Accelerated COVID-19 Reporting: NACRS ED and DAD Inpatient Records (British Columbia Health Authorities)

Update (May 15, 2020)

- Revised start and end dates for NACRS ED and DAD inpatient records to be included in each weekly submission from week 2 onward

As communicated in the British Columbia Ministry of Health's memo to the health authorities (HAs) on May 1, 2020 (Appendix A), accelerated reporting of COVID-19 records to the National Ambulatory Care Reporting System (NACRS) and the Discharge Abstract Database (DAD) is to be prioritized. Timelines for accelerated reporting of NACRS and DAD COVID-19 cases are outlined below. The B.C. Ministry of Health and the Canadian Institute for Health Information (CIHI) greatly appreciate your efforts to provide more timely data to help protect the health of people living in B.C.

The ministry's request for accelerated reporting of COVID-19–related records pertains to NACRS emergency department (ED) visits and DAD inpatient discharges and is expected to begin as soon as possible. CIHI can receive this data as soon and as often as necessary to support the HAs. The target is for all COVID-19 cases (confirmed and suspected) up to April 30 to be submitted to CIHI by May 26, and then on a weekly basis after that. A detailed schedule is provided below as a target for data submissions to CIHI. ED visit records are to be submitted to NACRS as Level 2 data submissions and inpatient records as complete DAD records. Both NACRS ED and DAD inpatient submissions can contain COVID-19 records and any other records that are also ready for submission.

Data submission timelines: NACRS ED and DAD inpatient records (COVID-19)

HAs are asked to accelerate their COVID-19 data submissions to NACRS and the DAD by submitting all COVID-19 ED and inpatient records (confirmed and suspected) on a weekly basis, beginning May 26, 2020, or sooner if possible. (See implementation considerations.)

The first NACRS and DAD submissions are due by 11:59 p.m. ET on Tuesday, May 26, 2020.

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The first NACRS ED submission should include all ED visits registered between April 1 and April 30. The second submission is due by 11:59 p.m. ET on Tuesday, June 2, 2020, for ED visits registered up to 3 weeks prior (i.e., May 1 to May 14) and can include any records missed in previous weeks. The target for subsequent submissions is weekly each Tuesday, maintaining a 2-week lag time between ED visit registration date and date reported to CIHI.

The first DAD submission should include all inpatient hospitalizations with a discharge/disposition date between February 1 and April 30. The second submission is due by 11:59 p.m. ET on Tuesday, June 2, 2020, for inpatient hospitalizations with a discharge/disposition date up to 3 weeks prior (i.e., May 1 to May 14) and can include any records missed in previous weeks. The target for subsequent submissions is weekly each Tuesday, maintaining a 2-week lag time between discharge/disposition date and date reported to CIHI.

See Appendix B for the [complete submission schedule](#).

Vendor and hospital testing

As with each new fiscal year, prior to submitting this data, hospitals should

- Confirm that their vendor has successfully completed vendor testing;
- Confirm that their vendor has the ability to submit multiple times within a month without incurring duplicate submission errors; and
- Ensure that their institution/facility information files have been accepted for both NACRS and the DAD.

Hospitals are not required to complete testing in 2020–2021 unless they have had major system changes leading up to April 1, 2020, data submissions.

COVID-19 case coding

For NACRS ED and DAD inpatient records, suspected and confirmed COVID-19 cases should be coded to one of the following:

- U07.1   *Emergency use of U07.1 (COVID-19, virus identified)*
- U07.2   *Emergency use of U07.2 (COVID-19, virus not identified)* (i.e., suspected COVID-19)

Consistent with current NACRS and DAD coding classifications used in B.C., the Canadian Emergency Department Diagnosis Shortlist (CED-DxS) should be used for NACRS ED records, and the ICD-10-CA coding classification should be used for DAD inpatient records.

