Ontario Health

Ontario Renal Reporting System (ORRS)

Coding Guide

Version 2.1

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Table of Contents

Common Registration Data Elements 24

ORRS FIELD No. X1: *Source Record ID* 25

ORRS FIELD No. X2: *Source Patient ID* 26

ORRS FIELD No. X3: *Source Patient ID Issuing Location* 27

ORRS FIELD No. X4: *ORRS Patient ID* 28

ORRS FIELD No. X5: *Registration Type* 29

ORRS FIELD No. P1: *Location* 30

ORRS FIELD No. A1: *Last Name* 31

ORRS FIELD No. N/A: *Former Last Name* 32

ORRS FIELD No. A2: *First Name* 33

ORRS FIELD No. A3: *Health Card Number (ORRS Linking)* 34

ORRS FIELD No. A15: *Payment Health Card Number* 35

ORRS FIELD No. A4: *Province of Payment Health Card Number* 37

ORRS FIELD No. A5: *Payment Health Card Number Not Available* 38

ORRS FIELD No. A14: *Responsibility for Payment* 39

ORRS FIELD No. A6: *Date Of Birth* 41

ORRS FIELD No. A7: *Gender* 42

ORRS FIELD No. A8: *Race* 43

ORRS FIELD No. A9: *If Other, Specify* 44

ORRS FIELD No. A11: *Indigenous Classification* 45

ORRS FIELD No. A12: *Other Indigenous Classification* 45

ORRS FIELD No. A13: *Settlement Area* 46

ORRS FIELD No. B4: *Street Address Line 1* 47

ORRS FIELD No. B5: *Street Address Line 2* 48

ORRS FIELD No. B1: *Patient Address - City* 48

Ontario Health

ORRS FIELD No. B2: *Patient Address - Province* 49
ORRS FIELD No. B3: *Patient Address - Postal Code* 49
ORRS FIELD No. B6: *Address Is Not A Private Residence* 50
ORRS FIELD No. B7: *Type of Residence* 51
ORRS FIELD No. B8: *Other Type of Residence* 51

Patient Type: Glomerulonephritis (GN) and Pregnancy 52
ORRS FIELD No. T2: *Registration Date* 53
ORRS FIELD No. X7: *Patient Type* 54

Patient Type: Multi-care Kidney Clinic 55
ORRS FIELD No. B9: *Height and/or Weight Cannot Be Provided Because Patient Is* 56
ORRS FIELD No. B10: *Height and/or Weight Cannot Be Provided Because Patient Is, Other Reason* 56
ORRS FIELD No. D1: *Height (cm)* 57
ORRS FIELD No. D2: *Weight (kg)* 58
ORRS FIELD No. C66: *Date of Referral to Nephrologist* 60
ORRS FIELD No. C100: *Date of Referral to Nephrologist Not Available* 61
ORRS FIELD No. P2: *MRP* 62
ORRS FIELD No. P3: *Date First Seen by MRP* 63
ORRS FIELD No. T2: *Registration Date* 64
ORRS FIELD No. T15: *Registration Event Type* 65
ORRS FIELD No. T16: *Creatinine (µmol/L)* 67
ORRS FIELD No. T50: *Creatinine Sample Collection Date* 69
ORRS FIELD No. D3: *Proteinuria* 70
ORRS FIELD No. D4: *Proteinuria Test Type* 72
ORRS FIELD No. T45: *Proteinuria Sample Collection Date* 73
ORRS FIELD No. T18: *Delivery Mode* 74

ORRS FIELD No. T100: *Session ID* 75
ORRS FIELD No. T101: *Duration* 75
ORRS FIELD No. T51: *Was Conservative Renal Care (CRC) education provided?* 76
ORRS FIELD No. T19: *Access Visit Type* 77
ORRS FIELD No. T20: *Initial Assessment Type* 77
ORRS FIELD No. T21: *Assessment Reason* 78
ORRS FIELD No. T22: *Follow-up Type* 78

Goals of Care & Treatment Decision (GOC) Assessment Independent Dialysis and Vascular Access (ID/VA) Assessment 79

Patient Type: Acute 80
ORRS FIELD No. T2: *Treatment Start Date* 81
ORRS FIELD No. T3: *Acute Treatment* 82
ORRS FIELD No. T4: *Care Setting* 84

Patient Type: Chronic 86
ORRS FIELD No. C65: *Patient Transferred Into Ontario?* 87
ORRS FIELD No. C66: *Date of Referral to Nephrologist* 88
ORRS FIELD No. C100: *Date of Referral to Nephrologist Not Available* 89
ORRS FIELD No. C1: *Date First Seen By Nephrologist* 90
ORRS FIELD No. C2: *Creatinine When First Seen By Nephrologist* 91
ORRS FIELD No. P2: *MRP* 92
ORRS FIELD No. P4: *Date Last Seen by MRP* 94
ORRS FIELD No. C3: *Followed in an outpatient clinic by a Nephrologist?* 95
ORRS FIELD No. C4: *Where Was Patient Followed?* 96
ORRS FIELD No. C5: *Followed in Multidisciplinary Clinic?* 96
ORRS FIELD No. C6: *Date of Referral to Multidisciplinary Clinic* 97
ORRS FIELD No. C7: *Patient Receiving Erythropoietin Prior to Initial Dialysis?* 97

ORRS FIELD No. C8: *Hemoglobin (g/L)* 98
ORRS FIELD No. C67: *Hemoglobin Test Not Done* 99
ORRS FIELD No. C9: *Creatinine (µmol/L)* 100
ORRS FIELD No. C10: *Urea (mmol/L)* 100
ORRS FIELD No. C68: *Urea Test Not Done* 101
ORRS FIELD No. C11: *Serum Bicarbonate/CO2 (mmol/L)* 102
ORRS FIELD No. C69: *Serum Bicarbonate/CO2 Test Not Done* 103
ORRS FIELD No. C12: *Serum Calcium (mmol/L)* 104
ORRS FIELD No. C13: *Serum Calcium Type* 104
ORRS FIELD No. C70: *Serum Calcium Test Not Done* 105
ORRS FIELD No. C14: *Serum Phosphate (mmol/L)* 106
ORRS FIELD No. C71: *Serum Phosphate Test Not Done* 107
ORRS FIELD No. C15: *Serum Albumin (g/L)* 108
ORRS FIELD No. C72: *Serum Albumin Test Not Done* 109
ORRS FIELD No. C16: *Serum Parathormone (PTH)* 110
ORRS FIELD No. C17: *PTH Units of Measure* 110
ORRS FIELD No. C18: *PTH Test Not Done* 111
ORRS FIELD No. C19: *Comments* 112
ORRS FIELD No. C20: *Access Used At Time Of First Dialysis* 112
ORRS FIELD No. C21: *Dialysis Treatment Start Date* 113
ORRS FIELD No. C22: *Initial Dialysis Treatment Code* 114
ORRS FIELD No. C23: *Intended Long-Term Treatment?* 115
ORRS FIELD No. C24: *Reason For Not Intended Long-term Treatment* 116
ORRS FIELD No. C25: *Other Reason For Not Intended Long-term Treatment* 117
ORRS FIELD No. C26: *Intended Long-term Treatment Code?* 117
ORRS FIELD No. C27: *Not Home HD Modality Reason 1* 118
ORRS FIELD No. C28: *Not Home HD Modality Other Reason 1* 118

ORRS FIELD No. C29: *Not Home HD Modality Reason 2* 119
ORRS FIELD No. C30: *Not Home HD Modality Other Reason 2* 119
ORRS FIELD No. C31: *Not Home HD Modality Reason 3* 120
ORRS FIELD No. C32: *Not Home HD Modality Other Reason 3* 120
ORRS FIELD No. C33: *Not Home PD Modality Reason 1* 121
ORRS FIELD No. C34: *Not Home PD Modality Other Reason 1* 121
ORRS FIELD No. C35: *Not Home PD Modality Reason 2* 122
ORRS FIELD No. C36: *Not Home PD Modality Other Reason 2* 122
ORRS FIELD No. C37: *Not Home PD Modality Reason 3* 123
ORRS FIELD No. C38: *Not Home PD Modality Other Reason 3* 123
ORRS FIELD No. C39: *HD Catheter Reason 1* 124
ORRS FIELD No. C40: *HD Catheter Other Reason 1* 124
ORRS FIELD No. C41: *HD Catheter Reason 2* 125
ORRS FIELD No. C42: *HD Catheter Other Reason 2* 125
ORRS FIELD No. C43: *Height And/or Weight Cannot Be Provided Because Patient Is* 126
ORRS FIELD No. C44: *Height And/or Weight Cannot Be Provided Because Patient Is, Other Reason* 126
ORRS FIELD No. C45: *Height at First Dialysis Treatment (cm)* 127
ORRS FIELD No. C46: *Weight Within First Month of Treatment (kg)* 128
ORRS FIELD No. C47: *Primary Renal Disease* 130
ORRS FIELD No. C48: *Other Primary Renal Disease* 130
ORRS FIELD No. C49: *Angina?* 131
ORRS FIELD No. C50: *Myocardial Infarct?* 131
ORRS FIELD No. C51: *Coronary Artery Bypass Grafts/Angioplasty?* 132
ORRS FIELD No. C52: *Recent History of Pulmonary Edema?* 132
ORRS FIELD No. C53: *Cerebrovascular Disease?* 133
ORRS FIELD No. C54: *Peripheral Vascular Disease?* 133

ORRS FIELD No. C55: *Diabetes Type I?* 134
ORRS FIELD No. C56: *Diabetes Type II?* 134
ORRS FIELD No. C57: *Malignancy?* 135
ORRS FIELD No. C58: *Malignancy Site* 135
ORRS FIELD No. C59: *Other Malignancy Site* 136
ORRS FIELD No. C60: *Chronic Obstructive Lung Disease?* 136
ORRS FIELD No. C61: *Receiving Medication for Hypertension* 137
ORRS FIELD No. C62: *Other Serious Illness?* 137
ORRS FIELD No. C63: *Specified Other Serious Illness* 138
ORRS FIELD No. C64: *Current Smoker?* 138

Patient Type: General Nephrology (VN) eSubmission Data Elements 139

Common Registration Data Elements.....140
ORRS FIELD No. T2: *Treatment Date* 140

