National Ambulatory Care Reporting System

Open-Year Data Quality Test Specifications, 2016–2017

Canadian Institute
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d'information sur la santé

For permission or information, please contact CIHI:

Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6

Phone: 613-241-7860
Fax: 613-241-8120
www.cihi.ca
copyright@cihi.ca

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Introduction

As part of the Canadian Institute for Health Information's (CIHI's) commitment to quality data, the National Ambulatory Care Reporting System (NACRS) is routinely analyzed for data quality issues during the submission year and after database closure. Suspect findings are communicated back to the submitting facilities for investigation and correction while the database is still open for submission.

Purpose

This document was created to

- Accompany the Open-Year Data Quality (OYDQ) reports that are disseminated to facilities during the fiscal year to communicate suspect data quality issues for investigation and/or correction as applicable; and

- Help NACRS clients create their own local data quality audits to identify abstracts with suspected data quality issues and to submit corrections in a timely manner.

This document lists the OYDQ tests performed on NACRS, along with their rule, patient care type, submission level, selection criteria, and the data elements used in the analysis. Each test is indexed by a reference number and this number is used for all communication with clients.

CIHI client services representatives, ministry of health or regional representatives disseminate NACRS OYDQ reports containing abstracts flagged for specific data quality issues to facilities. Facilities are asked to review errors and to resubmit the corrected abstracts, where applicable. Each OYDQ report sent to facilities references the OYDQ test number and title along with the NACRS abstract identification data elements, such as Chart Number, Fiscal Year, Fiscal Period, Abstract Number and Registration Date. The abstract identification information helps facilities link the abstracts with suspect data quality issues to the matching abstracts in their systems.

Note: The same abstract may be identified as having more than one data quality issue. For example, an abstract may be identified in the OYDQ test *Missing External Cause Code Y60.-with Diagnosis Code T81.2 in the Same Diagnosis Cluster* (N0045-130) and again in OYDQ test *Length of Stay Greater Than 120 Hours* (N0027-146).

Updates

The NACRS Open-Year Data Quality Test Specifications document is updated every fiscal year with new, modified or deleted OYDQ tests. An OYDQ test may be deleted if new edits are created or if the data quality issue is no longer relevant. An OYDQ test may also be modified to reflect enhancements to the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada (ICD-10-CA),* the *Canadian Classification of Health Interventions (CCI)* and/or to align with the most recent version of the *Canadian Coding Standards for ICD-10-CA and CCI*.

For more information, please contact CIHI at cad@cihi.ca.

Open-Year Data Quality Tests: Summary and Rationale

The following table provides a brief summary of the NACRS OYDQ tests for 2016–2017. In the rationale column, the table also highlights a number of key impacts of correcting these DQ issues.

OYDQ Test Number	OYDQ Test Title	Short Description	Rationale
N0027-146 NEW	Length of Stay Greater Than 120 Hours	Ambulatory care records are primarily expected to have a length of stay shorter than 120 hours (5 Days).	Impacts length of stay analysis and Time Spent in ED indicator. Accurate data are required for analysis.
N0045-128 NEW	Missing Additional Diagnosis Code to Identify the Specific Condition Complicating Pregnancy Childbirth and the Puerperium O99	When a code from any one of the subcategories within O99 *Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium,* is assigned, it is mandatory to assign an additional code to identify the specific condition per the use additional code instruction in the tabular at this category.	Research on obstetrical complications is adversely affected by incomplete data.
N0045-129 NEW	Missing Additional Diagnosis Code to Specify the Type of Sepsis in SIRS of Infectious Origin and/or Septic Shock	When R65.0 *Systemic inflammatory response syndrome of infectious origin without organ failure* or R65.1 *Systemic inflammatory response syndrome of infectious origin with acute organ failure* or R57.2 *Septic shock*, is assigned, it is mandatory to assign an additional code to identify the type of sepsis.	Impacts *In-hospital Sepsis Rate* and *Sepsis Mortality Rate*. Accurate data are required for analysis
N0045-130 NEW	Missing External Cause Code Y60.- with Diagnosis CodeT81.2 in the Same Diagnosis Cluster	When T81.2 *Accidental puncture and laceration during a procedure, not elsewhere classified* is assigned, it is mandatory to assign an external cause code from category Y60.- *Unintentional cut, perforation or haemorrhage during surgical and medical care.*	Impacts *In Hospital Patient Safety* indicators. Accurate data are required for analysis.

