



Data Quality Documentation, National Ambulatory Care Reporting System

Current-Year Information, 2016–2017



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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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	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada
Man.	Manitoba
MIS FC	Management Information System Functional Centre
MH	mental health (clinic)
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 report Data Quality Documentation, National Ambulatory Care Reporting System — Current-Year Information 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 [National Ambulatory Care Reporting System Abstracting Manual](#). For a summary of the mandatory and optional NACRS data elements by ambulatory care group, please refer to the [NACRS Data Elements 2016–2017](#) 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.

- In 2016–2017, a total of 21,879,468 records were submitted to NACRS (see Table 2 in Appendix A), which represents an increase of 1.5% compared with 2015–2016. For further information on submission levels, please see the report [Data Quality Documentation, National Ambulatory Care Reporting System — Multi-Year Information](#).
- Submission of DS data to NACRS: Mandated in Prince Edward Island, 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.
- Submission of ED data to NACRS: Mandated in Ontario, Alberta and Yukon; partially mandated in P.E.I., Nova Scotia, Manitoba, Saskatchewan and British Columbia; not mandated in Newfoundland and Labrador, New Brunswick, the Northwest Territories and Nunavut.

Fully coded diagnosis and intervention information might not be available for abstracts submitted at Level 1 or Level 2.

- NACRS Clinic Lite (Level 0) data is excluded from this 2016–2017 report. Clinic Lite is a low-cost, low-burden reporting option for ambulatory clinics; it is currently being piloted in specific clinics, focusing on certain populations. 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 2016–2017: 5 facilities (4 facilities in Ontario and 1 facility in Alberta)
- New facility numbers in NACRS in 2016–2017: 15 facilities (11 in Ontario and 4 in Saskatchewan)

Rate of over-coverage

- The rate of over-coverage from true duplicate records in 2016–2017 was 0.73%. There were 158,788 true duplicate records (see Table 5 in Appendix A).

Non-response

Unit non-response refers to incomplete data that is submitted from facilities in the frame, 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 2016–2017:

- Nil

Unit non-response rate at the record level, due to missing records for all or some periods in NACRS in 2016–2017:

- Nil

NACRS fields

- Unknown values in NACRS fields for 2016–2017: See Table 4 in Appendix A
- NACRS fields evolution by fiscal year: See Appendix B

Appendix A: NACRS data tables

The NACRS 2016–2017 population of reference included 433 facilities in Canada.

Table 1 Number of facilities submitting to each ambulatory care group in NACRS, by province/territory, 2016–2017

Prov./ terr.	Total no. of submitting facilities	ED			DS	Clinic					DI	Other ambulatory care
		Level 1	Level 2	Level 3		CC	RD	OC	MH	Other*		
P.E.I.	2	0	0	1	2	0	0	0	0	1	0	0
N.S.	20	4	0	7	18	1	0	1	0	13	8	6
Ont.	191	0	0	179	147	23	54	87	0	80	15	10
Man.	8	7	0	1	0	0	0	0	0	0	0	0
Sask.	10	4	2	4	0	0	0	0	0	0	0	0
Alta.	170	0	0	107	96	3	15	5	28	109	118	123
B.C.	29	0	29	0	0	0	0	0	0	0	0	0
Y.T.	3	0	0	3	0	0	0	0	0	0	0	0
Total	433	15	31	302	263	27	69	93	28	203	141	139

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 a listing of how the ambulatory care groups are defined using the national MIS FC account codes, please refer to Appendix D of the NACRS Abstracting Manual.

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

Level 0 Clinic Lite data is excluded from the analysis.

Source

National Ambulatory Care Reporting System, 2016–2017, Canadian Institute for Health Information.

