BRITISH COLUMBIA | Ministry of Health

DISCHARGE ABSTRACTS DATABASE (HOSPITAL SEPARATIONS) DATA DICTIONARY

Discharge Abstract Database (DAD) 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 the BC Freedom of Information and Protection of Privacy Act.

DAD data comes from CIHI who in turn get it from the BC Health Authorities. It is loaded monthly but the data being loaded is generally for the prior month due to lag in the flow of the data. DAD data is not considered 'stable' for reporting for six months and can change until the Fiscal Year is closed which generally occurs six months after the end of the year.

One DAD record represents one hospital visit recorded at discharge.

DATA FIELD	DEFINITION
File year (fiscal year)	The first four digits of the fiscal year of the discharge of the client. A client discharged between April 1, 2001 and March 31, 2002 would be coded '2001'.
Client study ID	Project-specific anonymized client identification replacing PHN.
Client gender	Client's gender.
Client birth year and month	Abbreviated (BRTHMTH) date of birth of the client. The format for BRTHMTH is YYYYMM.
Age in years at admission	Client's age in years and is calculated by subtracting date of birth from date of admission. This value is zero for clients less than one year old. For extended care, subtract the date of birth from the date of discharge.
Age in months at admission (< one year old)	Age in months for clients less than one year old.
Client Health Authority (HA)	One-digit code that identifies the BC Health Authority for the client's address. BC is divided into five regional Health Authorities.
Client Health Service Delivery Area (HSDA)	Two-digit code that identifies the BC Health Service Delivery Area for the client's address. Each HA is further sub-divided into three or four HSDAs for a total of 16 in BC.
Client Local Health Area (LHA)	Three-digit code that identifies the BC Local Health Area for the client's address. Each HSDA is sub-divided into several LHAs.
Client Community Health Service Area (CHSA)	Four-digit code that identifies the BC Community Health Service Area for the client's address. Each LHA is sub-divided into several CHSAs. (Not available from DAD at this point – please request this from the Client Roster)
Client Forward Sortation Area (FSA)	The first three characters of the client's postal code.
Province issuing health care number	The provincial/territorial or federal government from which the health care number was issued.

DATA FIELD	DEFINITION
Province of admitting hospital	The province in which the hospital is located.
BC Hospital study ID	Project-specific anonymized BC hospital number. The original (identifiable) hospital ID is a three-digit number and is only supplied with special justification.
Province of hospital transferred FROM	The province in which the “from” hospital is located.
BC Hospital transferred FROM study ID	Project-specific study ID of the hospital a client was transferred from.
Province of hospital transferred TO	The province in which the "to" hospital is located.
BC hospital transferred TO study ID	Project-specific study ID of the hospital a client was transferred to.
Level of care at admitting hospital	The level of care provided to the client. A Acute S Day surgery R Free-standing rehabilitation E Extended care P Selected psychiatric facilities I Intermediate/personal care/private nursing home H Home Care 8 Ambulatory Care, ER, clinics U Unclassified
Level of care at hospital transferred FROM	The level of care provided to the client at the hospital that the client was transferred from.
Level of care at hospital transferred TO	The level of care provided to the client at the hospital that the client was transferred to.
Admit category	The initial status of the client at the time of admission to the reporting facility. B Newborn or Stillborn E Emergency L Elective N Newborn (born in reporting hospital or outside reporting facility and admitted within first 24 hours of life) R Cadaver (admitted for organ/tissue retrieval purposes) S Stillbirth (in the reporting hospital) U Urgent/Emergent
Entry	The client’s type or mode of entry to a facility. C Clinic from the reporting hospital D Direct E Emergency Department from the reporting hospital N Newborn (born alive in the reporting hospital) P Day Surgery from the reporting hospital S Stillborn (in the reporting hospital)

DATA FIELD	DEFINITION
Ambulance code	The code for the type of transport used when a client was brought to the facility by ambulance. A Air ambulance G Ground ambulance W Water ambulance C Combination of any N Patient did not arrive by ambulance
Admission date and time	The calendar date and time that the client was formally admitted as a patient to the reporting facility. The format is YYYY-MM-DD HH12:MI:SS AM/PM.
Discharge (separation) date and time	The calendar date and time that the client was formally separated (discharged) from the reporting facility. The format is YYYY-MM-DD HH12:MI:SS AM/PM.
Discharge (separation) disposition	The discharge disposition of client upon leaving hospital, identifying location of transfer or status of client. 01 Transferred to an acute care inpatient institution 02 Transferred to a long-term care facility (personal care homes, auxiliary care, nursing homes, extended care, homes for the aged, senior's homes, DVA homes...) 03 Transferred to other (includes ambulatory care, palliative care facility/hospice, addiction treatment centre, jails, infants and children discharged/detained by social services) 04 Discharged to home or a home setting with support services 05 Discharged home (no support service required) 06 Left against medical advice (with or without sign-out, AWOL) 07 Died 08 Cadaveric donor admitted for organ/tissue retrieval 09 Stillbirth 10 Newborn and pediatric discharged to Child and Family Service (Manitoba only) 11 Private adoption of newborn (Manitoba only) 12 Patients who do not return from a pass
Responsible for payment	The party responsible for a client's hospitalization payment. 01 Provincial/Territorial responsibility 02 Worker's Compensation Board (WCB) or Worker's Service Insurance Board (WSIB) 03 Other province/territory (resident of Canada, but not reporting province) 04 Department of Veteran Affairs (DVA) or Veteran Affairs Canada (VAC) 05 First Nations and Inuit Health Branch (formally called the Medical Service Branch) 06 Other federal government (RCMP, Department of National Defense, Penitentiary Inmate) 07 Canadian resident self-pay (includes ICBC in BC) 08 Other country resident self-pay 09 Missing description for 09

