



NATIONAL AMBULATORY CARE REPORTING SYSTEM (NACRS - EMERGENCY HOSPITAL VISITS)

Submit this completed form to the email address: HealthDataHA@gov.bc.ca

Questions about the request process or any part of this application may be directed to the email address above.

MINISTRY OF HEALTH USE ONLY

Table with 2 columns: File Number, Date Received. Includes a row for ISP Appendix.

PROJECT TITLE

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APPLIES TO COHORT(S)

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DATE RANGE

From (yyyy/mm/dd)

Empty text box for start date

To (yyyy/mm/dd)

Empty text box for end date

OTHER DATE RANGE AND FILTERING CRITERIA

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NATIONAL AMBULATORY CARE REPORTING SYSTEM

Description

The National Ambulatory Care Reporting System (NACRS) is a tool for collecting data and reporting on all levels of ambulatory care within Canada including emergency departments (EDs), day surgery, and medical and surgical day clinics within hospitals, the community and private clinics.

In September 2010 the BC Ministry of Health (the Ministry) mandated the health authorities to work with Canadian Institute for Health Information (CIHI) to implement the NACRS Level 2 at fifteen high volume emergency departments across the province.

Data Changes Over Time

- 2012/13 – Twenty facilities were submitting data on emergency visits to NACRS
• By the end of 2013/14, twenty nine facilities were submitting data on emergency visits to NACRS (see Facilities Table on the next page)
• 2014/15 - The CDU flag and in/out times became mandatory reporting on April 1, 2014.

NACRS Reporting Hospitals

HOSPITAL	2012/13 STARTING DATE	2013/14 STARTING DATE	2014/15 REPORTING FULL YEAR	2015/16 REPORTING FULL YEAR
01 INTERIOR HEALTH				
302 Kelowna General Hospital		13-04-01	Yes	Yes
401 Royal Inland Hospital	12-04-01		Yes	Yes
02 FRASER HEALTH				
109 Royal Columbian Hospital	12-04-01		Yes	Yes
115 Langley Memorial Hospital		14-01-03	Yes	Yes
116 Surrey Memorial Hospital	12-04-01		Yes	Yes
130 Burnaby Hospital	12-04-01		Yes	Yes
131 Peace Arch District Hospital		13-08-16	Yes	Yes
134 Delta Hospital		13-06-21	Yes	Yes
136 Eagle Ridge Hospital and Health Care Centre		13-12-06	Yes	Yes
601 Chilliwack General Hospital		13-11-08	Yes	Yes
602 Mission Memorial Hospital		13-10-11	Yes	Yes
604 Ridge Meadows Hospital And Health Care Centre		13-10-11	Yes	Yes
606 Fraser Canyon Hospital		13-08-16	Yes	Yes
609 Abbotsford Regional Hospital and Cancer Centre	12-04-01		Yes	Yes
03 VANCOUVER COASTAL HEALTH				
101 Vancouver General Hospital	12-04-01		Yes	Yes
102 St. Paul's Hospital	12-04-01		Yes	Yes
106 Mount Saint Joseph Hospital	12-04-01		Yes	Yes
112 Lions Gate Hospital	12-04-01		Yes	Yes
121 Richmond Hospital	12-04-01		Yes	Yes
123 UBC Health Sciences Centre	12-04-01		Yes	Yes
04 VANCOUVER ISLAND HEALTH				
201 Royal Jubilee Hospital	12-04-01		Yes	Yes
202 Victoria General Hospital	12-04-01		Yes	Yes
203 Cowichan District Hospital	12-04-01		Yes	Yes
217 Saanich Peninsula Hospital	12-04-01		Yes	Yes
501 Nanaimo Regional General Hospital	12-04-01		Yes	Yes
502 St. Joseph's General Hospital	12-04-01		Yes	Yes
508 Campbell River and District General Hospital	12-04-01		Yes	Yes
05 NORTHERN HEALTH				
703 The University Hospital of Northern British Columbia	12-04-01		Yes	Yes
06 PHSA				
105 B.C. Children's Hospital	12-04-01		Yes	Yes
Hospital Counts	20	29	29	29

Quality/Accuracy of Information/Field Coding Source

The centralized data processing of the NACRS records, done by the Canadian Institute of Health Information (CIHI), results in increased efficiency and standardization among the participating provinces.

