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| Cancer Care Ontario |
| Aplastic Anemia Manual Data Collection Data Dictionary |
| **High Cost Drug** |
| **8/13/2019** |

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# Version Control

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| --- | --- | --- | --- |
| Date | Description | TFS# | Owner |
| May 29, 2019 | Data Dictionary Drafted | n/a | Cassandra McKay |
|  |  |  |  |
|  |  |  |  |

# Data Elements for Aplastic Anemia

| **#** | **Data Element** | **COLUMN\_NAME** | **Definition (Description)** | **Format** | **Valid values(Notes)** | **Applies to** | **Purpose and Use** | **Mandatory** | **Business key (Uniqueness)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Health Card Number | Health\_Card\_Number | Patient’s Ontario Health Card Number. | CHAR(10) | Valid values: valid HCN  Not valid: 0-unknown, 1-out of country (OOC), or number less than 10 digits | All | Patient identifier, adjudication, funding and health system planning.  To link data with other CCO data holding areas (e.g., SSO IS, OCR, CIHI). | Yes | Yes |
| 2 | Patient chart Number | Patient\_Chart\_Number | Facilities internal unique patient identifier. | CHAR (12)  Cell must be in ‘Text’  Category in  Format Cells option in  Excel. | Must be  alphanumeric  (i.e. no  punctuation, must have numbers and characters). | All | Patient identifier, adjudication, funding and health system planning.  For investigations: patient 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 |  |
| 3 | Date of Birth | Date\_Of\_Birth | Patient birth date | CHAR (10) YYYYMMDD | 1. Patient birth date is a valid date.  2. Patient birth date is between Jan 01 1900 and Date\_ATG\_Administered. | All | Patient identifier, adjudication, funding and health system planning.  To link data with other CCO data holding areas and to calculate age at time of drug administration. | Yes |  |
| 4 | 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 entity  Valid values listed in Appendix-2 | All | Patient identifier, adjudication, funding and health system planning.  For geographical distribution reporting. | Yes |  |
| 5 | Facility Number | Facility\_Number | Submitting facility number | CHAR(3) | Valid Ontario facility number as per MOHLTC classification Valid values listed in Appendix-1 | All | Funding and health system planning.  For identifying the submitting facility and linking to SSO IS data holdings. | Yes | Yes |
| 6 | Date ATG Administered | Date\_ATG\_Administered | Date of equine anti-thymocyte globulin (ATG) administration for patient with aplastic anemia | CHAR (10) YYYYMMDD | 1. Patient birth date is a valid date.  2. Patient birth date is between Jan 01 1900 and Date\_ATG\_Administered. | All | Funding and health system planning. | Yes | Yes |
| 7 | Total Dose of ATG Administered in mg on given date | Total\_ATG\_Administered | Total amount of equine anti-thymocyte globulin (ATG) administered for patient with aplastic anemia in milligrams on a given date | NUM(4) | Valid values:  0001-9999 | All | Funding and health system planning. | Yes |  |

# Quality Assurance Checks

The QA checks are grouped by number as follows:

100’s - **File level checks**

200’s - **File format errors**: Entire record is rejected.  
300’s - **Rejected content errors**: Entire record is rejected.  
400’s - **Non-rejected content errors**: Entire record is retained, including erroneous field.  
500’s - **Apparent duplicate record warnings**: These are not necessarily errors, but could be.

## Validations: File Level Validations (Level 100)

The following rules will be applied and checked against every file submitted for SSO program.