Table 2 Summary of all visits for NACRS, by province/territory and ambulatory care group, 2016–2017

Prov./ terr.	ED			DS	Clinic					DI	Other ambulatory care	Total N (%)
	Level 1	Level 2	Level 3		CC	RD	OC	MH	Other*			
P.E.I.	0	0	23,858	14,173	0	0	0	0	79	0	0	38,110 (0.17)
N.S.	175,987	0	139,990	108,913	2,345	0	881	0	17,378	4,054	105	449,653 (2.06)
Ont.	0	0	6,336,883	1,266,067	57,165	1,269,795	1,242,911	0	108,798	10,488	10,335	10,302,442 (47.09)
Man.	290,324	0	38,611	0	0	0	0	0	0	0	0	328,935 (1.50)
Sask.	149,597	101,360	42,057	0	0	0	0	0	0	0	0	293,014 (1.34)
Alta.	0	0	2,282,193	406,320	11,336	356,843	13,222	498,160	2,626,726	734,556	1,907,039	8,836,395 (40.38)
B.C.	0	1,588,895	0	0	0	0	0	0	0	0	0	1,588,895 (7.26)
Y.T.	0	0	42,024	0	0	0	0	0	0	0	0	42,024 (0.19)
Total	615,908	1,690,255	8,905,616	1,795,473	70,846	1,626,638	1,257,014	498,160	2,752,981	749,098	1,917,479	21,879,468 (100.00)

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 a listing of how the ambulatory care groups are defined using the national MIS FC account codes, please refer to Appendix D of the NACRS Abstracting Manual. Level 0 Clinic Lite data is excluded from the analysis.

Source

National Ambulatory Care Reporting System, 2016–2017, Canadian Institute for Health Information.

Table 3 Percentage change in volume of NACRS records between 2015–2016 and 2016–2017, by province/territory and ambulatory care group

Prov./ terr.	ED			DS	Clinic					DI	Other ambulatory care	Total
	Level 1	Level 2	Level 3		CC	RD	OC	MH	Other*			
P.E.I.	n/a	n/a	-2.0	3.3	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.1
N.S.	3.6	n/a	12.0	4.4	1.4	n/a	0.7	n/a	-1.2	-1.3	29.6	6.0
Ont.	n/a	n/a	0.9	2.2	3.0	0.4	4.6	n/a	0.1	2.0	13.7	1.4
Man.	3.8	n/a	-1.0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3.2
Sask.	-2.3	-0.8	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	14.8
Alta.	n/a	n/a	-2.3	14.6	1.3	4.9	-7.9	-4.9	2.4	0.0	2.3	1.1
B.C.	n/a	1.2	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.2
Y.T.	n/a	n/a	1.0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	1.0
Total	1.9	1.1	0.7	4.9	2.7	1.3	4.4	-4.9	2.3	0.0	2.4	1.5

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.

n/a: Not applicable.

For a listing of how the ambulatory care groups are defined using the national MIS FC account codes, please refer to Appendix D of the NACRS Abstracting Manual.

Level 0 Clinic Lite data is excluded from the analysis.

Source

National Ambulatory Care Reporting System, 2015–2016 and 2016–2017, Canadian Institute for Health Information.

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

Data element number	Data element	Definition	Unknown value	NACRS 2015–2016 proportion when applicable (%)	NACRS 2016–2017 proportion when applicable (%)	Percentage change between 2015–2016 and 2016–2017
02	HCN	HCN data is not available	All zeros	1.12	1.12	0.00
03	Province/ Territory Issuing HCN	Province/ Territory Issuing HCN indicates the provincial/ territorial or federal government from which the HCN was issued	99	0.62	0.64	0.02
05	Postal Code*	Client is a resident of Canada and the postal code is unknown or invalid	2-digit alpha code or invalid 6-digit code	1.07	1.27	0.20
09	Birth Date	Birth Date is unknown or invalid	9999010199990901 Combination of age code “U” and age unit “0”	<0.01	<0.01	0.00
25	Triage Time	Unknown	9999	0.71	0.56	-0.15
26	Triage Level	Unknown	99	0.86	0.74	-0.12
30	Time of Physician Initial Assessment	Unknown	9999	8.09	7.52	-0.57
45	Other Problem(s)	Unknown codes for place of occurrence with injuries	U98.9	66.97	66.96	-0.01
100	Glasgow Coma Scale	Not available	99 or blank	44.45	43.33	-1.12
101	Seatbelt Indicator	Unknown	99	35.58	33.90	-1.68
102	Helmet Indicator	Unknown	99	70.99	68.95	-2.04
115	Disposition Time	Unknown	9999	2.6	2.66	0.06

