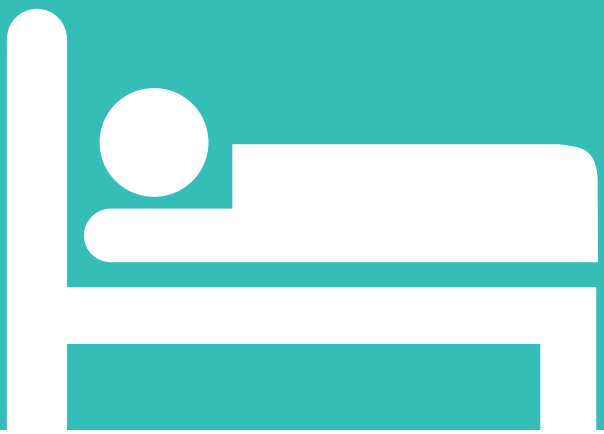

DAD

Data Quality Documentation

Discharge Abstract Database

Current-Year Information
2020–2021

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

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How to cite this document:
Canadian Institute for Health Information. *Data Quality Documentation, Discharge Abstract Database — Current-Year Information, 2020–2021*. Ottawa, ON: CIHI; 2021.

Cette publication est aussi disponible en français sous le titre *Document sur la qualité des données, Base de données sur les congés des patients — information sur l'exercice courant, 2020-2021*.

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Abbreviations

Alta.	Alberta
B.C.	British Columbia
CAD	Clinical Administrative Databases
CCI	Canadian Classification of Health Interventions
CIHI	Canadian Institute for Health Information
DAD	Discharge Abstract Database
HCN	Health Care Number
HMDB	Hospital Morbidity Database
ICD-10-CA	International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada
Man.	Manitoba
NACRS	National Ambulatory Care Reporting System
N.B.	New Brunswick
N.L.	Newfoundland and Labrador
N.S.	Nova Scotia
Nun.	Nunavut
N.W.T.	Northwest Territories
Ont.	Ontario
P.E.I.	Prince Edward Island
Que.	Quebec
Sask.	Saskatchewan
SCU	special care unit
Y.T.	Yukon

Purpose

The *Data Quality Documentation, Discharge Abstract Database — Current-Year Information* report is produced on a yearly basis and provides information on the quality of the data file for the given fiscal year. An associated report, *Data Quality Documentation, Discharge Abstract Database — Multi-Year Information*, provides background information to help users decide whether the data fits their needs. *Data Quality Documentation, Discharge Abstract Database — Glossary of Terms* is also available.

Information on how to complete the DAD abstract, including detailed data element descriptions and collection instructions, can be found in the *DAD Abstracting Manual*. For a summary of the mandatory and optional DAD data elements, please refer to the *DAD Data Elements* document on CIHI's website.

Coverage

Levels of care and submissions, by province/territory

The DAD contains data on separations from acute inpatient institutions and selected day surgery, chronic, rehabilitation and psychiatric institutions. Data is collected on separations with a discharge date between April 1 and March 31 of the given fiscal year (see tables 1 to 4 in Appendix A).

- Submission of acute inpatient data to the DAD: Mandated by the provincial/territorial ministry/department of health in all provinces/territories except Quebec.
- Submission of day surgery data to the DAD: Mandated in all provinces/territories except Prince Edward Island, Nova Scotia, Quebec, Ontario and Alberta.
  - P.E.I., Nova Scotia, Ontario and Alberta continue to submit their day surgery data to NACRS, as in previous years.

    Information about NACRS can be found on the NACRS metadata page.
- Due to the impact of COVID-19 on hospitalizations and day surgery volumes in 2020–2021, caution is warranted when comparing trends.
- Quebec acute inpatient and day surgery data is submitted to CIHI via the ministère de la Santé et des Services sociaux du Québec. Information about the HMDB can be found on the HMDB metadata page.
- Analysts are advised to use Analytical Institution Type Codes to identify acute inpatient and day surgery separations.

Changes to the number of reporting institutions

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

- Acute and day surgery Institution Numbers no longer valid in the DAD in 2020–2021: 2 institutions (stopped submitting to the DAD).
- New Institution Numbers in the DAD in 2020–2021: 13 institutions (1 from Newfoundland and Labrador, 2 from New Brunswick and 10 from Ontario).

Rate of over-coverage

- The rate of over-coverage from extra acute and day surgery abstracts in the DAD in 2020–2021 was 0.0005%. There were 8 acute care abstracts with duplicate records and 6 day surgery abstracts with duplicate records.

