Discharge Abstracts Database (Hospital Separations)

Date range: April 1, 1985 onward

Includes discharges, transfers and deaths of in-patients from acute care hospitals in BC, including day surgeries. Fields are available in all years unless otherwise noted. Note: Files are grouped into fiscal years by separation date, not the date of admission.

All available variables

Name	Core/Non-Core	Description
(SPECIAL REQUEST) Additional HealthIdeas fields	Non-Core	Age in Years. This field represents the patient's age in years.

Admission related

Name	Core/Non-Core	Description
BC hospital number *	Core	BC hospital number* is a unique three-digit number indicating the facility submitting the abstract. HOSPITAL CODES IN THIS FIELD HAVE BEEN REPLACED BY PROJECT-SPECIFIC ID NUMBERS.
BC hospital number (unencrypted)	Non-Core	BC hospital number is a unique three-digit number identifying the facility submitting the abstract.
Hospital size	Core	Hospital Size is a one digit numeric code that groups hospitals according to their bed capacity.
Institution number for out of province facilities*	Core	Institution Number for Out of Province (OOP) Facilities. HOSPITAL CODES IN THIS FIELD HAVE BEEN REPLACED BY PROJECT-SPECIFIC ID NUMBERS.
Institution number for out of province (OOP) facilities	Non-Core	Institution Number for Out of Province (OOP) Facilities.
Private hospital number*	Core	The Private Hospital Number field is a facility identifier for BC private clinics. HOSPITAL CODES IN THIS FIELD HAVE BEEN REPLACED BY PROJECT-SPECIFIC ID NUMBERS.
Private hospital number	Non-Core	The Private Hospital Number field is a facility identifier for BC private clinics.
Province code (location of hospital)	Core	Province Code (Location of Hospital) identifies the province or territory of patient hospitalization.
Resident indicator	Core	Resident Indicator denotes whether the patient is a British Columbia (BC) resident or from out of province.
Province issuing health care number	Core	Province issuing Health Care Number (HCN). This field denotes the province (or territory) issuing the patient HCN.
Responsibility for payment	Core	The Responsibility for Payment field indicates the party responsible for a patient's hospitalization payment.
Third party liability form	Core	Third Party Liability Form. This field indicates when a third party liability form (HIA-14) has been prepared for the recovery of health care costs by the Ministry of Health.
Level of care	Core	Level of Care indicates the level of care provided to the patient (e.g., Acute Care, Day Surgery).
Admission date	Core	Admission Date. The calendar date that the patient was formally admitted as a patient to the facility.
Admission time	Core	Admission Time. The time of day the patient was admitted to the facility.
Admission category	Core	Admission Category indicates the urgency of the admission (e.g., elective, emergency).
Entry code	Core	Entry Code indicates the patient's type or mode of entry to a facility.
Readmission code	Core	Readmission Code denotes a readmission to the acute care unit of the same reporting facility.
Emergency department registration date	Core	Emergency Department Registration Date indicates the calendar date that the patient was registered in the Emergency Department.
Emergency department registration time	Core	Emergency Department Registration Time indicates the time that the patient was registered in the Emergency Department.
Emergency room (ER) time	Core	Time spent in Emergency (in hours) from the time the decision to admit was made until the patient left for an inpatient bed.
Special Care Unit (SCU) admit date [1-6]	Core	Date of admission to the Special Care Unit (SCU).
Special Care Unit (SCU) admit time [1-6]	Core	Indicates the time of admissions to the Special Care Unit (SCU).
Ambulance flag	Core	Ambulance Type/Code indicates whether or not a patient was brought to the facility by ambulance and the type of ambulance used.

Admission transfer codes

Name	Core/Non-Core	Description
BC hospital number transferred from *	Core	BC Hospital Number Transferred From*. Identifies the hospital a patient was transferred from when they require further treatment. HOSPITAL CODES IN THIS FIELD HAVE BEEN REPLACED BY PROJECT-SPECIFIC ID NUMBERS.
BC hospital number transferred from (unencrypted)	Non-Core	BC Hospital Number Transferred From. Identifies the hospital a patient was transferred from when they require further treatment.
Level of care transferred from	Core	Level of Care Transferred From. Indicates the level of care a patient was transferred from, based on Canadian Institute for Health Information (CIHI) codes.
BC care level transferred from	Core	BC Care Level Transferred From. BC transfer level codes indicating the care level transferred from.

Discharge related

Name	Core/Non-Core	Description
Discharge (separation) date	Core	Discharge (Separation) Date. The date that the patient was discharged (separated) from the hospital or facility.
Discharge (separation) time	Core	Discharge (Separation) Time. Represents the time of day the patient was discharged from the facility.
Left Emergency Room (ER) date	Core	Left Emergency Room (ER) Date.
Left Emergency Room (ER) time	Core	Left Emergency Room (ER) Time.
Special Care Unit (SCU) discharge date [1-6]	Core	Date of discharge from the Special Care Unit (SCU).
Special Care Unit (SCU) discharge time [1-6]	Core	Indicates the time of discharge from the Special Care Unit (SCU).

