

NACRS

NACRS Data Elements

2024–2025

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NACRS Data Elements, 2024–2025

The following table is a comparative list of NACRS mandatory and optional data elements for all data submission options, along with a brief description of the data element.

For a full description of each data element, please refer to the latest version of the *NACRS Abstracting Manual*.

NACRS Data Elements, 2024–2025

Legend

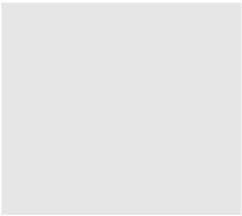
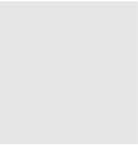
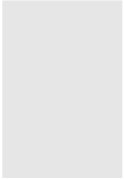
M — mandatory; O — optional; M* — conditional mandatory; NA — not applicable

Note: The status of a data element as mandatory, optional or conditional mandatory may vary due to service type and/or jurisdiction. A shaded text cell with a dagger symbol (†) indicates a jurisdictional variation to the data element reporting status. The

NACRS Data Elements	Data Element Name	Data Element Number	Description	ED			Day Surgery	Clinic Lite	Other Amb. Care
				Level 1	Level 2	Level 3			
Submission Data (continued)	Submission Period	00D	The date interval when the patient's visit occurred.	M	M	M	M	M	M
	Abstract Number	00E	number assigned to each record submitted to NACRS.	M	M	M	M	M	M
	Coder Number	00F	Facility-assigned number responsible for completing the abstract.	M	M	M	M	O	M
	Chart Number	01	Facility-assigned number for the patient.	M	M	M	M	M	M
	Ambulatory Registration Number	11	Facility-assigned number to associate the patient with a particular visit.	O	O	O †	O †	O	O †
	Ambulatory Registration/ Encounter Sequence Number	12	A link for encounters with the same Ambulatory Registration Number where services are provided on a recurring basis.	M*	M*	M*	M*	O	M*
	Complete Record	108	where data collection abstract is incomplete or information needed for comprehensive data collection is incomplete.	O	O	O	O	O	O
	Submission Level Code	128	submission level of the record.	M	M	M	M	M	M

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Patient/Client Demographic Data	Health Care Number	02	Patient's unique health care coverage number.	M	M	M	M	M	M
	Province/Territory Issuing Health Care Number	03	Province/territory or federal government from which the health care number was issued.	M	M	M	M	M	M
	Responsibility for Payment	04	source responsible for payment of service(s) rendered.	M	M	M	M	O	M
	Postal Code	05	A code assigned by Canada Post to identify the geographic location of the patient's place of residence.	M	M	M	M	M	M
	Residence Code	06	which the patient resides.	O †	O †	O †	O †	O	O †
	Recorded Sex or Gender	07	Alpha character describing the sex of the patient.	M	M	M	M	M	M
	Birth Date	08	The date the patient was born.	M	M	M	M	M	M
	Birth Date Is Estimated	09	Birth Date has unknown day/month/year or an estimated year of birth.	M*	M*	M*	M*	M*	M*
	Highest Level of Education	21	Highest level of education completed by the patient.	O	O	O	O	O	O
	Access to Primary Health Care Code	129	has access to primary health care through a family physician, family health team, walk-in clinic or in other settings.	O	O	M	O	O	O

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Patient/Client Demographic Data (continued)	Indigenous Identity	186	Indigenous Identity describes the patient self-identifying as First Nations, Métis and/or Inuk/Inuit.	O	O	O	O	O	O
	Racialized Groups	187	Racialized Groups describes the patient's racial background (as	O	O	O	O	O	O
Ambulance Data	Admit via Ambulance	14	arrives at the reporting facility via ambulance and the type of ambulance that was used.	M	M	M	M	O	M
	Ambulance Arrival Date/Time	118/119	Date and time when the ambulance pulls into the hospital driveway and arrives at the hospital.	O †	O †	O †	NA	O	NA
	Ambulance Transfer of Care Process Date/Time	120/121	Date and time when the ambulance personnel turn over care of the						



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Assessment and Consultation Data	Date and Time of Physician Initial Assessment	29/30	Date and time when by a physician in the ED.	M*	M*	M*	NA	O	NA
	Main and Other	43	A code that provides additional information relating to the ICD-10-CA code to which it is assigned.	O	O	O	O †	O	O
	Main Problem	44	ICD-10-CA code that describes the most						