Rate of under-coverage

- There were no sources of under-coverage in the DAD in 2020–2021.

Non-response

Unit non-response refers to incomplete data that is submitted from institutions in the frame, whether at the institution or record level.

Unit non-response rate at the institution level, due to institutions that did not submit any data to CIHI for the entire fiscal year:

- Nil in the DAD in 2020–2021

Unit non-response rate at the record level, due to missing abstracts for all or some periods in the DAD in 2020–2021:

- For acute inpatient abstracts: 0.03%. This was because 2 facilities in Ontario did not submit data for 1 period (an estimated total of 115 and 70 missing abstracts, respectively), 1 facility in Ontario did not submit data for 2 periods (an estimated total of 60 missing abstracts) and 1 facility in Nunavut did not submit data for 3 periods (an estimated total of 451 missing abstracts) in 2020–2021. All facilities that had no separations to report submitted data files indicating 0 separations.
- For day surgery abstracts: 0.09%. This was because 1 facility in Nunavut did not submit data for 8 periods in 2020–2021 (an estimated total of 670 missing abstracts).

DAD fields

- Missing, invalid and unknown values in DAD fields for 2020–2021: See Table 5 in Appendix A.
- DAD fields evolution by fiscal year: See Appendix B.

Appendices

Appendix A: DAD data tables

The following tables are based on the population of reference for the current fiscal year, which includes all separations (except stillbirths and cadaveric donors) from acute inpatient care and day surgery institutions in all provinces and territories (except Quebec) between April 1 and March 31. Separations for day surgery for provinces and territories that submit to NACRS are not part of the DAD population of reference. The Analytical Institution Type Code was used to identify acute and day surgery institutions. The level of care of an institution may change over time due to hospital mergers or closures, or if CIHI's validation processes or analyses determine that it was previously incorrectly assigned. The totals reported in these tables reflect the levels of care recorded in the DAD at the time of database closure.

Table 1 Number of valid Institution Numbers* used to report separations in the DAD, by province/territory and Analytical Institution Type for the population of reference, 2020–2021

Submitting province/territory	Acute care	Day surgery	Total
N.L.	28	14	42
P.E.I.	6	n/a	6
N.S.	33	n/a	33
N.B.	20	19	39
Que.	n/a	n/a	n/a
Ont.	187	n/a	187
Man.	73	25	98
Sask.	62	21	83
Alta.	95	n/a	95
B.C.	83	60	143
Y.T.	3	1	4
N.W.T.	4	3	7
Nun.	1	1	2
Total	595	144	739

Notes

* Although there were 749 valid acute and day surgery Institution Numbers on the DAD frame, 739 acute and day surgery Institution Numbers were used to report separations to the DAD in 2020–2021. This is because 3 acute and 7 day surgery institutions had no separations to report in 2020–2021.

n/a: Not applicable (Quebec institutions and day surgery institutions in Prince Edward Island, Nova Scotia, Ontario and Alberta are not part of the DAD frame).

Source

Discharge Abstract Database, 2020–2021, Canadian Institute for Health Information.

Table 2 Number of abstracts submitted to the DAD,* by province/territory and Analytical Institution Type for the population of reference, 2020–2021

Submitting province/territory	Acute care	Day surgery	Total N (%)
N.L.	45,626	73,406	119,032 (3.8%)
P.E.I.	13,602	n/a	13,602 (0.4%)
N.S.	84,922	n/a	84,922 (2.7%)
N.B.	73,639	42,651	116,290 (3.7%)
Que.	n/a	n/a	n/a
Ont.	1,078,914	n/a	1,078,914 (34.8%)
Man.	121,077	89,679	210,756 (6.8%)
Sask.	120,156	98,563	218,719 (7.1%)
Alta.	358,107	n/a	358,107 (11.5%)
B.C.	430,453	454,018	884,471 (28.5%)
Y.T.	3,635	2,894	6,529 (0.2%)
N.W.T.	5,519	3,519	9,038 (0.3%)
Nun.	1,729	184	1,913 (0.1%)
Total	2,337,379	764,914	3,102,293 (100.0%)

Notes

* The number of abstracts includes duplicate records. There were 8 acute care abstracts and 6 day surgery abstracts with duplicate records in the DAD in 2020–2021.

n/a: Not applicable (Quebec institutions and day surgery institutions in Prince Edward Island, Nova Scotia, Ontario and Alberta are not part of the DAD frame).

