



DAD

# Data Quality Documentation

## Discharge Abstract Database

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Current-Year Information  
2022–2023

Updated October 2023



Canadian Institute  
for Health Information

Institut canadien  
d'information sur la santé

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# Abbreviations

Alta.	Alberta
B.C.	British Columbia
CAD	Clinical Administrative Databases
CCI	<i>Canadian Classification of Health Interventions</i>
CIHI	Canadian Institute for Health Information
DAD	Discharge Abstract Database
HCN	Health Care Number
HMDB	Hospital Morbidity Database
ICD-10-CA	<i>International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada</i>
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 ongoing impact of COVID-19 on hospitalizations and day surgery volumes, 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 2022–2023: 1 institution (stopped submitting to the DAD).
- New Institution Numbers in the DAD in 2022–2023: 4 institutions (1 from New Brunswick and 3 from Ontario).

## Rate of over-coverage

- The rate of over-coverage from extra acute and day surgery abstracts in the DAD in 2022–2023 was 0.005%. There were 162 acute care abstracts with duplicate records and 4 day surgery abstracts with duplicate records.

## Rate of under-coverage

- There were no sources of under-coverage in the DAD in 2022–2023.

## 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 2022–2023

Unit non-response rate at the record level, due to missing abstracts for all or some periods in the DAD in 2022–2023:

- For acute inpatient abstracts: 0.004%. This was because 1 facility in Ontario did not submit data for 6 periods (an estimated total of 95 missing abstracts) in 2022–2023. All facilities that had no separations to report submitted data files indicating 0 separations.
- For day surgery abstracts: Nil

## DAD fields

- Missing, invalid and unknown values in DAD fields for 2022–2023: 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, 2022–2023

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	20	40
Que.	n/a	n/a	n/a
Ont.	186	n/a	186
Man.	73	25	98
Sask.	61	21	82
Alta.	95	n/a	95
B.C.	82	59	141
Y.T.	3	1	4
N.W.T.	4	3	7
Nun.	1	1	2
<b>Total</b>	<b>592</b>	<b>144</b>	<b>736</b>

### Notes

\* Although there were 753 valid acute and day surgery Institution Numbers on the DAD frame, 736 acute and day surgery Institution Numbers were used to report separations to the DAD in 2022–2023. This is because 9 acute and 8 day surgery institutions had no separations to report in 2022–2023.

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, 2022–2023, 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, 2022–2023

Submitting province/territory	Acute care	Day surgery	Total N (%)
N.L.	48,240	91,958	<b>140,198 (4.07%)</b>
P.E.I.	14,213	n/a	<b>14,213 (0.41%)</b>
N.S.	90,757	n/a	<b>90,757 (2.64%)</b>
N.B.	72,913	47,845	<b>120,758 (3.51%)</b>
Que.	n/a	n/a	<b>n/a</b>
Ont.	1,195,498	n/a	<b>1,195,498 (34.71%)</b>
Man.	122,521	112,574	<b>235,095 (6.83%)</b>
Sask.	131,315	129,305	<b>260,620 (7.57%)</b>
Alta.	380,268	n/a	<b>380,268 (11.05%)</b>
B.C.	457,586	529,519	<b>987,105 (28.68%)</b>
Y.T.	4,031	2,961	<b>6,992 (0.20%)</b>
N.W.T.	5,075	3,862	<b>8,937 (0.26%)</b>
Nun.	2,331	1,347	<b>3,678 (0.11%)</b>
<b>Total</b>	<b>2,524,748</b>	<b>919,371</b>	<b>3,444,119 (100.00%)</b>

**Notes**

\* The number of abstracts includes duplicate records. There were 162 acute care abstracts and 4 day surgery abstracts with duplicate records in the DAD in 2022–2023.

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, 2022–2023, Canadian Institute for Health Information.



**Table 3** Percentage change in volume of DAD abstracts between 2021–2022 and 2022–2023,\* by province/territory and Analytical Institution Type for the population of reference

Submitting province/territory	Acute care	Day surgery	Total (%)
N.L.	1.21	5.13	3.75
P.E.I.	0.41	n/a	0.41
N.S.	3.12	n/a	3.12
N.B.	1.47	8.93	4.30
Que.	n/a	n/a	n/a
Ont.	3.63	n/a	3.63
Man.	-0.21	19.63	8.40
Sask.	3.76	13.51	8.38
Alta.	1.13	n/a	1.13
B.C.	0.95	4.04	2.59
Y.T.	4.13	5.67	4.78
N.W.T.	-0.61	-0.49	-0.56
Nun.	2.24	14.83	6.52
<b>Total</b>	<b>2.42</b>	<b>7.38</b>	<b>3.69</b>

**Notes**

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

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, 2021–2022 and 2022–2023, Canadian Institute for Health Information.