Shared Treatment Event Data Elements.....144
ORRS FIELD No. X6: *Same Day Event Order* 145
ORRS FIELD No. T1: *Treatment Event Code* 145
ORRS FIELD No. T2: *Treatment Date* 146
ORRS FIELD No. T4: *Care Setting* 147
ORRS FIELD No. T3: *Treatment (Modality) Code* 149
ORRS FIELD No. T5C: *Reason for Change Code* 149
ORRS FIELD No. T6: *Other Reason For Change* 150
ORRS FIELD No. P2: *MRP* 150
ORRS FIELD No. T25: *Dialysis Training Type* 152
ORRS FIELD No. T16: *Creatinine (µmol/L)* 152
ORRS FIELD No. T50: *Creatinine Sample Collection Date* 154
ORRS FIELD No. T17: *Proteinuria (ACR)* 155

Ontario Health

ORRS FIELD No. T45: *Proteinuria Sample Collection Date (ACR)* 158

Treatment Event Data Elements 159

AC – Access Change.....160

ORRS FIELD No. T2: *Treatment Date*..... 160

ORRS FIELD No. T4: *Care Setting*..... 160

ORRS FIELD No. T3: *Treatment (Modality) Code* 160

ORRS FIELD No. T13: *Access Used*..... 161

ORRS FIELD No. T14: *Other Access Used*..... 162

D – Died 163

ORRS FIELD No. T2: *Treatment Date*..... 163

ORRS FIELD No. T4: *Care Setting*..... 163

ORRS FIELD No. T3: *Treatment (Modality) Code* 163

ORRS FIELD No. T10: *Death Type Code* 163

F – Failed Transplant 165

ORRS FIELD No. T2: *Treatment Date*..... 165

ORRS FIELD No. T4: *Care Setting*..... 165

ORRS FIELD No. T3: *Treatment (Modality) Code* 165

ORRS FIELD No. A15: *Payment Health Card Number*..... 165

ORRS FIELD No. A4: *Province of Payment Health Card Number* 165

ORRS FIELD No. A5: *Payment Health Card Number Not Available* 166

ORRS FIELD No. A14: *Responsibility for Payment* 166

ORRS FIELD No. P2: *MRP* 166

GC – Goals of Care and Treatment Decisions.....168

ORRS FIELD No. T2: *Treatment Date*..... 168

ORRS FIELD No. T3: *Treatment (Modality) Code* 168

ORRS FIELD No. GC1: *Update Goals of Care Assessment* 168

ORRS FIELD No. GC2: *Substitute Decision Maker (SDM) is up to date & documented in patient record* 170

ORRS FIELD No. GC3: *Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed* 171

ORRS FIELD No. GC4: *Patient goals and values have been incorporated into documented plan of treatment* 171

ORRS FIELD No. GC5: *Reason Goals of Care not yet confirmed* 172

ORRS FIELD No. GC6: *Reason Goals of Care not yet confirmed other reason* 173

ORRS FIELD No. TD1: *Update Treatment Decisions Assessment* 173

ORRS FIELD No. TD2: *Current code status documented in patient record* 174

ORRS FIELD No. TD3: *Reason treatment decisions not yet confirmed* 174

ORRS FIELD No. TD4: *Reason treatment decisions not yet confirmed other reason* 175

BA – Body Access 176

ORRS FIELD No. T2: *Treatment Date* 176

ORRS FIELD No. T3: *Treatment (Modality) Code* 176

ORRS FIELD No. T110: *Procedure Type* 177

IE – Infection Event 184

ORRS FIELD No. F1 *Infection Type* 184

ORRS FIELD No. T2: *Date (Infection Episode)* 185

ORRS FIELD No. T3: *Treatment (Modality) Code* 185

ORRS FIELD No. F2: *CRB Relapsing Event* 185

ORRS FIELD No. F3: *Final Blood Culture Result (First Set)* 186

ORRS FIELD No. F4: *Final Blood Culture Result (First Set) Other* 187

ORRS FIELD No. F5: *Final Blood Culture Result (Second Set)* 187

ORRS FIELD No. F6: *Final Blood Culture Result (Second Set) Other* 188

ORRS FIELD No. F7: *Peritonitis Category* 188

ORRS FIELD No. F8: *Associated Tunnel Infection* 189

ORRS FIELD No. F9: *Associated Exit Site Infection* 190

L-IN – Transfer Patient in to Location 195

ORRS FIELD No. T2: *Treatment Date* 195

ORRS FIELD No. T4: *Care Setting* 195

ORRS FIELD No. T3: *Treatment (Modality) Code* 195

ORRS FIELD No. T8: *Changed From Location* 196

L-OUT – Transfer Patient Out of Location 198

ORRS FIELD No. T2: *Treatment Date* 198

ORRS FIELD No. T3: *Treatment (Modality) Code* 198

ORRS FIELD No. T5C: *Reason for Change Code* 198

ORRS FIELD No. T6: *Other Reason for Change* 199

ORRS FIELD No. N/A *Changed to Location* 199

M – Modality Change 201

ORRS FIELD No. T2: *Treatment Date* 201

ORRS FIELD No. T4: *Care Setting* 201

ORRS FIELD No. T3: *Treatment (Modality) Code* 201

ORRS FIELD No. P2: *MRP* 201

ORRS FIELD No. T5C: *Reason for Change Code* 202

ORRS FIELD No. T6: *Other Reason for Change* 202

R – Recovered 209

ORRS FIELD No. T2: *Treatment Date* 209

ORRS FIELD No. T4: *Care Setting* 209

ORRS FIELD No. T3: *Treatment (Modality) Code* 209

RE – Home Dialysis Re-training End 211

ORRS FIELD No. T2: *Treatment Date* 211
ORRS FIELD No. T4: *Care Setting* 211
ORRS FIELD No. T3: *Treatment (Modality) Code* 211
ORRS FIELD No. T25: *Dialysis Training Type* 211

RP – Change Responsibility for Payment 212
ORRS FIELD No. T2: *Treatment Date* 212
ORRS FIELD No. T3: *Treatment (Modality) Code* 212
ORRS FIELD No. A15: *Payment Health Card Number* 212
ORRS FIELD No. A4: *Province of Payment Health Card Number* 212
ORRS FIELD No. A5: *Payment Health Card Number Not Available* 212
ORRS FIELD No. A14: *Responsibility for Payment* 213

RR – Returning Patient 214
ORRS FIELD No. T2: *Treatment Date* 214
ORRS FIELD No. T4: *Care Setting* 214
ORRS FIELD No. T3: *Treatment (Modality) Code* 214
ORRS FIELD No. A15: *Payment Health Card Number* 214
ORRS FIELD No. A4: *Province of Payment Health Card Number* 214
ORRS FIELD No. A5: *Payment Health Card Number Not Available* 215
ORRS FIELD No. A14: *Responsibility for Payment* 215
ORRS FIELD No. P2: *MRP* 215

RS – Home Dialysis Re-training Start 216
ORRS FIELD No. T2: *Treatment Date* 216
ORRS FIELD No. T4: *Care Setting* 216
ORRS FIELD No. T3: *Treatment (Modality) Code* 216
ORRS FIELD No. T25: *Dialysis Training Type* 216

Ontario Health

TE – Home Dialysis Training End 217
ORRS FIELD No. T2: *Treatment Date* 217
ORRS FIELD No. T4: *Care Setting* 217
ORRS FIELD No. T3: *Treatment (Modality) Code* 217
ORRS FIELD No. T25: *Dialysis Training Type* 217

TI – Transfer Into Region 219
ORRS FIELD No. T2: *Treatment Date* 219
ORRS FIELD No. T4: *Care Setting* 219
ORRS FIELD No. T3: *Treatment (Modality) Code* 219
ORRS FIELD No. A15: *Payment Health Card Number* 219
ORRS FIELD No. A4: *Province of Payment Health Card Number* 220
ORRS FIELD No. A5: *Payment Health Card Number Not Available* 220
ORRS FIELD No. A14: *Responsibility for Payment* 220
ORRS FIELD No. P2: *MRP* 220

TO – Transfer Out of Region 221
ORRS FIELD No. T2: *Treatment Date* 221
ORRS FIELD No. T4: *Care Setting* 221
ORRS FIELD No. T3: *Treatment (Modality) Code* 221
ORRS FIELD No. T5C: *Reason for Change Code* 221

TR-IN – Transfer Patient into Hospital/Program 223
ORRS FIELD No. T2: *Treatment Date* 223
ORRS FIELD No. T4: *Care Setting* 223
ORRS FIELD No. T3: *Treatment (Modality) Code* 223
ORRS FIELD No. A15: *Payment Health Card Number* 223
ORRS FIELD No. A4: *Province of Payment Health Card Number* 223
ORRS FIELD No. A5: *Payment Health Card Number Not Available* 224

Ontario Health

ORRS FIELD No. A14: *Responsibility for Payment* 224

ORRS FIELD No. P2: *MRP* 224

ORRS FIELD No. T8: *Transferred From Hospital/Location* 225

TR-OUT – Transfer Patient Out of Hospital/Program 226

ORRS FIELD No. T2: *Treatment Date* 226

ORRS FIELD No. T3: *Treatment (Modality) Code* 226

ORRS FIELD No. T5C: *Reason for Change Code* 226

ORRS FIELD No. T6: *Other Reason for Change* 227

ORRS FIELD No. N/A: *Transferred To Hospital/Location* 227

TS – Home Dialysis Training Start 228

ORRS FIELD No. T2: *Treatment Date* 228

ORRS FIELD No. T4: *Care Setting* 228

ORRS FIELD No. T3: *Treatment (Modality) Code* 228

ORRS FIELD No. T25: *Dialysis Training Type* 228

TU – Transplant Update 234

ORRS FIELD No. T2: *Treatment Date* 234

ORRS FIELD No. T3: *Treatment (Modality) Code* 234

ORRS FIELD No. D10: *Patient Informed About Kidney Transplantion* 234

ORRS FIELD No. D11: *Patient eligible for referral to a Transplant Centre* 235

ORRS FIELD No. D12: *Patient not eligible for referral to a Transplant Centre Reason* 235

ORRS FIELD No. D13: *Patient not eligible for referral to a Transplant Centre Other Reason* ... 236

ORRS FIELD No. D14: *Patient not eligible for referral to a Transplant Centre Preconditions* ... 236

ORRS FIELD No. D15: *Patient not eligible for referral to a Transplant Centre Other Preconditions* 237

TX – Transplanted 239

Ontario Health

ORRS FIELD No. T2: *Treatment Date* 239
ORRS FIELD No. T4: *Care Setting* 239
ORRS FIELD No. T3: *Treatment (Modality) Code* 239
ORRS FIELD No. T11: *Transplant Hospital* 239
ORRS FIELD No. T12: *Transplant Type* 240

