

National Ambulatory Care Reporting System



Date range: 2012/13 onward

Core vs. Non-Core Data

Core Data: Some BC Ministry of Health data sets available through PopData and HDPBC are called 'Core Data'. A Core Data set is a standardized 'bundle' of commonly requested variables. A Core Data set may not include **ALL** the variables available in the data set. For example, some Core Data variables, such as geography or organisational codes, are suppressed to meet privacy legislation requirements.

Non-Core Data: Non-Core Data are variables that are **NOT** included in the standardized Core Data set. Non-Core Data is available for request as an **addition** to the Core Data set.

For the majority of DARs, requesting access to Core Data ONLY may make the data access approval process quicker and may expedite data provision. Data requests that include Non-Core Data will be subject to regular rather than expedited processes, both for application review and data provisioning.

All available variables

Name	Core/ Non-Core	Description
Personal Health Number*	Core	BC Personal Health Number. PERSONAL HEALTH NUMBERS IN THIS FIELD HAVE BEEN REPLACED BY PROJECT-SPECIFIC ID NUMBERS.
Province	Core	Identifies the province in which the hospital is located.
Institution Number*	Core	Facility identification number unique to each province/territory. INSTITUTION NUMBERS IN THIS FIELD HAVE BEEN REPLACED BY PROJECT-SPECIFIC ID NUMBERS.
Institution Number (unencrypted)	Non-Core	Facility identification number unique to each province/territory (UNENCRYPTED).
Hospital Number*	Core	3 digit BC Hospital Number. HOSPITAL NUMBERS IN THIS FIELD HAVE BEEN REPLACED BY PROJECT-SPECIFIC ID NUMBERS.
Hospital Number (unencrypted)	Non-Core	3 digit BC Hospital Number. UNENCRYPTED.
Fiscal Year	Core	Fiscal Year of encounter
Fiscal Period	Core	Fiscal Period of the patient's visits as determined by the Date of Registration (data element 27). The period submitted follows the submission period dates defined by the reporting jurisdiction, so BC's 13 fiscal periods do not apply to out of province records.
Province Issuing Health Care Number	Core	The provincial/territorial or federal government from which the health care number was issued.
Gender	Core	Patient's Gender
Birth Date	Core	Birth Date of Patient (MMYYYY)
Birth Date is Estimated	Core	Flag to indicate that all or part of the patient's date of birth is estimated.
Age in Years	Core	A Patient's age in years at the time of discharge.
Age Group 1	Core	Detailed age grouping for age under 18 (i.e. < 1, 1 - 5, 6 - 12, 13 - 18, > 18)
Age Group 10	Core	5 year age groups <1, 1 - 4, 5 - 9, 10 - 14, ..., 90 - 94, 95+
Age Group 12	Core	Detailed age grouping for age under 1 year (days) 0 (newborn), <1, 1, 2-6, 7-13, 14-27, 28 - 90, 91-182, 183-274, 275-365
Postal Code - 3-digit	Core	Postal code to identify patient's place of residence (only the first three digits of the postal code-FSA-will be provided).
Mini Postal Code	Core	This is a two-digit province or state code for the patient residence assigned when postal code is not available (e.g., BC, AB, SK), as defined in the CIHI NACRS Manual.
Local Health Area	Core	Local Health Area from TMF based on translation of valid BC postal code only.
Triage Date/Time	Core	Date and time when the patient is triaged in the ED
Triage Level	Core	Scale to categorize patients according to the type and severity of their initial presenting signs and symptoms.
Registration Date/Time	Core	Date and time when the patient is officially registered as a patient.
Physician Initial Assessment Date/Time	Core	Date and time when the patient was first assessed by a physician.
Disposition Date/Time	Core	Date and time when the main service provider makes the decision about the patient's disposition.
Visit Disposition	Core	The patient's type of separation from the ambulatory care service after registration to that service.
Date/Time Patient Left ED	Core	Date patient was discharged from ER to inpatient unit.
Provider Type 1	Core	A code which identifies the role of the Provider responsible for the care of the Patient during hospitalization.
Provider Service 1	Core	A code which identifies the Training or Specialty of the Provider responsible for the Patient's care
Provider Number*	Core	Provider 1 Number. MSP billing number to identify the Provider who was most responsible for the Patient's care. REPLACED WITH PROJECT-SPECIFIC IDNUMBERS

Presenting Complaint 1	Core	Primary complaint (CEDIS presenting complaint code) is the primary symptom, complaint, problem or reason for seeking emergency medical care as identified by the patient expressed in terms as close as possible to those used by the patient or responsible informant.
Presenting Complaint 2	Core	Secondary complaint (CEDIS presenting complaint code) is the secondary symptom, complaint, problem or reason for seeking emergency medical care as identified by the patient expressed in terms as close as possible to those used by the patient or responsible informant.
Presenting Complaint 3	Core	Tertiary complaint (CEDIS presenting complaint code) is the tertiary symptom, complaint, problem or reason for seeking emergency medical care as identified by the patient expressed in terms as close as possible to those used by the patient or responsible informant.
ED Discharge Diagnosis 1	Core	ED Discharge Diagnosis [1-3] (CED-DxS ED discharge diagnosis code) is the physician's diagnosis of the patient at the time of discharge from ED.
ED Discharge Diagnosis 2	Core	ED Discharge Diagnosis [1-3] (CED-DxS ED discharge diagnosis code) is the physician's diagnosis of the patient at the time of discharge from ED.
ED Discharge Diagnosis 3	Core	ED Discharge Diagnosis [1-3] (CED-DxS ED discharge diagnosis code) is the physician's diagnosis of the patient at the time of discharge from ED.
ED Visit Indicator	Core	Indicates whether a visit reported under the emergency MIS functional centre account code is a ""true"" ED visit or an arranged day surgery or clinic visit taking place in the emergency department.
Clinical Decision Unit Flag	Core	Indicates if the patient was placed in a Clinical Decision Unit during their emergency visit.
Clinical Decision Unit In Date/Time	Core	Date and time when the patient arrived in the Clinical Decision Unit
Clinical Decision Unit Out Date/Time	Core	Date when the patient leaves the Clinical Decision Unit.
Admit via Ambulance	Core	Ambulance code. Code used to indicate if the Patient was brought to the facility by ambulance.
Responsibility for Payment	Core	The body responsible for payment of the patient's hospitalization
Additional requests:	Non-Core	