BRITISH COLUMBIA | Ministry of Health

HOME AND COMMUNITY CARE DATA DICTIONARY

Data is available for the Home and Community Care (HCC) databases as shown in the table below. Not all data fields are available from 1990/1991 onwards. The provider information is available for the entire timeframe. A consultation is recommended to understand the data limitations.

HEALTH AUTHORITY	HEALTH SERVICE DELIVERY AREA (HSDA)	FY TIMEFRAME FOR DATA FROM CC-IMS	FY TIMEFRAME FOR DATA FROM HCCMRR
01-Interior	All	1990/1991 to 2004/2005	2005/2006 onwards
02-Fraser	All	1990/1991 to 2011/2012	2012/2013 onwards
03-Vancouver Coastal	31-Richmond	1990/1991 to 2007/2008	2008/2009 onwards
	32-Vancouver	1990/1991 to 2007/2008	2008/2009 onwards
	33-North Shore/Coast Garibaldi	1990/1991 to 2009/2010	2010/2011 onwards
04-Vancouver Island	All	1990/1991 to 2011/2012	2012/2013 onwards
05-Northern	All	1990/1991 to 2009/2010	2010/2011 onwards

Provider

Contains information on the provider/site where a residential care type service took place. The provider information originates from the DSR but data can be accessed through CC_SITE (Community Care Site). Information is the same for both the CCD and HCCMRR (AHIP.CB_DTL_DM_CC_SITE_VW).

FIELD NAME	DESCRIPTION	COMMENTS
Provider ID - replaced with a study specific identification number	The ID that links to the episode table	Replaced by project-specific identification number (unless otherwise authorized)
Provider ID (in Base 20 format) *Research rationale describing why this field is required must be supplied before it will be considered for release.*	The provider ID translated into Base 20 format (use for data submission to CIHI)	Required if linking to RAI data
Provider Name *Research rationale describing why this field is required must be supplied before it will be considered for release.*	Common name of provider	
Provider Category Code	The specific category of provider	
Provider City *Research rationale describing why this field is required must be supplied before it will be considered for release.*	Provider's city - actual physical location of the provider	
Provider Postal Code *Research rationale describing why this field is required must be supplied before it will be considered for release.*	Provider's postal code based on provider's address - actual physical location of the provider.	
Provider Health Authority Code/ Name	The Health Authority where the provider is located	

FIELD NAME	DESCRIPTION	COMMENTS
Provider Health Service Delivery Area Code/Name	The Health Service Delivery Area where the provider is located	
Provider Local Health Area Code/ Name	The Local Health Area where the provider is located	

Home and Community Care Minimum Reporting Requirements (HCCMRR)

Clients - Contains information on the client. For the purposes of reporting the MRR a 'client' is defined as: An individual receiving Ministry of Health funded Home and Community Care (HCC) services. Client records must be accompanied by at least one service episode record (AHIP.CB_DTL_DM_ CLNT_VW, AHIP.CB_DTL_FT_HCCCLNT_VWP and AHIP.CB_DTL_DM_REF_CLNT_GEOG_VW). (This table only includes the most recent client information; there is no historical information in the table).

FIELD NAME	DESCRIPTION	COMMENTS
Client ID - replaced with a study specific identification number	Client ID	Replaced by project-specific identification number (unless otherwise authorized)
Marital Status	Marital status of the client	
Sex	A code depicting the biological sex of the client	
Birth Date	Birth date of the person receiving services (Year and month only unless exact date is specifically requested)	
Death Date	Death date of the person receiving services (Year and month only unless exact date is specifically requested)	
Client's Local Health Authority Code/Name	The Local Health Authority where the client lives	
Client's Health Service Delivery Area Code/Name	The Health Service Delivery Area where the client lives	
Client's Health Authority Code/ Name	The Health Authority where the client lives	
Client's FSA	Forward Sortation Area (FSA) portion of the client's postal code	Forward sortation area only

Service Episode - The service episode record is comprised a service start and a service end. A Service Start record should be created when there is a change in: Service Type, Service Provider, and Service Delivery Setting. A client can have multiple service start records. A Service Start record must have at least one Service Detail submission. A service is ended is to be submitted when a client changes facility, client group or service is ended due to an end reason (AHIP.CB_DTL_FT_HCCSRVEPSD_VWD).