VA – Body/Vascular Clinic Visit 241
ORRS FIELD No. T2: *Treatment Date* 241
ORRS FIELD No. T4: *Care Setting* 241
ORRS FIELD No. T3: *Treatment (Modality) Code* 241
ORRS FIELD No. T16: *Creatinine (µmol/L)* 241
ORRS FIELD No. T50: *Creatinine Sample Collection Date* 241
ORRS FIELD No. T17: *Proteinuria (ACR)* 241
ORRS FIELD No. T45: *Proteinuria Sample Collection Date (ACR)* 242
ORRS FIELD No. T19: *Access Visit Type* 242
ORRS FIELD No. T22: *Follow-up Type* 242
ORRS FIELD No. I1: *ID Assessment* 243
ORRS FIELD No. V1: *VA Assessment* 243

VE – Education Clinic Visit 244
ORRS FIELD No. T2: *Treatment Date* 244
ORRS FIELD No. T4: *Care Setting* 244
ORRS FIELD No. T3: *Treatment (Modality) Code* 244
ORRS FIELD No. P2: *MRP* 244
ORRS FIELD No. T16: *Creatinine (µmol/L)* 244
ORRS FIELD No. T50: *Creatinine Sample Collection Date* 244
ORRS FIELD No. T17: *Proteinuria (ACR)* 245
ORRS FIELD No. T45: *Proteinuria Sample Collection Date (ACR)* 245

Ontario Health

ORRS FIELD No. T18: *Delivery Mode* 245
ORRS FIELD No. T100: *Session ID* 246
ORRS FIELD No. T101: *Duration* 246
ORRS FIELD No. T51: *Was Conservative Renal Care (CRC) education provided?* 247
ORRS FIELD No. I1: *ID Assessment* 248
ORRS FIELD No. V1: *VA Assessment* 248
ORRS FIELD No. GC1: *GOC Assessment* 248
ORRS FIELD No. TD1: *TD Assessment* 248

VF – Follow-Up Clinic Visit 250
ORRS FIELD No. T2: *Treatment Date* 250
ORRS FIELD No. T3: *Treatment (Modality) Code* 250
ORRS FIELD No. T42: *For IHF Patient?* 250
ORRS FIELD No. T43: *Visit Type* 251

VG – Glomerulonephritis (GN) Clinic Visit 253
ORRS FIELD No. T2: *Treatment Date* 253
ORRS FIELD No. GN1: *GN Visit Type* 253
ORRS FIELD No. GN2: *GN Date of Referral* 254
ORRS FIELD No. T3: *Treatment (Modality) Code* 254
ORRS FIELD No. P2: *MRP* 254
ORRS FIELD No. T16: *Creatinine (µmol/L)* 254
ORRS FIELD No. T50: *Creatinine Sample Collection Date* 255
ORRS FIELD No. T17: *Proteinuria (ACR)* 255
ORRS FIELD No. T45: *Proteinuria Sample Collection Date (ACR)* 255
ORRS FIELD No. T60: *Proteinuria (PCR)* 255
ORRS FIELD No. T61: *Proteinuria Sample Collection Date (PCR)* 256
ORRS FIELD No. T62: *Proteinuria (24 HR)* 256

ORRS FIELD No. T63: *Proteinuria Sample Collection Date (24 HR)* 257
ORRS FIELD No. TE1: *Update Treatment* 258
ORRS FIELD No. TE2: *Medications for Hypertension* 258
ORRS FIELD No. TE3: *Immunosuppressive Treatments* 259
ORRS FIELD No. TE4: *Immunosuppressive Treatments Other Reason* 260
ORRS FIELD No. GN10: *Update GN Diagnosis?* 260
ORRS FIELD No. GN11: *GN Diagnosis 1* 261
ORRS FIELD No. GN12: *GN Diagnosis 1 Other Reason* 261
ORRS FIELD No. GN13: *GN Diagnosis 1 Method* 262
ORRS FIELD No. GN14: *GN Diagnosis Method 1, Other* 262
ORRS FIELD No. GN15: *GN Diagnosis 1 Method Date* 263
ORRS FIELD No. GN16: *GN Diagnosis 2* 264
ORRS FIELD No. GN17: *GN Diagnosis 2 Other Reason* 265
ORRS FIELD No. GN18: *GN Diagnosis 2 Method* 265
ORRS FIELD No. GN19: *GN Diagnosis Method 2, Other* 266
ORRS FIELD No. GN20: *GN Diagnosis 2 Method Date* 266
ORRS FIELD No. I1: *ID Assessment* 267
ORRS FIELD No. V1: *VA Assessment* 267
ORRS FIELD No. GC1: *GOC Assessment* 267
ORRS FIELD No. TD1: *TD Assessment* 267

VP – Pregnancy Clinic Visit 272
ORRS FIELD No. T2: *Treatment Date* 272
ORRS FIELD No. PR1: *Pregnancy Visit Type* 272
ORRS FIELD No. T3: *Treatment (Modality) Code* 273
ORRS FIELD No. P2: *MRP* 273
ORRS FIELD No. T16: *Creatinine (µmol/L)* 273

ORRS FIELD No. T50: *Creatinine Sample Collection Date* 273
ORRS FIELD No. T17: *Proteinuria (ACR)* 273
ORRS FIELD No. T45: *Proteinuria Sample Collection Date (ACR)* 273
ORRS FIELD No. T60: *Proteinuria (PCR)* 274
ORRS FIELD No. T61: *Proteinuria Sample Collection Date (PCR)* 274
ORRS FIELD No. T62: *Proteinuria (24 HR)* 275
ORRS FIELD No. T63: *Proteinuria Sample Collection Date (24 HR)* 275
ORRS FIELD No. PR2: *Pregnancy Week* 276
ORRS FIELD No. PR3: *Post-Partum* 276
ORRS FIELD No. PR4: *Pregnancy Outcome* 277
ORRS FIELD No. PR5: *Pregnancy Outcome Date* 277
ORRS FIELD No. PR6: *Newborn Birth Weight* 278
ORRS FIELD No. PR7: *Newborn Gestational Age (Weeks)* 278
ORRS FIELD No. PR8: *Newborn Gestational Age (Days)* 279
ORRS FIELD No. PR9: *Diabetes* 279
ORRS FIELD No. PR10: *Systolic blood pressure (mmHg)* 280
ORRS FIELD No. PR11: *Diastolic blood pressure (mmHg)* 281
ORRS FIELD No. TE1: *Update Treatment* 282
ORRS FIELD No. TE2: *Medications for Hypertension* 282
ORRS FIELD No. TE3: *Immunosuppressive Treatments* 283
ORRS FIELD No. TE4: *Immunosuppressive Treatments Other Reason* 284
ORRS FIELD No. PR20: *Update Pregnancy Diagnosis* 284
ORRS FIELD No. PR21: *Kidney Disease Type 1* 285
ORRS FIELD No. PR22: *Kidney Disease Type 1 Other Reason* 285
ORRS FIELD No. PR23: *Kidney Disease Type 2* 286
ORRS FIELD No. PR24: *Kidney Disease Type 2 Other Reason* 286
ORRS FIELD No. I1: *ID Assessment* 286

ORRS FIELD No. V1: *VA Assessment* 287
ORRS FIELD No. GC1: *GOC Assessment* 287
ORRS FIELD No. TD1: *TD Assessment* 287

VR – Multi-care Kidney Clinic Visit 290
ORRS FIELD No. T2: *Treatment Date* 290
ORRS FIELD No. T4: *Care Setting* 290
ORRS FIELD No. T3: *Treatment (Modality) Code* 290
ORRS FIELD No. P2: *MRP* 290
ORRS FIELD No. T16: *Creatinine (µmol/L)* 290
ORRS FIELD No. T50: *Creatinine Sample Collection Date* 290
ORRS FIELD No. T17: *Proteinuria (ACR)* 291
ORRS FIELD No. T45: *Proteinuria Sample Collection Date (ACR)* 291
ORRS FIELD No. I1: *ID Assessment* 291
ORRS FIELD No. V1: *VA Assessment* 292
ORRS FIELD No. GC1: *GOC Assessment* 292
ORRS FIELD No. TD1: *TD Assessment* 292

W – Withdrew 293
ORRS FIELD No. T2: *Treatment Date* 293
ORRS FIELD No. T4: *Care Setting* 293
ORRS FIELD No. T3: *Treatment (Modality) Code* 293
ORRS FIELD No. T5W: *Reason For Withdrew Code* 293
ORRS FIELD No. T6W: *Other Reason For Withdrew Code* 294

X – Lost to Follow-up 296
ORRS FIELD No. T2: *Treatment Date* 296
ORRS FIELD No. T4: *Care Setting* 296
ORRS FIELD No. T3: *Treatment (Modality) Code* 296

