Provincial Discharge Abstract Database (PDAD)

User Guide v.1.0

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Newfoundland & Labrador
Centre for Health Information

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Provincial Discharge Abstract Database

User Guide Documentation 2017

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v.1.0	Lisa McKenzie	August 2017	Annual update; updated revisions to data dictionary; added known PDAD issue regarding EH use of MCP in chart number fields

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1   Provincial Discharge Abstract Database

1.1   Introduction

This internal document is considered the primary reference for Centre staff working with the Provincial Discharge Abstract Database (PDAD). It is intended to provide staff with information related to the collection, processing, storage, use and disclosure of information contained within this key provincial health information system. For detailed procedures related to the system, please reference the NLCHI 3M System User's Manual.

This document is reviewed annually and revised as needed to ensure it remains current and useful. Feedback from readers is welcomed. Suggestions for future updates can be sent to the Manager Clinical Standards and Information, Health Analytics and Evaluation Services (HAES).

1.2   Description of PDAD

PDAD was developed as a replacement to the Clinical Database Management System (CDMS), which was developed in the mid-1990's as the provincial repository containing administrative, demographic and clinical data related to patients receiving in-patient and surgical day care (SDC) services from acute care facilities in Newfoundland and Labrador (NL). For select years, a small number of facilities submitted chronic care and medical day care data to the DAD, which was is included in PDAD.

All health care facilities in the province that provide acute and/or surgical day care services report to Canadian Institute for Health Information (CIHI) via Discharge Abstract Database (DAD). CIHI provides the Centre with a copy of the data submitted by all health care facilities in Newfoundland and Labrador.

PDAD was implemented in 2014-15 to import files from the previous CDMS from 2001-02 as well as the DAD files received from CIHI. For information from CDMS prior to 2001, please refer to the Clinical Database Management System (CDMS) Master Methodology 1994/95-2000/01.

1.3   Purpose of PDAD

This database is used primarily for health system planning and management, information requests and research related to in-patient and surgical day care (SDC) services provided by acute care facilities in Newfoundland and Labrador (NL). For inpatient and SDC services provided to residents of NL in other Canadian provinces, please refer to the Out-of-Province (OOPDAD) User Guide.

1.4   Population Reference Coverage

The PDAD contains records for in-patient and SDC services provided to residents and non-residents by acute care facilities in Newfoundland and Labrador. Appendix 5 contains a list of submitting facilities and their applicable years of data submission.

1.5   Reporting Period

The reporting period for PDAD is based upon the fiscal year, April 1 to March 31.

1.6   Years Available

PDAD contains complete data for fiscal years 2001/02 to 2016/17, as well as open year data for 2017/18. Data is refreshed monthly.

1.7   Patient Identification

All episodes are assigned a unique Episode Identifier. Any linkage of Care Episodes to individual patients is done following extract from PDAD.

2   Data Source(s)

1.1   Origin of data

Data originates at the participating health care facilities.

2.1   Data Flow

All reporting facilities complete an abstract for each inpatient or surgical day care encounter and submit these through the DAD submission process to CIHI. This process will accept or reject abstracts. If the abstract is rejected a report is sent back to the facility for deletion, correction and resubmission. When the abstract is accepted, an edit process is performed and errors are sent back to the originating facility for correction and resubmission.

CIHI sends a monthly cumulative file and a year-end file to the Centre. The monthly cumulative files and the year-end file are uploaded into PDAD. Edits are run in November, April and on the year-end file. Performing edits on the open year data allows the regions to correct the records and resubmit prior to file closure, allowing for improved data quality.

2.2   Data Collection and Processing Time Lines

Daily: Facilities are expected to complete abstracts on each discharge within 90 days from the last day of the month of discharge. For example, if a patient is discharged during the month of March, the facility is expected to have the data submitted by the last working day in June.

Monthly: As fiscal periods (months) are completed, facilities submit completed abstracts to CIHI.

Annually: The deadline for abstract submissions for 2016/17 was the last business day in May (soft closure). In 2017/18 the database will have a hard closure of the last business day in May.

The deadline for abstract resubmissions in 2016/17 was the last business day in June (hard closure – no submissions accepted after closure).

CIHI supplies the year-end data file to NLCHI within one week of the file closure.

3 Data Elements and Specifications

The data contained within the PDAD is essentially a 'copy' of the data submitted to the CIHI Discharge Abstract Database; therefore the data elements are intricately tied to the data standards of the DAD. Data elements in the DAD have frequently undergone revisions and enhancements over the years. These changes are often mirrored in the provincial PDAD.

The DAD abstract contains many data elements, some of which are mandatory for all data submissions, while others are mandatory in specific provinces. The abstract also contains optional data elements which can be collected to meet local needs.

A longitudinal extract is provided using the 3M HDM Shadow database, which includes all years of data. The list of Shadow tables and descriptions can be found in Appendix 1.

A comprehensive Data dictionary can be found in Appendix 2. For mapping from CDMS to PDAD please reference Provincial Discharge abstract Database (PDAD) Data Dictionary and Mapping Document, stored with the data tables.

A complete list of mandatory data elements from 2001-02 to 2016-17 for Newfoundland and Labrador can be found in Appendix 3.

4 Data Quality Processes

4.1 Edit /Correction Process

Data contained in PDAD is edited at several points along the data management pathway:

- Regional health authorities/facilities have edits built into their local abstracting systems to check data during the abstracting/coding process and prior to submission to CIHI.

- CIHI has a rigorous edit process and returns abstracts with errors to the originating facility for correction.

- NLCHI conducts an edit process on the monthly files from CIHI in November, April and on the year-end file. Identified errors are returned to the facility for correction or verification and resubmission, if possible. NLCHI edits are run until all possible corrections are completed.

- Due to the requirement and the importance of valid MCP numbers to support the de-identification process, the Centre runs several MCP edits.

4.2   Edit Classification

For both CIHI and NLCHI edits there are two edit classifications, fatal and warning. Fatal edits indicate that the data in a mandatory field is unacceptable and in most situations is corrected. A warning edit indicates that the data in the field may be correct but warrants confirmation before finalizing.

4.3   Maintenance Procedure

This is a dynamic dataset therefore users should be aware of past data element changes and that changes are likely to occur in the future. Due to these ongoing changes, data elements have been added, revised or classified as inactive over time. Data elements that are deemed inactive are no longer entered into the dataset. However for historical purposes these data elements and their values remain in the dataset (for the previous years). Please refer to the DAD publications for a detailed list of data elements and acceptable values.

Occasionally adjustments are required to align the data. For example, an element value may change, such as the acronym for Newfoundland and Labrador changed several times over the past years. Alternately, end users of PDAD data may identify data quality issues. When an issue is reported to HAES staff, corrective and/or preventative action may be taken.

Regional health authorities may identify a major data quality issue within their data and correct the information in their source systems. Regional staff are asked to notify the Centre in such circumstances; depending on the corrections applied, the decision may be made to update PDAD with the corrected information.

A complete list of changes is documented in Appendix 6, Known PDAD Facts.

5   Uses of Data

The data contained within PDAD is used primarily for analytics and evaluation of in-patient and SDC health services provided within the province, as well as for research purposes. The Health Analytics and Evaluation Services (HAES) department at the Centre provides clinical aggregate statistical information and reports to government agencies, health care managers, clinicians, and other stakeholders to assist in planning, evaluation and evidence-based decision making. Stakeholders include the following organizations and agencies:

- Department of Health and Community Services

- Newfoundland and Labrador Statistics Agency-Community Accounts

- Regional Health Authorities

- Researchers

- Vital Statistics

Data may be disclosed to requestors in accordance with the Centre's privacy and confidentiality policies upon request and approval by the Secondary Users Committee.

The Centre also uses this data to cross reference with other datasets for quality assurance and verification purposes.

6 Changes to Database

6.1 Methodological Changes

The International Statistical Classification of Diseases and Related Health Problems 10th Revision Canadian Edition (ICD-10-CA) and Canadian Classification of Health Interventions (CCI) is the classification system used to code data for fiscal year 2001-02 onward.

CIHI governs ICD-10-CA and CCI and in the last ten years it has released six versions: 2001, 2003, 2006, 2009, 2012 and 2015. This is the coding classification tool used by Health Information Management professionals to identify health conditions and interventions. Although not fundamentally different, there are changes that may impact research results, for example, diabetes mellitus codes have changed significantly over the years. It is important when using PDAD data to be aware of the applicable version(s) which apply to the data in use.

Abstracting is governed by the Discharge Abstract Database standards. These are published annually by CIHI and provide guidance for completion of each data element on the DAD abstract. There have been significant changes to data elements over the years; the DAD standards must be referenced to understand these changes.

6.2 Revision History

In April 2001, a redevelopment of the DAD was introduced along with the new classification system, ICD-10-CA/CCI.

A case-mix grouping methodology is applied to all data in PDAD. From April 1, 2001 to March 31, 2007, inpatient data was initially grouped using the Case Mix Group Plx methodology. However, this was later updated to a methodology more compatible with the ICD-10/CCI classification system, Case Mix Group plus (CMG+). Data files that were coded in ICD-10/CCI as of April 1, 2001 and initially grouped by CMG Plx are historically regrouped by CIHI using CMG+.

Surgical Day Care abstracts are grouped according to the Day Procedure Group methodology (DPG) for Fiscal years 2001-02 to 2010-11. Effective Fiscal 2011-2012, the Comprehensive Ambulatory Classifications System (CACS) grouping methodology was developed and is used to group DAD day surgery data. The new CACS grouping

methodology uses the investigative technology (diagnostic imaging) interventions found on the day surgery abstract to adjust the RIW. Surgical Day Care data from 2006/07 to 2010/11 was historically regrouped using the CACS methodology.

Note: Users should exercise caution when comparing case mix assignments of data grouped using different grouping methodologies. Depending on the methodology used, the same abstract could be grouped to a different CMG and be assigned different values for RIW (Resource Intensity Weights) and ELOS (Expected Length of Stay). CIHI provides the province with historically regrouped data for a five year period which supports comparability over that five year period.

The Health Analytics and Evaluation Services Department utilizes regrouped data using the CMG+ methodology from 2001 to 2017. This data is presented in five year increments based upon the most current CMG+ methodology. For example 2010 to 2014 data was regrouped using 2015 methodology. For a graphic visualization showing grouping availability, see Appendix 4.

6.3   Other significant changes

In 2003, the acronym for Newfoundland and Labrador was changed from NF to NL. This impacted the methodology used to uniquely identify patients. The PDAD methodology was updated and past values were revised to ensure the integrity of unique patient identification.

Beginning April 1, 2000 the General Hospital, Health Sciences Centre (001), St. Clare's Mercy Hospital (003), and Waterford Hospital (061) consolidated facility numbers and began submitting to CIHI under facility 001. In 2013/14, the General Hospital, Health Sciences Centre (215), St. Clare's (214) and the Waterford (216) began reporting under separate numbers. The Janeway reports under 215 as part of the General Hospital, Health Science Centre.

6.4   Reference Material

The following reference materials are available from the Manager, Clinical Standards and Information, Health Analytics and Evaluation Services (HAES):

- DAD Abstracting Manual 2001/02 to 2017/18: outlines the data elements, expected values and applicable CIHI edits

- Canadian Coding Standards 2001 to 2015: provides guidelines for coding specific to health conditions and interventions

- Edit Specifications 2001/02 to 2017/18: contains a list of provincial edits performed on PDAD data

- Provincial Mandates: provincial coding and abstracting standards. These are posted on the Centre's website: https://www.nlchi.nl.ca/index.php/quality-

[information/standards/clinical-standards-and-information](#). For historical reference, rescinded standards are available from the Manager, Clinical Standards and Information, HAES

- CIHI monthly (accumulative) Management Reports 2001/02 to 2016/17

- CIHI hard error reports

- List of tables and associated fields in PDAD. Prior to 2000, paper copies of the DAD are available from HAES staff. From 2001 onward electronic copies of the DAD are available at: K:\HAES\818 CIHI National Databases\-01 DAD Discharge Abstract Database\-02, and Core Sections of Newfoundland and Labrador specific DAD information can be found at: K:\DQS\818 CIHI National Databases\-01 DAD Discharge Abstract Database\-03 Provincial Section.

7 Data Quality Limitations

7.1 Data Quality Gaps

For select years, a small number of facilities submitted chronic care and medical day care data to the DAD, which was in turn included in PDAD. Appendix 5 contains a list of facilities and their associated level of care.

7.2 Contributors Impact on Data Quality

For the fiscal year 2001/02, the former Peninsulas Health Care Corporation (Burin Peninsula Health Care Centre, Bonavista Health Care Centre and Dr. G.B. Cross Memorial Hospital) and Baie Verte Peninsula Health Care Centre, did not meet CIHI's year-end deadline. This data was accepted into PDAD. It is important to note that when comparing PDAD to the DAD file for this period and these facilities, discrepancies will occur. As these records were not submitted to CIHI, the CIHI added values such as RIWs, and CMG+ etc. are not available for these records.

Caution should be exercised when using chronic care and medical day care information. Chronic care data was not reported by all facilities in any given year. As of 2008/09, no facilities reported medical day care data and only the Waterford Hospital continued to report chronic care data.

The Janeway began reporting newborns under facility number 001 as of April 1, 2005. As of 2013/14, the Janeway reports under General Hospital, Health Sciences Centre 215.

CIHI generally will not accept submissions past the year-end deadline. In order to ensure PDAD contains a full provincial dataset, PDAD can accept late submissions. However this practice can result in a significant discrepancy between PDAD and the NL file within the DAD, depending on the volume of records involved.

The complete list of known PDAD facts related to clinical and non-clinical data can be found in [Appendix 6.](#)

7.3 Data Quality Initiatives

It may become apparent that an element's specific values are not as expected. Targeted review and evaluation of these elements is carried out to ensure data quality.

As part of data quality evaluation HIM professionals extract elements and analyze for completeness and accuracy.

8 Access

8.1 Access to PDAD

Access to PDAD is granted by the Manager Clinical Standards and Information on an individual basis, based on job responsibilities. Authorized users will be required to use a unique user name and password in order to access the TEST database, which is housed on the NLCHI corporate environment, as well as the Production database which is housed in the NLCHI Information Management System (NIMS).

Positions that have access to the database include:

- Manager Clinical Standards and Information, HAES

- Health Record Analyst, HAES

- HIM Consultant, HAES

- Epidemiologists, HAES

- Statisticians, HAES

- Research Analysts, HAES

- Health Data Consultant, HAES

- System Administrators, Infrastructure and Information Protection

- 3M System Administrators, limited access in accordance with NLCHI vendor access procedures

8.2 Privacy and Confidentiality Responsibilities

The Centre has a Secondary Use Committee that reviews applications for aggregate and record level requests for data. Approval is granted in accordance with applicable legislative authority and organizational policy.

8.3   Audit Trail

8.3.1 Audit Trail

The 3M HDM System uses Windows event logging. This enables the logging of events from various applications to be written to log files and then viewed in the Event Viewer application.

All events that occur within the HDM application are logged to the Event Viewer's application log. The types of events that logged may be seen below.

3M HDM Audit Events

Event ID	Event Name	Event Description
1000	Login Successful	User logged in successfully
1001	Logout Successful	User logged out
1002	Login Failed	Unknown user name or bad password
1003	Login Failed – 3M Account Locked	Account locked due to consecutive failed login attempts
1004	Read/Search	A patient search was performed
1005	Read (worklist)	A Work list window was presented to the user
1006	Read (Encounter List)	An Encounter List window was presented to the user
1007	Read (Edit Record)	An Edit Record window was presented to the user
1008	Read/Export	A record(s) export was performed
1009	Read/Reporter	A Reporter read was performed
1010	Write/Modify	An MPI or encounter record has been modified
1011	Record Delete	An MPI or encounter record was deleted
1012	Encounter Move to MRN	An encounter record was moved to a different MRN
1013	Write/Reporter	A Reporter write was performed

8.4   Storage/Retrieval

Source documents used to create the dataset are kept indefinitely.

The electronic dataset is maintained indefinitely and is stored on a secure server at the Centre.

Only the Infrastructure Department's staff has access to the backup files. The Centre uses the GFS (Grandfather-Father-Son) method to backup data. The backups are organized into Daily, Weekly, and Monthly. The Daily tapes are retained for 1 week. Weekly tapes are retained for 5 weeks, and Monthly tapes are retained for 1 year. The

Centre also performs an annual backup with no specified retention period. The annual tapes are archived and are not reused.

8.5 De-identification Process

A longitudinal extract of the PDAD data is de-identified to allow for linkage across multiple data sources and provide the least amount of identifiable information required for use. Access to identifiable information is only provided when absolutely necessary.

The de-identification process is outlined in detail in the HAES Data De-identification and Re-identification Procedure.

9 Comparability

PDAD can be used to cross reference for verification and data quality validation with other database/sets, For example, comparing the number of live births per facility in PDAD with number of live births per facility in NLCHI Live Birth System.

10 Education

When the need for education related to the PDAD is identified, the Centre will develop and deliver appropriate education. Where applicable, this will be done in conjunction with regional health authorities and/or CIHI.

