

Ontario Renal Network
Réseau Rénal de L'Ontario

Ontario Renal Reporting System (ORRS) Data Dictionary

Version 2.3, September 2014

Heading Definitions

Heading Titles	Definitions
Entity	Name of the business entity corresponding to the data element.
Data Element Name	Data element name in the User Interface Application / Upload Tool, etc.
Data Element No.	Data element number assigned for reference.
Definition	Description of the data element.
Format	Description of the data format (e.g. Alphanumeric, Numeric, or Character)
Completion Requirement	Indicates if the field is Mandatory/Required or Optional.
Valid Values	List of acceptable values for the specific data element.
Validation Rules	Edit checks for the data element based on the business rules for data validation.
Purpose and Use	Purpose or use of the data element (e.g. date of birth is used to determine patient's age).
Notes	Additional comments, changes to the data elements over time, etc.

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
COMMON DATA ELEMENTS for Pre-Dialysis, Chronic and Acute Patient Registration									
Patient	Source Record ID	1.1	<p>Unique Identifier for a record assigned at the provider location</p> <p>The Record ID assigned to a record should remain unchanged throughout the entire submission process</p> <p>Record IDs cannot be reused within a provider location</p>	Alphanumeric (20)	Mandatory	Combination of letters, numbers and/or special characters		To identify a unique record for matching purposes	This applies to Chronic, Acute, Pre-dialysis Registration and Treatment Events
Patient	Source Patient ID	1.2	<p>Unique Identifier for a Patient</p> <p>This is used by the provider location to uniquely identify a patient (e.g., medical record number, health care number, birth registry, etc.)</p> <p>The Patient ID is required in all record types</p> <p>It is important that the same patient identifier for a particular patient be used across all record types. For example, the same Patient ID assigned to a particular patient in a registration record must be used in all the Treatment Event records associated with that patient</p>	Alphanumeric (20)	Mandatory			To identify a unique patient	<p>NOTE: This data element pertains ONLY to ORRS Expose (Basic Facilities)</p> <p>This applies to Chronic, Acute, Pre-dialysis Registration and Treatment Events</p>

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Patient	Source Patient ID Issuing Location	1.3	<p>The Patient ID Issuing Location indicates the location responsible for assigning the record's Patient ID</p> <p>This will enable data providers to reuse the same Patient ID across provider locations</p>	Character (3)	Optional	See Appendix for 'Location Codes', 'IHF Location Codes', 'Self-care Location Codes' and 'LTC Location Codes' lists		This data element will be used when the same Patient ID is shared among multiple locations and/or when the same information system is used across various locations to maintain their renal patient data. For example, the same Patient ID can be used across multiple sites within the same facility	This applies to Chronic, Acute, Pre-dialysis Registration and Treatment Events
Patient	Location	1.4	Name of the Location	Character (3)	Mandatory	See Appendix for 'Location Codes', 'IHF Location Codes', 'Self-care Location Codes' and 'LTC Location Codes' lists	The record's Location must equal the specified Location of the file.	This is used to identify the treatment location	This applies to Chronic, Acute, Pre-dialysis Registration and Treatment Events
Patient	LastName	1.5	Patient Last name	Character (50)	Mandatory	Accepted Characters: A-Z, space, ' , -	<p>"Last Name" field under patient identification on patient registration.</p> <p>This field accepts only characters.</p>	This data element is a link to Patient Profile on Patient Search Results and is used to uniquely identify a patient	This applies to Chronic, Acute, Pre-dialysis Registration and Treatment Events
Patient	FirstName	1.6	Patient First name	Character (50)	Mandatory	Accepted Characters: A-Z, space, ' , -	<p>"First Name" field under patient identification on patient registration.</p> <p>This field accepts only characters.</p>	This data element is a link to Patient Profile on Patient Search Results and is used to uniquely identify a patient	This applies to Chronic, Acute, Pre-dialysis Registration and Treatment Events

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Patient	Former Last Name	1.5a	Patient's Former Last Name	Character (50)	Optional	Accepted Characters: A-Z, space, ' , -	<p>"Former Last Name" under patient identification on patient registration.</p> <p>This field accepts only characters.</p>		<p>NOTE: This data element pertains ONLY to ORRS Expose (Basic Facilities)</p> <p>This applies to Chronic, Acute, Pre-dialysis Registration and Treatment Events</p>
Patient	Health Card Number	1.7	<p>Patient's Health Card Number</p> <p>Numeric portion of the health insurance card number assigned by the provincial government</p> <p>Health card number is the patient's most recent health insurance number assigned by their provincial government of residence</p>	Numeric (12)	Conditionally Mandatory	Ontario health card numbers are 10 digits	<p>"Health Card Number" field under patient identification on patient registration must not be more than 10 digits in length.</p> <p>This field becomes mandatory if "Patient does not have a HCN" field's value is unchecked.</p>	Used to identify the patient insurance status	This applies to Chronic, Acute, Pre-dialysis Registration and Treatment Events
Patient	Province of Health Card Number	1.8	Province of Health Card (if not Ontario)	Character (2)	Conditionally Mandatory	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, Other	<p>"Province of Health Card Number" field under patient identification on patient registration becomes mandatory if "Patient does not have a HCN" is unchecked and becomes inactive if "Patient does not have a HCN" field's value is checked.</p>	Used to identify the patient insurance origin	This applies to Chronic, Acute and Pre-dialysis Registration

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Patient	Health Card Number Not Available	1.9	Indicates that the patient had no health card available at the time of service	Character (1)	Optional	ORRS Expose: Checked () Unchecked () ORRS Upload Tool: Y -Yes (True - Not required) N- No (False - Required) Blank: Required	"Patient does not have Health Card Number" field must accept only one of the two valid values. This field's default value will be "Unchecked".	Data quality	This applies to Chronic, Acute, Pre-dialysis Registration
Patient	Date of Birth	1.10	Patient Date of Birth	Date (10)	Mandatory	ORRS Expose DD-MMM-YYYY ORRS Upload Tool DD-MM-YYYY	"Date of Birth" field's value must be selected from the calendar provided in the application. This field's value must be earlier (less) than the current date.	Used to identify a patient and calculate age of the patient	This applies to Chronic, Acute, Pre-dialysis Registration and Treatment Events
Patient	Gender	1.11	Patient's gender	Character (1)	Mandatory	M - Male F - Female O - Other	"Gender" field under patient identification on patient registration must be a value from a pre-populated list.	Used to identify patient special demographic characteristics - gender/sex.	This applies to Chronic, Acute, Pre-dialysis Registration and Treatment Events
Patient	Race	1.12	Patient's race	Character (2)	Mandatory (for Pre-dialysis) Optional (for Acute and Chronic)	1 - Caucasian 2 - Asian/Oriental 3 - Black 5 - Indian Sub-Continent 8 - Pacific Islander 9 - Native American/Aboriginal 10 - Mid-East/Arabian 11 - Latin American 12 - African Origin 98 - Unknown 99 - Other/Multiracial	"Race" field under patient identification on Pre-Dialysis patient registration is mandatory. "Race" field under patient identification on Acute & Chronic patient registration is optional.	Used to identify patient special demographic characteristics - race.	This applies to Chronic, Acute and Pre-dialysis Registration

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Patient	If Other, Specify	1.13	Patient's race to be specified, if not identified from the predefined race options	Character (50)	Optional	Open text field	"If Other, specify" field under patient identification on patient registration must auto-refresh every time the value for "Race" field is updated.	Used to identify patient special demographic characteristics - race.	This applies to Chronic, Acute and Pre-dialysis Registration
Patient	Patient Address - City	1.14	Patient's current city/town of residence	Character (30)	Optional		"City" field under patient identification on patient registration must be a value from a pre-populated list. "City" field's pre-populated list will be based on the value selected for "Province" field. "City" field's pre-populated list will auto-refresh every time the value for "Province" field is updated.	Used to identify patient special demographic characteristics -location	This applies to Chronic, Acute and Pre-dialysis Registration
Patient	Patient Address - Province	1.15	Patient's province of residence	Character (2)	Mandatory	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, 99 (Out of Canada)	"Province" field under patient identification on patient registration must be a valid value from the pre-populated list.	Used to identify patient for geographic analysis	This applies to Chronic, Acute and Pre-dialysis Registration

