CPES-IC

Canadian Patient Experiences Survey — Inpatient Care

Data Dictionary Manual

February 2024

Canadian Institute for Health Information
Institut canadien d'information sur la santé

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The Canadian Institute for Health Information (CIHI) wishes to acknowledge and thank the members of the Inter-Jurisdictional Patient-Centred Measurement Advisory Group who so willingly shared their time, experience and knowledge when developing the Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) and survey procedures.[i]

CIHI would also like to acknowledge and thank the many individuals within CIHI who contributed to the production of this manual.

Purpose of the Canadian Patient Experiences Survey — Inpatient Care Data Dictionary Manual

This manual provides detailed data element definitions, submission requirements for each data element, descriptions of permissible responses and guidelines for collecting each data element in the Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) Minimum Data Set (MDS).

This manual is intended to serve as a resource for organizations that are interested in implementing the CPES-IC surveys and to provide them with an overview of the data elements required for data collection and submission to CIHI's Canadian Patient Experiences Reporting System (CPERS). This manual may also be useful for personnel at organizations implementing the CPES-IC who are responsible for data collection and entry.

CPES-IC data submitted to CIHI is used as a source for national comparative reports; as such, it is vital that the information captured be recorded precisely as outlined in this manual to ensure accurate and consistent reporting.

Important note: Data submission specifications are made available to organizations and/or vendors that have completed and returned their CIHI Product Specifications Subscription. This technical documentation provides detailed requirements and guidelines for CPES-IC data submission to CIHI. For more information about CPES-IC data submission specifications or conformance testing, send an email to help@cihi.ca.

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i. At the time the survey was developed, the Inter-Jurisdictional Patient-Centred Measurement Advisory Group consisted of the following members and organizations: Western Health (Newfoundland and Labrador), Health PEI, Capital Health (Nova Scotia), New Brunswick Health Council, Commissaire à la santé et au bien-être (Quebec), Ontario Hospital Association, Health Quality Ontario, Manitoba Health, Saskatchewan Health Quality Council, Alberta Health Services, Health Quality Council of Alberta and British Columbia Patient Reported Experience Measures Steering Committee.

Contact information

For more information about the CPES-IC or CPERS, contact CIHI at prems@cihi.ca.

Introduction to CIHI

About CIHI

The Canadian Institute for Health Information (CIHI) collects and analyzes information on health and health care in Canada and makes it publicly available. Canada's federal, provincial and territorial governments created CIHI as a not-for-profit, independent organization dedicated to forging a common approach to Canadian health information. CIHI's goal: to provide timely, accurate and comparable information. CIHI's data and reports inform health policies, support the effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health. For more information, visit our website at www.cihi.ca.

CIHI's Privacy and Security Program

CIHI has developed the *Privacy and Security Framework* to provide a comprehensive approach to privacy and security management. Based on best practices from across the public, private and health sectors, the framework is designed to coordinate CIHI's privacy and security policies and provide an integrated view of the organization's information management practices. The governance structure includes a chief privacy officer and general counsel (CPO/GC) and a chief information security officer (CISO).

The CPO/GC heads Privacy and Legal Services and is responsible for managing the Privacy program, providing privacy advice and support to program areas, ensuring that the suite of privacy policies and procedures is comprehensive and up to date, providing privacy training and awareness, conducting privacy impact assessments (PIAs) and audits, monitoring compliance, and benchmarking. The CPO/GC is also responsible for ensuring that appropriate data-sharing and other agreements are in place and for monitoring legal and other developments in the privacy arena.

The CISO heads Information Security and has overall day-to-day accountability for the confidentiality, integrity and availability of the data holdings within CIHI's custody and control and for ensuring that the Information Security program and suite are robust and up to date. The CISO is also responsible for providing information security training and awareness, conducting risk assessments and audits, benchmarking and monitoring industry best practices in information security. The CISO reports all significant audit findings to the Finance and Audit Committee of the Board of Directors.

Background

Development of the Canadian Patient Experiences Reporting System

Understanding and improving a patient's experience when they receive health services, interventions and care are integral to providing patient-centred care. In Canada, patient experience surveys are currently administered using a variety of tools and data collection methods, which do not allow for pan-Canadian comparisons. Using a standard survey tool is key to measuring and improving performance through comparative reporting.

To address information gaps and the lack of standardized patient experience information, the Canadian Patient Experiences Reporting System (CPERS) has been established to provide standardized patient experience information from across Canada. The information from CPERS will help us better understand and compare patient perspectives on health services, interventions and care received to inform and improve patient-centred care and patient outcomes in Canada.

Information from CPERS is used by health care providers, health system managers and policy-makers to

- Provide comparable data on the patient experience aspect of quality of care for reporting, monitoring and comparing performance; and
- Provide data from which to identify and inform quality and efficiency improvements and assess the effectiveness of health interventions to better support the integration of care for improved patient-centred care.

CPERS collects data about patient experiences in inpatient hospital stays across 3 hospital service lines (i.e., medical, surgical and maternity) via the Canadian Patient Experiences Survey — Inpatient Care (CPES-IC). Future expansions may include other sectors of care.

Jurisdictions can work with the vendor of their choice or submit survey data directly to CIHI in a way that meets the minimum data standards and is consistent with CIHI's current processes and privacy and security standards. To request detailed data submission requirements, email help@cihi.ca.

Development of the Canadian Patient Experiences Survey — Inpatient Care

Launched in 2014, the Canadian Patient Experiences Survey — Inpatient Care (CPES-IC) is a set of standardized questionnaires that enables patients to provide feedback about the quality of care they received during their most recent stay in a Canadian acute care hospital. These standardized tools help hospitals assess patient experiences with acute care, to inform the delivery of patient-centred care and quality improvement initiatives, and provide a platform for national comparisons and benchmarking for the measurement of patient experience.

CIHI has collaborated with the national and international research community as well as stakeholders across the country — including the Inter-Jurisdictional Patient-Centred Measurement Advisory Group,[ii] Accreditation Canada, the Canadian Patient Safety Institute (now amalgamated with Healthcare Excellence Canada) and The Change Foundation — to inform the development and pilot testing of the CPES-IC.

In 2023, the CPES-IC was modernized to ensure that the survey continues to meet the needs of health jurisdictions, hospitals and data users; reflects the perspective of patients; and informs current priorities of Canadian hospitals. This work involved enhancing standard survey questions to address data quality issues and developing a shorter survey aimed at adding flexibility to survey implementation. This work led to the development of the Canadian Patient Experiences Survey — Inpatient Care — 20 Measures (CPES-IC-20M) and the Canadian Patient Experiences Survey — Inpatient Care — 6 Measures (CPES-IC-6M), which will collectively be referred to as the CPES-IC surveys. Jurisdictions and hospitals can use either of the surveys or alternate between them to meet their patient experience information needs.

ii. At the time the survey was developed, the Inter-Jurisdictional Patient-Centred Measurement Advisory Group consisted of the following members and organizations: Western Health (Newfoundland and Labrador), Health PEI, Capital Health (Nova Scotia), New Brunswick Health Council, Commissaire à la santé et au bien-être (Quebec), Ontario Hospital Association, Health Quality Ontario, Manitoba Health, Saskatchewan Health Quality Council, Alberta Health Services, Health Quality Council of Alberta and British Columbia Patient Reported Experience Measures Steering Committee.

Questions 1 to 19 and 35 in the CPES-IC-20M were adapted from the U.S.-based Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS[iii]) survey; questions 20 to 41 (excluding questions 22, 33 and 35) were adapted and/or developed by CIHI in consultation with an interjurisdictional committee of experts. Questions 22 and 33 were adapted from The National Health Services (NHS) Patient Survey Programme (NHS inpatient survey)[iv]. In the CPES-IC-6M, questions 1 to 6 and 16 were adapted from the HCAHPS survey, questions 8 to 22 (excluding questions 14 and 16) were adapted and/or developed by CIHI in consultation with an interjurisdictional committee of experts. Questions 7 and 14 were adapted from The NHS Patient Survey Programme (NHS inpatient survey).

Jurisdictions can add up to 10 of their own jurisdiction-specific questions to either version of the survey. These additional questions and responses are meant for jurisdictional use only and will not be submitted to CIHI. The CPES-IC surveys were cognitively tested (December 2022) to ensure that questions are appropriate and understandable.

Development of the Canadian Patient Experiences Survey — Inpatient Care Minimum Data Set

A critical first deliverable for the development of CPERS was identifying the information that should be collected by this system to capture inpatient experiences in hospitals: the CPES-IC Minimum Data Set (MDS). The CPES-IC MDS includes data elements to capture the patient's responses to the survey questions, information on the methods and processes used to administer the survey, and additional administrative information needed to support submissions, analysis and reporting. CIHI uses the term "minimum data set" to define the minimum or essential information needed by multiple stakeholders to fulfill the objectives of the CPES-IC and meet the necessary requirements of CPERS. To ensure the development of a data set that is valid and useful for its stated purpose, CIHI did an extensive review of its own and international standards and consulted with privacy and survey methodology experts.

The CPES-IC MDS standardizes the collection of patient experience information, ensures the comparability of data from participating organizations and ensures the minimum necessary data elements required for comparative reporting and analysis.