Exit and death codes

Name	Core/Non-Core	Description
Discharge (separation) disposition	Core	Discharge (Separation) Disposition refers to the status of patient upon leaving hospital (includes death status).
Exit code	Core	The Exit Code indicates the type of discharge from the hospital.
Death code	Core	Death Code. Indicates circumstances of patient's death.
Autopsy	Core	Autopsy. A flag to indicate if an autopsy was performed.
Coroner	Core	Coroner. Indicates if a Coroner/Medical Examiner was involved following a patient death.
Death in operating room (OR) indicator	Core	Death in OR Indicator. A flag to indicate that the patient's death occurred in an operating room/intervention location or during recovery in the post-anaesthetic recovery room.
Supplemental death code	Core	Supplemental Death Code identifies the type of patient's death other than an operative death.
Death in special care unit (SCU) indicator	Core	The Special Care Unit (SCU) Death Indicator is a flag to indicate death in a Special Care Unit.

Discharge transfer codes

Name	Core/Non-Core	Description
BC hospital number transferred to *	Core	The Transferred to Hospital Code identifies the hospital a patient was transferred to when they require further treatment. HOSPITAL CODES IN THIS FIELD HAVE BEEN REPLACED BY PROJECT-SPECIFIC ID NUMBERS.
BC hospital number transferred to (unencrypted)	Non-Core	The Transferred to Hospital Code identifies the hospital a patient was transferred to when they require further treatment.
Level of care transferred to	Core	Level of Care Transferred To. This code identifies the level of care a patient was transferred to.
BC care level transferred to	Core	BC Care Level Transferred To. BC transfer level codes indicating the level of care a patient was transferred to.
Long term care (LTC) assessment code	Core	The Long Term Care (LTC) Assessment Code field indicates the last level of LTC assessment for patients occupying acute care beds.
Long term care assessment for Discharge Planning Unit (DPU) code	Core	Long Term Care assessment for Discharge Planning Unit (DPU) code indicates the last level of Long Term Care (LTC) assessment for DPU patients only.
Ventilated on discharge flag	Core	Ventilated on Discharge Flag indicates that the patient was ventilated on discharge from the reporting facility.

Length of stay indicators

Name	Core/Non-Core	Description

Total length of stay	Core	Total Length of Stay represents the total number of days the patient was hospitalized from admission to discharge.
Length of stay (group 1)	Core	Length of Stay Group 1 field groups the total number of days from admission to discharge into 21 divisions.
Length of stay (group 2)	Core	Length of Stay Group 2 field groups the total number of days from admission to discharge into 12 divisions.

Stay by level of care / services

Name	Core/Non-Core	Description
Alternate Level of Care (ALC) days	Core	Alternate Level of Care (ALC) Days identifies the number of ALC days as a portion of the total days of a patient's hospitalization. An ALC patient is one who has finished the acute care phase of treatment but remains in an acute care bed waiting placement in an extended care unit, nursing home, home care program, etc.
Acute/rehab days	Core	Acute/Rehab Days is a BC Ministry of Health calculated value for the number of days spent in Acute and Rehab levels only.
Rehabilitation days	Core	Rehabilitation Days indicates the number of days a patient spent in the rehabilitation care unit in an Acute Care Hospital.
Service transfer days [1-3]	Core	Service Transfer Days [1-3] indicates the number of days associated with a patient service which is not determined to be the main patient service.
In-hospital service transfer service [1-3]	Core	In-hospital Service Transfers. Identifies services, in addition to the main patient service (service most responsible for the care of the patient), that the patient received as part of his/her hospital stay.

Stay by hospital unit type

Intensive Care Unit Days captures the total number of days spent in all Special Care Units during a hospital stay. The subsequent ICU days fields refer to stays in specific units (e.g., Medical ICU days). For stays relating to births, see the Newborn/Maternal data field section.

Name	Core/Non-Core	Description
Intensive care unit (ICU) days	Core	Intensive Care Unit (ICU) Days indicates the total number of days spent in all Special Care Units (SCU) during the patients hospital stay.
Special Care Unit (SCU) days [1-6]	Core	The Special Care Unit (SCU) Days indicates the number of days spent in each Special Care Unit (up to 6 units; SCU1DAYS-SCU6DAYS).
Special Care Unit (SCU) [1-6]	Core	Indicates the Special Care Unit (SCU).
Special Care Unit (SCU) hours [1-6]	Core	The number of hours spent by the patient in the SCU.
Special Care Unit (SCU) length of stay	Core	The total number of hours the patient was treated in all Special Care Units.
Undefined ICU days	Core	Undefined Intensive Care Unit (ICU) Days captures all unknown Special Care Unit days so that the total of all Special Care Unit days equals total ICU days (ICUDAYS).
Medical ICU days	Core	Medical Intensive Care Unit (ICU) Days indicates the number of days spent in a medical intensive care nursing unit.
Surgical ICU days	Core	Surgical Intensive Care Unit (ICU) Days indicates the number of days spent in the Surgical Intensive Care Nursing Unit.
Combined Medical/Surgical ICU days	Core	Combined Medical/Surgical Intensive Care Nursing Unit Days. The number of days spent in combined Medical/Surgical Intensive Care Nursing Unit.
Neurosurgery ICU days	Core	Neurosurgery ICU Days. Indicates the number of days spent in the Neurosurgery Intensive Care Nursing Unit.
Paediatric ICU days	Core	Paediatric Intensive Care Unit (ICU) Days indicates the number of days spent in the pediatric intensive care nursing unit.
Respirology ICU days	Core	The Respirology Intensive Care Unit (ICU) Days field indicates the number of days spent in Respirology Intensive Care Nursing Unit.
Burn ICU days	Core	Burn ICU Days. Number of days spent in a Burn Intensive Care Nursing Unit.
Cardiac ICU days	Core	Cardiac ICU Days. Number of days spent in a Cardiac Intensive Care Nursing Unit.
Trauma ICU days	Core	Trauma Intensive Care Unit (ICU) days indicates the number of days spent in the Trauma Intensive Care Nursing Unit.
Coronary Care Unit days	Core	Coronary Intensive Care Unit (CCU) Days. Indicates the number of days spent in the Coronary Intensive Care Nursing Unit (CCU).
Step-down Medical Unit days	Core	Step-down Medical Unit Days indicates the number of days spent in the Step-down Medical Unit.
Step-down Surgical Unit days	Core	Step-down Surgical Unit Days indicates the number of days spent in the Step-down Surgical Unit.
Combined Medical/Surgical Step Down Unit Days	Core	Combined Medical/Surgical Step Down Unit Days.
Chronic behaviour disorder (CBD) unit days	Core	Chronic Behaviour Disorder (CBD) Unit Days. The number of days associated with a CBD Unit.
Discharge planning unit (DPU) days	Core	Discharge Planning Unit (DPU) Days is the number of days the patient spent in the discharge planning unit.