OYDQ Test Number	OYDQ Test Title	Short Description	Rationale
N0045-131 NEW	Missing Diagnosis Code T81.2 or T81.0 with External Cause Code Y60.- in the Same Diagnosis Cluster	When an external cause of injury code from category *Y60.- Unintentional cut, puncture, perforation or haemorrhage during surgical and medical care* is assigned on an abstract, either T81.2 *Accidental puncture and laceration during a procedure, not elsewhere classified* or T81.0 *Haemorrhage and haematoma complicating a procedure, not elsewhere classified* must be recorded on the abstract and in the same same Diagnosis Cluster as Y60.-.	Impacts *In Hospital Patient Safety* indicators Accurate data are required for analysis.
N0045-132 NEW	Incorrect Creation of Diagnosis Cluster with Adverse Effect in Therapeutic Use External Cause Code from Y40-Y59	When an external cause code representing an adverse effect in therapeutic use (Y40-Y59) is assigned with a diagnosis cluster value, there cannot be another external cause of injury code from Y60-Y84 in the same diagnosis-cluster.	Impacts *In Hospital Patient Safety* indicators Accurate data are required for analysis.
N0045-133 NEW	Incorrect Creation of Diagnosis Cluster with External Cause Code from Y60-Y84	When an external cause code from Y60-Y84 is assigned, there cannot be another external cause code from Y60-Y84 in the same diagnosis-cluster.	Impacts *In Hospital Patient Safety* indicators Accurate data are required for analysis.
N9340-99 MODIFIED	Stroke or TIA Diagnosis Code Without Completion of Project 340 Field	When a stroke Diagnosis Code is recorded, the Project Number 340 must be completed.	Stroke is a high priority health initiative.
N9340-103	Not Applicable, Unknown or Invalid Value for Field 157 (*Prescription for Antithrombotic Medication at Discharge*) When Project 340 Recorded for ischaemic stroke	When Project 340 is recorded, it is mandatary to complete the field *Prescription for antithrombotic medication at* discharge whether patients with a diagnosis of ischaemic stroke received a prescription for antithrombotic medication from the ED.	Stroke is a high priority health initiative.

OYDQ Test Number	OYDQ Test Title	Short Description	Rationale
N9340-121 NEW	Missing, Invalid or Unknown Value for Fields 149 to 156 (Date and Time of Acute Thrombolysis Administration) When Project 340 Recorded and Field 03 (Administration of Acute Thrombolysis) is Y (Yes) or P (Yes, Prior).	When Project 340 is recorded, it is mandatory to complete Fields 149 to 156 (Date and Time of Acute Thrombolysis Administration). This field captures the specific date and time that a patient with acute ischaemic stroke received acute thrombolysis, for those who were administered this medication.	Stroke is a high priority health initiative
N9340-123	Invalid or Unknown Value for Fields 158 to 169 (*Stroke Symptom Onset Date and Time*) When Project 340 Recorded	When Project 340 is recorded, it is mandatory to complete Fields 158 to 169 *(Stroke Symptom Onset Date and Time)*. This field captures the date and time that the patient first started to experience stroke symptoms, regardless of the location of the patient at the time of symptom onset.	Stroke is a high priority health initiative
N9340-124	Stroke Symptom Onset Date and Time after Arrival Date and Time When Project 340 Recorded	When Project 340 is recorded, Fields 158 to 169 (Stroke Symptom Onset Date and Time) must be a date/time earlier than the emergency department arrival date.	Stroke is a high priority health initiative
N9340-125	High Level of N (No) for Field 147 (*Referral to Stroke Prevention Services at ED Discharge*) When Project 340 Recorded	When Project 340 is recorded, it is mandatory to complete Field 147 *(Referral to Stroke Prevention Services at ED Discharge)*. This field captures whether patients with a diagnosis of stroke or transient ischemic attack receive a referral for stroke prevention follow-up at discharge.	Stroke is a high priority health initiative

Open-Year Data Quality Tests

1 Length of Stay Greater Than 120 Hours (N0027-146)

Rule

Ambulatory care records are primarily expected to have a Length of Stay (LOS) shorter than 120 hours (5 Days). However, a LOS longer than 120 hours may be acceptable in some situations.