Source

Discharge Abstract Database, 2020–2021, Canadian Institute for Health Information.

Table 3 Percentage change in volume of DAD abstracts between 2019–2020 and 2020–2021,* by province/territory and Analytical Institution Type for the population of reference

Submitting province/territory	Acute care	Day surgery	Total (%)
N.L.	-12.47	-20.65	-17.70
P.E.I.	-9.15	n/a	-9.15
N.S.	-9.39	n/a	-9.39
N.B.	-8.28	-10.59	-9.14
Que.	n/a	n/a	n/a
Ont.	-10.82	n/a	-10.82
Man.	-9.54	-21.89	-15.25
Sask.	-12.27	-20.88	-16.37
Alta.	-10.31	n/a	-10.31
B.C.	-6.37	-7.23	-6.81
Y.T.	-6.79	-2.36	-4.88
N.W.T.	5.14	5.71	5.36
Nun.	28.45†	-71.02†	-3.43†
Total	-9.80	-12.67	-10.52

Notes

* Due to the impact of COVID-19 on hospitalizations and day surgery volumes in 2020–2021, caution is warranted when interpreting the percentage change in volume.

† The percentage change in Nunavut is partially caused by 1 facility that did not submit data for some periods in 2019–2020 and 2020–2021. This facility did not submit data for 6 periods (an estimated total of 1,100 missing abstracts) for acute care and 5 periods (an estimated total of 400 missing abstracts) for day surgery in 2019–2020, and for 3 periods (an estimated total of 451 missing abstracts) for acute care and 8 periods (an estimated total of 670 missing abstracts) for day surgery in 2020–2021.

n/a: Not applicable (Quebec institutions and day surgery institutions in Prince Edward Island, Nova Scotia, Ontario and Alberta are not part of the DAD frame).

Source

Discharge Abstract Database, 2019–2020 and 2020–2021, Canadian Institute for Health Information.

Table 4 Number of abstracts submitted to the DAD,* by province/territory and Analytical Institution Type, 2020–2021

Submitting province/ territory	Acute care	Day surgery	Inpatient rehab.	Inpatient complex continuing care	Inpatient psych. (mental health)	Other†	Total
N.L.	45,626	73,406	0	0	1,156	0	120,188
P.E.I.	13,602	0	0	0	421	0	14,023
N.S.	84,922	0	639	0	888	0	86,449
N.B.	73,639	42,651	706	2,898	195	0	120,089
Que.	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ont.	1,078,914	0	319	215	395	0	1,079,843
Man.	121,077	89,679	0	601	126	78	211,561
Sask.	120,156	98,563	0	0	0	0	218,719
Alta.	358,107	0	1,986	0	4,691	3,225	368,009
B.C.	430,453	454,018	844	0	447	0	885,762
Y.T.	3,635	2,894	0	0	0	0	6,529
N.W.T.	5,519	3,519	0	12	0	0	9,050
Nun.	1,729	184	0	0	0	0	1,913
Total	2,337,379	764,914	4,494	3,726	8,319	3,303	3,122,135

Notes

* The number of abstracts includes duplicate records. There were 8 acute care abstracts and 6 day surgery abstracts with duplicate records in the DAD in 2020–2021.

† Other levels of care include sub-acute and hospice/palliative care.

n/a: Not applicable (Quebec institutions and day surgery institutions in Prince Edward Island, Nova Scotia, Ontario and Alberta are not part of the DAD frame).

Source

Discharge Abstract Database, 2020–2021, Canadian Institute for Health Information.

Table 5 Number of acute care and day surgery abstracts submitted to the DAD with missing, invalid or unknown values in selected mandatory fields, 2020–2021

Data elements	Number of acute and day surgery abstracts with missing, invalid or unknown values	Percentage of acute and day surgery abstracts with missing, invalid or unknown values
HCN*	26,993	0.87
Province/Territory Issuing HCN	18,254	0.59
Postal Code†	94,743	3.05
Birthdate‡	11	<0.01
Admission Time	26	<0.01
Discharge Date	4	<0.01
Discharge Time	196	0.01
Most Responsible Diagnosis	9	<0.01
Principal Intervention	3	<0.01

Notes

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

† Invalid postal codes are defined as those that are not submitted, those that are invalid and those that are non-linkable (i.e., not in Statistics Canada's Postal Code Conversion File Plus [PCCF+] Version 7D, February 2021).