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iii. HCAHPS is a validated survey tool that has been widely used in the United States for more than 10 years.

iv. The NHS Patient Survey Programme (NHS inpatient survey) is delivered by the Care Quality Commission on behalf of NHS England and the Department of Health and Social Care.

Overview of the information contained in the CPES-IC MDS (20M and 6M)

Submission requirements

Each data element in the CPES-IC MDS is assigned 1 of the following 2 submission requirement classifications:

M — Mandatory

These data elements must be completed and must fully adhere to the data submission specifications.†

The indicator “M*” is used to identify data elements that are conditionally mandatory (i.e., they depend on the coding of related data elements).

O — Optional

The collection and submission of these data elements are recommended but not mandatory.

Data element identifier

Each data element in the CPES-IC MDS is assigned a unique alphanumeric code called the data element identifier (e.g., Health Care Number has a data element identifier of PA_1). It is important to note that the data element identifiers for the survey questions are arbitrary codes and are not associated with the order of the questions in the CPES-IC surveys (e.g., in the CPES-IC-20M, survey question 19 on the overall hospital rating has a data element identifier of Q21).

Note

† Data submission specifications are made available to organizations and/or vendors that have completed and returned their CIHI Product Specifications Subscription.

Types of information

The CPES-IC MDS data elements are grouped into the following major categories: survey cycle data, organization profile and data submission information. A breakdown of the types of information captured within these categories is presented below.

Survey cycle data

Categories	Information captured within the category
Survey data (i.e., survey records)	**Administrative data elements** The administrative data elements are made up of the following types of information: • Administrative identifiers (e.g., Source Organization Identifier); • Patient administrative information (e.g., Health Care Number, Birthdate); and • Survey administrative information (e.g., Survey Language). **CPES-IC (Survey version: CPES-IC-20M and CPES-IC-6M, February 2024) data elements** The CPES-IC data elements capture the patient's responses to the survey questions. **Special projects** These data elements are used to collect supplemental data to meet the information needs of CIHI, the organization, the health authority or the ministry of health.
Survey cycle metadata	The survey cycle metadata captures information on the methods and processes used by organizations/vendors to administer the CPES-IC. The survey cycle metadata describes a set of survey data.

Organization profile

Organization profiles capture important administrative information (e.g., contact information) about participating organizations. Prior to the submission of survey cycle data for a given fiscal year, an organization profile for the submitting organization is required. In addition, submitting organizations can also provide organization profiles for each applicable source organization.

Updated profiles should be submitted whenever there are changes to contact and other organization administrative information.

Data submission information

To facilitate the submission of CPES-IC data to CPERS, data submission information (e.g., submitting organization, data submission specification version) must be included in each file submission.

CPES-IC MDS data elements

The following table charts each of the data elements contained in the CPES-IC MDS. The legend for the table is as follows:

M Mandatory

O Optional

M* Conditionally mandatory (i.e., they depend on the coding of related data elements)

† For proportionate stratified random sampling and disproportionate stratified random sampling, values should be provided for each stratum.

‡ Applicable for telephone mode

Survey cycle data (20M and 6M)

Survey data

Administrative data elements (20M and 6M)

Type of data	Data element identifier	Data element name	Submission requirement
Administrative identifiers	A_1	Survey Identifier	M
Patient administrative information	PA_1	Health Care Number	M
	PA_2	Jurisdiction Issuing Health Care Number	M
	PA_3	Organization Patient Identifier	M
	PA_4	Organization Patient Identifier Type	M
	PA_6	Birthdate	M
	PA_7	Discharge Date	M
Survey administrative information	SA_1	Survey Language	M
	SA_2	Stratum Code	M*
	SA_3	Survey Mode	M
	SA_4	Survey Contact Mode	M
	SA_5	Survey Type	M
	SA_6	Lag Time Days	O

CPES-IC-20M (survey version: February 2024) data elements

Survey question	Data element identifier	Data element name	Submission requirement
Question 1	Q1	Nurses Courtesy and Respect	M
Question 2	Q2	Nurses Listen Carefully	M
Question 3	Q3	Nurses Explain Things	M
Question 4	Q4	Call Button	M
Question 5	Q5	Doctors Courtesy and Respect	M
Question 6	Q6	Doctors Listen Carefully	M
Question 7	Q7	Doctors Explain Things	M
Question 8	Q8	Cleanliness	M
Question 9	Q9	Quietness	M
Question 10	Q10	Bathroom Help Needed Flag	M
Question 11	Q11	Help for Bathroom	M*
Question 12	Q13	Pain Controlled	M
Question 13	Q14	Help for Pain	M
Question 14	Q15	New Medicine Flag	M
Question 15	Q16	New Medicine Explained	M*
Question 16	Q17	Possible Side Effects Described	M*
Question 17	Q19	Discuss Help After Discharge	M
Question 18	Q20	Written Information About Symptoms	M
Question 19	Q21	Overall Hospital Rating	M
Question 20	Q50	Knew What to Do on Arrival	M
Question 21	Q51	Information While Waiting	M
Question 22	Q52	Received Different Information From Staff	M
Question 23	Q31	Hospital Staff Informed About Care	M
Question 24	Q32	Tests and Procedures Done on Time	M
Question 25	Q33	Information About Condition and Treatment	M
Question 26	Q34	Help With Anxieties, Fears, Worries	M
Question 27	Q35	Patient Involvement in Decisions	M
Question 28	Q36	Family and Friends Involvement in Decisions	M
Question 29	Q37	Understanding of Medications Prior to Discharge	M
Question 30	Q38	Information Provided if Worried After Discharge	M
Question 31	Q53	Changed Understanding of Condition	M
Question 32	Q40	Helped by Hospital Stay	M
Question 33	Q41	Overall Hospital Experience	M
Question 34	Q42	Overall Physical Health	M
Question 35	Q43	Overall Mental or Emotional Health	M

Survey question	Data element identifier	Data element name	Submission requirement
Question 36	Q44	Education Level	M
Question 37	Q54	Gender Identity	M
Question 38	Q55	Sex at Birth	M
Question 39	Q56	Indigenous Identity	M
Question 40	Q57	Racialized Group	M

CPES-IC-6M (survey version: February 2024) data elements

Survey question	Data element identifier	Data element name	Submission requirement
Question 1	Q1	Nurses Courtesy and Respect	M
Question 2	Q2	Nurses Listen Carefully	M
Question 3	Q3	Nurses Explain Things	M
Question 4	Q5	Doctors Courtesy and Respect	M
Question 5	Q6	Doctors Listen Carefully	M
Question 6	Q7	Doctors Explain Things	M
Question 7	Q52	Received Different Information From Staff	M
Question 8	Q31	Hospital Staff Informed About Care	M
Question 9	Q35	Patient Involvement in Decisions	M
Question 10	Q36	Family and Friends Involvement in Decisions	M
Question 11	Q37	Understanding of Medications Prior to Discharge	M
Question 12	Q38	Information Provided if Worried After Discharge	M
Question 13	Q53	Changed Understanding of Condition	M
Question 14	Q41	Overall Hospital Experience	M
Question 15	Q42	Overall Physical Health	M
Question 16	Q43	Overall Mental or Emotional Health	M
Question 17	Q44	Education Level	M
Question 18	Q54	Gender Identity	M
Question 19	Q55	Sex at Birth	M
Question 20	Q56	Indigenous Identity	M
Question 21	Q57	Racialized Group	M

Special projects (20M and 6M)

Data element identifier	Data element name	Submission requirement
P_a	Special Project Code <*Multiple Instances*>	O
P_b	Special Project Value <*Multiple Instances*>	O

Survey cycle metadata (20M and 6M)

Data element identifier	Data element name	Submission requirement
SP_0	Submission Type	M
X_1	Source Organization Identifier	M
SP_1	Survey Cycle Identifier	M
SP_2	Survey Procedures Manual Version	M
SP_3a	Survey Cycle Start Date	M
SP_3b	Survey Cycle End Date	M
SP_4	Sampling Method	M
SP_5a	Stratum Code <*Multiple Instances*†>	M*
SP_5b	Stratum Description <*Multiple Instances*†>	M*
SP_6	Total Number of Eligible Discharges <*Multiple Instances*†>	M*
SP_9	Sample Size <*Multiple Instances*†>	M*
SP_10	Number of Non-Responses <*Multiple Instances*†>	M*
SP_11	Sample Survey Type	M

Organization profile (20M and 6M)

Data element identifier	Data element name	Submission requirement
OP_1a	Organization Role <*Multiple Instances*>	M
OP_1b	Organization Identifier	M
X_3	Vendor Identifier	M*
OP_2	Surveying Frequency	M*
OP_3a	Organization Coordinator Name	M
OP_3b	Organization Coordinator Email Address	M
OP_3c	Organization Coordinator Telephone	M
OP_4a	Data Submission Coordinator Name	M*
OP_4b	Data Submission Coordinator Email Address	M*
OP_4c	Data Submission Coordinator Telephone	M*

Data submission information (20M and 6M)

Data element identifier	Data element name	Submission requirement
X_2	Submitting Organization Identifier	M
X_3	Vendor Identifier	M
DS_1	Data Submission Specification Version	M
DS_2	Submission Purpose	M

Definitions and guidelines for collecting the CPES-IC MDS

This section provides a detailed description of each data element in the CPES-IC MDS. The following information is provided for each data element:

- Data element identifier
- Data element name
- Submission requirement
- Data element description
- Descriptions of permissible responses
- Collection instructions

Important note: Data submission specifications are made available to organizations and/or vendors that have completed and returned their CIHI Product Specifications Subscription. This technical documentation provides detailed requirements and guidelines for CPES-IC data submission to CIHI. For more information about this, email help@cihi.ca.