**Table 4** Number of abstracts submitted to the DAD,\* by province/territory and Analytical Institution Type, 2022–2023

Submitting province/territory	Acute care	Day surgery	Inpatient rehab.	Inpatient complex continuing care	Inpatient psych. (mental health)	Other†	Total
<b>N.L.</b>	48,240	91,958	0	0	1,128	0	<b>141,326</b>
<b>P.E.I.</b>	14,213	0	0	0	403	0	<b>14,616</b>
<b>N.S.</b>	90,757	0	651	0	819	0	<b>92,227</b>
<b>N.B.</b>	72,913	47,845	600	3,041	297	0	<b>124,696</b>
<b>Que.</b>	n/a	n/a	n/a	n/a	n/a	n/a	<b>n/a</b>
<b>Ont.</b>	1,195,498	0	376	278	484	0	<b>1,196,636</b>
<b>Man.</b>	122,521	112,574	0	619	141	77	<b>235,932</b>
<b>Sask.</b>	131,315	129,305	0	0	253	0	<b>260,873</b>
<b>Alta.</b>	380,268	0	2,018	0	4,940	4,435	<b>391,661</b>
<b>B.C.</b>	457,586	529,519	839	0	505	0	<b>988,449</b>
<b>Y.T.</b>	4,031	2,961	0	0	0	0	<b>6,992</b>
<b>N.W.T.</b>	5,075	3,862	0	22	0	0	<b>8,959</b>
<b>Nun.</b>	2,331	1,347	0	0	0	0	<b>3,678</b>
<b>Total</b>	<b>2,524,748</b>	<b>919,371</b>	<b>4,484</b>	<b>3,960</b>	<b>8,970</b>	<b>4,512</b>	<b>3,466,045</b>

**Notes**

\* The number of abstracts includes duplicate records. There were 162 acute care abstracts and 4 day surgery abstracts with duplicate records in the DAD in 2022–2023.

† 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, 2022–2023, 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, 2022–2023

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*	44,628	1.30
Province/Territory Issuing HCN	26,716	0.78
Postal Code <sup>†</sup>	73,024	2.12
Birthdate <sup>‡</sup>	18	<0.01
Admission Time	19	<0.01
Discharge Date	10	<0.01
Discharge Time	1,014	0.03
Most Responsible Diagnosis	8	<0.01
Principal Intervention	6	<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 8A, December 2022).

‡ 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, 2022–2023, 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*. Please refer to the [DAD Abstracting Manual](#) or contact CIHI for details on these changes.

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

**ICD-10-CA/CCI abstract**

Group and field no.	Field	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
01 01	Institution Number	*	*	*	*	*	*	*	*	*	*
01 02	Batch Count	O	N	*	*	*	*	*	*	*	*
01 03	Batch Year	*	*	*	*	*	*	*	*	*	*
01 04	Batch Period	*	*	*	*	*	*	*	*	*	*
01 05	Batch Number	*	*	*	*	*	*	*	*	*	*
01 06	Abstract Number	*	*	*	*	*	*	*	*	*	*
01 08	Coder Number	*	*	*	*	*	*	*	*	*	*
01 09	Chart Number	*	*	*	*	*	*	*	*	*	*
01 10	Register Number	*	*	*	*	*	*	*	*	*	*
01 11	Second Chart/Register Number	*	*	*	*	*	D	O	O	O	O
01 12	Maternal/Newborn Chart/ Register Number	C	*	C	C	*	C	*	*	*	*
03 01	Health Care Number	*	C	C	*	*	*	*	*	*	*
03 02	Postal Code	*	*	*	*	*	C	*	*	C	*
03 03	Residence Code	*	*	*	*	*	*	*	*	*	*
03 04	Gender	*	*	*	*	*	C	*	*	*	C
03 05	Province/Territory Issuing HCN	*	*	*	*	*	*	*	*	C	*
03 06	Responsibility for Payment	*	C	*	*	*	*	*	*	C	C
03 08	Birthdate	*	*	*	*	*	*	*	*	*	*
03 09	Birthdate Is Estimated	*	*	*	*	*	*	*	*	*	*
03 11–27	Provincial/Territorial Ancillary Data	*	*	*	*	*	*	*	*	*	*
03 28	Height	O	O	O	O	O	N	*	*	*	*
03 29	Weight	O	O	O	O	O	N	*	*	*	*
03 31	Indigenous Identity	O	O	O	O	O	O	O	O	O	N