Appendix 1: 3M Shadow Extract Table Names and Descriptions

Data is extracted from the PDAD 3M HDM system using the 3M Shadow database and SQL. Where a field exists as a parent/child relationship, the Parent and all children are extracted into a separate Shadow table. If the field is not a parent/child relationship field, it is extracted into the HDMA table. For more information about individual fields, see Appendix 3 (Mandatory DAD elements) and the PDAD data dictionary/mapping document.

Shadow Table	Description	Years with Data
BasicOpts	Contains data collected in the Basic Options fields.	2011/12-2014/15
BloodTransf	Contains data collected in the Blood Transfusion fields.	All years
CACSInfo	Contains grouping information for Surgical Day Care episodes using the CACS methodology for the year of service. For regrouped information using subsequent CACS methodology, see DAD5Yr table.	2006/07 to current
CareUnits	Contains data collected for records with Special Care Unit stays	All years
CIHI	Contains data used to identify each individual abstract including fiscal year, batch period, batch number and abstract number	All years
CMGInfo	Contains grouping information for inpatient episodes using the CMGPlx methodology (2001/02-2006/07)	2001/02-2006/07
CMGPLUS	Contains grouping information for inpatient episodes using the CMG+ methodology for the year of service. For regrouped information using subsequent CMG+ methodology, see DAD5Yr table.	2007/08 to current
DAD5yr	Contains regrouped information for CMG+ and CACS methodologies	All years
DPGInfo	Contains grouping information for Surgical Day Care episodes using the DPG methodology (2001-02 to 2010-11).	2001/02-2010/11
DxInfo	Contains diagnosis information	All years
ERWAIT	Contains Emergency department admission, discharge and wait times	All years
HDMA	Comparable to the Care Episode table in CDMS. Fields that are not parent/child relationships are found here.	All years
HDMM	Linking table (contains the Episode Identifier and HDMM ID)	All years
InstFromInfo	Contains information related to the Institution from which the patient was transferred to the service facility	All years

Shadow Table	Description	Years with Data
InstToInfo	Contains information related to the institution to which the patient was transferred from the service facility	All years
MBlinkInfo	Contains linking information for mothers and newborns related to the birth event	All years
MentalHealth	Contains data related to Mental Health	All years
ProjectFields	Contains data related to special projects	All years
ProviderInfo	Contains information related to providers involved in the episode of care	All years
PxInfo	Contains intervention (procedure) information	All years
ReprCare	Contains information related to reproductive care	All years
SvcXfr	Contains data collected related to service transfers	All years

Appendix 2: PDAD Data Dictionary

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
BasicOpts	BasicOpt1	Option 1	String	1	Mandatory for Labrador facilities to identify smoking until 2009/10; optional until 2013/14; discontinued in 2014/15
BasicOpts	BasicOpt17	Option 17	String	2	Mandatory to record Basic Option 17-18 for Institution Numbers 00001, 01001 and 03001 from 2005/06 to 2012/13; however, data was only loaded into SiteID until 2010/11; 2011/12 it was also loaded into Basic Options for CDMS. Discontinued in 2013/14
BasicOpts	BasicOpt18	Option 18	String	2	Mandatory to record Basic Option 17-18 for Institution Numbers 00001, 01001 and 03001 from 2005/06 to 2012/13; however, data was only loaded into SiteID until 2010/11; 2011/12 it was also loaded into Basic Options for CDMS. Discontinued in 2013/14
BasicOpts	BasicOpt2	Option 2	String	1	Caution using this data, RHA's have varying uses for these fields
BasicOpts	BasicOpt3	Option 3	String	1	Caution using this data, RHA's have varying uses for these fields

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
BasicOpts	BasicOpt4	Option 4	String	1	Caution using this data, RHA's have varying uses for these fields
BasicOpts	BasicOpt5	Option 5	String	1	Caution using this data, RHA's have varying uses for these fields
BasicOpts	BasicOpt6	Option 6	String	1	Caution using this data, RHA's have varying uses for these fields
BasicOpts	BasicOpt7	Option 7	String	1	Caution using this data, RHA's have varying uses for these fields
BasicOpts	BasicOpt8	Option 8	String	1	Caution using this data, RHA's have varying uses for these fields
BasicOpts	HDMAID	Shadow Use ONLY	Number	8	Shadow Use ONLY
BasicOpts	BasicOpts_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
BloodTransf	Albumin	Albumin	Number	8	Mandatory until 2013/14; Optional for 2014/15
BloodTransf	Autotransfusion	Autotransfusion	Number	8	Mandatory until 2013/14; Optional for 2014/15
BloodTransf	Transfusion	Transfusion Given	Number	8	Mandatory all years
BloodTransf	OtherBld	Other Blood	Number	8	Mandatory until 2013/14; Optional for 2014/15
BloodTransf	Plasma	Plasma	Number	8	Mandatory until 2013/14; Optional for 2014/15
BloodTransf	Platelets	Platelets	Number	8	Mandatory until 2013/14; Optional for 2014/15
BloodTransf	RedCells	Red Cells	Number	8	Mandatory until 2013/14; Optional for 2014/15
BloodTransf	HDMAID	Shadow Use ONLY	Number	8	Shadow Use ONLY
BloodTransf	Bloodtransf_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY

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Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
CACSInfo	CACSAgeCat	CACS Age Category	String	1	Provided for 2006/07 to current
CACSInfo	AGE_CTGY_RTN	CACS AGE CTGY RTN	Number	8	Provided for 2006/07 to current
CACSInfo	ANESTH_RTN	CACS ANESTH RTN	Number	8	Provided for 2006/07 to current
CACSInfo	CACSAnaestCd	CACS Anaest Cd	Number	8	Provided for 2006/07 to current
CACSInfo	CACSBranchCd	CACS Branch Code	Number	8	Provided for 2006/07 to current
CACSInfo	CACS	Comp Amb Class Sys	String	4	Provided for 2006/07 to current
CACSInfo	CACSInterv	CACS Intervention	String	10	Provided for 2006/07 to current
CACSInfo	CACSIntervExtent	CACS Interv Extent	String	1	Provided for 2006/07 to current
CACSInfo	CACSIntervLoc	CACS Interv Location	String	2	Provided for 2006/07 to current
CACSInfo	CACSIntervStatus	CACS Interv Status	String	1	Provided for 2006/07 to current
CACSInfo	CACSInv1Count	CACS Invest 1 Count	Number	8	Provided for 2006/07 to current
CACSInfo	CACSInvTech1	CACS Invest Cat 1	Number	8	Provided for 2006/07 to current
CACSInfo	CACSInv2Count	CACS Invest 2 Count	Number	8	Provided for 2006/07 to current
CACSInfo	CACSInvTech2	CACS Invest Cat 2	Number	8	Provided for 2006/07 to current
CACSInfo	CACSInv3Count	CACS Invest 3 Count	Number	8	Provided for 2006/07 to current
CACSInfo	CACSInvTech3	CACS Invest Cat 3	Number	8	Provided for 2006/07 to current
CACSInfo	CACSInv4Count	CACS Invest 4 Count	Number	8	Provided for 2006/07 to current
CACSInfo	CACSInvTech4	CACS Invest Cat 4	Number	8	Provided for 2006/07 to current
CACSInfo	CACSInv5Count	CACS Invest 5 Count	String	1	Provided for 2006/07 to current
CACSInfo	CACSInvTech5	CACS Invest Cat 5	String	1	Provided for 2006/07 to current

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
CACSInfo	CACSInv6Count	CACS Invest 6 Count	String	1	Provided for 2006/07 to current
CACSInfo	CACSInvTech6	CACS Invest Cat 6	String	1	Provided for 2006/07 to current
CACSInfo	CACSInv7Count	CACS Invest 7 Count	String	1	Provided for 2006/07 to current
CACSInfo	CACSInvTech7	CACS Invest Cat 7	String	1	Provided for 2006/07 to current
CACSInfo	CACSInv8Count	CACS Invest 8 Count	String	1	Provided for 2006/07 to current
CACSInfo	CACSInvTech8	CACS Invest Cat 8	String	1	Provided for 2006/07 to current
CACSInfo	CACSInv9Count	CACS Invest 9 Count	String	1	Provided for 2006/07 to current
CACSInfo	CACSInvTech9	CACS Invest Cat 9	String	1	Provided for 2006/07 to current
CACSInfo	CACSInv10Count	CACS Invest 10 Count	String	1	Provided for 2006/07 to current
CACSInfo	CACSInvTech10	CACS Invest Cat 10	String	1	Provided for 2006/07 to current
CACSInfo	CACSInvTechCnt	CACS Invest Tech Cnt	Number	8	Provided for 2006/07 to current
CACSInfo	ITECH_RTN	CACS ITECH RTN	Number	8	Provided for 2006/07 to current
CACSInfo	CACSLogicTypeCd	CACS Logic Type Cd	Number	8	Provided for 2006/07 to current
CACSInfo	CACSPartition	CACS Partition	String	1	Provided for 2006/07 to current
CACSInfo	CACS_RETURN	CACS RETURN	Number	8	Provided for 2006/07 to current
CACSInfo	CACSRIW	CACS RIW	Number	8	Provided for 2006/07 to current
CACSInfo	RIW_RETURN	CACS RIW RETURN	Number	8	Provided for 2006/07 to current
CACSInfo	MAC	Major Amb Cluster	String	2	Provided for 2006/07 to current
CACSInfo	CACSMethodVer	CACS Method Ver	Number	8	Provided for 2006/07 to current
CACSInfo	CACSMethodYr	CACS Method Yr	Number	8	Provided for 2006/07 to current

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
CACSInfo	CACSText	From Lookup Table	String	1	From Lookup Table
CACSInfo	MACText	From Lookup Table	String	1	From Lookup Table
CACSInfo	HDMAID	Shadow Use ONLY	Number	8	Shadow Use ONLY
CACSInfo	CACSInfo_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
CareUnits	UnitAdmitTimekn	Un Admit Time Known	Number	8	Used to identify records where the time is not known; where unknown, the system defaults to 0000. This field identifies whether it is truly a midnight time, or unknown value.
CareUnits	UnitDiscTimekn	Un Disc Time Known	Number	8	Used to identify records where the time is not known; where unknown, the system defaults to 0000. This field identifies whether it is truly a midnight time, or unknown value.
CareUnits	HDMAID	Shadow Use ONLY	Number	8	Shadow Use ONLY
CareUnits	CareUnits_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
CareUnits	UnitAdmitTime	Care Unit Admit Time	Date	8	Conditional mandatory all years where Special Care Unit number is not '99'
CareUnits	UnitDischTime	Care Unit Disch Time	Date	8	Conditional mandatory all years where Special Care Unit number is not '99'
CareUnits	UnitHours	Unit LOS Hours	Number	8	Conditional mandatory all years where Special Care Unit number is not '99'
CareUnits	CareUnit	Care Unit	Number	8	Mandatory all years
CareUnits	CareUnitTXT	Care Unit Text	Number	8	Mandatory all years

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
CIHI	AbstractNum	Abstract Number	Number	8	Mandatory all years
CIHI	BatchNum	Batch Number	Number	8	Mandatory all years
CIHI	BatchPeriod	Batch Period	Number	8	Mandatory all years
CIHI	BatchYear	Fiscal Year	Number	8	Mandatory all years
CIHI	HDMAID	Shadow Use ONLY	Number	8	Shadow Use ONLY
CIHI	CIHI_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
CMGInfo	ComplexAgeCat	Complexity Age Cat	Number	8	Provided from 2001/02 to 2006/07
CMGInfo	ComplexELOS	Complexity ELOS	Number	8	Provided from 2001/02 to 2006/07
CMGInfo	ComplexELOSMo	Complex ELOS Model	Number	8	Provided from 2001/02 to 2006/07
CMGInfo	ComplexGrade	Complexity Grade Ind	Number	8	Provided from 2001/02 to 2006/07
CMGInfo	ComplexLevel	Complexity Level	Number	8	Provided from 2001/02 to 2006/07
CMGInfo	CMGInfo_ID	From Lookup Table	Number	8	From Lookup Table
CMGInfo	AcuTransCode	Acute Transfer Ind	Number	8	Provided from 2001/02 to 2006/07
CMGInfo	CMG	CMG	Number	8	Provided from 2001/02 to 2006/07
CMGInfo	MCC	MCC	Number	8	Provided from 2001/02 to 2006/07
CMGInfo	RIWOutlierCode	RIW Exclude Code	Number	8	Provided from 2001/02 to 2006/07
CMGInfo	RIWValue	RIW OutlierCode	Number	8	Provided from 2001/02 to 2006/07
CMGInfo	RIWExcludeCode	RIW Value	Number	8	Provided from 2001/02 to 2006/07
CMGInfo	HDMAID	Shadow Use ONLY	Number	8	Shadow Use ONLY
CMGPLUS	Age_Category	Age Category	Number	8	Provided from 2001/02 to current

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
CMGPLUS	CMG	CMG	Number	8	Provided from 2001/02 to current
CMGPLUS	DxForCMG	DX For CMG	String	9	Provided from 2001/02 to current
CMGPLUS	CMGInterv	CMG Interv Code	String	10	Provided from 2001/02 to current
CMGPLUS	CMGIntervEpi	CMG Interv Epi	String	2	Provided from 2001/02 to current
CMGPLUS	CMGIntervExt	CMG Interv Ext	String	1	Provided from 2001/02 to current
CMGPLUS	CMGIntervLoc	CMG Interv Loc	String	2	Provided from 2001/02 to current
CMGPLUS	CMGIntervStatus	CMG Interv Status	String	2	Provided from 2001/02 to current
CMGPLUS	CMG Ret cd	CMG Ret cd	string	2	Provided from 2001/02 to current
CMGPlus	ComorbCount	Comorbidity Count	Number	8	Provided from 2007/08 to current
CMGPLUS	ComorbTtlFactor	Comorrb Ttl Factor	Number	8	Provided from 2001/02 to current
CMGPLUS	Comorb	Comorbidity Level	Number	8	Provided from 2001/02 to current
CMGPLUS	ELOS	ELOS	Number	8	Provided from 2001/02 to current
CMGPlus	ELOS_RIW_Return	ELOS RIW Return	Number	8	Provided from 2001/02 to current
CMGPlus	FIBiopsy	FI Biopsy	Number	8	Provided from 2001/02 to current
CMGPLUS	FICardioFlag	FI Cardioversiob Fla	Number	8	Provided from 2001/02 to current
CMGPLUS	FICellSaverFlag	FI Cell Saver Flag	Number	8	Provided from 2001/02 to current
CMGPlus	FIChemoFlag	FI Chemo Flag	Number	8	Provided from 2001/02 to current
CMGPLUS	FIDialysisFlag	FI Dialysis Flag	Number	8	Provided from 2001/02 to current

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
CMGPlus	FIEndoscopy	FI Endoscopy Flag	Number	8	Provided from 2001/02 to current
CMGPlus	FIFeedingTube	FI Feeding Tube	Number	8	Provided from 2001/02 to current
CMGPlus	FIHeartResFlag	FI Heart Res Flag	Number	8	Provided from 2001/02 to current
CMGPlus	FIInvVentGE96	FI Inv Vent GE 96	Number	8	Provided from 2001/02 to current
CMGPlus	FIInvVentIT96	FI Inv Vent IT 96	Number	8	Provided from 2001/02 to current
CMGPLUS	FIParacentesis	FI Paracentesis	Number	8	Provided from 2001/02 to current
CMGPlus	FIParNutrition	FI Parenteral Nutrit	Number	8	Provided from 2001/02 to current
CMGPlus	FIPleurocentesis	FI Pleurocentesis	Number	8	Provided from 2001/02 to current
CMGPlus	FIRadiotherapy	FI Radiotherapy	Number	8	Provided from 2001/02 to current
CMGPlus	FITracheostomy	FI Tracheostomy	Number	8	Provided from 2001/02 to current
CMGPlus	FIVascAccDev	FI Vascular Access	Number	8	Provided from 2001/02 to current
CMGPLUS	FlagInt	Flagged Interv Cnt	Number	8	Provided from 2001/02 to 2014/15
CMGPLUS	InterEvent	Interv Event Count	Number	8	Provided from 2001/02 to current
CMGPLUS	InterOOH	Intervent OOH Count	Number	8	Provided from 2001/02 to current
CMGPLUS	MCC	MCC	Number	8	Provided from 2001/02 to current
CMGPLUS	MCCPartition	MCC Partition	String	2	Provided from 2001/02 to current
CMGPLUS	MethodologyVer	Methodology Ver	Number	8	Provided from 2001/02 to current