This section of the data dictionary manual is intended to provide high-level details on how the CPES-IC information should be collected. Detailed survey implementation information and administrative instructions are available in the *Canadian Patient Experiences Survey — Inpatient Care Procedure Manual*.

Survey cycle data (20M and 6M)

Survey data

Administrative data elements (20M and 6M)

Type of data	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Administrative identifiers	A_1	Survey Identifier	M	An organization-/vendor-assigned number that uniquely identifies a survey across all fiscal years	• String	Each new survey from a source organization must have a unique Survey Identifier. This identifier must be unique across all fiscal years. Each survey record should meet the minimum completion criteria outlined in the CPES-IC Procedures Manual; however, any questionnaire with at least one question completed should be included in submissions to CPERS.

Type of data	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Patient administrative information	PA_1	Health Care Number	M	A jurisdictionally unique number used to identify a patient who has received or is receiving health care–related services or goods	• A valid Health Care Number for the issuing jurisdiction • Unknown • Not applicable	Provide a Health Care Number (the patient's unique health care number) that is assigned to the patient by the provincial/territorial or federal government. If the Health Care Number is not known and cannot be retrieved from records within the organization, *unknown* should be captured in this field. In cases where the Health Care Number is not applicable (e.g., if the patient is a resident of the United States or another country), *not applicable* should be captured in this field. *Not applicable* must be coded when Jurisdiction Issuing Health Care Number is *not applicable*. **Important note:** The Health Care Number provided should be consistent with submissions to other CIHI data holdings. For example, jurisdictions that send de-identified Health Care Numbers to CIHI's Discharge Abstract Database (DAD) should send Health Care Number to CPERS using the same de-identification methodology.

Type of data	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Patient administrative information (continued)	PA_2	Jurisdiction Issuing Health Care Number	M	A code that identifies the jurisdiction issuing the Health Care Number	• Newfoundland and Labrador • Prince Edward Island • Nova Scotia • New Brunswick • Quebec • Ontario • Manitoba • Saskatchewan • Alberta • British Columbia • Yukon • Northwest Territories • Nunavut • Other (Indigenous Affairs, Veterans Affairs) • Unknown • Not applicable	Provide the Jurisdiction Issuing Health Care Number. Provide the Jurisdiction Issuing Health Care Number even when the Health Care Number is *unknown*. Code *other* if health care is covered by the federal government (e.g., Indigenous Affairs, Veteran Affairs). Code *unknown* if the Jurisdiction Issuing Health Care Number is not known and cannot be retrieved from records within the organization. Code *not applicable* in cases where the patient is not a resident of Canada and in other not applicable situations.

Type of data	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Patient administrative information (continued)	PA_3	Organization Patient Identifier	M	A unique organization-assigned number (e.g., chart number) that identifies a patient who has received or is receiving health care–related services or goods	• String	Provide the Organization Patient Identifier. Each patient who receives health care services from the organization is given a unique number as a patient identifier. This means a patient with multiple health care events within an organization will have the same Organization Patient Identifier for each event. **Important note:** Sensitive personal health information (e.g., Health Care Number) must not be captured in this field.
	PA_4	Organization Patient Identifier Type	M	A code used to indicate the type of identifier assigned to the patient by the organization	• Chart number • Other	Provide the Organization Patient Identifier Type. If the Organization Patient Identifier is a chart number (also known as a medical record number) that can be associated with a DAD health service event, *chart number* should be captured in this field. If the Organization Patient Identifier cannot be associated with a DAD health service event (e.g., a de-identified or encrypted Organization Patient Identifier), *other* should be captured in this field.

Type of data	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Patient administrative information (continued)	PA_6	Birthdate	M	The year, month and day that represent the date that the patient was born or is officially deemed to have been born	• YYYYMMDD • YYYYMM • YYYY • Unknown	Provide the patient's Birthdate. It is preferred that organizations capture the patient's full birthdate from their administrative record. If the full birthdate is not available, organizations can populate partial birthdates (i.e., year and month or year alone). If the birthdate cannot be obtained from the patient's administrative record, a response of *unknown* must be provided.
	PA_7	Discharge Date	M	The full date when the patient was formally discharged	• YYYYMMDD	Provide the patient's full date of discharge.
Survey administrative information	SA_1	Survey Language	M	A 3-letter code representing the language of the survey	• See Appendix B for descriptions of permissible responses.	Provide the Survey Language used to administer the survey. For bilingual surveys administered in tumble or "flip-side" format, provide the language that corresponds to the language used by the patient to answer the survey questions. For bilingual surveys administered in other formats, please email prems@cihi.ca.

Type of data	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Survey administrative information (continued)	SA_2	Stratum Code	M*	A field used to indicate the organization-/ vendor-defined code for the stratum the patient belongs to	• String	Provide a value for only *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods. The Stratum Code for the individual survey must correspond to one of the Stratum Codes identified in the Survey cycle metadata section.
	SA_3	Survey Mode	M	A code used to indicate the mode of survey administration — either telephone, mail or online — used	• Telephone • Mail • Online	Provide the Survey Mode used to complete the survey. Mode of initial contact is collected using SA_4.
	SA_4	Survey Contact Mode	M	A code used to indicate the mode of initial contact with the patient regarding survey administration: telephone, mail, email or SMS/text	• Telephone • Mail • Email • SMS/text	Provide the Survey Contact Mode. This is the mode by which hospitals initially contacted patients with respect to CPES-IC completion.
	SA_5	Survey Type	M	A code used to indicate the version of the survey used	• CPES-IC-20M • CPES-IC-6M	Provide the survey version that was administered to patients.

Type of data	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Survey administrative information (continued)	SA_6	Lag Time Days	O	A value used to represent the time period (in days) between a patient's discharge date and the end of data collection for that patient	• Numeric	Provide the Lag Time value. For mail survey contact mode, lag time must be greater than or equal to 2 days and less than or equal to 84 days. For telephone, email and SMS/ text contact modes, lag time must be greater than or equal to 2 days and less than or equal to 56 days.