Data element number	Data element	Definition	Unknown value	NACRS 2015–2016 proportion when applicable (%)	NACRS 2016–2017 proportion when applicable (%)	Percentage change between 2015–2016 and 2016–2017
117	Time Patient Left ED	Unknown	9999	0.4	0.40	0.00
137 and 44	ED Discharge Diagnosis and Main Problem†	Missing	Blank	7	7.54	0.54
136	Presenting Complaint†	Missing	Blank	19.5	19.41	-0.09

Notes

* Full 6-digit postal codes that were not found in the latest Postal Code Conversion File from Statistics Canada (2015 version) are deemed invalid. Mini-postal codes that refer to a Canadian province/territory or to persons who are transient/homeless are deemed unknown.

† 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, 2015–2016 and 2016–2017, Canadian Institute for Health Information.

Table 5 NACRS duplicates

Ambulatory care group		2015–2016 N (%)	2016–2017 N (%)
ED	Level 1	675 (0.44)	2,062 (1.30)
ED	Level 2	0 (0.00)	477 (0.30)
ED	Level 3	6 (0.00)	99 (0.06)
DS		982 (0.32)	701 (0.44)
Clinic	CC	0 (0.00)	(0.00)
Clinic	RD	4,397 (2.89)	4,673 (2.94)
Clinic	OC	130 (0.09)	230 (0.14)
Clinic	MH	110,343 (72.47)	109,604 (69.03)
Clinic	Other*	21,338 (14.01)	20,489 (12.90)
DI		100 (0.07)	808 (0.51)
Other ambulatory care		14,299 (9.39)	19,650 (12.37)
Total		152,270	158,788
Proportion of NACRS		~0.71	~0.73

Notes

* Level 0 Clinic Lite data is excluded from the analysis.

The majority of the duplicates were from Alberta in both 2015–2016 (99.5%) and 2016–2017 (98.3%).

Source

National Ambulatory Care Reporting System, 2015–2016 and 2016–2017, 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 (see Bibliography). 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

Data element ID number	Description	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017
00A	Reporting Facility's Province/Territory	*	*	*	*	*	*	*	*	*	*	*	*
00B	Reporting Facility's Ambulatory Care Number	*	*	*	*	*	*	*	C	*	*	*	C
00C	Submission Fiscal Year	*	*	*	*	*	*	*	*	*	*	*	*
00D	Submission Period	*	*	*	*	*	*	C	C	*	*	*	*
00E	Abstract Identification Number	*	*	*	*	*	*	*	*	*	*	*	*
00F	Coder Number	*	*	*	*	*	F	*	*	C	*	*	*
00G	Primary Abstract ID Number	N	R	O	O	O	O	O	O	O	O	O	O
01	Chart Number	*	*	*	*	*	*	*	C	*	*	*	*
02	Health Care Number	*	*	*	*	*	C	C	C	*	C	C	*
03	Province/Territory Issuing Health Care Number	*	*	*	*	*	C	C	C	*	*	*	*
04	Responsibility for Payment	*	*	*	*	*	C	C	C	*	C	*	*
05	Postal Code	*	*	*	*	*	C	C	*	*	*	*	*
06	Residence Code (Geographic Code)	*	*	*	*	C	C	C	*	*	*	*	*
07	Gender	*	*	*	*	*	C	*	C	*	*	*	*
08	Birth Date	*	*	*	*	*	*	C	*	*	*	*	*
09	Birth Date Is Estimated	*	*	*	*	*	C	C	*	*	*	*	*
10	Family Physician Flag	*	*	C	*	R	O	O	O	O	O	O	*
11	Ambulatory Registration Number	*	*	*	*	*	*	C	*	*	*	*	*
12	Ambulatory Registration/ Encounter Sequence Number	*	*	*	*	*	*	*	*	*	*	*	*
13	Visit MIS FC Account Code	*	*	*	*	*	C	C	*	*	*	*	*
14	Admit via Ambulance	*	C	*	*	*	C	*	*	*	*	*	*
15	Ambulance Call Number	*	*	*	*	*	C	*	*	*	*	*	*
16	Living Arrangement	*	*	*	*	*	*	*	*	*	*	*	*
17	Residence Type	*	*	*	*	*	*	*	*	*	*	*	*
18	Visit Type	*	*	*	C	C	C	R	O	O	O	O	O