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
CMGPLUS	MethodologyYr	MethodologyYr	Number	8	Provided from 2001/02 to current
CMGPlus	PRE_DELIVERY	PRE DELIVERY	Number	8	Provided from 2009/10 to 2011/12
CMGPlus	ReIntTtlFactor	Res Inten Ttl Factor	Number	8	Provided from 2001/02 to current
CMGPLUS	InptRI	Inpatient RI Level	Number	8	Provided from 2001/02 to current
CMGPLUS	RIW	RIW	String	9	Provided from 2001/02 to current
CMGPLUS	RIWAtyp	Inpt RIW Atyp Code	Number	8	Provided from 2001/02 to current
CMGPLUS	TrimDays	Trim Days	Number	8	Provided from 2001/02 to current
CMGPLUS	AgeCatDesc	From Lookup Table	String	27	From Lookup Table
CMGPLUS	CMGText	From Lookup Table	String	1	From Lookup Table
CMGPLUS	ComorbDesc	From Lookup Table	String	40	From Lookup Table
CMGPLUS	InptRIDesc	From Lookup Table	String	47	From Lookup Table
CMGPLUS	InterEventDesc	From Lookup Table	String	29	From Lookup Table
CMGPLUS	MCCText	From Lookup Table	String	34	From Lookup Table
CMGPlus	ECMO	ECMO	Number	8	Provided from 2015/16 to current
CMGPlus	FL_INT_STAT	FL INT STAT	Number	8	Provided from 2015/16 to current
CMGPlus	MEDICAL_CMG	MEDICAL CMG	Number	8	Provided from 2015/16 to current
CMGPlus	TYP_INP_RIW	TYP INP RIW	Number	8	Provided from 2015/16 to current
CMGPLUS	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
CMGPLUS	CMGPlus_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
DAD5yr	AbstractNumber	Abstract Number	Number	8	See PDAD user manual for information
DAD5yr	BatchNumber	Batch Number	Number	8	See PDAD user manual for information
DAD5yr	FiscalPeriod	Fiscal Period	Number	8	See PDAD user manual for information
DAD5yr	ChNum	Chart Number	String	10	See PDAD user manual for information
DAD5yr	DischDate	Discharge Date	Date	8	See PDAD user manual for information
DAD5yr	BDT	Date of Birth	Date	8	See PDAD user manual for information
DAD5yr	DPG	Day Procedure Group	String	1	See PDAD user manual for information
DAD5yr	EntryCode	Entry Code	String	1	See PDAD user manual for information
DAD5yr	DischDisp	Discharge Disp	Number	8	See PDAD user manual for information
DAD5yr	DischTime	Discharge Time	Number	8	See PDAD user manual for information
DAD5yr	FiscalYear	Fiscal Year	Number	8	See PDAD user manual for information
DAD5yr	Gender	Gender	String	1	See PDAD user manual for information
DAD5yr	InstNum	Rep Inst Number	Number	8	See PDAD user manual for information
DAD5yr	InstType	Institution Type	String	1	See PDAD user manual for information
DAD5yr	TOTAL LOS	TOTAL LOS	Number	8	See PDAD user manual for information
DAD5yr	CACSAgeCat	CACS Age Category	String	1	See PDAD user manual for information
DAD5yr	CACSAnaestCode	CACS Anaest Code	Number	8	See PDAD user manual for information
DAD5yr	CACS	CACS	String	4	See PDAD user manual for information

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
DAD5yr	CACSInterv	CACS Intervention	String	10	See PDAD user manual for information
DAD5yr	CACSIntervExt ent	CACS Interv Extent	String	1	See PDAD user manual for information
DAD5yr	CACSIntervLo c	CACS Interv Location	String	2	See PDAD user manual for information
DAD5yr	CACSIntervSt atus	CACS Interv Status	String	1	See PDAD user manual for information
DAD5yr	CACSInv1Cou nt	CACS Invest 1 Count	Number	8	See PDAD user manual for information
DAD5yr	CACSInvTech1	CACS Invest Cat 1	Number	8	See PDAD user manual for information
DAD5yr	CACSInv2Cou nt	CACS Invest 2 Count	Number	8	See PDAD user manual for information
DAD5yr	CACSInvTech2	CACS Invest Cat 2	Number	8	See PDAD user manual for information
DAD5yr	CACSInv3Cou nt	CACS Invest 3 Count	Number	8	See PDAD user manual for information
DAD5yr	CACSInvTech3	CACS Invest Cat 3	Number	8	See PDAD user manual for information
DAD5yr	CACSInv4Cou nt	CACS Invest 4 Count	Number	8	See PDAD user manual for information
DAD5yr	CACSInvTech4	CACS Invest Cat 4	Number	8	See PDAD user manual for information
DAD5yr	CACSInv5Cou nt	CACS Invest 5 Count	String	8	See PDAD user manual for information
DAD5yr	CACSInvTech5	CACS Invest Cat 5	String	8	See PDAD user manual for information
DAD5yr	CACSInv6Cou nt	CACS Invest 6 Count	String	1	See PDAD user manual for information
DAD5yr	CACSInvTech6	CACS Invest Cat 6	String	8	See PDAD user manual for information
DAD5yr	CACSInv7Cou nt	CACS Invest 7 Count	String	1	See PDAD user manual for information
DAD5yr	CACSInvTech7	CACS Invest Cat 7	String	8	See PDAD user manual for information

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
DAD5yr	CACSInv8Count	CACS Invest 8 Count	String	1	See PDAD user manual for information
DAD5yr	CACSInvTech8	CACS Invest Cat 8	String	8	See PDAD user manual for information
DAD5yr	CACSInv9Count	CACS Invest 9 Count	String	1	See PDAD user manual for information
DAD5yr	CACSInvTech9	CACS Invest Cat 9	String	8	See PDAD user manual for information
DAD5yr	CACSInv10Count	CACS Invest 10 Count	String	8	See PDAD user manual for information
DAD5yr	CACSInvTech10	CACS Invest Cat 10	String	8	See PDAD user manual for information
DAD5yr	CACSInvTechCnt	CACS Investigative Tech Cnt	Number	8	See PDAD user manual for information
DAD5yr	CACSPartition	CACS Partition	String	1	See PDAD user manual for information
DAD5yr	CACSRIW	CACS RIW	Number	8	See PDAD user manual for information
DAD5yr	CMGAgeCat	CMG Age Category	String	1	See PDAD user manual for information
DAD5yr	CMG	CMG	Number	8	See PDAD user manual for information
DAD5yr	DxForCMG	Dx used for CMG Assi	String	6	See PDAD user manual for information
DAD5yr	CMGInterv	CMG Intervention	String	10	See PDAD user manual for information
DAD5yr	CMGIntervEpi	CMG Interv Episode	Number	8	See PDAD user manual for information
DAD5yr	CMGIntervExt	CMG Intervention Ext	String	1	See PDAD user manual for information
DAD5yr	CMGIntervLoc	CMG Intervention Loc	String	2	See PDAD user manual for information
DAD5yr	CMGIntervStatus	CMG Interv Status	String	2	See PDAD user manual for information

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
DAD5yr	CMGRetCd	CMG Return Code	Number	8	See PDAD user manual for information
DAD5yr	ComorbCount	Comorbidity Count	Number	8	See PDAD user manual for information
DAD5yr	ComorbTtlFactor	Comorb Total Factor	Number	8	See PDAD user manual for information
DAD5yr	ComorbidLevel	Comorbidity Level	Number	8	See PDAD user manual for information
DAD5yr	DPG_ANESTHETIC	DPG ANESTHETIC	String	1	See PDAD user manual for information
DAD5yr	DPG_INTERV_Code	DPG INTERV Code	String	10	See PDAD user manual for information
DAD5yr	DPG_INTERV_LOC	DPG INTERV LOC	String	2	See PDAD user manual for information
DAD5yr	DPG_RETURN_CODE	DPG RETURN CODE	String	2	See PDAD user manual for information
DAD5yr	ELOS	ELOS	Number	8	See PDAD user manual for information
DAD5yr	FIBiopsy	FI Biopsy	Number	8	See PDAD user manual for information
DAD5yr	FICardioFlag	FI Cardioversion Fla	Number	8	See PDAD user manual for information
DAD5yr	FICellSaverFlag	FI Cell Saver Flag	Number	8	See PDAD user manual for information
DAD5yr	FIChemoFlag	FI Chemo Flag	Number	8	See PDAD user manual for information
DAD5yr	FIDialysisFlag	FI Dialisys Flag	Number	8	See PDAD user manual for information
DAD5yr	FIEndoscopy	FI Endoscopy Flag	Number	8	See PDAD user manual for information
DAD5yr	FIFeedingTube	FI Feeding Tube	Number	8	See PDAD user manual for information
DAD5yr	FIHeartResFlag	FI Hearth Res Flag	Number	8	See PDAD user manual for information
DAD5yr	FIInvVentGE96	FI Inv Vent GE 96	Number	8	See PDAD user manual for information

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
DAD5yr	FIInvVentIT96	FI Inv Vent IT 96	Number	8	See PDAD user manual for information
DAD5yr	FIParacentesis	FI Paracentesis	Number	8	See PDAD user manual for information
DAD5yr	FIParNutrition	FI Parenteral Nutrit	Number	8	See PDAD user manual for information
DAD5yr	FIPleurocentesis	FI Pleurocentesis	Number	8	See PDAD user manual for information
DAD5yr	FIRadiotherapy	FI Radiotherapy	Number	8	See PDAD user manual for information
DAD5yr	FITracheostomy	FI Tracheostomy	Number	8	See PDAD user manual for information
DAD5yr	FIVascAccDev	FI Vascular Access	Number	8	See PDAD user manual for information
DAD5yr	FlaggedIntCnt	Flagged Interv Count	Number	8	See PDAD user manual for information
DAD5yr	IntervEVCount	Interv Event Count	Number	8	See PDAD user manual for information
DAD5yr	IntervOOHFCount	Inter OOH Factor Cnt	Number	8	See PDAD user manual for information
DAD5yr	MAC	MAC	String	2	See PDAD user manual for information
DAD5yr	MCC	MCC	Number	8	See PDAD user manual for information
DAD5yr	MCCPartition	MCC Partition	String	1	See PDAD user manual for information
DAD5yr	MethodologyVer	Methodology Version	Number	8	See PDAD user manual for information
DAD5yr	MethodologyYr	Methodology Year	Number	8	See PDAD user manual for information
DAD5yr	PRE DELIVERY	PRE_DELIVERY	String	1	See PDAD user manual for information
DAD5yr	ResIntTtlFactor	Res Inten Ttl Factor	Number	8	See PDAD user manual for information

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
DAD5yr	ResIntensLevel	Res Intensity Level	Number	8	See PDAD user manual for information
DAD5yr	RIW	RIW	Number	8	See PDAD user manual for information
DAD5yr	RIWInpACode	RIW Inp Atyp Cd	Number	8	See PDAD user manual for information
DAD5yr	TrimDays	Trim Days	Number	8	See PDAD user manual for information
DAD5yr	TYP_INP_RIW	TYP INP RIW	Number	8	See PDAD user manual for information
DAD5yr	DPGRIW	DPG RIW	String	6	See PDAD user manual for information
DAD5yr	MRDX	Most Responsible Dx	String	1	See PDAD user manual for information
DAD5yr	RegNum	Register Num	Number	8	See PDAD user manual for information
DAD5yr	InstFrom	Institution From	Number	8	See PDAD user manual for information
DAD5yr	InstTo	Institution To	Number	8	See PDAD user manual for information
DAD5yr	PrincipalInterv	Principal Interv	String	1	See PDAD user manual for information
DAD5yr	ACUTE_LOS	ACUTE LOS	Number	8	See PDAD user manual for information
DAD5yr	ADMISSION_Date	ADMISSION DATE	Date	8	See PDAD user manual for information
DAD5yr	ADMISSION_TIME	ADMISSION TIME	Number	8	See PDAD user manual for information
DAD5yr	AGE_CODE	AGE CODE	String	1	See PDAD user manual for information
DAD5yr	AGE_UNITS	AGE UNITS	Number	8	See PDAD user manual for information
DAD5yr	DADTransID	DAD Transaction ID	Number	8	See PDAD user manual for information
DAD5yr	FI_ECMO_FLAG	FI ECMO FLAG	Number	8	See PDAD user manual for information

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
DAD5yr	MAIN_PT_SVC	MAIN PT SVC	Number	8	See PDAD user manual for information
DAD5yr	MEDICAL_CMG	MEDICAL CMG	Number	8	See PDAD user manual for information
DAD5yr	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
DAD5yr	DAD5yr_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
DPGInfo	DPG	Day Procedure Group	String	8	Provided from 2001/02 to 2010/11
DPGInfo	DPG_ANESTHETIC	DPG ANESTHETIC	String	8	Provided from 2001/02 to 2010/11
DPGInfo	DPG_INTERV_Code	DPG INTERV Code	String	8	Provided from 2001/02 to 2010/11
DPGInfo	DPG_INTERV_LOC	DPG INTERV LOC	String	8	Provided from 2001/02 to 2010/11
DPGInfo	DPG_RETURN_CODE	DPG RETURN CODE	String	8	Provided from 2001/02 to 2010/11
DPGInfo	DPGRIW	DPG RIW	String	8	Provided from 2001/02 to 2010/11
DPGInfo	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
DPGInfo	DPGInfo_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
DxInfo	DxCluster	Diagnostic Cluster	String	1	Mandatory from 2009/10 to current for drug resistant organisms and post-intervention conditions; Mandatory from 2012/13 to current for Adverse Effects in Therapeutic Use (Y40 - Y59)
DxInfo	Dx	Diagnosis	String	6	Mandatory all years

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
DxInfo	DxPrefix	Prefix	String	1	Mandatory from 2009/10 to current for Prefix 5 & 6 mandatory for Type 2 diagnoses when Intervention Location is Main OR (01) or Cardiac Cath Room (08); Mandatory for Prefix 8 Palliative Care is known prior to admission
DxInfo	DxType	Diagnosis Type	String	1	Mandatory all years
DxInfo	DxTxt	From Lookup Table	String	47	From Lookup Table
DxInfo	DxPrefixDesc	From Lookup Table	String	98	From Lookup Table
DxInfo	DxTypeDesc	From Lookup Table	String	49	From Lookup Table
DxInfo	DxShrtTxt	Diagnosis Short Text	String	47	From Lookup Table
DxInfo	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
DxInfo	DXInfo_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
ERWAIT	ERDecToAdm	ED Decision to Admit	String	1	Mandatory where a patient is admitted through Emergency Department from 2001/02 to 2006/07
ERWAIT	ERADMTime	Admit From ER Time	String	1	Mandatory where a patient is admitted through Emergency Department from 2001/02 to 2006/07
ERWAIT	ERDischarge	Dt/Tm Pt left ED	Date	8	Mandatory where a patient is admitted through Emergency Department from 2001/02 to current

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
ERWAIT	ERDiscTime	Time Pt left ED	Number	8	Mandatory where a patient is admitted through Emergency Department from 2001/02 to current
ERWAIT	ERWaitHours	ED Wait in hours	Number	8	Mandatory where a patient is admitted through Emergency Department from 2001/02 to current
ERWAIT	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
ERWAIT	ERWAIT_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
HDMA	AbstOverflow	Abstract Overflow	Number	8	Many varied uses; use with caution
HDMA	AdmitByAmb	Admit via Ambulance	String	1	Mandatory all years
HDMA	AdmitCategory	Admit Category	String	1	Mandatory all years
HDMA	ADt	Admit Date	Date	8	Mandatory all years
HDMA	PtAgeText	Patient Age	String	2	Patient age is calculated using the Date of Birth and Admission Date. Available all years.
HDMA	AgeCode	Age Code	String	1	Assigned by the CIHI production system, denotes how the patient's age is measured. Available all years.
HDMA	AgeUnits	Age Units	Number	8	Age assigned from 000-999. Available all years.
HDMA	careepisodeID	Care Episode ID	Number	8	System generated; will match Care Episode ID in CDMS from 2001/02 to 2012/13.
HDMA	RegNum	Reg Num	Number	8	System generated; will match Care Episode ID in CDMS from 2001/02 to 2012/13.