| **#** | **Type** | **Condition** | **Error Message** | **Reject** |
| --- | --- | --- | --- | --- |
| 101 | Invalid Header | Header list in excel file is incorrect | File Error- Header list is incorrect. | Yes |
| 102 | Incorrect number of columns | Record in file has incorrect number of data elements | File Error- Record has incorrect number of data elements. | Yes |
| 103 | File name mask | File name does not follow the convention for file name mask: **AA\_nnn\_ffff\_ffffQx.xlsx**  Where:  AA: a fixed string indicating the program data needed (Aplastic Anemia)  nnn: the three-digit code of the submitting site (e.g. 567)  ffff \_ffff: the two calendar years that make up the fiscal year separated by an underscore character (e.g. 2015\_2016)  Q: a fixed character for Quarter  x: the quarter within the fiscal, which is always an integer number between 1 and 4 (e.g. 3)  .xlsx: a fixed string indicating that the file includes comma-separated values.  **Example**: AA\_567\_2015\_2016Q3.xlsx  ***Note****: This validation should be non-case-sensitive so that, for example, the string "AA" can also be sent as "aa".* | File Error - File is incorrectly named. | Yes |
| 104 | Empty | File is empty  ***Note****: files with only one row (i.e. the header row is present and not patient level data) are considered valid. This error applies only when there is no such header.* | File Error - invalid number of data columns in “&file\_name” file. | Yes |
| 105 | No Data | File includes only one line, and that line is a valid header line.  ***Note****: This is a valid submission if there were no procedures in the reported quarter, so we issue a warning just to make sure.* | Warning - No data submitted. If there are data records, please resubmit. | No |

## Validations: File Format Errors (Level 200)

| **Number** | **Entity** | **Data Element** | **Condition** | **Error Message** | **Reject** |
| --- | --- | --- | --- | --- | --- |
| 201 | All | All Fields | Data field is too long | Invalid field length | Yes |
| 202 | All | All Date Fields | Date is not in YYYYMMDD format | Invalid - Must be in YYYYMMDD format  *(For optional date fields, ignore if null)* | Yes |

## Validations: Content Errors, Record Rejected (Level 300)

| **Number** | **Element #** | **Data Element** | **Column\_Name** | **Condition** | **Error Message** | **Reject** |
| --- | --- | --- | --- | --- | --- | --- |
| 300 | 1 | Patient Health Card Number | Health\_Card\_Number | Is Null | Invalid - Null Value | Yes |
| 301 | 1 | Patient Health Card Number | Health\_Card\_Number | Is not a valid ten-digit HCN | Invalid Ontario Health Card Number | Yes |
| 302 | 2 | Patient Chart Number | Patient\_Chart\_Number | Is Null | Invalid - Null Value | Yes |
| 303 | 2 | Patient Chart Number | Patient\_Chart\_Number | Contains special characters e.g. \*,/,{  Ignore if Null | Invalid Patient Chart Number - Contains non alpha numeric characters | Yes |
| 304 | 3 | Date of Birth | Date\_Of\_Birth | Is Null | Invalid - Null Value | Yes |
| 305 | 3 | Date of Birth | Date\_Of\_Birth | Patient birth date is before 1900-01-01 | Invalid Date is before 1900-01-01 | Yes |
| 306 | 3 | Date of Birth | Date\_Of\_Birth | Format must match YYYYMMDD | Invalid - Date input format must match YYYYMMDD | Yes |
| 307 | 4 | Postal Code | Postal\_Code | Is Null | Invalid - Null Value | Yes |
| 308 | 4 | Postal Code | Postal\_Code | Matches mask ANANAN but begins with D, F, I, O, Q, U, or W. | Invalid Postal Code- Invalid Initial Letter | Yes |
| 309 | 4 | Postal Code | Postal\_Code | Matches mask of AA but does not match any entry in [Appendix 3](https://www.cancercare.on.ca/ext/databook/db1213/Appendix/Appendix_1-6_-_Province_and_State_codes.htm) (Prov/State Codes) | Invalid - Postal Code (Prov/State) - consult lookup table in template. | Yes |
| 310 | 4 | Postal Code | Postal\_Code | Does not match mask: ANANAN, NNNNN, NNNNN-NNNN, AA  Ignore if Null | Invalid Postal Code- Invalid mask | Yes |
| 311 | 5 | Facility Number | Facility\_Number | Is Null | Invalid - Null Value | Yes |
| 312 | 5 | Facility Number | Facility\_Number | Does not match any legal entry in **Appendix-3.** Ignore if Null | Invalid Hospital Number - consult lookup table in template. | Yes |
| 313 | 6 | Date ATG Administered | Date\_ATG\_Administered | Is Null | Invalid – Null Value | Yes |
| 314 | 6 | Date ATG Administered | Date\_ATG\_Administered | Is not in current reporting quarter | Invalid -Date ATG Administered not in the quarter being submitted | Yes |
| 315 | 6 | Date ATG Administered | Date\_ATG\_Administered | Format must match YYYYMMDD | Invalid - Date input format must match YYYYMMDD | Yes |
| 316 | 7 | Total ATG Administered on given date | Total\_ATG\_Administered | Is null | Invalid – Null Value | Yes |
| 317 | 7 | Total ATG Administered on given date | Total\_ATG\_Administered | Is not a valid value (0001-9999) | Invalid – Value for total dose administered. Must be within 0001 and 9999 in milligrams. | Yes |