‡ Invalid and unknown dates of birth include the following:

- Birthdate of September 1, 9999; and
- Combination of Age Code U (*unknown*) and Age Units 0.

Source

Discharge Abstract Database, 2020–2021, Canadian Institute for Health Information.

Appendix B: DAD field evolution by fiscal year

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

Legend	
*	No change to existing field
C	Change in field definition (including code value or collection instruction)
F	Change in field format
D	Deleted field
N	New field
O	Field did not exist that year

ICD-10-CA/CCI abstract

Group and field no.	Field	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021
01 01	Institution Number	*	*	F	*	*	*	*	*	*	*	*	*
01 02	Batch Count	O	O	O	O	O	N	*	*	*	*	*	*
01 03	Batch Year	*	*	*	*	*	*	*	*	*	*	*	*
01 04	Batch Period	*	*	*	*	*	*	*	*	*	C	*	*
01 05	Batch Number	*	*	*	*	*	*	*	*	*	*	*	*
01 06	Abstract Number	*	*	*	*	*	*	*	*	*	*	*	*
01 08	Coder Number	F	*	*	*	*	*	*	*	*	*	*	*
01 09	Chart Number	*	*	*	*	*	*	*	*	*	*	*	*
01 10	Register Number	*	*	*	*	*	*	*	*	*	*	*	*
01 11	Second Chart/Register Number	*	*	*	*	*	*	*	*	*	D	O	O
01 12	Maternal/Newborn Chart/ Register Number	*	*	*	*	C	*	C	C	*	C	*	*
03 01	Health Care Number	C	*	*	*	*	C	C	*	*	*	*	*
03 02	Postal Code	*	*	C	*	*	*	*	*	*	C	*	*
03 03	Residence Code	*	*	*	*	*	*	*	*	*	*	*	*
03 04	Gender	*	*	*	*	*	*	*	*	*	C	*	*
03 05	Province/Territory Issuing HCN	C	*	*	*	*	*	*	*	*	*	*	*
03 06	Responsibility for Payment	*	*	*	*	*	C	*	*	*	*	*	*
03 08	Birthdate	*	*	C	*	*	*	*	*	*	*	*	*
03 09	Birthdate Is Estimated	*	*	C	*	*	*	*	*	*	*	*	*
03 11–27	Provincial/Territorial Ancillary Data	*	C	*	*	*	*	*	*	*	*	*	*
03 28	Height	O	O	O	O	O	O	O	O	O	N	*	*
03 29	Weight	O	O	O	O	O	O	O	O	O	N	*	*

Group and field no.	Field	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021
04 01	Admission Date	*	*	*	*	*	*	*	*	*	*	*	*
04 02	Admission Time	*	*	C	*	*	*	*	*	*	*	*	*
04 04	Institution From	*	*	*	*	*	*	*	C	*	C	*	*
04 05	Admit Category	*	*	*	*	*	*	C	C	*	C	*	*
04 06	Entry Code	*	C	*	*	*	*	*	C	*	*	*	*
04 07	Admit via Ambulance	*	*	*	C	*	*	*	*	*	*	*	*
04 08	Readmission Code	*	*	*	*	*	*	C	*	*	*	*	*
04 11	ER Decision to Admit Date	O	O	O	O	O	O	O	O	O	O	O	O
04 12	ER Decision to Admit Time	O	O	O	O	O	O	O	O	O	O	O	O
04 13	Date Patient Left ED	*	*	*	*	*	*	*	*	*	*	*	*
04 14	Time Patient Left ED	C	*	*	*	*	*	*	*	*	*	*	*
05 01	Discharge Date	*	C	*	*	*	*	*	*	*	C	*	*
05 02	Discharge Time	*	*	C	*	*	*	*	*	*	C	*	*
05 04	Institution To	*	*	*	*	*	*	*	C	*	C	*	*
05 05	Discharge Disposition	*	*	*	*	*	*	*	C	*	C	*	*
07 01	Main Patient Service	*	*	*	*	*	*	*	*	*	C	*	*
07 02	Main Patient Subservice	*	*	*	*	*	*	*	*	*	*	*	*
07 03	Weight (Moved to 03/29 in 2018)	*	*	*	*	*	C	*	*	*	D	O	O
07 04	Abstract Overflow	*	*	*	*	*	*	*	*	*	D	O	O
08 01	Service Transfer	*	*	*	*	*	C	*	*	*	C	*	*
08 02	Service Transfer Subservice	*	*	*	*	*	*	*	*	*	*	*	*
08 03	Service Transfer Days	*	*	*	*	*	*	*	*	*	*	*	*
09 01	Provider Type	C	*	*	*	C	C	*	C	*	C	*	*
09 02	Provider Number	*	*	*	*	C, F	*	*	*	*	*	*	*
09 03	Provider Service	C	C	C	C	C	C	*	*	*	C	*	*