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
HDMA	ChartNumber	Chart Number	String	10	Mandatory all years - remove from DID file
HDMA	CoderNum	Coder Number	String	2	Mandatory all years
HDMA	DID	N/A	Numeric	12	Calculated as part of the DID procedure.
HDMA	DeathInOR	Death In OR	String	1	Mandatory if patient dies during intervention. Available all years
HDMA	DDt	Disch Date	Date	8	Mandatory all years
HDMA	BDt	Date of Birth	Date	8	Mandatory all years
HDMA	EntryCode	Entry Code	String	1	Mandatory all years
HDMA	ADTtime	Admit Time	Number	8	Mandatory all years
HDMA	DischargeDisp	Dischrge Disposition	Number	8	Mandatory all years
HDMA	DDTtime	Discharge Time	Number	8	Mandatory all years
HDMA	FiscalYear	BatchYea	Number	8	Mandatory all years
HDMA	Sex	Gender	Number	8	Mandatory all years
HDMA	HCN	Health Card Number	String	12	Mandatory all years - removed for DID file
HDMA	HCNIssue	Province Issuing HCN	String	2	Mandatory all years
HDMA	InstNumText	Institution NumberT	Number	8	Mandatory all years
HDMA	episode_type	N/A	String	4	Calculated from InstnumText field (First digit which represents type)
HDMA	inst_num_trunc	N/A	String	4	Calculated from InstnumText field (Last 3 digits to represent instnum)
HDMA	inst_name	N/A	String		Linked to inst_num_trunc to provide the associated facility name

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
HDMA	AnalyticalInst Type	Analytical Inst Type	Number	8	Provides the value mapped to CIHI analytic values for level of care (e.g. in NL "0" is acute, maps to CIHI analytic type "1")
HDMA	TotalLOS	Total LOS Text	Number	8	Mandatory all years
HDMA	Postcd	Postal Code	String	6	Mandatory all years
HDMA	ProvNum	Province / Territory	String	1	Mandatory all years
HDMA	Uniqueidentifier	Episode Identifier	Number	8	Mandatory all years
HDMA	Rescd	Residence Code	Number	8	Mandatory all years
HDMA	RespForPay	Responsible for Pay	String	2	Mandatory all years
HDMA	SiteID	Hospital Site	String	2	Mandatory to record Basic Option 17-18 for Institution Numbers 00001, 01001 and 03001 from 2001/02 to 2012/13; discontinued in 2013/14. This data was loaded into SiteID.
HDMA	Weight	Birth or Adm Weight	Number	8	Mandatory to record for newborns/neonates from 2001/02 to current; Mandatory to record for Stillbirths from 2003/04 to current
HDMA	CommunityName	Community Name	String	1	From Lookup Table
HDMA	RHAid	RHA ID	Number	8	From Lookup Table
HDMA	ActiveIndicator	Active Indicator	Number	8	From Lookup Table
HDMA	CommType	Community Type	String	2	From Lookup Table
HDMA	CommunityMed	Community Meditech	String	22	From Lookup Table

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
HDMA	CommVersionNo	Community VersionNo	Number	8	From Lookup Table
HDMA	AbstOverflowDesc	From Lookup Table	String	30	From Lookup Table
HDMA	ProvNumDesc	From Lookup Table	String		From Lookup Table
HDMA	RespForPayDesc	From Lookup Table	String	52	From Lookup Table
HDMA	SiteIDDesc	From Lookup Table	String	44	From Lookup Table
HDMA	ReAdmtCdDesc	From Lookup Table	String	86	From Lookup Table
HDMA	MainPtSubSvcDesc	From Lookup Table	String	22	From Lookup Table
HDMA	MainPtSvcDesc	From Lookup Table	String	41	From Lookup Table
HDMA	AcuteDays	Acute Days	Number	8	CIHI derived field. The total number of days the patient was in acute care - Calculated Total Length of Stay minus the number of ALC days. -1 indicates could not be calculated
HDMA	RegisterNum	Register Num	Number	8	Mandatory from 2001/02 to current. Caution when using as number is not unique.
HDMA	ScndChrt	Oth Chart/Identifier	String	7	Poor quality field.
HDMA	ALCDays	ALCDays	String		CIHI derived field. The total number of days contributing to the alternative level of care (ALC) portion of the patient's hospitalization. -1 indicates could not be calculated.

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
HDMA	GlasgowComa	Glasgow Coma Scale	Number	8	Mandatory from 2001/02 to current to record for head injuries and the age of the patient is greater than 3 years old.
HDMA	ReAdmtCd	Readmission Code	Number	8	Mandatory all years
HDMA	SmokInd	Smoking Indicator	String	1	Mandatory for Labrador facilities to identify smoking until 2009/10; optional until 2013/14; discontinued in 2014/15
HDMA	AgeGroup	Age Group	Number	8	Provided from 2013/14 to current
HDMA	BDtEstimated	Birthdate Estimated	String	1	Mandatory to collect if the birthdate is estimated
HDMA	HlthBoard	Health Board	String		From Lookup Table
HDMA	isFacility	Facility Flag	String	1	If the record was received directly from an RHA (Not submitted to CIHI), this is used to flag the record
HDMA	LastActivityDate	Last Activity Date	String		CIHI assigned field - The date on which the abstract was added or last modified.
HDMA	LOSHrTxt	LOS Hour Text	String	1	LOS calculated in hours - available all years
HDMA	LOSMinTxt	LOS Minutes Text	String	1	LOS calculated in minutes - available all years
HDMA	NLCHIcomment	Comment	String		
HDMA	NLRegion	NL Region			Provides the RHA of Service. Available all years
HDMA	NLRegionTxt	NL Region Text	String	1	Provides the RHA of Service. Available all years

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
HDMA	ProvNumText	Province / TerritoryT	Number	8	Test value for Province code
HDMA	RescdGrp	Residence Group:	Number	8	From Lookup Table
HDMA	SCUUnitTtlHours	SCU Total Hours	Number	8	Calculates the total hours spent in Special Care Units
HDMA	SGC	Std Geographic	Number	8	From Lookup Table
HDMA	MainPtSvc	Main Pt Service	Number	8	Mandatory all years
HDMA	MainPtSvcDays	Main Pt Svc Days	String	1	Calculated for data imported from CDMS for 2001/02 to 2012/13.
HDMA	MainPtSubSvc	Main Pt Sub Svc	Number	8	
HDMA	HDMM_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
HDMA	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
HDMA	SCUDeathIndicator	SCU Death Ind	Number	8	Conditional mandatory all years where Special Care Unit number is not '99' and death occurs
HDMM	ChNum	Episode Identifier	Number	8	Unique episode identifier; includes province, level of care, institution number, fiscal year, batch period, batch number and abstract number
HDMM	HDMM_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
HDMM	Transferdate	Shadow Use ONLY	Date	8	Shadow Use ONLY
InstFromInfo	AnalyticInstFrTypeDesc	From Lookup Table	String	53	From Lookup Table
InstFromInfo	Institutiondesc	From Lookup Table	String	3	From Lookup Table

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
InstFromInfo	Epi_Type	Institution From Type Text	String	1	Mandatory to complete if patient has been transferred from another health care facility or a different level of care within the reporting facility.
InstFromInfo	InstFrType	Inst FromType	Number	8	Mandatory to complete if patient has been transferred from another health care facility or a different level of care within the reporting facility.
InstFromInfo	Institution	Institution From Num	String	3	Mandatory to complete if patient has been transferred from another health care facility or a different level of care within the reporting facility.
InstFromInfo	InstTXT	Institution Text	String	1	Mandatory to complete if patient has been transferred from another health care facility or a different level of care within the reporting facility.
InstFromInfo	AnalyticInstFrType	Analytic Inst FrType	String	1	Provides the value mapped to CIHI analytic values for level of care (e.g. in NL "0" is acute, maps to CIHI analytic type "1")
InstFromInfo	AnalyticInstFrTypeText	Analytic FrType Text	String	1	Provides the value mapped to CIHI analytic values for level of care (e.g. in NL "0" is acute maps to CIHI analytic type "1")

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
InstFromInfo	Province	Province	String		Mandatory to complete if patient has been transferred from another health care facility or a different level of care within the reporting facility.
InstFromInfo	MISid	MIS ID	String	1	Currently no data in this field - place holder for future project.
InstFromInfo	Region	Region	String	1	Identifies the region of service for the transfer facility
InstFromInfo	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
InstFromInfo	instfrominfo_id	Shadow Use ONLY	Number	8	Shadow Use ONLY
InstToInfo	Epi_Type	Inst To Type Text	String	1	Mandatory to complete if patient has been transferred to another health care facility or a different level of care within the reporting facility.
InstToInfo	InstToType	Institution Type	Number	8	Mandatory to complete if patient has been transferred to another health care facility or a different level of care within the reporting facility.
InstToInfo	Province	Inst to Prov Code	String	1	Mandatory to complete if patient has been transferred to another health care facility or a different level of care within the reporting facility.

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
InstToInfo	Institution	Institution To Num	Number	8	Mandatory to complete if patient has been transferred to another health care facility or a different level of care within the reporting facility.
InstToInfo	InstTXT	Institution Text	String	1	Mandatory to complete if patient has been transferred to another health care facility or a different level of care within the reporting facility.
InstToInfo	AnalyticalInstToType	Analytic InstTo Type	String	1	Provides the value mapped to CIHI analytic values for level of care (e.g. in NL "0" is acute, maps to CIHI analytic type "1")
InstToInfo	AnalyticInstToTypeText	Analytic ToType Text	String	1	Provides the value mapped to CIHI analytic values for level of care (e.g. in NL "0" is acute, maps to CIHI analytic type "1")
InstToInfo	MISid	MIS ID	String	1	Currently no data in this field - place holder for future project.
InstToInfo	Region	Region	String	1	Identifies the region of service for the transfer facility
InstToInfo	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
InstToInfo	InstToInfo_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
MBlinkInfo	MBLnkChNum	Mom/Baby Rec #	String	10	Mandatory to record for obstetrics delivered and newborn cases. Available all years.

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
MBlinkInfo	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
MBlinkInfo	MBLINKINFO_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
MentalHealth	AdmitMethod	Method of Admission	Number	8	Mandatory to record Patient Services 64 and 65 for facilities with the psychiatric flag on in their CIHI Institution File.
MentalHealth	AWOL	AWOL	Number	8	Mandatory to record Patient Services 64 and 65 for facilities with the psychiatric flag on in their CIHI Institution File.
MentalHealth	LegalStatus	Chg in Legal Status	String	1	Mandatory to record Patient Services 64 and 65 for facilities with the psychiatric flag on in their CIHI Institution File.
MentalHealth	Education	Education	Number	8	Mandatory to record Patient Services 64 and 65 for facilities with the psychiatric flag on in their CIHI Institution File.
MentalHealth	Employment	Employment Status	Number	8	Mandatory to record Patient Services 64 and 65 for facilities with the psychiatric flag on in their CIHI Institution File.
MentalHealth	FinanceSupport	Financial Support	Number	8	Mandatory to record Patient Services 64 and 65 for facilities with the psychiatric flag on in their CIHI Institution File.
MentalHealth	ECTIndicator	ECT Indicator	Number	8	Mandatory to record Patient Services 64 and 65 for facilities with the psychiatric flag on in their CIHI Institution File.

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
MentalHealth	MaritalStat	Marital Status	String	1	Mandatory to record Patient Services 64 and 65 for facilities with the psychiatric flag on in their CIHI Institution File.
MentalHealth	ECTNumber	Number of ECTs	Number	8	Mandatory to record Patient Services 64 and 65 for facilities with the psychiatric flag on in their CIHI Institution File.
MentalHealth	PrevPsychAdm	Prev Psych Admission	Number	8	Mandatory to record Patient Services 64 and 65 for facilities with the psychiatric flag on in their CIHI Institution File.
MentalHealth	ReferredTo	ReferredTo	Number	8	Mandatory to record Patient Services 64 and 65 for facilities with the psychiatric flag on in their CIHI Institution File.
MentalHealth	ReferralSource	Source of Referral	Number	8	Mandatory to record Patient Services 64 and 65 for facilities with the psychiatric flag on in their CIHI Institution File.
MentalHealth	Suicide	Suicide	String	1	Mandatory to record Patient Services 64 and 65 for facilities with the psychiatric flag on in their CIHI Institution File.
MentalHealth	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
MentalHealth	mentalhealth_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
ProjectFields	ProjFld1	Project Field 1	String	1	Project 350 (Allied Health)from 2001/02 to 2009/10
ProjectFields	ProjFld2	Project Field 2	String	1	Project 350 (Allied Health)from 2001/02 to 2009/10

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
ProjectFields	ProjFld3	Project Field 3	String	1	Project 350 (Allied Health)from 2001/02 to 2009/10
ProjectFields	ProjFld4	Project Field 4	Number	8	Project 350 (Allied Health)from 2001/02 to 2009/10
ProjectFields	ProjFld5	Project Field 5	Number	8	Project 350 (Allied Health)from 2001/02 to 2009/10
ProjectFields	ProjFld6	Project Field 6	Number	8	Project 350 (Allied Health)from 2001/02 to 2009/10
ProjectFields	ProjFld7	Project Field 7	Number	8	Project 350 (Allied Health)from 2001/02 to 2009/10
ProjectFields	ProjFld8	Project Field 8	Number	8	Project 350 (Allied Health)from 2001/02 to 2009/10
ProjectFields	ProjFld9	Project Field 9	String	1	Project 350 (Allied Health)from 2001/02 to 2009/10
ProjectFields	ProjFld10	Project Field 10	Number	8	Project 350 (Allied Health)from 2001/02 to 2009/10
ProjectFields	ProjFld11	Project Field 11	Number	8	Project 350 (Allied Health)from 2001/02 to 2009/10
ProjectFields	ProjFld12	Project Field 12	String	1	Project 350 (Allied Health)from 2001/02 to 2009/10
ProjectFields	ProjFld13	Project Field 13	Number	8	Project 350 (Allied Health)from 2001/02 to 2009/10
ProjectFields	ProjFld7	Project Field 7	Number	8	Project 497 (Chronic Conditions)from 2001/02 to 2009/10
ProjectFields	if there is a project 497 then this would be set to yes	N/A			Project 497 (Chronic Conditions)from 2001/02 to 2009/10

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
ProjectFields	ProjFld1	Project Field 1	String	1	Project 497 (Chronic Conditions)from 2001/02 to 2009/10
ProjectFields	ProjFld6	Project Field 6	Number	8	Project 497 (Chronic Conditions)from 2001/02 to 2009/10
ProjectFields	ProjFld9	Project Field 9	String	1	Project 497 (Chronic Conditions)from 2001/02 to 2009/10
ProjectFields	ProjFld3	Project Field 3	String	1	Project 497 (Chronic Conditions)from 2001/02 to 2009/10
ProjectFields	ProjFld8	Project Field 8	Number	8	Project 497 (Chronic Conditions)from 2001/02 to 2009/10
ProjectFields	ProjFld4	Project Field 4	Number	8	Project 497 (Chronic Conditions)from 2001/02 to 2009/10
ProjectFields	ProjFld5	Project Field 5	Number	8	Project 497 (Chronic Conditions)from 2001/02 to 2009/10
ProjectFields	ProjFld2	Project Field 2	String	1	Project 497 (Chronic Conditions)from 2001/02 to 2009/10
ProjectFields	ProjFld6	Project Field 6	Number	8	
ProjectFields	ProjFld2	Project Field 2	String	1	
ProjectFields	ProjFld5	Project Field 5	Number	8	
ProjectFields	ProjFld3	Project Field 3	String	1	
ProjectFields	ProjFld1	Project Field 1	String	1	
ProjectFields	ProjFld4	Project Field 4	Number	8	

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
ProjectFields	ProjFld1	Project Field 1	String	1	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld10	Project Field 10	Number	8	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld11	Project Field 11	Number	8	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld12	Project Field 12	String	1	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld13	Project Field 13	Number	8	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld14	Project Field 14	Number	8	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld15	Project Field 15	Number	8	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld16	Project Field 16	Number	8	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld17	Project Field 17	Number	8	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld18	Project Field 18	String	1	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
ProjectFields	ProjFld19	Project Field 19	String	1	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld2	Project Field 2	String	1	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld20	Project Field 20	String	1	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld21	Project Field 21	String	1	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld22	Project Field 22	String	1	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld23	Project Field 23	String	1	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld24	Project Field 24	String	1	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld3	Project Field 3	String	1	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld4	Project Field 4	Number	8	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld5	Project Field 5	Number	8	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
ProjectFields	ProjFld6	Project Field 6	Number	8	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld7	Project Field 7	Number	8	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld8	Project Field 8	Number	8	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjFld9	Project Field 9	String	1	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	ProjNum	Project Number	Number	8	Mandatory to collect Project 340, 640 and 050 where criteria are met. See DAD for details.
ProjectFields	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
ProjectFields	ProjectFields_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
ProjectFields	ProjFld6	Project Field 6	Number	8	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes
ProjectFields	ProjFld7	Project Field 7	Number	8	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes
ProjectFields	ProjFld8	Project Field 8	Number	8	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
ProjectFields	ProjFld9	Project Field 9	String	1	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes
ProjectFields	ProjFld10	Project Field 10	Number	8	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes
ProjectFields	ProjFld11	Project Field 11	Number	8	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes
ProjectFields	ProjFld4	Project Field 4	Number	8	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes
ProjectFields	ProjFld5	Project Field 5	Number	8	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes
ProjectFields	ProjFld3	Project Field 3	String	1	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes
ProjectFields	ProjFld2	Project Field 2	String	1	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
ProjectFields	ProjFld1	Project Field 1	String	1	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes
ProjectFields	ProjFld12	Project Field 12	String	1	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes
ProjectFields	ProjFld17	Project Field 17	Number	8	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes
ProjectFields	ProjFld16	Project Field 16	Number	8	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes
ProjectFields	ProjFld13	Project Field 13	Number	8	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes
ProjectFields	ProjFld14	Project Field 14	Number	8	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes
ProjectFields	ProjFld15	Project Field 15	Number	8	Mandatory from 2013/14 to current to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
ProviderInfo	ProvStatusDesc	From Lookup Table	String	16	From Lookup Table
ProviderInfo	ProviderSvcDesc	From Lookup Table	String	37	From Lookup Table
ProviderInfo	ProviderTypeDesc	From Lookup Table	String	29	From Lookup Table
ProviderInfo	Comments	Comments	String	52	From Lookup Table
ProviderInfo	PresentAddress	Present Address	String	25	From Lookup Table
ProviderInfo	DtActivated	Date Activated	DateTime	8	From Lookup Table
ProviderInfo	DtTerminated	Date Terminated	DateTime	8	From Lookup Table
ProviderInfo	FiscalYear	Fiscal Year	Time	8	From Lookup Table
ProviderInfo	LicNumber	License Number	String	7	From Lookup Table
ProviderInfo	PrevAddress	Previous Address	String	40	From Lookup Table
ProviderInfo	ProvStatus	Provider Status	String	1	from Lookup Table
ProviderInfo	Provider	Provider ID number	String	5	Mandatory to code a most responsible provider (type M). Optional to code all other provider types.
ProviderInfo	ProviderTXT	Provider Text	Number	8	Mandatory to record except when Intervention Attribute Status is A (abandoned) or the Intervention Pre-Admit Flag is Y (Yes).
ProviderInfo	ProviderType	Provider Type	String	1	Mandatory to record except when Intervention Attribute Status is A (abandoned) or the Intervention Pre-Admit Flag is Y (Yes).
ProviderInfo	ProviderSvc	Provider Service	Number	8	Mandatory to complete when the corresponding Provider has been coded.

