

REFERENCE INFORMATION

Summary Reports Data Catalogue

HOSPITAL DISCHARGES	
<p>Acute Care Discharge used for Public Reporting. Includes only records that are:</p> <ul style="list-style-type: none"> - Not Extended care - Not Therapeutic Abortions - Only for the fiscal years since 2001/2002 <p>Exclude where client residency is OOP and governance org is OOP.</p>	
Code	Description
Acute Rehabilitation Days	The number of days the client spent in acute or rehab care.
Admit Code	Patient classification on admission: elective, urgent/emergent, newborn or stillborn.
Age In Years	Client's age in single years. It is calculated by subtracting date of birth from date of admission. Less than one year of age = 0. For extended care, subtract date of birth from date of discharge.
Alternate Care Level Days	The number of days the client spent in Alternate Level of Care (ALC). An ALC client has finished the acute-care phase of his/her treatment, but remains in an acute-care bed. ALC clients may be awaiting placement (e.g., to extended-care).
Ambulatory Care Sensitive Condition (ACSC)	Ambulatory Care Sensitive Conditions (ACSCs) are hospitalization of a type that could frequently have been prevented through the appropriate use of public health interventions or early disease management, which are typically delivered through ambulatory settings such as primary health care locales.
CACS (Comprehensive Ambulatory Classification System)	CACS or Comprehensive Ambulatory Classification System is a new national grouping methodology for ambulatory care patient data submitted to either the Discharge Abstract Database (DAD) or the National Ambulatory Care Reporting System (NACRS). Patients are grouped according to a number of data elements including diagnosis or intervention for the DAD and NACRS specific variables for NACRS.
CACS RIW	CACS resource intensity weight (RIW) factors in the following: <ul style="list-style-type: none"> - Diagnoses and interventions - Age - Anaesthetic Technique; and - Investigative technology (MRI, CT Scan, x-ray etc.)
CIHI	Canadian Institute of Health Information
CMG Plus RIW	RIW is the relative value assigned to a case derived from case-weighting cost data based on the CMG+ methodology.
Case	A case in Acute Care is one hospital admission/discharge event.
Case Count	The total number of cases, where a case is a publicly funded inpatient or day-surgery hospitalization in an acute-care, rehab, or psychiatric hospital.
Case Mix Groups (CMG+)	Case Mix Groups reflect a common body system derivation or other type of clinical problem where these clients have an anticipated similar clinical course and similar resource requirements (measured in days of patient care). CMG+ is the current methodology.
Case Rate	Cases per 1,000 population (crude rate or age-standardized).
Crude Rate	A crude rate is the total or raw number of units of measurement divided by the population of that area and multiplied by 1000. It is expressed in units per 1000.

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	The crude rate for the province is referred to as the "provincial rate."
DAD	The Discharge Abstract Database is a Canada-wide collection of data managed by CIHI. The data is prepared by acute care facilities, based on original client records, after the client is discharged. The data is used to support health care policy and management and health-related research.
Diagnostic Short List (DSL)	Contains diagnostic groupings based on ICD-10 CA codes. The creation of the new DSL was dictated by the structure of the ICD-10-CA classification system. The three digit numeric codes in the DSL are sequential (000 to 262), and are independent of the ICD-10-CA code structure. See the Reference Information reports for a complete listing of diagnostic short list codes.
Direct and Indirect Age Standardized Rates	<p>Age-standardization is a process that allows you to compare the use of health care services between regions, by adjusting for the differences in age mixes of regions. There are two methods of age standardization: the direct and the indirect method.</p> <p>* The direct method of age-standardizing utilization data calculates how much hospitalization or other health care services a region would have if the region had the same population age structure as the "standard" population.</p> <p>* The indirect method of age-standardizing utilization data calculates what the utilization of the region would be if the region used hospitals or other health care services at the same age-specific rates as all of BC and then compares this figure with the actual regional utilization.</p>
Entry Code	Codes used to identify client's point of entry to a hospital. Types of entries include emergency, direct, newborn and day surgery.
ICD-10-CA	The Canadian version of the International Classification of Diseases 10th Revision.
Intervention Condensed List (ICL)	Labels for selected and grouped principal interventions, i.e., truncated codes from Cdn. Classification of Interventions. Refer to the Reference Information reports for a complete listing of ICL codes.
Intervention Short List (ISL)	The B.C. Ministry of Health's "Selected Intervention List" summarizes approximately 17,000 CCI codes (Canadian Classification of Health Interventions) to 130 categories.
MCC+ Code	Codes used to identify the Major Clinical Category Plus designating the body system assigned to the record based on the CIHI grouping methodology. See the Reference Information reports for a complete listing of MCC+ codes.
Most Responsible Diagnosis Code	ICD-10 CA code identifying the morbidity (condition) most responsible for the client's stay in hospital.
Newborn	<p>A newborn is defined by the BC Ministry of Health as</p> <p>a) a live birth occurring within the reporting hospital or</p> <p>b) the first admission of an infant to the reporting hospital where the live birth occurred prior to admission and within 24 hours of the time of birth.</p> <p>Any newborn fitting descriptions (a) or (b) is coded to patient service 54 (Newborn), which in B.C., flags the hospitalization as "newborn." Any newborn transferred from another hospital is not recorded as patient service 54 (Newborn). Another patient service code is used instead, such as 20 (Paediatrics). Transfer hospitalizations of babies are not flagged as newborn. Stillborns are coded to patient service 89 (Stillborn).</p>
Patient Service	Also known as "Hospital Client Service." A classification to which clients are assigned according to hospital designation. (Examples: Medicine, Surgery, or

