



NACRS

Data Quality Documentation

National Ambulatory Care Reporting System

Current-Year Information
2022–2023

Updated November 2023



Canadian Institute
for Health Information

Institut canadien
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Abbreviations

Alta.	Alberta
B.C.	British Columbia
CAD	Clinical Administrative Databases
CC	cardiac catheterization (clinic)
CIHI	Canadian Institute for Health Information
DAD	Discharge Abstract Database
DI	diagnostic imaging
DS	day surgery
ED	emergency department
HCN	Health Care Number
HMDB	Hospital Morbidity Database
ICD-10-CA	<i>International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada</i>
Man.	Manitoba
MH	mental health (clinic)
MIS FC	Management Information System Functional Centre
NACRS	National Ambulatory Care Reporting System
N.S.	Nova Scotia
OC	oncology clinic
Ont.	Ontario
P.E.I.	Prince Edward Island
RD	renal dialysis (clinic)
Sask.	Saskatchewan
Y.T.	Yukon

Purpose

The *Data Quality Documentation, National Ambulatory Care Reporting System — Current-Year Information* report is produced on a yearly basis and provides information on the quality of the data file for the given fiscal year. An associated report, [Data Quality Documentation, National Ambulatory Care Reporting System — Multi-Year Information](#), provides background information on the reporting system to help users decide whether the information fits their needs. [Data Quality Documentation, National Ambulatory Care Reporting System — Glossary of Terms](#) is also available.

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

Coverage

Levels of care and submissions, by province/territory

NACRS contains data about hospital and community-based emergency and ambulatory care visits, including visits to DS and outpatient clinics. Data is collected from all submitting facilities in Canada on the care of patients who were registered in these facilities between April 1 and March 31 of the given fiscal year (see tables 1 to 3 in [Appendix A](#)).

- CIHI's 2022–2023 coverage was at 89%, which gave CIHI more accessible, comparable and standardized data, and supported the advancement of CIHI's corporate strategic goals. In 2022–2023, a total of 21,986,204 records were submitted to NACRS (see Table 2 in [Appendix A](#)), which represents an increase of 0.87% compared with 2021–2022.
- Due to the ongoing impact of COVID-19 on emergency and day surgery volumes, caution is warranted when comparing trends.
- NACRS offers 3 options for submitting ED records:
 - Submission Level 1 includes mandatory data elements required for ED Wait Time indicators.
 - Submission Level 2 includes Level 1 information plus mandatory completion of either the Presenting Complaint or ED Discharge Diagnosis data element.
 - Submission Level 3 includes Level 2 information plus mandatory capture of diagnoses and interventions using ICD-10-CA and CCI.

For further information on submission levels, please see the report [Data Quality Documentation, National Ambulatory Care Reporting System — Multi-Year Information](#)

- Fully coded diagnosis and intervention information might not be available for abstracts submitted at Level 1 or Level 2.
- Submission of ED data to NACRS: Mandated in Quebec,ⁱ Ontario, Alberta and the Yukon; partially mandated in Prince Edward Island, Nova Scotia, Manitoba, Saskatchewan and British Columbia; not mandated in Newfoundland and Labrador, New Brunswick, the Northwest Territories and Nunavut.
- Submission of DS data to NACRS: Mandated in P.E.I., Nova Scotia, Ontario and Alberta. All other provinces/territories submit their DS data to the DAD or to the HMDB. Information about the DAD and the HMDB can be found on the [DAD metadata](#) and [HMDB metadata](#) pages, respectively.
- NACRS Clinic Lite (Level 0) data is included starting in the 2021–2022 report. Clinic Lite is a low-cost, low-burden reporting option for ambulatory clinics. It is currently being used by outpatient rehabilitation and community physiotherapy clinics across Ontario. Level 0 Clinic Lite data should be excluded from analytical reports.

Changes to the number of reporting facilities

Throughout the fiscal year, facilities may open, close or merge, resulting in changes to the number of reporting facilities.

- Facility numbers no longer valid in NACRS in 2022–2023: 4 facilities (1 in Ontario, 3 in Alberta).
- New facility numbers in NACRS in 2022–2023: 24 facilities (18 in Ontario, 2 in Saskatchewan, 4 in Alberta).