Patient diagnosis

Diagnosis coding was done using ICD-9-CA codes until fiscal 2000/2001. From fiscal 2001/2002 onwards, diagnosis was coded using ICD-10-CA codes. There is a cross-over period in 2001/2002 with a small percentage of records still being coded using ICD-9-CA (and a fractional number in 2002/2003). The 'Coding Classification Indicator' field below indicates which system was used for the coding.

Name	Core/Non-Core	Description
Diagnosis type [max of 16 for 85/86 - 00/01; 25 for 01/02 onward]	Core	Diagnosis Type is a code which determines the relationship of the Diagnosis (ICD10-CA Diagnosis) to the patient's hospitalization.
Coding classification indicator	Core	Coding Classification Indicator. A code which identifies the classification system used for recording Diagnoses and Procedures (i.e. ICD9/CCP vs ICD10CA/CCI).

ICD-10-CA diagnosis coding

Please note that when requesting diagnosis codes, the field diagnosis type should be requested as well.

Name	Core/Non-Core	Description
Diagnosis codes (ICD10-CA) [1-25]	Core	Diagnosis codes (ICD-10-CA)[1-25].
Diagnosis prefix (ICD-10-CA) [1-25]	Core	A code which further distinguishes the Most Responsible ICD Diagnosis or refers to a facility defined expansion.
Diagnosis cluster [1-25]	Core	Diagnosis Cluster [1-25]. Uses alphabetic characters to associate two or more diagnoses codes (ICD-10_CA).
Diagnostic Short Codes	Core	Diagnostic Short Codes (DSC) are a diagnostic grouping system based on the primary ICD10-CA diagnostic code.
Injury code (ICD-10-CA; S00 to T98)	Core	Injury code (ICD-10-CA ; S00 to T98). Identifies the first ICD10-CA injury code on a record (if applicable) in the range S00 to T98.
First ICD10-CA E-code (cause of injury)	Core	First ICD10-CA E-Code (Cause of Injury). The first occurrence of an ICD-10-CA Diagnostic Code (DIAGX1-25) that is an E-code (i.e., indicating a cause of injury).
Place of Injury	Core	The Place of Injury field is the first occurrence of an ICD10-CA diagnostic code (DIAGX1-25) indicating a place of injury.
Glasgow Coma Scale	Core	Glasgow Coma Scale reported if the Most Responsible Diagnosis is in range of S06.0 to S06.9 (head injury) and the age is > 3 years of age.

ICD-9 diagnosis coding

Note: From 2001/02, barring a few exceptions indicated by the 'Coding Classification indicator' above, coding was done using ICD-10-CA coding. The fields for ICD-9-CA codes were converted back from the ICD-10-CA codes from 2001/02 until 2006/2007.

Name	Core/Non-Core	Description
Diagnosis codes (ICD-9) [1-16 fields for 85/86 - 00/01; 1-25 for 01/02-06/07]	Core	Diagnosis codes (ICD-9) [1-16 fields for 85/86 - 00/01; 1-25 for 01/02 onward].
Diagnosis class codes	Core	Diagnosis Class. Groups principal diagnoses (ICD-9) into broad sub-categories.
Diagnostic short list (DSL) codes	Core	Diagnostic Short List (DSL). A diagnostic grouping system based on the primary ICD-9 diagnostic code.
Pre-admit co-morbidity (diagnosis 2)	Core	Pre-admit Co-morbidity (Diagnosis 2) indicates a condition arising at the beginning of the hospital's observation and/or treatment which influences the patient's length of stay and/or significantly influences the management/treatment of the patient while in hospital.
Injury code (ICD-9; 800-999)	Core	Injury Code (ICD-9; 800-999). Identifies the first ICD-9 injury code on a record (if applicable) in the range 800-999.
First ICD-9 E-code (cause of injury)	Core	First ICD-9 E-code (Cause of Injury). This is the first occurrence of an ICD-9 Diagnostic Code that is an E-code (i.e., beginning with an E; except E849) indicating a cause of injury code.
Second ICD-9 E-code (cause of injury)	Core	Second ICD-9 E-code (Cause of Injury). This is the second occurrence of an ICD-9 Diagnostic Code that is an E-code (i.e., beginning with an E; except E849) indicating a cause of injury code.