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Data element ID number	Description	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017
19	Ambulatory Visit Status	*	*	*	*	*	*	*	*	*	*	*	*
20	Mode of Visit/Contact	*	*	*	*	*	C	C	C	*	*	*	*
21	Highest Level of Education	*	*	*	*	*	*	*	*	*	*	*	*
22	Arrival Date	*	*	*	*	C	*	*	*	*	*	*	*
23	Arrival Time	*	*	*	*	C	*	*	*	*	*	*	*
24	Triage Date	*	*	*	*	*	*	C	*	*	*	*	*
25	Triage Time	*	*	C	*	*	*	C	*	*	*	*	*
26	Triage Level	*	C	*	*	C	C	C	*	*	*	*	*
27	Date of Registration/Visit	*	*	*	*	*	*	*	*	C	*	C	C
28	Registration/Visit Time	*	*	*	*	*	*	*	*	C	*	C	C
29	Date of Physician Initial Assessment	*	*	*	*	C	C	C	C	*	*	*	*
30	Time of Physician Initial Assessment	*	*	*	*	C	C	C	*	*	*	*	*
31	Referral Source Prior to Ambulatory Care Visit	*	*	*	C	C	C	C	*	*	*	*	*
32	Institution From	*	*	*	C	C	C	*	*	*	*	*	*
33	Decision to Admit Date	*	*	R	O	O	O	O	O	O	O	O	O
34	Decision to Admit Time	*	*	R	O	O	O	O	O	O	O	O	O
35	Visit Disposition	C	*	*	*	C	C	C	C	*	*	C	C
36	Date Visit Completed	*	*	R	O	O	O	O	O	O	O	O	O
37	Time Visit Completed	*	C	R	O	O	O	O	O	O	O	O	O
38	Referred To — After Completion of Ambulatory Care Visit	*	*	*	*	C	*	C	*	*	*	*	*
39	Institution To	*	*	*	C	C	C	C	*	*	*	*	*
40	Provider Type	*	*	C	*	C	C	C	C	*	*	*	C
41	Service Provider	C	C	C	C	C	C	C	C	C	C	*	*
42	Service Provider ID Number	*	*	*	*	C	C	C	*	F, C	*	*	*
43, 43 (a–i)	Main and Other Problem Prefix	*	C	*	C	C	C	C	*	*	*	*	*