This data quality test identifies records with potential error with the date/time data elements (listed below) used to calculate the derived LOS Hours.

This test will be completed for all records where the derived LOS Hours is available.

Criteria	Description
Patient Care Type	All patient care types
Submission Levels	Levels 1–3
Selection Criteria	Abstracts where the derived LOS Hours is greater than 120 hours.
Data Elements	Triage Date; Triage Time; Date of Registration/Visit; Registration/Visit Time; Visit Disposition; Disposition Date; Disposition Time; Date Patient Left Emergency Department; Time Patient Left Emergency Department
References	NACRS Abstracting Manual

2 Missing Additional Diagnosis Code to Identify the Specific Condition Complicating Pregnancy Childbirth and the Puerperium O99 (N0045-128)

Rule

When a code from any one of the subcategories within O99 Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium is assigned, it is mandatory to assign an additional code to identify the specific condition as per the use additional code instruction in the tabular at this category.

Criteria	Description
Patient Care Type	All patient care types
Submission Levels	Levels 1–3
Selection Criteria	Abstracts where a Diagnosis Code of: • O99.0- is recorded <u>without</u> a code from D50-D64. • O99.1- is recorded <u>without</u> a code from D65-D89. • O99.2- is recorded <u>without</u> a code from E00-E07, E15-E34, E50-E89. • O99.3- is recorded <u>without</u> a code from F00-F52, F54-F99, G00-. • O99.4- is recorded <u>without</u> a code from I00-I09 or I20-I99. • O99.5- is recorded <u>without</u> a code from J00-J99. • O99.6- is recorded <u>without</u> a code from K00-K66, K80-K93. • O99.7- is recorded <u>without</u> a code from L00-L99. • O99.8- is assigned <u>without</u> a code from B90-B94, C00-D48, H00-H95, M00-M82, M83.2-M99, N14-N15.0, N15.8-N15.9, N20-N39, N60-N64, N80-N90, Q00-Q99, R00-R94.8.
Data Elements	Main Problem; Other Problem(s)
Correct Case Example	O99.001 (MP) Anaemia complicating pregnancy, childbirth and the puerperium delivered with or without mention of antepartum condition D64.9 (OP) Anaemia, unspecified
References	Use Additional Code instruction within ICD-10-CA direction at category O99 Canadian Coding Standards: Use additional Code/Code Separately Instructions Classifications Tip for Coders: O99 "Use Additional Code"

3   Missing Additional Diagnosis Code to Specify the Type of Sepsis in SIRS of Infectious Origin and/or Septic Shock (N0045-129)

Rule

When R65.0 Systemic inflammatory response syndrome of infectious origin without organ failure or R65.1 Systemic inflammatory response syndrome of infectious origin with acute organ failure or R57.2 Septic shock, is assigned, it is mandatory to assign an additional code to identify the type of sepsis.

Note: If the documentation does not specify the type of sepsis, then the additional code to assign is A41.9 Sepsis, unspecified.

Criteria	Description
Patient Care Type	All patient care types
Submission Levels	Levels 1–3
Selection Criteria	Abstracts where a Diagnosis Code(s) of R65.0, R65.1 or R57.2 is recorded without one of the following Diagnosis Codes to identify the specific type of sepsis: A02.1, A03.9, A20.7, A21.7, A22.7, A23–, A24.1, A26.7, A28.0, A28.2, A32.7, A39.2, A39.3, A39.4, A40.–, A41.–, A42.7, A54.86, B37.7, P36, P372, or P37.51
Data Elements	Main Problem; Other Problem(s)
Correct Case Example	T81.4 (MP) Infection following a procedure, not elsewhere classified [Dx Cluster A] A41.0 (OP) Sepsis due to Staphylococcus aureus [Dx Cluster A] T81.1 (OP) Shock during or resulting from a procedure, not elsewhere classified [Dx Cluster A] R57.2 (OP) Septic shock [Dx Cluster A] Y83.2 (OP) Surgical operation with anastomosis, bypass or graft [Dx Cluster A]
References	Use additional Code Instruction within ICD-10-CA at category R65 and R57.2. Canadian Coding Standards: Use additional Code/Code Separately Instructions; Septicemia/Sepsis; Systemic Inflammatory Response Syndrome (SIRS) Classifications Tip for Coders: What is Wrong with the Coding of Septic Shock?; Classification of Sepsis – Key Messages Classifications Self-Study Product: Staying on Track with Sepsis and Systemic Inflammatory Response Syndrome (SIRS)