Patient service data

Procedure coding was done using Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures (CCP) codes until fiscal 2000/2001. From fiscal 2001/2002 onwards, procedures were coded using Canadian Classification of Health (CCI) codes and referred to as 'interventions'. There is a cross-over period in 2001/2002 with a small percentage of records still being coded using CCP (and a fractional number in 2002/2003). The 'Coding Classification Indicator' above (under patient diagnosis) indicates which system was used for the coding.

Procedure or intervention dates and times

Name	Core/Non-Core	Description
Procedure on admission day flag	Core	Procedure on Admission Day Flag indicates that an intervention (not necessarily surgery) was performed on the day of admission.

Procedure/intervention date [max of 12 fields for 85/86-00/01; 20 for 01/02 -08/09]	Core	Intervention Episode End Date.
Intervention episode start date [1-20]	Core	Intervention Episode Start Date. Indicates the date on which the intervention episode began.
Intervention episode start time [1-20]	Core	Intervention Episode Start Time. Indicates the time at which the intervention episode started.
Intervention episode end date [1-20]	Core	Intervention Episode End Date.
Intervention episode end time [1-20]	Core	Intervention Episode End Time.
Intervention episode duration [1-20]	Core	Intervention Episode Duration represents the length of time, in minutes, that it took to perform the associated intervention episode.

Intervention related (using CCI codes)

Name	Core/Non-Core	Description
Intervention code (CCI) [1-20]	Core	Intervention Code (CCI). Identifies an intervention that is performed during the patient's stay. Must be a valid Canadian Classification of Health Interventions (CCI) code.
Anaesthetic code [1-20]	Core	Anaesthetic Code. Indicates the type of anaesthesia used during an intervention/procedure.
Intervention episode number [1-20]	Core	Episode intervention numbers 1-20 to correspond with Interventions 1-20.
Sequence within episode number [1-20]	Core	Sequence within episode numbers 1-20 for Intervention 1-20.
Intervention status attribute (CCI) [1-20]	Core	Intervention Status Attribute (CCI) denotes the circumstances under which the intervention was performed (e.g., revision, abandoned after onset, delayed, staged, initial, routine).
Intervention location attribute (CCI) [1-20]	Core	Intervention Location Attribute (CCI) denotes details on the anatomical location or laterality (e.g., right, left) of the intervention.
Intervention extent attribute (CCI) [1-20]	Core	Intervention Extent Attribute (CCI) denotes quantitative information about the intervention (e.g., number of teeth, length of laceration repaired in centimeters).
Intervention Short List	Core	Intervention Short List represents groupings based on primary Canadian Classification of Health Interventions (CCI) codes.
Intervention began pre-admission flag [1-20]	Core	Intervention Began Pre-Admission Flag indicates if the intervention was started prior to admission.
Intervention unplanned return to OR flag [1-20]	Core	Intervention Unplanned Return to OR (Operating Room) Flag. Indicates whether a patient returned to the OR for an unexpected subsequent intervention during the current hospitalization.
Out of Hospital (OOH) intervention flag [1-20]	Core	Out of Hospital (OOH) Intervention Flag. Indicates whether the associated intervention was performed Out Of Hospital.
Out of Hospital (OOH) intervention [1-20]	Core	Out of Hospital (OOH) Intervention. Indicates Canadian Classification of Health Intervention (CCI) codes for OOH interventions.
Out of Hospital (OOH) intervention Institution [1-20]	Core	Out of Hospital (OOH) Intervention Institution represents the facility number where the OOH intervention was performed.
Surgical case flag	Core	Surgical Case Flag, Version 2. A flag to indicate surgical cases (version 2).
Intervention Location (ILOC) [1-20]	Core	Code denoting the location where the Intervention was performed.

Procedure related (using CCP codes)

Note: Until 2000/2001 all procedure coding was done using CCP coding. From 2001/2002, barring a few exceptions indicated by the 'Code Classification Indicator' above, procedure coding was done using CCI coding. The CPP codes were created by converting back from the CCI codes from 2001/02 until 2006/2007.

Name	Core/Non-Core	Description
Procedure code (CCP) [max of 12 fields for 85/86-00/01; 20 for 01/02 -06/07]	Core	Procedure Code (CCP). Indicate an operative or non-operative procedure performed during the patient's hospital stay.
Anaesthetic Code [1-12]	Core	Anaesthetic Code. Indicates the type of anaesthesia used during an intervention/procedure.
Operation group 1	Core	Operation Group 1. Groups procedures based on the first procedure code. Groupings are based on the first 2 digits of the Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures (CCP) codes.
Operation group 2	Core	Operation Group 2. Groups procedures based on the second procedure code. Groupings are based on the first 2 digits of the Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures (CCP) codes.
Operation group 3	Core	Operation Group 3. Groups procedures based on the third procedure code. Groupings are based on the first 2 digits of the Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures (CCP) codes.
Procedure short list	Core	Procedure Short List is a grouping system based on Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures (CCP) intervention codes.
Converted Out of Hospital intervention [1-20]	Core	[See OOHPROC1 description.]