For ICD-10-CA coding directives for confirmed and suspected COVID-19 cases and for additional details, refer to these CIHI bulletins:

- [ICD-10-CA Coding Direction for Confirmed COVID-19 Cases](#) (February 24, 2020)
- [ICD-10-CA Coding Direction for Suspected COVID-19 Cases](#) (March 26, 2020)
- [ICD-10-CA Coding Direction for COVID-19 in Obstetrics, and Updates on the Use of COVID-19 Laboratory Test Results](#) (April 30, 2020)

Implementation considerations

The Ministry of Health and CIHI understand that some HAs may not be able to meet these accelerated COVID-19 data submission timelines, occasionally or on an ongoing basis. CIHI will allow for flexibility (e.g., records missed in one period can be submitted in the next or another future period) and provide support where possible.

To ensure the accelerated submission of these records, HAs will need to implement processes to identify COVID-19 cases as they present in the ED or are discharged from hospital. Clear clinical documentation is essential for identification of COVID-19 cases, and HAs should emphasize the need for timely and clear documentation with their clinical staff.

Support

Please submit questions related to NACRS and DAD data collection and submissions via the [eQuery tool](#). Indicate "COVID-19 Reporting" in the title for assistance with the following:

- Coding COVID-19 cases: Select **Classifications Coding**; and
- Abstracting and submitting COVID-19 cases: Select **Inpatient/ambulatory abstracting and education (DAD and NACRS)**.

Submit questions related to the CED-DxS to nacrspicklists@cihi.ca.

CIHI will be hosting web conferences prior to the first submission deadline to support HAs with this accelerated reporting initiative. Details will follow.

How to cite this document:

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Appendix A: Memo from the B.C. Ministry of Health

May 1, 2020

Colleagues,

The need for timely and recent key data to enable pandemic related modelling and research is now urgent. To this end, with immediate effect the Canadian Institute of Health Information (CIHI) will be providing the Ministry of Health with weekly extracts of the Discharge Abstract Database and the National Ambulatory Care Reporting System.

Please note that because the urgency relates to data of cases of COVID-19, these cases in acute care and emergency departments are now to be prioritized in your case-coding work. This will enable these cases to be included in the weekly CIHI data extract and for use by us all in our related modelling and research work.

In recent consultations with coding teams no significant barriers or consequences emerged from the prioritizing the coding of Covid-19 cases in acute care and emergency departments. However, if this is not the case for your health authority please let me know as soon as possible.

Thank you. Martin.

Martin Wright
Assistant Deputy Minister
Health Sector Information, Analysis and Reporting
BC Ministry of Health
778-698-5109

Appendix B: COVID-19 NACRS and DAD submission schedules

Table B1 COVID-19 NACRS and DAD weekly submission schedule

Week	Submission due date	NACRS ED records to be included in submission		DAD inpatient records to be included in submission	
		Start	End	Start	End
Week 1	26-May-2020	01-Apr-2020*	30-Apr-2020*	01-Feb-2020*	30-Apr-2020*
Week 2	02-Jun-2020	01-May-2020*	14-May-2020*	‡	§
Week 3	09-Jun-2020	15-May-2020	28-May-2020	‡	§
Week 4	16-Jun-2020	29-May-2020	04-Jun-2020	‡	§
Week 5	23-Jun-2020	05-Jun-2020	11-Jun-2020	‡	§
Week 6	30-Jun-2020	12-Jun-2020	18-Jun-2020	‡	§
Week 7	07-Jul-2020	19-Jun-2020	25-Jun-2020	‡	§
Week 8	14-Jul-2020	26-Jun-2020	02-Jul-2020	‡	§
Week 9	21-Jul-2020	03-Jul-2020	09-Jul-2020	‡	§
Week 10	28-Jul-2020	10-Jul-2020	16-Jul-2020	‡	§
Week 11	04-Aug-2020	17-Jul-2020	23-Jul-2020	‡	§
Week 12	11-Aug-2020	24-Jul-2020	30-Jul-2020	‡	§
Week 13	18-Aug-2020	31-Jul-2020	06-Aug-2020	‡	§
Week 14	25-Aug-2020	07-Aug-2020	13-Aug-2020	‡	§
Week 15	01-Sep-2020	14-Aug-2020	20-Aug-2020	‡	§
Week 16	08-Sep-2020	21-Aug-2020	27-Aug-2020	‡	§
Week 17	15-Sep-2020	28-Aug-2020	03-Sep-2020	‡	§
Week 18	22-Sep-2020	04-Sep-2020	10-Sep-2020	‡	§
Week 19	29-Sep-2020	11-Sep-2020	17-Sep-2020	‡	§
Week 20	06-Oct-2020	18-Sep-2020	24-Sep-2020	‡	§
Week 21	13-Oct-2020	25-Sep-2020	01-Oct-2020	‡	§
Week 22	20-Oct-2020	02-Oct-2020	08-Oct-2020	‡	§