CPES-IC-20M (February 2024) data elements

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Patient's Care From Nurses	Q1	Nurses Courtesy and Respect	M	A code used to indicate the patient-reported frequency with which nurses treated them with courtesy and respect *Survey question 1*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
	Q2	Nurses Listen Carefully	M	A code used to indicate the patient-reported frequency with which nurses listened carefully to them *Survey question 2*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Patient's Care From Nurses (continued)	Q3	Nurses Explain Things	M	A code used to indicate the patient-reported frequency with which nurses explained things in a way that they could understand *Survey question 3*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
	Q4	Call Button	M	A code used to indicate the patient-reported frequency with which they received help soon after pressing the call button *Survey question 4*	• Never • Sometimes • Usually • Always • Not applicable (*I never pressed the call button*) • Unknown	See Appendix A for general collection instructions.
The Patient's Care From Doctors	Q5	Doctors Courtesy and Respect	M	A code used to indicate the patient-reported frequency with which the doctors treated them with courtesy and respect *Survey question 5*	• Never • Sometimes • Usually • Always • I did not receive care from a doctor • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Patient's Care From Doctors (continued)	Q6	Doctors Listen Carefully	M	A code used to indicate the patient-reported frequency with which the doctors listened carefully them *Survey question 6*	• Never • Sometimes • Usually • Always • I did not receive care from a doctor • Unknown	See Appendix A for general collection instructions.
	Q7	Doctors Explain Things	M	A code used to indicate the patient-reported frequency with which doctors explained things in a way that they could understand *Survey question 7*	• Never • Sometimes • Usually • Always • I did not receive care from a doctor • Unknown	See Appendix A for general collection instructions.
The Hospital Environment	Q8	Cleanliness	M	A code used to indicate the patient-reported frequency with which their room and bathroom were kept clean *Survey question 8*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
	Q9	Quietness	M	A code used to indicate the patient-reported frequency with which the area around their room was quiet at night *Survey question 9*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Hospital Environment (continued)	Q10	Bathroom Help Needed Flag	M	A code used to indicate whether the patient reported needing help from nurses or hospital staff to get to the bathroom or to use a bedpan *Survey question 10*	• Yes • No • Unknown	See Appendix A for general collection instructions.
	Q11	Help for Bathroom	M*	A code used to indicate the patient-reported frequency with which they got help to use the bathroom or bedpan *Survey question 11*	• Never • Sometimes • Usually • Always • Not applicable‡ • Unknown	If the response for survey question 10 is *no*, no response should be provided for this data element. *Not applicable* is permissible for *telephone* survey mode only. See Appendix A for general collection instructions.
	Q13	Pain Controlled	M	A code used to indicate the patient-reported frequency with which their pain was well controlled *Survey question 12*	• Never • Sometimes • Usually • Always • Not applicable • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Hospital Environment (continued)	Q14	Help for Pain	M	A code used to indicate the patient-reported frequency with which the hospital staff did everything they could to help with their pain *Survey question 13*	• Never • Sometimes • Usually • Always • Not applicable • Unknown	See Appendix A for general collection instructions.
	Q15	New Medicine Flag	M	A code used to indicate whether the patient reported being given any medicine that they had not taken before *Survey question 14*	• Yes • No • Unknown	See Appendix A for general collection instructions.
	Q16	New Medicine Explained	M*	A code used to indicate the patient-reported frequency with which the hospital staff told them what any new medicine was for *Survey question 15*	• Never • Sometimes • Usually • Always • Not applicable‡ • Unknown	If the response for survey question 14 is *no*, no response should be provided for this data element. *Not applicable* is permissible for *telephone* survey mode only. See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Hospital Environment (continued)	Q17	Possible Side Effects Described	M*	A code used to indicate the patient-reported frequency with which the hospital staff described the possible side effects of any new medicine in a way they could understand *Survey question 16*	• Never • Sometimes • Usually • Always • Not applicable‡ • Unknown	If the response for survey question 14 is *no*, no response should be provided for this data element. *Not applicable* is permissible for *telephone* survey mode only. See Appendix A for general collection instructions.
When the Patient Left the Hospital	Q19	Discuss Help After Discharge	M	A code used to indicate whether the patient reported doctors, nurses or other hospital staff spoke with them about having the help needed once they left the hospital *Survey question 17*	• Yes • No • Not applicable‡ • Unknown	*Not applicable* is permissible for *telephone* survey mode only. See Appendix A for general collection instructions.
	Q20	Written Information About Symptoms	M	A code used to indicate whether the patient reported receiving written information about symptoms or health problems to look out for after leaving the hospital *Survey question 18*	• Yes • No • Not applicable‡ • Unknown	*Not applicable* is permissible for *telephone* survey mode only. See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Patient's Overall Rating of Hospital	Q21	Overall Hospital Rating	M	A value representing the patient's overall rating of the hospital during their stay *Survey question 19*	• 0 (*worst hospital possible*) • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 (*best hospital possible*) • Unknown	See Appendix A for general collection instructions.
The Patient's Arrival at the Hospital	Q50	Knew What to Do on Arrival	M	A code used to indicate whether the information the patient received about where to go in the hospital was easy to understand *Survey question 20*	• Not at all • Partly • Quite a bit • Completely • Not applicable • Unknown	See Appendix A for general collection instructions.
	Q51	Information While Waiting	M	A code used to indicate whether the patient was informed while they were waiting *Survey question 21*	• Not at all • Partly • Quite a bit • Completely • Not applicable • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
During the Patient's Hospital Stay	Q52	Received Different Information From Staff	M	A code used to indicate the patient-reported frequency with which they felt there was conflicting information being communicated about care between doctors, nurses and other hospital staff *Survey question 22*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
	Q31	Hospital Staff Informed About Care	M	A code used to indicate the patient-reported frequency with which doctors, nurses and other hospital staff seemed to be informed and up to date about their hospital care *Survey question 23*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
	Q32	Tests and Procedures Done on Time	M	A code used to indicate the patient-reported frequency with which tests and procedures were done when they were told they would be done *Survey question 24*	• Never • Sometimes • Usually • Always • Not applicable (*I did not have any tests or procedures*) • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
During the Patient's Hospital Stay (continued)	Q33	Information About Condition and Treatment	M	A code used to indicate the patient-reported frequency with which the patient received all the information needed about their condition and treatment *Survey question 25*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
	Q34	Help With Anxieties, Fears, Worries	M	A code used to indicate the patient-reported frequency with which they received support to help with anxieties, fears or worries *Survey question 26*	• Never • Sometimes • Usually • Always • Not applicable • Unknown	See Appendix A for general collection instructions.
	Q35	Patient Involvement in Decisions	M	A code used to indicate the patient-reported frequency with which they were involved as much as they wanted regarding decisions about care and treatment *Survey question 27*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
During the Patient's Hospital Stay (continued)	Q36	Family and Friends Involvement in Decisions	M	A code used to indicate the patient-reported frequency with which their family and friends were involved in decisions about care and treatment *Survey question 28*	• Never • Sometimes • Usually • Always • I did not want them to be involved • I did not have family or friends to be involved • Unknown	See Appendix A for general collection instructions.
Leaving the Hospital	Q37	Understanding of Medications Prior to Discharge	M	A code used to indicate the extent to which the patient felt they had a clear understanding about prescribed medications before leaving the hospital *Survey question 29*	• Not at all • Partly • Quite a bit • Completely • Not applicable • Unknown	See Appendix A for general collection instructions.
	Q38	Information Provided if Worried After Discharge	M	A code used to indicate the extent to which the patient felt they received enough information from hospital staff regarding worries about their condition or treatment after discharge *Survey question 30*	• Not at all • Partly • Quite a bit • Completely • Not applicable • Unknown	*Not applicable* is permissible for *telephone* survey mode only. See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Leaving the Hospital (continued)	Q53	Changed Understanding of Condition	M	A code used to indicate the extent to which the patient felt they had a better understanding of their condition after hospitalization *Survey question 31*	• Not at all • Partly • Quite a bit • Completely • Not applicable • Unknown	See Appendix A for general collection instructions.
The Patient's Overall Ratings	Q40	Helped by Hospital Stay	M	A value representing the patient's overall rating of how they were helped by the hospital stay *Survey question 32*	• 0 (*not helped at all*) • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 (*helped completely*) • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Patient's Overall Ratings (continued)	Q41	Overall Hospital Experience	M	A value representing the patient's overall rating of the hospital experience *Survey question 33*	• 0 (*I had a very poor experience*) • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 (*I had a very good experience*) • Unknown	See Appendix A for general collection instructions.
About the Patient	Q42	Overall Physical Health	M	A code used to indicate the patient's self-reported overall physical health *Survey question 34*	• Excellent • Very good • Good • Fair • Poor • Unknown	See Appendix A for general collection instructions.
	Q43	Overall Mental or Emotional Health	M	A code used to indicate the patient's self-reported overall mental or emotional health *Survey question 35*	• Excellent • Very good • Good • Fair • Poor • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
About the Patient (continued)	Q44	Education Level	M	A code used to represent the patient-reported level of schooling attained or received *Survey question 36*	• 8th grade or less • Some high school, but did not graduate • High school or high school equivalency certificate • College, CEGEP or other non-university certificate or diploma • Undergraduate degree or some university • Post-graduate degree or professional designation • Unknown	See Appendix A for general collection instructions.
	Q54	Gender Identity	M	A code used to indicate the patient's gender *Survey question 37*	• Male • Female • Non-binary • Another gender • Don't know • Prefer not to answer • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
About the Patient (continued)	Q55	Sex at Birth	M	A code used to indicate the patient's sex at birth *Survey question 38*	• Female • Male • Intersex** • Don't know • Prefer not to answer • Unknown ** People who are born intersex have developed characteristics — such as anatomy, chromosomes and hormones — that do not fit a doctor's expectation of a male or female body	See Appendix A for general collection instructions.
	Q56	Indigenous Identity	M	A patient's self-declared identification with an Indigenous group *Survey question 39*	• Yes, First Nations • Yes, Inuk/Inuit • Yes, Métis • Another Indigenous identity • No • Don't know • Prefer not to answer • Unknown	Multiple instances can be submitted for Indigenous Identity. If Indigenous Identity response is *unknown* or *prefer not to answer*, then no other responses should be provided. See Appendix A for general collection instructions.
	Q57	Racialized Group	M	A patient's self-declared affiliation with a social group that has a common national or cultural tradition *Survey question 40*	• Black (for example, African, Afro-Caribbean, African Canadian descent) • East Asian (for example, Chinese, Korean, Japanese, Taiwanese descent)	Multiple instances can be submitted for Racialized Group. If Racialized Group response is *unknown* or *prefer not to answer*, then no other responses should be provided.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
About the Patient (continued)	Q57 (continued)	Racialized Group (continued)	M (continued)	A patient's self-declared affiliation with a social group that has a common national or cultural tradition *Survey question 40* (continued)	• Indigenous (First Nations, Métis, Inuk/Inuit descent) • Latin American (for example, Latino/ Latina/Latinx, Hispanic descent) • Middle Eastern (for example, Arab, Persian, West Asian descent such as Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish) • South Asian (for example, South Asian descent such as Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean) • Southeast Asian (for example, Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent) • White (for example, European descent) • Another race category • Don't know • Prefer not to answer • Unknown	Each provided Racialized Group response must be unique. See Appendix A for general collection instructions.

