

Discharge Abstracts Database (Hospital Separations) – Data Dictionary

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: Records are grouped into fiscal years by separation date, not the date of admission. Abortion procedures, including those conducted in concert with other procedures, are unavailable from all applicable files. This is in accordance with BC Freedom of Information and Protection of Privacy Act.

DATA VARIABLES	DEFINITION
Client Study ID	Study identification number – Replaces the patient's Personal Health Number
Client Gender	Patient's gender
Date of birth (YYYYMM)	Birth date of patient (Year/Month only)
Client HA	Health Authority
Client HSDA	Health Service Delivery Area
Client Local Health Area Code (LHA 3)	The Local Health Area (LHA) is the smallest geographical unit of analysis and is based on the postal code of the patient. The LHA is derived from the Translation Master File (TMF) for valid BC postal codes only.
Client FSA	Forward Sortation Area
BC hospital number	Hospital where service was provided
Level of care	Indicates the level of care provided to the patient.
Admission date	The date the patient was admitted to the facility
Admission time	The time of day the patient was admitted to the facility. Hour only up to 2000/01, from 2001/02 forward, complete time is available
Discharge date	The date the patient was separated (discharged) from the facility
Discharge (separation) time	The time of day the patient was discharged from the facility. Hour only up to 2000/01, from 2001/02 forward, complete time is available
Admit category	This indicates the urgency of admission
Ambulance flag	The definition of this field changed in 2001. Prior to 2001, the field "ambulanc" was a flag (1 or blank) indicating whether an ambulance was used. Also pre-2001, a second field ambtype was used to indicate the type of ambulance. From 2001 forward only one field is used to satisfy both purposes.
Ambulance type	If the patient was brought to the facility by ambulance, this code indicates the type of ambulance used
Entry code (91/92)	The patient's type or mode of entry to a facility
Exit code (91/92 – 00/01)	The patient's type or mode of exit from a facility
Operative death code (91/92 – 00/01; 01/02 forward)	This code indicates the type of patient's death related to an operative procedure. Note: Values change from 91/92 – 00/01 to 01/02 forward
Supplemental death code (91/92 – 00/01)	This code identifies the type of patient's death
Discharge (separation) disposition (01/02 forward)	Status of patient upon leaving hospital
Death in special care unit indicator (01/02 forward)	Code to indicate death in a Special Care Unit
Acute/rehab days	A calculated value for the number of days spent in Acute and Rehab levels only
Alternate level of care (ALC) length of stay	An ALC patient has finished the acute care phase of treatment but remains in an acute care bed waiting placement in an extended care unit, nursing home, etc.
Chronic behaviour disorder unit days	Number of days associated with patient service
Intensive care unit days	Number of days spent in Intensive Care Unit
Rehabilitation days	The number of days spent in the rehabilitation care unit in an Acute Care Hospital (level=A). This value is obtained from the days associated with Patient Service and is not applicable to free standing rehabilitation units (level=R)
Total length of stay	The total number of days the patient was hospitalized

