CJRR

Data Quality Documentation for Users

Canadian Joint Replacement Registry

2020–2021

CIHI ICIS

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Canadian Institute for Health Information
495 Richmond Road, Suite 600
Ottawa, Ontario K2A 4H6
Phone: 613-241-7860
Fax: 613-241-8120
cihi.ca
copyright@cihi.ca

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Purpose of this document

This document provides high-level data quality information about the Canadian Joint Replacement Registry (CJRR) 2020–2021 data set. This information will help users determine whether the data is ýt for the intended use. Speciýcally, this document contains information on CJRR's coverage, collection processes, data quality control, methodology changes and revision history.

Canadian Joint Replacement Registry

Overview

CJRR collects administrative, clinical and prosthesis information on hip and knee replacements performed across Canada.

This medical device registry was formed as a collaborative e ort between the Canadian Institute for Health Information (CIHI) and the Canadian Orthopaedic Association. The goals of the registry are to

- Collect, process and analyze data on hip and knee replacements performed in Canada;
- Support evidence-based decision-making to improve the quality of care for joint replacement recipients; and
- Conduct analyses pertaining to orthopedic devices and surgical techniques.

E ective April 1, 2018, CJRR data can be submitted to CIHI in 1 of 2 ways:

1. Directly to the CJRR database via standardized electronic ýles (legacy submission); or
2. Via the Discharge Abstract Database (DAD) (Group 20: Hip and Knee Prosthesis Information).

In 2020–2021, a total of 83,055 hip and knee prosthesis records were submitted:

- 57.7% of records came through the CJRR legacy electronic ýle submission system; and
- 42.3% of records came through the DAD.

In 2020–2021, CJRR data submission was mandatory in Nova Scotia, Ontario, Manitoba and British Columbia. In the other provinces and the territories, CJRR data was submitted on a voluntary basis by participating regional health authorities or facilities.

Users

Primary users of CJRR data include orthopedic surgeons, health policy-makers and health care administrators. Other users include allied health care clinicians, researchers and the general public.

Core data elements and concepts

E ective April 1, 2012, CJRR streamlined its list of data elements by implementing a minimum data set (MDS) that is aligned with the standards established by the International Society of Arthroplasty Registries (ISAR). CJRR collects the following information on hip and knee replacements:

- Patient demographics;
- Surgeon and facility information; and
- Surgery details, such as type of replacement (primary or revision procedure), type of primary procedure, joint side, diagnosis grouping or reason for revision, and prosthesis and cement identiýers (manufacturers/names and product/lot numbers).

Comprehensiveness

CJRR population and frame

The population of interest for CJRR is all hip and knee replacements performed in Canada, data for which has been collected in the Discharge Abstract Database–Hospital Morbidity Database (DAD-HMDB) and National Ambulatory Care Reporting System (NACRS). Data for the DAD-HMDB and NACRS is based on hospitalization or registration.

CJRR data for 2020–2021 includes DAD data with Group 20 for patients discharged between April 1, 2020, and March 31, 2021, and CJRR legacy data for procedures performed between April 1, 2020, and March 31, 2021. Users can select their population of interest using Discharge Date or Surgery Date, respectively.

Coverage

CJRR coverage can be assessed by comparing what is collected in the DAD-HMDB and NACRS with what is collected in CJRR via the CJRR database and the DAD Group 20. Compared with the reference population of interest, CJRR captured 73.9% of all hip and knee replacements in 2020–2021 (Table 1). CIHI continues to collaborate with voluntary jurisdictions to further encourage mandated CJRR reporting to achieve the goal of capturing prosthesis data for more than 90% of all procedures.

There is under-reporting of day surgery prosthesis data, with only 276 procedures identiýed as being performed in a day surgery. This under-reporting occurs due to di erences in data collection across the jurisdictions. CJRR data from Nova Scotia, Alberta and British Columbia cannot be distinguished by type of care, and more than half of Ontario facilities are not able to submit day surgery prosthesis data because NACRS does not have the capability to accept prosthesis information.