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
ProviderInfo	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
ProviderInfo	ProviderInfo_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
PxInfo	PxAnesthetistDesc	From Lookup Table	String	53	From Lookup Table
PxInfo	PxAnestTechDesc	From Lookup Table	String	46	From Lookup Table
PxInfo	PxOOHDesc	From Lookup Table	String	65	From Lookup Table
PxInfo	PxOOHInstTypeDesc	From Lookup Table	String	98	From Lookup Table
PxInfo	PxOOHProvDesc	From Lookup Table	String	25	From Lookup Table
PxInfo	PxProviderSvcDesc	From Lookup Table	String	37	From Lookup Table
PxInfo	PxAnestTech	Anesthetic Technique	String	1	Mandatory when Intervention Episode Start Date (Group 11 Field 01) is recorded except when Intervention Code (Group 11 Field 02) is CANCELLED. Available all years.
PxInfo	PxAttribExtent	Attribute-Extent	String	2	For specific CCI codes. Available all years.
PxInfo	Px	Intervention Code	String	10	Mandatory all years
PxInfo	PxEpiStartDtTm	Episode Start Date	DateTime	8	Mandatory all years
PxInfo	EpiDurationTxt	Episode Duration Txt	Number	8	Calculated based on episode start and end times. Available from 2009/10 to current.
PxInfo	PxEpiEndDtTm	Episode End Date	DateTime	8	Mandatory for Main OR and Cardiac Cath from 2009/10 to current
PxInfo	PxEpiEndTime	Episode End Time	Number	8	Mandatory for Main OR and Cardiac Cath from 2009/10 to current

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
PxInfo	PxEpiNum	Episode Number	Number	8	CIHI assigned field. An intervention episode represents a patient's visit to one physical location where one or more interventions may take place
PxInfo	PxEpiNumSeq	Episode Number Seque	Number	8	Sequence of the intervention in the episode. Available all years.
PxInfo	PxOR	Location (OR Room)	Number	8	Mandatory to record when an intervention is performed in the main operating room (Intervention Location 01) or Cardiac Catheterization Room (Intervention Location 08). Available all years.
PxInfo	PxPreadmitFlag	Preadmit Flag	String	1	Mandatory to record when an applicable CCI code was initiated prior to admission. Available all years.
PxInfo	PxEpiStartTime	Episode Start TIme	Number	8	Mandatory all years
PxInfo	PxTime	Intervention Time	String	1	
PxInfo	PxAttribLoc	Attribute-Location	String	2	For specific CCI codes. Available all years.
Pxinfo	OperativeEpisode	Operative Episode	String	1	Calculated for data imported from CDMS for 2001/02 to 2012/13.

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
PxInfo	PxOOHInstType	OOH Inst Type	String	2	Mandatory when an intervention episode was performed in the day surgery or other ambulatory care setting of another facility during the current inpatient stay in the reporting facility. Available all years.
PxInfo	PxOOH	OOH Inst Number	String	3	Mandatory when an intervention episode was performed in the day surgery or other ambulatory care setting of another facility during the current inpatient stay in the reporting facility. Available all years.
PxInfo	PxOOHProv	OOH Inst Province	String	1	Mandatory when an intervention episode was performed in the day surgery or other ambulatory care setting of another facility during the current inpatient stay in the reporting facility. Available all years.
PxInfo	Proc_Code_ICD9	Proc Code ICD9	String	1	Calculated for data imported from CDMS for 2001/02 to 2006/07.
PxInfo	PxProvider	Intervent Provider	String	8	Mandatory to record except when Intervention Attribute Status is A (abandoned) or the Intervention Pre-Admit Flag is Y (Yes). Available all years.

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
PxInfo	PxProvideTXT	Provider Text	Number	8	Mandatory to record except when Intervention Attribute Status is A (abandoned) or the Intervention Pre-Admit Flag is Y (Yes). Available all years.
PxInfo	PxAnaesTXT	AnaestheticText	Number	8	Mandatory to report when Anaesthetic Technique is 0, 1, 2, 3, 4 (combined general with regional central/neuraxial) or 6 (MAC) except when Intervention Code (Group 11 Field 02) is CANCELLED. Available all years.
PxInfo	PxAnesthetist	Anesthetist	String	5	Mandatory to report when Anaesthetic Technique is 0, 1, 2, 3, 4 (combined general with regional central/neuraxial) or 6 (MAC) except when Intervention Code (Group 11 Field 02) is CANCELLED. Available all years.
PxInfo	PxProviderSvc	Interv Provider Svc	Number	8	Mandatory to record except when Intervention Attribute Status is A (abandoned) or the Intervention Pre-Admit Flag is Y (Yes). Available all years.
PxInfo	PxAttribStatus	Attribute-Status	String	2	For specific CCI codes. Available all years.

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
PxInfo	PxUnplRet	Unplnd Return to OR	number	1	Mandatory if the patient was returned to an intervention location for an unplanned procedure due to an unexpected problem following a previous intervention during the current inpatient stay. Available all years.
PxInfo	PxOOHIndicator	OOH Indicator	number	1	Mandatory when an intervention episode was performed in the day surgery or other ambulatory care setting of another facility during the current inpatient stay in the reporting facility. Available all years.
PxInfo	PxShrtTxt	Px Short Text	String	1	From Lookup Table
PxInfo	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
PxInfo	PxInfo_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
ReprCare	PrevSpontAborts	# Prev Spont Aborts	Number	8	Mandatory for therapeutic Abortion cases from 2003/04 to current.
ReprCare	PrevSpontAborts99	Prev Spont Aborts 99	String	1	Calculated field for CDMS up to 2012/13
ReprCare	PrevTherapAbort99	Prev Therap Abort 99	String	1	Calculated field for CDMS up to 2012/13
ReprCare	PrevTherapAbort	#Prev Therap Aborts	Number	8	Mandatory for therapeutic Abortion cases from 2003/04 to current.
ReprCare	BreastFeeding	BF on Discharge	String	1	Mandatory to record on OBS delivered cases. Available all years.

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
ReprCare	LastMenses	Date of Last Menses	Number	8	Mandatory for therapeutic Abortion cases from 2003/04 to current.
ReprCare	DeliveryTime	Delivery Date/Time	Number	8	Mandatory for OBS delivered. Available all years
ReprCare	GestationWeeks	Gestation in weeks	Number	8	
ReprCare	ClinGestDisch	Clinical Gest Disch	Number	8	Mandatory for OBS delivered, OBS undelivered, Therapeutic Abortions, newborns and neonates from 2007/09 to current
ReprCare	ClinGestDeliv	Clinical Gest Deliv	Number	8	Mandatory for OBS delivered, OBS undelivered, Therapeutic Abortions, newborns and neonates from 2007/09 to current
ReprCare	PreDelivDays	Pre Delivery Days	Number	8	Mandatory for OBS delivered cases only - the number of days between admission and delivery dates for 2009/10-2011/12.
ReprCare	PrevLiveBirths	#Prev Live Births	Number	8	Mandatory for therapeutic Abortion cases from 2003/04 to current.
ReprCare	PrevLiveBirths99	Prev Live Births 99	String	1	Calculated field for CDMS up to 2012/13
ReprCare	PrevPreTermDelv99	Prev Pre TermDelv 99	String	1	Calculated field for CDMS up to 2012/13
ReprCare	PrevPreTermDelv	# Prev PreTerm Delvs	Number	8	Mandatory for therapeutic Abortion cases from 2003/04 to current; mandatory for OBS delivered cases from 2015/16 to current

Shadow Table	Shadow Field Name	HDM Field Prompt (as seen in Data Entry)	Type	Length	Availability
ReprCare	PrevDeliv99	Prev Deliv 99	String	1	Calculated field for CDMS up to 2012/13
ReprCare	PrevDeliv	# of Prev Deliveries	Number	8	Mandatory for therapeutic Abortion cases from 2003/04 to current; mandatory for OBS delivered cases from 2015/16 to current
ReprCare	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
ReprCare	ReprCare_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
SvcXfr	PtSvcDesc	From Lookup Table	String	41	From Lookup Table
SvcXfr	SubSvcDesc	From Lookup Table	String	22	From Lookup Table
SvcXfr	PtSvc	1 Service Transfer	Number	8	Mandatory to record Service transfers for ALC cases for 2001/02 to current; All other service transfers mandatory from 2011/12 to current
SvcXfr	SvcDays	1 Service Days	Number	8	Mandatory to record Service transfers for ALC cases for 2001/02 to current; All other service transfers mandatory from 2011/12 to current
SvcXfr	SubSvc	1 Sub-Service	Number	8	
SvcXfr	HDMA_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY
SvcXfr	SvcXfr_ID	Shadow Use ONLY	Number	8	Shadow Use ONLY

Appendix 3: Mandatory DAD Elements 2001-2016

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
Institution Number	Five digit institution number - first digit indicates province (0 for NL), second digit indicates level of care (0 for acute, 1 for SDC, 3 for chronic, 4 for medical day care - no longer used)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Health Care Number	The Health Care Number is the patient's unique health care coverage number as assigned to the patient by the provincial/territorial or federal government.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Postal Code	Postal Code indicates the six-digit alphanumeric code assigned by	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
	Canada Post to identify the patient's place of residence																	
Residence Code	4 digit code assigned by the Centre	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Gender	M Male F Female U Undifferentiated, stillbirths only O Other (transsexual, hermaphrodite)	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Province/ Territory Issuing Health Care Number	Province/Territory Issuing Health Care number indicates the provincial/territorial or federal government from which the health care number was issued.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Responsibility for Payment (RFP)	Responsibility for Payment identifies the primary source responsible for payment of	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

Data Element	Description	01/ 02	02/ 03	03/ 04	04/ 05	05/ 06	06/ 07	07/ 08	08/ 09	09/ 10	10/ 11	11/ 12	12/ 13	13/ 14	14/ 15	15/ 16	16/ 17	Comments
	service(s) rendered.																	
Birthdate	The Birthdate is the date the patient was born.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Birthdate is Estimated	Birthdate is Estimated is a flag that indicates the Birthdate (Group 03 Field 08) has an unknown day/month or an estimated year of birth.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	If applicable
Admit Date	Admission Date/Time is the date and time that the patient was officially registered as an inpatient or a patient for day surgery.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Admit Time	Admission Date/Time is the date and time that the patient was officially registered as an inpatient or a	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
	patient for day surgery.																	
Institution From	Institution From identifies the institution number of the facility from which the patient was directly transferred for further treatment or care. This can be another health care facility or another level of care within the reporting facility. This includes transfers from long term care homes.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Admit Category	Admit Category describes the initial status of the patient at the time of admission to the reporting facility	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
Entry Code	Entry Code indicates the point of entry to the reporting facility.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Admit Via Ambulance	Admit via Ambulance identifies whether a patient arrives at the reporting facility via ambulance and the type of ambulance that was used. The term ambulance includes all licensed ambulances (and other ambulances only if they are part of a recognized program within a province), inter-facility transfer service units and air ambulances having the capability of providing medical	*	*		*	*	*	*	*	*	*	*	*	*	*	*	*	

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Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
	intervention to a service recipient en route to the destination.																	
Readmission Code	Readmission Code provides information about the patient's previous acute care admission or day surgery visit at the reporting facility.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
ER-Decision to Admit Date		*	*	*	*	*	*											
ER-Decision		*	*	*	*	*	*											

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
to Admit Time																		
Date Patient Left ER	Date/Time Patient Left ED is the date and time the patient physically leaves the emergency department and does not return during that encounter.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Time Patient Left ER	Date/Time Patient Left ED is the date and time the patient physically leaves the emergency department and does not return during that encounter.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Discharge Date	Discharge Date/Time is the date and time when the patient was formally discharged.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Discharge Time	Discharge Date/Time is the date and time when the patient	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
	was formally discharged.																	
Institution To	Institution To identifies the institution number of the facility to which the patient was directly transferred for further treatment or care. This can be another health care facility or another level of care within the reporting facility. This may include transfers to home care or a nursing home.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Discharge Disposition	Discharge Disposition identifies the location (01 to 05) where the patient was discharged to or the status of the patient on	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
	discharge (06 to 09 and 12).																	
Patient Service	The Main Patient Service (MPS) describes a group of similar patients with related diseases and treatments. The Main Patient Service is usually determined by the Most Responsible Diagnosis code.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2008/09 field name changed to Main Patient Service
Weight	Weight is the weight of a newborn or neonate on admission to the facility.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2003/04 Stillbirths & newborns/ neonates <29 days of age at admission

Data Element	Description	01/ 02	02/ 03	03/ 04	04/ 05	05/ 06	06/ 07	07/ 08	08/ 09	09/ 10	10/ 11	11/ 12	12/ 13	13/ 14	14/ 15	15/ 16	16/ 17	Comments
Transfer Service	The Service Transfer Service identifies the service where the patient received additional care in the health care facility. A service transfer does not necessarily entail the physical movement of the patient to other accommodations; it is simply a means of recording the days spent in another patient service.									*	*	*	*	*	*	*	*	2001/02 Mandatory for ALC ; 2011/12 field called Service Transfer
Service Transfer Days	Service Transfer Days identify the number of days a patient spent on a service other than the Main Patient Service.									*	*	*	*	*	*	*	*	Mandatory where service transfer is recorded

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
Provider Type	Mandatory for Providers Types M (most responsible provider), W (first transfer provider), X (second transfer provider) and Y (third transfer provider). Provider Type 4 (consulting provider) is optional to record; however if capturing physician consults performed outside the reporting facility, assign Provider Type 9.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Provider Number	Provider Number is the identification number associated with the provider responsible for provision of	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
	services to the patient during the visit. This number is assigned by the Centre.																	
Provider Service	Provider Service is a 5-digit code which identifies the service(s) of the health professional(s) responsible for provision of services to the patient during the visit.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Diagnosis Prefix	The Diagnosis Prefix is a one character code that provides additional information relating to the ICD-10-CA code to which it is assigned.									*	*	*	*	*	*	*	*	Mandatory from 2009/10 to current for Prefix 5 & 6 - mandatory for Type 2 diagnoses when Intervention Location is Main OR (01) or Cardiac

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
																		Cath Room (08); Mandatory for Prefix 8 Palliative Care is known prior to admission
Diagnosis Code(s)	The Diagnosis Code is the ICD-10-CA code that describes the diagnoses, conditions, problems or circumstances of the patient during the length of stay in the health care facility.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
Diagnosis Cluster	A Diagnosis Cluster is a group of two or more ICD-10-CA codes that relate to one another. Assigning the same diagnosis cluster character (upper case alpha A to Y) to each of the codes in the cluster is the mechanism that links these codes together on the abstract.									*	*	*	*	*	*	*	*	Mandatory from 2009/10 to current for drug resistant organisms and post-intervention conditions; Mandatory from 2012/13 to current for Adverse Effects in Therapeutic Use (Y40 - Y59)
Diagnosis Type(s)	The Diagnosis Type is an alpha or a numeric code signifying the impact the condition had on	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
	the patient's care as evidenced in the physician documentation.																	
Intervention Episode Start Date(s)	The intervention date is the calendar date that the intervention was	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2009/10 Intervention Episode Start Date(s) (Mandatory for all intervention episodes)
Intervention Code(s)	Intervention Code is the CCI codes that describe the services (procedures/intervention) performed for or on behalf of a patient whose purpose is to improve health, to alter or diagnose the course of a disease (health condition) or to promote wellness.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
Attributes: Status	Attributes (status, location and extent) are entities which provide extra details to identify additional circumstances or conditions which may impact the resources required to perform the intervention or the outcome expected.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	For specific CCI codes
Attributes: Location	Attributes (status, location and extent) are entities which provide extra details to identify additional circumstances or conditions which may impact the resources required to perform the intervention or the outcome expected.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	For specific CCI codes

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
Attributes: Extent	Attributes (status, location and extent) are entities which provide extra details to identify additional circumstances or conditions which may impact the resources required to perform the intervention or the outcome expected.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	For specific CCI codes
Intervention Provider Number(s)	Intervention Provider Number records the unique identifier of the health care providers (physicians and allied health care professionals) involved in each intervention. The Centre assigns this number.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
Intervention Provider Service(s)	Intervention Provider Service is a 5-digit code that reflects the specialty of the physician or allied health care professional who is involved in performing the intervention on the patient.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	Provider Number is mandatory except when Intervention Attribute Status is (A) Abandoned; the Intervention Pre-Admit Flag is (Y) Yes or the OOH Indicator is (Y) Yes. Also not mandatory if the Intervention Code is cancelled.

Data Element	Description	01/ 02	02/ 03	03/ 04	04/ 05	05/ 06	06/ 07	07/ 08	08/ 09	09/ 10	10/ 11	11/ 12	12/ 13	13/ 14	14/ 15	15/ 16	16/ 17	Comments
Intervention Location Code	Intervention Location Code is a two-digit code which denotes the location in a facility where an intervention took place.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	Mandatory to record when an intervention is performed in the main operating room (Intervention Location 01) or Cardiac Catheterization Room (Intervention Location 08). For 2016-17 Intervention Location Code is mandatory for all interventions reported when an Intervention Episode Start Date is recorded.