4 Missing External Cause Code Y60.- with Diagnosis Code T81.2 in the Same Diagnosis Cluster (N0045-130)

Rule

When T81.2 Accidental puncture and laceration during a procedure, not elsewhere classified is assigned, it is mandatory to assign an external cause code from category Y60.- Unintentional cut, perforation or haemorrhage during surgical and medical care. The rules of Post-Intervention Code Assignment also apply (i.e. mandatory additional code for specificity and diagnosis cluster).

Note: Although the selection criteria in this test does not include identifying cases where an additional code to identify the site of the laceration/puncture/perforation as other diagnosis is missing from the same diagnosis cluster, we encourage clients to double check the cases received as errors to ensure the 'additional code for site of laceration/puncture/perforation' mandatory requirement has also been met.

Criteria	Description
Patient Care Type	All patient care types
Submission Levels	Levels 1–3
Selection Criteria	Abstracts where a Diagnosis Code of T81.2 is recorded with a Diagnosis Cluster value AND without an external cause of injury code from category Y60.- with the same Diagnosis Cluster value as T81.2.
Data Elements	Main Problem; Other Problem(s); Main Problem Cluster; Other Problem(s) Cluster
Correct Case Example	T81.2 (MP) *Accidental puncture and laceration during a procedure, not elsewhere classified* [Dx Cluster A] S37.0111 (OP) Laceration of kidney (without urinary extravasation), with open wound into cavity [Dx Cluster A] Y60.0 (OP) *Unintentional cut, puncture or hemorrhage during surgical operation* [Dx Cluster A]
References	Canadian Coding Standards: Misadventures During Surgical and Medical Care – Puncture/Laceration/Perforation During a Procedure Classifications Tip for Coders: Accidental cut and puncture during a procedure

5 Missing Diagnosis Code T81.2 or T81.0 with External Cause Code Y60.- in the Same Diagnosis Cluster (N0045-131)

Rule

When an external cause of injury code from category Y60.- Unintentional cut, puncture, perforation or haemorrhage during surgical and medical care is assigned on an abstract, it is expected that either T81.2 Accidental puncture and laceration during a procedure, not elsewhere classified or T81.0 Haemorrhage and haematoma complicating a procedure, not elsewhere classified must be recorded on the abstract with Y60.-, depending on the type of injury that occurred. The rules of Post-Intervention Code Assignment also apply (i.e. mandatory additional code for specificity and diagnosis cluster).

Note: A chart review is required in order to determine whether the missing diagnosis code is T81.2 or T81.0.

Note: The combination of T81.0 and Y60.- in a diagnosis cluster equates to a diagnosis of "intraoperative hemorrhage;" whereas, a combination of T81.0 and Y83.- or Y84.- in a diagnosis cluster equates to a diagnosis of "postoperative hemorrhage". This test does not include/cover the postoperative hemorrhage circumstance.

Criteria	Description
Patient Care Type	All patient care types
Submission Levels	Levels 1–3
Selection Criteria	Abstracts where an External Cause Code from category Y60.- is recorded with a Diagnosis Cluster value AND without a Diagnosis Code of T81.2 or T81.0 recorded with the same Diagnosis Cluster value as Y60.-.
Data Elements	Main Problem; Other Problem(s); Main Problem Cluster; Other Problem(s) Cluster
Correct Case Example	T81.0 (MP) Haemorrhage and haematoma complicating a procedure, not elsewhere classified [Dx cluster A] Y60.0 (OP) Unintentional cut, puncture, perforation or haemorrhage during surgical operation [Dx cluster A]
References	Canadian Coding Standards: Misadventures During Surgical and Medical Care – Puncture/Laceration/Perforation During a Procedure; Misadventures During Surgical and Medical Care – Intraoperative Hemorrhage Classifications Tip for Coders: Accidental cut and puncture during a procedure

6 Incorrect Creation of Diagnosis Cluster with Adverse Effect in Therapeutic Use External Cause Code from Y40-Y59 (N0045-132)

Rule

When an external cause code representing an adverse effect in therapeutic use (Y40–Y59) is assigned with a diagnosis cluster value, there cannot be another external cause code from Y60–Y84 in the same diagnosis cluster (i.e. cannot have the same diagnosis cluster value).