## Validations: Content Errors, Record Not Rejected (Level 400)

| **Number** | **Element #** | **Data Element** | **Column** | **Condition** | **Error Message** | **Reject** |
| --- | --- | --- | --- | --- | --- | --- |
| 400 | 3 | Date of Birth | Date\_Of\_Birth | Patient is less than 18 years of age. | Warning: This record is for a person less than 18 years of age.  Please note CCO does not provide funding for cases where the patient is less than 18 years of age. | No |

## Validations: Duplicate or Apparent Duplicate Records (Level 500)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Entity** | **Data Element** | **Condition** | **Error Message** | **Reject** |
| 501 | Uniqueness of treatment | Health\_Card\_Number  facility\_number  Date ATG Administered | The three data elements (Health Card Number, Facility Number, Date ATG Administered) are the same for two records in the same file. | Error: Apparent duplicate records | Yes |
| 502 | Facility number | Facility Number | Facility number in the data does not match with the facility number associated with MFT Tumbleweed folder permissions. | Facility number mismatch | Yes |

# Data Submission Timelines

In 2019/20, Q1 and Q2 2019/20 data submissions will take place during the Q2 submission window (and optional data resubmission window). Subsequent fiscal quarters and fiscal years will follow the submission timelines included below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Aplastic Anemia Manual Data Collection Submission Timelines** | | | |
| **Fiscal Quarter** | **Corresponding Time Frame** | **Submission Window** | **Data Resubmission Window Open (Optional)** |
| Q1 | April 1 – June 30 | July 24 - 30 | August 22 – 30 |
| Q2 | July 1 – September 30 | October 24 – 30 | November 22 – 30 |
| Q3 | October 1 – December 31 | January 24 – 30 | February 22 – 30 |
| Q4 | January 1 – March 31 | April 24 – 30 | May 22 – 30 |

# Appendix 1: Facility Numbers

|  |  |  |
| --- | --- | --- |
| **Provider** | **Submitting Site** | **Facility Number** |
| Transplant & Acute Leukemia Service Site | London Health Sciences Centre | 936 |
| Hamilton Health Sciences Centre | 942 |
| University Health Network – Princess Margaret Cancer Centre | 947 |
| Kingston Health Sciences Centre | 978 |
| The Ottawa Hospital | 958 |
| Health Sciences North | 959 |
| Acute Leukemia Service Site | Windsor Regional Hospital | 933 |
| Grand River Hospital | 930 |
| Thunder Bay Regional Health Sciences Centre | 935 |
| Sunnybrook Health Sciences Centre | 953 |

# Appendix 2: Valid 2-digits Postal Codes

(Source: Cancer Care Ontario's Data Book https://www.cancercareontario.ca/en/data-book-reporting-standards).

The table below provides list of valid 2 digit postal codes for province and State codes.



# Appendix 3: MOHLTC Master Numbering System[[1]](#footnote-1)

The Master Numbering System has been developed for the purpose of bringing together all Health Facilities and Programs under one system of identification. The list is a composite of health and health related units, facilities, clinics, programs and services. Each such organization has been assigned a unique four digit identifying code.

(For details, please refer Cancer Care Ontario's Data Book, Appendix A: MOHLTC Master Numbering System, at link <https://www.cancercareontario.ca/en/data-book-reporting-standards>).

1. [↑](#footnote-ref-1)