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
Anaesthetist(s)	Anaesthetist records the provider number of the physician who administered the anaesthesia during the intervention. The Centre assigns this number.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Anaesthetic Technique(s)	Anaesthetic Technique is a code which denotes the method of anaesthesia administered to the patient during the intervention.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	Mandatory when Intervention Episode Start Date (Group 11 Field 01) is recorded except when Intervention Code (Group 11 Field 02) is CANCELLED.

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
Out-of-Hospital Indicator	Out-of-Hospital (OOH) Indicator is a flag used to indicate that an intervention episode was performed in the day surgery or other ambulatory care setting of another facility during the current inpatient stay in the reporting facility.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2011/12 called Out of Hospital Intervention Indicator
Out-of-Hospital Institution Number	The Out-of-Hospital (OOH) Institution Number identifies the ambulatory setting of another facility where the out-of-hospital services (interventions) were performed.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	Mandatory when Out-of-Hospital (OOH) Indicator flag (Group 11 Field 13) is Y (Yes).

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
Unplanned Return to OR	Unplanned Return to Intervention Location is a flag that identifies the patient was returned to an intervention location for an unplanned procedure due to an unexpected problem following a previous intervention during the current inpatient stay.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2008/09 called Unplanned Return to Intervention Location; Mandatory to report when the patient has an unplanned return to an intervention location.
Died during Intervention	Died During Intervention is a flag indicating the patient expired during the performance of interventions or during the post-anesthetic recovery period for the intervention episode.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	Mandatory to code when a death occurs during an intervention or the post-anesthetic recovery period following

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
																		an intervention
Intervention Episode Start Time	Intervention Episode Start Time is the time when the patient enters a physical area (intervention location) to have one or more services (interventions) initiated.									*	*	*	*	*	*	*	*	2009/10 Mandatory for Main OR and Cardiac Cath
Intervention Episode End Date	Intervention Episode End Date is the date and time when the patient exits the physical area (intervention location) after services (interventions) have ended.									*	*	*	*	*	*	*	*	2009/10 Mandatory for Main OR and Cardiac Cath

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
Intervention Episode End Time	Intervention Episode End Time is the date and time when the patient exits the physical area (intervention location) after services (interventions) have ended.									*	*	*	*	*	*	*	*	2009/10 Mandatory for Main OR and Cardiac Cath
Intervention Pre-Admit Flag	The Intervention Pre-Admit Flag is a flag used for specific interventions to indicate that the intervention performed on the patient was initiated prior to admission to the reporting facility and in some circumstances continued into the inpatient stay.									*	*	*	*	*	*	*	*	Mandatory to record when an applicable CCI code was initiated prior to admission. Refer to Canadian Coding Standards Collection Instructions for applicable CCI codes

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
Death in the Special Care Unit (SCU)	The SCU Death Indicator is a flag indicating a patient expired in a special care unit of the health care facility.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2008/09 SCU Death Indicator; Mandatory to record when a patient expires in a special care unit.
SCU Unit Number	The SCU Unit Number is a code identifying the type of special care unit where the patient receives critical care.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
SCU Admit Date	The SCU Admit Date is the date when the patient is admitted to a special care unit (SCU).	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	Mandatory to report except when SCU Unit Number (Group 13 Field 02) is 99 (no SCU).

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
SCU Admit Time	The SCU Admit Time is the time when the patient is admitted to a special care unit (SCU).	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	Mandatory to report except when SCU Unit Number (Group 13 Field 02) is 99 (no SCU).
SCU Discharge Date	The SCU Discharge Date is the date when the patient is discharged from or expired on a special care unit.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	Mandatory to report except when SCU Unit Number (Group 13 Field 02) is 99 (no SCU).
SCU Discharge Time	The SCU Discharge Time is the time when the patient is discharged from or expired on a special care unit.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	Mandatory to report except when SCU Unit Number (Group 13 Field 02) is 99 (no SCU).

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
Glasgow Coma Scale	Glasgow Coma Scale (GCS) records the results of the Glasgow Coma Scale test performed on the patient. The Glasgow Coma Scale (GCS) is a clinical evaluation score used to assess the response of a neurologically impaired patient measured on a 3 to 15 scale. A complete Glasgow Coma Scale is the sum of three components: best eye response, best verbal response and best motor response.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	Mandatory to record for head injuries and the age of the patient is greater than 3 years old.

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
Basic Options	Basic Options 17-18 was used in Eastern Health to differentiate individual facilities that reported as facility 001 (00001, 01001, 03001).			*	*	*	*	*	*	*	*	*	*					Mandatory to record Basic Option 17-18 for Institution Numbers 00001, 01001 and 03001; discontinued in 2013/14
Mental Health Indicators	Mental Health Indicators are a series of data elements designed for acute care facilities that submit additional mental health information for psychiatric patients identified on the CIHI abstract as a Main Patient Service (Group 07 Field 01) or Service Transfer	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	It is mandatory to record all data elements in Group 15 for Patient Services 64 and 65 or Service Transfers 64 and 65 for facilities with designated psychiatric units and those without

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
	Service (Group 08 Field 01) of 64 (Psychiatry) or 65 (Pediatric Psychiatry). Fields are: Source of Referral, Method of Admission, Change in Legal Status From Admission, AWOL, Suicide, Previous Psychiatric Admission, Referred To, ECT Treatment, Number of ECT Treatments, Education, Employment Status, and Financial Support.																	designated psychiatric units that have the psychiatric flag turned on in their CIHI Institution File.
Projects	The special project fields on the DAD abstract can be used to collect supplemental data required to meet the information	*	*	*	*	*	*	*	*	*			*	*	*	*	*	Project 350 (Allied Health) & Project 497 (Chronic Conditions) discontinued after 2009/10 ;

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
	needs of CIHI, the provinces/territories and health care facilities. Information for up to 25 projects can be collected on an individual abstract. The special projects data elements are available to all data submission levels.																	2012-13 Mandatory to collect Project 340 (Stroke Strategy) where criteria are met for all acute care episodes and 050 (Canadian Pediatric Wait Times) where criteria are met for Janeway only. 2016-17 Mandatory to collect Project 640 (stroke strategy extension) where Project 340 is collected

Data Element	Description	01/ 02	02/ 03	03/ 04	04/ 05	05/ 06	06/ 07	07/ 08	08/ 09	09/ 10	10/ 11	11/ 12	12/ 13	13/ 14	14/ 15	15/ 16	16/ 17	Comments
Blood Transfusion Indicator	Blood Transfusion Indicator indicates whether or not the patient received a blood transfusion using blood products or components distributed by the reporting facility's blood bank during the episode of care.			*	*	*	*	*	*	*	*	*	*	*	*	*	*	Record Y (Yes) if the patient received a blood transfusion or N (No) if the patient did not receive a blood transfusion.
Reproductive Care - Therapeutic Abortions Fields 01 - 04	Fields are : Number of Previous Term Deliveries for Therapeutic Abortion Cases; Number of Previous Pre-term Deliveries for Therapeutic Abortion Cases; Number of Previous Spontaneous Abortions for Therapeutic Abortion Cases,	*	*															Mandatory for Therapeutic Abortion cases

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
	Number of Previous Therapeutic Abortions for Therapeutic Abortion Cases																	
Reproductive Care - Therapeutic Abortions Fields 01 - 04, 06, 08	Fields are : Number of Previous Term Deliveries for Therapeutic Abortion Cases; Number of Previous Pre-term Deliveries for Therapeutic Abortion Cases; Number of Previous Spontaneous Abortions for Therapeutic Abortion Cases, Number of Previous Therapeutic Abortions for Therapeutic Abortion Cases,			*	*	*	*	*	*	*	*	*	*	*	*	*	*	Mandatory for Therapeutic Abortion cases

Provincial Discharge Abstract Database (PDAD)
User Guide v 1.0

Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
	Gestational Age for Therapeutic Abortion Cases, Date of Last Menses for Therapeutic Abortion Cases																	
Reproductive Care - OBS delivered Fields 01 - 02	Number of Previous Term Deliveries (37 or more completed weeks) and number of Previous Pre-term deliveries															*	*	Mandatory for OBS Delivered cases
Reproductive Care Gestational age Obstetrics Delivered and Undelivered	Gestational Age records the duration of gestation	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2006/07 Obs Delivered & Undelivered; 2009/10 GA (at time of admission) for obstetrics delivered & undelivered cases. Mandatory to report

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Data Element	Description	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Comments
																		for Therapeutic Abortion, Obstetrics Delivered, Obstetrics Undelivered
Gestational age for Newborns / Neonates	Gestational Age records the duration of gestation	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	2009/10 GA (at time of delivery) for NB and Neonates
Delivery time for obstetrics delivered cases	Delivery Time is the time recorded on the mother's abstract to identify when the baby was born.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	Mandatory for Obstetrics Delivered

Data Element	Description	01/ 02	02/ 03	03/ 04	04/ 05	05/ 06	06/ 07	07/ 08	08/ 09	09/ 10	10/ 11	11/ 12	12/ 13	13/ 14	14/ 15	15/ 16	16/ 17	Comments
Breast Feeding on Discharge	Breastfeeding on Discharge indicates whether a mother was breastfeeding her infant at the time of discharge from the facility.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

Notes:

- An * Indicates Mandatory DAD Element for NL

- Provincial and Core Sections of DAD for each fiscal year was used as resource material

Appendix 4: Grouping Information and 5 Year Regrouping Important Notes

Inpatient data is grouped using the Case Mix Group plus (CMG+). Case Mix Methodology is updated every year using data from case-costing facilities across Canada. In order to facilitate trending of data, CIHI provides the province with regrouped data for a five year period which supports comparability over that five year period.

File years will have **only 1 set** of original grouping information (found in CMGPLUS parent field) and **only 5 sets** regrouped values grouped to 5 methodology years following the file year (found in DAD5YR parent field). Once the file year has been regrouped 5 times, it will not be regrouped again. Users should exercise caution when comparing case mix information using different methodology years. Depending on the methodology used, the same abstract could be grouped to a different CMG and be assigned different values for RIW (Resource Intensity Weights) and ELOS (Expected Length of Stay).

The graphic below shows the file years and which methodology years were provided by CIHI.

CMG+ Methodology Year	File Year															
	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17
CMG+2007	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
CMG+2008	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No
CMG+2009	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No
CMG+2010	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No
CMG+2011	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No
CMG+2012	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
CMG+2013	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
CMG+2014	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No
CMG+2015	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No
CMG+2016	No	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes
CMG+2017	No	No	No	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes

The graphic below outlines where the information is stored in the PDAD system.

CMG+ Methodology Year	File Year															
	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
CMG+2007	DAD5YR	DAD5YR	DAD5YR	DAD5YR	DAD5YR	DAD5YR	CMGPlus	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record
CMG+2008	Not in Record	Not in Record	DAD5YR	DAD5YR	DAD5YR	DAD5YR	DAD5YR	CMGPlus	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record
CMG+2009	Not in Record	Not in Record	Not in Record	DAD5YR	DAD5YR	DAD5YR	DAD5YR	DAD5YR	CMGPlus	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record
CMG+2010	Not in Record	Not in Record	Not in Record	Not in Record	DAD5YR	DAD5YR	DAD5YR	DAD5YR	DAD5YR	CMGPlus	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record
CMG+2011	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	DAD5YR	DAD5YR	DAD5YR	DAD5YR	DAD5YR	CMGPlus	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record
CMG+2012	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	DAD5YR	DAD5YR	DAD5YR	DAD5YR	DAD5YR	CMGPlus	Not in Record	Not in Record	Not in Record	Not in Record
CMG+2013	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	DAD5YR	DAD5YR	DAD5YR	DAD5YR	DAD5YR	CMGPlus	Not in Record	Not in Record	Not in Record
CMG+2014	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	DAD5YR	DAD5YR	DAD5YR	DAD5YR	DAD5YR	CMGPlus	Not in Record	Not in Record
CMG+2015	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	DAD5YR	DAD5YR	DAD5YR	DAD5YR	DAD5YR	CMGPlus	Not in Record
CMG+2016	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	DAD5YR	DAD5YR	DAD5YR	DAD5YR	DAD5YR	CMGPlus
CMG+2017	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	Not in Record	DAD5YR	DAD5YR	DAD5YR	DAD5YR	DAD5YR

Appendix 5: Facility/Board That Submitted To the DAD

Facility	Facility ID Number	Year(s) of Data PDAD	Associated Regional Health Authority (as of 2005)/ Board (2001-2005)	Level of Care Submitted	Comments
General Hospital, Health Sciences Centre	001	2001/02 to 2012/13	Eastern Health Authority/ Health Care Corporation of St. John's.	Acute and Surgical Day Care	
	215	2013/14 to present			
St. Clare's Mercy Hospital	003	2001/02 to 2012/13	Eastern Health Authority/ Health Care Corporation of St. John's.	Acute and Surgical Day Care	As of April 1, 2000 this facility began submitting data under the General Hospital, Health Sciences Centre
	214	2013/14 to present			As of 2013/14, began submitting under its own number
Western Memorial Regional Hospital	004	2001/02 to present	Western Health Authority/ Western Health Care Corporation	Acute and Surgical Day Care	
Notre Dame Bay Memorial Hospital	005	2001/02 to present	Central Health Authority/ Central East Health Care	Acute

Chronic – 2001/02-2004/05 | |

Facility	Facility ID Number	Year(s) of Data PDAD	Associated Regional Health Authority (as of 2005)/ Board (2001-2005)	Level of Care Submitted	Comments
			Institutions Board		
Bonavista Peninsula Health Centre	007	2001/02 to present	Eastern Health Authority/ Peninsulas Health Care Corporation	Acute Surgical Day Care 2001/02-2016/17 Chronic 2001/02-2004/05 Medical Day Care 2001/02-2006/07	Discontinued Surgical Day Care submissions as of April 1, 2017
Bonne Bay Health Centre	008	2001/02 to present	Western Health Authority/ Western Health Care Corporation	Acute Chronic 2001/02-2004/05	
Brookfield/Bonnews Health Centre	009	2001/02 to present	Central Health Authority/ Central East Health Care Institutions Board	Acute	
Calder Health Care Centre	010	2001/02 to present	Western Health Authority/ Western Health Care Corporation	Acute Chronic 2001/02-2004/05	
Dr. Charles L. LeGrow Health Centre	012	2001/02 to present	Western Health Authority/ Western Health Care Corporation	Acute and Surgical Day Care Chronic 2001/02-2004/05	

Facility	Facility ID Number	Year(s) of Data PDAD	Associated Regional Health Authority (as of 2005)/ Board (2001-2005)	Level of Care Submitted	Comments
Fogo Island Health Centre	014	2001/02 to present	Central Health Authority/ Central East Health Care Institutions Board	Acute	
Connaigre Peninsula Health Centre	016	2001/02 to present	Central Health Authority/ Central West Health Corporation	Acute Chronic 2001/02-2004/05	
Dr. A.A. Wilkinson Memorial Health Centre	018	2001/02 to present	Eastern Health Authority/ Avalon Health Care Institutions Board	Acute	
Placentia Health Centre	019	2001/02 to present	Eastern Health Authority/ Avalon Health Care Institutions Board	Acute	
Green Bay Community Health Centre	020	2001/02 to present	Central Health Authority/ Central West Health Corporation	Acute	
Sir Thomas Roddick Hospital	021	2001/02 to present	Western Health Authority/ Western Health Care Corporation	Acute and Surgical Day Care	

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Facility	Facility ID Number	Year(s) of Data PDAD	Associated Regional Health Authority (as of 2005)/ Board (2001-2005)	Level of Care Submitted	Comments
Rufus Guinchard Health Care Centre	025	2001/02 to present	Western Health Authority/ Western Health Care Corporation	Acute Chronic 2001/02-2004/05	
Charles S. Curtis Memorial Hospital	026	2001/02 to present	Labrador-Grenfell Health Authority/ Grenfell Regional Health Services Board	Acute and Surgical Day Care	
Cartwright Community Clinic	027	2001/02 to 2013/14	Labrador-Grenfell Health Authority/ Health Labrador Corporation	Acute 2001/02-2013/14	Ceased submissions as of March 31, 2014
White Bay Central Health Centre	030	2001/02 to present	Labrador-Grenfell Health Authority/ Grenfell Regional Health Services Board	Acute	
Strait of Belle Isle Health Centre	031	2001/02 to present	Labrador-Grenfell Health Authority/ Grenfell Regional	Acute	

Facility	Facility ID Number	Year(s) of Data PDAD	Associated Regional Health Authority (as of 2005)/ Board (2001-2005)	Level of Care Submitted	Comments
			Health Services Board		
Labrador South Health Centre	032	2001/02 to present	Labrador-Grenfell Health Authority/ Grenfell Regional Health Services Board	Acute	
Nain Community Clinic	035	2001/02 to 2012/13	Labrador-Grenfell Health Authority/ Health Labrador Corporation	Acute 2001/02-2013/14	Ceased submissions as of March 31, 2014
Central Newfoundland Regional Health Centre	038	2001/02 to present	Central Health Authority/ Central West Health Corporation	Acute and Surgical Day Care	
A.M. Guy Memorial Health Centre	039	2001/02 to present	Central Health Authority/ Central West Health Corporation	Acute	
Hopedale Community Clinic	045	2001/02 to 2012/13	Labrador-Grenfell Health Authority/ Health Labrador Corporation	Acute 2001/02-2013/14	Ceased submissions as of March 31, 2014