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Patient	Patient Address - Postal Code	1.16	<p>Patient's postal code of their home address</p> <p>A postal code is a series of letters and/or digits appended to a postal address for the purpose of sorting mail</p> <p>Format for Canadian Postal Code: A#A#A#</p>	Alphanumeric (6)	Mandatory	A#A#A#	"Postal Code" field under patient identification on patient registration must accept only alpha-numeric characters. (No special characters are allowed).	Used to identify patient for geographic analysis	This applies to Chronic, Acute and Pre-dialysis Registration
Patient	ORRS Patient ID	1.17	<p>This is an ORRS system generated identifier on initial registration of the patient.</p> <p>This is used in conjunction with other patient credentials (i.e. last name, first name, date of birth, gender and health card number) to match to a patient in ORRS</p>	Numeric (10)	Optional			Used to identify and match with a patient in ORRS	This applies to Chronic, Acute, Pre-dialysis Registration and Treatment events
Patient	Registration Type	1.18	This indicates if this is a initial or secondary registration in ORRS and pertains to Registration (Acute, Chronic and Pre-dialysis) only	Character (1)	Mandatory	I - Initial Registration S - Secondary Registration		Used to identify whether the registration is initial or secondary	This applies to Chronic, Acute and Pre-dialysis Registration - ONLY for the ORRS Upload Tool (Standard facilities)
Patient	Street Address Line 1	1.19	This is an additional address field to capture detailed address for all registration types	Alphanumeric (100)	Mandatory			Used to identify the complete address of the patient to support quality improvement initiatives	
Patient	Street Address Line 2	1.20	This is an additional address field to capture detailed address for all registration types	Alphanumeric (100)	Optional			Used to identify the complete address of the patient to support quality improvement initiatives	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
CHRONIC REGISTRATION									
Chronic Registration	Patient transferred into Ontario?	2.1	Indicates if the patient was transferred into Ontario	Character (1)	Conditionally Optional	Y - Yes N - No		Used to identify if the patient was transferred into Ontario	
Chronic Registration	Date of Referral to Nephrologist	2.67	The date of referral to see a Nephrologist	Date (10)	Optional	<u>ORRS Expose</u> DD-MMM-YYYY <u>ORRS Upload Tool</u> DD-MM-YYYY	The date of referral to Nephrologist must be greater than the patient's Date of Birth. The date of referral to Nephrologist must be on or before the date when the patient was first seen by a Nephrologist.	To track the date of referral to nephrologist on initiation of chronic dialysis to support quality improvement initiatives	
Chronic Registration	The date first seen by Nephrologist	2.2	The date first seen by Nephrologist	Date (10)	Optional	<u>ORRS Expose</u> DD-MMM-YYYY <u>ORRS Upload Tool</u> DD-MM-YYYY	The date when the patient was first seen by a Nephrologist must be greater than the patient's date of birth. The date when the patient was first seen by a Nephrologist must be less than or equal to the current date.	Used to identify pre-dialysis care and CKD status	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Chronic Registration	Creatinine when first seen by Nephrologist	2.3	Creatinine value at first Nephrologist visit The lab test performed at first nephrology visit. The initial result for creatinine ($\mu\text{mol/L}$) when followed by Nephrologist	Numeric (4)	Conditionally Mandatory	9999	IF Date when patient was first seen by a Nephrologist is not blank OR Patient Followed by Nephrologist prior to Dialysis is not blank THEN Creatinine when first seen by nephrologist cannot be blank.	Used to identify pre-dialysis care and CKD status	
Chronic Registration	Patient Followed by Nephrologist prior to Dialysis?	2.4	Patient followed by Nephrologist prior to initiating dialysis	Character (1)	Optional	N - No Y - Yes U - Unknown	"Was the patient followed by a Nephrologist prior to initiating dialysis" field under pre-dialysis and initial blood work group on Chronic patient registration must be a value from a pre-populated list.	Used to identify pre-dialysis care and CKD status	
Chronic Registration	Where was Patient Followed?	2.5	Where the patient was seen before the start of dialysis	Character (1)	Conditional Optional	1 - Office 2 - Clinic 3 - Both	"Where" field under pre-dialysis and initial blood work group on Chronic patient registration must be activated only if "Was the patient followed by a Nephrologist" field's value is "Yes". "Where" field under pre-dialysis and initial blood work group on Chronic patient registration must auto-refresh every time the value for "Was the patient followed by a Nephrologist prior to initiating dialysis" field is updated.	Used to identify pre-dialysis care and CKD status	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Chronic Registration	Followed in multidisciplinary clinic?	2.6	Patient was followed in CKD specialty clinic	Character (1)	Optional	N - No Y - Yes U - Unknown	"Followed in multi-disciplinary clinic" field under pre-dialysis and initial blood work group on Chronic patient registration must be a value from a pre-populated list.	Used to identify pre-dialysis care and CKD status	
Chronic Registration	Date of referral to multidisciplinary clinic	2.7	Date of first referral to multidisciplinary (specialty) clinic	Date (10)	Optional	<u>ORRS Expose</u> DD-MMM-YYYY <u>ORRS Upload Tool</u> DD-MM-YYYY	The Date of referral to multi-disciplinary clinic must be greater than patient's Date of Birth.	Used to identify pre-dialysis care and CKD status	
Chronic Registration	Patient Receiving Erythropoietin Prior to Initial Dialysis?	2.8	Erythropoietin (EPO) received prior to dialysis treatment	Character (1)	Optional	2 - No 3 - Unknown 4 - 'Yes - Eprex' 5 - 'Yes - Aranesp' 6 - 'Yes - Other'	"Patient receiving erythropoietin prior to initial dialysis treatment" field under pre-dialysis and initial blood work group on Chronic patient registration must be a value from a pre-populated list.	Used to identify patient clinical characteristics	
Chronic Registration	Hemoglobin (g/L)	2.9	Hemoglobin test results prior to starting dialysis; the latest results for hemoglobin (g/L) for the patient	Numeric (3)	Optional	999	"Hemoglobin" field's usual range of values is 60-140 g/L (inclusive).	Used to identify patient clinical characteristics	
Chronic Registration	Creatinine (µmol/L)	2.10	Creatinine test result prior to starting dialysis	Numeric (4)	Mandatory	9999	"Creatinine" field's usual range of values is 300-1500 µmol/L (inclusive).	Used to identify patient clinical characteristics	
Chronic Registration	Urea (mmol/L)	2.11	Urea test result prior to starting dialysis; the latest results for urea (mmol/L) for the patient	Numeric (3,1)	Optional	999.9	"Urea" field's usual range of values is 15-40 mmol/L (inclusive).	Used to identify patient clinical characteristics	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Chronic Registration	Serum Bicarbonate / CO2 (mmol/L)	2.12	Serum bicarbonate test result prior to starting dialysis; the latest results for Serum Bicarbonate or Serum CO2 (mmol/L) for the patient	Numeric (2)	Optional	99	"Serum Bicarbonate/CO2" field's usual range of values is 20-30 mmol/L (inclusive).	Used to identify patient clinical characteristics	
Chronic Registration	Serum Calcium (mmol/L)	2.13	Calcium test result prior to starting dialysis; the latest results for Serum Calcium (mmol/L) for the patient	Numeric (1,2)	Optional	9.99	"Serum Calcium" field's usual range of values is 2.20-2.60 mmol/L (inclusive) if "corrected" is selected in drop down. "Serum Calcium" field's usual range of values is 1.19-1.29 mmol/L (inclusive) if "ionized" is selected in drop down. "Serum Calcium" field's usual range of values is 2.10-2.60 mmol/L (inclusive) if "uncorrected" is selected in drop down.	Used to identify patient clinical characteristics	
Chronic Registration	Serum Calcium Type	2.14	This is to identify the Serum Calcium Type	Character (1)	Optional	1 - Corrected 2 - Uncorrected 3 - Ionized		Used to identify patient clinical characteristics	
Chronic Registration	Serum Phosphate (mmol/L)	2.15	Phosphate test result prior to starting dialysis; the latest results for serum phosphate (mmol/l) for the patient.	Numeric (1,2)	Optional	9.99	"Serum Phosphate" field's usual range of values is 1.5-1.8 mmol/L (inclusive).	Used to identify patient clinical characteristics	
Chronic Registration	Serum Albumin (g/L)	2.16	Albumin test result prior to starting dialysis; the latest results for albumin (g/L) for the patient	Numeric (2)	Optional	99	"Serum Albumin" field's usual range of values is 25-50 g/L (inclusive).	Used to identify patient clinical characteristics	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Chronic Registration	Serum Parathormone (PTH)	2.17	Parathormone test result prior to starting dialysis; the latest results for serum parathormone for the patient	Numeric (3,1)	Optional	999.9	“Serum Parathormone” field’s usual range of values is 1.3-7.6 pmol/L (inclusive) if “pmol/L” is selected in drop down. “Serum Parathormone” field’s usual range of values is 18-73 ng/L (inclusive) if “ng/L” is selected in drop down. “Serum Parathormone” field’s usual range of values is 10-65 pg/ml (inclusive) if “pg/ml” is selected in drop down.	Used to identify patient clinical characteristics	
Chronic Registration	PTH Units of Measure	2.18	Unit of Measure (Flag for the type of PTH test)	Character (1)	Optional	1 - pmol/L 2 - ng/L 3 - pg/ml		Unit of measure for Serum Parathormone	
Chronic Registration	PTH Test Not Done	2.19	Flag to identify if test not done	Character (1)	Optional	Y - Yes N - No		Used to identify if the PTH test was not done	
Chronic Registration	Comments	2.20	Place to record additional comments, if any	Character (255)	Optional	Open text field		This is an open text field to record additional information on Lab tests	
Chronic Registration	Access Used at Time of First Dialysis	2.21	Body/venous access type used at first chronic dialysis treatment	Character (2)	Mandatory	1 - Temporary catheter non-cuffed 2 - Temporary catheter cuffed 3 - Permanent catheter non-cuffed 4 - Permanent catheter cuffed 5 - AV fistula 6 - AV graft 7 - PD Catheter	“Access used at the time of first dialysis” field under Initial & Intended Dialysis Treatment on Chronic patient registration must be a value from a pre-populated list. This is the access used to receive the dialysis treatment/modality identified in the chronic patient registration form.	Used to identify the access type used at the start of chronic dialysis treatment	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Chronic Registration	Dialysis Treatment Start Date	2.22	To identify start of the chronic dialysis treatment	Date (10)	Mandatory	<u>ORRS Expose</u> DD-MMM-YYYY <u>ORRS Upload Tool</u> DD-MM-YYYY	<p>“Treatment Start Date” field under Initial & Intended dialysis treatment on Chronic patient registration must be greater than “Date of Birth” field’s value.</p> <p>“Treatment Start Date” field under Initial & Intended dialysis treatment on Chronic patient registration must be greater than “Date when patient was first seen by a Nephrologist” field’s value.</p> <p>“Treatment Start Date” field’s value must not occur during the month for which the census period has been closed.</p>	Used to identify length of treatment	
Chronic Registration	Initial Dialysis Treatment Code	2.23	Type of Dialysis Modality	Character (3)	Mandatory	See ‘Treatment (Modality) Codes – Chronic Specific’ list	“Level of Care” field’s value must be a valid combination in conjunction with “Location” and “Type” fields’ values.	This is to identify and track the type of dialysis modality	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Chronic Registration	Intended Long-Term Treatment?	2.24	To identify if the initial dialysis treatment is intended long term treatment	Character (1)	Optional	N - No Y - Yes U - Unknown	"Is this initial treatment intended long-term dialysis treatment for this patient" field under Initial & Intended dialysis treatment on Chronic patient registration must be a value from a pre-populated list.	Used to identify the modality of initial dialysis treatment	
Chronic Registration	Reason for not intended long-term treatment	2.25	Reason why initial treatment was not intended long term treatment	Character (1)	Conditionally Optional	1 - No facilities/space available 2 - No mature access 3 - Unforeseen change in patient status leading to sudden dialysis start 4 - Other	"If not, why not" field under Initial & Intended dialysis treatment on Chronic patient registration will be applicable only if "Is this initial treatment intended long-term dialysis treatment for this patient" field's value is "No".	Used to identify why initial treatment was not intended for long term treatment	
Chronic Registration	Other Reason for not intended long-term treatment	2.26	If not the intended treatment, specify other treatment	Character (50)	Conditionally Mandatory	Open text field	"Other" field under Initial & Intended dialysis treatment on Chronic patient registration will be activated only when "If not, why not" field's value is "Other".	Used to identify other treatment	
Chronic Registration	Intended Long-term Treatment Code?	2.27	Type of the intended dialysis treatment. Consists of treatment location code, treatment type code and level of assistance care code. Treatment Location.	Character (3)	Conditionally Optional	See Appendix for 'Treatment (Modality) Codes – Chronic Specific' list	"Level of Care" field's value must be a valid combination in conjunction with "Location" and "Type" fields' values.	Used to identify intended modality treatment	
Chronic Registration	Not Home HD Modality Reason 1	2.28	Reason for Not Home HD Modality	Character (2)	Conditionally Mandatory	See Appendix for 'Home HD Reason Codes' list	IF Initial Dialysis Treatment Code in (111, 171, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home HD Modality Reason 1 cannot be blank.	To identify primary reason for why not Home HD Modality	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Chronic Registration	Not Home HD Modality Other Reason 1	2.29	Reason for Not Home HD Modality	Character (100)	Conditionally Mandatory		IF Not Home HD Modality Reason 1 = '55' THEN Not Home HD Modality Other Reason 1 cannot be blank.	To identify other primary reason for why not Home HD Modality	
Chronic Registration	Not Home HD Modality Reason 2	2.30	Reason for Not Home HD Modality	Character (2)	Conditionally Optional	See Appendix for 'Home HD Reason Codes' list	IF Initial Dialysis Treatment Code NOT in (111, 171, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home HD Modality Reason 2 must be blank.	To identify secondary reason for why not Home HD Modality	
Chronic Registration	Not Home HD Modality Other Reason 2	2.31	Reason for Not Home HD Modality	Character (100)	Conditionally Mandatory		IF Not Home HD Modality Reason 2 = '55' THEN Not Home HD Modality Other Reason 2 cannot be blank.	To identify other secondary reason for why not Home HD Modality	
Chronic Registration	Not Home HD Modality Reason 3	2.32	Reason for Not Home HD Modality	Character (2)	Conditionally Optional	See Appendix for 'Home HD Reason Codes' list	IF Initial Dialysis Treatment Code NOT in (111, 171, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home HD Modality Reason 3 must be blank.	To identify tertiary reason for why not Home HD Modality	
Chronic Registration	Not Home HD Modality Other Reason 3	2.33	Reason for Not Home HD Modality	Character (100)	Conditionally Mandatory		IF Not Home HD Modality Reason 3 = '55' THEN Not Home HD Modality Other Reason 3 cannot be blank.	To identify other tertiary reason for why not Home HD Modality	