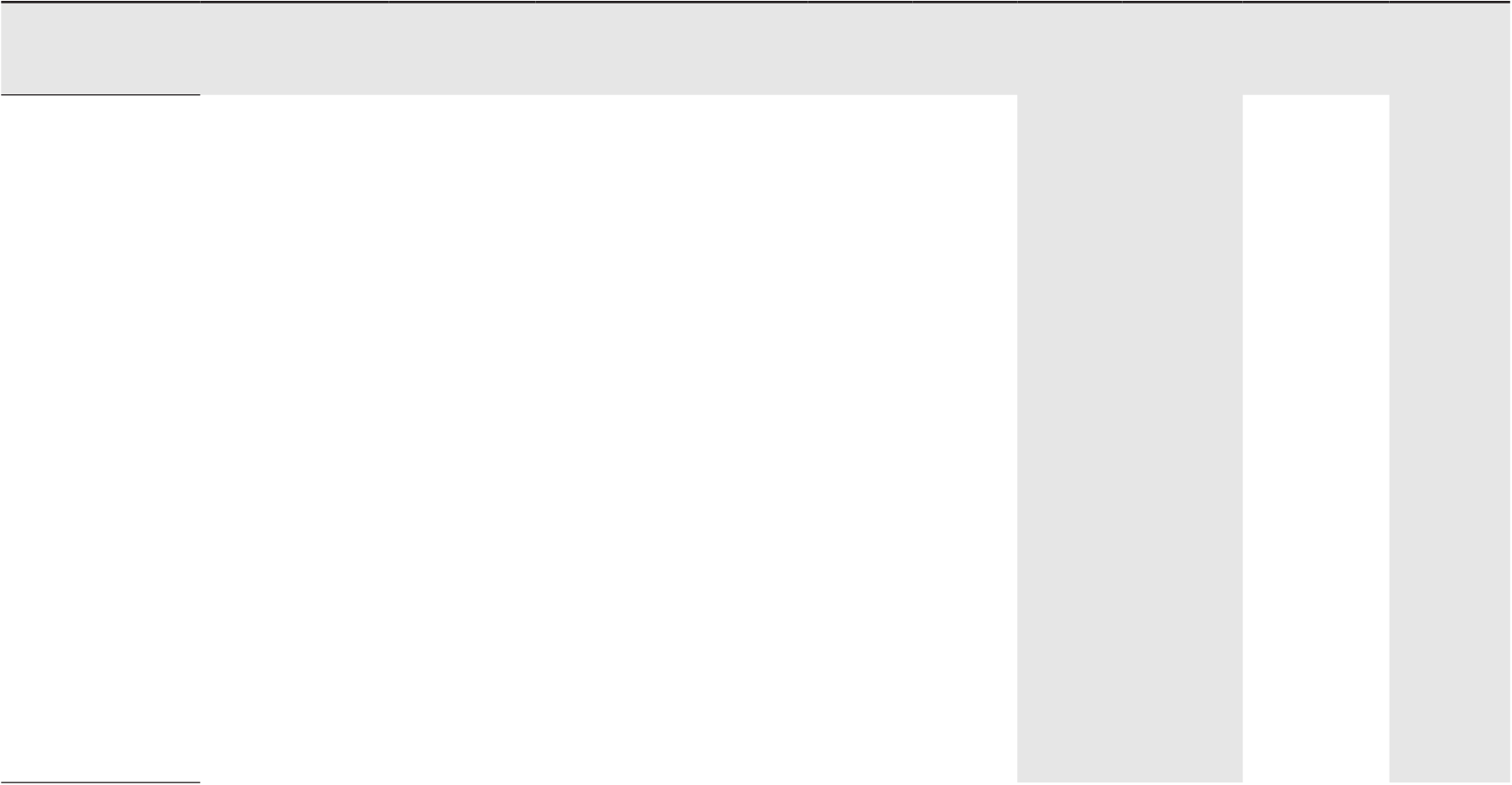
NACRS Data Elements	Data Element Name	Data Element Number	Description	ED			Day Surgery	Clinic Lite	Other Amb. Care
				Level 1	Level 2	Level 3			
Assessment and Consultation Data (continued)	Date and Time of Non-Physician Initial Assessment	133/134	Date and time when a or evaluated by a non-physician provider.	O †	O †	O †	NA	O	NA
	Non-Physician Initial Assessment Provider Service	135	The specialty of the non-physician provider who performed the initial assessment of the patient.	O †	O †	O †	NA	O	NA
	ED Discharge Diagnosis	137	The patient's diagnosis at the time of discharge from the emergency department.	O †	M*	O †	NA	O	NA
	Consult Arrival Date and Time	143/144	Date and time when the consultant's service begins.	O †	O †	O †	O	O	O
Intervention Data	Main Intervention	46	The intervention performed and considered the most	O	O	M*	M*	O	M*
	Other Intervention(s)	47	Other intervention(s) performed to consolidate treatment and diagnosis in addition to the Main Intervention.	O	O	M*	M*	O	M*
	Main and Other Attributes — Status/Location/Extent	48–50	Characters which provide additional details not present within the generic structure of the CCI codes.	O	O	M*	M*	O	M*
	Duration of								

NACRS Data Elements	Data Element Name	Data Element Number	Description	ED			Day Surgery		



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NACRS Data Elements	Data Element Name	Data Element Number	Description	ED			Day Surgery	Clinic Lite	Other Amb. Care
				Level 1	Level 2	Level 3			
Injury Information	Glasgow Coma Scale	100	A clinical scoring system to assess the response of neurologically impaired patients.	O	O	M*	M*	O	NA
	Seatbelt Indicator	101	Denotes whether a patient was wearing a seatbelt at the time of the motor vehicle accident.	O	O	M*	NA	O	NA
	Helmet Indicator	102	Denotes whether a patient was wearing a helmet at the time of the accident where helmet use would be warranted.	O	O	M*	NA	O	NA
Hip and Knee Prosthesis Information (CJRR)	Reporting Facility Ambulatory Care Number	CJ00B	Reporting Facility Ambulatory Care Number						