Rate of over-coverage

The rate of over-coverage from true duplicate records in 2022–2023 was 0.02%. There were 4,131 true duplicate records (see Table 5 in [Appendix A](#)).

i. As of 2018–2019, Quebec submits ED data to CIHI on a monthly basis. This data is transformed to meet NACRS standards and is integrated into NACRS.

Non-response

Unit non-response refers to incomplete data that is submitted from facilities in the frame (facilities that submit to NACRS), whether at the facility or record level. Additional unit non-response may occur with any outstanding rejected records that are not resubmitted during the data collection period.

Unit non-response rate at the facility level, due to facilities that did not submit any data to NACRS in 2022–2023:

- Nil

Unit non-response rate at the record level, due to missing records for all or some periods in NACRS in 2022–2023:

- The unit non-response rate at the record level was 0.08% for ED, 0.07% for DS and 0.03% for all other levels of care. This rate was the result of 4 facilities from Ontario not submitting complete data for some periods in 2022–2023.
- Please refer to Table 4 in [Appendix A](#) for the item non-response rates for selected NACRS data elements.

NACRS fields

- Unknown values in NACRS fields for 2022–2023: See Table 4 in [Appendix A](#).
- NACRS fields evolution by fiscal year: See [Appendix B](#).

Appendices

Appendix A: NACRS data tables

The NACRS 2022–2023 population of reference consists of 925 facilities (including Ontario facilities that submit Level 0 Clinic Lite data) in Canada.

Table 1 Number of facilities submitting to each ambulatory care group in NACRS, by province/
territory, 2022–2023

Prov./ terr.	Total no. of submitting facilities	ED			DS	Clinic					DI	Other ambulatory care	Clinic Lite Level 0
		Level 1	Level 2	Level 3		CC	RD	OC	MH	Other*			
P.E.I.	2	0	0	2	2	0	0	0	0	1	0	0	0
N.S.	19	4	0	4	18	1	0	2	0	17	8	7	0
Que.	116	116	0	0	0	0	0	0	0	0	0	0	0
Ont.	532	1	0	177	158	25	62	84	0	77	31	12	420
Man.	7	7	0	0	0	0	0	0	0	0	0	0	0
Sask.	56	0	0	56	0	0	0	0	0	0	0	0	0
Alta.	160	0	0	108	93	7	14	4	15	65	86	88	0
B.C.	30	0	30	0	0	0	0	0	0	0	0	0	0
Y.T.	3	0	0	3	0	0	0	0	0	0	0	0	0
Total	925	128	30	350	271	33	76	90	15	160	125	107	420

Notes

* The Clinic — Other category includes the following clinic subcategories: medical, surgical, cardiac, gynecology, neurology, obstetrics, pediatric, rehabilitation, rheumatology, ophthalmology, orthopedic, family practice and special day/night care, among others.

For additional information on how the ambulatory care groups are defined using MIS functional centre account codes, please refer to detailed data element information for Visit MIS Functional Centre Account Code (data element 13) and MIS Functional Centre Account Code (data element 75), as well as the National MIS Standards Functional Centre Accounts to Ambulatory Care Group Mapping Table.

B.C.'s data submission level is based on the reporting mandate.

Source

National Ambulatory Care Reporting System, 2022–2023, Canadian Institute for Health Information.

Table 2 Summary of all visits for NACRS,* by province/territory and ambulatory care group, 2022–2023

Prov./ terr.	ED			DS	Clinic					DI	Other ambulatory care	Clinic Lite Level 0	Total N (%)
	Level 1	Level 2	Level 3		CC	RD	OC	MH	Other [†]				
P.E.I.	0	0	66,004	16,283	0	0	0	0	315	0	0	0	82,602 (0.38%)
N.S.	180,650	0	114,632	113,731	2,746	0	814	0	11,671	6,276	429	0	430,949 (1.96%)
Que.	3,626,641	0	0	0	0	0	0	0	0	0	0	0	3,626,641 (16.50%)
Ont.	1,364	0	6,227,715	1,294,533	63,229	1,351,145	1,392,347	0	104,969	11,336	13,311	34,733	10,494,682 (47.73%)
Man.	282,416	0	0	0	0	0	0	0	0	0	0	0	282,416 (1.28%)
Sask.	0	0	639,448	0	0	0	0	0	0	0	0	0	639,448 (2.91%)
Alta.	0	0	2,230,434	366,274	11,774	90,704	3,360	147,133	867,169	360,393	535,289	0	4,612,530 (20.98%)
B.C.	0	1,769,623	0	0	0	0	0	0	0	0	0	0	1,769,623 (8.05%)
Y.T.	0	0	47,313	0	0	0	0	0	0	0	0	0	47,313 (0.22%)
Total	4,091,071	1,769,623	9,325,546	1,790,821	77,749	1,441,849	1,396,521	147,133	984,124	378,005	549,029	34,733	21,986,204 (100.00%)

Notes

* The number of abstracts includes duplicate records. There were 4,131 abstracts with duplicate records in NACRS in 2022–2023.