Note: It is correct in some circumstances to have more than one external cause code from Y40–Y59 in the same diagnosis cluster. This would not be an error.

Criteria	Description
Patient Care Type	All patient care types
Submission Levels	Levels 1–3
Selection Criteria	Abstracts where External Cause Code from Y40-Y59 is recorded with a Diagnosis Cluster value AND another External Cause Code from Y60-Y84 is in the same Diagnosis Cluster.
Data Elements	Main Problem; Other Problem(s); Main Problem Cluster; Other Problem(s) Cluster
Correct Case Example	R23.3 (MP) Spontaneous ecchymoses [Dx cluster A]
	Y44.2 (OP) Anticoagulants causing adverse effects in therapeutic use [Dx cluster A] Y40.4 (OP) Tetracyclines causing adverse effects in therapeutic use [Dx cluster A]
References	Canadian Coding Standards: Diagnosis Cluster; Adverse Reactions in Therapeutic use Versus Poisonings; Post-Intervention Conditions

7 Incorrect Creation of Diagnosis Cluster with External Cause Code from Y60–Y84 (N0045-133)

Rule

When an external cause code from Y60–Y84 is assigned, there cannot be another external cause code from Y60–Y84 in the same diagnosis cluster (i.e. cannot have the same diagnosis cluster value). There can only be one occurrence of a code from Y60–Y84 in one diagnosis cluster.

Criteria	Description
Patient Care Type	All patient care types
Submission Levels	Levels 1–3
Selection Criteria	Abstracts where more than one External Cause Code from Y60-Y84 is recorded with the same Diagnosis Cluster value.
Data Elements	Main Problem; Other Problem(s); Main Problem Cluster; Other Problem(s) Cluster
Correct Case Example	T81.2 (MP) Accidental puncture and laceration during a procedure, not elsewhere classified [Dx cluster A] S36.091 (OP) Haematoma NOS, laceration NOS, injury to spleen NOS, with open wound into cavity [Dx cluster A] Y60.0 (OP) Unintentional cut, puncture, perforation or hemorrhage, during surgical operation [Dx cluster A] I95.9 (OP) Hypotension, unspecified [Dx cluster B] Y83.9 (OP) Surgical procedure, unspecified as the cause of abnormal reaction of the patient or of later complication, without mention of misadventure at the time of the procedure [Dx cluster B]
References	Canadian Coding Standards: Diagnosis Cluster; Adverse Reactions in Therapeutic use Versus Poisonings; Post-Intervention Conditions

8   Stroke or TIA Diagnosis Code Without Completion of Project 340 Field (N9340-99)

Rule

Project 340 is mandatory for all Ontario Level 3 emergency department records.

Project 340 should be completed for all new ischemic and haemorrhagic stroke and transient ischemic attack cases in NACRS Level 3 Emergency Department, where the stroke or TIA is recorded as the Main Problem (data element 44):

I60.-   *Subarachnoid haemorrhage*;

I61.-   *Intracerebral haemorrhage;*

I63.-   *Cerebral infarction* (**excluding** I63.6 *Cerebral infarction due to cerebral venous thrombosis, nonpyogenic*);

I64   *Stroke, not specified as haemorrhage or infarction;*

I67.6   *Nonpyogenic thrombosis of intracranial venous system;*

H34.0   *Transient retinal artery occlusion;*

H34.1   *Central retinal artery occlusion;*

G45.-   *Transient cerebral ischaemic attacks and related syndromes*; (**excluding** G45.4 *Transient global amnesia*).

Please note that, it is not possible to identify "NEW" stroke cases among the data already submitted with the selection criteria of Project Number 340. Therefore, there may be cases flagged with this test that do not require correction.

Notes: There may be cases flagged with this test that do not require completion of project 340. Refer to the NACRS manual for project completion guidelines and complete data collection instructions.