Service provider related

Name	Core/Non-Core	Description
Provider [1] *	Core	Provider (fee-for-service physician, surgeon, dentist, oral surgeon, midwife or nurse practitioner) who provided care for the patient's care during hospitalization. Up to 8 recorded. PRACTITIONER IDS IN THIS FIELD HAVE BEEN REPLACED BY PROJECT-SPECIFIC ID NUMBERS.
(SPECIAL REQUEST) Provider [1]	Non-Core	Provider (fee-for-service physician, surgeon, dentist, oral surgeon, midwife or nurse practitioner) who provided care for the patient's care during hospitalization. Up to 8 recorded.
Provider [2-8] *	Core	Provider (fee-for-service physician, surgeon, dentist, oral surgeon, midwife or nurse practitioner) who provided care for the patient's care during hospitalization. Up to 8 recorded. PRACTITIONER IDS IN THIS FIELD HAVE BEEN REPLACED BY PROJECT-SPECIFIC ID NUMBERS.
(SPECIAL REQUEST) Provider [2-8]	Non-Core	Provider (fee-for-service physician, surgeon, dentist, oral surgeon, midwife or nurse practitioner) who provided care for the patient's care during hospitalization. Up to 8 recorded.
Provider service [1]	Core	A code which identifies the Training or Specialty of the health care professional who provided care to the patient during hospitalization.
Provider service [2-8]	Core	A code which identifies the Training or Specialty of the health care professional who provided care to the patient during hospitalization.
Provider type [1-8]	Core	A code which identifies the role of the Provider responsible for the care of the patient during hospitalization.
Intervention provider (procedure surgeon) *	Core	Intervention Provider (Procedure Surgeon) fields identify the surgeon associated with an intervention/procedure. PHYSICIAN CODES IN THIS FIELD HAVE BEEN REPLACED BY PROJECT-SPECIFIC ID NUMBERS.
(SPECIAL REQUEST) Intervention provider (procedure surgeon)	Non-Core	Intervention Provider (Procedure Surgeon) fields identify the surgeon associated with a procedure.
Intervention provider service	Core	Intervention Provider's Service fields indicate the level of training or the specialty of the health care provider associated with an intervention.
Intervention (procedure) anaesthetist *	Core	The Procedure Anaesthetists fields identify the anaesthetist associated with the performed intervention. PHYSICIAN NUMBERS IN THIS FIELD HAVE BEEN REPLACED BY PROJECT-SPECIFIC ID NUMBERS.
(SPECIAL REQUEST) Intervention (procedure) anaesthetist	Non-Core	Intervention (Procedure) Anaesthetist fields identify the anaesthetist associated with the performed intervention.

Patient treatment related

Name	Core/Non-Core	Description
Main patient service	Core	Main Patient Service indicates the hospital-assigned service most responsible for the care of the patient. It is based on the most responsible diagnosis code and is not necessarily the first service that the patient was assigned to.
Patient service group	Core	Patient Service Group is a grouping based on main patient service (PATSERV), age in years (AGEYRS) and the first 2 digits of the first Canadian Classification of Diagnostic, Therapeutic, and Surgical Procedures (CCP) procedure code (PROC1).
Operative/non-operative code	Core	Operative Non-Operative Code indicates if a record contains single/multiple diagnosis with or without operative procedures. An operative procedure (usually) takes place in the operating room.
Occupational therapy	Core	Occupational Therapy. A flag to indicate whether the patient received occupational therapy.
Physiotherapy	Core	Physiotherapy. A flag to indicate if the patient received physical therapy treatment.
Speech therapy	Core	Speech Therapy. A flag to indicate whether the patient received speech therapy.
Respiratory therapy	Core	The Respiratory Therapy. A flag to indicate whether the patient received respiratory therapy.
Ventilated hours	Core	Ventilation Hours indicates the total number of ventilated hours.
Ventilation indicator	Core	Ventilation Indicator indicates when Ventilation Hours (venthours) calculation may be incomplete.
Tertiary code 1	Core	Tertiary Code 1 is a field indicating a specialized and complex service carried out in a hospital authorized to provide this service.
Tertiary code 2	Core	Tertiary Code 2 is a field indicating a tertiary service was carried out in a hospital which has not been officially authorized to have a tertiary unit, yet is providing tertiary services.

Canadian Institute for Health Information (CIHI) Case Mix Groups

In 2001/2002, coding in ICD-10-CA/CCI was initiated in BC. Since ICD-9/CCP and ICD-10-CA/CCI cannot be fully translated, a different mix of cases may be represented within each CMG before and after the switch to ICD-10-CA/CCI.

CIHI CMG with complexity grouper variables/day procedure groups

CIHI CMG methodologies categorize patients into statistically and clinically homogeneous groups based on the collection of clinical and administrative data. These are based on the ICD-9 coding system and apply to records from 1991/92 to 2000/01.