Independent Dialysis (ID) and Vascular Access (VA) Assessment 297

ORRS FIELD No. I1: *Update ID Assessment* 298

ORRS FIELD No. I2: *Patient Eligible For Home HD* 298

ORRS FIELD No. I3: *Not Eligible For Home HD Reason 1* 299

ORRS FIELD No. I4: *Not Eligible For Home HD Other Reason 1* 299

ORRS FIELD No. I5: *Not Eligible For Home HD Reason 2* 300

ORRS FIELD No. I6: *Not Eligible For Home HD Other Reason 2* 300

ORRS FIELD No. I7: *Not Eligible For Home HD Reason 3* 301

ORRS FIELD No. I8: *Not Eligible For Home HD Other Reason 3* 301

ORRS FIELD No. I9: *Patient Eligible For Home PD* 302

ORRS FIELD No. I10: *Not Eligible For Home PD Reason 1* 302

ORRS FIELD No. I11: *Not Eligible For Home PD Other Reason 1* 303

ORRS FIELD No. I12: *Not Eligible For Home PD Reason 2* 303

ORRS FIELD No. I13: *Not Eligible For Home PD Other Reason 2* 304

ORRS FIELD No. I14: *Not Eligible For Home PD Reason 3* 304

ORRS FIELD No. I15: *Not Eligible For Home PD Other Reason 3* 305

ORRS FIELD No. I16: *Patient/Family Education Provided* 305

ORRS FIELD No. I17: *Patient Modality Choice* 306

ORRS FIELD No. I18: *Why Not Home HD Modality Reason 1* 308

ORRS FIELD No. I19: *Why Not Home HD Modality Other Reason 1* 309

ORRS FIELD No. I20: *Why Not Home HD Modality Reason 2* 309

ORRS FIELD No. I21: *Why Not Home HD Modality Other Reason 2* 310

ORRS FIELD No. I22: *Why Not Home HD Modality Reason 3* 310

ORRS FIELD No. I23: *Why Not Home HD Modality Other Reason 3* 311

ORRS FIELD No. I24: *Why Not Home PD Modality Reason 1* 311

ORRS FIELD No. I25: *Why Not Home PD Modality Other Reason 1* 312

ORRS FIELD No. I26: *Why Not Home PD Modality Reason 2* 312

ORRS FIELD No. I27: *Why Not Home PD Modality Other Reason 2* 313
ORRS FIELD No. I28: *Why Not Home PD Modality Reason 3* 313
ORRS FIELD No. I29: *Why Not Home PD Modality Other Reason 3* 314
ORRS FIELD No. V1: *Update VA Assessment* 314
ORRS FIELD No. V2: *AVF Or AVG Surgical Assessment* 315
ORRS FIELD No. V3: *Surgical Assessment Reason 1* 315
ORRS FIELD No. V4: *Surgical Assessment Other Reason 1* 316
ORRS FIELD No. V5: *Surgical Assessment Reason 2* 316
ORRS FIELD No. V6: *Surgical Assessment Other Reason 2* 317
ORRS FIELD No. V7: *Adequate VA Education Provided* 317
ORRS FIELD No. V8: *Patient Intended Initial Access* 318
ORRS FIELD No. V9: *HD Catheter Reason 1* 319
ORRS FIELD No. V10: *HD Catheter Other Reason 1* 319
ORRS FIELD No. V11: *HD Catheter Reason 2* 320
ORRS FIELD No. V12: *HD Catheter Other Reason 2* 320

CKD Service Volumes 324
ORRS FIELD No. S1: *Month* 325
ORRS FIELD No. S2: *Year* 325
ORRS FIELD No. S3: *Acute Hemodialysis Level III Treatment* 326
ORRS FIELD No. S4: *Continuous Renal Replacement Therapy (CRRT) Treatment Days* 327
ORRS FIELD No. S5: *Slow Extended Duration Dialysis (SLEDD) Treatment Days* 328
ORRS FIELD No. S6: *In-Hospital CAPD Exchanges* 329
ORRS FIELD No. S7: *In-Hospital CCPD (APD) Treatment Days* 330
ORRS FIELD No. S8: *CAPD Initial Training Days* 331
ORRS FIELD No. S10: *CCPD (APD) Initial Training Days* 332
ORRS FIELD No. S12: *HHD Daily/Nocturnal Initial Training Days* 333

ORRS FIELD No. S13: *HHD Conventional Initial Training Days* 334
ORRS FIELD No. S16: *Self-care Hemodialysis Initial Training Days* 335
ORRS FIELD No. S9: *CAPD Retraining Days* 336
ORRS FIELD No. S11: *CCPD (APD) Retraining Days* 337
ORRS FIELD No. S14: *HHD Daily/Nocturnal and Conventional Retraining Days* 338
ORRS FIELD No. S15: *Self-care Hemodialysis Retraining Days* 339
ORRS FIELD No. S21: *Feed Water Tests - Municipal* 340
ORRS FIELD No. S20: *Feed Water Tests - Private* 341
ORRS FIELD No. S23: *Product Water Tests - Municipal* 342
ORRS FIELD No. S22: *Product Water Tests - Private* 343
ORRS FIELD No. S17: *Carbon Tank/Filter Exchanges* 344
ORRS FIELD No. S18: *Nurse Home Hours (PCA)* 345
ORRS FIELD No. S19: *Technician Home Visit Hours* 346

Appendix A: Reference Codes and Descriptions 347

Hospital Codes 348
Location Codes 349
IHF Location Codes 352
Self Care Location Codes 352
Long-Term Care (LTC) Location Codes 353
Treatment (Modality) Codes 354
Primary Renal Disease Codes 356
Malignancy Site Codes 358
Treatment Event Codes 360
Reason for Change Codes 361
Reason for Change Codes (Specific to TO - Transfer Out of Region) 363
Reason for Chronic Withdrew Codes 363

Ontario Health

Reason for MCKC / GN / PRG Withdrew Codes 364
Patient Not Eligible For Referral To A Transplant Centre Preconditions Codes 364
Transplant Hospitals 365
GN Acuity Level 4 Hospitals 365
Death Type Codes 365
Home HD Assessment Reason Codes 367
Home PD Assessment Reason Codes 369
VA Assessment Reason Codes 370
Responsibility for Payment Codes 372
Infection Confirmation Codes 372
Peritonitis Category Codes 372
Kidney Disease Type Codes 373
Glomerulonephritis Diagnosis Codes 373
GN & Pregnancy Immunosuppressive Codes 375

Appendix B: Lab Value Ranges 376

Appendix C: Definitions 378

Appendix D: Modality and Census Groups 386

Appendix E: ORRS Acronyms 390

Revision History 393

Introduction

Purpose of this Guide

This Guide documents the established rules for data coding and is designed to support Regional Renal Programs (RRPs) with capturing and reporting high-quality renal data into the Ontario Renal Reporting System (ORRS). This document will be updated, as required, to align with any changes to the Ontario Renal Reporting System (ORRS) data elements and/or application. A printable version of the ORRS Coding Guide is located on the CKD Regional Leadership Collaboration Site and content within this document has also been included in the *Help* section of the ORRS online application.

Icons

Icons are used throughout this Guide to highlight key information for each data element under the associated patient type. A description of each icon used throughout the Guide is offered in the following table:

Icon	Description
	An icon with the letter **F** (Funding) is used to reference key funding information within the ORRS Coding Guide.
	An icon with the letters **DQ** (Data Quality) details additional information relevant to data quality in ORRS.
	An icon with the letter **I** (Integration) will highlight key information specific to Basic and/or Standard Integration in ORRS.
	An icon with the letters **PR** (Performance Reporting) will highlight key information related to performance in ORRS.
	An icon with the lower case letter **i** (Canadian Institute for Health Information-CIHI) will highlight key information related to CIHI's Canadian Organ Replacement Registry (CORR) reporting in ORRS.

Common Registration Data Elements

ORRS FIELD No. X1:

Source Record ID

Purpose: Use to identify if a submitted unique record is an update to a previously submitted record or if it is a new record for matching purposes.

Definition: Unique identifier for a record assigned at the provider location.

Completion Requirement	Mandatory (file upload) Optional within Infection Treatment Event (file upload)
Format	Alphanumeric (20)
Valid Values	Combination of letters, numbers and/or special characters.
Validation Rules	None

Coding Rule #1

- Source Record IDs should be unique to the location in the upload file.

Notes

- The *Source Record ID* allows users to update or modify event details for the given month and previous months through upload and also serves as a reference ID between the source generated ID and the event in the upload file.
- This field is only applicable to Standard facilities (via ORRS upload file templates).

ORRS FIELD No. X2:

Source Patient ID

Purpose: Use to identify a unique patient.

Definition: Unique identifier of a patient (i.e., medical record number, health card number, birth registry, etc.) used by provider location.

Completion Requirement	Mandatory
Format	Alphanumeric (20)
Valid Values	Combination of letters, numbers and/or special characters.
Validation Rules	None

Coding Rule #1

- It is important that the same patient identifier for a particular patient be used across all record types. For example, the same *Source Patient ID* assigned to a particular patient in a registration record must be used in all the *Treatment Event* records associated with that patient.

Notes

- This field is only applicable to Standard facilities (via ORRS upload file templates).

ORRS FIELD No. X3:

Source Patient ID Issuing Location

Purpose: Use when the same Patient ID is shared amongst multiple locations and/or when the same information system is used across various locations to maintain renal patient data. For example, the same Patient ID can be used across multiple sites within the same facility.

Definition: Location responsible for assigning the record's Patient ID for use across provider locations.

Completion Requirement	Optional
Format	Character (4)
Valid Values	See Appendix A for listings of: IHF Location Codes, Self Care Location Codes and Long-Term Care (LTC) Location Codes.
Validation Rules	None

Notes

- The issuing location must be one of the existing *Location* codes within the ORRS application (Appendix A).
- This field is only applicable to Standard facilities (via ORRS upload file templates).

ORRS FIELD No. X4:

ORRS Patient ID

Purpose: Use to identify each unique patient in the Ontario Renal Reporting System (ORRS) for data matching.

Definition: ORRS system generated identifier on initial registration of the patient.

Completion Requirement	Optional
Format	Numeric (10)
Valid Values	None
Validation Rules	None

Notes

- *ORRS Patient ID* is used in conjunction with other patient credentials (i.e. Last Name, First Name, Date of Birth, Gender and Health Card Number) to match data to a patient in ORRS.

ORRS FIELD No. X5:

Registration Type

Purpose: Use to identify whether the Ontario Renal Reporting System (ORRS) patient registration is initial or secondary.

Definition: Indicates if patient registration is initial or secondary.

Completion Requirement	Mandatory
Format	Character (1)
Valid Values	I - Initial Registration S - Secondary Registration
Validation Rules	A patient cannot have a secondary Acute Registration if their previous registration was Chronic. If registration is secondary, record cannot match to multiple patients; must be a single patient match. A patient's initial registration record cannot be removed if the patient has treatment events.

Coding Rule #1

- Not applicable to the Glomerulonephritis (GN) and Pregnancy Registrations.

Notes

- This field is only applicable to Standard facilities (via ORRS upload file templates).

ORRS FIELD No. P1:

Location

Purpose: Use to identify the treatment location. **Definition:** Name of the treatment location indicated by a 3 or 4 digit code.	
Completion Requirement	Mandatory
Format	Character (4)
Valid Values	See Appendix A for listings of: IHF Location Codes, Self Care Location Codes and Long-Term Care (LTC) Location Codes.
Validation Rules	The record's location must be equal to the specified location of the file; multiple locations may be included in a single upload file for General Nephrology Visits and Infection Events ONLY by selecting the *MULT- All Locations* option when uploading.

Notes

- Issuing location must be one of the existing *Location* codes within the ORRS application (Appendix A).

ORRS FIELD No. A1:

Last Name

Purpose: Use to link the Patient Profile on Patient Search Results to uniquely identify a patient.

Definition: Patient's last name.

