



National Rehabilitation Reporting System List of Data Elements

2017–2018



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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UDSMR

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The FIM® instrument includes the following data elements:

- | | |
|---------------------------------------|---------------------------------|
| 41. Eating | 50. Transfers: Toilet |
| 42. Grooming | 51. Transfers: Tub or Shower |
| 43. Bathing | 52. Locomotion: Walk/Wheelchair |
| 44. Dressing — Upper Body | 53. Locomotion: Stairs |
| 45. Dressing — Lower Body | 54. Comprehension |
| 46. Toileting | 55. Expression |
| 47. Bladder Management | 56. Social Interaction |
| 48. Bowel Management | 57. Problem-Solving |
| 49. Transfers: Bed, Chair, Wheelchair | 58. Memory |

List of NRS data elements, 2017–2018

The original data elements contained in the National Rehabilitation Reporting System (NRS) were recommended by CIHI's National Rehabilitation Advisory Group (September 1998) and by the National Rehabilitation Expert Working Group (October 1999) to support priority indicators for national reporting of inpatient rehabilitation services. Since implementation, the NRS data set has been adjusted based on ongoing consultations with the NRS Advisory Committee and other key stakeholders representing inpatient rehabilitation across Canada.

2017–2018 data elements by type of assessment

The following table outlines the NRS data elements captured on admission, discharge and follow-up records. "X" represents the data collection point and "(X)" indicates the option to modify (revise or add) data. An em dash (—) indicates that the data element is not collected at that point. This table provides a high-level overview of all data elements.

Data element number and name	Admission	Discharge	Follow-up (optional)
Facility identifiers			
1A. Facility Number or Code 1B. Facility Type 1C. Facility Size (Approved Beds) 1D. Facility Size (Operating Beds) 1F. Facility/Site Name 1G. Facility/Site Street Address 1H. Facility/Site City 1I. Facility/Site Province 1J. Facility/Site Postal Code 1K. Facility/Site Telephone Number 1L. Facility/Site Fax Number 1M. Facility/Site CEO/Administrator Name 1N. Facility Coordinator Name 1O. Facility Coordinator Telephone Number 1P. Facility Coordinator Fax Number			Submit to CIHI prior to start of data collection

Data element number and name	Admission	Discharge	Follow-up (optional)
Facility identifiers (cont'd)			
1Q. Facility Coordinator Email Address 1R. Primary Data Submission Contact Name 1S. Primary Data Submission Contact Telephone Number 1T. Primary Data Submission Contact Fax Number 1U. Primary Data Submission Contact Email Address 1V. Facility Corporation/Region Name 1W. Facility Corporation/Region CEO Name 1Y. Facility/Site Telephone Extension 1Z. Facility Coordinator Telephone Extension 1AA. Primary Data Submission Contact Telephone Extension 1AB. Secondary Data Submission Contact Name 1AC. Secondary Data Submission Contact Telephone Number 1AD. Secondary Data Submission Contact Fax Number 1AE. Secondary Data Submission Contact Email Address 1AF. Secondary Data Submission Contact Telephone Extension	Submit to CIHI prior to start of data collection		
Client identifiers			
2. Assessment Type	X	X	X
3. Program Type	X	—	—
4. Chart Number	X	X	X
5. Health Care Number	X	—	—
6. Province/Territory Issuing Health Care Number	X	—	—
Socio-demographic data			
7. Sex	X	—	—
8. Birthdate	X	—	—
9. Estimated Birthdate	X	—	—
10. Primary Language	X	—	—
11A. Country of Residence	X	—	—

Data element number and name	Admission	Discharge	Follow-up (optional)
Socio-demographic data (cont'd)			
11B. Postal Code of Residence	X	—	—
11C. Province/Territory of Residence	X	—	—
11D. Residence Code	X	—	—
12. Pre-Hospital Living Arrangements	X	—	—
13. Post-Discharge Living Arrangements	—	X	—
14. Pre-Hospital Living Setting	X	—	—
15. Post-Discharge Living Setting	—	X	—
16. Informal Support Received	X	X	X
17. Pre-Hospital Vocational Status	X	—	—
18. Post-Discharge Vocational Status	—	X	—
76. Follow-Up Living Arrangements	—	—	X
77. Follow-Up Living Setting	—	—	X
78. Follow-Up Vocational Status	—	—	X
87. Aboriginal Status	X	—	—
Administrative data			
19A. Admission Class	X	(X)	—
19B. Readmission Within 1 Month	X	—	—
19C. Readmission Planned or Unplanned	X	—	—
20A. Date Ready for Admission Known	X	—	—
20B. Date Ready for Admission	X	—	—
21. Admission Date	X	—	—
22. Referral Source	X	—	—
23A. Referral Source Province/Territory	X	—	—
23B. Referral Source Facility Number	X	—	—
24. Responsibility for Payment	X	(X)	—
25A. Service Interruption Start Date	—	X	—
25B. Service Interruption Return Date	—	X	—