Criteria	Description
Patient Care Type	ED
Submission Level	Level 3
Selection Criteria	Inclusions: Facility Province: ON and Diagnosis Code of Stroke or TIA: I60.- I61.-, I63.- (excluding I63.6), I64, I67.6, H34.0, H34.1, G45.- (excluding G45.4) recorded as Main Problem Exclusions: Cases that are transferred to inpatient within the same reporting facility (Visit Disposition = 06, 07)
Data Elements	Main Problem; Other Problem(s); Project Number
References	NACRS Abstracting Manual, Appendix B: NACRS Special Projects—Project 340.

9 Not Applicable, Unknown or Invalid Value for Field 157 (Prescription for Antithrombotic Medication at Discharge) When Project 340 Recorded for Ischaemic Stroke (N9340-103)

Rule

When Project 340 is completed, it is mandatory to record Field 157 (Prescription for Antithrombotic Medication at Discharge). This field captures whether patients with a diagnosis of ischaemic stroke (I63.– (excluding I63.6), I64, I67.6, H34.0, H34.1, G45.– (excluding G45.4)) receive a prescription for antithrombotic medication at discharge from ED.

This test will be completed for all abstracts where Project 340 has been completed, regardless of whether it is mandatory in a particular jurisdiction. A high percent of abstracts with not applicable (8) or unknown (9) value for Field 157 may indicate a need to investigate practices around the capturing of prescription for antithrombotic medication at discharge.

Criteria	Description
Patient Care Type	ED
Submission Level	Level 3
Selection Criteria	Project Number 340 where ischaemic stroke diagnosis cases (I63.– (excluding I63.6), I64, I67.6, H34.0, H34.1, G45.– (excluding G45.4)) are recorded and Field 157 *(Prescription for Antithrombotic Medication at Discharge)* is not applicable (8), unknown (9) or invalid (is missing or has a value recorded other than Y or N). Exclusions: Records where the stroke diagnosis is I60.- or I61.- Records where visit disposition = '10' or '11' (Death after or on arrival) and Field 157 = '8'
Data Elements	Project Number, Field 157
References	NACRS Abstracting Manual, Appendix B: NACRS Special Projects—Project 340.

10 Missing, Invalid or Unknown Value for Fields 149 to 156 (*Date and Time of* Acute *Thrombolysis Administration*) When Project 340 Recorded and Field 03 (*Administration of Acute Thrombolysis*) is Y (Yes) or P (Yes, Prior) (N9340-121)

Rule

When Project 340 is completed, it is mandatory to record Fields 149 to 156 (Date and Time of Acute Thrombolysis Administration). This field captures the specific date and time that a patient with acute ischaemic stroke (I63.– (excluding I63.6), I64, I67.6, H34.0, H34.1, G45.– (excluding G45.4)) received acute thrombolysis, for those who were administered this medication. The start time for administration of the medication should be the time recorded in these fields. The year is not being recorded.

This test will be completed for all abstracts where Field 148 (Administration of Acute Thrombolysis) is Y (Yes) or P (Yes, prior), regardless of whether it is mandatory in a particular jurisdiction. A high percent of abstracts with missing, invalid or unknown date and time for Fields 149 to 156 may indicate a need to investigate practices around the capturing of date and time of acute thrombolysis administration.

Criteria	Description
Patient Care Type	ED
Submission Level	Level 3
Selection Criteria	Project Number 340 where ischaemic stroke diagnosis cases (I63.– (excluding I63.6), I64, I67.6, H34.0, H34.1, G45.– (excluding G45.4)) is recorded
	and
	Field 148 (Administration of Acute Thrombolysis) is Y (Yes) or P (Yes, prior)
	and
	One or more of the following fields are blank, unknown or invalid:
	• Fields 149-150 (Month): is blank, or has unknown value (99) or is not valid two character code of 01-12
	• Fields 151-152 (Day): is blank, or has an unknown value (99) or is not a valid two character code of 01-31
	• Fields 153-154 (Hour): is blank, or has an unknown value (99) or is not a valid two digit character of 00-23
	• Fields 155-156 (Minutes): is blank, or has an unknown value of (99) or is not a valid two digit character of 00-59
Data Elements	Project Number; Fields 149 to 156
References	NACRS Abstracting Manual, Appendix B: NACRS Special Projects—Project 340.