Group and field no.	Field	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
03 32	Racialized Groups	O	O	O	O	O	O	O	O	O	N
04 01	Admission Date	*	*	*	*	*	*	*	*	*	*
04 02	Admission Time	*	*	*	*	*	*	*	*	*	*
04 04	Institution From	*	*	*	C	*	C	*	*	*	*
04 05	Admit Category	*	*	C	C	*	C	*	*	*	*
04 06	Entry Code	*	*	*	C	*	*	*	*	*	*
04 07	Admit via Ambulance	*	*	*	*	*	*	*	*	*	*
04 08	Readmission Code	*	*	C	*	*	*	*	*	*	*
04 11	ER Decision to Admit Date	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
04 13	Date Patient Left ED	*	*	*	*	*	*	*	*	*	*
04 14	Time Patient Left ED	*	*	*	*	*	*	*	*	*	*
05 01	Discharge Date	*	*	*	*	*	C	*	*	*	*
05 02	Discharge Time	*	*	*	*	*	C	*	*	*	*
05 04	Institution To	*	*	*	C	*	C	*	*	C	*
05 05	Discharge Disposition	*	*	*	C	*	C	*	*	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	O	O
07 04	Abstract Overflow	*	*	*	*	*	D	O	O	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	*	*	*	*
09 02	Provider Number	C, F	*	*	*	*	*	*	*	*	*
09 03	Provider Service	C	C	*	*	*	C	*	*	*	*
10 01	Diagnosis Prefix	C	*	*	C	*	C	*	*	C	C

Group and field no.	Field	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
10 02	Diagnosis Code	*	*	*	*	*	C	*	*	*	*
10 03	Diagnosis Cluster	*	*	*	*	*	*	*	*	*	C
10 04	Diagnosis Type	*	*	C	*	*	C	*	*	*	*
10 05–11	Cancer Staging	*	*	*	*	*	D	O	O	O	O
11 01	Procedure/Intervention Date	O	O	O	O	O	O	O	O	O	O
11 01	Intervention Episode Start Date	*	*	*	C	*	C	*	*	*	*
11 02	Procedure/Intervention Code	*	*	*	*	*	*	*	*	*	*
11 3/5	Intervention Attributes	*	*	*	*	*	*	*	*	*	*
11 06	Intervention Provider Number	C, F	*	*	*	*	C	*	*	*	*
11 07	Intervention Provider Service	C	*	*	*	*	*	*	*	*	*
11 08	Tissue Code	*	*	*	*	*	D	O	O	O	O
11 09	Intervention Time	O	O	O	O	O	O	O	O	O	O
11 10	Intervention Location	*	*	*	*	*	C	*	*	*	*
11 11	Anaesthetist	C, F	C	*	*	*	*	*	*	C	*
11 12	Anaesthetic Technique	C, F	C	C, F	C	*	C	*	*	*	*
11 13	Out-of-Hospital Indicator	C	*	C	*	*	*	*	*	C	*
11 14	Out-of-Hospital Institution Number	*	*	F	*	*	C	*	*	*	*
11 15	Unplanned Return to Intervention Location	*	*	*	*	*	*	*	*	*	*
11 16	Died in OR (name changed in 2012)	O	O	O	O	O	O	O	O	O	O
11 16	Died During Intervention (name changed in 2012)	C	*	*	*	*	C	*	*	*	*
11 17	Intervention Episode Start Time	*	*	*	*	*	C	*	*	*	*
11 18	Intervention Episode End Date	*	*	*	*	*	*	*	*	*	*
11 19	Intervention Episode End Time	*	*	*	*	*	*	*	*	*	*