Chronic Registration	Not Home PD Modality Reason 1	2.34	Reason for Not Home PD Modality	Character (2)	Conditionally Mandatory	See Appendix for 'Home PD Reason Codes' list	IF Initial Dialysis Treatment Code in (111, 171, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home PD Modality Reason 1 cannot be blank.	To identify primary reason for why not Home PD Modality	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Chronic Registration	Not Home PD Modality Other Reason 1	2.35	Reason for Not Home PD Modality	Character (100)	Conditionally Mandatory		IF Not Home PD Modality Reason 1 = '55' THEN Not Home PD Modality Other Reason 1 cannot be blank.	To identify other primary reason for why not Home PD Modality	
Chronic Registration	Not Home PD Modality Reason 2	2.36	Reason for Not Home PD Modality	Character (2)	Conditionally Optional	See Appendix for 'Home PD Reason Codes' list	IF Initial Dialysis Treatment Code NOT in (111, 171, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home PD Modality Reason 2 must be blank.	To identify secondary reason for why not Home PD Modality	
Chronic Registration	Not Home PD Modality Other Reason 2	2.37	Reason for Not Home PD Modality	Character (100)	Conditionally Mandatory		IF Not Home PD Modality Reason 2 = '55' THEN Not Home PD Modality Other Reason 2 cannot be blank.	To identify other secondary reason for why not Home PD Modality	
Chronic Registration	Not Home PD Modality Reason 3	2.38	Reason for Not Home PD Modality	Character (2)	Conditionally Optional	See Appendix for 'Home PD Reason Codes' list	IF Initial Dialysis Treatment Code NOT in (111, 171, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home PD Modality Reason 3 must be blank.	To identify tertiary reason for why not Home PD Modality	
Chronic Registration	Not Home PD Modality Other Reason 3	2.39	Reason for Not Home PD Modality	Character (100)	Conditionally Mandatory		IF Not Home PD Modality Reason 3 = '55' THEN Not Home PD Modality Other Reason 3 cannot be blank.	To identify other tertiary reason for why not Home PD Modality	
Chronic Registration	HD Catheter Reason 1	2.40	HD Catheter Reason 1	Character (2)	Conditionally Mandatory	See Appendix for 'VA Reason Codes - Milestone 4' list	IF Access Used at Time of First Dialysis in (1, 2, 3, 4) THEN HD Catheter Reason 1 cannot be blank.	To identify primary reason for HD Catheter	
Chronic Registration	HD Catheter Other Reason 1	2.41	HD Catheter Other Reason 1	Character (100)	Conditionally Mandatory		IF HD Catheter Reason 1 = '55' THEN HD Catheter Other Reason 1 cannot be blank.	To identify other primary reason for HD Catheter	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Chronic Registration	HD Catheter Reason 2	2.42	HD Catheter Reason 2	Character (2)	Conditionally Optional	See Appendix for 'VA Reason Codes - Milestone 4' list	IF Access Used at Time of First Dialysis NOT in (1, 2, 3, 4) THEN HD Catheter Reason 2 must be blank.	To identify secondary reason for HD Catheter	
Chronic Registration	HD Catheter Other Reason 2	2.43	HD Catheter Other Reason 2	Character (100)	Conditionally Mandatory		IF HD Catheter Reason 2 = '55' THEN HD Catheter Other Reason 2 cannot be blank.	To identify other secondary reason for HD Catheter	
Chronic Registration	Height at first dialysis treatment (cm)	2.44	Height (cm) of the patient at the time of dialysis	Numeric (3,3)	Conditionally Optional	999.999	IF No Height & Weight Reason is NOT blank THEN Height at First Dialysis Treatment must be blank.	Used to identify patient physical characteristics	
Chronic Registration	Weight within first month of treatment (kg)	2.45	The patient's actual weight in kg during treatment for chronic renal failure	Numeric (3,3)	Conditionally Optional	999.999	IF No Height & Weight Reason is NOT blank THEN Weight within First Month of Treatment must be blank.	Used to identify patient physical characteristics	
Chronic Registration	No Height & Weight Reason	2.46	Indicated if neither Height nor Weight is available	Character (1)	Optional	1 - Double leg amputee 2 - Other		Data quality	
Chronic Registration	No Height & Weight Other Reason	2.47	Comment or reason why either Height or Weight is not available	Character (100)	Conditionally Mandatory	Open text field	IF No Height & Weight Reason = '2' THEN No Height & Weight Other Reason cannot be blank.	Used to record reasons for missing Height or Weight	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Chronic Registration	Primary Renal Disease	2.48	Primary Renal Disease (PRD) or the disease condition which caused renal failure that needed renal replacement therapy	Character (2)	Optional	See Appendix for 'Primary Renal Codes' list	"Primary Renal disease code" field under primary diagnosis and risk factor history on Chronic patient registration must be a value from a pre-populated list.	Used to calculate End-Stage Renal Disease (ESRD) Primary Renal Disease	
Chronic Registration	Other Primary Renal Disease	2.49	Other disease condition which caused renal failure - i.e. when PRDtype code=99	Character (100)	Conditional Mandatory		IF Primary Renal Disease = '99' THEN Other Primary Renal Disease cannot be blank.	Additional disease information	
Chronic Registration	Angina?	2.50	Indicates whether patient has suffered from angina at the time of initial renal replacement therapy	Character (1)	Optional	N - No Y - Yes U - Unknown		Used to identify patient's existing specific comorbidities	
Chronic Registration	Myocardial Infarct?	2.51	Indicates whether patient has confirmed myocardial infarct on the basis of an EKG, cardiac enzymes, echocardiogram or thallium scans prior to beginning renal replacement therapy	Character (1)	Optional	N - No Y - Yes U - Unknown		Used to identify patient's existing specific comorbidities	
Chronic Registration	Coronary Artery Bypass Grafts/Angio plasty?	2.52	Indicates whether patient has had previous coronary artery bypass graft surgery prior to beginning renal replacement therapy	Character (1)	Optional	N - No Y - Yes U - Unknown		Used to identify patient's existing specific comorbidities	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Chronic Registration	Recent history of Pulmonary Edema?	2.53	Congestive Heart Failure (CHF)/ Pulmonary Oedema - If the patient has a recent history of pulmonary edema prior to beginning renal replacement therapy. This includes episode(s) of congestive heart failure or severe fluid overload within six months prior to start of dialysis	Character (1)	Optional	N - No Y - Yes U - Unknown		Used to identify patient's clinical characteristics	
Chronic Registration	Cerebrovascular Disease?	2.54	Cerebrovascular Disease (Stroke or Transient Ischemic Attack)- Indicates whether patient has had previous cerebrovascular event such as transient cerebral ischaemic attack, carotid surgery, cerebral infarct, cerebral hemorrhage, stroke prior to beginning renal replacement therapy	Character (1)	Optional	N - No Y - Yes U - Unknown		Used to identify patient's clinical characteristics	
Chronic Registration	Peripheral Vascular Disease?	2.55	Peripheral Vascular Disease (Ischemic muscle pain precipitated by exercise, amputation, gangrene) - Indicates whether patient has been described as having intermittent claudication at rest or, on exercise or, has had aorto-femoral bypass surgery prior to beginning renal replacement therapy	Character (1)	Optional	N - No Y - Yes U - Unknown		Used to identify patient's clinical characteristics	
Chronic Registration	Diabetes Type I?	2.56	Indicates whether patient had diabetes type 1 prior to beginning renal replacement therapy	Character (1)	Optional	N - No Y - Yes U - Unknown		Used to identify patient's clinical characteristics	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Chronic Registration	Diabetes Type II?	2.57	Indicates whether patient was diagnosed with Type 2 diabetes prior to beginning renal replacement therapy	Character (1)	Optional	N - No Y - Yes U - Unknown		Used to identify patient's clinical characteristics	
Chronic Registration	Malignancy?	2.58	Malignancy (existing prior to dialysis) - Indicates whether patient had a malignancy that existed prior to the first treatment for chronic	Character (1)	Optional	N - No Y - Yes U - Unknown		Used to identify patient's clinical characteristics	
Chronic Registration	Malignancy Site	2.59	Indicates the malignancy site under primary diagnosis	Character (2)	Optional	See Appendix for 'Malignancy Site Codes' List		Used to identify patient's existing specific comorbidities	
Chronic Registration	Other Malignancy site	2.60	Other site of malignancy	Character (100)	Optional			Used to identify patient's existing specific comorbidities	
Chronic Registration	Chronic Obstructive Lung Disease?	2.61	Chronic Obstructive Lung Disease (COLD)/ Emphysema/ Chronic Bronchitis - Indicates whether the patient had clinically significant chronic chest disease requiring medical. Management prior to beginning renal replacement therapy; This will usually be described as chronic obstructive lung disease, chronic bronchitis or emphysema	Character (1)	Optional	N - No Y - Yes U - Unknown		Used to identify patient's existing specific comorbidities	
Chronic Registration	Receiving medication for hypertension	2.62	Indicates if the patient was receiving medication such as calcium blocking agents, vasodilators, ACE inhibitors (e.g. captopril, enalapril) in order to control hypertension at the time renal replacement therapy was initiated	Character (1)	Optional	N - No Y - Yes U - Unknown		Used to identify patient's existing specific comorbidities	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Chronic Registration	Other Serious Illness?	2.63	Indicates if the patient has had any other illness, which may shorten life expectancy (e.g. aortic aneurysm, AIDS, etc.), at the time of starting renal replacement therapy	Character (1)	Optional	N - No Y - Yes U - Unknown		Used to identify patient's existing specific comorbidities	
Chronic Registration	Specified other serious illness	2.64	Indicates specific other illness	Character (100)	Optional	Open text field	IF Specified Serious Illness = 'Y' THEN Specified Other Serious Illness cannot be blank.	Used to identify patient's existing specific comorbidities	
Chronic Registration	Current Smoker?	2.65	Current smoker (within the last 3 months) - Indicates if the patient is a current smoker	Character (1)	Optional	N - No Y - Yes U - Unknown		Used to identify patient lifestyle - smoking	
ACUTE REGISTRATION Treatment Information									
Acute Registration - Treatment Information	Treatment Start Date	3.1	Date when treatment was started	Date (10)	Mandatory	<u>ORRS Expose</u> DD-MMM-YYYY <u>ORRS Upload Tool</u> DD-MM-YYYY	"Treatment Start Date" field under treatment information on Acute patient registration must not be greater than "Date of Birth" field's value.	Used to identify length of treatment	
Acute Registration - Treatment Information	Acute Treatment	3.2	Indicates the type of acute treatment for the patient	Character (3)	Mandatory	Acute HD (AHD) CRRT-SLEDD (CSD) CRRT-CVVHD (CCV)	"Acute Treatment" field under treatment information on Acute patient registration must be a value from a pre-populated list.	Used to identify the type of acute treatment the patient received and to track patient's health condition over time	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Acute Registration - Treatment Information	Care Setting	3.3	Indicates the patient's care setting	Character (1)	Mandatory (Acute Registration) Conditionally Mandatory (Treatment Event)	1 - Emergency Department 2 - PACU/Recovery 3 - Isolation room 4 - Inpatient care (ICU/CCU) 5 - Inpatient care (Non-critical) 6 - Inpatient care (dialysis in unit)	"Care Setting" field under treatment information on Acute patient registration must be a value from a pre-populated list.	Describes settings in the hospital where acute dialysis is provided	This is common to Pre-dialysis registration and Treatment Event; NOTE: Completion requirement is <i>Mandatory</i> for Pre-Dialysis Registration and <i>Conditionally Mandatory</i> for Treatment Event in Clinic Visits
PRE-DIALYSIS REGISTRATION									
Pre-Dialysis Registration	Patient Height (cm)	4.1	Height (cm) prior to starting dialysis	Numeric (3,3)	Optional	999.999		Used to identify patient physical characteristics	
Pre-Dialysis Registration	Patient Weight (kg)	4.2	The patient's actual weight in kg at the start of the first ever dialysis, treatment for chronic renal failure; Weight (kg) prior to starting dialysis	Numeric (3,3)	Optional	999.999		Used to identify patient physical characteristics	
Pre-Dialysis Registration	First Clinic Visit Date	4.3	Date when the patient first came to the pre-dialysis clinic with the eGFR qualifier for ORRS new pre-dialysis patient registration	Date (10)	Mandatory	<u>ORRS Expose</u> DD-MMM-YYYY <u>ORRS Upload Tool</u> DD-MM-YYYY	"First Clinic Visit Date" field's value must be greater than "Date of Birth" field's value. First Clinic Visit Date must be within the specified file submission period.	Used to determine when the patient first came to pre-dialysis clinic for treatment and with the eGFR qualifier	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Pre-Dialysis Registration	Clinic Visit Type	4.4	Type of the clinic the patient visited during pre-dialysis care	Character (1)	Mandatory	1 - Regular 2 - Education 3 - Body/Vascular Access	"Clinic Visit Type" field under treatment information on Pre-dialysis patient registration must be a value from a pre-populated list. IF Client Visit Type = 2, THEN Delivery Mode cannot be blank. IF Client Visit Type = 3, THEN Access Visit Type cannot be blank.	Used to identify the type of the clinic visit for funding purposes	
Pre-Dialysis Registration	Creatinine (umol/L)	4.5	Result of the Creatinine for the patient at the pre-dialysis clinic	Numeric (4)	Mandatory	9999	The clinical range of values can be between 120-1500 µmol/L.	Used to calculate eGFR when patient registered as pre-dialysis patients	
Pre-Dialysis Registration	eGFR	4.6	Estimated Glomerular Filtration Rate(eGFR) may be used to identify kidney disease. This appears as a calculated value in ORRS Expose					This data element is not applicable in the ORRS Upload Tool. This appears as a calculated value in ORRS Expose	
Pre-Dialysis Registration	Proteinuria	4.7	Patient's proteinuria lab result	Numeric (4,2)	Optional	9999.99	"Proteinuria" field's value can be between 100 and 4000 (inclusive). IF "Proteinuria" is not blank, THEN "Proteinuria Test Type" cannot be blank.	Used to measure progression of chronic kidney disease (CKD)	
Pre-Dialysis Registration	Proteinuria Test Type	4.8	Proteinuria test type	Character (1)	Conditionally Mandatory	1 - PCR 2 - ACR 3 - 24hr Protein Excretion Rate	IF "Proteinuria" is not blank, THEN "Proteinuria Test Type" cannot be blank.	Used to measure progression of CKD	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Pre-Dialysis Registration	Delivery Mode	4.9	Delivery mode for Education Clinic Visit	Character (1)	Conditionally Mandatory	1 - Group 2 - Individual	IF Client Visit Type = 2, THEN Delivery Mode cannot be blank.	Used identify the type of the clinic setting	
Pre-Dialysis Registration	Access Visit Type	4.10	Type of access visit for Body/Vascular Access - i.e. for initial assessment or, for follow-up	Character (1)	Conditionally Mandatory	1 - Initial Assessment 2 - Follow-up	IF Client Visit Type = 3, THEN Access Visit Type cannot be blank.	Used to identify and track the patient's treatment access and related changes	This field is common to Pre-dialysis Registration and Treatment Events
Pre-Dialysis Registration	Initial Assessment Type	4.11	Indicates the type of assessment	Character (1)	Conditionally Mandatory	1 - Pre-Dialysis Patient 2 - On dialysis at time of first visit	IF Access Visit Type = 1, THEN Initial Assessment Type cannot be blank.	To determine if patient is on dialysis at first visit or is a pre-dialysis patient	This field is common to Pre-dialysis Registration and Treatment Events
Pre-Dialysis Registration	Assessment Reason	4.12	Reason for initial assessment	Character (1)	Conditionally Mandatory	1 - Surgical consultation for PD access 2 - Surgical consultation for HD access 4 - Other	IF Access Visit Type = 1, THEN Initial Assessment Reason cannot be blank.	To determine the reason for assessment at pre-dialysis	This field is common to Pre-dialysis Registration and Treatment Events