Completion Requirement	Mandatory
Format	Character (50)
Valid Values	Accepted Characters: A-Z, space, ' , -
Validation Rules	None

Notes

- This data element is not included in the ID and VA Assessment Upload File.
- The following locked data elements require a *Demographic Change Request* via Managed File Transfer (MFT) for the Ontario Renal Network Information Program (ORN IP) Team to correct:
    - Last/First Name
    - Health Card Number
    - Province of Health Card Number
    - Date of Birth
    - Gender

ORRS FIELD No. N/A:

Former Last Name

Purpose: Use when patient has a last name change. This field is included in the patient user search functionality within the ORRS application.

Definition: Patient's former last name.

Completion Requirement	Optional
Format	Character (50)
Valid Values	Accepted Characters: A-Z, space, ‘ , -
Validation Rules	None

Notes

- This data element pertains ONLY to ORRS application (Basic facilities).

ORRS FIELD No. A2:

First Name

Purpose: Use to support patient linkage between file upload and ORRS application.

Definition: Patient's first name.

Completion Requirement	Mandatory
Format	Character (50)
Valid Values	Accepted Characters: A-Z, space, ‘ , -
Validation Rules	None

Notes

- This data element is not included in the ID and VA Assessment Upload File.
- The following locked data elements require a *Demographic Change Request* via Managed File Transfer (MFT) for the Ontario Renal Network Information Program (ORN IP) Team to correct:
    - Last/First Name
    - Health Card Number
    - Province of Health Card Number
    - Date of Birth
    - Gender

ORRS FIELD No. A3:

Health Card Number (ORRS Linking)

Purpose: Use the Health Card Number (HCN) to uniquely identify a patient. This data element is linked to Patient Profile on Patient Search Results.

Definition: Numeric portion of patient's health insurance number assigned by their provincial/territorial government of residence.

Completion Requirement	Optional
Format	Alphanumeric (12)
Valid Values	**Provincial/Territorial Validation Rules** ON - 10 numeric AB - 9 numeric BC - 10 numeric MB - 6 or 9 numeric NB - 9 numeric NL - 12 numeric NS - 10 numeric NT - 8 alphanumeric (1 alpha, 7 numeric; [nNmMtTdD][0-9]{7}) NU - 9 numeric PE - 8 numeric QC - 12 alphanumeric (4 alpha, 8 numeric; [a-zA-Z]{4}[0-9]{8}) SK - 9 numeric YT - 9 numeric
Validation Rules	The *Health Card Number* field under patient identification on Patient Registration must align with provincial validation rules. Mod 10 check is applied to Ontario HCNs only. ***Note**: Ontario Health Card version (alpha character) values are not included in this check.*

Notes

- This field is only applicable to Standard facilities (via ORRS upload file templates).
- It is up to the Regional Renal Program (RRP) to provide this field value in the upload file to help the ORRS upload system match patients in the ORRS application. If an RRP provides an umatched HCN (ORRS Linking) in its upload files, then ORRS will use the patient's last name, date of birth, and gender to match the patient.

ORRS FIELD No. A15:

Payment Health Card Number

Purpose: Use to identify patient's responsibility for payment and to ensure record linking.

Definition: Numeric (except QC and NT HCN) portion of the patient's health insurance card number assigned by the provincial/territorial government.

Completion Requirement	Conditionally Mandatory
Format	Alphanumeric (12)
Valid Values	**Provincial/Territorial Validation Rules** ON - 10 numeric AB - 9 numeric BC - 10 numeric MB - 6 or 9 numeric NB - 9 numeric NL - 12 numeric NS - 10 numeric NT - 8 alphanumeric (1 alpha, 7 numeric; [nNmMtTdD][0-9]{7}) NU - 9 numeric PE - 8 numeric QC - 12 alphanumeric (4 alpha, 8 numeric; [a-zA-Z]{4}[0-9]{8}) SK - 9 numeric YT - 9 numeric
Validation Rules	**ORRS Upload** This field becomes mandatory if *Payment Health Card Number Not Available* value is identified as 'N - No.' **ORRS Application** *Patient Does Not Have a HCN* value is unchecked.

Coding Rule #1

- *Responsibility for Payment* information will be required for all patients to align with the Quality Based Procedures (QBP) reimbursement guidance. Any patient with activity potentially eligible for funding will be required to meet all three Health Card Number (HCN) related criteria:
    - Valid HCN (aligned with Mod 10 check)
    - Province of HCN reported as Ontario (ON)
    - *Responsibility for Payment* reported as provincial/territorial responsibility

Coding Rule #2

- HCN is provided at the time patient is registered and updated ONLY if it needs to be corrected.
- In the event a patient receives a new HCN at any point in their journey, HCN changes should only be reported through the events RP, RR, TR-IN, TI or F or with a General Nephrology Visit (VN) (See Appendix A for Treatment Event Codes).
- A new HCN should not be reported in the registration. Updating the HCN in the registration form in the case of a new HCN will not change the HCN within the patient journey.

Notes

- This field is labelled as *HealthCard No.* within the ORRS application and *Payment Health Card Number* within Standard upload.
- The following locked data elements require a *Demographic Change Request* via Managed File Transfer (MFT) for the Ontario Renal Network Information Program (ORN IP) Team to correct:
    - Last/First Name
    - Health Card Number
    - Province of Health Card Number
    - Date of Birth
    - Gender

ORRS FIELD No. A4:

Province of Payment Health Card Number

Purpose: Use to identify province of the patient's health insurance for payment purposes.

Definition: Province/territory of patient's Health Card Number (if not Ontario).

Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	ON, NL, PE, NS, NB,QC, MB, SK,AB, BC, NT, YT, NU, CA, Not Applicable
Validation Rules	*Province of Payment Health Card Number* 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 value is checked.

Coding Rule #1

- *Responsibility for Payment* information is required for all patients to align with the Quality Based Procedures (QBP) reimbursement guidance. Any patient with activity potentially eligible for funding will be required to meet all three health card number (HCN) related criteria:
    - Valid HCN (aligned with Mod 10 check)
    - *Province of Health Card Number* reported as Ontario
    - *Responsibility for Payment* reported as '01 - Provincial/territorial responsibility'

Notes

- The following locked data elements require a *Demographic Change Request* via Managed File Transfer (MFT) for the Ontario Renal Network Information Program (ORN IP) Team to correct:
    - Last/First Name
    - Health Card Number
    - Province of Health Card Number
    - Date of Birth
    - Gender

ORRS FIELD No. A5:

Payment Health Card Number Not Available

Purpose and Definition: Use to indicate patient did not have a health card number (HCN) available at the time of service.	
Completion Requirement	Optional
Format	Character (1)
Valid Values	**ORRS Application** Checked () Unchecked () **ORRS Upload Tool** Y - Yes (HCN is not available) N - No (HCN is available)
Validation Rules	**ORRS Application** Default value will be 'Unchecked.' **ORRS Upload Tool** Field must accept only one of the two valid values.

Notes

- This field is labelled as *Patient does not have a HCN* in the ORRS application.

ORRS FIELD No. A14:

Responsibility for Payment

F

DQ

Purpose and Definition: Use to determine the primary source for payment of services over the course of the chronic kidney disease (CKD) patient journey.	
Completion Requirement	Mandatory
Format	Character (2)
Valid Values	01 - Provincial/territorial responsibility 02 - Workers' Compensation Board/Workplace Safety and Insurance Board (WCB/WSIB), Workers' Service Insurance Board or equivalent 03 - Other province/territory (resident of Canada) 04 - Department of Veteran Affairs (DVA)/Veterans Affairs Canada (VAC) 05 - First Nations and Inuit Health Branch 06 - Other federal government (Department of National Defence, Citizenship and Immigration), or penitentiary inmates 07 - Canadian resident self-pay 08 - Other countries resident self-pay
Validation Rules	None

Coding Rule #1

- *Responsibility for Payment* information is required for all patients to align with the Quality Based Procedures (QBP) reimbursement guidance. Any patient with activity potentially eligible for funding will be required to meet all three health card number (HCN) related criteria:
    - Valid HCN (aligned with Mod 10 check)
    - *Province of Health Card Number* reported as Ontario
    - *Responsibility for Payment* reported as '01 - Provincial/territorial responsibility'

Coding Rule #2

- Report the date when the *Responsibility for Payment* took effect or was changed. If the exact date is unknown then report the date the RRP was notified of the change. The intent of the data capture is to identify the applicable payer for all service time within a program.

CODING SCENARIO: Responsibility for Payment

How to Report Change in Responsibility for Payment in Transfer out/into Region (TO) Event

A resident of Ontario is registered for chronic dialysis. Shortly after registration, the patient moves to Manitoba. During a subsequent visit to Ontario, the patient receives dialysis at the program in Ontario where the patient was originally registered.

Chronic Registration	Treatment Event Details	Treatment Event Details
Chronic dialysis initiation	Transfer to Manitoba	Visit to Ontario with Responsibility for Payment (RP) from another province
Responsibility for Payment field 01. Provincial/territorial responsibility	Apply TO - Transfer out of Region Treatment Event	Apply TI - Transfer into Region Treatment Event **Responsibility for Payment** 03. Other province/territory (resident of Canada)

Notes

- Valid value '01- Provincial/territorial responsibility' identifies the Ontario government as the primary source of payment.
- A new HCN should only be reported by using the Change Responsibility for Payment (RP) Treatment Event. Replacing the original HCN with a new HCN in the Initial Registration does not change the HCN in the patient journey.

ORRS FIELD No. A6:

Date Of Birth

Purpose: Use to identify a patient and calculate the age of the patient.

Definition: Patient's year, month and day of birth.

Completion Requirement	Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	Field's value must be selected from the calendar provided in the ORRS application. This field's value must be earlier (less) than the current date.

Coding Rule #1

- If month of birth is unknown, record the month as 01.
- If day of birth is unknown, record the day as 01.
- If year of birth is unknown, but the patient's age has been estimated, report the estimated year of birth (current year minus patient's estimated age at time of visit).

Notes

- The following locked data elements require a *Demographic Change Request* via Managed File Transfer (MFT) for the Ontario Renal Network Information Program (ORN IP) Team to correct:
    - Last/First Name
    - Heath Card Number
    - Province of Health Card Number
    - Date of Birth
    - Gender

ORRS FIELD No. A7:

Gender

Purpose: Use to identify patient's gender/sex to include in calculating the patient's estimated Glomerular Filtration Rate (eGFR).

Definition: Patient's gender.