Group and field no.	Field	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021
10 01	Diagnosis Prefix	C	C	*	C	C	*	*	C	*	C	*	*
10 02	Diagnosis Code	*	*	*	*	*	*	*	*	*	C	*	*
10 03	Diagnosis Cluster	N	*	*	C	*	*	*	*	*	*	*	*
10 04	Diagnosis Type	*	*	*	C	*	*	C	C	*	C	*	*
10 05–11	Cancer Staging	*	*	*	*	*	*	*	*	*	D	O	O
11 01	Procedure/Intervention Date	D	O	O	O	O	O	O	O	O	O	O	O
11 01	Intervention Episode Start Date	N	*	*	*	*	*	*	C	*	C	*	*
11 02	Procedure/Intervention Code	*	*	*	*	*	*	*	*	*	*	*	*
11 3/5	Intervention Attributes	*	*	*	*	*	*	*	*	*	*	*	*
11 06	Intervention Provider Number	*	*	C	*	C, F	*	*	*	*	C	*	*
11 07	Intervention Provider Service	*	*	*	*	C	*	*	*	*	*	*	*
11 08	Tissue Code	*	*	*	*	*	*	*	*	*	D	O	O
11 09	Intervention Time	D	O	O	O	O	O	O	O	O	O	O	O
11 10	Intervention Location	C	C	*	*	*	*	*	*	*	C	*	*
11 11	Anaesthetist	*	*	*	*	C, F	C	*	*	*	*	*	*
11 12	Anaesthetic Technique	C	C	*	*	C, F	C	C, F	C	*	C	*	*
11 13	Out-of-Hospital Indicator	C	C	*	*	C	*	C	*	*	*	*	*
11 14	Out-of-Hospital Institution Number	*	C	*	*	*	*	F	*	*	C	*	*
11 15	Unplanned Return to Intervention Location	*	*	*	*	*	*	*	*	*	*	*	*
11 16	Died in OR (name changed in 2012)	C	C	*	D	O	O	O	O	O	O	O	O
11 16	Died During Intervention (name changed in 2012)	O	O	O	N	C	*	*	*	*	C	*	*
11 17	Intervention Episode Start Time	N	*	*	*	*	*	*	C	*	C	*	*
11 18	Intervention Episode End Date	N	*	*	*	*	*	*	*	*	*	*	*

Group and field no.	Field	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021
11 19	Intervention Episode End Time	N	*	*	*	*	*	*	*	*	*	*	*
11 20	Intervention Pre-Admit Flag	N	C	C	C	*	*	*	*	*	*	*	*
11 22	Joint Identifier (CJRR)	O	O	O	O	O	O	O	O	O	N	*	*
11 23	Revision Reason (CJRR)	O	O	O	O	O	O	O	O	O	N	*	*
13 01	SCU Death Indicator	*	*	*	C	*	*	*	*	*	*	*	*
13 02	SCU Unit Number	C	*	*	*	*	*	C	*	*	*	*	*
13 03	SCU Admit Date	*	*	*	*	*	*	*	*	*	C	*	*
13 04	SCU Admit Time	*	*	C	*	*	*	*	*	*	C	*	*
13 05	SCU Discharge Date	*	*	*	*	*	*	*	*	*	*	*	*
13 06	SCU Discharge Time	*	*	C	*	*	*	*	*	*	*	*	*
13 09	Glasgow Coma Scale	*	C	*	C	C	*	*	*	*	C	*	*
14 01–19	Basic Options	*	C	*	*	*	*	*	*	*	*	*	*
15 02	Mental Health Indicators — Source of Referral	*	*	*	*	C	*	*	*	*	D	O	O
15 03	Method of Admission	*	*	*	*	C	*	*	*	*	D	O	O
15 04	Change in Legal Status From Admission	*	*	*	*	C	*	*	*	*	*	*	*
15 05	AWOL	*	*	*	*	C	*	*	*	*	D	O	O
15 06	Suicide	*	*	*	*	C	*	*	*	*	D	O	O
15 07	Previous Psychiatric Admission	*	*	*	*	C	*	*	*	*	*	*	*
15 08	Referred To	*	*	*	*	C	*	*	*	*	D	O	O
15 09	ECT Treatment	*	*	*	*	C	*	*	*	*	D	O	O
15 10	Number of ECT Treatments	*	*	*	*	C	*	*	C	*	*	*	*
15 12	Education	*	*	*	*	C	*	*	*	*	D	O	O
15 13	Employment Status	*	C	*	*	C	*	*	*	*	D	O	O
15 14	Financial Support	*	*	*	*	C	*	*	*	*	D	O	O