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Pre-Dialysis Registration	Follow-up Type	4.13	Type of Follow-up for Body/Vascular Access	Character (1)	Conditionally Mandatory	1 - First follow-up visit 2 - Further pre-operating assessment 3 - Complication related/challenge to maintain access 4 - Other	IF Access Visit Type = 2, THEN Follow-up Type cannot be blank.	To determine and track the type of follow-up for body/vascular access	This field is common to Pre-dialysis Registration and Treatment Events
TREATMENT EVENT									
Treatment Event	Same Day Event Order	5.1	The Same Day Event Order specifies how treatment events that occur on the same day are ordered for a given patient	Numeric (2)	Optional	If the Order is not specified, incomplete or invalid, ORRS will automatically order the same day events as they are presented in the file from top to bottom for a patient. For example, the first same day event record is given a value of 1, the second a value of 2 and so forth for a given patient.		To identify and track the sequence of events in a day	This field pertains ONLY to ORRS Expose (Basic facilities)
Treatment Event	Treatment Event Code	5.2	Identifies the applicable treatment event for the patient - for example, Access change, Modality change, Recovered, Returning, Transplant etc	Character (6)	Mandatory	See Appendix for 'Treatment Event Codes' list		To identify the treatment event for the patient	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Treatment Event	Treatment Date	5.3	Date of Treatment	Date (10)	Mandatory	<p>ORRS Expose DD-MMM-YYYY</p> <p>ORRS Upload Tool DD-MM-YYYY</p>	<p>The Treatment Start Date must be within the specified file submission period.</p> <p>The Clinic Visit Date must be greater than patient's Date of Birth.</p>	Used to identify length of treatment	
Treatment Event	Treatment (Modality) Code	5.4	Type of Dialysis Modality	Character (6)	Conditionally Mandatory	See Appendix for 'Treatment (Modality) Codes' (all applicable codes)	IF Treatment Event Code is not 'NC' THEN Treatment Code cannot be blank.		
Treatment Event	Reason for Change Code	5.6	Reason for treatment/status change	Character (2)	Conditionally Mandatory	<p>See Appendix for 'Reason for Change Codes' list</p> <p>Note: codes 18 and 20 are only applicable for a Treatment Event of 'TO'</p>	<p>IF Treatment Event Code in ('M', 'L-OUT', 'TR-OUT', 'TO') THEN Reason for Change Code cannot be blank.</p> <p>IF Treatment Event Code = 'TO' THEN Reason for Change Code must be in (18, 20).</p>	Used to track reasons for treatment changes and for treatment practice analysis	
Treatment Event	Other Reason for Change	5.7	Other reasons for treatment change	Character (50)	Conditionally Mandatory	Open text field	IF Reason for Change Code = '99' THEN Other Reason for Change cannot be blank.	To identify and track other reasons for treatment changes	
Treatment Event	Reason for Withdrew Code	5.8	Primary reason for withdrawal	Character (2)	Conditionally Mandatory	See Appendix for 'Reason for Chronic Withdrew Codes' and 'Reason for Pre-dialysis Withdrew Codes' list	IF Treatment Event Code = 'W' THEN Reason for Withdrew Code cannot be blank.	To identify the primary reason for withdrawal	
Treatment Event	Other Reason for Withdrew code	5.9	Other Reasons for withdrawal	Character (50)	Conditionally Mandatory	Open text field	IF Reason for Withdrew Code = '7' THEN Other Reason for Withdrew Code cannot be blank.	To identify other reasons for withdrawal	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Treatment Event	Transferred From Location	5.10	The Location from where the patient has moved from	Character (3)	Conditionally Mandatory	See Appendix for 'Location Codes', 'IHF Location Codes', 'Self-care Location Codes' and 'LTC Location Codes' lists		Used to identify patient movements and volumes by provider in different timeframes	
Treatment Event	Death Type Code	5.12	Cause of Death	Character (2)	Conditionally Mandatory	See Appendix for 'Death Type Codes' list	IF Treatment Event Code = 'D' THEN Death Type Code cannot be blank.	Used to analyze the major causes of death	
Treatment Event	Transplant Hospital	5.13	Transplant hospital name	Character (3)	Conditionally Mandatory	See Appendix for 'Hospital Codes' list	IF Treatment Event Code = 'TX' THEN Transplant Hospital cannot be blank.	Used for transplant analysis	
Treatment Event	Transplant Type	5.14	Indicates the Transplant Type	Character (3)	Conditionally Mandatory	C - Cadaveric Donor (old term) D - Deceased Donor L - Living Donor UNK - Unknown	IF Treatment Event Code = 'TX' THEN Transplant Type cannot be blank.	Used for transplant analysis	
Treatment Event	Access Used	5.15	Indicates patient's access type used for dialysis	Character (2)	Conditionally Mandatory	1 - Temporary catheter non-cuffed 2 - Temporary catheter cuffed 3 - Permanent catheter non-cuffed 4 - Permanent catheter cuffed 5 - AV fistula 6 - AV graft 7 - PD Catheter	IF Treatment Event Code = 'AC' THEN Access Used cannot be blank.	Used to track patients' access changes	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Treatment Event	Other Access Used	5.16	Other Body/venous access used	Character (1)	Conditionally Optional	1 - Temporary catheter non-cuffed 2 - Temporary catheter cuffed 3 - Permanent catheter non-cuffed 4 - Permanent catheter cuffed 5 - AV fistula 6 - AV graft 7 - PD Catheter	IF Treatment Event Code <> 'AC' THEN Other Access Used must be blank. IF Access Used in (1, 2, 3, 4) THEN Other Access Used must be blank. IF Access Used = 5 THEN Other Access Used cannot be in (5, 6). IF Access Used = 6 THEN Other Access Used cannot be 6. IF Access Used = 7 THEN Other Access Used cannot be 7.	Identifies if patient has other access used. This would be considered dual access.	
Treatment Event	Dialysis Training Type	5.17	Indicates the type of home dialysis training	Character (1)	Conditionally Mandatory	1 - Home Hemodialysis 2 - CAPD 3 - APD	IF Treatment Event Code in ('TS', 'TE', 'RS', 'RE') THEN Dialysis Training Type cannot be blank.	To identify the type of home dialysis training for the patient	
Treatment Event	Not Home HD Modality Reason 1	5.18	Primary reason for patient not eligible for Home HD	Character (2)	Conditionally Mandatory	See Appendix for 'Home HD Reasons Code' list	IF Treatment Event Code in ('ID3', 'ID6') THEN Not Home HD Modality Reason 1 cannot be blank.	To identify the primary reason for why patient is not eligible for Home HD	
Treatment Event	Not Home HD Modality Other Reason 1	5.19	Open space comment about additional reasons	Character (100)	Conditionally Mandatory		IF Not Home HD Modality Reason 1 = '55' THEN Not Home HD Modality Other Reason 1 cannot be blank.	To identify other primary reason for why not Home HD Modality	
Treatment Event	Not Home HD Modality Reason 2	5.20	Secondary reason for patient not eligible for Home HD	Character (2)	Conditionally Optional	See Appendix for 'Home HD Reasons Code' list	IF Treatment Event Code not in ('ID3', 'ID6') THEN Not Home HD Modality Reason 2 must be blank.	To identify secondary reason for why not Home HD Modality	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Treatment Event	Not Home HD Modality Other Reason 2	5.21	Open space comment about additional reasons	Character (100)	Conditionally Mandatory		IF Not Home HD Modality Reason 2 = '55' THEN Not Home HD Modality Other Reason 2 cannot be blank.	To identify other secondary reason for why not Home HD Modality	
Treatment Event	Not Home HD Modality Reason 3	5.22	Third reason for patient not eligible for Home HD	Character (2)	Conditionally Optional	See Appendix for 'Home HD Reasons Code' list	IF Treatment Event Code not in ('ID3', 'ID6') THEN Not Home HD Modality Reason 3 must be blank.	To identify tertiary reason for why not Home HD Modality	
Treatment Event	Not Home HD Modality Other Reason 3	5.23	Open space comment about additional reasons	Character (100)	Conditionally Mandatory		IF Not Home HD Modality Reason 3 = '55' THEN Not Home HD Modality Other Reason 3 cannot be blank.	To identify other tertiary reason for why not Home HD Modality	
Treatment Event	Not Home PD Modality Reason 1	5.24	Primary reason for patient not eligible for Home PD	Character (3)	Conditionally Mandatory	See Appendix for 'Home PD Reasons Code' list	IF Treatment Event Code in ('ID3', 'ID6') THEN Not Home PD Modality Reason 1 cannot be blank.	To identify primary reason for why not Home PD Modality	
Treatment Event	Not Home PD Modality Other Reason 1	5.25	Open space comment about additional reasons	Character (100)	Conditionally Mandatory		IF Not Home PD Modality Reason 1 = '55' THEN Not Home PD Modality Other Reason 1 cannot be blank.	To identify other primary reason for why not Home PD Modality	
Treatment Event	Not Home PD Modality Reason 2	5.26	Secondary reason for patient not eligible for Home PD	Character (2)	Conditionally Optional	See Appendix for 'Home PD Reasons Code' list	IF Treatment Event Code not in ('ID3', 'ID6') THEN Not Home PD Modality Reason 2 must be blank.	To identify secondary reason for why not Home PD Modality	
Treatment Event	Not Home PD Modality Other Reason 2	5.27	Open space comment about additional reasons	Character (100)	Conditionally Mandatory		IF Not Home PD Modality Reason 2 = '55' THEN Not Home PD Modality Other Reason 2 cannot be blank.	To identify other secondary reason for why not Home PD Modality	
Treatment Event	Not Home PD Modality Reason 3	5.28	Third reason for patient not eligible for Home PD	Character (2)	Conditionally Optional	See Appendix for 'Home PD Reasons Code' list	IF Treatment Event Code not in ('ID3', 'ID6') THEN Not Home PD Modality Reason 3 must be blank.	To identify tertiary reason for why not Home PD Modality	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
Treatment Event	Not Home PD Modality Other Reason 3	5.29	Open space comment about additional reasons	Character (100)	Conditionally Mandatory		IF Not Home PD Modality Reason 3 = '55' THEN Not Home PD Modality Other Reason 3 cannot be blank.	To identify other tertiary reason for why not Home PD Modality	
Treatment Event	HD Catheter Reason 1	5.30	Primary Reason for HD Catheter	Character (2)	Conditionally Mandatory	See Appendix for 'VA Reason Codes - Milestone 5' list If VA3 - please refer to 'VA Milestone 5 Code' list For VA9 - please refer to 'Milestone 6 Code' list	IF Treatment Event Code in ('VA3', 'VA9') THEN VA Reason 1 cannot be blank.	To identify primary reason for HD Catheter	
Treatment Event	HD Catheter Other Reason 1	5.31	Other Primary reason for HD Catheter	Character (100)	Conditionally Mandatory		IF VA Reason 1 = '47' THEN VA Other Reason 1 cannot be blank.	To identify other primary reason for HD Catheter	
Treatment Event	HD Catheter Reason 2	5.32	Secondary Reason for HD Catheter	Character (2)	Conditionally Optional	See Appendix for 'VA Reason Codes - Milestone 5 Code' list	IF Treatment Event Code NOT in ('VA3', 'VA9') THEN VA Reason 2 must be blank.	To identify secondary reason for HD Catheter	
Treatment Event	HD Catheter Other Reason 2	5.33	Other Secondary Reason for Catheter	Character (100)	Conditionally Mandatory		IF VA Reason 2 = '47' THEN VA Other Reason 2 cannot be blank.	To identify other secondary reason for HD Catheter	
VASCULAR ACCESS (VA) and INDEPENDENT DIALYSIS (ID) ASSESSMENT									
VA and ID Assessment	Source Record ID	6.1		Alphanumeric (20)	Mandatory	Must be the same Record ID used in the reported Clinic Visit Treatment Event Record, where its Treatment Event Code in (VR, VA, VE)		To identify a unique record for matching purposes	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
VA and ID Assessment	Update ID Assessment	6.2	Flag for assessment update	Character (1)	Mandatory (Pre-dialysis) Optional (Treatment Event)	Y - Yes N - No		Indicates if ID assessment update occurred	This is common to Pre-dialysis registration and Treatment Event; NOTE: Completion requirement is <i>Mandatory</i> for Pre-Dialysis Registration and <i>Optional</i> for Treatment Event in Clinic Visits
VA and ID Assessment	Update VA Assessment	6.3	Flag for assessment update	Character (1)	Mandatory (Pre-dialysis) Optional (Treatment Event)	Y - Yes N - No		Indicates if VA assessment update occurred	This is common to Pre-dialysis registration and Treatment Event; NOTE: Completion requirement is MANDATORY for Pre-Dialysis Registration and OPTIONAL for Treatment Event in Clinic Visits
VA and ID Assessment	Patient Eligible for Home HD	6.4	Confirm patient is eligible for Home HD	Character (1)	Conditionally Mandatory	Y - Yes N - No	IF Update ID Assessment = 'Y' THEN at least one of the following fields cannot be blank: - Patient Eligible for Home HD - Patient Eligible for Home PD - Patient/Family Education Provided - Patient Modality Choice	Used to calculate if assessment of eligibility of Home HD has been complete	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
VA and ID Assessment	Not Eligible for Home HD Reason 1	6.5	Primary reason for patient not eligible for Home HD	Character (2)	Conditionally Mandatory	See Appendix for 'Home HD Reasons Code' list	IF Patient Eligible for Home HD = 'N' THEN Not Eligible for Home HD Reason 1 cannot be blank.	Used to classify the type of barrier for not adopting Home HD	
