Number	*	*	*	*	*	*	*	*	*	*	*
01 12	Maternal/Newborn Chart/Register Number	*	*	C	*	*	*	*	*	*	*	C
03 01	Health Care Number	*	*	*	*	F	C, F	C	*	*	*	*
03 02	Postal Code	*	*	*	*	C	*	*	*	C	*	*
03 03	Residence Code	*	*	*	*	*	*	*	*	*	*	*
03 04	Gender	*	*	*	*	*	*	*	*	*	*	*
03 05	Province/Territory Issuing HCN	*	*	*	*	*	C	C	*	*	*	*
03 06	Responsibility for Payment	*	*	*	*	*	*	*	*	*	*	*

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Group and Field No.	Field	ICD-10-CA/CCI Abstract										
		2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014
03 08	Birthdate	*	*	*	*	*	*	*	*	C	*	*
03 09	Birthdate Is Estimated	*	*	*	*	*	*	*	*	C	*	*
03 11–27	Provincial/Territorial Ancillary Data	*	*	*	*	*	*	*	C	*	*	*
04 01	Admission Date	*	*	*	*	*	*	*	*	*	*	*
04 02	Admission Time	*	*	*	*	*	*	*	*	C	*	*
04 04	Institution From	*	*	*	*	C	*	*	*	*	*	*
04 05	Admit Category	C	*	*	*	*	C	*	*	*	*	*
04 06	Entry Code	*	*	*	*	*	*	*	C	*	*	*
04 07	Admit via Ambulance	*	*	F	C, F	*	*	*	*	*	C	*
04 08	Readmission Code	*	*	C	*	*	C	*	*	*	*	*
04 11	ER Decision to Admit Date	*	*	*	*	D	O	O	O	O	O	O
04 12	ER Decision to Admit Time	*	*	*	*	D	O	O	O	O	O	O
04 13	Date Patient Left ED	*	*	*	*	*	*	*	*	*	*	*
04 14	Time Patient Left ED	*	*	F	*	*	*	C	*	*	*	*
05 01	Discharge Date	*	*	*	C	*	C	*	C	*	*	*
05 02	Discharge Time	*	*	*	C	*	C	*	*	C	*	*
05 04	Institution To	*	*	*	*	*	*	*	*	*	*	*
05 05	Discharge Disposition	C	*	*	*	*	C, F	*	*	*	*	*
07 01	Main Patient Service	*	*	*	C	*	*	*	*	*	*	*
07 02	Main Patient Subservice	*	*	*	*	*	*	*	*	*	*	*
07 03	Weight	*	*	*	*	*	*	*	*	*	*	*
07 04	Abstract Overflow	*	*	*	*	*	*	*	*	*	*	*
08 01	Service Transfer	*	*	*	C	*	*	*	*	*	*	*
08 02	Service Transfer Subservice	*	*	*	*	*	*	*	*	*	*	*
08 03	Service Transfer Days	*	*	*	*	*	*	*	*	*	*	*
09 01	Provider Type	*	*	*	*	*	C, F	C	*	*	*	C
09 02	Provider Number	*	*	*	*	*	*	*	*	*	*	C, F
09 03	Provider Service	*	*	F	*	C	F	C	C	C	C	C
10 01	Diagnosis Prefix	*	*	*	*	*	F	C	C	*	C	C
10 02	Diagnosis Code	*	*	C	*	*	*	*	*	*	*	*
10 03	Diagnosis Cluster	O	O	O	O	O	O	N	*	*	C	*
10 04	Diagnosis Type	C	C	F	*	C	C	*	*	*	C	*
10 05–11	Cancer Staging	*	*	*	*	*	*	*	*	*	*	*

(cont'd on next page)

Group and Field No.	Field	ICD-10-CA/CCI Abstract										
		2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014
11 01	Procedure/ Intervention Date	*	*	*	*	C	C	D	O	O	O	O
11 01	Intervention Episode Start Date	O	O	O	O	O	O	N	*	*	*	*
11 02	Procedure/ Intervention Code	*	*	*	*	*	C	*	*	*	*	*
11 03/05	Intervention Attributes	*	*	*	*	*	*	*	*	*	*	*
11 06	Intervention Provider Number	*	*	*	*	*	*	*	*	C	*	C, F
11 07	Intervention Provider Service	*	*	*	*	*	*	*	*	*	*	C
11 08	Tissue Code	*	*	*	*	*	*	*	*	*	*	*
11 09	Intervention Time	F	*	*	*	*	*	D	O	O	O	O
11 10	Intervention Location	*	*	*	*	*	C	C	C	*	*	*
11 11	Anaesthetist	*	*	*	C	*	*	*	*	*	*	C, F
11 12	Anaesthetic Technique	C	*	F	*	*	C	C	C	*	*	C, F
11 13	Out-of-Hospital Indicator	*	*	*	*	*	C	C	C	*	*	C
11 14	Out-of-Hospital Institution Number	*	*	*	*	*	*	*	C	*	*	*
11 15	Unplanned Return to Intervention Location	*	*	*	*	*	*	*	*	*	*	*
11 16	Died in OR (name changed in 2012)	*	*	*	*	*	C	C	C	*	D	O
11 16	Died During Intervention (name changed in 2012)	O	O	O	O	O	O	O	O	O	N	C
11 17	Intervention Episode Start Time	O	O	O	O	O	O	N	*	*	*	*
11 18	Intervention Episode End Date	O	O	O	O	O	O	N	*	*	*	*
11 19	Intervention Episode End Time	O	O	O	O	O	O	N	*	*	*	*
11 20	Intervention Pre-Admit Flag	O	O	O	O	O	O	N	C	C	C	*
13 01	SCU Death Indicator	*	*	*	*	*	*	*	*	*	C	*
13 02	SCU Unit Number	*	*	*	*	*	F	C	*	*	*	*
13 03	SCU Admit Date	*	*	*	*	*	*	*	*	*	*	*
13 04	SCU Admit Time	*	*	*	*	*	*	*	*	C	*	*
13 05	SCU Discharge Date	*	*	*	*	*	*	*	*	*	*	*
13 06	SCU Discharge Time	*	*	*	*	*	*	*	*	C	*	*

(cont'd on next page)

Group and Field No.	Field	ICD-10-CA/CCI Abstract										
		2003–2004	2004–2005	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014
13 09	Glasgow Coma Scale	*	*	*	*	*	*	*	C	*	C	C
14 01–19	Basic Options	*	*	*	*	F	*	*	C	*	*	*
15 02–14	Mental Health Indicators	*	*	*	*	*	C	*	C	*	*	C
16 01–18	Project Information	*	*	*	C	F	*	*	C	C	C	C
17 01–07	Blood Information	*	*	*	*	*	*	*	*	*	*	C
18 01–12	Reproductive Care	*	*	*	C	*	*	*	*	C	C	C
19 01–04 06–15 20–24	Vendor-Assigned Values	*	*	*	*	F	*	*	*	*	C	*

Contact

For more information, please contact CIHI by sending an email to cad@cihi.ca.

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