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Week	Submission due date	NACRS ED records to be included in submission		DAD inpatient records to be included in submission	
		Start	End	Start	End
Week 23	27-Oct-2020	09-Oct-2020	15-Oct-2020	‡	§
Week 24	03-Nov-2020	16-Oct-2020	22-Oct-2020	‡	§
Week 25	10-Nov-2020	23-Oct-2020	29-Oct-2020	‡	§
Week 26	17-Nov-2020	30-Oct-2020	05-Nov-2020	‡	§
Week 27	24-Nov-2020	06-Nov-2020	12-Nov-2020	‡	§
Week 28	01-Dec-2020	13-Nov-2020	19-Nov-2020	‡	§
Week 29	08-Dec-2020	20-Nov-2020	26-Nov-2020	‡	§
Week 30	15-Dec-2020	27-Nov-2020	03-Dec-2020	‡	§
Week 31	22-Dec-2020	04-Dec-2020	10-Dec-2020	‡	§
Week 32	29-Dec-2020†	11-Dec-2020	17-Dec-2020	‡	§
Week 33	05-Jan-2021	18-Dec-2020	24-Dec-2020	‡	§
Week 34	12-Jan-2021	25-Dec-2020	31-Dec-2020	‡	§
Week 35	19-Jan-2021	01-Jan-2021	07-Jan-2021	‡	§
Week 36	26-Jan-2021	08-Jan-2021	14-Jan-2021	‡	§
Week 37	02-Feb-2021	15-Jan-2021	21-Jan-2021	‡	§
Week 38	09-Feb-2021	22-Jan-2021	28-Jan-2021	‡	§
Week 39	16-Feb-2021	29-Jan-2021	04-Feb-2021	‡	§
Week 40	23-Feb-2021	05-Feb-2021	11-Feb-2021	‡	§
Week 41	02-Mar-2021	12-Feb-2021	18-Feb-2021	‡	§
Week 42	09-Mar-2021	19-Feb-2021	25-Feb-2021	‡	§
Week 43	16-Mar-2021	26-Feb-2021	04-Mar-2021	‡	§
Week 44	23-Mar-2021	05-Mar-2021	11-Mar-2021	‡	§
Week 45	30-Mar-2021	12-Mar-2021	18-Mar-2021	‡	§
Week 46	06-Apr-2021	19-Mar-2021	25-Mar-2021	‡	§
Week 47	13-Apr-2021	26-Mar-2021	31-Mar-2021	‡	§

Notes

*   Non-standard submission date range.

†   As the CIHI offices are closed December 29, 2020, this submission can be delayed until January 7, 2021.

‡   Same as NACRS ED start date.

§   Same as NACRS ED end date.

Appendix C: Minimum data elements to be reported weekly for COVID-19 cases

The tables below list the minimum data elements required for weekly reporting of NACRS ED and DAD inpatient records related to COVID-19 cases.

The following table presents the minimum data elements required in a Level 2 NACRS ED submission to CIHI.