VA and ID Assessment	Not Eligible for Home HD Other Reason 1	6.6	Open space comment about additional reasons	Character (100)	Conditionally Mandatory		IF Not Eligible for Home HD Reason 1 '55' THEN Not Eligible for Home HD Other Reason 1 cannot be blank.	Used to classify the type of barrier for not adopting Home HD	
VA and ID Assessment	Not Eligible for Home HD Reason 2	6.7	Secondary reason for patient not eligible for Home HD	Character (2)	Conditionally Optional	See Appendix for 'Home HD Reasons Code' list	IF Patient Eligible for Home HD <> 'N' THEN Not Eligible for Home HD Reason 2 must be blank.	Used to classify the type of barrier for not adopting Home HD	
VA and ID Assessment	Not Eligible for Home HD Other Reason 2	6.8	Open space comment about additional reasons	Character (100)	Conditionally Mandatory		IF Not Home HD Reason 2 = '55' THEN Not Eligible for Home HD Other Reason 2 cannot be blank.	Used to classify the type of barrier for not adopting Home HD	
VA and ID Assessment	Not Eligible for Home HD Reason 3	6.9	Third reason for patient not eligible for Home HD	Character (2)	Conditionally Optional	See Appendix for 'Home HD Reasons Code' list	IF Patient Eligible for Home HD <> 'N' THEN Not Eligible for Home HD Reason 3 must be blank.	Used to classify the type of barrier for not adopting Home HD	
VA and ID Assessment	Not Eligible for Home HD Other Reason 3	6.10	Open space comment about additional reasons	Character (100)	Conditionally Mandatory		IF Not Home HD Reason 3 = '55' THEN Not Home HD Other Reason 3 cannot be blank.	Used to classify the type of barrier for not adopting Home HD	
VA and ID Assessment	Patient Eligible for Home PD	6.11	Confirm patient is eligible for Home PD	Character (1)	Conditionally Mandatory	Y-Yes N-No	IF Update ID Assessment = 'Y' THEN at least one of the following fields cannot be blank: - Patient Eligible for Home HD - Patient Eligible for Home PD - Patient/Family Education Provided - Patient Modality Choice	Used to calculate if assessment of eligibility of PD has been complete.	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
VA and ID Assessment	Not Eligible for Home PD Reason 1	6.12	Primary reason for patient not eligible for Home PD	Character (2)	Conditionally Mandatory	See Appendix for 'Home PD Reasons' code list	IF Patient Eligible for Home PD = 'N' THEN Not Eligible for Home PD Reason 1 cannot be blank.	Used to classify the type of barrier for not adopting PD.	
VA and ID Assessment	Not Eligible for Home PD Other Reason 1	6.13	Open space comment about additional reasons	Character (100)	Conditionally Mandatory		IF Not Eligible for Home PD Reason 1 = '55' THEN Not Eligible for Home PD Reason 1 cannot be blank.	Used to classify the type of barrier for not adopting PD.	
VA and ID Assessment	Not Eligible for Home PD Reason 2	6.14	Secondary reason for patient not eligible for Home PD	Character (2)	Conditionally Optional	See Appendix for 'Home PD Reasons' code list	IF Patient Eligible for Home PD <> 'N' THEN Not Eligible for Home PD Reason 2 must be blank.	Used to classify the type of barrier for not adopting PD.	
VA and ID Assessment	Not Eligible for Home PD Other Reason 2	6.15	Open space comment about additional reasons	Character (100)	Conditionally Mandatory		IF Not Eligible for Home PD Reason 2 = '55' THEN Not Eligible for Home PD Reason 2 cannot be blank.	Used to classify the type of barrier for not adopting PD.	
VA and ID Assessment	Not Eligible for Home PD Reason 3	6.16	Third reason for patient not eligible for Home PD	Character (2)	Conditionally Optional	See Appendix for 'Home HD Reasons Code' list	IF Patient Eligible for Home PD <> 'N' THEN Not Eligible for Home PD Reason 3 must be blank.	Used to classify the type of barrier for not adopting PD.	
VA and ID Assessment	Not Eligible for Home PD Other Reason 3	6.17	Open space comment about additional reasons	Character (100)	Conditionally Mandatory		IF Not Eligible for Home PD Reason 3 = '55' THEN Not Eligible for Home PD Reason 3 cannot be blank.	Used to classify the type of barrier for not adopting PD.	
VA and ID Assessment	Patient/Family Education Provided	6.18	Confirm patient/family education complete	Character (1)	Conditionally Mandatory	<u>ORRS Expose</u> Y - Yes N - No <u>ORRS Upload Tool</u> Checked - Complete Unchecked - Blank	IF Update ID Assessment = 'Y' THEN at least one of the following fields cannot be blank: - Patient Eligible for Home HD - Patient Eligible for Home PD - Patient/Family Education Provided - Patient Modality Choice.	Used to provide the information on when education has been completed.	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
VA and ID Assessment	Patient Modality Choice	6.19	Type of Dialysis Modality	Character (3)	Conditionally Mandatory	See Appendix for 'Treatment (Modality) Codes - Chronic Specific' list Barriers/ Reasons for not adopting ID or VA need to be included at 3, 6 and 9 months - see Appendix for specific triggers	IF Update ID Assessment = 'Y' THEN at least one of the following fields cannot be blank: - Patient Eligible for Home HD - Patient Eligible for Home PD - Patient/Family Education Provided - Patient Modality Choice.	Used to report patient decision on modality choice.	
VA and ID Assessment	Why Not Home HD Modality Reason 1	6.20	Primary reason for patient not eligible for Home HD	Character (2)	Conditionally Mandatory	See Appendix for 'Home HD Reasons Code' list	IF Patient Modality Choice in (111, 171, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home HD Modality Reason 1 cannot be blank.	Used to classify the type of barrier for not choosing Home HD	
VA and ID Assessment	Why Not Home HD Modality Other Reason 1	6.21	Why Not Home HD Modality Other Reason 1	Character (100)	Conditionally Mandatory		IF Not Home HD Modality Reason 1 = '55' THEN Not Home HD Modality Other Reason 1 cannot be blank.	Used to classify the type of barrier for not choosing Home HD	
VA and ID Assessment	Why Not Home HD Modality Reason 2	6.22	Why Not Home HD Modality Reason 2	Character (2)	Conditionally Optional	See Appendix for 'Home HD Reasons Code' list	IF Patient Modality Choice NOT in (111, 171, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home HD Modality Reason 2 must be blank.	Used to classify the type of barrier for not choosing Home HD	
VA and ID Assessment	Why Not Home HD Modality Other Reason 2	6.23	Why Not Home HD Modality Other Reason 2 (open space for comments)	Character (100)	Conditionally Mandatory		IF Not Home HD Modality Reason 2 = '55' THEN Not Home HD Modality Other Reason 2 cannot be blank.	Used to classify the type of barrier for not choosing Home HD	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
VA and ID Assessment	Why Not Home HD Modality Reason 3	6.24	Third reason for patient not eligible for Home HD	Character (2)	Conditionally Optional	See Appendix for 'Home HD Reasons Code' list	IF Patient Modality Choice NOT in (111, 171, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home HD Modality Reason 3 must be blank.	Used to classify the type of barrier for not choosing Home HD	
VA and ID Assessment	Why Not Home HD Modality Other Reason 3	6.25	Why Not Home HD Modality Other Reason 3 (open space for comments)	Character (100)	Conditionally Mandatory		IF Not Home HD Modality Reason 3 = '55' THEN Not Home HD Modality Other Reason 3 cannot be blank.	Used to classify the type of barrier for not choosing Home HD	
VA and ID Assessment	Why Not Home PD Modality Reason 1	6.26	Primary reason for patient not eligible for Home PD	Character (2)	Conditionally Mandatory	See Appendix for 'Home PD Reasons Code' list	IF Patient Modality Choice in (111, 171, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home PD Modality Reason 1 cannot be blank.	Used to classify the type of barrier for not choosing PD.	
VA and ID Assessment	Why Not Home PD Modality Other Reason 1	6.27	Open space comment about additional reasons	Character (100)	Conditionally Mandatory		IF Not Home PD Modality Reason 1 = '55' THEN Not Home PD Modality Other Reason 1 cannot be blank.	Used to classify the type of barrier for not choosing PD.	
VA and ID Assessment	Why Not Home PD Modality Reason 2	6.28	Secondary reason for patient not eligible for Home PD	Character (2)	Conditionally Optional	See Appendix for 'Home PD Reasons Code' list'	IF Patient Modality Choice NOT in (111, 171, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home PD Modality Reason 2 must be blank.	Used to classify the type of barrier for not choosing PD.	
VA and ID Assessment	Why Not Home PD Modality Other Reason 2	6.29	Why Not Home PD Modality Other Reason 2 (Open space comment about additional reasons)	Character (100)	Conditionally Mandatory		IF Not Home PD Modality Reason 2 = '55' THEN Not Home PD Modality Other Reason 2 cannot be blank.	Used to classify the type of barrier for not choosing PD.	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
VA and ID Assessment	Why Not Home PD Modality Reason 3	6.30	Third reason for patient not eligible for Home PD	Character (2)	Conditionally Optional	See Appendix for 'Home PD Reasons Code' list'	IF Patient Modality Choice NOT in (111, 171, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home PD Modality Reason 3 must be blank.	Used to classify the type of barrier for not choosing PD.	
VA and ID Assessment	Why Not Home PD Modality Other Reason 3	6.31	Why Not Home PD Modality Other Reason 3 (Open space comment about additional reasons)	Character (100)	Conditionally Mandatory		IF Not Home PD Modality Reason 3 = '55' THEN Not Home PD Modality Other Reason 3 cannot be blank.	Used to classify the type of barrier for not choosing PD.	
VA and ID Assessment	AVF or AVG Surgical Assessment	6.32	Confirm patient is eligible for AVF or AVG Surgical Assessment	Character (1)	Conditionally Mandatory	Y - Yes N - No	IF Update VA Assessment = 'Y' THEN at least one of the following fields cannot be blank: - AVF or AVG Assessment - Adequate VA Education Provided - Patient Intended Initial Access.	Used to calculate if assessment of Vascular Access has been complete.	
VA and ID Assessment	Surgical Assessment Reason 1	6.33	Surgical Assessment Reason 1	Character (2)	Conditionally Mandatory	See Appendix for 'VA Reason Codes - Milestone 1' list	IF AVF or AVG Surgical Assessment = 'N' THEN Surgical Assessment Reason 1 cannot be blank.	Used to classify the type of barrier for not referring for surgical assessment.	
VA and ID Assessment	Surgical Assessment Other Reason 1	6.34	Surgical Assessment Other Reason 1	Character (100)	Conditionally Mandatory		IF Surgical Assessment Reason 1 = '47' THEN Surgical Assessment Other Reason 1 cannot be blank.	Used to classify the type of barrier for not referring for surgical assessment.	
VA and ID Assessment	Surgical Assessment Reason 2	6.35	Secondary reason for no surgical assessment	Character (2)	Conditionally Optional	See Appendix for 'VA Reason Codes - Milestone 1' list	IF AVF or AVG Surgical Assessment <> 'N' THEN Surgical Assessment Reason 2 must be blank.	Used to classify the type of barrier for not referring for surgical assessment.	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
VA and ID Assessment	Surgical Assessment Other Reason 2	6.36	Surgical Assessment Other Reason 2 (Open space comment about additional reasons)	Character (100)	Conditionally Mandatory		IF Surgical Assessment Reason 2 = '47' THEN Surgical Assessment Other Reason 2 cannot be blank.	Used to classify the type of barrier for not referring for surgical assessment.	
VA and ID Assessment	Adequate VA Education Provided	6.37	Confirm VA education complete	Character (1)	Conditionally Mandatory	Y - Yes N - No	IF Update VA Assessment = 'Y' THEN at least one of the following fields cannot be blank: - AVF or AVG Assessment - Adequate VA Education Provided - Patient Intended Initial Access.	Used to provide the information on when education has been completed.	
VA and ID Assessment	Patient Intended Initial Access	6.38	Type of Intended Vascular Access	Character (1)	Conditionally Mandatory	1 - Temporary catheter non-cuffed 2 - Temporary catheter cuffed 3 - Permanent catheter non-cuffed 4 - Permanent catheter cuffed 5 - AV fistula 6 - AV graft 7 - PD Catheter	IF Update VA Assessment = 'Y' THEN at least one of the following fields cannot be blank: - AVF or AVG Assessment - Adequate VA Education Provided - Patient Intended Initial Access.	Used to report intended initial access for dialysis.	
VA and ID Assessment	HD Catheter Reason 1	6.39	Primary reason for using a catheter	Character (2)	Conditionally Mandatory	See Appendix for 'VA Reason Codes - Milestone 3' list	IF Patient Intended Initial Access in (1, 2, 3, 4) THEN HD Catheter Reason 1 cannot be blank.	Used to classify the type of barrier for not adopting AVF/AVG.	
VA and ID Assessment	HD Catheter Other Reason 1	6.40	HD Catheter Other Reason 1 (Open space comment about additional reasons)	Character (100)	Conditionally Mandatory		IF HD Catheter Reason 1 = '47' THEN HD Catheter Other Reason 1 cannot be blank.	Used to classify the type of barrier for not adopting AVF/AVG.	

