

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 |
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| 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 | "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. | 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 <u>Expose</u> : Checked () Unchecked () ORRS <u>Upload Tool</u> : 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 <u>Expose</u> : DD-MMM-YYYY ORRS <u>Upload Tool</u> : 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 |

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| 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 | | <p>"City" field under patient identification on patient registration must be a value from a pre-populated list.</p> <p>"City" field's pre-populated list will be based on the value selected for "Province" field.</p> <p>"City" field's pre-populated list will auto-refresh every time the value for "Province" field is updated.</p> | 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 | |

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|-----------------------------|-------------------------------------|------------------|---|---------------|------------------------|--|--|--|-------|
| 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 |
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| 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 | |

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| 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 | <p>"Serum Calcium" field's usual range of values is 2.20-2.60 mmol/L (inclusive) if "corrected" is selected in drop down.</p> <p>"Serum Calcium" field's usual range of values is 1.19-1.29 mmol/L (inclusive) if "ionized" is selected in drop down.</p> <p>"Serum Calcium" field's usual range of values is 2.10-2.60 mmol/L (inclusive) if "uncorrected" is selected in drop down.</p> | 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 | <p>"Serum Parathormone" field's usual range of values is 1.3-7.6 pmol/L (inclusive) if "pmol/L" is selected in drop down.</p> <p>"Serum Parathormone" field's usual range of values is 18-73 ng/L (inclusive) if "ng/L" is selected in drop down.</p> <p>"Serum Parathormone" field's usual range of values is 10-65 pg/ml (inclusive) if "pg/ml" is selected in drop down.</p> | 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 |
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| 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 | <p>“Level of Care” field’s value must be a valid combination in conjunction with “Location” and “Type” fields’ values.</p> | 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 |
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| 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 | <p>"Clinic Visit Type" field under treatment information on Pre-dialysis patient registration must be a value from a pre-populated list.</p> <p>IF Client Visit Type = 2, THEN Delivery Mode cannot be blank.</p> <p>IF Client Visit Type = 3, THEN Access Visit Type cannot be blank.</p> | 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 | <u>ORRS Expose</u> DD-MMM-YYYY <u>ORRS Upload Tool</u> DD-MM-YYYY | <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 | See Appendix for 'Reason for Change Codes' list <u>Note:</u> codes 18 and 20 are only applicable for a Treatment Event of 'TO' | <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 | STONE 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 (Moschowitz) |
| 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 |