DATA VARIABLES	DEFINITION
BC hospital number transferred from	Hospital from which the patient arrived to the current hospital
BC Hospital number transferred to	Hospital to which the patient was transferred from the current hospital
Level from (91/92 to 00/01)	A code identifying the level of care of the facility from which the Patient was transferred
Level to (91/92 to 00/01)	A code identifying the level of care of the Facility to where the Patient was transferred
BC care level from (01/02 – forward)	Indicates the care level transferred from. Values in this field differ from those reported in LEVELFROM
BC care level to (01/02 – forward)	Indicates the care level transferred to. Values in this field differ from those reported in LEVELTO
Service transfer	A code which defines the Patient Service Transfer
Service transfer days (1 to 3)	The Number of days associated with a patient service which is not determined to be the main patient service.
Main patient service	Based on the most responsible diagnosis code and is not necessarily the first service that the patient was assigned to
Provider 1	Provider who was most responsible for the Patient's care during hospitalization
Provider 1 service	A code which identifies the Training or Specialty of the Provider responsible for the Patient's care during hospitalization. Note: Not the same as registered specialty
Diagnosis codes (max. 16 (ICD9 codes) for 91/92 – 00/01; max 25 (ICD10-CA codes) for 01/02 – forward)	ICD9 diagnosis codes (1-16) available for 91/92 – 00/01 and as converted ICD10CA codes 1-25 for 01/02-06/07, ICD10CA diagnosis codes (1-25) available for 01/02 forward Note: - must be used with diagnosis type, below
Diagnosis type (max. of 16 for 91/92 – 00/01; 25 for 01/02 forward)	A code which determines the relationship of the diagnosis to the patient's hospitalization
Diagnostic short list (based on ICD9 coding) (91/92 – 06/07)	Diagnostic short code
Diagnostic short code (based on ICD10-CA coding) (01/02 forward)	Diagnostic short code
Pre-admit co-morbidity (first diagnosis type 1 based on ICD9 coding) (91/92 – 06/07)	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
First E-code (cause of injury) (ICD9 for 91/92 – 00/01; ICD10-CA for 01/02 forward)	This is the first occurrence of an ecode indicating the cause of injury.
Second E-code (cause of injury) (ICD9 for 91/92 – 00/01)	This is the second occurrence of an ecode indicating the second cause of injury.
ICD9 injury code (91/92 – 00/01); ICD10-CA injury code (01/02 forward)	Identifies the first injury code on a record (if 7) applicable
Procedure code (CCP) (max. of 10 in 91/92 – 00/01; and 20 in 01/02 – 06/07)	CCP procedure codes. Converted from CCI Intervention codes (icode1-20) from 01/02-06/07)
Intervention code (CCI) (max. of 20 codes) (01/02 forward)	Identifies an intervention that is performed during the patient's stay. Must be a valid CCI (Canadian Classification of Health Interventions) code

DATA VARIABLES	DEFINITION
Procedure on admission day indicator	Field name originates from "same day surgery" and indicates that an intervention (not necessarily surgery) was performed on the day of admission
Procedure / intervention starting and ending dates (max. of 10 in 91/92 – 00/01; and 20 in 01/02 forward)	The date on which the intervention episode started and ended
Procedure / intervention starting and ending times (max. of 20 codes) (09/10 forward)	The time at which the intervention episode started and ended
Procedure short list (based on CCP coding) (91/92 – 00/01)	Procedure Group. This field name originates from "surgical short list", and is a grouping based on intervention codes
Intervention short list (based on CCI coding) (01/02 forward)	Intervention Short List.
Intervention provider (max. of 10 in 91/92 – 00/01; and 20 in 01/02 forward)	Indicates the Provider Number used to identify the Provider associated with the performed intervention.
Intervention provider's service (max. of 10 in 91/92 – 00/01; and 20 in 01/02 forward)	Intervention provider's service [01-99, ZZ, blank] identifies the training specialty of the provider. This is taken from the CIHI list of provider services. The provider service is initialized to 0 if this information is not available
Intervention (procedure) anesthetist (max. of 10 in 91/92 – 00/01; and 20 in 01/02 forward)	Indicates the Provider Number of the Anesthetist associated with the performed intervention.
Intervention (procedure) anesthetic (max. of 10 in 91/92 – 00/01; and 20 in 01/02 forward)	Indicates the type of anaesthesia used during an intervention
Mother listed on newborn record (97/98-08/09)	A cross-reference field which records the Mother's chart number (patnum) on the Newborn abstract and the Newborn's chart. Mnpatnum is the cross-reference field (01/02 forward)
Gestational age (94/95 – 06/07)	The gestational age is recorded in weeks. It is mandatory on all newborn and obstetrics delivered case and optional on therapeutic abortion cases
Infant birth weight	Infant birth weight in grams. Captured for newborns and neonates (age<29 days) only
Neonatal Intensive Care Unit Level 2 days (93/94 – forward)	Number of days spent in the Neonatal Intensive Care Nursing Unit Level 2
Neonatal Intensive Care Unit Level 3 days (93/94 – forward)	Number of days spent in Neonatal Intensive Care Unit Level 3
Medical Intensive Care Nursing Unit days (01/02 – forward)	The number of days spent in a medical intensive care nursing unit
Surgical Intensive Care Nursing Unit days (01/02 – forward)	Number of days spent in the Surgical Intensive Care Nursing Unit
Trauma Intensive Care Nursing Unit days (01/02 – forward)	Number of days spent in the Trauma Intensive Care Nursing Unit