Entity	Data Element Name	Data Element No.	Definition	Format	Completion Requirement	Valid Values	Validation Rules	Purpose and Use	Notes
VA and ID Assessment	HD Catheter Reason 2	6.41	Secondary reason for using a catheter	Character (2)	Conditionally Optional	See Appendix for 'VA Reason Codes - Milestone 3' list	IF Patient Intended Initial Access NOT in (1, 2, 3, 4) THEN HD Catheter Reason 2 must be blank.	Used to classify the type of barrier for not adopting AVF/AVG.	
VA and ID Assessment	HD Catheter Other Reason 2	6.42	HD Catheter Other Reason 2 (Open space comment about additional reasons)	Character (100)	Conditionally Mandatory		IF HD Catheter Reason 2 = '47' THEN HD Catheter Other Reason 2 cannot be blank.	Used to classify the type of barrier for not adopting AVF/AVG.	

Appendix A: Reference Codes and Descriptions

Hospital Codes

Code	Description
BMH	WILLIAM OSLER HEALTH SYSTEM
CVH	TRILLIUM HEALTH PARTNERS
GRH	GRAND RIVER HOSPITAL CORPORATION
HRR	HUMBER RIVER REGIONAL HOSPITAL
JHH	ST. JOSEPH'S HEALTHCARE - HAMILTON
KGH	KINGSTON GENERAL HOSPITAL
LHC	LAKERIDGE HEALTH CORPORATION
LHS	LONDON HEALTH SCIENCES CENTRE
NBH	NORTH BAY REGIONAL HEALTH CENTRE
NHS	NIAGARA HEALTH SYSTEM
OSM	ORILLIA SOLDIERS' MEMORIAL HOSPITAL
OTM	HALTON HEALTHCARE SERVICES
PET	PETERBOROUGH REGIONAL HEALTH CENTRE
RVV	RENFREW VICTORIA HOSPITAL
SAH	SAULT AREA HOSPITAL
SBG	LAKE OF THE WOODS HOSPITAL (KENORA)
SBK	SUNNYBROOK HEALTH SCIENCES CENTRE
SGH	THE SCARBOROUGH HOSPITAL
SJH	ST. JOSEPH'S HEALTH CENTRE TORONTO
SMH	ST. MICHAEL'S HOSPITAL
SRH	HEALTH SCIENCES NORTH
TBH	THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE
TDH	TIMMINS AND DISTRICT HOSPITAL
TOH	THE OTTAWA HOSPITAL
UHN	UNIVERSITY HEALTH NETWORK
WHD	WINDSOR REGIONAL HOSPITAL
YCH	MACKENZIE HEALTH

Location Codes

Code	Description	Hospital Code
ALL	STEVENSON MEMORIAL (ALLISTON)	OSM
ALS	ADAM LINTON DIALYSIS UNIT	LHS
AMG	ALEXANDRA MARINE AND GENERAL HOSPITAL – GODERICH	LHS
BDC	BURLINGTON DIALYSIS CENTER	OTM
BDD	BELLEVILLE DIALYSIS CLINIC	KGH
BGH	THE BRANT COMMUNITY HEALTHCARE SYSTEM	JHH
BHS	BLUEWATER HEALTH – SARNIA	LHS
BMH	BRAMPTON CIVIC HOSPITAL	BMH
BPH	BRIDGEPOINT HEALTH	SGH
CGH	CORNWALL GENERAL	TOH
CHA	CHATHAM – KENT HEALTH ALLIANCE	LHS
COB	NORTHUMBERLAND HILLS	PET
COL	COLLINGWOOD GENERAL & MARINE	OSM
CRC	COMMUNITY RENAL CENTRE	SJH
CVH	TRILLIUM HEALTH PARTNERS – CREDIT VALLEY HOSPITAL	CVH
1EG (December 2014 Data and Earlier)	TORONTO EAST GENERAL HOSPITAL	EGH
EGH (January 2015 Data Onwards)	TORONTO EAST GENERAL HOSPITAL	SMH
ETG	ETOBICOKE GENERAL HOSPITAL	BMH
GBH	GREY-BRUCE HEALTH SERVICES – OWEN SOUND	LHS
GFS	FREEPORT SITE	GRH
GGH	GUELPH GENERAL HOSPITAL	GRH
GRH	GRAND RIVER HOSPITAL CORPORATION	GRH
HDH	HANOVER AND DISTRICT HOSPITAL	LHS
HDM	MUSKOKA ALGONQUIN HEALTHCARE	OSM
HGH	HAWKESBURY GENERAL HOSPITAL	TOH
HHG	HAMILTON GENERAL HOSPITAL	JHH
HPH	HURON PERTH HOSPS PARTNERSHIP (STRATFORD)	LHS
HRR	HUMBER RIVER HOSPITAL	HRR
HSU	SCARBOROUGH HD SATELLITE UNIT	SGH
1HW (December 2014 Data and Earlier)	HEADWATERS HEALTH CARE	CVH
HWH (January 2015 Data Onwards)	HEADWATERS HEALTH CARE	BMH
JGE	ST. JOSEPH'S GENERAL HOSPITAL (ELLIOTT LAKE)	SRH
JHH	ST. JOSEPH'S HEALTHCARE – HAMILTON	JHH
JUH	JURAVINSKI HOSPITAL	JHH
KDH	KIRKLAND AND DISTRICT HOSPITAL (KIRKLAND LAKE)	SRH
KGH	KINGSTON GENERAL HOSPITAL	KGH
LDM	LEAMINGTON DISTRICT MEMORIAL HOSPITAL	WHD
LHC	LAKERIDGE HEALTH CORPORATION	LHC
LHS	LONDON HEALTH SCIENCES CENTRE	LHS
LIN	ROSS MEMORIAL HOSPITAL (LINDSAY)	PET
1LW (December 2014 Data and Earlier)	LAKE OF THE WOODS DISTRICT HOSPITAL	SBG
LWD (January 2015 Data Onwards)	LAKE OF THE WOODS DISTRICT HOSPITAL	TBH
MFS	MOOSE FACTORY – SATELLITE OF KINGSTON GENERAL HOSPITAL	KGH
MHC	MANITOULIN HEALTH CENTRE (LITTLE CURRENT)	SRH
MNH	MOUNT SINAI HOSPITAL	UHN
NBH	NORTH BAY REGIONAL HEALTH CENTRE	NBH
NHS	NIAGARA HEALTH SYSTEM	NHS

NFS	NIAGARA FALLS SITE	NHS
NLT	NEW LISKEARD – TEMISKAMING	SRH
NWH	NORTH WELLINGTON HEALTH CARE – PALMERSTON SITE	GRH
NWS	WELLAND SITE	NHS
OAK	OAK RIDGES SATELLITE	YCH
OHI	OTTAWA HEART INSTITUTE	TOH
OSM	ORILLIA SOLDIERS' MEMORIAL HOSPITAL	OSM
OTM	HALTON HEALTHCARE SERVICES	OTM
PCC	PROVIDENCE COMPLEX CARE	KGH
PET	PETERBOROUGH REGIONAL HEALTH CENTRE	PET
PGG	PEMBROKE GENERAL HOSPITAL	RVV
PGH	PENETANG GENERAL HOSPITAL	OSM
PRH	PRINCESS MARGARET HOSPITAL	UHN
PSF	PERTH AND SMITHS FALLS	KGH
QCH	QUEENSWAY CARLETON HOSPITAL	TOH
QHB	QUINTE HEALTHCARE (BANCROFT)	KGH
QHP	QUINTE HEALTHCARE (PICTON)	KGH
RCC	RENAL CARE CENTRE	CVH
RVH	ROYAL VICTORIA HOSPITAL (BARRIE)	OSM
RVS	ROUGE VALLEY HEALTH SYSTEM	SGH
RVV	RENFREW VICTORIA HOSPITAL	RVV
SAH	SAULT AREA HOSPITAL	SAH
SBK	SUNNYBROOK HEALTH SCIENCES CENTRE	SBK
SCO	SISTERS OF CHARITY OF OTTAWA	TOH
SGH	THE SCARBOROUGH HOSPITAL	SGH
SHK	SENSENBRENNER HOSPITAL (KAPUSKASING)	SRH
SJH	ST.JOSEPH'S HEALTH CENTRE TORONTO	SJH
SMB	ST. FRANCIS MEMORIAL HOSPITAL (BARRY'S BAY)	RVV
SMG	ST. MARY'S GENERAL HOSPITAL	GRH
SMH	ST. MICHAEL'S HOSPITAL	SMH
SOS	OHSWEKEN – SIX NATIONS	JHH
SRH	HEALTH SCIENCES NORTH	SRH
SSC	STONEY CREEK	JHH
SSH	SOUTH STREET HOSPITAL	LHS
STH	SOUTHLAKE HOSPITAL	YCH
TBH	THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE	TBH
TCS	CIVIC SITE	TOH
TDH	TIMMINS AND DISTRICT HOSPITAL	TDH
TEG	TORONTO GENERAL – EATON GROUND	UHN
TFF	FORT FRANCES	TBH
TGG	TORONTO GENERAL – GERRARD GROUND	UHN
TGH	TORONTO GENERAL HOSPITAL	UHN
TIP	TORONTO GENERAL – IN PATIENT	UHN
TMH	TILLSONBURG DISTRICT MEMORIAL HOSPITAL	LHS
TMS	TRILLIUM MISSISSAUGA SITE	CVH
TOH	THE OTTAWA HOSPITAL	TOH
TRI	TORONTO REHAB INSTITUTE	UHN
TRS	RIVERSIDE SITE	TOH
TSL	SIOUX LOOKOUT	TBH
TWH	TORONTO WESTERN HOSPITAL	UHN

TWT	TRILLIUM WEST TORONTO SITE	CVH
UHN	UNIVERSITY HEALTH NETWORK	UHN
VAU	VAUGHAN SATELLITE	YCH
WDG	WINDSOR HOTEL DIEU GRACE HOSPITAL (SATELLITE)	WHD
WGH	WOODSTOCK GENERAL HOSPITAL	LHS
WHD	WINDSOR REGIONAL HOSPITAL	WHD
WKC	WESTMOUNT KIDNEY CARE CENTRE	LHS
WMH	WINCHESTER MEMORIAL HOSPITAL	TOH
WPS	WEST PARRY SOUND HEALTH CENTRE	SRH
YCH	MACKENZIE HEALTH	YCH
YHS	YEE HONG SATELLITE	SGH

NOTE: The list of Location Codes for Long-Term Care Centres are subject to change and may be updated.