Group and field no.	Field	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
11 20	Intervention Pre-Admit Flag	*	*	*	*	*	*	*	*	C	C
11 22	Joint Identifier (CJRR)	O	O	O	O	O	N	*	*	*	*
11 23	Revision Reason (CJRR)	O	O	O	O	O	N	*	*	*	*
13 01	SCU Death Indicator	*	*	*	*	*	*	*	*	*	*
13 02	SCU Unit Number	*	*	C	*	*	*	*	*	C	*
13 03	SCU Admit Date	*	*	*	*	*	C	*	*	*	*
13 04	SCU Admit Time	*	*	*	*	*	C	*	*	*	*
13 05	SCU Discharge Date	*	*	*	*	*	*	*	*	*	*
13 06	SCU Discharge Time	*	*	*	*	*	*	*	*	*	*
13 09	Glasgow Coma Scale	C	*	*	*	*	C	*	*	*	*
14 01–19	Basic Options	*	*	*	*	*	*	*	*	*	*
15 02	Mental Health Indicators — Source of Referral	C	*	*	*	*	D	O	O	O	O
15 03	Method of Admission	C	*	*	*	*	D	O	O	O	O
15 04	Change in Legal Status From Admission	C	*	*	*	*	*	*	*	*	*
15 05	AWOL	C	*	*	*	*	D	O	O	O	O
15 06	Suicide	C	*	*	*	*	D	O	O	O	O
15 07	Previous Psychiatric Admission	C	*	*	*	*	*	*	*	*	*
15 08	Referred To	C	*	*	*	*	D	O	O	O	O
15 09	ECT Treatment	C	*	*	*	*	D	O	O	O	O
15 10	Number of ECT Treatments	C	*	*	C	*	*	*	*	*	*
15 12	Education	C	*	*	*	*	D	O	O	O	O
15 13	Employment Status	C	*	*	*	*	D	O	O	O	O
15 14	Financial Support	C	*	*	*	*	D	O	O	O	O
15 15	Legal Status Upon Arrival to Emergency Department (ED)	O	O	O	O	O	N	C	*	C	*



Group and field no.	Field	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
15 16	Legal Status at Admission	O	O	O	O	O	N	C	*	C	*
15 17	Type of Restraint	O	O	O	O	O	N	*	*	*	*
15 18	Frequency of Restraint Use	O	O	O	O	O	N	*	*	*	*
16 01–18 (as of 2015–2016, changed to 16 01–24)	Project Information	C	C, F	C, F	C	*	C	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	N	*	*	*	*
17 09	Cryosupernatant Plasma	O	O	O	O	O	N	*	*	*	*
17 10	Intravenous/Subcutaneous Immune Globulin (IVIG/SCIG)	O	O	O	O	O	N	*	*	*	*
17 11	Fibrinogen	O	O	O	O	O	N	*	*	*	*
17 12	Prothrombin Complex Concentrate (PCC)	O	O	O	O	O	N	*	*	*	*
17 13	Anti-Inhibitor Coagulant (FEIBA)	O	O	O	O	O	N	*	*	*	*
17 14	Antithrombin III	O	O	O	O	O	N	*	*	*	*
17 15	C1 Inhibitor	O	O	O	O	O	N	*	*	*	*
17 16	Protein C/Other Factors	O	O	O	O	O	N	*	*	*	*

Group and field no.	Field	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022	2022–2023
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	*	*	*	*
19 09	Flagged Intervention Count	*	*	*	D	O	O	O	O	O	O
19 25	Flagged Intervention Status	O	O	O	N	*	*	*	*	*	*
20 01	Hip and Knee Prosthesis Information (CJRR) — Joint Identifier	O	O	O	O	O	N	*	*	*	*
20 02	Side	O	O	O	O	O	N	*	*	*	*
20 03	Cement Name	O	O	O	O	O	N	*	*	*	*
20 04	Cement Name Other	O	O	O	O	O	N	*	*	*	*
20 05	Cement Product Number	O	O	O	O	O	N	*	*	*	*
20 06	Cement Lot Number	O	O	O	O	O	N	*	*	*	*
20 07	Component	O	O	O	O	O	N	*	*	*	*
20 08	Manufacturer	O	O	O	O	O	N	*	*	*	*
20 09	Manufacturer Other	O	O	O	O	O	N	*	*	*	*
20 10	Product Number	O	O	O	O	O	N	*	*	*	*
20 11	Lot Number	O	O	O	O	O	N	*	*	*	*

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For more information, please contact CIHI by sending an email to [cad@cihi.ca](mailto:cad@cihi.ca).

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