FIELD NAME	DESCRIPTION	COMMENTS
Episode ID - replaced with a study specific identification number	Links to the ID in the details table	
Client ID - replaced with a study specific identification number	The client's ID	Replaced by project-specific identification number (unless otherwise authorized)
Health Authority Number	Submitting Health Authority	
Provider ID - replaced with a study specific identification number	The ID that links to provider table	
Service Type Name/Code	Describes the type of service being provided to the client	

FIELD NAME	DESCRIPTION	COMMENTS
Service Delivery Setting/Code	Describes the place/setting where the HCC service(s) are provided	
Service Start Date	The date on which the service begins	
Service End Date	Indicates the date the client is discharged from Service Type/Facility reported in record	
Date Accepted for Service	The date when a client is deemed by a health care professional or agency, as requiring a HCC service.	
HCC Program Referral Source/ Code	The Person or Organization that initially refers the client to HCC services	
End Reason	Describes the reason the client was discharged from the service type/facility	
Date Case Opened/Reopened	The date the client first became known to HCC. If the client had been seen previously and was fully discharged from care, it is the date the client was referred back to HCC for further service (MoH)	
Date of Bed Refusal	The date on which a HCC client, who is assessed as eligible for admission to a residential care facility as per HCC Policy 6.B, is offered a bed by the health authority, but refuses the bed in that particular facility in order to wait for a bed in a preferred facility. This data element is not to record a refusal of service, just a refusal of the offered bed in a particular location	

Service Details - Contains information on service details that are reported on a financial period basis. A Service Start record must have at least one Service Detail submission (AHIP.CB_DTL_FT_HCCSRVEPSDPRD_VWD).

FIELD NAME	DESCRIPTION	COMMENTS
Episode ID - replaced with a study specific identification number	The ID that links to the service episode table	Replaced by project-specific identification number (unless otherwise authorized)
Fiscal Year	Fiscal Year	
Financial Reporting Period	The financial reporting period which links to the financial reporting periods table	
Client Group/Code	A high-level description of home care clients based on their health status (health and living conditions, and personal resources) and assessed needs	
Service Provider Category/Code	Describes the primary discipline, profession, or occupational group of the provider of the service type being reported	
Service Hours Count	Indicates the number of hours provided to a client for a particular service during the defined reporting period	
Face-to-Face Visit Count	A face to face visit is an occasion in which services are provided to a client face-to-face. These services are provided for longer than 5 minutes, and are documented by the service provider	

FIELD NAME	DESCRIPTION	COMMENTS
Remote Visit Count	A remote visit is a non-face-to-face encounter with the client during which services are provided. Remote visits may be conducted via the telephone, email, video-conferencing, instant messaging, or other communication technologies, and may be captured retrospectively	
Service Days Count	Indicates the number of calendar days of service that were provided to a client for a particular service, during the defined reporting period	
Choice in Supports for Independent Living (CSIL) Flag	Indicates whether the client is on Choice in Supports for Independent Living (CSIL) services	
Personal Care Funding Level/Code	Personal Care Funding (PCF) provides direct funding to allow clients to coordinate and manage their own services to meet their personal care needs as identified in the care plan as an alternative to receiving home support services	
Client's Local Health Authority Code/Name *(home care services only)*	Local Health Authority used to determine where a home care service took place	
Client's Health Service Delivery Area Code/Name *(home care services only)*	Health Service Delivery Area used to determine where a home care service took place	
Client's Health Authority Code/ Name *(home care services only)*	Health Authority used to determine where a home care service took place	
Period End	The end date of the period	

Continuing Care Data Warehouse (CCD)

Client Tables: Information for clients who were alive and on care, on or after January 1, 1990 (from CCD_TLTCCL_2012OCT and CCD_TLTCCM_2012OCT).