IHF Location Codes

Code	Description
BCB	BAYSHORE CENTRES - BROCKVILLE CLINIC IHF
BCS	BAYSHORE CENTRES - STONEY CREEK IHF
CEO	CORNWALL EASTERN ONTARIO DIALYSIS CLINIC IHF
DMA	DMC - AJAX/PICKERING
DMM	DMC - MARKHAM
DMP	DMC - PETERBOROUGH
LCD	LION'S CAMP DORSET CORPORATION
OCD	OTTAWA CARLETON DIALYSIS CLINIC IHF

Self-Care Location Codes

Code	Description
SHP	SHEPPARD CENTRE
SUS	SUSSEX CENTRE

Long-Term Care (LTC) Location Codes

Code	Description	Hospital Code
LCCT	LEISUREWORLD CAREGIVING CENTRE, MISSISSAUGA	CVH
FHLG	FOREST HEIGHTS LONG-TERM CARE CENTRE	GRH
RTEG	ROYAL TERRACE	GRH
SHLG	STIRLING HEIGHTS LONG-TERM CARE CENTRE	GRH
WTLG	WELLINGTON TERRACE LONG-TERM CARE HOME	GRH
CCHG	CARESSANT CARE - HARRISON	GRH
CCFG	CARESSANT CARE - FERGUS	GRH
CCAG	CARESSANT CARE - ARTHUR	GRH
ACLH	ARBOUR CREEK LONG-TERM CARE CENTRE	JHH
IMAH	IDLEWYLD MANOR	JHH
SJLH	ST. JOSEPH'S LIFECARE CENTRE	JHH
JMPK	THE JOHN M. PARROTT CENTRE	KGH
CARK	CARVETH CARE CENTRE	KGH
HESL	HILLSDALE ESTATES	LHC
CPKL	CHELSEY PARK	LHS
CTEL	COUNTRY TERRACE	LHS
OLTL	ONEIDA LONG TERM CARE HOME	LHS
ACLN	ARBOUR CREEK LONG-TERM CARE CENTRE	NHS
SJLN	ST. JOSEPH'S LIFECARE CENTRE	NHS
GPHO	GROVE PARK HOME	OSM
SMBO	SIMCOE MANOR - BEETON	OSM
TMAO	TRILLIUM MANOR	OSM
LCCO	LEISUREWORLD CAREGIVING CENTRE, MISSISSAUGA	OTM
WMAO	WYNDHAM MANOR	OTM
EMVS	EXTENDICARE MAPLE VIEW	SAH
TOCS	THE O'NEILL CENTRE	SBK
DRSS	DRS. PAUL AND JOHN REKAI CENTRE	SBK
MSRS	MON SHEONG SCARBOROUGH LONG-TERM CARE CENTRE	SGH
YHCS	YEE HONG CENTRE - SCARBOROUGH FINCH	SGH
RNHS	ROCKCLIFFE NURSING HOME	SGH
HESS	HILLSDALE ESTATES	SGH
DRSM	DRS. PAUL AND JOHN REKAI CENTRE	SMH
TOCM	THE O'NEILL CENTRE	SMH
SJVH	ST. JOSEPH'S VILLA	SRH
SGVH	VILLA ST. GABRIEL VILLA	SRH
BNHT	BETHAMMI NURSING HOME	TBH
SJVT	ST. JOSEPH'S VILLA	TDH
SGVT	VILLA ST. GABRIEL VILLA	TDH
BMNO	BAYFIELD MANOR NURSING AND RETIREMENT HOME	TOH
SLRO	ST. LOUIS RESIDENCE	TOH
TOCU	THE O'NEILL CENTRE	UHN
DRSU	DRS. PAUL AND JOHN REKAI CENTRE	UHN
SPHD	SUN PARLOR HOME, COUNTY OF ESSEX	WHD
MHRM	MARIANN NURSING HOME AND RESIDENCE	YCH
MSRM	MON SHEONG RICHMOND HILL LONG-TERM CARE CENTRE	YCH
SHAM	SIMCOE MANOR HOME FOR THE AGED	YCH

Treatment (Modality) Codes

Code	Description	Alerts/Triggers in ORRS Expose
Chronic Specific Codes		
60	PD & HD	
64	PD & HD - Assistance	
111	Acute Care Hospital - Conventional HD - Total Care	Alert/Trigger at 3rd and 6th month
112	Acute Care Hospital - Conventional HD - Limited Self Care	Alert/Trigger at 3rd and 6th month
121	Acute Care Hospital - Short Daily HD - Total Care	Alert/Trigger at 3rd and 6th month
122	Acute Care Hospital - Short Daily HD - Limited Self Care	Alert/Trigger at 3rd and 6th month
131	Acute Care Hospital - Slow Nocturnal HD - Total Care	Alert/Trigger at 3rd and 6th month
141	Acute Care Hospital - CAPD - Total Care	
151	Acute Care Hospital - APD - Total Care	
171	Acute Care Hospital - Transplant - Total Care	
211	Chronic Care Hospital - Conventional HD - Total Care	Alert/Trigger at 3rd and 6th month
214	Chronic Care Hospital - Conventional HD - Assistance	
221	Chronic Care Hospital - Short Daily HD - Total Care	Alert/Trigger at 3rd and 6th month
224	Chronic Care Hospital - Short Daily HD - Assistance	
241	Chronic Care Hospital - CAPD - Total Care	
244	Chronic Care Hospital - CAPD - Assistance	
251	Chronic Care Hospital - APD - Total Care	
254	Chronic Care Hospital - APD - Assistance	
281	Chronic Care Hospital - CAPD (Nursing Home) - Total Care	
284	Chronic Care Hospital - CAPD (nursing Home) - Assistance	
291	Chronic Care Hospital - APD (Nursing Home) - Total Care	
294	Chronic Care Hospital - APD (Nursing Home) - Assistance	
311	Community Centre - Conventional HD - Total Care	Alert/Trigger at 3rd and 6th month
312	Community Centre - Conventional HD - Limited Self Care	Alert/Trigger at 3rd and 6th month
321	Community Centre - Short Daily HD - Total Care	Alert/Trigger at 3rd and 6th month
322	Community Centre - Short Daily HD - Limited Self Care	Alert/Trigger at 3rd and 6th month
332	Community Centre - Slow Nocturnal HD - Limited Self Care	Alert/Trigger at 3rd and 6th month
341	Community Centre - CAPD - Total Care	
351	Community Centre - APD - Total Care	
412	Home - Conventional HD - Limited Self Care	
413	Home - Conventional HD - Total Self Care	
414	Home - Conventional HD - Assistance	
422	Home - Short Daily HD - Limited Self Care	
423	Home - Short Daily HD - Total Self Care	
424	Home - Short Daily HD - Assistance	
432	Home - Slow Nocturnal HD - Limited Self Care	
433	Home - Slow Nocturnal HD - Total Self Care	
434	Home - Slow Nocturnal HD - Assistance	
442	Home - CAPD - Limited Self Care	
443	Home - CAPD - Total Self Care	
444	Home - CAPD - Assistance	
452	Home - APD - Limited Self Care	
453	Home - APD - Total Self Care	
454	Home -APD - Assistance	

Non-Chronic / Other Modality Codes		
AHD	Acute HD	
CSD	CRRT-SLEDD	
CCV	CRRT-CVVHD	
PDS	Pre-dialysis Services	

Primary Renal Codes

Code	Description
0	Chronic renal failure - aetiology uncertain
5	Mesangial proliferative GN
6	Minimal lesion GN
7	Post strep GN
8	Rapidly progressive GN
9	Focal GN - adult
10	GN - Histologically NOT examined
11	GN - Severe nephrotic syndrome - focal sclerosis (peds)
12	GN - IgA Nephropathy (proven)
13	GN - Dense deposit disease (proven)
14	GN - Membranous nephropathy
15	GN - Membranoproliferative mesangiocapillary GN Type 1
16	GN - Idiopathic crescented GN (diffuse proliferative)
17	GN - Congenital nephrosis or nephrotic syndrome
19	GN - Histologically examined
20	Pyelo/Interstitial Nephritis - cause not specified
21	Pyelo/Interstitial Nephritis - neurogenic bladder
22	Pyelo/Interstitial Nephritis - cong. obstruct. uropathy
23	Pyelo/Interstitial Nephritis - acqu. obstruct. uropathy
24	Pyelo/Interstitial Nephritis - vesico-ureteric reflux
25	Pyelo/Interstitial Nephritis - urolithiasis
29	Pyelo/Interstitial Nephritis - other specified cause
30	Nephropathy - drug induced - cause not specified
31	Nephropathy - drug induced - analgesic drugs
32	Cisplatin
33	Nephropathy - drug induced - Cyclosporin A
39	Nephropathy - drug induced - other specified drug
40	Cystic Kidney disease - type unspecified
41	Polycystic Kidneys - adult type (dominant)
42	Polycystic Kidneys - infant type (recessive)
43	Medullary cystic disease - including nephronophthisis
49	Cystic Kidney disease - type specified
50	Hereditary/Familial Nephropathy - type unspecified
51	Hereditary Nephritis - Alport's Syndrome
52	Cystinosis
53	Primary oxalosis
54	Fabry's disease
55	DRASH Syndrome
56	Sickle cell Syndrome
57	Wilm's tumour

58	Posterior urethral valves
59	Hereditary Nephropathy - other
60	Congenital renal hypoplasia - type unspecified
61	Oligomeganephronic hypoplasia
62	Segmental renal hypoplasia - Ask-Upmark kidney
63	Congenital renal dysplasia - urinary tract malformation
66	Agenesis of abdominal muscles - Prune Belly Syndrome
70	Renal Vascular disease - type unspecified
71	Renal Vascular disease - malignant hypertension NO PRD
72	Renal Vascular disease - hypertension NO PRD
73	Polyarteritis nodosa
74	Wegener's Granulomatosis
78	Atheroembolic renal disease
79	Renal Vascular disease - classified
80	Diabetes - Type I
81	Diabetes - Type II
82	Myelomatosis/Multiple myeloma
83	Amyloid
84	Lupus Erythematosus
85	Henoch-Schonlein purpura
86	Goodpasture's Syndrome
87	Scleroderma
88	Haemolytic Uraemic Syndrome (Moschcowitz)
89	Multi-system disease - other
90	Cortical or acute tubular necrosis
91	Tuberculosis
92	Gout
93	Nephrocalcinosis & hypercalcaemic nephropathy
94	Balkan nephropathy
95	Kidney tumour
96	Traumatic or surgical loss of kidney
97	HIV nephropathy
99	Other:
NR	Not reported (to date)

Malignancy Site Codes

Code	Description
11	Two or more primary malignancies
20	Squamous cell carcinoma
21	Basal Cell Carcinoma
22	Squamous and basal cell carcinoma
23	Malignant Melanoma
25	Myeloma
26	Acute leukemia
27	Chronic leukemia
29	Reticulum cell sarcoma
30	Kaposi sarcoma
31	Lymphosarcoma

33	Plasma cell lymphoma
34	Hodgkin's disease
35	Lymphoreticular tumours
36	Histiocytic reticulosis
40	Lip
41	Tongue
42	Parotid
43	Oesophagus
44	Stomach
45	Colon
46	Rectum
47	Anus
48	Liver- primary hepatoma
49	Liver- primary lymphoma
50	Gallbladder and bile duct
51	Pancreas
53	Larynx
54	Thyroid
55	Bronchus
56	Lung, Primary tumour
60	Kidney- Wilm's Tumour
61	Kidney- Hypernephroma of host kidney
62	Kidney- Hypernephroma of graft kidney
63	Renal pelvis
64	Ureter
65	Urinary bladder
66	Urethra
67	Prostate
68	Testis
69	Penis
70	Scrotum
71	Perineum
72	Vulva
73	Vagina
74	Uterus- cervix
75	Uterus- body
76	Ovary
80	Breast
81	Muscle
82	Bone
83	Brain- primary lymphoma
84	Brain- other primary tumour
85	Other tumour of central nervous system
90	Metastatic carcinoma, primary site unknown
99	Other primary tumour

Treatment Event Codes

Code	Description
AC	AC (Access Change)
M	M (Modality Change)
R	R (Recovered)
RR	RR (Returning Patient)
TX	TX (Transplanted)
F	F (Failed Transplant)
TI	TI (Transfer Into Region)
TO	TO (Transfer Out of Region)
L-IN	L-IN (Location Change In)
L-OUT	L-OUT (Location Change Out)
TR-IN	TR-IN (Hospital Transfer In)
TR-OUT	TR-OUT (Hospital Transfer Out)
TS	TS (Home Dialysis Training Start)
TE	TE (Home Dialysis Training End)
RS	RS (Home Dialysis Re-training Start)
RE	RE (Home Dialysis Re-training End)
VR	VR (Pre-dialysis Clinic Visit)
VA	VA (Body/Vascular Access Clinic Visit)
VE	VE (Education Clinic Visit)
D	D (Died)
W	W (Withdrew)
X	X (Lost to Follow-up)
ID3	ID3 (Independent Dialysis 3-Month Status)
ID6	ID6 (Independent Dialysis 6-Month Status)
VA3	VA3 (Vascular Access 3-Month Status)
VA9	VA9 (Vascular Access 9-Month Status)
NC	No change reported for Patient in period

Reason for Change Codes

Code	Description
01	Peritonitis
02	Other abdominal complications
03	Inadequate dialysis
08	Intended Treatment
13	Not reported
14	Patient initiated - choice or unable to cope
15	HD access failure
16	Other complications related to PD
17	Cardiovascular instability
18	Resource/geographical (non-medical)
19	Requires increased care
20	Left country
11	Lost to follow-up
62	Body/Vascular Access Procedure
70	Starting dialysis

80	Exit site/tunnel Infection
81	Peritoneal dialysis catheter related problems
82	Inadequate solute clearance
83	Inadequate salt and water clearance
84	Psychological/ Social/ Financial reasons
85	Medical/ Psychiatric reasons
99	Other, specify

Reason for Chronic Withdrew Codes

Code	Description
1	Psychosocial
2	Vascular (stroke, PVD, etc.)
3	Heart disease
4	Infection
5	Cancer
6	Dementia
7	Other