† The Clinic — Other category includes the following clinic subcategories: medical, surgical, cardiac, gynecology, neurology, obstetrics, pediatric, rehabilitation, rheumatology, ophthalmology, orthopedic, family practice and special day/night care, among others.

For additional information on how the ambulatory care groups are defined using MIS functional centre account codes, please refer to detailed data element information for Visit MIS Functional Centre Account Code (data element 13) and MIS Functional Centre Account Code (data element 75), as well as the National MIS Standards Functional Centre Accounts to Ambulatory Care Group Mapping Table.

Source

National Ambulatory Care Reporting System, 2022–2023, Canadian Institute for Health Information.

Table 3 Percentage change in volume of NACRS records between 2021–2022 and 2022–2023,*
by province/territory and ambulatory care group

Prov./ terr.	ED			DS	Clinic					DI	Other ambulatory care	Clinic Lite Level 0	Total
	Level 1	Level 2	Level 3		CC	RD	OC	MH	Other [†]				
P.E.I.	n/a	n/a	6.13	3.43	n/a	n/a	n/a	n/a	45.16	n/a	n/a	n/a	5.69
N.S.	1.60	n/a	7.50	11.13	17.80	n/a	27.19	n/a	1.83	5.51	-9.87	n/a	5.72
Que.	9.63	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	9.63
Ont.	-29.25	n/a	6.46	16.78	8.07	-1.14	6.05	n/a	7.23	3.90	19.76	24.11	6.58
Man.	3.35	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3.35
Sask.	n/a	n/a	18.86	n/a	n/a	n/a	n/a	n/a	n/a	n/a	-100.00	n/a	18.86
Alta. [‡]	n/a	n/a	9.37	10.07	1.38	-41.12	-78.58	-44.11	-37.62	-25.16	-43.64	n/a	-18.19
B.C.	n/a	6.21	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	6.21
Y.T.	n/a	n/a	13.06	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	13.06
Total	8.77	6.21	7.96	14.85	7.31	-5.19	5.06	-44.11	-34.37	-24.16	-42.89	24.11	0.87

Notes

* Due to the ongoing impact of COVID-19 on emergency department and day surgery volumes, caution is warranted when interpreting the percentage change in volume.

† The Clinic — Other category includes the following clinic subcategories: medical, surgical, cardiac, gynecology, neurology, obstetrics, pediatric, rehabilitation, rheumatology, ophthalmology, orthopedic, family practice and special day/night care, among others.

‡ As a result of the implementation of a new province-wide electronic health record (EHR) system in Alberta (i.e., Connect Care), the regular data flows for clinic, diagnostic imaging and other ambulatory care (excluding ED and day surgery) to NACRS have been disrupted, resulting in a decrease in overall volumes. Caution is warranted when interpreting the percentage change in volume.

n/a: Not applicable.

For additional information on how the ambulatory care groups are defined using MIS functional centre account codes, please refer to detailed data element information for Visit MIS Functional Centre Account Code (data element 13) and MIS Functional Centre Account Code (data element 75), as well as the National MIS Standards Functional Centre Accounts to Ambulatory Care Group Mapping Table.

Source

National Ambulatory Care Reporting System, 2021–2022 and 2022–2023, Canadian Institute for Health Information.