Facility	Facility ID Number	Year(s) of Data PDAD	Associated Regional Health Authority (as of 2005)/ Board (2001-2005)	Level of Care Submitted	Comments
Makkovik Community Clinic	047	2001/02 to 2012/13	Labrador-Grenfell Health Authority/ Health Labrador Corporation	Acute 2001/02-2013/14	Ceased submissions as of March 31, 2014
James Paton Memorial Hospital	049	2001/02 to present	Central Health Authority/ Central East Health Care Institutions Board	Acute and Surgical Day Care	
Baie Verte Peninsula Health Centre	050	2001/02 to present	Central Health Authority/ Central West Health Corporation	Acute Chronic 2001/02-2014/05	
Dr. Walter Templeman Community Health Centre	053	2001/02 to present	Eastern Health Authority/ Health Care Corporation of St. John's.	Acute	
Captain William Jackman Memorial Hospital	055	2001/02 to 2014/15	Labrador-Grenfell Health Authority/ Health Labrador Corporation	Acute and Surgical Day Care 2001/02-2014/15 Chronic 2001/02-2004/05	Facility closed; replaced by Labrador West Health Centre (217) Ceased submissions March 31, 2015
Labrador West Health Centre	217	2015/16 to present	Labrador-Grenfell Health Authority/	Acute and Surgical Day Care	Replaced Captain William Jackman (055)

Facility	Facility ID Number	Year(s) of Data PDAD	Associated Regional Health Authority (as of 2005)/ Board (2001-2005)	Level of Care Submitted	Comments
			Health Labrador Corporation		Began submissions April 1, 2015
Janeway Child Health Centre	056	2001/02 – 2005/06	Eastern Health Authority/ Health Care Corporation of St. John's.	Acute and Surgical Day Care	As of April 1, 2006, this facility began submitting data under the General Hospital, Health Sciences Centre (under 001 for 2006/07 to 2012/13, for 2013/14 onwards submits under 215)
	001	2006/07-2012/13			
	215	2013/14 to present			
Labrador Health Centre	059	2001/02 to present	Labrador-Grenfell Health Authority/ Health Labrador Corporation	Acute and Surgical Day Care	
Carbonear General Hospital	060	2001/02 to present	Eastern Health Authority/ Avalon Health Care Institutions Board	Acute and Surgical Day Care	

Facility	Facility ID Number	Year(s) of Data PDAD	Associated Regional Health Authority (as of 2005)/ Board (2001-2005)	Level of Care Submitted	Comments
Waterford Hospital	061	2001/02 to 2012/13	Eastern Health Authority/ Health Care Corporation of St. John's.	Acute and Surgical Day Care Chronic	As of April 1, 2000 this facility began submitting data under the General Hospital, Health Sciences Centre
	216	2013/14 to present			As of 2013/14, began submitting under its own number
Dr. G.B. Cross Memorial Hospital	064	2001/02 to present	Eastern Health Authority/ Peninsulas Health Care Corporation	Acute and Surgical Day Care Chronic 2001/02-2004/05 Medical Day Care 2001/02-2006/07	
Burin Peninsula Health Care Centre	065	2001/02 to present	Eastern Health Authority/ Peninsulas Health Care Corporation	Acute and Surgical Day Care Medical Day Care 2001/02-2006/07	
Dr. L.A. Miller Centre	069	2001/02 to 2005/06	Eastern Health Authority/ Health Care Corporation of St. John's.	Acute 2001/02-2010/11 Chronic 2001/02-2004/05	

Appendix 6: Known PDAD Facts

This information is listed in sections: first applicable to all facilities/regions followed by facility/region specific. Both sections identify change/impact in alphabetic order. **This appendix contains information that may impact research outcome; it is recommended that this section be thoroughly reviewed.**			

Change/Impact	Region/Facility Impacted	Fiscal Year	Comments
All Sites/Region Impacted By Change			
Acronym for Newfoundland and Labrador	All	All	Over time the acronym for Newfoundland and Labrador changed in the DAD; this impacted the methodology of uniquely identifying patients. The PDAD files were updated when the last change occurred to uniquely identify Newfoundland and Labrador; Acronyms used were NFLD, 01, NF and NL. NL was the most recent change and all PDAD files now identify our province as NL.
Age Calculation	All	All	At CIHI the age is calculated based upon admission date not discharge date.
CMG and DPG Regrouped Data 2001-02	All	2001-02	All 2001-02 data was regrouped by CIHI as requested by the Department of Health and Community Service (required for a review of Western & Grenfell data). There are 2004 files that are NOT included in this CMG+ regrouped data. The following facilities have files omitted from 2001-02 data; Dr. .B. Cross Memorial Hospital, Burin Peninsula Health Care Center, Bonavista Health Centre and Baie Verte Peninsula Health Centre These four facilities failed to meet the year-end deadline for 2001-02.
Linkage of mom & Baby	All	All	From 2001-02 to 2005-06 linkage was by register (admit) number. From 2001 to 2006 there appears to be inconsistencies in the linkage of moms and

This information is listed in sections: first applicable to all facilities/regions followed by facility/region specific. Both sections identify change/impact in alphabetic order. **This appendix contains information that may impact research outcome; it is recommended that this section be thoroughly reviewed.**			
Change/Impact	**Region/Facility Impacted**	**Fiscal Year**	**Comments**
			babes. Therefore caution should be used when linking moms and babes in PDAD from 2001-2006. From 2006-07 to present linkage is by chart number. From April 1, 2001 to March 31, 2005 all infants born at Women's Health Centre were admitted to Janeway thus breaking the link between mother (admitted to HSC) and baby (admitted to Janeway). The Janeway began reporting newborns under facility number to HSC (001) as of April 1, 2005. For a number of years, HCCSJ and later Eastern Health has used the MCP as a chart number, though some effort has been made to change this on a go-forward basis. CIHI only accepts 10 digits for the chart number data element, so the chart number for many records is the truncated MCP (the last two digits are truncated).
Project 340	All	2012	In 2009, the Canadian Stroke Network, in conjunction with the Canadian Institute for Health Information (CIHI), created an opportunity for all Canadian acute care facilities to collect vital stroke information that is not captured routinely in any other databases. Western Regional Health Authority began collection of Project 340 Stroke as of April 1, 2009. All other health regions began collection on April 1, 2012 and it became mandatory to complete Project 340 Stroke in Newfoundland and Labrador.
Project 350	All	2001-2008	Project 350 Allied Health, collection of allied health services, data was discontinued on September 18, 2008. The overall data in this

This information is listed in sections: first applicable to all facilities/regions followed by facility/region specific. Both sections identify change/impact in alphabetic order. **This appendix contains information that may impact research outcome; it is recommended that this section be thoroughly reviewed.**			
Change/Impact	**Region/Facility Impacted**	**Fiscal Year**	**Comments**
			field was not consistently coded and the information is not considered reliable. It is not advised to use this data.
Project 497 (See also note under Other about Diabetes)	All	2001-2003	Project 497 Chronic Conditions, was introduced in 1999. It required NL facilities to collect data in a Special Project field within the discharge abstract to indicate the presence of documented chronic conditions in the health record of individuals discharged from hospital. 2001 onward used ICD-10 codes for • COPD • Irritable Bowel Syndrome (Crohn's Ileitis & Colitis) • Arthritis (all types) • Hypertensive Disease • Ischemic Heart Disease • PVD • Chronic Renal Failure • Schizophrenia NOTE: Diabetes was inadvertently left off the 2001 list however beginning January 1, 2003 hospitals were mandated to code all diabetes regardless of the diagnosis typing. Diabetes was listed in Project 497 again in 2003. Effective April 1, 2010 Project 497- Chronic Conditions is no longer mandatory. It is a Regional/Facility decision to collect this data. See page 12.16-1 as per 2010-11 in the Provincial Section of DAD.

This information is listed in sections: first applicable to all facilities/regions followed by facility/region specific. Both sections identify change/impact in alphabetic order. **This appendix contains information that may impact research outcome; it is recommended that this section be thoroughly reviewed.**

Change/Impact	Region/Facility Impacted	Fiscal Year	Comments
Diabetes ICD-10-CA coding Impact Project 497 Impact	All	2001-02 to 2008-09	In 2001 & 2003 ICD-10 CA diabetes codes were in a table format and there was a 6th digit (0-4 & 9) to indicate the level of control. 0 = Adequately controlled with diet or oral agents 1 = Adequately controlled with insulin 2 = Inadequately controlled with diet or oral agents (and insulin not used to stabilize) 3 = Inadequately controlled with diet or oral agents but adequately controlled with insulin 4 = Inadequately controlled with insulin 9 = Level of control unspecified In 2006(07) diabetic codes were not in a table format and no longer have a sixth digit identifying the level of control. There were also a number of additional codes added to the classification for specificity in 2006(07) as well as the 2009 classification. In December 2002 it was identified that as of April 1, 2001, diabetes mellitus was inadvertently omitted from Project 497. Several facilities recognized the omission and began coding diabetes mellitus as a diagnosis type 3 on the DAD abstract using ICD-10-CA classification. In December 2002, the Centre mandated that all acute care patients who had a diagnosis of diabetes mellitus as a diagnosis type 3 be included on the DAD abstract until it was reinstated as a chronic condition in Project 497. As of April 1, 2003 diabetes mellitus was reinstated in Project 497 and was not required

This information is listed in sections: first applicable to all facilities/regions followed by facility/region specific. Both sections identify change/impact in alphabetic order. **This appendix contains information that may impact research outcome; it is recommended that this section be thoroughly reviewed.**

Change/Impact	Region/Facility Impacted	Fiscal Year	Comments
			to be coded on the DAD abstract as a diagnosis type 3. (see mandate binder, memo dated, April 8, 2003.) As of April 1, 2006, CIHI mandated that all acute and surgical day care patients who had a diagnosis of diabetes mellitus regardless of the diagnosis typing be captured on the DAD abstract. All facilities in the province of Newfoundland and Labrador adhere to this national mandate. Many facilities continued to capture diabetes mellitus in Project 497 and as a Diagnosis Type 3 on the DAD in 2003, **caution should be taken not to double count Diabetes cases.**
ER Data	All	2001-02	Please use caution when using ER data for earlier years of ICD-10-CA data. It has been identified that this data is not reliable.
Residence Codes Community Table	All	2009-2010	Effective April 1, 2009. Since 2002 Natuashish (when it became a community) has used Davis Inlet residence code. This was done based upon the understanding that all residents of Davis Inlet had moved to Natuashish. After reviewing the Municipal Affairs lists to update the 2008 community table in PDAD it was recognized that Davis Inlet is still inhabited. Therefore a residence code was assigned to both communities. • 1345 is Davis Inlet residence code • 6035 is Natuashish residence code
Rhogam & WinRho	All	2001 to present	As of April 1, 2001 Rhogam and WinRho injections were coded as interventions and NOT included in the Blood Product project. Prior to

Change/Impact	Region/Facility Impacted	Fiscal Year	Comments
This information is listed in sections: first applicable to all facilities/regions followed by facility/region specific. Both sections identify change/impact in alphabetic order. **This appendix contains information that may impact research outcome; it is recommended that this section be thoroughly reviewed.**			
			2001 this was coded as "other" in the blood product project.
Gestational Age 99 – Not Available	All	2010-2011	The 2010 DAD (page 6.18, Group 18 Field 06) indicates the valid value of Gestational Age 99 (not available). The value 99 should not be included in any calculations. Users are to interpret the value "Y" in PDAD (GEST_WK_DLV_OTH_I) as Gestational Age not available.
Specific Site/Region Impacted By Change			
Basic Option 17 – Site Code Also known as Discharge Site for Eastern Health (City Hospitals)	Eastern and Western	2005-06	In 2005 the former HCSSJ (Waterford, St. Clare's, LA Miller, Dr. Walter Templeman and Health Sciences Centre (HSC)) began using Basic Option 17, to flag the discharge site. Discharge site was identified by alpha characters. Please note: information recorded for 2005/06 is inconsistent. On October 01, 2006 the site identification was changed from alpha to numeric characters. Only facilities reporting under 001 completed Basic Option 17. (Exception, Dr. Walter Templeton Hospital continues to report discharge site in Basic Option 17using facility number (053). **Janeway also completed discharge site although they continued to report under 056 until March 31, 2006.** Western Memorial Regional Hospital also used Basic Option 17 for internal purposes. This was transmitted to CIHI therefore causing a conflict in data values in the Basic Option 17 field. Western Memorial Regional Hospital stopped reporting Basic Option 17 to CIHI as of April 1, 2006.

This information is listed in sections: first applicable to all facilities/regions followed by facility/region specific. Both sections identify change/impact in alphabetic order. **This appendix contains information that may impact research outcome; it is recommended that this section be thoroughly reviewed.**

Change/Impact	Region/Facility Impacted	Fiscal Year	Comments
			The table below identifies the applicable values in PDAD for facility 001, Basic Option 17. SITE | ALPHA SITE CODE (2005-06) | NUMERIC SITE CODE (October 01, 2006-2012/13) Health Sciences Centre | HS | 01 St. Clare's Mercy Hospital | SC | 02 Waterford Hospital | WH | 03 Janeway Child Health Centre | JC | 04 L.A. Miller Centre | MC | 05 Dr. Walter Templeman Hospital (reports under 053) | WT | 06
Chronic Care And Mental Health Chronic Care	Waterford, LeGrow and Sunshine Manor	2005-2006	As of April 1, 2005 only Waterford patients, Dr. Charles LeGrow and Sunshine Manor continued to report chronic care (level of care 3, aka long-term care). All other facilities that previously reported chronic care discontinued reporting as of April 1, 2005.

SITE	ALPHA SITE CODE (2005-06)	NUMERIC SITE CODE (October 01, 2006-2012/13)
Health Sciences Centre	HS	01
St. Clare's Mercy Hospital	SC	02
Waterford Hospital	WH	03
Janeway Child Health Centre	JC	04
L.A. Miller Centre	MC	05
Dr. Walter Templeman Hospital (reports under 053)	WT	06

This information is listed in sections: first applicable to all facilities/regions followed by facility/region specific. Both sections identify change/impact in alphabetic order. **This appendix contains information that may impact research outcome; it is recommended that this section be thoroughly reviewed.**			
Change/Impact	**Region/Facility Impacted**	**Fiscal Year**	**Comments**
			Sunshine Manor and Dr. Charles LeGrow discontinued reporting chronic care as of April 1, 2006.

As of April 1, 2006 only the Waterford Hospital report chronic care (level 3).

In 2006 it was discovered that all chronic mental health cases from the Waterford, coded to facility 001 were changed to indicate that the reporting facility was 069 (L.A. Miller Centre) This was during a period when a high number of acute care beds were being used for chronic care. There is no documentation to state why all chronic care from facility 001 was changed to facility 069. This resulted in mental health chronic care patients being categorized with acute care patients receiving chronic care. To investigate and determine a course of action to correct these issues the Senior Systems Consultant-Healthcare at OCIO along with NLCHI staff will review the data both pre and post PDAD import. This document will be updated when the investigation is completed. As of 2005/06 Waterford chronic care is identified.

Facilities that submitted mental health indicators to CIHI are identified by having the psych flag turned on at CIHI. The data submitted from these facilities undergo additional data quality testing to include mental health fields. It is an individual facility decision to submit mental health data to CIHI. There are no predetermining factors required to submit this data. |

This information is listed in sections: first applicable to all facilities/regions followed by facility/region specific. Both sections identify change/impact in alphabetic order. **This appendix contains information that may impact research outcome; it is recommended that this section be thoroughly reviewed.**

Change/Impact	Region/Facility Impacted	Fiscal Year	Comments
	PHCC	2001-02	The former PHCC did not meet the CIHI submission deadline for 2001/02. The late submission of this data was imported into PDAD. (approximately 3,400 records) It was discovered that some of the 3,400 were duplicates entries because PHCC sent the same records to CIHI and to NLCHI. There were approximately 1,400 duplicates identified and removed from PDAD. Because these records were not easily identified there is a possibility that some abstracts are duplicates and might remain in PDAD. 2004 records from 2001/02 were confirmed and are flagged to indicate they were received directly from the facility.
Newborns - 1 day stay	HCCSJ	2003-04	For newborns who have 1 day LOS and use both patient services 54 (newborn) and 97 (neonatology). The standards state that only one patient service can be used for 1 day stay. It was agreed in consultation with CIHI that patient service 97 would be used in this situation. The rationale being that this service uses more expensive resources than normal newborn.
OOH Interventions HCCSJ	HCCSJ	2001-02	Out of Hospital interventions (OOH) for HCCSJ are not recorded for facilities using 001 (e.g. patient from St. Clare's went to the HSC for intervention and returned to St. Clare's, same day) this intervention is captured as an inpatient intervention on the discharge abstract.
Operative Flag	All	2009-2011	The operative flag is incorrect for 2009-10 and 2010-11.