The data dictionary for the NACRS variables in this checklist is available at www.gov.bc.ca/health/forms/5454datadictionary.pdf

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Province	HOSPPROV	
<input type="checkbox"/> Institution Number (Replaced by project-specific number)	INST_NUM	
<input type="checkbox"/> Institution Number (unencrypted)	INST_NUM	
<input type="checkbox"/> Unique record number	RECRDNUM	
<input type="checkbox"/> Hospital Number (Replaced by project-specific number)	HOSP	
<input type="checkbox"/> Hospital Number (unencrypted)	HOSP	
<input type="checkbox"/> Fiscal Year	FILEYEAR	
<input type="checkbox"/> Fiscal Period	BATPD	
<input type="checkbox"/> Personal Health Number (Replaced by project-specific number)	PHN	
<input type="checkbox"/> Health Care Number (Replaced by project-specific number)	HCN	
<input type="checkbox"/> Province Issuing Health Care Number	HCNPROV	
<input type="checkbox"/> Gender	GENDER	
<input type="checkbox"/> Birth Date	DOB	
<input type="checkbox"/> Birth Date is Estimated	DOBEST	
<input type="checkbox"/> Age in Years	AGEYRS	
<input type="checkbox"/> Age Group 1	AGE1	
<input type="checkbox"/> Age Group 10	AGE10	
<input type="checkbox"/> Age Group 12	AGE12	
<input type="checkbox"/> Postal Code (only the first three digits of the postal code- FSA-will be provided)	POSTAL	
<input type="checkbox"/> Mini Postal Code	PROVSTCD	

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Local Health Area	LHA3	
<input type="checkbox"/> Triage date/time	TRIAGEDATE	
<input type="checkbox"/> Triage Level	TRIAGELEVEL	
<input type="checkbox"/> Registration Date/Time	REGDATE	
<input type="checkbox"/> Physician Initial Assessment Date/ Time	ASSESSDATE	
<input type="checkbox"/> Disposition Date/Time	DISPDATE	
<input type="checkbox"/> Visit Disposition	VISDISP	
<input type="checkbox"/> Date/Time Patient Left ED	LEFTERDT	
<input type="checkbox"/> Provider Type	PROVTYP1	
<input type="checkbox"/> Provider Service	DOC_SPEC	
<input type="checkbox"/> Provider Number (Replaced by project-specific number)	RESPPHYS	
<input type="checkbox"/> Presenting Complaint 1	COMPLAINT1	
<input type="checkbox"/> Presenting Complaint 2	COMPLAINT2	
<input type="checkbox"/> Presenting Complaint 3	COMPLAINT3	
<input type="checkbox"/> ED Discharge Diagnosis 1	EDDIAG1	
<input type="checkbox"/> ED Discharge Diagnosis 2	EDDIAG2	
<input type="checkbox"/> ED Discharge Diagnosis 3	EDDIAG3	
<input type="checkbox"/> ED Visit Indicator	EDVISIT	
<input type="checkbox"/> Clinical Decision Unit Flag	CDU	
<input type="checkbox"/> Clinical Decision Unit In Date/Time	CDUINDATE	
<input type="checkbox"/> Clinical Decision Unit Out Date/ Time	CDUOUTDATE	
<input type="checkbox"/> Admit via Ambulance	AMBULANC	
<input type="checkbox"/> Responsibility for Payment	RFP	
<input type="checkbox"/> Additional NACRS variables	Please provide a detailed list of variables, description and rationale in a separate document (blank checklist available). The Ministry will assess the availability upon request.	