Data element ID number	Description	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017
44	Main Problem	*	*	*	*	*	C	*	*	*	*	*	*
45 (a–i)	Other Problem(s)	*	*	*	*	C	C	*	*	*	*	*	C
46	Main Intervention	*	*	*	*	*	*	*	*	*	*	C	*
47 (a–i)	Other Intervention(s)	*	*	*	*	*	*	*	*	C	*	*	*
48 (a–i)	Status Attribute (Main and Other)	*	*	*	*	*	C	C	*	*	*	*	*
49 (a–i)	Location Attribute (Main and Other)	*	*	*	*	*	C	C	*	*	*	*	*
50 (a–i)	Extent Attribute (Main and Other)	*	*	*	*	*	C	C	*	*	*	*	*
51 (a–i)	Duration of Ambulatory Care Intervention for Main and Other Interventions	*	*	*	*	*	C	C	C	*	*	*	*
52 (a–i)	Intervention Location Code for Main and Other Interventions	*	*	*	*	*	*	C	*	C	*	*	*
53	Anaesthetic Technique	C	*	*	*	C	*	C	*	F, C	*	C	C
54	Died During Intervention Flag	*	*	*	*	*	R	O	O	O	O	O	O
55	Out-of-Hospital Indicator	*	*	*	*	*	C	*	*	*	*	C	C
56	Out-of-Hospital Institution Number	*	*	*	*	*	*	*	*	*	*	*	*
57	Blood Transfusion Indicator	*	*	*	*	*	C	*	*	*	*	*	*
58	Blood Components/ Products — Red Blood Cells	*	*	*	*	C	C	*	*	*	C	*	C
59	Platelets	*	*	*	*	C	C	*	*	*	C	*	*
60	Plasma	*	*	*	*	C	C	*	*	*	C	*	*
61	Albumin	*	*	*	*	C	C	*	*	*	C	*	*
62	Other	*	*	*	*	C	C	*	C	C	C	*	C
63	Autologous Blood Transfusion	*	*	*	*	C	C	*	C	*	C	*	*
64	Units of Blood Transfused — Red Blood Cells	*	*	*	*	*	*	*	*	*	*	*	*
65	Platelets	*	*	*	*	*	*	*	*	*	*	*	*
66	Plasma	*	*	*	*	*	*	*	*	*	*	*	*

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Data element ID number	Description	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017
67	Albumin	*	*	*	*	*	*	*	*	*	*	*	*
68	Other	*	*	*	*	*	*	*	*	*	*	*	*
69	Therapeutic Abortion Information — Number of Previous Term Deliveries	*	*	*	*	C	C	C	*	*	*	*	*
70	Number of Previous Preterm Deliveries	*	*	*	*	C	C	C	*	*	*	*	*
71	Number of Previous Spontaneous Abortions	*	*	*	*	C	C	C	*	*	*	*	*
72	Number of Previous Therapeutic Abortions	*	*	*	*	C	C	C	*	*	*	*	*
73	Gestational Age — Therapeutic Abortion	*	*	*	*	C	C	C	*	*	*	*	*
74	Date of Last Menses	*	*	*	*	C	C	C	*	*	*	*	*
75 (a–j)	MIS FC Account Code	*	*	*	*	*	C	C	*	*	*	*	*
76	Service Recipient–Specific Direct Cost	O	O	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	O	O
78	Traceable Supplies	O	O	O	O	O	O	O	O	O	O	O	O
79–96 (a–e)	Special Project	*	*	*	*	*	C	C	*	C	*	O	O
97	PCTAS Indicator	*	*	*	*	*	R	O	O	O	O	O	O
98	Program Area	*	*	*	*	*	C	C	*	*	*	*	*
99	Scheduled ED Visit Indicator	*	*	*	C	*	C	R	O	O	O	O	O
100	Glasgow Coma Scale	*	*	*	C	C	C	*	*	C	*	*	*
101	Seatbelt Indicator	*	*	*	*	*	*	C	*	*	*	*	*
102	Helmet Indicator	*	*	*	C	*	*	C	*	*	*	*	*
103	Level of Care/ Service Recipient	*	*	*	*	*	*	*	R	O	O	O	O
104	Referral Date	*	*	*	*	*	*	*	*	*	*	*	*
105	Vendor MAC	*	*	*	*	*	*	*	*	*	*	*	*
106	Vendor CACS	*	*	*	*	*	*	*	*	*	*	*	*
107	Vendor RIW†	*	C	*	*	*	*	*	F	*	*	*	*