DATA FIELD	DEFINITION
Total length of stay	Total number of days the client was hospitalized. The total length of stay for the day surgery will always be zero (0).
Acute/rehab days	Number of days spent in acute and rehabilitation care levels only (MOH derived).
Alternate level of care (ALC) days in status	Number of Alternative-Level of Care (ALC) days associated with patient service (patserv) 99 as a portion of the total days of a client's hospitalization. An ALC patient has finished the acute care phase of treatment but remains in an acute care bed.
Rehabilitation days	Number of days spent in rehabilitation care unit in an acute care hospital (level=A). This value is obtained from the days associated with patient service (patserv) 76 and is not applicable to free standing rehabilitation units.
Burn intensive care nursing unit days	Number of days spent in burn intensive care nursing unit.
Cardiac intensive care nursing unit days	Number of days spent in cardiac intensive care nursing unit.
Chronic behavior disorder unit days	Number of days a client spent being treated for chronic behavior disorder, associated with patient service 73.
Combined medical/surgical intensive care nursing unit days	Number of days spent in combined medical/surgical intensive care nursing unit.
Combined medical/surgical step-down unit days	Number of days spent in combined medical/surgical step-down unit (available from 2009).
Coronary intensive care nursing unit days	Number of days spent in coronary intensive care nursing unit.
Intensive care unit days	Number of days spent in intensive care unit.
Medical intensive care nursing unit days	The number of days spent in a medical intensive care nursing unit.
Neonatal intensive care nursing unit days	Number of days spent in the neonatal intensive care nursing unit.
Neurosurgery intensive care nursing unit days	Number of days spent in the neurosurgery intensive care nursing unit.
Neonatal intensive care unit level 1 days	Number of days spent in neonatal intensive care unit, level I.
Neonatal intensive care unit level 2 days	Number of days spent in neonatal intensive care unit, level 2.
Neonatal intensive care unit level 3 days	Number of days spent in neonatal intensive care unit, level 3.
Pediatric intensive care nursing unit days	Number of days spent in the pediatric intensive care nursing unit.
Respirology intensive care nursing unit days	Number of days spent in respirology intensive care nursing unit.
Step-down medical unit days	Number of days spent in the step-down medical unit.
Surgical intensive care nursing unit days	Number of days spent in the surgical intensive care nursing unit.
Trauma intensive care nursing unit days	Number of days spent in the trauma intensive care nursing unit.

DATA FIELD	DEFINITION
Main patient service	The hospital-assigned service most responsible for the care of the client. Assignment is determined by each facility with some patient services mandated through coding standards; may be based on most responsible diagnosis or most responsible practitioner.
Diagnostic short code (based on ICD10-CA coding)	Diagnostic Short Code based on the most responsible diagnosis (DIAGX1).
Primary diagnosis code	The primary ICD10-CA (diagnosis) code describing diagnosis, conditions, problems or circumstance of the client during the hospitalization in the reporting facility (DIAGX1).
Remaining diagnosis codes	The remaining ICD10-CA (diagnosis) codes describing the diagnosis, conditions, problems or circumstance of the client during the hospitalization in the reporting facility, DIAGX2-25. There is no hierarchical order among the codes.
Primary diagnosis type	The primary code which signifies the impact the condition had on the client's care as evidenced in the physician documentation (DTYPX1).
Remaining diagnosis types	The remaining codes which signifies the impact the condition had on the client's care as evidenced in the physician documentation (DTYPX2-25).
ICD10-CA injury code (based on ICD10-CA coding)	The first ICD10-CA injury code on a record (if applicable).
First E-code (cause of injury) (based on ICD10-CA coding)	This is the first occurrence of an ICD10-CA diagnostic code (DIAGX1-25) indicating a cause of injury code.
Place of injury (based on ICD10-CA coding)	This is the first occurrence of an ICD10-CA diagnostic code (DIAGX1-25) indicating a place of injury.
Most responsible physician/practitioner study ID	Project-specific anonymized identification of the practitioner most responsible for the client's care during hospitalization.
Most responsible physician/practitioner specialty	A code which identifies the training or specialty of the practitioner most responsible for the client's care during hospitalization.
Intervention short list (based on CCI coding)	Intervention Short List for the first intervention (ICODE1).
Primary intervention code (CCI)	A code for the primary intervention that is performed during the client's stay. Must be a valid CCI (Canadian Classification of Health Interventions) code (ICODE1).
Remaining intervention codes	Remaining codes for intervention that is performed during the client's stay. Must be a valid CCI (Canadian Classification of Health Interventions) code (ICODE2-20)
Primary out-of-hospital intervention code (CCI)	The primary CCI code moved from corresponding Intervention Code (ICODE1) if out of hospital indicator (iooh1) = Y.
Remaining out-of-hospital intervention codes (CCI)	The remaining CCI codes moved from corresponding Intervention Code (ICODE2-20) if out of hospital indicator (iooh2-20) = Y.
Primary intervention practitioner (procedure surgeon) study ID	Project-specific anonymized identification of the most responsible practitioner (surgeon) associated with the performed intervention (SURG1).
Remaining intervention practitioners (procedure surgeon)	Project-specific anonymized identification of the remaining practitioners (surgeon) associated with the performed intervention (SURG2-20).