Completion Requirement	Mandatory
Format	Character (1)
Valid Values	M - Male F - Female O - Other
Validation Rules	None

Notes

- The following locked data elements require a *Demographic Change Request* via Managed File Transfer (MFT) for the Ontario Renal Network Information Program (ORN IP) Team to correct:
    - Last/First Name
    - Heath Card Number
    - Province of Health Card Number
    - Date of Birth
    - Gender

- A valid *Gender* value is used in the ORRS calculation of the Estimated GFR CKD-EPI Equation:
    - eGFR(mL/min/1.73 m2) = 141 × min(Scr/κ, 1)α × max(Scr/ κ, 1) -1.209 × 0.993 age × 1.018[if female] × 1.159[if Black]
    - Where κ = 0.7, α = -0.329 for females, and κ = 0.9, α = -0.411 for males; min indicates the minimum of Scr/κ or 1, and max indicates the maximum of Scr/κ or 1.
    - The equation for females will be applied to calculate the eGFR for 'Other' gender.

ORRS FIELD No. A8:

Race

Purpose: Use to identify patient's race to include in calculating the patient's estimated Glomerular Filtration Rate (eGFR).

Definition: Patient's self-identified race.

Completion Requirement	Mandatory for Multi-care Kidney Clinic (MCKC), Glomerulonephritis and Pregnancy and Chronic Registrations. Optional for Acute Registrations.
Format	Character (2)
Valid Values	1 - Caucasian 2 - Asian/Oriental 3 - Black 5 - Indian Sub-Continent 8 - Pacific Islander 9 - Indigenous 10 - Mid-East/Arabian 11 - Latin American 12 - African Origin 98 - Unknown 99 - Other/Multiracial
Validation Rules	None

Coding Rule #1

- This is a self-identified value; the option of '98 - Unknown' is acceptable when the race is not known however, every effort should be made to provide the race value as it is relevant to chronic kidney disease (CKD) reporting.

Coding Rule #2

- If '99 - Other/Multiracial' is selected, an open mandatory text field will be enabled to support detailed data capture of other race details.

Notes

- A valid *Race* value is used in the ORRS calculation of the Estimated GFR CKD-EPI Equation:
    - eGFR(mL/min/1.73 m2) = 141 × min(Scr/κ, 1)α × max(Scr/ κ, 1) -1.209 × 0.993 age × 1.018[if female] × 1.159[if Black]
    - Where κ = 0.7, α = -0.329 for females, and κ = 0.9, α = -0.411 for males; min indicates the minimum of Scr/κ or 1, and max indicates the maximum of Scr/κ or 1.
    - The equation for females will be applied to calculate the eGFR for 'Other' gender.

ORRS FIELD No. A9:

If Other, Specify

Purpose: Use to identify patient's race to include in calculating the patient's estimated Glomerular Filtration Rate (eGFR).

Definition: Specification of patient's race if not identified from the predefined race options.

Completion Requirement	Conditionally Mandatory
Format	Character (50)
Valid Values	Open text field
Validation Rules	IF *Race* = '99 – Other/Multiracial' THEN *If Other, Specify* cannot be blank.

Notes

- This field is labelled as *Other Race* in the ORRS application.

ORRS FIELD No. A11:

Indigenous Classification

Purpose: Use to enhance *Race* by capturing information to support approaches to reporting of chronic kidney disease (CKD) care for Indigenous people. **Definition:** Type of self-identified Indigenous classification.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	1 - First Nations 2 - Inuit 3 - Métis 99 - Other
Validation Rules	Becomes optional on selection of '9- Indigenous' in *Race* field.

Notes

- This data capture is supported by the Ontario Health Indigenous Cancer Control Unit (ICCU), who manages Ontario Health activities with First Nations, Inuit, and Métis communities and engages on behalf of Ontario Health.

ORRS FIELD No. A12:

Other Indigenous Classification

Purpose: Use to enhance *Race* by capturing information to support approaches to reporting of chronic kidney disease (CKD) care for Indigenous people. **Definition:** Type of self-identified Indigenous classification.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field Accepted Characters: A-Z, space, ' , -
Validation Rules	Becomes mandatory on selection of '99 - Other' in *Indigenous Classification* field.

Notes

- This data capture is supported by the Ontario Health Indigenous Cancer Control Unit (ICCU), who manages Ontario Health activities with First Nations, Inuit, and Métis communities and engages on behalf of Ontario Health.

ORRS FIELD No. A13:

Settlement Area

Purpose: Use to enhance *Race* by capturing information to support approaches to reporting of chronic kidney disease (CKD) care for Indigenous people.

Definition: Type of self-identified Indigenous classification.

Completion Requirement	Conditionally Optional
Format	Character (1)
Valid Values	1 - On reserve 2 - Off reserve
Validation Rules	Becomes optional on selection of '9- Indigenous' in the *Race* field.

Notes

- This data capture is supported by the Ontario Health Indigenous Cancer Control Unit (ICCU), who manages Ontario Health activities with First Nations, Inuit, and Métis communities and engages on behalf of Ontario Health.

ORRS FIELD No. B4:

Street Address Line 1

F

DQ

Purpose: Use to identify patient catchment area identifiers.

Definition: Address field to capture patient's street details.

Completion Requirement	Mandatory
Format	Alphanumeric (100)
Valid Values	Valid values are up to 100 characters.
Validation Rules	None

Coding Rule #1

- If the patient's address is unknown, submit the following information to successfully save the patient record in the ORRS application:
    - Address Line #1: No fixed address
    - Postal Code: X0X 0X0
    - City: Hospital City
    - Province: Ontario

ORRS FIELD No. B5:

Street Address Line 2

Purpose: Use to identify patient catchment area identifiers. **Definition:** Address field to capture patient's street address details.	
Completion Requirement	Optional
Format	Alphanumeric (100)
Valid Values	Valid values are up to 100 characters.
Validation Rules	None

ORRS FIELD No. B1:

Patient Address - City

Purpose: Use to identify the patient's current city/town of residence for the Home Hemodialysis (HDD) Utility Grant calculation and to verify out-of-country claims. **Definition:** Patient's current city/town of residence.	
Completion Requirement	Optional
Format	Character (100)
Valid Values	Valid values are available in pre-populated list.
Validation Rules	*City* field on Patient Registration must be a value from a pre-populated list. *City* field's pre-populated list will be based on the value selected for *Province* field. *City* field's pre-populated list will auto-refresh every time the value for *Province* field is updated.

ORRS FIELD No. B2:

Patient Address - Province

Purpose: Use to identify patient's province for geographic analysis. **Definition:** Patient's current province of residence.	
Completion Requirement	Mandatory
Format	Character (2)
Valid Values	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, 99 (Out of Canada)
Validation Rules	*Province* on Patient Registration must be a valid value from the pre-populated list.

ORRS FIELD No. B3:

Patient Address - Postal Code

Purpose: Use to identify patient's postal code for geographic analysis. **Definition:** Patient's postal code of their home address.	
Completion Requirement	Mandatory
Format	Alphanumeric (6)
Valid Values	A#A#A#
Validation Rules	*Postal Code* under Patient Identification on Patient Registration will only accept alpha-numeric characters (no special characters are allowed).

Notes

- A postal code is a series of letters and/or digits appended to a postal address for the purpose of sorting mail.

ORRS FIELD No. B6:

Address Is Not A Private Residence

Purpose: Use to understand the distribution of patients residing in long-term care (LTC) homes, rehab facilities and/or complex care centres to support system planning.

Definition: Flag to indicate when the patient's residence is not a private residence.

Completion Requirement	Optional
Format	Character (1)
Valid Values	**ORRS Application** Checked () Unchecked () **ORRS Upload Tool** Y - Yes N - No
Validation Rules	None

Notes

- This data field is open in ORRS and can be updated at any point during the patient journey.
- This information may already exist within the Regional Renal Program's patient registration system. RRPs should have a workflow in place where updates on type of residence are received and submitted into ORRS on a regular and timely basis.

ORRS FIELD No. B7:

Type of Residence

Purpose: Use to understand the distribution of patients residing in long-term care (LTC) homes, rehab facilities and/or complex care centres to support system planning. **Definition:** Patient's type of non-private residence.	
Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	1 - Complex Continuing Care Centre 2 - Long-Term Care Home 3 - Rehab Facility 99 - Other
Validation Rules	Becomes mandatory when patient's address is not a private residence.

ORRS FIELD No. B8:

Other Type of Residence

Purpose: Use to understand the distribution of patients residing in long-term care (LTC) homes, rehab facilities and/or complex care centres to support system planning. **Definition:** Patient's other non-private type of residence.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Becomes mandatory when the patient's address is not a private residence and '99 - Other' is selected for *Type Of Residence*.

Patient Type: Glomerulonephritis (GN) and Pregnancy

Ontario Health

ORRS FIELD No. T2:

Registration Date

Purpose: Use to indicate when patient first came to the Glomerulonephritis (GN) clinic, or when patient first came to the Regional Renal Program to receive pregnancy care.

Definition: Date patient's first GN clinic visit OR pregnancy visit occurred and was documented in ORRS.

Completion Requirement	Mandatory
Format	Date (10 character)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	Field's value must be greater than *Date of Birth* field's value. *Registration Date* must be within the specified file submission period.

Coding Rule #1

- Glomerulonephritis (GN) and Pregnancy Registrations should only be used for patients that have never been registered in ORRS and have no previous/other modality.

ORRS FIELD No. X7:

Patient Type

Purpose and Definition: Use to determine if a Basic Registration is for a Glomerulonephritis (GN) or Pregnancy patient who has not been previously registered in ORRS.

Completion Requirement	Mandatory
Format	Character (1)
Valid Values	5 - Glomerulonephritis 6 - Pregnancy
Validation Rules	None

Notes

- This field is only applicable to Standard facilities (via ORRS upload file templates).

Patient Type: Multi-care Kidney Clinic

ORRS FIELD No. B9:

Height and/or Weight Cannot Be Provided Because Patient Is

Purpose: Use to identify the patient's body mass index through the computation of height and weight.

Definition: Reason patient's height and weight cannot be provided.

Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - Double leg amputee 2 - Other
Validation Rules	Becomes mandatory if *Height and/or Weight* are blank.

ORRS FIELD No. B10:

Height and/or Weight Cannot Be Provided Because Patient Is, Other Reason

Purpose: Use to identify the patient's body mass index through the computation of height and weight.

Definition: Other reason patient's height and weight cannot be provided.

Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Becomes mandatory if '2 - Other' is selected within *Height And/or Weight Cannot Be Provided Because Patient Is* field.

ORRS FIELD No. D1:

Height (cm)

DQ

Purpose: Use to identify the patient's body mass index through the computation of height and weight.

Definition: Patient's height (cm) prior to starting dialysis.