CPES-IC-6M (February 2024) data elements

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Patient's Care From Nurses	Q1	Nurses Courtesy and Respect	M	A code used to indicate the patient-reported frequency with which nurses treated them with courtesy and respect *Survey question 1*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
	Q2	Nurses Listen Carefully	M	A code used to indicate the patient-reported frequency with which nurses listened carefully to them *Survey question 2*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
	Q3	Nurses Explain Things	M	A code used to indicate the patient-reported frequency with which nurses explained things in a way that they could understand *Survey question 3*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Patient's Care From Doctors	Q5	Doctors Courtesy and Respect	M	A code used to indicate the patient-reported frequency with which the doctors treated them with courtesy and respect *Survey question 4*	• Never • Sometimes • Usually • Always • I did not receive care from a doctor • Unknown	See Appendix A for general collection instructions.
	Q6	Doctors Listen Carefully	M	A code used to indicate the patient-reported frequency with which the doctors listened carefully to them *Survey question 5*	• Never • Sometimes • Usually • Always • I did not receive care from a doctor • Unknown	See Appendix A for general collection instructions.
	Q7	Doctors Explain Things	M	A code used to indicate the patient-reported frequency with which doctors explained things in a way that they could understand *Survey question 6*	• Never • Sometimes • Usually • Always • I did not receive care from a doctor • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
During the Patient's Hospital Stay	Q52	Received Different Information From Staff	M	A code used to indicate the patient-reported frequency with which they felt there was conflicting information being communicated about care between doctors, nurses and other hospital staff *Survey question 7*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
	Q31	Hospital Staff Informed About Care	M	A code used to indicate the patient-reported frequency with which doctors, nurses and other hospital staff seemed to be informed and up to date about their hospital care *Survey question 8*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
During the Patient's Hospital Stay (continued)	Q35	Patient Involvement in Decisions	M	A code used to indicate the patient-reported frequency with which they were involved as much as they wanted regarding decisions about care and treatment *Survey question 9*	• Never • Sometimes • Usually • Always • Unknown	See Appendix A for general collection instructions.
	Q36	Family and Friends Involvement in Decisions	M	A code used to indicate the patient-reported frequency with which their family and friends were involved in decisions about care and treatment Survey question 10	• Never • Sometimes • Usually • Always • I did not want them to be involved • I did not have family or friends to be involved • Unknown	See Appendix A for general collection instructions.
Leaving the Hospital	Q37	Understanding of Medications Prior to Discharge	M	A code used to indicate the extent to which the patient felt they had a clear understanding about prescribed medications before leaving the hospital *Survey question 11*	• Not at all • Partly • Quite a bit • Completely • Not applicable • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
Leaving the Hospital (continued)	Q38	Information Provided if Worried After Discharge	M	A code used to indicate the extent to which the patient felt they received enough information from hospital staff regarding worries about their condition or treatment after discharge *Survey question 12*	• Not at all • Partly • Quite a bit • Completely • Not applicable • Unknown	Not applicable is permissible for telephone survey mode only. See Appendix A for general collection instructions.
	Q53	Changed Understanding of Condition	M	A code used to indicate the extent to which the patient felt they had a better understanding of their condition after hospitalization *Survey question 13*	• Not at all • Partly • Quite a bit • Completely • Not applicable • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
The Patient's Overall Ratings	Q41	Overall Hospital Experience	M	A value representing the patient's overall rating of the hospital experience *Survey question 14*	• 0 (I had a very poor experience) • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10 (I had a very good experience) • Unknown	See Appendix A for general collection instructions.
About the Patient	Q42	Overall Physical Health	M	A code used to indicate the patient's self-reported overall physical health *Survey question 15*	• Excellent • Very good • Good • Fair • Poor • Unknown	See Appendix A for general collection instructions.
	Q43	Overall Mental or Emotional Health	M	A code used to indicate the patient's self-reported overall mental or emotional health *Survey question 16*	• Excellent • Very good • Good • Fair • Poor • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
About the Patient (continued)	Q44	Education Level	M	A code used to represent the patient-reported level of schooling attained or received *Survey question 17*	• 8th grade or less • Some high school, but did not graduate • High school or high school equivalency certificate • College, CEGEP or other non-university certificate or diploma • Undergraduate degree or some university • Post-graduate degree or professional designation • Unknown	See Appendix A for general collection instructions.
	Q54	Gender Identity	M	A code used to indicate the patient's gender *Survey question 18*	• Male • Female • Non-binary • Another gender • Don't know • Prefer not to answer • Unknown	See Appendix A for general collection instructions.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
About the Patient (continued)	Q55	Sex at Birth	M	A code used to indicate the patient's sex at birth *Survey question 19*	• Female • Male • Intersex** • Don't know • Prefer not to answer • Unknown • ** People who are born intersex have developed characteristics — such as anatomy, chromosomes and hormones — that do not fit a doctor's expectation of a male or female body	See Appendix A for general collection instructions.
	Q56	Indigenous Identity	M	A patient's self-declared identification with an Indigenous group *Survey question 20*	• Yes, First Nations • Yes, Inuk/Inuit • Yes, Métis • Another Indigenous identity • No • Don't know • Prefer not to answer • Unknown	Multiple instances can be submitted for Indigenous Identity. If Indigenous Identity response is *unknown or prefer not to answer*, then no other responses should be provided. See Appendix A for general collection instructions.
	Q57	Racialized Group	M	A patient's self-declared affiliation with a social group that has a common national or cultural tradition *Survey question 21*	• Black (for example, African, Afro-Caribbean, African Canadian descent) • East Asian (for example, Chinese, Korean, Japanese, Taiwanese descent)	Multiple instances can be submitted for Racialized Group. If Racialized Group response is *unknown or prefer not to answer*, then no other responses should be provided.

Survey domain	Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
About the Patient (continued)	Q57 (continued)	Racialized Group (continued)	M (continued)	A patient's self-declared affiliation with a social group that has a common national or cultural tradition *Survey question 21*	• Indigenous (First Nations, Métis, Inuk/Inuit descent) • Latin American (for example, Latino/Latina/ Latinx, Hispanic descent) • Middle Eastern (for example, Arab, Persian, West Asian descent such as Afghan, Egyptian, Iranian, Lebanese, Turkish, Kurdish) • South Asian (for example, South Asian descent such as Indian, Pakistani, Bangladeshi, Sri Lankan, Indo-Caribbean) • Southeast Asian (for example, Filipino, Vietnamese, Cambodian, Thai, Indonesian, other Southeast Asian descent) • White (for example, European descent) • Another race category • Don't know • Prefer not to answer • Unknown	Each provided Racialized Group response must be unique. See Appendix A for general collection instructions.

Special Projects (20M and 6M)

Multiple instances of the following 2 data elements can be provided:

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
P_a	Special Project Code	O	A code used to indicate the project (or supplemental data) being captured	• String	Use these fields to capture reserved special projects (identified by Special Project Codes 001–499). Send an email to prems@cihi.ca before capturing data provider–specific projects using these fields. Appendix C provides detailed information on reserved projects. **Important note:** Patient identifiers (e.g., Health Care Number) must not be captured in these fields.
P_b	Special Project Value	O	A field used to collect supplemental data (i.e., data not already collected through the CPES-IC MDS) to meet the information needs of CIHI, the organization, the health authority or the ministry of health	• String	

Survey cycle metadata (20M and 6M)

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
SP_0	Submission Type	M	A code used to indicate whether the survey cycle data is new, requires updates or is to be deleted	• New • Update • Delete	All new survey cycle data submissions must be submitted as *new*. If changes or updates need to be made to survey cycle metadata and/or survey data, the *update* Submission Type is used. Deletions are used to delete all survey cycle data for a survey cycle identifier and source organization. Detailed information on Submission Types is available in the CPES-IC Data Submission Manual.
X_1	Source Organization Identifier	M	A unique CIHI-assigned identifier for the organization rendering the health care services	• String	Use the CIHI-assigned identifier.
SP_1	Survey Cycle Identifier	M	An organization-/vendor-assigned number that uniquely identifies survey cycle data for a source organization across all fiscal years A Survey Cycle corresponds to the time period used to sample patient discharges.	• String	Survey cycle data from a source organization must have a unique Survey Cycle identifier. This identifier must be unique across all fiscal years.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
SP_2	Survey Procedures Manual Version	M	A code used to indicate the version of the CPES-IC Procedure Manual being used to administer the CPES-IC survey	• A list of permissible versions is available in the CPES-IC Data Submission Specifications.	Provide the version of the CPES-IC Procedure Manual corresponding to the procedures being used to administer the survey at the organization.
SP_3a	Survey Cycle Start Date	M	The year, month and day that represent the start of the survey cycle used to sample patients	• YYYYMMDD	Provide the full dates corresponding to the start and end of the survey cycle used to sample patients. A survey cycle must be confined to a fiscal year. A fiscal year is defined as April 1 to March 31. **Example 1** An organization that conducts ongoing surveying for fiscal year 2013–2014 (i.e., the organization surveys patients discharged between April 1, 2013, and March 31, 2014) could capture the following: • Survey Cycle Start Date: 20130401 • Survey Cycle End Date: 20140331