DATA FIELD	DEFINITION
study ID	
Administration of anesthetic flag	Flag Y/N. Set to Y if any of the anesthetist fields (ANAS1-20) are populated.
Primary intervention practitioner (procedure anesthetist) study ID	Project-specific anonymized identification of the most responsible practitioner (anesthetist) associated with the performed intervention (ANAS1).
Remaining intervention practitioners (procedure anesthetist) study ID	Project-specific anonymized identification of the remaining practitioner (anesthetist) associated with the performed intervention (ANAS2-20).
Surgery flag	Flag to identify surgery generated by MOH.
Client's mother study ID (available until 2008)	Project-specific anonymized identification of the client's mother. An alternative source for similar information is the Vital Statistics data.
Gestational age at delivery	Clinical gestation age in weeks at time of delivery (available from 2007).
Client weight in KG (baby)	Client's weight in kg for babies under one year old.

CIHI Grouper Data Field

Available Grouping Methodologies

Case-mix products, such as Case Mix Group+ (CMG+) and the Comprehensive Ambulatory Classification System (CACS), are methodologies for grouping acute care episodes and Day Surgeries captured in CIHI's databases.

The methodologies for selecting cases into standardized categories as well as the RIW calculations are constantly changing. Therefore, CIHI advises against comparing different grouper methodologies. Data, for the below list of grouper data elements, is provided using the latest grouper methodology and should be used to reflect the best information available for the year. CMG methodology is applied to acute/rehab in-patient, while CACS groups apply to Day Surgeries. CMG groups may be either the CMGX (2001-2006) or CMG+ (2007 onwards) and are specific to the latest grouper methodology for each year. Similarly, CACS groups may be either DPG (2001-2010) or CACS (2011 onwards) and are specific to the latest grouper methodology for each year.

Available Grouper Years

Each year CIHI generates a new set of grouper values based on current costs etc. Only the last five years of hospitalization data are regrouped with the latest grouper year methodology, thus the years prior to that (6+) have the old grouper year methodologies. CIHI advises that grouper methodologies cannot be compared. Consequently, grouper values derived from different grouper year methodologies cannot be analyzed together. This may lead to longitudinal data sets that span multiple grouper year methodologies that cannot be compared. However, with a judicious selection of groupers, Ministry of Health (MOH) can minimize the number of grouper year methodologies by not using the latest grouper methodology, thus providing more opportunity for comparison across years.

DATA FIELD	DEFINITION
CIHI Methodology year	CIHI Grouper methodology year.
CIHI Major Clinical Category (MCC) – inpatient	Major clinical categories for determining classifications of acute and rehab inpatient care.
CIHI Case Mix Group (CMG) – inpatient	Case mix group (CMG) code for determining classifications of acute and rehab inpatient care.
CIHI Expected Length of Stay (ELOS) – inpatient	Case mix group expected length of stay.
CIHI Resource Intensity Weight (RIW) value for inpatient or day surgery (specific to case)	Grouper resource intensity weight. CMG RIW for acute/rehab or CACS RIW for day surgery.
CIHI Major Ambulatory Cluster (MAC) – day surgery	Comprehensive ambulatory care system major ambulatory cluster for determining classifications for day surgery, ED visits, specialty clinics and other ambulatory care.
CIHI Comprehensive Ambulatory Classification System (CACS) – day surgery	Comprehensive ambulatory care system grouper codes for determining classifications for day surgery, ED visits, specialty clinics and other ambulatory care.
CIHI Inpatient RIW atypical code	Dimension for the RIW atypical code, based on the CIHI CMG grouping methodology.