Table 4 Proportion of unknown/invalid data reported for selected NACRS data elements

Data element number	Data element	Definition	Unknown/invalid values	NACRS 2021–2022 proportion when applicable (%)	NACRS 2022–2023 proportion when applicable (%)	Difference between 2021–2022 and 2022–2023 proportions
02	HCN*	HCN data is not valid	All zeros or invalid values	1.08	1.34	0.26
03	Province/Territory Issuing HCN	Province/Territory Issuing HCN indicates the provincial/territorial or federal government from which the HCN was issued	99	0.78	1.04	0.27
05	Postal Code†	Postal code is not valid	Invalid values	18.30	18.76	0.46
09	Birth Date	Birth Date is unknown or invalid	99990101 99990901 Combination of age code “U” and age unit “0”	15.18	16.50	1.32
25	Triage Time	Unknown	9999	0.47	0.39	-0.08
26	Triage Level	Unknown	99	0.52	0.54	0.01
30	Time of Physician Initial Assessment	Unknown	9999	6.27	5.50	-0.77
45	Other Problem(s)	Unknown codes for place of occurrence with injuries	U98.9	62.99	60.99	-2.00
100	Glasgow Coma Scale	Not available	99 or blank	29.42	26.54	-2.88
101	Seatbelt Indicator	Unknown	99	32.17	27.94	-4.22
102	Helmet Indicator	Unknown	99	67.76	64.18	-3.58
115	Disposition Time	Unknown	9999	1.79	1.76	-0.04

Data element number	Data element	Definition	Unknown/invalid values	NACRS 2021–2022 proportion when applicable (%)	NACRS 2022–2023 proportion when applicable (%)	Difference between 2021–2022 and 2022–2023 proportions
117	Time Patient Left ED	Unknown	9999	0.25	0.27	0.02
137 and 44	ED Discharge Diagnosis and Main Problem [‡]	Missing	Blank	7.33	7.40	0.07
136	Presenting Complaint [‡]	Missing	Blank	41.31	44.29	2.98

Notes

* Invalid health card numbers (HCNs) are defined as those that are missing or unknown, those with invalid formats, those used for administrative purposes and not associated with an individual, those that are the same for a child and mother, and those associated with multiple-person demographic profiles.

† Invalid postal codes are defined as those that are not submitted, those that are invalid and those that are non-linkable (i.e., not in Statistics Canada’s Postal Code Conversion File Plus [PCCF+] Version 8A, December 2022).

‡ The collection instructions for ED fields Discharge Diagnosis, Main Problem and Presenting Complaint vary across jurisdictions based on submission level. The percentages of missing values for these fields reflect the completeness of submissions rather than a data quality issue.

Source

National Ambulatory Care Reporting System, 2021–2022 and 2022–2023, Canadian Institute for Health Information.

Table 5 NACRS duplicates

Ambulatory care group		2021–2022 N (%)	2022–2023 N (%)
ED	Level 1	80 (0.72%)	0 (0.00%)
	Level 2	0 (0.00%)	1 (0.02%)
	Level 3	14 (0.13%)	49 (1.19%)
DS		1,939 (17.49%)	1,931 (46.74%)
Clinic	CC	0 (0.00%)	0 (0.00%)
	RD	255 (2.30%)	71 (1.72%)
	OC	117 (1.06%)	2 (0.05%)
	MH	2,602 (23.47%)	401 (9.71%)
	Other	1,805 (16.28%)	913 (22.10%)
DI		16 (0.14%)	9 (0.22%)
Other ambulatory care		4,180 (37.71%)	666 (16.12%)
Clinic Lite	Level 0	77 (0.69%)	88 (2.13%)
Total		11,085	4,131
Proportion of NACRS		~0.05%	~0.02%

Note

The majority of the duplicates were from Alberta in both 2021–2022 (88.37%) and 2022–2023 (96.61%).

Source

National Ambulatory Care Reporting System, 2021–2022 and 2022–2023, Canadian Institute for Health Information.

Appendix B: NACRS data element evolution by fiscal year

This information must be referenced when performing trending analysis on NACRS data and is intended to be used in conjunction with the *NACRS Abstracting Manual*. Please refer to the [NACRS Abstracting Manual](#) or contact CIHI for details of these changes.

Legend	
*	No change to existing data element
C	Change in data element definition (including code or change/collection of new data)
F	Change in data element format
R	Retired data element
N	New data element
O	Data element did not exist that year