Name	Core/Non-Core	Description
CIHI case mix group (CMG)	Core	The Case Mix Group (CMG) assigned to the record based on the Canadian Institute for Health Information (CIHI) complexity group methodology.
CIHI major clinical category (MCC)	Core	The Major Clinical Category designating the body system assigned to the record based on the CIHI complexity grouping methodology.
CIHI CMG age category	Core	The Age Category assigned to the record based on the CIHI complexity grouping methodology. Age can be a factor in assigning complexity values.
CIHI CMG complexity grade list indicator	Core	This code determines the grade list used based on the the CIHI complexity grouping methodology.
CIHI CMG complexity/co-morbidity level	Core	The Complexity Level assigned to the record based on the CIHI complexity grouping methodology.
CIHI expected length of stay (ELOS)	Core	Canadian Institute of Health Information (CIHI) Expected Length of Stay (ELOS). ELOS is the average acute length of stay in hospital for patients with the same CMG, age category, comorbidity level and intervention factors.
CIHI resource intensity weighting (RIW) value	Core	Canadian Institute of Health Information (CIHI) Resource Intensity Weighting (RIW) Value.
CIHI resource intensity weighting (RIW) exclusion indicator/atypical code	Core	Canadian Institute for Health Information (CIHI) Resource Intensity Weighting (RIW) Exclusion Indicator/Atypical Code. This code indicates the status of the RIW assignment.
CIHI day procedure group (DPG)	Core	Day Procedure Group (DPG) assigned to a record by the CIHI grouping methodology [for all surgical day care procedures].
CIHI day procedure group (DPG) weight	Core	Day Procedure Weighting Value assigned to the record by the CIHI grouping methodology.
CIHI Procedure Used for CMG Assignment	Core	Canadian Institute for Health Information (CIHI) Procedure Used for Case Mix Group (CMG) Assignment. This is a code which identifies the procedure, if any, that was used to determine the CMG assignment.

CIHI CMG plus (CMG+) grouper variables

CMG Plus is a refinement in the Case Mix Groups methodology and aggregates acute care inpatients with similar clinical and resource utilization characteristics. It is based on the ICD-10-CA coding system and applies to records from 2001/2002 onwards.

Each year CIHI uses a new methodology for creating these grouper variables. This methodology is then applied to the current year as well as historical years of data. The methodology is usually named by the year it is created for (e.g., 2008 methodology).

Name	Core/Non-Core	Description
Methodology year	Core	Case Mix Group (CMG) Plus Grouper Methodology Year (from CMG/+ Grouper).
Major Clinical Category (MCC+)	Core	Major Clinical Category (MCC) is a high-level grouping of clinically similar cases based on body system or other specific type of clinical problem. The P_MCCYY field is based on ICD10-CA/CCI coding and was assigned using CIHI's new redeveloped acute-care inpatient CMG+ grouping methodology. In the CIHI CMG+ classification system, the MCC is based on the most responsible diagnosis (DTYPX = M) or conditions where DTYPX=6 (see DTYPX1-25 fields). The number of MCC categories was reduced from 25 in the CMG/Plx grouping methodology to 21 in CMG+ grouping methodology. Please see the Additional Comments for more info.
Case Mix Group (CMG+)	Core	Case Mix Groups (CMG) are assigned by CIHI to categorize cases that have an anticipated similar clinical course and resource requirements (measured in days of patient care). The P_CMGYY field is based on ICD10-CA/CCI coding and was assigned using CIHI's new redeveloped acute-care inpatient CMG+ grouping methodology. The number of CMG categories increased from 478 in the CMG/Plx grouping methodology to 558 in the CMG+ grouping methodology. Please see the Comments/Notes for more info.
CMG+ return code	Core	Case Mix Group (CMG) Grouper Return Code (from CMG/+ Grouper).

MCC partition	Core	"[This is similar to the CMG/Plx Grade List Indicator] Most inpatient cases are partitioned into intervention or diagnosis CMGs, based on the presence or absence of select CCI interventions. Cases with significant interventions that are considered appropriate to each MCC are assigned to the intervention partition. If the intervention is not assigned to a CMG, according to a MCC-specific hierarchy, it is put into a MCC-specific Unrelated Intervention CMG. The P_MCCPARTYY is used in CIHI's new redeveloped acute-care inpatient CMG+ grouping methodology, which is based on ICD10-CA/CCI coding. Please see the Additional Comments for more info."
Co-morbidity level	Core	Complexity or comorbidity levels reflect the cumulative cost impact of comorbidities on the patient's stay. The P_COMOR_LVLYY field (Comorbididty Level) is used in CIHI's new redeveloped acute-care inpatient CMG+ grouping methodology, which is based on ICD10-CA/CCI coding. Please see the Additional Comments for more info.
CMG+ age category	Core	Age Category is the first of five factors applied following CMG assignment in CIHI's new redeveloped acute-care inpatient CMG+ grouping methodology. The CMG+ methodology makes use of nine age groups. The P_CMGAGEYY field is used in CIHI's new redeveloped acute-care inpatient CMG+ grouping methodology, which is based on ICD10-CA/CCI coding. Please see the Additional Comments for more info.
Flagged intervention count	Core	Case Mix Group (CMG) Plus Flagged Intervention Count Code (from CMG/+ Grouper).
Intervention event count	Core	CIHI_CMG+ Toolkit_2007-08: A count of the number of intervention events per case.
Intervention OOH count	Core	Case Mix Group (CMG) Plus Out Of Hospital (OOH) Intervention Count Code (from CMG/+ Grouper).
CMG+ intervention	Core	Case Mix Group (CMG) Plus Assignment Intervention.
CMG+ intervention status	Core	Case Mix Group (CMG) Plus Intervention Status (from CMG/+ Grouper).
CMG+ intervention location	Core	Case Mix Group (CMG) Plus Intervention Location (from CMG/+ Grouper).
CMG+ intervention extent	Core	Case Mix Group (CMG) Intervention Extent from CMG/+ Grouper.
CMG+ intervention episode	Core	Case Mix Group (CMG) Plus Assignment Intervention Episode.
Diagnosis used for CMG+ assignment	Core	Case Mix Group (CMG) Plus Assignment Diagnosis (from CMG/+ Grouper).
Inpatient Resource Intensity Weight (RIW)	Core	Canadian Institute for Health Information (CIHI) Resource Intensity Weighting (RIW) Value
Expected Length of Stay (ELOS) days	Core	Expected Length of Stay (ELOS) is defined as the average acute length of stay for various types of patients, based on data found in the Discharge Abstract Database (DAD). It is calculated using acute, rather than total, length of stay (i.e., Alternate Level of Care (ALC) days are not included in ELOS estimates). The P_ELOSYY field is based on ICD10-CA/CCI coding and was assigned using CIHI's new redeveloped acute-care inpatient CMG+ grouping methodology. Please see the Additional Comments for more info.
Inpatient RIW atypical code	Core	Identifies atypical cases that do not receive the normal or predicted course of treatment associated with inpatients in a specific CMG, because they arrived at, or left, the facility in circumstances that made their total length of stay or costs unpredictable.
Inpatient resource intensity level	Core	Case Mix Group (CMG) Plus Resource Intensity Level code.
DPG RIW	Core	Case Mix Group (CMG) Plus Day Procedure Group (DPG) Resource Intensity Weighting (RIW).