FIELD NAME	DESCRIPTION	COMMENTS
CC-IMS Client ID - Replaced by a study specific identification number.	A client number remains throughout a client's lifetime regardless of status (e.g. marriage).	Replaced by project-specific identification number (unless otherwise authorized)
Forward Sortation Area	The forward sortation area of the client's current address.	
Birth Date	The birth date of the client (Year and month only unless exact date is specifically requested)	
Sex Code	Sex of the client	
Marital Code	Marital status of the client	
PHN - Replaced by a study specific identification number.	Case manager responsible for the client.	Replaced by project-specific identification number (unless otherwise authorized)
Date of Death	The death date of the client (Year and month only unless exact date is specifically requested)	
Client Record Update Date	Indicates the last date the client record was updated in the IMS online system.	

FIELD NAME	DESCRIPTION	COMMENTS
Referral Status Code	This code is used for referral clients only. It indicates the status of the client.	
HSCL Code	Identifies if the client is currently receiving or was in the past receiving Home Service for Community Living care.	
Start Date*	Start date for when this record is effective.	
End Date*	End date when this record is no longer effective and superseded by a new record.	
Current Record*	Where more than one record exists for a client, indicates the current record.	
HCC-MRR Date of Case Opened / Reopened*	The date the client first became known to HCC. If the client had been seen previously and was fully discharged from care, it is the date the client was referred back to HCC for further service.	

*Sourced from CCD_TLTCCM_2012OCT

Assessments - All assessments information for long-term care clients who were alive and on care, on or after January 1, 1990. (CCD_ADJ_AS_TLTCAS table in CCD)

FIELD NAME	DESCRIPTION	COMMENTS
CC-IMS Client ID - Replaced by a study specific identification number	A client number remains throughout a client's lifetime regardless of status (e.g. marriage).	Replaced by project-specific identification number (unless otherwise authorized)
Assessment Effective Date	Effective date of the assessment. The date when the case manager assessed the client.	
Assessment Location Code	Location where the assessment was performed.	
Approved Care Code	Care type approved by the administrator.	
Type of Assessment	Type of assessment.	
Approved Care Level	Approved care level for a client.	
Caregiver Code	Specifies whether or not client lives with a caregiver. Applies to client's home only, not CCD facilities, etc.	
Most Recent Assessment Flag	The most recent assessment of a client.	
Residential Acceptance Date	The date when a client is deemed by a health care professional or agency, as requiring Residential service.	Data element may not be available for the whole time period.
Client Group	A high-level description of home care clients based on their health status (health and living conditions, and personal resources) and assessed needs.	Data element may not be available for the whole time period.
Adult Day Care Acceptance Date	The date when a client is deemed by a health care professional or agency, as requiring an Adult Day Care service.	Data element may not be available for the whole time period.
Assisted Living Acceptance Date	The date when a client is deemed by a health care professional or agency, as requiring an Assisted Living service.	Data element may not be available for the whole time period.

FIELD NAME	DESCRIPTION	COMMENTS
Home Support Acceptance Date	The date when a client is deemed by a health care professional or agency, as requiring a Home Support service.	Data element may not be available for the whole time period.
Date of Bed Refusal	The date on which a HCC client, who is assessed as eligible for admission to a residential care facility, but refuses the bed in that particular facility in order to wait for a bed in a preferred facility.	Data element may not be available for the whole time period.

Home Support - All home support paid claims for clients who were alive and on care, on or after January 1, 1990. (CI_ALL_CLAIM_HOME_SPPORT table in CCD).