Data element ID number	Description	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017
108	Complete Record	*	*	*	*	*	*	*	*	*	*	*	*
109	Main Intervention Start Date	*	*	*	*	*	C	C	C	C	*	*	*
110	Main Intervention Start Time	*	*	*	*	*	C	C	C	C	*	*	*
111 (a–i)	Other Intervention Start Date	*	*	*	*	*	C	C	C	C	*	*	*
112 (a–i)	Other Intervention Start Time	*	*	*	*	*	C	C	C	C	*	*	*
113	Reason for Visit/Chief Complaint [‡]	O	N	*	*	C	*	R	O	O	O	O	O
114	Disposition Date	O	O	N	*	*	*	C	C	C	*	*	*
115	Disposition Time	O	O	N	*	*	*	C	C	C	*	*	*
116	Date Patient Left Emergency Department	O	O	N	*	*	C	*	C	*	*	C	*
117	Time Patient Left Emergency Department	O	O	N	*	*	C	*	C	*	*	C	*
118	Ambulance Arrival Date	O	O	O	O	N	C	C	*	*	*	*	*
119	Ambulance Arrival Time	O	O	O	O	N	C	C	*	*	*	*	*
120	Ambulance Transfer of Care Process Date	O	O	O	O	N	C	C	C	*	*	*	*
121	Ambulance Transfer of Care Process Time	O	O	O	O	N	C	C	C	*	*	*	*
122	Clinical Decision Unit/Observation Unit Flag	O	O	O	O	N	C	C	*	*	*	*	*
123	Clinical Decision Unit Date In	O	O	O	O	N	C	C	C	*	*	*	*
124	Clinical Decision Unit Time In	O	O	O	O	N	C	C	C	*	*	*	*
125	Clinical Decision Unit Date Out	O	O	O	O	N	C	C	C	*	*	*	*
126	Clinical Decision Unit Time Out	O	O	O	O	N	C	C	C	*	*	*	*
127, 127 (a–i)	Problem Cluster for Main Problem (Main and Other)	O	O	O	O	N	*	C	C	*	*	*	C
128	Submission Level Code	O	O	O	O	N	C	*	*	*	*	*	*
129	Access to Primary Health Care Code	O	O	O	O	N	*	*	*	*	*	*	*
130 (a–c)	Consult Request Date	O	O	O	O	O	N	C	C	*	*	*	*
131 (a–c)	Consult Request Time	O	O	O	O	O	N	C	C	*	*	*	*
132 (a–c)	Consult Request Service	O	O	O	O	O	N	C	C	*	*	*	*

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Data element ID number	Description	2005–2006	2006–2007	2007–2008	2008–2009	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017
133	Date of Non-Physician Initial Assessment (DNPIA)	O	O	O	O	O	N	C	C	*	*	*	*
134	Time of Non-Physician Initial Assessment (TNPIA)	O	O	O	O	O	N	C	C	*	*	*	*
135	Non-Physician Initial Assessment Provider Service (NPIAPS)	O	O	O	O	O	N	C	C	C	*	*	*
136 (a–c)	Presenting Complaint List	O	O	O	O	O	N	C	C	*	*	C	C
137 (a–c)	Emergency Department Discharge Diagnosis	O	O	O	O	O	N	C	C	C	*	*	*
138	Status After Triage	O	O	O	O	O	O	N	*	*	*	*	*
139	ED Visit Indicator	O	O	O	O	O	O	N	*	*	*	*	*
140	Vendor Age Category	O	O	O	O	O	O	N	*	*	*	*	*
141	Vendor Anaesthetic Category	O	O	O	O	O	O	N	*	*	*	*	*
142	Vender IT Total Count	O	O	O	O	O	O	N	*	*	*	*	*
143 (a–c)	Consult Arrival Date	O	O	O	O	O	O	N	C	*	*	*	*
144 (a–c)	Consult Arrival Time	O	O	O	O	O	O	N	C	*	*	*	*
146–169	Project Data Fields	O	O	O	O	O	O	O	O	O	O	C, F	C

Notes

† From 2004–2005 to 2005–2006, the name of data element 107 was Vendor ACW.

‡ From 2004–2005 to 2005–2006, Reason for Visit (data element 113) was captured as value “R” in Main Problem Prefix (data element 43).

Contact

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

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