Group and field no.	Field	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021
15 15	Legal Status Upon Arrival to Emergency Department (ED)	O	O	O	O	O	O	O	O	O	N	C	*
15 16	Legal Status at Admission	O	O	O	O	O	O	O	O	O	N	C	*
15 17	Type of Restraint	O	O	O	O	O	O	O	O	O	N	*	*
15 18	Frequency of Restraint Use	O	O	O	O	O	O	O	O	O	N	*	*
16 01–18 (as of 2015–2016, changed to 16 01–24)	Project Information	*	C	C	C	C	C, F	C, F	C	*	C	C	C
17 01	Blood Transfusion Indicator	*	*	*	*	C	C	*	*	*	*	*	*
17 02	Blood Products/Components — Red Blood Cells	*	*	*	*	C	C	*	*	*	*	*	*
17 03	Platelets	*	*	*	*	C	C	*	*	*	*	*	*
17 04	Plasma Other or Unspecified (name changed in 2018)	*	*	*	*	C	C	*	*	*	C	*	*
17 05	Albumin	*	*	*	*	C	C	*	*	*	*	*	*
17 06	Other Blood Products	*	*	*	*	C	C	*	*	*	C	*	*
17 07	Autologous Blood Transfusion	*	*	*	*	C	C	*	*	*	*	*	*
17 08	Cryoprecipitate Plasma	O	O	O	O	O	O	O	O	O	N	*	*
17 09	Cryosupernatant Plasma	O	O	O	O	O	O	O	O	O	N	*	*
17 10	Intravenous/Subcutaneous Immune Globulin (IVIG/SCIG)	O	O	O	O	O	O	O	O	O	N	*	*
17 11	Fibrinogen	O	O	O	O	O	O	O	O	O	N	*	*
17 12	Prothrombin Complex Concentrate (PCC)	O	O	O	O	O	O	O	O	O	N	*	*
17 13	Anti-Inhibitor Coagulant (FEIBA)	O	O	O	O	O	O	O	O	O	N	*	*
17 14	Antithrombin III	O	O	O	O	O	O	O	O	O	N	*	*

Group and field no.	Field	2009–2010	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021
17 15	C1 Inhibitor	O	O	O	O	O	O	O	O	O	N	*	*
17 16	Protein C/Other Factors	O	O	O	O	O	O	O	O	O	N	*	*
18 01–09	Reproductive Care	*	*	C	C	C	C	C	C	*	C	*	*
19 01–02, 04, 06–08, 10–15, 20–24	Vendor-Assigned Values	*	*	C	C	*	*	*	*	*	C	*	*
19 09	Flagged Intervention Count	*	*	C	C	*	*	*	D	O	O	O	O
19 25	Flagged Intervention Status	O	O	O	O	O	O	O	N	*	*	*	*
20 01	Hip and Knee Prosthesis Information (CJRR) — Joint Identifier	O	O	O	O	O	O	O	O	O	N	*	*
20 02	Side	O	O	O	O	O	O	O	O	O	N	*	*
20 03	Cement Name	O	O	O	O	O	O	O	O	O	N	*	*
20 04	Cement Name Other	O	O	O	O	O	O	O	O	O	N	*	*
20 05	Cement Product Number	O	O	O	O	O	O	O	O	O	N	*	*
20 06	Cement Lot Number	O	O	O	O	O	O	O	O	O	N	*	*
20 07	Component	O	O	O	O	O	O	O	O	O	N	*	*
20 08	Manufacturer	O	O	O	O	O	O	O	O	O	N	*	*
20 09	Manufacturer Other	O	O	O	O	O	O	O	O	O	N	*	*
20 10	Product Number	O	O	O	O	O	O	O	O	O	N	*	*
20 11	Lot Number	O	O	O	O	O	O	O	O	O	N	*	*

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

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