FIELD NAME	DESCRIPTION	COMMENTS
CC-IMS Client ID - Replaced by a study specific identification number	A client number remains throughout a client's lifetime regardless of status (e.g. marriage).	Replaced by project-specific identification number (unless otherwise authorized)
Assessed Care Level	The level of care provided to the client.	
Service Year	Year of service to which the claim applies.	
Service Month	Month of service to which the claim applies.	
Days of Service	Total number of care days provided during the month.	
Hours of Service	Total number of care hours provided during one month. Applies to Home Support Agencies only.	
Organization Code	The organization code of the service authorization corresponding to this claim. Indicates which organizational area is authorizing service.	
Type of Service Code	The service type code of the service authorization corresponding to this claim. Indicates the type of work done by a provider on behalf of a client.	

Adult Day Care - All adult day paid claims for clients who were alive and on care, on or after January 1, 1990. (CJ_ALL_CLAIM_ADLT_DAYCRE table)

FIELD NAME	DESCRIPTION	COMMENTS
CC-IMS Provider ID - Replaced by a study specific identification number	A unique 5 digit provider identification number.	Replaced by project-specific identification number (unless otherwise authorized)
CC-IMS Client ID - Replaced by a study specific identification number	A client number remains throughout a client's lifetime regardless of status (e.g. marriage).	Replaced by project-specific identification number (unless otherwise authorized)
Assessed Care Level	The level of care provided to the client.	
Service Year	Year of service to which the claim applies.	
Service Month	Month of service to which the claim applies.	

FIELD NAME	DESCRIPTION	COMMENTS
Days of Service	Total number of care days provided during the month.	
Hours of Service	Total number of care hours provided during one month.	
Organization Code	The organization code of the service authorization corresponding to this claim. Indicates which organizational area is authorizing service.	
Type of Service Code	The service type code of the service authorization corresponding to this claim. Indicates the type of work done by a provider on behalf of a client.	

Group Home - All group home paid claims for clients who were alive and on care, on or after January 1, 1990. (CK_ALL_CLAIM_GROUP_HOME table)

FIELD NAME	DESCRIPTION	COMMENTS
CC-IMS Provider ID - Replaced by a study specific identification number	A unique 5 digit provider identification number.	Replaced by project-specific identification number (unless otherwise authorized)
CC-IMS Client ID - Replaced by a study specific identification number	A client number remains throughout a client's lifetime regardless of status (e.g. marriage).	Replaced by project-specific identification number (unless otherwise authorized)
Assessed Care Level	The level of care provided to the client.	
Service Year	Year of service to which the claim applies.	
Service Month	Month of service to which the claim applies.	
Days of Service	Total number of care days provided during the month.	
Hours of Service	Total number of care hours provided during one month. Applies to Home Support Agencies only.	
Organization Code	The Organization code of the service authorization corresponding to this claim. Indicates which organizational area is authorizing service.	
Type of Service Code	The service type code of the service authorization corresponding to this claim. Indicates the type of work done by a provider on behalf of a client.	

Direct Care/Professional Services – Direct Care* information for clients who were alive and on care, on or after January 1, 1990. (CCD_ADJ_PS_TLTCDP table).

*Includes services: Home nursing, OT, PT, and other professional services

FIELD NAME	DESCRIPTION	COMMENTS
CC-IMS Client ID - Replaced by a study specific identification number	A client number remains throughout a client's lifetime regardless of status (e.g. marriage)	Replaced by project-specific identification number (unless otherwise authorized)
CC-IMS Provider ID - Replaced by a study specific identification number	A unique 5 digit provider identification number.	Replaced by project-specific identification number (unless otherwise authorized)
Start Authorization Date	The authorization date of the start service authorization.	