Data element number and name	Admission	Discharge	Follow-up (optional)
Administrative data (cont'd)			
25D. Service Interruption Transfer Status	—	X	—
28A. Provider Type(s)	—	X	—
28B. Provider Type ID Number	—	X	—
29. Date Ready for Discharge	—	X	—
30. Discharge Date	X* *if 19A = 4	X	—
31. Reason for Discharge	—	X	—
32. Referred To	—	X	—
33A. Referred to Province/Territory	—	X	—
33B. Referred to Facility Number	—	X	—
72. Follow-Up Assessment Date	—	—	X
73A. Hospitalizations Since Discharge	—	—	X
73B. Days in Hospital	—	—	X
74. Respondent Type	—	—	X
90A. Primary Reason for Waiting for Discharge	—	X	—
90B. Secondary Reason for Waiting for Discharge	—	X	—
91A. Rehabilitation Time With an Occupational Therapist (OT)	—	X	—
91B. Rehabilitation Time With a Physiotherapist (PT)	—	X	—
91C. Rehabilitation Time With a Speech–Language Pathologist (SLP)	—	X	—
91D. Rehabilitation Time With an Occupational Therapist Assistant (OTA)	—	X	—
91E. Rehabilitation Time With a Physiotherapist Assistant (PTA)	—	X	—
91F. Rehabilitation Time With a Communicative Disorders Assistant (CDA)	—	X	—
Health characteristics			
34. Rehabilitation Client Group (RCG)	X	(X)	—
38. ASIA Impairment (Spinal Cord Injury)	X	—	—
39. Date of Onset	X	—	—

Data element number and name	Admission	Discharge	Follow-up (optional)
Health characteristics (cont'd)			
40A. Height	X	X	—
40B. Weight	X	X	—
80. Most Responsible Health Condition — ICD-10-CA	X	(X)	—
81. Pre-Admit Comorbid Health Condition — ICD-10-CA	X	—	—
82. Post-Admit Comorbid Health Condition — ICD-10-CA	—	X	—
83. Transfer or Death Health Condition — ICD-10-CA	X* *if 19A = 4	X	—
84. Service Interruption Reason — ICD-10-CA	—	X	—
85. Health Condition Reason for Hospitalization — ICD-10-CA	—	—	X
86. Pre-Admit Comorbid Procedure or Intervention — CCI	X	—	—
Activities and participation			
41. Eating — FIM® instrument	X	X	X
42. Grooming — FIM® instrument	X	X	X
43. Bathing — FIM® instrument	X	X	X
44. Dressing — Upper Body — FIM® instrument	X	X	X
45. Dressing — Lower Body — FIM® instrument	X	X	X
46. Toileting — FIM® instrument	X	X	X
47. Bladder Management — FIM® instrument	X	X	X
48. Bowel Management — FIM® instrument	X	X	X
49. Transfers: Bed, Chair, Wheelchair — FIM® instrument	X	X	X
50. Transfers: Toilet — FIM® instrument	X	X	X
51. Transfers: Tub or Shower — FIM® instrument	X	X	X
52. Locomotion: Walk/Wheelchair — FIM® instrument	X	X	X
53. Locomotion: Stairs — FIM® instrument	X	X	X
54. Comprehension — FIM® instrument	X	X	X
55. Expression — FIM® instrument	X	X	X
56. Social Interaction — FIM® instrument	X	X	X

Data element number and name	Admission	Discharge	Follow-up (optional)
Activities and participation (cont'd)			
57. Problem-Solving — FIM® instrument	X	X	X
58. Memory — FIM® instrument	X	X	X
59. Impact of Pain	X	X	X
60. Meal Preparation	X	X	X
61. Light Housework	X	X	X
62. Heavy Housework	X	X	X
64. Communication — Verbal/Non-Verbal Expression	X	X	X
65. Communication — Written Expression	X	X	X
66. Communication — Auditory/Non-Auditory Comprehension	X	X	X
67. Communication — Reading Comprehension	X	X	X
68. Financial Management	X	X	X
69. Orientation	X	X	X
70. General Health Status	X	X	X
75. Reintegration to Normal Living	—	—	X
79. Glasses/Hearing Aid Flag	X	X	X
Project fields			
88A. Project Code 1	X	X	X
88B. Project Data 1	X	X	X
89A. Project Code 2	X	X	X
89B. Project Data 2	X	X	X



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