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Data element ID number	Description	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
00A	Reporting Facility's Province/Territory	*	*	*	*	*	*	*	*	*	*
00B	Reporting Facility's Ambulatory Care Number	*	*	*	C	*	C	*	*	*	*
00C	Submission Fiscal Year	*	*	*	*	*	*	*	*	*	*
00D	Submission Period	*	*	*	*	*	*	*	*	*	*
00E	Abstract Identification Number	*	*	*	*	*	*	*	*	*	*
00F	Coder Number	C	*	*	*	*	*	*	*	*	*
00G	Primary Abstract ID Number	O	O	O	O	O	O	O	O	O	O
1	Chart Number	*	*	*	*	*	*	*	*	*	*
2	Health Care Number	*	C	C	*	*	C	*	*	*	*
3	Province/Territory Issuing Health Care Number	*	*	*	*	*	C	*	*	C	*
4	Responsibility for Payment	*	C	*	*	*	C	*	*	C	C
5	Postal Code	*	*	*	*	*	C	*	*	C	*
6	Residence Code (Geographic Code)	*	*	*	*	*	*	*	*	*	*
7	Gender	*	*	*	*	*	C	*	*	*	C
8	Birth Date	*	*	*	*	*	*	*	*	*	*
9	Birth Date Is Estimated	*	*	*	*	*	*	*	*	*	*
10	Family Physician Flag	O	O	O	O	O	O	O	O	O	O
11	Ambulatory Registration Number	*	*	*	*	*	C	*	*	*	*
12	Ambulatory Registration/Encounter Sequence Number	*	*	*	*	*	*	*	*	*	*
13	Visit MIS FC Account Code	*	*	*	*	*	*	*	*	*	*
14	Admit via Ambulance	*	*	*	*	*	*	*	*	C	*
15	Ambulance Call Number	*	*	*	*	*	R	O	O	O	O
16	Living Arrangement	*	*	*	*	*	R	O	O	O	O
17	Residence Type	*	*	*	*	*	R	O	O	O	O

Data element ID number	Description	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
18	Visit Type	O	O	O	O	O	O	O	O	O	O
19	Ambulatory Visit Status	*	*	*	*	*	R	O	O	O	O
20	Mode of Visit/Contact	*	*	*	*	*	*	*	*	*	C
21	Highest Level of Education	*	*	*	*	*	*	*	*	*	*
22	Arrival Date	*	*	*	*	*	*	*	*	*	*
23	Arrival Time	*	*	*	*	*	*	*	*	*	*
24	Triage Date	*	*	*	*	*	*	*	*	*	*
25	Triage Time	*	*	*	*	*	*	*	*	*	*
26	Triage Level	*	*		*	*	*	*	*	*	*
27	Date of Registration/Visit	C	*	C	C	*	*	*	*	*	*
28	Registration/Visit Time	C	*	C	C	*	*	*	*	*	*
29	Date of Physician Initial Assessment	*	*	*	*	*	*	*	*	*	*
30	Time of Physician Initial Assessment	*	*	*	*	*	*	*	*	*	*
31	Referral Source Prior to Ambulatory Care Visit	*	*	*	*	*	*	*	*	*	*
32	Institution From	*	*	*	*	*	C	*	*	*	*
33	Decision to Admit Date	O	O	O	O	O	O	O	O	O	O
34	Decision to Admit Time	O	O	O	O	O	O	O	O	O	O
35	Visit Disposition	*	*	C	C	*	C	*	*	C	C
36	Date Visit Completed	O	O	O	O	O	O	O	O	O	O
37	Time Visit Completed	O	O	O	O	O	O	O	O	O	O
38	Referred To — After Completion of Ambulatory Care Visit	*	*	*	*	*	*	*	*	*	*
39	Institution To	*	*	*	*	*	C	*	*	C	*
40	Provider Type	*	*	*	C	*	*	*	*	*	*
41	Provider Service	C	C	*	*	*	*	*	*	*	*

