**Acute Leukemia Data Elements - Specialized Services Oversight (SSOIS)**

| **#** | **Entity** | **Data Element** | **COLUMN\_NAME** | **Definition (Description)** | **Format** | **Valid values(Notes)** | **Applies to** | **Purpose and Use** | **Mandatory** | **Business key (Uniqueness)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Leukemia | Health Card Number | Health\_Card\_Number | Patient's Ontario Health Card Number. | CHAR(10) | Valid values: 0-unknown, 1-out of country (OOC), or valid HCN | All | To link data with other CCO data holding areas. | Yes |  |
| 2 | Leukemia | Patient’s Chart Number | Patient\_Chart\_Number | Facilities internal unique patient identifier. | CHAR (12) | Must be alpha-numeric (i.e. no punctuation, must have numbers and characters). | All | For reimbursement: to uniquely identify procedure for a patient;  For investigations: chart number will be provided in log file for the records with errors. This will allow facilities to link data in log file with their data sets. | Yes | Yes |
| 3 | Leukemia | Date of Birth | Date\_Of\_Birth | Patient birth date | CHAR (8) YYYYMMDD | Valid date | All | To link data with other CCO data holding areas. | Yes |  |
| 4 | Leukemia | Postal Code | Postal\_Code | Patient’s residential postal code. | CHAR(10) | 1. Must match any of these format masks: ANANAN, NNNNN, NNNNN-NNNN, AA  2. If matches mask ANANAN, then can’t begin with D,F,I,O,Q,U, or W  3. If matches mask of AA, then should match any entry listed in  [**Appendix - 12.11**](https://www.cancercare.on.ca/ext/databook/db1213/Appendix/Appendix_1-6_-_Province_and_State_codes.htm) (Province and State Codes). | All | For geographical distribution reporting. | Yes |  |
| 5 | Leukemia | Facility Number | facility\_number | Submitting facility number | CHAR(3) | Valid facility number MOHLTC classification listed in **Appendix - 12.3** | All | For funding and planning | Yes | Yes |
| 6 | Leukemia | Type of leukemia | type\_of\_leukemia | Type of Leukemia such as AML/ALL | CHAR(3) | Valid codes listed in **Appendix - 12.12** | All |  | Yes |  |
| 7 | Leukemia | Date of Admission | Admit\_date | Date patient admitted to the hospital | CHAR(8) YYYYMMDD | Valid date or null | All | For reimbursement: to calculate length of hospital stay (not ICU) | No |  |
| 8 | Leukemia | Discharge Date | Discharge\_date | Hospital Discharge Date | CHAR(8) YYYYMMDD | Valid date or null | All | For reimbursement: to calculate length of hospital stay (not ICU) | No |  |
| 9 | Leukemia | Admission ongoing Flag | Admission\_ongoing\_flag | Hospital Admission flag | CHAR (3) | Valid values :“Yes” or “No” or null | All | To understand if a patient admitted in one quarter continues into another quarter | No |  |
| 10 | Leukemia | ICU admit date | icu\_admit\_date | Date patient got admitted to ICU | CHAR(8) YYYYMMDD | Valid date. | All | For reimbursement: to calculate length of ICU stay. | No |  |
| 11 | Leukemia | ICU admit time | icu\_admit\_time | Time patient was admitted to ICU | HHMM | 0000 (midnight) to 2359, as per CIHI NACRS format. | All | For reimbursement: to calculate length of ICU stay. | No |  |
| 12 | Leukemia | ICU discharge date | icu\_discharge\_date | Date patient was discharged from ICU | CHAR(8) YYYYMMDD | Valid date could be the same or greater than icu\_admit\_date | All | For reimbursement: to calculate length of ICU stay. | No |  |
| 13 | Leukemia | ICU discharge time | icu\_discharge\_time | Time patient was discharged from ICU | HHMM | 0000 (midnight) to 2359, as per CIHI NACRS format. | All | For reimbursement: to calculate length of ICU stay. | No |  |
| 14 | Leukemia | ICU ongoing flag | ICU\_ongoing\_flag | ICU ongoing flag | CHAR(3) | Valid values “Yes” or “No” | All | To understand whether the ICU admission is ongoing/not in that quarter | No |  |
| 15 | Leukemia | Visit type | visit\_type | Type of the visit | CHAR(15) | Valid values for visit type are: Regional outreach or/ Urgent care clinic | All | For reimbursement: to uniquely identify the visit type of a patient | No |  |
| 16 | Leukemia | Visit date | visit\_date | Date of visit | CHAR(8) YYYYMMDD | Valid date and must be within submitting quarter and year. | All | Planning funding volumes and capacity management | No | Yes |
| 17 | Leukemia | Share Care Facility | Share\_Care\_faciity | Name of the facility that patients care is shared with | CHAR(3) | Valid facility number as per classification **Appendix - 12.13** | All | Planning funding volumes and capacity management | No |  |
| 18 | Leukemia | Date Receipt Referral | Date\_receipt\_referral | Date patient was referred for consultation with hematologist | CHAR(8) YYYYMMDD | Must be on or before date of first consult and first induction. | All | Performance metrics – wait times | No |  |
| 19 | Leukemia | Date Patient First Consult | Date\_patient\_first\_consult | Date of first consultation with hematologist (C1S) | CHAR(8) YYYYMMDD | Must be on or after date of referral and on or before date of first induction. | All | Performance metrics – wait times | No |  |
| 20 | Leukemia | Date of first induction | Date\_of\_first\_induction | Date of first induction treatment | CHAR(8) YYYYMMDD | Must be on or after date of referral and date of first consult. | All | Performance metrics – wait times | No |  |
| 21 | Leukemia | Date of relapse | Date\_of\_relapse | Date of relapse diagnosis | CHAR(8) YYYYMMDD | Must be a valid date | All | For reimbursement | No |  |
| 22 | Leukemia | Reason for Admission | Reason\_for\_admission | Reason for admission in to hospital | Character (drop down)  Options: Induction,  Consolidation  Intensification  Febrile Neutropenia  Other | Must select drop down option | All | For reimbursement | No | No |