Table 1 CJRR prosthesis information coverage, by jurisdiction, 2020–2021

Issues of bias and reliability

Under-coverage, where it exists in voluntary CJRR reporting provinces and territories, is a major potential source of bias in CJRR. Given the nature of voluntary response, the facilities and populations with low coverage can be under-represented in the analyses conducted involving this data. Thus, it is recommended that users include only data from mandated provinces in their analyses that involve estimates and adjustments with population covariates.

With the expansion of mandated participation and increased CJRR coverage over time, it is expected that biases due to under-coverage will be reduced. In terms of other sources of bias, there may also be some degree of inconsistency due to coding variation, such as varying clinical interpretations and deýnitions (e.g., data elements such as Diagnosis Grouping or Reason for Revision).

Comparability

Availability of health care numbers for linkage

CJRR data can be linked to other CIHI databases such as the DAD-HMDB or NACRS to pull together more comprehensive information about an individual's joint replacement surgeries. For this linkage, individuals are identiýed by their health care number (HCN) and the jurisdiction that issued the HCN.

In 2020–2021, almost all CJRR records (>99%) could be linked to the DAD-HMDB or NACRS. Records without valid HCNs or issuing jurisdictions and records with jurisdiction/HCN combinations that are believed to be used by more than one person are excluded.

Availability of product numbers for linkage

CJRR product numbers can be linked to product libraries to obtain characteristics about the prostheses used and their components. In 2020–2021, CJRR collected 292,092 product numbers in 2 di erent formats: 95.2% were catalogue numbers and 4.8% were global trade item numbers (GTINs).

92.8% of the CJRR product numbers could be linked via the International Prosthesis Library[i] or publicly available manufacturer GTIN libraries, enabling identiýcation of the prosthesis characteristics such as component type, ýxation, bearing surface and size.

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i. A standardized hip and knee arthroplasty product library owned by the International Society of Arthroplasty Registries. For more information, email cjrr@cihi.ca.

Data quality control processes

All submitted hip and knee prosthesis data is subject to systematic checks for validity, logic, allowable ranges and consistency. The following speciýc quality control measures are built into CIHI's applications and tools:

- **Submission to CJRR database:** Validation checks are applied to the data, as outlined in . Errors in electronic submission fall into 2 categories: severe and non-severe (warning) errors. Both types of errors are þagged in error reports that are sent to the data suppliers. Records with severe errors are rejected and not saved.
- **Submission to the DAD:** Edits are applied to the submitted data, as outlined in *Vendor Speciſcations for Submitting Data to DAD*. For hard errors, a default value of Z is substituted into the data ýeld. An error message in a ýeld can occur when the reported value is valid but violates certain logical relationships with the data in other ýelds. All errors are recorded in the detailed submission error report that is sent to data suppliers. Any uncorrected hard errors that remain after the submission deadline can be identiýed with a Z.

Methodology changes and revision history

Mandatory submission timeline

Jurisdictions with mandatory CJRR coverage have a complete picture of prostheses used for hip and knee replacements in their province.

Data collection changes

- In May 2001, CJRR was launched as a collaborative e ort between CIHI and the Canadian Orthopaedic Association. Data was collected via paper forms or electronic ýles.
- In 2007, the CJRR web-based data submission and reports tool was launched. Data was collected via paper forms, electronic ýles or web tool entries.
- Starting with 2012–2013 data, the MDS standard for submission was adopted.
- In 2013, the CJRR system was updated to accept data from scanned barcodes of prosthesis stickers, which reduced errors resulting from manual entry as well

help@cihi.ca

CIHI Ottawa
495 Richmond Road
Suite 600
Ottawa, Ont.
K2A 4H6
613-241-7860

CIHI Toronto
4110 Yonge Street
Suite 300
Toronto, Ont.
M2P 2B7
416-481-2002

CIHI Victoria
880 Douglas Street
Suite 600
Victoria, B.C.
V8W 2B7
250-220-4100

CIHI Montréal
1010 Sherbrooke Street West
Suite 602
Montréal, Que.
H3A 2R7
514-842-2226

cihi.ca