DATA VARIABLES	DEFINITION
Combined Medical / Surgical Intensive Care Nursing Unit days (01/02 – forward)	Number of days spent in combined Medical/Surgical
Burn Intensive Care Nursing Unit days (01/02 – forward)	Number of days spent in Burn Intensive Care Nursing Unit
Cardiac Intensive Care Nursing Unit days (01/02 – forward)	Number of days spent in Cardiac Intensive Care Nursing Unit
Coronary Intensive Care Nursing Unit days	Number of days spent in Coronary Intensive Care Nursing Unit
Neonatal Intensive Care Nursing Unit days (01/02 - 07/08 for BC)	Number of days spent in the Neonatal Intensive Care Nursing Unit
Neurosurgery Intensive Care Nursing Unit days (01/02 – forward)	Number of days spent in the Neurosurgery Intensive Care Nursing Unit
Pediatric Intensive Care Nursing Unit days (01/02 – forward)	Number of days spent in the pediatric intensive care nursing unit
Respirology Intensive Care Nursing Unit days (01/02 – forward)	Number of days spent in Respirology Intensive Care Nursing Unit
Step-down Medical Unit days (01/02 – forward)	Number of days spent in the Step-down Medical Unit
Combined Medical / Surgical Step Down Unit days (01/02 forward)	Number of days spent in the Step-down Medical Unit and Number of days spent in the Step-down Surgical Unit
Province issuing health care number (91/92 – forward)	Is recorded in conjunction with the Health Care Number
Institution number for out of province facilities (91/92 – forward)	Identification number unique to each Province/Territory
Province code (location of hospital) (91/92 – forward)	Identifies the province in which the hospital is located
Responsibility for payment	Identifies the party responsible for a patient's hospitalization payment
Third party liability form	Indicates when a third party liability form has been prepared for the recovery of health care costs by the Ministry of Health
CIHI case mix group (CMG) (91/92 – 00/01)	Labels for Case Mix Groups assigned by CIHI.
CIHI major clinical category (MCC) (91/92 – 00/01)	The Major Clinical Category designating the body system assigned to the case by the CIHI CMG grouper
CIHI CMG complexity/ co-morbidity level (91/92 – 00/01)	Complexity Level assigned to hospitalizations (a CMG-related variable).
CIHI expected length of stay (ELOS) (91/92 – 00/01)	Expected Length of Stay based on the CIHI CMG grouping methodology