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
SP_3b	Survey Cycle End Date	M	The year, month and day that represent the end of the survey cycle used to sample patients	• YYYYMMDD	**Example 2** An organization that surveys for 3 consecutive months (January, February, March) in fiscal year 2013–2014 (i.e., the organization surveys patients discharged between January 1, 2014, and March 31, 2014) would capture the following: • Survey Cycle Start Date: 20140101 • Survey Cycle End Date: 20140331 Organizations that conduct ongoing surveying can compile (and submit) their survey data as 4 separate quarterly survey cycles. **Note:** The Survey Cycle is the time between the Survey Cycle Start Date and the Survey Cycle End Date. The Survey Cycle corresponds to the time period used to sample patient discharges.
SP_4	Sampling Method	M	A code used to indicate the type of sampling used by the organization for the given survey cycle	• Census • Simple random sample • Proportionate stratified random sample • Disproportionate stratified random sample	Provide the sampling method used for the given survey cycle. See Appendix D for an overview of the applicable survey cycle metadata for each sampling method.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
SP_5a	Stratum Code	M*	An organization-/vendor-assigned code for each stratum used for the given survey cycle	• String	Provide Stratum Codes for only *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods. A minimum of 2 Stratum Codes is required.
SP_5b	Stratum Description	M*	An organization-/vendor-assigned description or name for each Stratum Code used for the given survey cycle	• String	Provide Stratum Descriptions for only *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods. A Stratum Description is required for each provided Stratum Code.
SP_6	Total Number of Eligible Discharges	M*	A value representing the total number of eligible patients discharged from the hospital (i.e., source organization) for the given survey cycle	• Numeric	Provide a value for *census* and *simple random sample* Sampling Methods. For *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods, provide a value for each Stratum Code.
SP_9	Sample Size	M*	A value representing the number of eligible patients drawn into the sample for survey administration for the given survey cycle	• Numeric	Provide a value for *census* and *simple random sample* Sampling Methods. For *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods, provide the value for each Stratum Code.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
SP_10	Number of Non-Responses	M*	A value representing the number of non-responses for the given survey cycle Types of non-responses include the following: • Invalid/no phone number; • Invalid/no mailing address; • Invalid email address; • Non-response after maximum attempts (details outlined in the CPES-IC Procedure Manual); and • Patients who refuse to participate.	• Numeric	Provide a value for *census* and *simple random sample* Sampling Methods. For *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods, provide the value for each Stratum Code. The following categories must be omitted from the Total Number of Non-Responses value: • Patients who were alive at time of discharge but were deceased when the survey was administered; • Patients who were not qualified under the eligibility criteria (details outlined in the CPES-IC Procedure Manual); • Patients with a language barrier;§ and • Patients who cannot complete the survey because of mental and/or physical capacity challenges (e.g., visual impairment). § Language barrier implies that the patient does not speak or read the language in which the survey is being administered.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
SP_11	Sample Survey Type	M	This data element identifies the survey type administered to the survey sample	• 20M • 6M	For the *census* and *simple random sample* Sampling Methods, provide the survey type administered to the survey sample. If multiple survey types were used, have a separate sample for each. For the *proportionate stratified random sample* and *disproportionate stratified random sample* Sampling Methods, provide the survey type administered to each stratum. If multiple survey types were administered to a single stratum, it should be split into 2 strata instead.

Organization profile (20M and 6M)

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
OP_1a	Organization Role	M	The function, responsibility or competency that an organization may play, perform or be assigned	• Source: The organization rendering the health care services • Submitting: The organization responsible for submitting data to CIHI	Provide the Organization Role(s). Organizations can be a source, submitting or both.
OP_1b	Organization Identifier	M	A unique CIHI-assigned identifier for the organization rendering the health care services and/or responsible for submitting data to CIHI	• String	Use the CIHI-assigned identifier.
X_3	Vendor Identifier	M*	A unique CIHI-assigned identifier for the vendor that is responsible for producing a file submission that adheres to CIHI data submission specifications used by the submitting organization	• String	This data element is applicable only to organizations with a submitting role.
OP_2	Surveying Frequency	M*	A code used to indicate the frequency with which the source organization surveys patients as annual, every 2 years or every 3 years	• Annually • Every 2 years • Every 3 years	This data element is applicable only to organizations with a source role.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
OP_3a	Organization Coordinator Name	M	Contact information for the contact within an organization that acts as CIHI's primary contact regarding CPES-IC data	• String	Provide contact information for the Organization Coordinator. See Appendix F for information on the typical roles and responsibilities of Organization Coordinators.
OP_3b	Organization Coordinator Email Address	M		• A valid email address (e.g., first.name@hospitalABC.ca)	
OP_3c	Organization Coordinator Telephone	M		• A valid phone number	
OP_4a	Data Submission Coordinator Name	M*	Contact information for the contact within a submitting organization who is responsible for CPES-IC data submission–related activities (e.g., data submission, reviewing submission reports)	• String	This data element is applicable only to organizations with a submitting role. Provide contact information for the Data Submission Coordinator. See Appendix F for information on the typical roles and responsibilities of Data Submission Coordinators.
OP_4b	Data Submission Coordinator Email Address	M*		• A valid email address (e.g., first.name@hospitalABC.ca)	
OP_4c	Data Submission Coordinator Telephone	M*		• A valid phone number	

Data submission information (20M and 6M)

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
X_2	Submitting Organization Identifier	M	A unique CIHI-assigned identifier for the vendor or organization responsible for submitting data to CIHI	• String	Use the CIHI-assigned identifier.
X_3	Vendor Identifier	M	A unique CIHI-assigned identifier for the vendor that has developed the software to create a file that adheres to the data submission specifications used by the submitting organization	• String	Use the CIHI-assigned identifier. **Note:** The Vendor Identifier provided with each file submission will be validated against the vendor identifier provided in the submitting organization's organization profile.
DS_1	Data Submission Specification Version	M	A code used to indicate the version of the data submission specification being used to compile and extract data for submission to CIHI	• A list of permissible versions is available in the CPES-IC Data Submission Specifications.	Provide the technical documentation version being used to compile and submit CPES-IC data.

Data element identifier	Data element name	Submission requirement	Data element description	Descriptions of permissible responses	Collection instructions
DS_2	Submission Purpose	M	A code used to indicate whether the CPES-IC submission file contains live (i.e., production) data or test data	• Test • Live	Data to be processed and stored in CIHI's test environment (e.g., for vendor testing) must be submitted as *test*. Data to be processed and stored in the live (i.e., production) CPERS database must be submitted as *live*. To facilitate submissions and enhance data quality, participating organizations must provide test data to CIHI before providing live data. Detailed information on the organization testing process is available in the CPES-IC Data Submission Manual. All live (i.e., production) data must be submitted as *live*.

Appendices

Appendix A: General guidelines for collection

The following guidelines for collection are applicable to all CPES-IC questions collected via paper and telephone survey modes.

Survey question:

Question 1–Question 40 (CPES-IC-20M) and Question 1–Question 21 (CPES-IC-6M)

Guidelines for collection:

For paper questionnaires:

- If the proper value is not known (i.e., a mark/code is missing on a paper questionnaire, the mark falls equidistant between 2 response options or more than one response option is marked), a response of unknown should be provided for this data element.
- If a mark on a paper questionnaire falls between 2 response options but is obviously closer to one than the other, provide the choice to which the mark is closest.

Survey question:

Question 1–Question 40 (CPES-IC-20M) and Question 1–Question 21 (CPES-IC-6M)

Guidelines for collection:

For telephone questionnaires:

- For the CPES-IC-20M: In order to keep the interview moving forward, if a patient finds question 11, 12, 13, 15, 16, 17, 18 or 30 to be not applicable to themself, a response of *not applicable* should be provided for this data element.
- For the CPES-IC-6M: In order to keep the interview moving forward, if a patient finds question 12 to be not applicable to themself, a response of *not applicable* should be provided for this data element.
- If the proper value is not known (i.e., a patient refuses to answer or the patient indicates that they don’t know), a response of *unknown* should be provided for this data element.

Survey question:

Question 1–Question 40 (CPES-IC-20M) and Question 1–Question 21 (CPES-IC-6M)

Guidelines for collection:

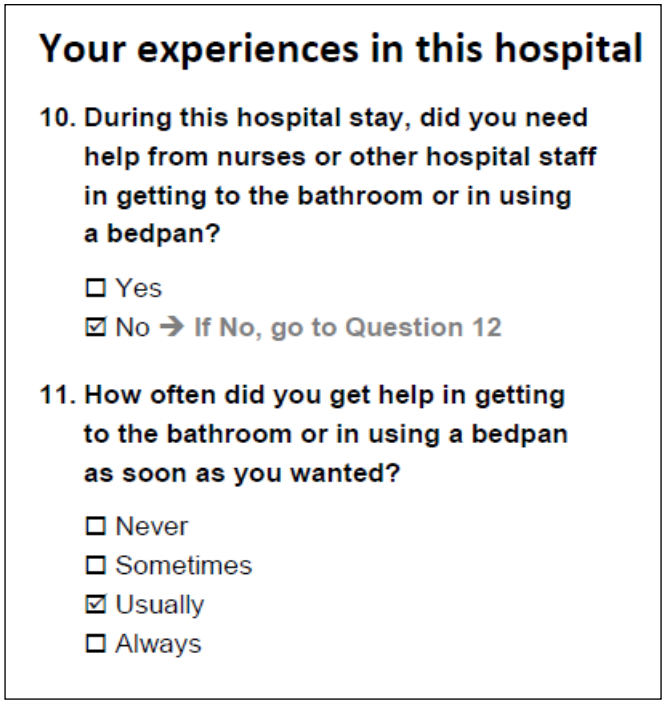
When a patient makes an error in skip patterns or provides suspicious data, the responses originally provided by the patient should be submitted to CIHI. In other words, organizations/ vendors are not to correct patient-reported data (i.e., keep original data intact) when preparing file submissions to CIHI.