This information is listed in sections: first applicable to all facilities/regions followed by facility/region specific. Both sections identify change/impact in alphabetic order. **This appendix contains information that may impact research outcome; it is recommended that this section be thoroughly reviewed.**

Change/Impact	Region/Facility Impacted	Fiscal Year	Comments
Medical Day Care	PHCC	1995-96 to 2006-07	From 1995-96 to 2006-07, the former PHCC captured medical day care (type 4). No other facilities collected medical day care.
Patient Service	Grenfell	2004-05	Grenfell stopped using the generic patient service code of 98 as of April 1, 2004. On April 1, 2004 they began using specific patient service codes. Grenfell used patient service 98 from April 1, 2001 to March 31, 2004.
Chart number	HCCSJ/Eastern Health	2001-02 to current	For a number of years, HCCSJ and later Eastern Health has used the MCP as a chart number, though some effort has been made to change this on a go-forward basis. CIHI only accepts 10 digits for the chart number data element, so the chart number for many records is the truncated MCP (the last two digits are truncated).
Site Specific Reporting Changes	HCCSJ	2000-2001	Waterford (061), HSC (001), St. Clare's (003) and Grace (002) site specific numbers were merged and began reporting as one entity using 001 as of April 1, 2000. April 1, 2000, Health Sciences Centre (001), St. Clare's Mercy Hospital (003), Grace General Hospital (002) and Waterford Hospital (061) consolidated facility numbers and began submitting to CIHI under facility 0001, 1001 or 3001, depending upon the level of care.
Site Specific Reporting Changes	Janeway		The Janeway discontinued the use of 0056 and 1056 on April 1, 2006 and began submitting under facility number 0001 and 1001. The Janeway began reporting newborns under facility number to 001 as of April 1, 2005.

This information is listed in sections: first applicable to all facilities/regions followed by facility/region specific. Both sections identify change/impact in alphabetic order. **This appendix contains information that may impact research outcome; it is recommended that this section be thoroughly reviewed.**

Change/Impact	Region/Facility Impacted	Fiscal Year	Comments
Site Specific Reporting Changes	Janeway		April 1, 2006, Janeway Child Health Centre discontinued using facility number 056 and began submitting to CIHI using facility number 001
Site Specific Reporting Changes	Miller Centre	2004-2005	March 31, 2005 all DVA (Department of Veterans Affairs) (L.A. Miller Centre), chronic care coding, was discontinued, no longer submitted to CIHI.
Site Specific Reporting Changes	Miller Centre		For facility 069 (LA Miller Center) in 2005-06 CIHI did not permit the Miller Center to submit using level of care 3 (chronic care/long term) therefore all submissions have the level of care 0 (acute care). This is only for this fiscal year. Therefore the readmission code for these is blank, this was necessary to prevent fatal errors from CIHI.
Site Specific Reporting Changes	Miller Centre		March 31, 2006 L.A. Miller Center discontinued using 0069 for Rehab submission. Rehab abstracting began submitting under National Rehabilitation System (NRS).
Site Specific Reporting Changes	Miller Centre		There were lengthy discussions within Eastern Health with the Medical Program about Palliative Care Unit and how the beds are used and the treatment given. The consensus was that the Palliative Care Unit as it stands now is not an acute care unit but rather a hospice. There is no active treatment given, it is strictly comfort care and pain management. Effective April 1, 2008 the Palliative Care Unit and Comfort Care Units at the Miller Centre were no longer considered part of the acute care facility. Patients transferred to these units are discharged from the acute care sites and readmitted to palliative care/comfort care. The

Change/Impact	Region/Facility Impacted	Fiscal Year	Comments
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Change/Impact	Region/Facility Impacted	Fiscal Year	Comments
			palliative care/comfort care admissions are no longer submitted to CIHI.
Site Specific Reporting Changes	St. Clare's & Miller Centre		September 2002, palliative care moved from St. Clare's, which was submitting under facility number 001, to L.A. Miller Center and started submitting to CIHI under facility number 069. April 1, 2005 the submitting number for comfort care (patient service 58) at L.A. Miller Centre was changed to 001 from 069.
Site Specific Reporting Changes	General Hospital, Health Sciences Centre, St. Clare's Mercy Hospital, and Waterford Hospital	2013-14	As of April 1, 2013, General Hospital, Health Sciences Centre, St. Clare's, and Waterford Hospital no longer report as a single facility (001) and report as 3 separate facilities (Janeway remains reporting under General Hospital, Health Sciences Centre. General Hospital, Health Sciences Centre - 215 St. Clare's Mercy Hospital - 214 Waterford Hospital - 216
Site Specific Reporting Changes	Cartwright Community Clinic (027), Nain Community Clinic (035), Hopedale Community Clinic (045), Makkovik Community Clinic (047)	2014-15	As of April 1, 2014, these four Community Clinics in Labrador no longer submit to DAD.

This information is listed in sections: first applicable to all facilities/regions followed by facility/region specific. Both sections identify change/impact in alphabetic order. **This appendix contains information that may impact research outcome; it is recommended that this section be thoroughly reviewed.**

Change/Impact	Region/Facility Impacted	Fiscal Year	Comments
Site Specific Reporting Changes	Captain William Jackman Memorial Hospital (055) & Labrador West Health Centre (217)	2015-16	Captain William Jackman Memorial Hospital closed and ceased submission to DAD as of March 31, 2015. Labrador West Health Centre opened and began submission to DAD as of April 1, 2015.
Surgical Day Care	Western & Central		Western Health started coding scopes (gastroscopy and sigmoid/colonoscopy) on October 1, 2002

Central Newfoundland Regional Hospital started coding scopes (gastroscopy and sigmoid/colonoscopy) in 2002.

James Paton started coding scopes (gastroscopy and sigmoid/colonoscopy) in November 2005. |
Facility Name Change	Paddon Home	2011-12	Paddon Home has kept the same number but shows as Long Term Care Happy Valley-Goose Bay in the 2011-2012 Provincial DAD.
Missing Newborn Abstracts	Labrador		Through the editing process of linkage of mom & baby there have been a minimum number of newborns identified that did not have an abstract submitted to CIHI. After consultation with the facility a paper abstract was submitted to the Centre and entered manually into the database.
Surgical Day Care	Eastern	2011-12	Effective Fiscal 2011-2012, the Comprehensive Ambulatory Classifications System (CACS) grouping methodology was redeveloped and is used to group DAD day surgery data. The new CACS grouping methodology uses the investigative technology (diagnostic imaging) interventions found on the day surgery abstract to adjust the RIW. Therefore, it is mandatory to code any diagnostic imaging intervention (CT,

Change/Impact	Region/Facility Impacted	Fiscal Year	Comments
		This information is listed in sections: first applicable to all facilities/regions followed by facility/region specific. Both sections identify change/impact in alphabetic order. **This appendix contains information that may impact research outcome; it is recommended that this section be thoroughly reviewed.**			
			MRI, nuclear medicine, X-ray, ultrasound, etcetera) performed on a day surgery case. For Fiscal 2011-2012, Eastern Health Region was not compliant with the DAD standard.
Basic Options – Smoking Project	Labrador/Grenfell	2011-12	Labrador/Grenfell facilities will no longer collect data for the Smoking Project as of 2011-12 abstracts. To avoid triggering errors HIMs will complete Basic Option 1 with the valid value of U for unknown. This practice will remain in place until 2013/14 when CIH will remove the edits. It should be noted that coders continued to complete this field with values other than U until the end of 2013-14.
Provider Number	Central	2011-12	During the 2011-12 PDAD editing process it was identified that in Central's 3M system the number for Dr. Nazir Fayez Barakji was 4790 however the **correct number in the provider database is 4837**. The number 4790 belongs to Dr. Teri Lynn Stuckless. They confirmed that they have now corrected the number for Dr. Barakji.
New Facility Name	Western	2011-12	Dr. J.I. O'Connell Centre and Interfaith Home for Senior Citizens have closed and that the new facility is named Corner Brook Long Term Care and the Centre has assigned it Institution #206 and this is reflected in the Provincial DAD for 2011-2012
Basic Options	All regions	2014-15	As of April 1, 2015, no regions submit Basic Options fields.

Appendix 7: Glossary

Alternative Level of Care (ALC)

When a patient is occupying a bed in a facility and does not require the intensity of resources provided in that care setting (Acute/Complex Continuing Care [Chronic], Mental Health or Rehabilitation), the patient must be designated Alternate Level of Care (ALC) at that time by a physician or his/her delegate. The authorized designate may be a long term care assessor, patient care manager, discharge planner or care team member. (The decision to assign ALC status is not a Health Information Management responsibility).

Note: Prior to Fiscal 2010-2011, the definition of ALC in the DAD applied to acute care only, to facilitate acute expected length of stay calculations.

Canadian Classification of Health Interventions (CCI)

This is a national standard for classifying health care procedures. CCI is the companion classification system to ICD-10-CA.

Canadian Classification of Diagnostic, Therapeutic, and Surgical Procedures (CCP)

This is the national standard for classifying health care procedures used in PDAD up to April 1, 2001.

Case Mix Groups Plus CMG+

The Case Mix Groups+ (CMG+) methodology is designed to aggregate acute care in-patients with similar clinical and resource-utilization characteristics. The CMG+ methodology was introduced in 2007.   CMG+ was designed to take advantage of the increased clinical specificity of ICD-10-CA and CCI. This methodology, developed using multiple years of acute care inpatient activity and cost records, introduces and enhances several grouping factors to improve the ability to clinically group inpatients and to define length of stay and resource use indicators.

ICD-10-CA diagnosis codes are used to broadly categorize patients into major clinical categories (MCC). These broad categories are based generally on the most responsible diagnosis code (MRDx). The MCC is divided into two partitions: intervention and diagnosis. If a case is assigned to the diagnosis partition of an MCC, a list of diagnosis codes is used to assign the CMG cell. If a

case is assigned to the intervention partition of an MCC, a hierarchical list of intervention codes is used to assign the CMG cell.

The CMG+ methodology further refines CMG with components known as factors to reflect additional conditions that influence a patient's overall medical condition and resource consumption. These factors, known as the Five Factor Methodology, applied across most CMG include:

- Age Group
- Comorbidity Level
- Flagged Interventions
- Intervention Events
- Out-of-Hospital Intervention

Together, these factors are applied to the acute care inpatient cases to improve estimates of resource indicators (RIW and ELOS).

Case Mix Groups Plex (CMG/Plx)

Case Mix Groups (CMGs) were introduced in 1973, forming the patient classification system for bed utilization. They group similar patients together from a clinical as well as a resource use perspective. Historically, CMGs split on age and/or complications or comorbidity. The patient's MRDx is used to assign the case to one of the 24 Major Clinical Categories (MCC). Within each MCC, based on the presence or absence of an operative procedure, the case is directed towards a surgical or medical hierarchy flowchart.

In 1997, CIHI introduced a complexity overlay called "Plx" to its inpatient case-mix methodology. The complexity overlay identifies diagnoses, over and above the MRDx used for CMG assignment, for which prolonged length of stay and more costly treatment might reasonably be expected. Complexity is applied to hospital inpatient cases with one or more chronic disease conditions outside of the primary focus of the acute care episode, cases with multi-organ failure, and cases with iatrogenic or other complications. Complexity is not applied where it does not demonstrate improved homogeneity in LOS or total resource use. Complexity is specific to the medical or surgical MCC partitions.

CIHI

The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides essential data and analysis on Canada's health system and the health of Canadians.

DAD Abstracting Manual

The Discharge Abstract Database (DAD) contains data on hospital discharges across Canada. The DAD manual provides specifications and edits related to each element on the abstract.

Day Procedure Groups (DPG)

Day Procedure Groups is a national classification system for ambulatory hospital patients that focus on the area of day surgery. Patients are assigned to categories according to the principal or most resource-intensive intervention recorded on the patient abstract.

Patients assigned to the same DPG group represent a homogeneous cluster with similar clinical episodes and requiring similar resources. The DPG grouping methodology continues to be based on the CCI and is the result of an extensive review and revision process using Canadian case-cost data. Each DPG group is assigned a DPG RIW value, which is used to standardize the expression of hospital day surgery volumes, recognizing that not all day surgery patients require the same health care resources. The volume of day surgery cases is then expressed as total day surgery weighted cases and these weighted cases can be directly compared to the inpatient weighted cases and CACS weighted cases.

Diagnosis Typing

Diagnosis Typing applies to all data submitted to the Discharge Abstract Database (DAD).The assignment of a diagnosis type to a condition is meant to signify the impact that the condition had on the patient's care as evidenced in the physician documentation. The following list the various diagnosis types:

- **Most responsible diagnosis (Type M)**

  Diagnosis type (M) is the one diagnosis or condition that can be described as being most responsible for the patient's stay in hospital. If there is more than one such condition, the one held most responsible for the greatest portion of the length of stay or greatest use of resources (i.e. operating room time, investigative technology, etc.) is selected

- **Comorbidity diagnoses (Types 1 and 2)**

  A diagnosis type (1) is a condition that existed prior to admission, has been assigned an ICD-10-CA code, and satisfies the requirements for determining comorbidity.

  A diagnosis type (2) is a condition that arises post-admission, has been assigned

  an ICD-10-CA code and satisfies the requirements for determining comorbidity.

If a post-admit comorbidity qualifies as the MRDx, it must be recorded as both the MRDx and as a diagnosis type (2).

- **Secondary diagnoses (Type 3)**

  A diagnosis type (3) is a secondary diagnosis or condition for which a patient may or may not have received treatment, has been assigned an ICD-10-CA code and does not satisfy the requirements for determining comorbidity. Diagnoses that are **only listed** on the Front Sheet, Discharge Summary, Death Certificate, History and Physical or Pre-operative Anesthetic Consults qualify as a diagnosis type (3)—secondary diagnosis. If there is physician documentation elsewhere in the chart that the condition affected the treatment received or required treatment beyond maintenance of the preexisting condition or increased the length of stay (LOS) by at least 24 hours it then must be determined if it is a diagnosis type (1) or type (2) comorbidity.

- **Proxy most responsible diagnosis (Type 6)**

  A diagnosis type (6) is assigned to a designated asterisk code in a dagger/asterisk convention when the condition it represents fulfills the requirements stated in the definition for diagnosis type (M)—most responsible diagnosis (MRDx). In morbidity coding, asterisk codes are manifestations of an underlying condition and according to the World Health Organization (WHO) rules, must be sequenced following the code for the underlying cause.

  The underlying cause codes are identified with a dagger symbol (†) in the ICD-10-CA classification. Diagnosis type (6) is used on the **second line** of the diagnosis field of the abstract to indicate that the manifestation is the condition most responsible for the patient's stay in hospital. When the underlying condition meets the criteria for MRDx, or when it would be difficult to delineate whether it is the underlying condition or the manifestation that meets the criteria for MRDx, the asterisk code is assigned diagnosis type (3).

- **Service transfer diagnoses (Types W, X and Y)**

  An ICD-10-CA code associated with the first/second/third service transfer.

- **External cause of injury codes (Type 9)**

  A diagnosis type (9) is an external cause of injury code (Chapter XX—*External causes of morbidity and mortality*), place of occurrence code (U98.—*Place of occurrence)* or

activity code (U99.—*Activity*). Chapter XX codes are mandatory for use with codes in the range S00–T98 *Injury, poisoning and certain other consequences of external causes*. Category U98.—*Place of occurrence* is mandatory with codes in the range W00–Y34, with the exception of Y06 and Y07, and Category U99.—*Activity* is optional.

- **Diagnoses restricted to newborn abstracts only (Type 0)**

  Diagnosis Type (0) is restricted to newborn codes only (admit category N).

Diagnosis Prefix 5 and 6

Prefixes 5 and 6 describe the chronological relationship between a diagnosis type (2) (post-admit comorbidity) and the first qualifying intervention occurring in

- The main operating room (OR) at the reporting facility; or

- The cardiac catheterization room at the reporting facility; or

- Another facility (out of hospital [OOH]) for selected cardiac interventions:

  - 3.IP.10.^^ Xray, heart with coronary arteries;

  - 1.IJ.50.^^ Dilation, coronary arteries; and/or

  - 1.IJ.57.^^ Extraction, coronary arteries.

Expected Length of Stay (ELOS)

Expected length of stay is calculated as average acute days for "typical" acute care inpatients. ELOS will depend on CMG assignment as well as complexity levels, and age, where appropriate. Typical cases exclude deaths, transfers, voluntary sign-outs and cases where the actual length of stay is greater than the "trim point" established by CIHI.

International Classification of Diseases and Related Health Problems, Tenth Revision, Canada (ICD-10-CA).

This system consists of codes to classify diseases and health problems.

International Classification of Diseases, Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, (ICD-9)

This is the national coding classification system used in PDAD up to April 1, 2001.

Length of Stay (LOS)

Length of stay, for inpatient abstracts, is the difference, in days, between the Admission Date and Discharge Date. If the difference is 0 (Admission Date equals Discharge Date), the calculated LOS is 1.

Length of stay, for same-day surgery abstracts, is the difference, in hours, between the Admission Time and Discharge Time.

Office of the Chief Information Officer (OCIO)

The OCIO provides Information Technology and Information Management capability aligned to support the business of government and the citizens of Newfoundland and Labrador.

Reabstracting

Coding of health records previously coded and submitted to CIHI. The reabstracting is completed by a Health Information Management professional not associated with the originating facility.