Table C1 Minimum NACRS ED data elements to be reported weekly for COVID-19 cases

Data element number	Data element name
00A	Reporting Facility's Province/Territory
00B	Reporting Facility Ambulatory Care Number
00C	Submission Fiscal Year
00D	Submission Period
00E	Abstract Identification Number
00F	Coder Number
01	Chart Number
02	Health Care Number
03	Province/Territory Issuing Health Care Number
04	Responsibility for Payment
05	Postal Code
07	Gender
08	Birth Date
09	Birth Date Is Estimated (M*)
13	Visit MIS Functional Centre Account Code
14	Admit Via Ambulance
24/25	Triage Date/Time (M*)
26	Triage Level (CTAS) (M*)
27/28	Date/Time of Registration/Visit

Data element number	Data element name
29/30	Date/Time of Physician Initial Assessment (M*)
35	Visit Disposition
40/41/42	Provider Type/Provider Service/Provider Number (M*)
114/115	Disposition Date/Time
116/117	Date/Time Patient Left Emergency Department (ED) (M*)
122	Clinical Decision Unit Flag (M*)
123/124	Clinical Decision Unit Date/Time In (M*)
125/126	Clinical Decision Unit Date/Time Out (M*)
128	Submission Level Code
136	Presenting Complaint List
137	ED Discharge Diagnosis
139	ED Visit Indicator

Note
M*: Conditional Mandatory — Completion of data element is mandatory depending on completion
of other data elements or jurisdictional directives. Refer to the *NACRS Abstracting Manual* for details.

The following table presents the minimum data elements required for a DAD inpatient submission to CIHI.

Table C2 Minimum DAD inpatient data elements to be
reported weekly for COVID-19 cases

Data element group/field	Data element name
01/01	Institution Number
01/02–05	Batch Count/Year/Period/Number
01/06	Abstract Number
01/08	Coder Number
01/09	Chart Number
03/01	Health Care Number
03/02	Postal Code
03/04	Gender

Data element group/field	Data element name
03/05	Province/Territory Issuing Health Care Number
03/06	Responsibility for Payment
03/08	Birth Date
03/09	Birth Date Is Estimated (M*)
03/11–27	Provincial/Territorial Ancillary Data (M*)
04/01–02	Admission Date/Time
04/04	Institution From (M*)
04/05	Admit Category
04/06	Entry Code
04/07	Admit Via Ambulance
04/13–14	Date/Time Patient Left ED
05/01–02	Discharge Date/Time
05/04	Institution To (M*)
05/05	Discharge Disposition
07/01	Main Patient Service
08/01	Service Transfer Service (M*)
08/03	Service Transfer Days (M*)
09/01	Provider Type
09/02–03	Provider Number/Service (M*)
10/01	Diagnosis Prefix (M*)
10/02	Diagnosis Code
10/03	Diagnosis Cluster (M*)
10/04	Diagnosis Type
11/01, 17	Intervention Episode Start Date/Time (M*)
11/02	Intervention Code (M*)
11/03–05	Attributes: Status/Location/Extent (M*)
11/06	Intervention Provider Number (O)

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Data element group/field	Data element name
11/07	Intervention Provider Service (M*)
11/10	Intervention Location Code (M*)
11/11	Anaesthetist (M*)
11/12	Anaesthetic Technique (M*)
11/13	Out of Hospital Indicator (M*)
11/14	Out of Hospital Institution Number (M*)
11/15	Unplanned Return to Intervention Location (M*)
11/16	Died During Intervention (M*)
11/18–19	Intervention Episode End Date/Time (M*)
11/20	Intervention Pre-Admit Flag (M*)
13/01	Special Care Unit Death Indicator (M*)
13/02	SCU Number (M*)
13/03–04	SCU Admit Date/Time (M*)
13/05–06	SCU Discharge Date/Time (M*)
13/09	Glasgow Coma Scale (M*)
17/01	Blood Transfusion Indicator

Notes

M*: Conditional Mandatory — Completion of data element is mandatory depending on completion of other data elements or jurisdictional directives. Refer to the *DAD Abstracting Manual* for details.
O: Optional — Completion of data element is recommended when information is available. Refer to the *DAD Abstracting Manual* for details.