Example of suspicious data from the CPES-IC-20M


36. What is the highest grade or level of school that you have completed?

- ☑ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school or high school equivalency certificate
- ☐ College, CEGEP or other non-university certificate or diploma
- ☐ Undergraduate degree or some university
- ☑ Post-graduate degree or professional designation

Example of skip pattern error from the CPES-IC-20M


Your experiences in this hospital

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?

- ☐ Yes
- ☑ No → If No, go to Question 12

11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

- ☐ Never
- ☐ Sometimes
- ☑ Usually
- ☐ Always

Appendix B: Permissible responses for Survey Language data element

Afrikaans
Akan
Albanian
Algonquin
American Sign Language
Amharic
Arabic
Armenian
Atikamekw
Azerbaijani
Babine
Bambara
Beaver
Belarusian
Bengali
Bikol
Bilin
Bosnian
Bulgarian
Burmese
Carrier
Catalan
Cayuga
Cebuano
Chilcotin
Chinese
Chinese, Hakka
Chinese, Mandarin
Chinese, Min Bei
Chinese, Min Dong
Chinese, Min Nan
Chinese, Min Zhong
Chinese, Pu-Xian
Chinese, Wu
Chinese, Yue (Cantonese)
Comox
Cree
Cree, Moose
Cree, Northern East
Cree, Plains
Cree, Southern East
Cree, Swampy
Cree, Woods
Croatian
Czech
Dakota
Danish
Dari
Dene Suline
Dinka
Dogrib
Dutch
Edo
English
Estonian
Ewe
Fijian
Finnish
French
Frisian, Western
Ga
Gaelic, Scottish
Ganda
Georgian
German
Gitxsan
Greek, Modern (1453–)
Gujarati
Gwich’in
Haida
Haisla
Haitian
Halkomelem
Han
Harari
Hebrew
Heiltsuk
Hiligaynon
Hindi
Hungarian
Icelandic
Igbo
Iloko
Inuinnaqtun
Inuktitut
Italian
Japanese
Kabyle
Kannada
Kashmiri
Kaska
Khmer, Central
Kinyarwanda

Konkani (macro language)
Korean
Kurdish
Kutenai
Kwakiutl
Lao
Latvian
Lillooet
Lingala
Lithuanian
Macedonian
Malagasy
Malay (macro language)
Malayalam
Malecite-Passamaquoddy
Maltese
Marathi
Michif
Micmac
Mohawk
Mongolian
Montagnais
Naskapi
Neo-Aramaic, Assyrian
Neo-Aramaic, Chaldean
Nepali (individual language)
Nisga’a
Norwegian
Nuu-chah-nulth
Ojibwa
Ojibwa, Severn
Okanagan
Oneida
Oriya (macro language)
Oromo
Ottawa
Pampanga
Pangasinan
Panjabi
Pashto
Persian
Polish
Portuguese
Pular
Quebec Sign Language
Romanian
Rundi
Russian
Salish, Straits
Sarsi
Sekani
Serbian
Serbo-Croatian
Shona
Shuswap
Siksika
Sindhi
Sinhala
Slave (Athapascan)
Slavey, North
Slavey, South
Slovak
Slovenian
Somali
Spanish
Squamish
Stoney
Swahili (macro language)
Swedish
Tagalog (Filipino)
Tahltan
Tamil
Telugu
Thai
Thompson
Tigrinya
Tlingit
Tsimshian
Turkish
Tutchone, Northern
Tutchone, Southern
Twi
Ukrainian
Urdu
Uyghur
Uzbek
Vietnamese
Vlaams
Waray (Philippines)
Welsh
Wolof
Yiddish
Yoruba
Unknown
Other

Appendix C: CPES-IC special projects

Overview of special projects

The Special Project data elements (P_a, P_b) are used to collect supplemental data that is not already collected through the CPES-IC MDS.

Reserved Special Projects (identified by Special Project Codes 001–499) are applicable to all participating organizations, and all organizations are strongly recommended to capture and submit this information to CPERS when identified. Unreserved Special Projects (identified by Special Project Codes 500–999) are used to collect organization-specific supplemental data. Organizations may request an unreserved special project code by writing to prems@cihi.ca.

Project 003 — Number of Attempts Made

Participation

The collection and submission of number of attempts made *including* the initial contact made is recommended for all organizations.

Project overview

Special Project 003 is assigned by CIHI to capture the number of attempts made. This represents the number of times the survey administrator (e.g., vendor, facility, jurisdiction) attempted to contact the patient (e.g., reminder letters or emails, follow-up phone calls) before receiving the survey from the patient. The *initial* contact is included in the count of number of attempts made.

Project completion guidelines

An instance of P_a and P_b should be collected and submitted with each Survey Record.

The following table provides a description of the data element, permissible responses and collection instructions.

Data element identifier	Data element name	Data element description for Project 003	Descriptions of permissible responses for Project 003	Collection instructions for Project 003
P_a	Special Project Code	A code used to indicate the number of attempts made	• 003	Provide the Project Code of 003.
P_b	Special Project Value	A value used to represent the number of attempts made by the survey administrator to contact the patient to complete the CPES-IC	• Numeric	Provide the Number of Attempts Made (including initial contact and all follow-up letters, emails, SMS/texts or telephone calls). If the survey was received after only the initial contact, Number of Attempts Made must be coded as 1. The following telephone contacts must be counted as attempts: • Contact successfully made (leading to partial or full completion of survey) • Answering machine • Busy signal • No answer • Partial survey/interview • Patient or another individual (household member) requested a call back The Number of Attempts Made should be between 1 and 8.

Examples

Example 1 (Mail Mode)

A patient was first mailed the CPES-IC on April 1, 2016. On April 11 and April 25, follow-up reminder letters were sent to the patient. On May 5, the survey was received at the hospital. Therefore, a total of 3 attempts were made. The special project information (i.e., Number of Attempts Made) for the Survey Record for this patient should be captured as follows:

- P_a = 003
- P_b = 3

Example 2 (Telephone Mode)

A patient was first called on April 1, 2016, to complete the survey. During this call, the patient requested that the interviewer call back in 1 week. On April 8, the patient was contacted again by telephone to complete the survey but was not reached. On April 9, the patient was contacted a second time and this time the patient was reached and responded to the survey during the call. Therefore, a total of 3 attempts were made. The special project information (i.e., Number of Attempts Made) for the Survey Record for this patient should be captured as follows:

- P_a = 003
- P_b = 3

Example 3 (Telephone Mode)

A patient was first called on April 10, 2016, to complete the survey but was not reached. On April 11, the patient was contacted a second time and this time the patient was reached and responded to the survey during the call. Therefore, a total of 2 attempts were made. The special project information (i.e., Number of Attempts Made) for the Survey Record for this patient should be captured as follows:

- P_a = 003
- P_b = 2

Example 4 (Email Mode)

A patient was first emailed the survey on April 15, 2016. No further contact attempts were made as the survey was received at the hospital on April 25, 2016. The special project information (i.e., Number of Attempts Made) for the Survey Record for this patient should be captured as follows:

- P_a = 003
- P_b = 1

Refer to the Sample XML Data Submission File in the CPES-IC Data Submission Specifications for an XML fragment illustration.

Appendix D: Applicable survey cycle metadata by Sampling Method

The following is an overview of the survey cycle metadata that is applicable to *census* and *simple random sample* Sampling Methods.

Data element identifier	Data element name	Submission requirement
SP_0	Submission Type	M
X_1	Source Organization Identifier	M
SP_1	Survey Cycle Identifier	M
SP_2	Survey Procedures Manual Version	M
SP_3a	Survey Cycle Start Date	M
SP_3b	Survey Cycle End Date	M
SP_4	Sampling Method	M
SP_6	Total Number of Eligible Discharges	M
SP_9	Sample Size	M
SP_10	Number of Non-Responses	M
SP_11	Sample Survey Type	M

The following is an overview of the survey cycle metadata that is applicable to *proportionate stratified random sampling* and *disproportionate stratified random sampling* Sampling Methods.