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Data element ID number	Description	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
42	Provider Number	F, C	*	*	*	*	*	*	*	*	*
43, 43 (a–i)	Main and Other Problem Prefix	*	*	*	*	*	F, C	*	*	C	C
44	Main Problem	*	*	*	*	*	C	*	*	*	*
45 (a–i)	Other Problem(s)	*	*	*	C	*	*	*	*	*	*
46	Main Intervention	*	*	C	*	*	*	*	*	*	*
47 (a–i)	Other Intervention(s)	C	*	*	*	*	C	*	*	*	*
48 (a–i)	Status Attribute (Main and Other)	*	*	*	*	*	*	*	*	*	*
49 (a–i)	Location Attribute (Main and Other)	*	*	*	*	*	*	*	*	*	*
50 (a–i)	Extent Attribute (Main and Other)	*	*	*	*	*	C	*	*	*	*
51 (a–i)	Duration of Ambulatory Care Intervention for Main and Other Interventions	*	*	*	*	*	*	*	*	*	*
52 (a–i)	Intervention Location Code for Main and Other Interventions	C	*	*	*	*	C	*	*	*	*
53	Anaesthetic Technique	F, C	*	C	C	*	C	*	*	*	*
54	Died During Intervention Flag	O	O	O	O	O	O	O	O	O	O
55	Out-of-Hospital Indicator	*	*	C	C	*	C	*	*	C	*
56	Out-of-Hospital Institution Number	*	*	*	*	*	*	*	*	*	*
57	Blood Transfusion Indicator	*	*	*	*	*	*	*	*	*	*
58	Blood Components/ Products — Red Blood Cells	*	C	*	C	*	C	*	*	*	*
59	Platelets	*	C	*	*	*	*	*	*	*	*
60	Plasma — Other or Unspecified (name changed in 2018)	*	C	*	*	*	C	*	*	*	*
61	Albumin	*	C	*	*	*	*	*	*	*	*
62	Other Blood Products	C	C	*	C	*	C	*	*	*	*

Data element ID number	Description	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
63	Autologous Blood Transfusion	*	C	*	*	*	*	*	*	*	*
64	Units of Blood Transfused — Red Blood Cells	*	*	*	*	*	R	O	O	O	O
65	Platelets	*	*	*	*	*	R	O	O	O	O
66	Plasma	*	*	*	*	*	R	O	O	O	O
67	Albumin	*	*	*	*	*	R	O	O	O	O
68	Other Product Transfused	*	*	*	*	*	R	O	O	O	O
69	Number of Previous Term Deliveries	*	*	*	*	*	*	*	*	*	*
70	Number of Previous Preterm Deliveries	*	*	*	*	*	*	*	*	*	*
71	Number of Previous Spontaneous Abortions	*	*	*	*	*	*	*	*	*	*
72	Number of Previous Therapeutic Abortions	*	*	*	*	*	*	*	*	*	*
73	Gestational Age — Therapeutic Abortion	*	*	*	*	*	C	*	*	*	C
74	Date of Last Menses	*	*	*	*	*	C	*	*	*	*
75 (a–j)	MIS FC Account Code	*	*	*	*	*	*	*	*	*	*
76	Service Recipient–Specific Direct Cost	O	O	O	O	O	O	O	O	O	O
77	Service Recipient–Specific Indirect Cost	O	O	O	O	O	O	O	O	O	O
78	Traceable Supplies	O	O	O	O	O	O	O	O	O	O
79–96 (a–e)	Special Project	C	*	O	O	O	O	O	O	O	O
97	PCTAS Indicator	O	O	O	O	O	O	O	O	O	O
98	Program Area	*	*	*	*	*	C	*	*	*	*
99	Scheduled ED Visit Indicator	O	O	O	O	O	*	*	*	*	*
100	Glasgow Coma Scale	C	*	*	*	*	C	*	*	*	*

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Data element ID number	Description	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
101	Seatbelt Indicator	*	*	*	*	*	*	*	*	*	*
102	Helmet Indicator	*	*	*	*	*	*	*	*	*	*
103	Level of Care/Service Recipient	O	O	O	O	O	O	O	O	O	O
104	Referral Date	*	*	*	*	*	C	*	*	*	*
105	Vendor MAC	*	*	*	*	*	*	*	*	*	*
106	Vendor CACS	*	*	*	*	*	*	*	*	*	*
107	Vendor RIW	*	*	*	*	*	*	*	*	*	*
108	Complete Record	*	*	*	*	*	*	*	*	*	*
109	Main Intervention Start Date	C	*	*	*	*	C	*	*	*	*
110	Main Intervention Start Time	C	*	*	*	*	C	*	*	*	*
111 (a–i)	Other Intervention Start Date	C	*	*	*	*	*	*	*	*	*
112 (a–i)	Other Intervention Start Time	C	*	*	*	*	*	*	*	*	*
113	Reason for Visit/Chief Complaint	O	O	O	O	O	O	O	O	O	O
114	Disposition Date	C	*	*	*	*	C	*	*	*	*
115	Disposition Time	C	*	*	*	*	C	*	*	*	*
116	Date Patient Left Emergency Department	*	*	C	*	*	*	*	*	*	*
117	Time Patient Left Emergency Department	*	*	C	*	*	*	*	*	*	*
118	Ambulance Arrival Date	*	*	*	*	*	C	*	*	*	*
119	Ambulance Arrival Time	*	*	*	*	*	C	*	*	*	*
120	Ambulance Transfer of Care Process Date	*	*	*	*	*	C	*	*	*	*
121	Ambulance Transfer of Care Process Time	*	*	*	*	*	C	*	*	*	*
122	Clinical Decision Unit/Observation Unit Flag	*	*	*	*	*	*	*	*	*	*
123	Clinical Decision Unit Date In	*	*	*	*	*	*	*	*	*	*