Completion Requirement	Conditionally Mandatory
Format	Numeric (3,3)
Valid Values	999.999 See Figure 1 for valid height and weight value ranges.
Validation Rules	Value should be blank if '1- Double leg amputee' is selected.

Coding Rule #1

- For a new Multi-care Kidney Clinic (MCKC) registration, provide the most recent height (cm) measurement, i.e. the one completed closest to the registration date.

ORRS FIELD No. D2:

Weight (kg)

Purpose: Use to identify the patient's body mass index through the computation of height and weight.

Definition: Patient's actual weight (kg) at the start of the first ever dialysis treatment for chronic renal failure; weight (kg) prior to starting dialysis.

Completion Requirement	Conditionally Mandatory
Format	Numeric (3,3)
Valid Values	999.999 See Figure 1 for valid height and weight value ranges.
Validation Rules	Becomes mandatory when *Height And/or Weight Cannot Be Provided Because Patient Is* field is blank.

Coding Rule #1

- For a new Multi-care Kidney Clinic (MCKC) registration, provide the actual weight (kg), i.e. the one completed closest to the registration date.

Coding Rule #2

- When weight is unknown, report 0.001.

Figure 1: Height and Weight Value Ranges

Element ID	Element Name	Unit	Age (years)	Valid Range
Chronic and Multi-care Kidney Clinic				
C51, D1	Height	cm	Less than 6	25 <= Height <= 125
			6 to less than 10	75 < Height < 150
			10 to less than 15	100 < Height < 200
			Older than 15	120 < Height < 220
C52, D2	Weight	kg	Less than 4	0.454 < Weight < 30
			4 to less than 9	9 < Weight < 50
			9 to less than 15	20 < Weight < 100
			Older than 15	35 < Weight < 160

ORRS FIELD No. C66:

Date of Referral to Nephrologist

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to enable referral wait time determination from the point of Multi-care Kidney Clinic (MCKC) registration for patients that enter ORRS in MCKC.

Definition: Date of referral to see a nephrologist.

Completion Requirement	Optional
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	*Date of Referral to Nephrologist* must be greater than the patient's date of birth. *Date of Referral to Nephrologist* must be on or before the date when patient was first seen by a Nephrologist. *Date of Referral to Nephrologist* will be pre-populated between the Multi-care Kidney Clinic (MCKC) and Chronic Registrations. Because it represents the first referral date provided, the system will accept new or modified date of referral dates on only one registration. Date of referral subsequently provided on the other registration will be ignored.

ORRS FIELD No. C100:

Date of Referral to Nephrologist Not Available

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to identify when a referral date is not available for reporting to support quality improvement initiatives.

Definition: Indicate when the *date of referral to a nephrologist* is not available.

Completion Requirement	Optional
Format	Character (1)
Valid Values	**ORRS Application** Checked () Unchecked () **ORRS Upload Tool** Y - Yes N - No
Validation Rules	*Date of Referral to Nephrologist Not Available* will be pre-populated between the Multi-care Kidney Clinic (MCKC) and Chronic Registrations. The system will accept new or modified values on only one registration.

ORRS FIELD No. P2:

MRP

Purpose: Use to identify the Most Responsible Physician (MRP) over time at key points in the patient journey.

Definition: Nephrologist responsible for the care and treatment of the patient for the majority of the visits/treatments to the healthcare facility. The MRP assumes responsibility for any treatment provided resulting from his or her written or verbal order.

Completion Requirement	Optional
Format	Character (10)
Valid Values	For an individual physician, the *MRP* is The College of Physicians and Surgeons of Ontario (CPSO) number. Use '00000 - Physician Shared Care Model' when a single physician is not applicable. Use '00002 - Prior outpatient Multi-care Kidney Clinic care at other program' when another physician provided care at another program. Use '00016 - MRP Nephrologist is not in ORRS' if physician is not available in pre-populated list.
Validation Rules	**ORRS Application** Must be a valid value from the pre-populated *MRP* list. **ORRS Upload Tool** Must be a valid value from the registered values in ORRS.

Coding Rule #1

- *MRP* value should be reported for MCKC patients (MKC modality code) within the following Treatment Events, when there is a change in the Most Responsible Physician: VR, VA, VE, L-IN, TR-IN, TI, RR, F, M. (See Appendix A for Treatment Event Codes).

Coding Rule #2

- *MRP* values are not required for temporary out of province patients who are transferring into Ontario to receive dialysis.

Coding Rule #3

- If the physician is not physically present in the healthcare facility, but provides orders for treatment, he or she will continue to be responsible for the patient's care and should be recorded as the *MRP*.

ORRS FIELD No. P3:

Date First Seen by MRP

Purpose: To track the first date patient was seen by the most responsible Physician (MRP) on initiation of outpatient Multi-care Kidney Clinic (MCKC) care to support quality improvement initiatives.

Definition: Date MRP first provided outpatient MCKC care in either a private office or a specialty/multi-disciplinary clinic.

Completion Requirement	Conditionally Mandatory
Format	Date (10)
Valid Values	**ORRS Application**: DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	Becomes mandatory when *MRP* value is provided. *Date First Seen by MRP* must be on or after patient's date of birth. *Date First Seen by MRP* must be on or before the first clinic visit date or first *Registration Date*.

Coding Rule #1

- For chronic dialysis patients who are previous crash start patients or came from a nephrology clinic and have never been in MCKC care, leave the *Date First Seen by MRP* and *MRP* fields blank. A system warning message will appear; however, this warning can be ignored in this scenario.

ORRS FIELD No. T2:

Registration Date

Purpose: Use to determine when patient first came to a Multi-care Kidney Clinic (MCKC) for care.

Definition: Date patient first came to the MCKC for care.

Completion Requirement	Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	*Registration Date* value must be greater than *Date of Birth* field's value. *Registration Date* must be within the specified file submission period.

Coding Rule #1

- The MCKC Registration can be used to report patients that have not been previously registered on a MCKC, Chronic or Acute modality, but for whom unbundled service(s) have been provided.

ORRS FIELD No. T15:

Registration Event Type

F PR DQ

Purpose: Use to identify the type of the clinic setting the patient is seen in for funding.

Definition: Type of clinic patient visited during Multi-care Kidney Clinic (MCKC) care.

Completion Requirement	Mandatory
Format	Character (1)
Valid Values	1 - Regular 2 - Education 3 - Body/Vascular Access 4 - Service
Validation Rules	*Registration Event Type* field under treatment information on MCKC Registration must be a value from a pre-populated list. IF *Registration Event Type* = '2 - Education', THEN *Delivery Mode* cannot be blank. IF *Registration Event Type* = '3 - Body/Vascular Access', THEN *Access Visit Type* cannot be blank.

Coding Rule #1

- '1 - Regular' is captured as *Treatment Event* (VR - Multi-care Kidney Clinic Visit).
- '2 - Education' is captured as *Treatment Event* (VE - Education Clinic Visit).
- '3 - Body/Vascular Access' is captured as *Treatment Event* (VA - Body/Vascular Access Clinic Visit).
- '4 - Service' is captured to identify patients who are not receiving MCKC care, Chronic or Acute Dialysis services. MCKC Registration is used to enable reporting of the 'BA - Body Access' *Treatment Event*.

***Note**: If patient's Registration Event Type is '4 - Service' in the MCKC Registration and the patient begins MCKC care, report this information through the Multi-care Kidney Clinic Visit (VR) Treatment Event.*

Coding Rule #2

- Report date of Insertion within *Registration Date* field when MCKC Registration is used to report patients in ORRS who are not receiving MCKC, Chronic or Acute Dialysis services.

Coding Rule #3

- Patients receiving care within General Nephrology who also meet the KFR and/or eGFR criteria for inclusion in MCKC are eligible for funding of VE - Education Clinic Visits and VA - Dialysis Access Clinic Visits. To report this information, add the patient into the application through a MCKC Registration. Within the *Registration Event Type* field, report '2 - Education' or '3 - Body/Vascular Access' as applicable.

ORRS FIELD No. T16:

Creatinine (µmol/L)

Purpose: Use to calculate estimated Glomerular Filtration Rate (eGFR) to measure progression of chronic kidney disease (CKD).

Definition: Patient's most recent Creatinine lab result value.

Completion Requirement	Conditionally Mandatory
Format	Numeric (4)
Valid Values	9999
Validation Rules	The clinical range of values can be between 120-1500 µmol/L.

Coding Rule #1

- If unable to calculate Albumin Creatinine Ratio (ACR) as the concentration of the Albumin is less than the minimum limit of the analytical range of the method, report ACR as 1.

Coding Rule #2

- If unable to calculate ACR as the concentration of the Albumin is greater than the upper limit of the analytical range of the method, report ACR as 300.

Coding Rule #3

- *Creatinine* values are NOT required for Multi-care Kidney Clinic (MCKC) registrations reported within the *Registration Event Type* - '4 - Service.'
- *Creatinine* and *Proteinuria* values are required for MCKC registrations as Treatment Events in any of the following types of clinic visits:
    - 1 - Regular Multi-care Kidney Clinic Visit (VR)
    - 2 - Education Clinic Visit (VE)
    - 3 - Body/Vascular Access Clinic Visit (VA)

Coding Rule #4

- As best practice, urine Albumin-to-Creatinine Ratio (ACR) and *Creatinine* should be completed on a regular basis to determine a patient's Kidney Failure Risk (KFR).
- The coding rules for urine ACR and *Creatinine* are as follows:
    - Must be closest to the MCKC clinic visit date and taken within six months prior to the clinic visit
    - Must be submitted at the time of the clinic visit, or within the ORRS open reporting month where the clinic visit occurs
    - Each six month period requires at least one unique urine ACR or estimated Glomerular Filtration Rate (eGFR) test meeting the eligibility criteria (i.e. patients must have at least two unique ACR or eGFR tests per year)

Coding Rule #5

- If *Creatinine* value is not available, code as '9999 - value is unavailable.'

Notes

- Lab Value Range: µmol/L (300<=creatinine result<=1500).

ORRS FIELD No. T50:

Creatinine Sample Collection Date

Purpose: Use to identify unique samples for reporting on risk of chronic kidney disease (CKD) progression.

Definition: Date Creatinine test was administered.

Completion Requirement	Conditionally Mandatory
Format	Date (10)
Valid Values	**ORRS Application**: DD-MMM-YYYY **ORRS Upload Tool**: DD-MM-YYYY
Validation Rules	*Creatinine Sample Collection Date* must be on or before the current date and greater than patient's date of birth.