FIELD NAME	DESCRIPTION	COMMENTS
Organization Code	Indicates which organizational area authorized this service event.	
Service Code	Indicates the service being authorized.	
Service Type Code	Indicates the type of service authorized.	
Direct Care Group Type1	Code classifying the type of care the client is receiving.	
Direct Care Group Type2	Code classifying the type of care the client is receiving.	
Direct Care Group Type3	Code classifying the type of care the client is receiving.	
Referral Source Code	Code indicating where the client referral originated. Used by OT, PT and QRT only.	
Care Level Code	The level of care a person is being issued.	
Disposition Code	Patient disposition code (discharge reason).	
Number of PT or HNC Visits 1	Total number of PT or HNC visits for this care episode. Usually entered upon discharge, but should be updated every 6 months.	
Number of PT or HNC Visits 2	Optional (for HU) further breakdown of total number of PT or HNC visits for this care episode. Usually entered upon discharge, but should be entered every 6 months.	
Number of PT or HNC Visits 3	Optional (for HU) further breakdown of total number of PT or HNC visits for this care episode. Usually entered upon discharge, but should be updated every 6 months.	
Number of PT or HNC Visits 4	Optional (for HU) further breakdown of total number of PT or HNC visits for this care episode. Usually entered upon discharge, but should be entered every 6 months for LTC patients.	
Number of OT or HNC Visits 1	NON-QRT: Total number of OT or Public Health Nurse visits for this care episode. Usually entered upon discharge, but should be updated every 6 months. QRT: Total number of liaison nurse visits for this care episode.	
Number of OT or HNC Visits 2	NON-QRT: Optional (for HU) further breakdown of total number of OT or Public Health Nurse visits for this care episode. Usually entered upon discharge, but should be entered every 6 months. QRT: Total number of HNC/LTC visits for this care episode.	
Number of OT or HNC Visits 3	NON-QRT: Optional (for HU) further breakdown of total number of OT or Public Health Nurse visits for this care episode. Usually entered upon discharge, but should be updated every 6 months. QRT: Total number of therapy visits for this care episode.	
Number of OT or HNC Visits 4	NON-QRT: Optional (for HU) further breakdown of total number of OT or Public Health Nurse visits for this care episode. Usually entered upon discharge, but should be updated every 6 months. QRT: Total number of therapy visits for this care episode.	
Type of Care Provided	Describes type of care to be provided.	

FIELD NAME	DESCRIPTION	COMMENTS
Patient Outcome at Discharge	Indicates patient outcome at discharge.	
Last Update Date	Date on which the visit totals were last updated in the IMS online system. Field used to identify patients who have not had visits recorded for the last 6 months.	
End of Authorization Date	The end date of this service event.	
Direct Care Referral Date	The referral date of the service event.	
HCC-MRR Client Group	A high-level description of home care clients based on their health status and assessed needs.	

Long Term Care Service – The service authorizations* for clients who were alive and on care, on or after January 1, 1990. (CCD_ADJ_LTC_TLTCSP table).

* Services include Residential, Group Homes, Family Care Home, Adult Day Care, and Home Support

FIELD NAME	DESCRIPTION	COMMENTS
CC-IMS Client ID - Replaced by a study specific identification number	A client number remains throughout a client's lifetime regardless of status (e.g. marriage).	Replaced by project-specific identification number (unless otherwise authorized)
CC-IMS Provider ID - Replaced by a study specific identification number	A unique 5 digit provider identification number.	Replaced by project-specific identification number (unless otherwise authorized)
Effective Date of Assessment	Effective date of the assessment record corresponding to this service event.	
Organizational Code	Indicates which organizational area authorized this service event.	
Service Code	Indicates the continuing care service being authorized.	
Type of Service	Indicates the type of service provided.	
Care Level Code	Indicates the level of care being authorized.	
Start Date	Service Event Start Date.	
Start Type Code	Indicates whether the service event starts with a start SA or change SA.	
Service Event Start Reason Code	Indicates the reason for this service event start if and only if start type code is "Change of service" for facility providers.	
End Date	The end date of this service event.	
Service Event End Type Code	Indicates whether this service event ends with a Change or End service authorization.	
Service Event End Reason Code	Service Event End Reason Code. Indicates the reason for the service event end as applicable to facility care.	
Additional 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.	