11 Invalid or Unknown Value for Fields 158 to 169 (*Stroke Symptom Onset Date and Time*) When Project 340 Recorded (N9340-123)

Rule

When Project 340 is completed, it is mandatory to record Fields 158 to 169 (Stroke Symptom Onset Date and Time). This field captures the date and time that the patient first started to experience stroke symptoms, regardless of the location of the patient at the time of symptom onset.

This test will be completed for all abstracts where Project 340 has been completed, regardless of whether it is mandatory in a particular jurisdiction. A high percent of abstracts with missing, invalid or unknown date and time for Fields 158 to 169 may indicate a need to investigate practices around the capturing of stroke symptom onset date and time.

Criteria	Description
Patient Care Type	ED
Submission Level	Level 3
Selection Criteria	Project Number 340 for stroke diagnosis cases is recorded
	and
	Fields 158 to 169 are invalid or unknown date and/or time, as follows:
	Fields 158-161 (Year): has unknown value (9999) or is not valid four character code of current calendat year.
	Fields 162-163 (Month): has unknown value (99) or is not valid two character code of 01-12
	Fields 164-165 (Day): has an unknown value (99) or is not a valid two character code of 01-31
	Fields 166-167 (Hour has an unknown value (99) or is not a valid two digit character of 00-23)
	Fields 168-169: Minutes has an unknown value of (99) or is not a valid two digit character of 00-59
Data Elements	Project Number, Fields 158 to 169
References	NACRS Abstracting Manual, Appendix B: NACRS Special Projects—Project 340.

12 Stroke Symptom Onset Date and Time after Arrival Date and Time When Project 340 Recorded (N9340-124)

Rule

When Project 340 is completed, it is mandatory to record Fields 158 to 169 (Stroke Symptom Onset Date and Time). This field captures the date and time that the patient first started to experience stroke symptoms, regardless of the location of the patient at the time of symptom onset. The Stroke Symptom Onset Date and Time must be a date/time earlier than the emergency department arrival date.

This test will be completed for all abstracts where Project 340 has been completed, regardless of whether it is mandatory in a particular jurisdiction.

Criteria	Description
Patient Care Type	ED
Submission Level	Level 3
Selection Criteria	Arrival Date, Date of Registration or Triage Date is a valid date and Project Number 340 for stroke diagnosis cases is recorded and Fields 158 to 165 (Stroke Symptom Onset Date) is a valid date: • Fields 158-161 (Year): is a valid four character code of any year • Fields 162-163 (Month): is a valid two character code of 01-12 • Fields 164-165 (Day): is a valid two character code of 01-31 and One of the following conditions is met: • If Arrival Time and Fields 166-169 (Stroke Symptom Onset Time) are a valid four digit character of 0000-2359, values recorded in Fields 158 to 169 are after the Arrival Date and Time • If Arrival Time or Fields 166-169 (Stroke Symptom Onset Time) is not a valid four digit character of 0000-2359, values recorded in Fields 158 to 165 are after the Arrival Date Note: If Arrival Date/Time is not a valid date, the earlier of the Triage Date/Time and Date of Registration/Registration Time is used to compare with Stroke Symptom Onset Date/Time
Data Elements	Arrival Date, Arrival Time, Date of Registration, Time of Registration, Triage Date, Triage Time, Project Number, Fields 158 to 169
References	NACRS Abstracting Manual, Appendix B: NACRS Special Projects—Project 340.

13 High Level of N (No) for Field 147 (*Referral to Stroke Prevention* Services *at ED Discharge*) When Project 340 Recorded (N9340-125)

Rule

When Project 340 is completed, it is mandatory to record Field 147 (Referral to Stroke Prevention Services at ED Discharge). This field captures whether patients with a diagnosis of stroke or transient ischemic attack receive a referral for stroke prevention follow-up at discharge.

This test will be completed for all abstracts where Project 340 has been completed, regardless of whether it is mandatory in a particular jurisdiction. A percentage higher than 50% of abstracts with value N (No) for Field 147 may indicate a need to investigate practices around the capturing of referral to stroke prevention services at ED discharge.

Criteria	Description
Patient Care Type	ED
Submission Level	Level 3
Selection Criteria	Project Number 340 for stroke diagnosis cases is recorded and At least 50% of these records have the Field 147 recorded as N, at one facility.
Data Elements	Project Number, Field 147
References	NACRS Abstracting Manual, Appendix B: NACRS Special Projects—Project 340.