Reason for Pre-dialysis Withdrew Codes

Code	Description
71	No treatment (palliative/conservative care)
72	Discharged to general nephrology care
73	Discharged back to primary care setting
74	Transfer of care to another service
7	Other

Transplant Hospitals

Code	Description
HSC	HOSPITAL FOR SICK CHILDREN
JHH	ST. JOSEPH'S HEALTHCARE – HAMILTON
KGH	KINGSTON GENERAL HOSPITAL
LHS	LONDON HEALTH SCIENCES CENTRE
SMH	ST. MICHAEL'S HOSPITAL
TOH	THE OTTAWA HOSPITAL
UHN	UNIVERSITY HEALTH NETWORK

Death Type Codes

Code	Description
0	Cause of death uncertain/not determined
2	Gastro-intestinal tumour with or without perforation
3	Infection (Bacterial)
4	Infection (Viral)
5	Infection (Fungal)
6	Cytomegalovirus
7	Epstein Barr Virus
8	Pneumocystic Carinii Pneumonia (PCP)
9	Protozoal/Parasitic infection (includes toxoplasmosis)
10	Wound infection
11	Myocardial Ischaemia and Infarction
12	Hyperkalaemia
13	Haemorrhagic Pericarditis
14	Other causes of cardiac failure
15	Cardiac arrest, cause unknown
16	Hypertensive cardiac failure
17	Hypokalaemia
18	Fluid overload
19	Acute Respiratory Distress Syndrome
20	Acute Gastroenteritis with dehydration
21	Pulmonary Embolus
22	Cerebrovascular Accident
23	Gastro-intestinal haemorrhage
24	Haemorrhage from graft site
25	Haemorrhage from vascular access or dialysis circuit
26	Ruptured Vascular Aneurysm
27	Haemorrhage from Surgery (Not codes 23, 24 or 26)
28	Other haemorrhage (Not codes 23-27)
29	Mesenteric Infarction
30	Hypertension
31	Pulmonary infection (bacterial)
32	Pulmonary infection (viral)
33	Pulmonary infection (fungal)
34	Infections elsewhere (except Viral Hepatitis, see Codes 41-42)
35	Septicaemia/Sepsis
36	Tuberculosis (Lung)
37	Tuberculosis (elsewhere)
38	Generalized viral infection
39	Peritonitis
40	Diabetic keto acidosis (DKA)
41	Liver, due to Hepatitis B virus
42	Liver, other Viral Hepatitis
43	Liver, Drug toxicity
44	Cirrhosis (Not viral)
45	Cystic Liver Disease
46	Liver failure, cause unknown
49	Bronchiolitis Obliterans

50	Drug abuse (excludes alcohol abuse)
51	Patient refused further treatment
52	Suicide
53	Therapy ceased for any other reason
54	Alcohol abuse
55	Vascular Thrombosis
56	Pulmonary Vein Stenosis
57	Stent/balloon complication
58	Drug-related toxicity
62	Pancreatitis
63	Bone Marrow Depression
64	Cachexia
65	Unknown
66	Malignant disease possibly induced by immunosuppressive therapy - specific primary site
67	Malignant disease (not code 66) - specific primary source
68	Perforation of peptic ulcer
69	Dementia
70	Sclerosing (or Adhesive) Peritoneal Disease
71	Thrombocytopenia
72	Perforation of colon
73	Thrombosis – specify
74	Liver, due to Hepatitis C virus
75	Drug Neurotoxicity
76	Status Epilepticus
77	Neurologic infection
81	Accident related to treatment
82	Accident unrelated to treatment
90	Multi-system failure
99	Other identified cause of death – specify
NR	Not reported

Home HD Assessment Reason Codes

Code	Description
1	Support not available (i.e. CCAC)
2	No LTC with hemodialysis provision
3	Unreliable / no electricity available at home
7	No Home HD program
8	Limited resources available to train patients for independent modalities (human, capacity, supplies etc. resulting in long wait list for training)
9	Acute start (initiated dialysis as an inpatient and discharged without modality education)
11	Difference in opinion within the renal team.
15	Medical contraindication
16	Psychiatric contraindication
17	Temporary medical contraindications
18	Has living donor, transplant expected soon
19	Medical or psychiatric contraindication - as a result cannot cannulate
20	Intercurrent illness requiring acute start
23	Accommodation challenges (homeless)

24	No home support
25	Home is deemed unsuitable by health care team
26	Limited space at home
27	Family does not want home dialysis (despite potential patient's choice)
28	Landlord prohibition
29	Patient feels treatment should be done by health care professionals
30	Language barriers
31	Unable to afford the extra utility cost
32	Poor water quality (no solution available)
33	Unable to attend lengthy training sessions at centre
34	Unable to bear the cost of attending lengthy training sessions at centre (i.e. transportation, accommodations)
37	Problematic delivery of supplies
38	Unable to do home HD temporarily (moving in a few months, changing job etc.)
39	Convenient location of facility based HD
42	Fear of burdening the family
43	Is not convinced of the benefit/inconvenience ratio
44	Fear of a catastrophic event
45	Feeling too overwhelmed by acute start dialysis to consider ID
46	Other psychological factors
47	Unaware of Home HD options
48	Fear of needling
49	Cultural reasons
50	Feels Home Hemodialysis would infringe on their lifestyle (i.e. travel, swimming, sports)
51	Failed HHD training
52	cannot learn
53	Failed HHD previously
54	Conservative management
55	Other
56	In the process of switching to HHD

Home PD Assessment Reason Codes

Code	Description
1	Support not available (i.e. CCAC)
2	No LTC with PD provision
3	Long wait list for LTC (with PD provision)
7	No PD program
8	Limited resources available to train patients for independent modalities (human, capacity, supplies etc. resulting in long wait list for training)
9	Acute start (initiated dialysis as an inpatient and discharged without modality education)
10	Inability to get PD catheter in timely manner
11	Difference in opinion within the renal team.
15	Medical contraindications
16	Psychiatric contraindication
17	Temporary medical contraindications, e.g. PEG tube
18	Has living donor, transplant expected soon
19	Previous major abdominal surgery
20	Intercurrent illness requiring acute start
21	Large polycystic kidneys
22	Inability to establish PD access
23	Accommodation challenges (Homeless)
24	No home support
25	Home is deemed unsuitable by health care team
26	Limited space at home
27	Family does not want home dialysis (despite potential patient's choice)
29	Patient feels treatment should be done by health care professionals
30	Language barriers
31	Unable to attend lengthy training sessions at centre
34	Unable to bear the cost of attending lengthy training sessions at centre (i.e. transportation, accommodations)
37	Problematic delivery of supplies
39	Convenient location of facility based HD
42	Fear of burdening the family
43	Is not convinced of the benefit/inconvenience ratio
44	Fear of treatment
45	Feeling too overwhelmed by acute start dialysis to consider ID
46	Other psychological factors
47	Unaware of PD option
48	Body image - does not want PD catheter
49	Cultural reasons
50	Feels Home PD would infringe on their lifestyle (i.e. travel, swimming, sports)
51	Failed PD training (unable/slow to learn)
52	cannot learn
53	Failed PD previously
54	Conservative management
55	Other
56	In the process of switching to PD

VA Assessment Reason Codes

Code	Reason
Milestone 1: Eligibility cannot go for AV Assessment	
9	High comorbidity risk - Life expectancy < 12 months
10	High comorbidity risk - Severe peripheral vascular disease
11	High comorbidity risk - MI in last 3-6 months
12	High comorbidity risk - LV function <20%
13	High comorbidity risk - Cognitive decline
14	High comorbidity risk - Other
15	No vessels appropriate for access - Nephrologist assessment only
19	Unexpected start for hemodialysis - Chronic kidney disease was not expected to progress
20	Unexpected start for hemodialysis - Risk of death before dialysis exceeded progression of CKD
33	Hemodialysis not intended modality - Living related transplant within 6 months
34	Hemodialysis not intended modality - Intends to start PD
30	Patient refusal - Assessed by Nephrologist but refused surgical assessment
38	Hemodialysis not intended modality- Patient chose conservative care
47	Other
48	Patient awaiting recovery
Milestone 3: Intended Access if HD catheter is selected	
9	High comorbidity risk - Life expectancy < 12 months
10	High comorbidity risk - Severe peripheral vascular disease
11	High comorbidity risk - MI in last 3-6 months
12	High comorbidity risk - LV function <20%
13	High comorbidity risk - Cognitive decline
14	High comorbidity risk - Other
15	No vessels appropriate for access - Nephrologist assessment only
16	No vessels appropriate for access- Surgeon assessment - US mapping/venography NOT done
17	No vessels appropriate for access - Surgeon assessment - US mapping/venography done
18	No vessels appropriate for access - Multiple failed attempts/ no other available vessels
19	Unexpected start for hemodialysis - Chronic kidney disease was not expected to progress
20	Unexpected start for hemodialysis - Risk of death before dialysis exceeded progression of CKD
33	Hemodialysis not intended modality - Living related transplant within 6 months
34	Hemodialysis not intended modality - Intends to start PD
36	Hemodialysis not intended modality - Deceased transplant expected
28	Patient refusal - Surgical assessment
47	Other
Milestone 4, 5, 6: Access at X - If HD Catheter is selected (X= Initial Access, 3 Month or 9 Month)	
25	Modality/VA education - Not offered
26	Modality/VA education - Offered but not attended (patient refused/cancelled)
27	Modality/VA education - Attended but delay in decision making
2	AV Access not created - Not yet referred to surgeon
3	AV Access not created - Referred to surgery waiting for vessel mapping
4	AV Access not created - Referred to surgery waiting for surgical assessment
5	AV Access not created - Surgical assessment done - Waiting for VA surgery
33	Hemodialysis not intended modality - Living related transplant within 6 months

34	Hemodialysis not intended modality - Intends to start PD
35	Hemodialysis not intended modality - Initial choice was PD but failed or patient no longer suitable
36	Hemodialysis not intended modality - Deceased transplant expected
37	Hemodialysis not intended modality - Temporary transfer from PD (i.e. peritonitis, leak etc)
15	No vessels appropriate for access - Nephrologist assessment only
16	No vessels appropriate for access- Surgeon assessment - US mapping/venography NOT done
17	No vessels appropriate for access - Surgeon assessment - US mapping/venography done
18	No vessels appropriate for access - Multiple failed attempts/ no other available vessels
9	High comorbidity risk - Life expectancy < 12 months
10	High comorbidity risk - Severe peripheral vascular disease
11	High comorbidity risk - MI in last 3-6 months
12	High comorbidity risk - LV function <20%
13	High comorbidity risk - Cognitive decline
14	High comorbidity risk - Other
19	Unexpected start for hemodialysis - Chronic kidney disease was not expected to progress
20	Unexpected start for hemodialysis - Risk of death before dialysis exceeded progression of CKD
21	Unexpected start for hemodialysis - Acute event requiring urgent start dialysis
28	Patient refusal - Surgical assessment
29	Patient refusal - Patient refused further intervention
30	Patient refusal - Assessed by Nephrologist but refused surgical assessment
31	Patient cancelled/delayed surgical assessment
32	Patient cancelled/delayed surgery
40	AV access created - Failed, not amenable for intervention, not cannulated
41	AV access created - Cannulation attempted and failed
42	AV access created - Not yet mature for cannulation
43	AV access created - Requires 2nd stage
44	AV Access created - AV access ligated – access induced ischemia
45	AV access created - Patient refused cannulation
47	Other
48	Patient awaiting recovery
49	Patient not known to CKD clinic - acute kidney injury requiring urgent start of dialysis
50	Transplant to HD - requiring HD after failed transplant

Appendix B: Lab Value Ranges

Element Name	Unit	Valid Values
Chronic Registration		
Hemoglobin	g/L	60 <= hemoglobin result <= 140
Creatinine	µmol/L	300 <= creatinine result <= 1500
Urea	mmol/L	15 <= urea result <= 40
Serum Bicarbonate / CO2	mmol/L	20 <= serum bicarbonate result <= 30
Serum Calcium (Corrected)	mmol/L	2.22 <= serum calcium corrected result <= 2.60
Serum Calcium (Uncorrected)	mmol/L	2.10 <= serum calcium uncorrected result <= 2.60
Serum Calcium (Ionized)	mmol/L	1.19 <= serum calcium ionized result <= 1.29
Serum Phosphate	mmol/L	1.50 <= serum phosphate result <= 1.80
Serum Albumin	g/L	25 <= serum albumin <= 50
Serum Parathormone (PTH)	pmol/L	1.30 <= serum parathormone result <= 7.60
Serum Parathormone (PTH)	ng/L	18 <= serum parathormone result <= 73
Serum Parathormone (PTH)	pg/mL	10 <= serum parathormone result <= 65
Pre-dialysis Registration		
Creatinine	µmol/L	300 <= creatinine result <= 1500
eGFR	mls/min	0 <= eGFR result <= 33
Proteinuria	PCR / ACR / 24Hr Protein Excretion Rate	100 <= proteinuria result <= 4000