CMG+ flagged intervention fields

Name	Core/Non-Core	Description
Co-morbidity total factor	Core	Case Mix Group (CMG) Plus Flagged Intervention Total Co-morbidity Factor.
Inpatient resource intensity total factor	Core	CIHI_CMG+ Toolkit_2007-08: The Resource Intensity Factor is a derived variable used solely in the calculation of the Resource Intensity Level (see below). It is a measure of the effect of factors on the RIW of a case, and is calculated as the ratio of the RIW value calculated for a particular case and the RIW value for a Nonfactor case in the same CMG and Age group. For a Typical case, this is equivalent to the ratio of the RIW value assigned to it and the base RIW for that CMG and Age Group. This provides a ratio evaluation of the resource intensity of each case relative to CMG and Age group-specific base values. The Resource Intensity Factor calculation is specific to the assigned atypical code.
Trim days	Core	
Biopsy Flag	Core	Biopsy flag from CMG/+ Grouper.
Cardioversion flag	Core	Case Mix Group (CMG) Plus Flagged Intervention Cardiovascular Flag (from CMG/+ Grouper).
Cell saver flag	Core	Cell saver flag from CMG/+ Grouper. Case Mix Group (CMG) Plus Flagged Intervention Cell Saver Flag
Chemotherapy flag	Core	Chemotherapy flag from CMG/+ Grouper. CMG Plus Flagged Intervention Chemotherapy Flag
Dialysis flag	Core	Case Mix Group (CMG) Plus Flagged Intervention Dialysis Flag (from CMG/+ Grouper).

Endoscopy flag	Core	Case Mix Group (CMG) Plus Flagged Intervention Endoscopy Flag (from CMG/+ Grouper).
Feeding tube flag	Core	Case Mix Group (CMG) Plus Flagged Intervention Feeding Tube Flag (from CMG/+ Grouper).
Heart resuscitation flag	Core	Case Mix Group (CMG) Plus Flagged Intervention Heart Resuscitation Flag (from CMG/+ Grouper).
Mechanical ventilation greater than or equal to 96 hours flag	Core	Case Mix Group (CMG) Plus Flagged Intervention Mechanical Ventilation Greater Than or Equal to 96 hours Flag (from CMG/+ Grouper).
Mechanical ventilation less than 96 hours flag	Core	Case Mix Group (CMG) Plust Flagged Intervention Mechanical Ventilation less than 96 hours Flag (from CMG/+ Grouper).
Parenteral nutrition flag	Core	Case Mix Group (CMG) Plus Flagged Intervention Parenteral Nutrition Flag (from CMG/+ Grouper).
Paracentesis flag	Core	Case Mix Group (CMG) Plus Flagged Intervention Paracentesis Flag (from CMG/+ Grouper).
Pleurocentesis flag	Core	Case Mix Group (CMG) Plus Flagged Intervention Pleurocentesis Flag (from CMG/+ Grouper).
Pre-delivery days flag	Core	Case Mix Group (CMG) Plus Flagged Intervention Pre-Delivery Days Flag (from CMG/+ Grouper).
Radiotherapy flag	Core	Case Mix Group (CMG) Plus Flagged Intervention Radiotherapy Flag (from CMG/+ Grouper).
Tracheostomy flag	Core	Case Mix Group (CMG) Plus Flagged InterventionTracheostomy Flag (from CMG/+ Grouper).
Vascular access device flag	Core	CMG Plus Flagged Intervention Vascular Access Device Flag (from CMG/+ Grouper).