Data element ID number	Description	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
124	Clinical Decision Unit Time In	*	*	*	*	*	*	*	*	*	*
125	Clinical Decision Unit Date Out	*	*	*	*	*	*	*	*	*	*
126	Clinical Decision Unit Time Out	*	*	*	*	*	*	*	*	*	*
127, 127 (a–i)	Problem Cluster for Main Problem (Main and Other)	*	*	*	C	*	*	*	*	*	C
128	Submission Level Code	*	*	*	*	*	*	*	*	*	*
129	Access to Primary Health Care Code	*	*	*	*	*	*	*	*	*	*
130 (a–c)	Consult Request Date	*	*	*	*	*	*	*	*	*	*
131 (a–c)	Consult Request Time	*	*	*	*	*	*	*	*	*	*
132 (a–c)	Consult Request Service	*	*	*	*	*	*	*	*	*	*
133	Date of Non-Physician Initial Assessment (DNPIA)	*	*	*	*	*	*	*	*	*	*
134	Time of Non-Physician Initial Assessment (TNPIA)	*	*	*	*	*	*	*	*	*	*
135	Non-Physician Initial Assessment Provider Service (NPIAPS)	C	*	*	*	*	*	*	*	*	*
136 (a–c)	Presenting Complaint List	*	*	C	C	*	C	*	*	*	*
137 (a–c)	Emergency Department Discharge Diagnosis	C	*	*	*	*	*	*	*	*	*
138	Status After Triage	*	*	*	*	*	*	*	*	*	*
139	ED Visit Indicator	*	*	*	*	*	C	*	*	*	*
140	Vendor Age Category	*	*	*	*	*	*	*	*	*	*
141	Vendor Anaesthetic Category	*	*	*	*	*	*	*	*	*	*
142	Vender IT Total Count	*	*	*	*	*	*	*	*	*	*
143 (a–c)	Consult Arrival Date	*	*	*	*	*	*	*	*	*	*
144 (a–c)	Consult Arrival Time	*	*	*	*	*	*	*	*	*	*
146–169	Project Data Fields	O	O	C, F	C	*	C	C	C	C	*

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Data element ID number	Description	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
170	Mental Health Indicators — Legal Status Upon Arrival to ED	O	O	O	O	O	N	C	*	C	*
171 (a–d)	Type of Restraint	O	O	O	O	O	N	*	*	*	*
172 (a–d)	Frequency of Restraint Use	O	O	O	O	O	N	*	*	*	*
173 (a–f)	Emergency Department Intervention Value Set	O	O	O	O	O	N	*	*	*	C, F
174 (a–c)	Emergency Department Investigative Technology	O	O	O	O	O	N	*	*	*	R
175 (a–f)	Number of Emergency Department Investigative Technologies Performed	O	O	O	O	O	N	*	*	*	C
177	Blood Products/ Components — Cryoprecipitate Plasma	O	O	O	O	O	N	*	*	*	*
178	Cryosupernatant Plasma	O	O	O	O	O	N	*	*	*	*
179	Intravenous/Subcutaneous Immune Globulin (IVIG/SCIG)	O	O	O	O	O	N	*	*	*	*
180	Fibrinogen	O	O	O	O	O	N	*	*	*	*
181	Prothrombin Complex Concentrate (PCC)	O	O	O	O	O	N	*	*	*	*
182	Anti-Inhibitor Coagulant (FEIBA)	O	O	O	O	O	N	*	*	*	*
183	Antithrombin III	O	O	O	O	O	N	*	*	*	*
184	C1 Inhibitor	O	O	O	O	O	N	*	*	*	*
185	Protein C/ Other Factors	O	O	O	O	O	N	*	*	*	*
186	Indigenous Identity	O	O	O	O	O	O	O	O	O	N
187	Racialized Groups	O	O	O	O	O	O	O	O	O	N

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

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