DATA VARIABLES	DEFINITION
CIHI resource intensity weighting (RIW) value (91/92 – 00/01)	Inpatient weighting value assigned to the case by the CIHI CMG grouper
CIHI day procedure group (DPG) weight (91/92 – 06/07)	Day Procedure weighting value assigned to the case by the CIHI CMG grouper
DPG RIW+ (01/02 – 10/11)	DPG weighting value based on the CIHI CMG Plus grouping methodology
Day Procedure Group (01/02 – 10/11)	Day Procedure Group assigned to the case by the CIHI CMG Plus grouping methodology.
Latest Day Procedure Group (01/02 – 10/11)	Latest Day Procedure Group assigned to the record by the CIHI complexity grouping methodology.
Methodology Year (01/02 – forward)	Year for which the CIHI CMG Plus grouping methodology was developed. These values exist for 91/92 forward, but all years before 01/02 were grouped to 2001.
Major Clinical Category (MCC+) (01/02 forward)	The Major Clinical Category designating the body system assigned to the case by the CIHI CMG Plus grouper
Case Mix Group (CMG+) (01/02 – forward)	Case Mix Groups assigned by the CIHI CMG Plus grouper.
Comorbidity level (01/02 – forward)	Comorbidity Level assigned to the case by the CIHI CMG Plus grouper.
Inpatient RIW+ (01/02 – forward)	Inpatient weighting value assigned to the case by the CIHI CMG Plus grouper
ELOS days (01/02 – forward)	Expected Length of Stay based on the CIHI CMG Plus grouping methodology
Inpatient RIW atypical code (01/02 – forward)	CMG Plus RIW Atypical Code
CACS Code Label (08/09 – forward)	Ambulatory weighting code assigned to the case by the CIHI CACS grouper
CACS RIW (08/09 – forward)	Ambulatory weighting value assigned to the case by the CIHI CACS grouper
CACS Major Cluster (08/09 - forward)	Comprehensive Ambulatory Care System Major Ambulatory Cluster
Cardioversion flag (01/02 – forward)	Flagged Intervention Cardioversion Flag, based on the CIHI CMG Plus grouping methodology
Cell saver flag (01/02 – forward)	Flagged Intervention Cell Saver Flag, based on the CIHI CMG Plus grouping methodology
Chemotherapy Flag (01/02 – forward)	Flagged Intervention Chemotherapy Flag, based on the CIHI CMG Plus grouping methodology
Dialysis Flag (01/02 – forward)	Flagged Intervention Dialysis Flag, based on the CIHI CMG Plus grouping methodology
Heart Resuscitation Flag (01/02 – forward)	Flagged Intervention Heart Resuscitation Flag, based on the CIHI CMG Plus grouping methodology
Mechanical ventilation gt 96 hours flag (01/02 – forward)	Flagged Intervention mechanical ventilation greater than or equal to 96 hours flag, based on the CIHI CMG Plus grouping methodology
Mechanical ventilation lt 96 hours flag (01/02 – forward)	Flagged intervention mechanical ventilation less than 96 hours flag, based on the CIHI CMG Plus grouping methodology
Feeding Tube Flag (01/02 – forward)	Flagged Intervention Feeding Tube Flag, based on the CIHI CMG Plus grouping methodology
Paracentesis Flag (01/02 – forward)	Flagged Intervention Paracentesis Flag, based on the CIHI CMG Plus grouping methodology
Parenteral Nutrition Flag (01/02 – forward)	Flagged Intervention Parenteral Nutrition Flag, based on the CIHI CMG Plus grouping methodology

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Pleurocentesis Flag (01/02 – forward)	Flagged Intervention Pleurocentesis Flag, based on the CIHI CMG Plus grouping methodology
Radiotherapy Flag (01/02 – forward)	Flagged Intervention Radiotherapy Flag, based on the CIHI CMG Plus grouping methodology
Tracheostomy Flag (01/02 – forward)	Flagged Intervention Tracheostomy Flag, based on the CIHI CMG Plus grouping methodology
Vascular Access Device Flag (01/02 – forward)	Flagged Intervention Vascular Access Device Flag, based on the CIHI CMG Plus grouping methodology
Biopsy Flag (09/10 – forward)	Flagged Intervention Biopsy Flag, based on the CIHI CMG Plus grouping methodology
Endoscopy Flag (09/10 – forward)	Flagged Intervention Endoscopy Flag, based on the CIHI CMG Plus grouping methodology
Pre-Delivery Days Flag (09/10 – forward)	Flagged Intervention Pre-Delivery Days Flag, based on the CIHI CMG Plus grouping methodology