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	Paediatrics). See the Reference Information reports for a complete list of patient service codes.
Physician Service	The clinical speciality of the most responsible physician (the physician most responsible for the client's stay in hospital). See the Reference Information reports for a complete list of physician service codes.
Principal Intervention Code	Codes for the intervention considered most significant during the client's hospital stay.
Surgical Cases	Surgical cases include inpatient surgical cases and all day care surgery cases. Inpatient surgical cases are defined by a principal intervention that is found in the Intervention Partition List (IPL, a list of significant interventions) which was developed by CIHI as part of the CMG+ grouping methodology. The IPL is updated annually. All day surgery cases are defined as surgical by virtue of the fact that they occur in day surgical units. However, approximately 40% of day surgery cases are not considered surgical by IPL criteria.
Surgical Day Care (Day Surgery)	Surgical Day Care (Day Surgery) is a surgical service provided to clients who are not admitted as inpatients and meet the criteria for day surgery in B.C.
Tertiary Referral Hospitals (TRH)	Tertiary Referral Hospitals are 101 Vancouver General Hospital, 123 U.B.C. Hospital, 102 St. Paul's Hospital, 104 B.C. Women's Hospital and Health Centre, 105 B.C. Children's Hospital, 107 B.C. Cancer Agency, 119 B.C. Rehab Society (G.F. Strong), and 929 Riverview Hospital except for patients who live in 03 Vancouver Coastal Health Authority. For these patients, the tertiary hospitals are 104, 105, 107, 929.
Typical Weighted Case	A predetermined CMG-specific weighted-case value for typical cases. Cases are referred to as typical based on the following exclusionary hierarchy (from CIHI's manual, 2005 DAD Resource Intensity Weights and Expected Length of Stay, p. 14): 1. Outliers: patient's LOS greater than trim point. 2. Deaths. 3. Sign-outs. 4. Transfers: transferred to or from another acute care institution. 5. Atypical CMG cells (910-999).

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PHARMACARE CLAIM HEALTH PRODUCT	
PharmaCare Claim Fact aggregate primarily focused on Health Product.	
Code	Description
Accepted Days Supply	
Accepted Product Cost	
Accepted Professional Fee	The amount of the professional fee paid to the facility that submitted the claim.
Accepted Quantity	
Billed Compounding Fee	
Billed Cost Markup Amount	
Billed Product Cost	
Billed Professional Fee	
Billed Special Service Fee	
Claimant Reimburse Amount	
Compounding Minutes	
Dispensed Days Supply	
Dispensed Quantity	
Distinct Client Count	Distinct Client Count
Event Count	
External Payor Amount	
Facility Reimburse Amount	
Outstanding Copay Amount	
Paid Compounding Fee	
Paid Cost Markup Amount	
Paid Product Cost	
Paid Professional Fee	
Paid Special Service Fee	
Total Accepted Amount	
Total Billed Amount	
Total Client Paid Amount	

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PHARMACARE CLAIM HEALTH PRODUCT	
Total Pharmacare Paid Amount	
Transaction Count	

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POPULATION DATA	
Canada Census Population contains census-based population estimates for Canada, 1991. These estimates are used in calculating direct standardized utilization rates.	
Code	Description
HA	Health Authority
HSDA	Health Service Delivery Area
LHA	Local Health Area (LHA). The LHA is the smallest geographical unit of analysis and is based on the postal code of the client. It is derived from the Translation Master File (TMF) for valid B.C. postal codes only.
LHA Urban Rural	Describes the LHA as urban, rural, or semi-urban/rural, based on population density.
LHA Urban Rural Code	Codes R, U and S that indicate if the LHA is urban, rural, or semi-urban/rural respectively, based on population density.
Population Count	The estimated population as defined by BC Stats.