Data element identifier	Data element name	Submission requirement
SP_0	Submission Type	M
X_1	Source Organization Identifier	M
SP_1	Survey Cycle Identifier	M
SP_2	Survey Procedures Manual Version	M
SP_3a	Survey Cycle Start Date	M
SP_3b	Survey Cycle End Date	M
SP_4	Sampling Method	M
SP_5a	Stratum Code <Multiple Instances†>	M
SP_5b	Stratum Description <Multiple Instances†>	M
SP_6	Total Number of Eligible Discharges <Multiple Instances†>	M
SP_9	Sample Size <Multiple Instances†>	M
SP_10	Number of Non-Responses<Multiple Instances†>	M
SP_11	Sample Survey Type	M

Appendix E: Organization coordinator and data submission coordinator descriptions

Organization coordinator description

The organization coordinator will have varying responsibilities depending on the processes in place at a particular organization; however, as a general rule, the organization coordinator is CIHI's first point of contact within an organization regarding CPES-IC data. In some cases, the organization coordinator may also act as the data submission coordinator, so this person should always have a good understanding of data submission processes. Other responsibilities of the organization coordinator may include the following:

- Ensuring communication between CIHI and the organization (i.e., disseminating CIHI's materials and reports to staff and bringing questions/issues from the organization to CIHI);
- Identifying/confirming key players, such as the data submission coordinator and those requiring access to CIHI's secure electronic Data Submission Services (eDSS) and submission reports;
- Responding to CIHI's submission reports, in collaboration with the data submission coordinator; and
- Ensuring the completeness and accuracy of data by conducting data quality checks.

Data submission coordinator description

Data submission personnel are fundamental to ensuring the accurate and timely submission of CPES-IC data to CIHI. Some of the roles and responsibilities of the data submission coordinator may include the following:

- Reviewing submission files for completeness and accuracy;
- Coding the required administrative and survey cycle metadata data elements or liaising with staff responsible for completing these data elements, depending on the organization's practices;
- Extracting the data and submitting files to CPERS through CIHI's secure eDSS;
- Accessing, reviewing and distributing the submission reports;
- Reviewing the reasons for any rejections or warning flags and resubmitting data as necessary;
- Monitoring and examining data quality issues;
- Liaising with CIHI regarding data file submission issues; and
- Submitting the organization's test data.

Appendix F: Standards used in the CPES-IC MDS

When available and applicable, pan-Canadian standards were referenced and used to develop the CPES-IC MDS content. CIHI also referred to other CIHI databases and Canadian and international patient experience survey tools.

Data element identifiers	Sources
PA_2 — Jurisdiction Issuing Health Care Number	ISO 3166-1:2006 (Edition 2)
SA_1 — Survey Language	ISO 639-3, Merriam-Webster Dictionary
PA_4, SA_3, DS_2	HL7
Q1–Q11, Q13–Q17, Q19–Q21, Q42 — Various data elements corresponding to HCAHPS questions	Centers for Medicare and Medicaid Services. *CAHPS Hospital Survey (HCAHPS): Quality Assurance Guidelines*. 2013.
Q41 and Q52 — Various data elements corresponding to NHS Adult Inpatient Survey questions	NHS Patient Survey Programme which is delivered by the Care Quality Commission on behalf of NHS England and the Department of Health and Social Care
Q44 — Education Level	HL7, Statistics Canada, SNOMED CT, METeOR
Q56 and Q57 — Racialized Group and Indigenous Identity	SNOMED CT, HL7, CIHI
Q54 — Gender Identity	Statistics Canada, CIHI, HL7, Canadian Institutes of Health Research, Ontario Human Rights Commission
Q55 — Sex at Birth	Statistics Canada, CIHI, HL7, CRDM
SA_1, SA_3, SP_4, SP_5, SP_6 — Various administrative and survey cycle metadata data elements	Centers for Medicare and Medicaid Services. *CAHPS Hospital Survey (HCAHPS): Quality Assurance Guidelines*. 2013.
Missing Value Reasons *(unknown, not applicable, other)*	HL7, NCI, CIHI Data Warehouse

Appendix G: Glossary of initialisms and acronyms

CEGEP: collège d'enseignement général et professionnel

CIHI: Canadian Institute for Health Information

CISO: chief information security officer

CPERS: Canadian Patient Experiences Reporting System

CPES-IC: Canadian Patient Experiences Survey — Inpatient Care

CPES-IC MDS: Canadian Patient Experiences Survey — Inpatient Care Minimum Data Set

CPO/GC: chief privacy officer and general counsel

DAD: Discharge Abstract Database

eDSS: electronic Data Submission Services

HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems

NHS: National Health Services

PIAs: privacy impact assessments

Appendix H: Summary of changes to the CPES-IC Data Dictionary Manual

The following table outlines the major changes since the May 2014 release.

Data element identifier	Data element name	Description of change	Release date
n/a	n/a	Adopted CPES-IC-20M and CPES-IC-6M to replace the original CPES-IC survey	February 2024
Q38	Information Provided if Worried After Discharge	Added additional permissible response *Not applicable*	February 2024
Q13–Q14	Pain Controlled, Help for Pain	Added additional permissible response *Not applicable*	February 2024
Q5–Q7	Various survey questions	Added additional permissible response *I did not receive care from a doctor*	February 2024
SA_4–SA_6	Various administrative data elements	Added data elements Survey Contact Mode, Survey Type and Lag Time Days	February 2024
SP_11	Sample Survey Type	Added new data element to capture survey type administered to survey sample	February 2024
P_a, P_b	Special Project Code, Special Project Value	Removed Project 001 — Lag Time and Project 002 — Survey Contact Mode from special projects and added them to the MDS	February 2024
Q50–Q57	Various survey questions	Added new survey questions	February 2024
Q12, Q18, Q22–Q30, Q39, Q47	Various survey questions	Removed data elements	February 2024
PA_5, Q48	Gender, Race/ Ethnicity	Removed data elements. Replaced with other elements to align with CIHI's new Race-Based and Indigenous Identity Data Standards.	February 2024
SP_7a–SP_7z, SP_8a–SP_8z	Various data elements to capture Number of Eligible Discharges by Service Line, Admission Source, Age Category and Sex	Removed data elements	February 2024
PA_6b, PA_8	Estimated Birthdate, Service Line	Removed data elements	February 2024
Q48	Racialized Group	Added additional information to permissible responses and re-ordered list	January 2019

Data element identifier	Data element name	Description of change	Release date
PA_1, PA_2	Health Care Number, Jurisdiction Issuing Health Care Number	Updated the submission requirement for Health Care Number and Jurisdiction Issuing Health Care Number to mandatory and updated descriptions of permissible responses and collection instructions.	December 2017
SA_1	Survey Language	Included additional Survey Language permissible responses.	December 2017
Q48	Race/Ethnicity	Disaggregated response option of *First Nations, Métis, Inuk or mixed (others may say Aboriginal or Indigenous)* into 4 groups: *First Nations*, *Inuit*, *Metis* and *Indigenous/Aboriginal (not included elsewhere)*.	December 2016
Q11, Q13, Q14, Q16, Q17, Q19, Q20, Q38	Various	*Not applicable* response category added to Description of Permissible Responses for the *telephone* survey mode and collection guidelines updated.	December 2016
n/a	n/a	Updated Appendix A: General guidelines for collection.	December 2016
P_a, P_b	Special Project Code, Special Project Value	Corrected calculation error in the example for lag time. Clarified the Number of Attempts Made coding guidelines and added more examples.	December 2015
P_a, P_b	Special Project Code, Special Project Value	Added Appendix B, which includes Lag Time, Survey Contact Mode and Number of Attempts Made.	October 2015
SP_10	Number of Non-Responses	Modified and re-introduced data element.	December 2014
PA_8	Service Line	Modified the data element description and collection guidelines.	December 2014
A_1, X_1, X_2, X_3, PA_3, SA_2, P_a, P_b, X_1, SP_1, SP_5a, SP_5b, OP_1b, OP_3a, OP_4a	Various	Updated format in the Description of Permissible Responses.	December 2014
n/a	n/a	Reorganized the data elements according to updated categories outlined in the Types of information section.	October 2014
n/a	n/a	Added data submission information to the MDS.	October 2014
n/a	n/a	Added detailed information to the Organization profile section of the MDS.	October 2014
n/a	n/a	Updated all data element identifiers.	October 2014

Data element identifier	Data element name	Description of change	Release date
n/a	n/a	Added a general guideline for collection to Appendix A for telephone questionnaires.	October 2014
n/a	n/a	Added a general guideline for collection to Appendix A regarding the submission of the responses originally provided by the patient.	October 2014
A_1	Survey Identifier	Added a note regarding survey completion criteria.	October 2014
PA_6b	Estimated Birthdate	New data element added.	October 2014
SA_1	Survey Language	Added a collection instruction for bilingual surveys.	October 2014
SA_3	Survey Mode	Updated the list of permissible responses.	October 2014
SP_1	Survey Cycle Identifier	New data element added.	October 2014
SP_3a, SP_3b, SP_5a, SP_5b, SP_6, SP_9	Survey Cycle Start Date, Survey Cycle End Date, Stratum Code, Stratum Description, Total Number of Eligible Discharges, Sample Size	Updated the data element names and collection guidelines.	October 2014
SP_7a–SP_7z, SP_8a–SP_8z	Various data elements to capture Number of Eligible Discharges by Service Line, Admission Source, Age Category and Sex	New data elements added.	October 2014
DS_1	Data Submission Specification Version	Updated the data element name and added a description of permissible responses.	October 2014
OP_2	Surveying Frequency	Updated descriptions of permissible responses.	October 2014
n/a	Survey Version	Data element removed.	October 2014
n/a	Survey Weight	Data element removed.	October 2014
n/a	Number of Complete Responses	Data element removed.	October 2014
n/a	Number of Non-Responses	Data element temporarily removed.	October 2014

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