



NATIONAL AMBULATORY CARE REPORTING SYSTEM – DATA DICTIONARY

FIELD NAME	DESCRIPTION
Province	Identifies the province in which the hospital is located.
Institution Number	Facility identification number unique to each province/territory
Hospital Number	3 digit BC Hospital Number
Fiscal Year	Fiscal Year of encounter
Fiscal Period	This is the 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.
Personal Health Number	BC Personal Health Number
Province Issuing Health Care Number	The provincial/territorial or federal government from which the health care number was issued
Gender	Patient's Gender
Birth Date	Birth Date of Patient (MMYYYY)
Birth Date is Estimated	Flag to indicate that all or part of the patient's date of birth is estimated.
Age in Years	A Patient's age in years at the time of discharge.
Age Group 1	detailed age grouping for age under 18 <1, 1-5, 6-12, 13-18, >18
Age Group 10	5 year age groups <1, 1-4, 5-9, 10-14, ..., 90-94, 95+
Age Group 12	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	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	Mini postal code This is a two-digit province or state code for the patient residence assigned when postal code is not available, eg. BC, AB, SK, etc., as defined in the CIHI NACRS Manual
Local Health Area	Local Health Area from TMF based on translation of valid BC postal code only.
Triage date/time	Date and time when the patient is triaged in the ED
Triage Level	Scale to categorize patients according to the type and severity of their initial presenting signs and symptoms.
Registration Date/Time	Date and time when the patient is officially registered as a patient
Physician Initial Assessment Date/Time	Date and time when the patient was first assessed by a physician
Disposition Date/Time	Date and time when the main service provider makes the decision about the patient's disposition
Visit Disposition	The patient's type of separation from the ambulatory care service after registration to that service.
Date/Time Patient Left ED	Date patient was discharged from ER to inpatient unit.

FIELD NAME	DESCRIPTION
Provider Type	A code which identifies the role of the Provider responsible for the care of the Patient during hospitalization.
Provider Service	A code which identifies the Training or Specialty of the Provider responsible for the Patient's care
Provider Number	Provider 1 Number. MSP billing number to identify the Provider who was most responsible for the Patient's care
Presenting Complaint 1	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	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	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	The physician's diagnosis of the patient at the time of discharge from ED 1.
ED Discharge Diagnosis 2	The physician's diagnosis of the patient at the time of discharge from ED 2.
ED Discharge Diagnosis 3	The physician's diagnosis of the patient at the time of discharge from ED 3.
ED Visit Indicator	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	Indicates if the patient was placed in a Clinical Decision Unit during their emergency visit.
Clinical Decision Unit In Date/Time	Date and time when the patient arrived in the Clinical Decision Unit
Clinical Decision Unit Out Date/Time	Date and time when the patient leaves the Clinical Decision Unit.
Admit via Ambulance	Ambulance code. Code used to indicate if the Patient was brought to the facility by ambulance.
Responsibility for Payment	The body responsible for payment of the patient's hospitalization