CIHI Day Procedure Group Plus (DPG+) codes

Day Procedure Group (DPG) is a national classification system for ambulatory hospital patients that focuses on the area of day surgery. Note that 2010 was

Name	Core/Non-Core	Description
Day Procedure Group (DPG+)	Core	Day Procedure Group (DPG) is a procedure/intervention-based ambulatory classification system, which assigns (mostly) day surgery cases according to the principal (most significant) procedure/intervention recorded on the patient abstract. The P_DPGYY field is based on ICD10-CA/CCI coding and was assigned using CIHI's new redeveloped acute-care inpatient CMG+ grouping methodology. Please see the Additional Comments for more info.
DPG+ grouper return code	Core	Day Procedure Group (DPG) Plus Grouper Return Code (from CMG/+ Grouper).
DPG+ RIW	Core	The Day Procedure Group (DPG) Weight assigned to the record by CIHI and used to standardize the expression of hospital day surgery volumes. DPG Weights are derived using patient-specific case cost data, and are based on the average inpatient typical case described under RIW. The P_DRIWYY field is based on ICD10-CA/CCI coding and was assigned using CIHI's new redeveloped acute-care inpatient CMG+ grouping methodology. Please see the Additional Comments for more info.
DPG+ assigned intervention	Core	Day Procedure Group (DPG) Plus Assigned Intervention (from CMG/+ Grouper).
DPG+ intervention location	Core	Day Procedure Group (DPG+) Plus Intervention Location (from CMG/+ Grouper).
DPG+ assigned anaesthetic technique	Core	Day Procedure Group (DPG) Plus Assigned Anaesthetic Technique (from CMG/+ Grouper).

CIHI comprehensive ambulatory care classification system (CACS)

CACS is a national grouping methodology for ambulatory care patient data. It was started in 2006/2007.

Name	Core/Non-Core	Description
CACS age category	Core	Comprehensive Ambulatory Care Classification System (CACS) Age Category
CACS assigned intervention	Core	Comprehensive Ambulatory Care Classification System (CACS) Assigned Intervention
CACS intervention location	Core	Comprehensive Ambulatory Care Classification System (CACS) Intervention Location
CACS assigned anaesthetic technique	Core	Comprehensive Ambulatory Care Classification System (CACS) Assigned Anaesthetic Technique
CACS code	Core	Comprehensive Ambulatory Care Classification System (CACS) Code
CACS investigative technology count	Core	Comprehensive Ambulatory Care Classification System (CACS) Investigative Technology Count
CACS Major Ambulatory Cluster (MAC)	Core	Comprehensive Ambulatory Care Classification System (CACS) Major Ambulatory Cluster (MAC)
CACS partition	Core	Comprehensive Ambulatory Care Classification System (CACS) Partition
CACS Resource Intensity Weight (RIW)	Core	Comprehensive Ambulatory Care Classification System (CACS) Resource Intensity Weights (RIW)

Newborn / maternal data

This section contains data related to births in BC hospitals. In the case of an adoption the mother would be the birth mother. Babies born out of province or

Name	Core/Non-Core	Description
Infant birth weight	Core	Infant Birth Weight represents the weight of the infant in grams.
Gestational age	Core	Gestational Age indicates the number of weeks of gestation for a newborn and is measured from the first day of the last normal menstrual period.
Clinical gestation weeks at admission	Core	Clinical gestation weeks at admission. Not applicable for newborns and neonates cases.
Clinical gestation weeks at delivery	Core	Clinical gestation weeks at delivery. Applicable to delivered and newborn cases only.
Clincial gestation weeks at discharge	Core	Clinical gestation weeks at discharge. Not applicable for delivered, TA, newborns and neonates cases.
Pre-delivery days	Core	For obstetric (OBS) delivered cases, the number of days between admission and delivery.
Previous pre-term deliveries	Core	Number of previous pre-term deliveries.
Previous term deliveries	Core	Number of previous term deliveries.
Neonatal Intensive Care Nursing Unit (NICU) days	Core	Neonatal Intensive Care Unit (ICU) Days represents the number of days spent in the neonatal intensive care nursing unit.
Neonatal Intensive Care Nursing Unit (NICU) Level 1 days	Core	Number of days spent in Neonatal Intensive Care Unit (NICU), Level I.
Neonatal Intensive Care Nursing Unit (NICU) Level 2 days	Core	Neonatal Intensive Care Nursing Unit (NICU) Level 2 days. The number of days spent in a Level 2 NICU.
Neonatal Intensive Care Nursing Unit (NICU) Level 3 days	Core	Neonatal Intensive Care Nursing Unit (NICU) Level 3 days. The number of days spent in a Level 3 NICU.

Mental Health involuntary admissions

These fields are flags indicating that the patient has been admitted involuntarily based on mental health issues. The flags indicate which forms were used to

Name	Core/Non-Core	Description
MH Involuntary admission flag	Core	MH Involuntary Admission Flag indicates involuntary Mental Health admission.
MH Project field 1 flag	Core	Mental Health (MH) Project Field 1 Flag. A flag to indicate that a MH Involuntary Admission Form 4 is present on patient's record.
MH Project field 2 flag	Core	Mental Health (MH) Project Field 2 Flag. MH involuntary admission in which the patient apprehended by the police.
MH Project field 3 flag	Core	Mental Health (MH) Project Field 3 Flag. Indicates that MH Involuntary Admission Form 21 (Recalled from extended leave) is on the patient's record.
MH Project field 4 flag	Core	Mental Health Project Field 4 Flag. Indicates MH Involuntary Admission Form 10 (Warrant) is on the patient's record.
MH Project field 5 flag	Core	Mental Health (MH) Project Field 5 Flag. MH Involuntary Admission Form 20 (placed on extended leave) is on the patient's record.
MH Project field 6 flag	Core	Mental Health Project Field 6 Flag. Indicates involuntary admission to Mental Health (Form 37) is on the patient's record.
MH Project field 7 flag	Core	Mental Health Project field 7 Flag. Indicates involuntary admission to Mental Health (Form 42) is on the patient's record.