Coding Rule #1

- If *Creatinine* is coded as '9999 - value is unavailable' report the Multi-care Kidney Clinic Visit Date as the *Creatinine Sample Collection Date*.

ORRS FIELD No. D3:

Proteinuria

Purpose: Use to measure progression of chronic kidney disease (CKD).

Definition: Patient's most recent Proteinuria lab result value.

Completion Requirement	Conditionally Mandatory
Format	Numeric (4,2)
Valid Values	9999.99
Validation Rules	Field's value can be between 100 and 4000 (inclusive).

Coding Rule #1

If the urine ACR value reported by the lab is	ORRS Coding Rule for urine value
Less than 1	Report value as 1
Less than 3 and value is provided	Report value provided (i.e. greater than 1 and less than 3)
Unable to calculate Albumin/Creatinine Ratio as the concentration of the Albumin is greater than the maximum limit of the analytical range of the method; or greater than 300	Report value as 300
Unable to calculate Albumin/Creatinine Ratio as the concentration of the Albumin is less than the minimum limit of the analytical range of the method	Report value as 1
Greater than 400	Value is available, report maximum value provided

Coding Rule #2

- The *Proteinuria* value must be from the most recent sample taken within the last six months prior to the Multi-care Kidney Clinic (MCKC) visit or 14 days after AND must be submitted at the time of the clinic visit, or within the ORRS open reporting month of the clinic visit.

Coding Rule #3

- In the event that a urine sample cannot be provided by the patient (i.e., due to incontinence) and the eGFR is <15 mls/min, the value should be reported as '9999.' In any other circumstance, the urine ACR value should be provided.

Coding Rule #4

- The test should be repeated if the ratio is unexpectedly either high or low. Some variation does occur and an unexpected value can be rechecked. Ultimately, the Regional Renal Program has to select which value to register for patient eligibility.

Coding Rule #5

- *Proteinuria* value is not required for MCKC registrations reported within the *Registration Event Type* – 'Service.'

Coding Rule #6

- If *Proteinuria* is not available, code as '9999 - value is unavailable.'

Notes

- Every effort should be made to obtain a urine sample without undue burden to the patient. Refer to the Multi-care Kidney Clinic Eligibility Criteria Frequently Asked Questions (FAQ) for further guidance.
- Regional Renal Programs should ensure workflow processes allow for collection and reporting of ACR values at the time of the MCKC Registration and in subsequent MCKC visit(s). This includes laboratory testing with standardized requisitions that include *Creatinine* and ACR to be completed prior to MCKC visits.
- Lab Value Range: ACR/mg/mmol (100<=proteinuria result<=4000).
- A Kidney Failure Risk (KFR) value will be used for eligibility assessment using a KFR equation formula. Please refer to the 2-Year Kidney Failure Risk Equation, using the following variables:

Two-year Kidney Failure Risk Equation:

- 1 – 0.9750 ^ exp (-0.2201 × (age/10 – 7.036) + 0.2467 × (male – 0.5642) – 0.5567 × (eGFR/5 – 7.222) + 0.4510 × (log(ACR) – 5.137))
- Where log is natural logarithm (base e). If male then assign value 1, otherwise 0.
- The urine ACR is measured in mg/g. To convert urine ACR value from mg/mmol to mg/g, multiply the value by 8.84.

ORRS FIELD No. D4:

Proteinuria Test Type

Purpose: Used to measure progression of chronic kidney disease (CKD).

Definition: Proteinuria test type - fixed as ACR.

Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	**ORRS Application:** Value fixed as 'ACR' **ORRS Upload Tool:** Select '2 - ACR'
Validation Rules	IF *Proteinuria* is not blank, THEN *Proteinuria Test Type* must equal '2 - ACR.'

Coding Rule #1

- Must be submitted at the time of the clinic visit, or within the ORRS open reporting month where the clinic visit occurs.

Notes

- *Proteinuria* values using PCR (Protein Creatinine Ratio) and 24-Hour Urine Dipstick tests are no longer accepted in MCKC Registration. Unit of measure for the *Proteinuria* is fixed as 'ACR'
- If the lab reports the ACR value in "mg/g" then use following formula to convert to "mg/mmol":
    - 1 (mg/mmol) = (mg/g) / 8.84

ORRS FIELD No. T45:

Proteinuria Sample Collection Date

Purpose: Use to identify unique samples for reporting on risk of chronic kidney disease (CKD) progression.

Definition: Date Proteinuria test was administered.

Completion Requirement	Conditionally Mandatory
Format	Date (10)
Valid Values	**ORRS Application**: DD-MMM-YYYY **ORRS Upload Tool**: DD-MM-YYYY
Validation Rules	*Proteinuria Sample Collection Date* must be on or before the current date and greater than the patient's date of birth. IF *Proteinuria* is not blank THEN *Proteinuria Sample Collection Date* cannot be blank.

Coding Rule #1

- If urine ACR value is reported as '9999', the actual Multi-care Kidney Clinic (MCKC) clinic visit date may be used as the sample collection date.

ORRS FIELD No. T18:

Delivery Mode

F

DQ

Purpose: Use to identify the type of clinic setting the patient is seen in for funding. **Definition:** Delivery mode for Education Clinic Visit.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - Group Visit 2 - Individual Encounter
Validation Rules	IF *Registration Event Type* = '2 - Education', THEN *Delivery Mode* cannot be blank.

Notes

- The duration guidelines for the 1-on-1 education sessions do not apply to the group education sessions. Group education sessions are for two or more patients and are provided by two or more Health Care Educators. They are also only for education sessions where the goal is to support informed choices regarding modality choice, transplantation or conservative renal care.
- While there is no specific set number of hours, Regional Renal Programs should spend the time patients need to ensure the goals of the education visit are met. There is no limit to the number of group sessions that can be held each month.

ORRS FIELD No. T100:

Session ID

F

DQ

Purpose: Use to provide information related to the quantity of Group Education Visits provided and enable ORRS data collection for funding purposes. **Definition:** Session identifier of Group Education Visit.	
Completion Requirement	Conditionally Mandatory
Format	Numeric (2)
Valid Values	1 - 10
Validation Rules	Field becomes mandatory when *Registration Event Type* = '2 - Education' and *Delivery Mode* = '1- Group Visit.'

ORRS FIELD No. T101:

Duration

F

DQ

Purpose: Use to provide information related to the duration of Individual Clinic Visits provided and enable ORRS data collection for funding purposes. **Definition:** Duration (minutes) of Individual Education Clinic Encounter.	
Completion Requirement	Conditionally Mandatory
Format	Numeric (3)
Valid Values	999
Validation Rules	Field becomes mandatory when *Registration Event Type* = '2 - Education' and *Delivery Mode* = '2 - Individual Encounter.'

ORRS FIELD No. T51:

Was Conservative Renal Care (CRC) education provided?

Purpose and Definition: Use to identify if education specific to conservative renal care (CRC) has taken place.	
Completion Requirement	Conditionally Optional
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	Only one valid value can be selected.

Notes

- Conservative Renal Care (CRC) is defined as planned holistic patient-centred care for patients with Stage 5 chronic kidney disease (CKD) that includes the following:
    - Interventions to delay progression of kidney disease and minimize risk of adverse events or complications;
    - Shared decision-making;
    - Active symptom management;
    - Detailed communication including advance care planning;
    - Psychological support;
    - Social and family support; and
    - Cultural and spiritual domains of care.
- CRC is full renal care that does not include dialysis.
- Being informed about CRC as a treatment option means that the care team has educated the patient or has had, at a minimum, a discussion about the option of CRC with the patient. The Key Elements of Conservative Renal Care outline the content for patient education on CRC.
- A patient is informed about CRC as a treatment option when the care team:
    - Has educated the patient or
    - Has had, at a minimum, a discussion about the option of CRC with the patient.

ORRS FIELD No. T19:

Access Visit Type

Purpose: Use to understand the purpose of the patient's access visit. **Definition:** Type of access visit for body/vascular access - i.e. for initial assessment or for follow-up.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - Initial Assessment 2 - Follow-up
Validation Rules	IF *Registration Event Type* = '3- Body/Vascular Access', THEN *Access Visit Type* cannot be blank.

ORRS FIELD No. T20:

Initial Assessment Type

Purpose: Use to determine if patient is on dialysis at the time of their first Multi-care Kidney Clinic (MCKC) visit. **Definition:** Type of initial assessment.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - Multi-care Kidney Clinic Patient 2 - On dialysis at time of first visit
Validation Rules	If *Access Visit Type* = '1- Initial Assessment', THEN *Initial Assessment Type* cannot be blank.

ORRS FIELD No. T21:

Assessment Reason

Purpose: Use to determine if the reason for a Multi-care Kidney Clinic (MCKC) assessment is related to a surgical consultation for PD access, HD access or other reason not identified. **Definition:** Specific reason for the assessment.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - Surgical consultation for PD access 2 - Surgical consultation for HD access 4 - Other
Validation Rules	IF *Access Visit Type* = '1 - Initial Assessment', THEN *Assessment Reason* cannot be blank.

ORRS FIELD No. T22:

Follow-up Type

Purpose: Use to determine and track the type of follow-up for body/vascular access. **Definition:** Type of follow-up for body/vascular access.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - First follow-up visit 2 - Further pre-operating assessment 3 - Complication related/challenge to maintain access 4 - Other
Validation Rules	IF *Access Visit Type* = '2 - Follow-up', THEN *Follow-up Type* cannot be blank.

Goals of Care & Treatment Decision (GOC) Assessment

Independent Dialysis and Vascular Access (ID/VA) Assessment

Please note the following:

1. The Goals of Care and Treatment Decisions (GOC) Assessment is located in the MCKC Registration and the Treatment Events Data Elements section. Click here for additional information.
2. The Independent Dialysis and Vascular Access (ID/VA) Assessment is located in the MCKC Registration, Treatment Events Data Elements and the ID/VA Assessment section. Click here for additional information.

Patient Type: Acute

ORRS FIELD No. T2:

Treatment Start Date

Purpose: Use to identify the length of treatment to inform appropriate days as required for funding (MCKC and Chronic modalities).

Definition: Date initial treatment started.

Completion Requirement	Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	*Treatment Start Date* field under treatment information on Acute patient registration must be greater than *Date of Birth* field's value. The *Treatment Start Date* must be within the specified file submission period.

ORRS FIELD No. T3:

Acute Treatment

Purpose: Use to identify the type of acute treatment patient received and to track the patient's health condition over time.

Definition: Type of acute treatment provided to the patient.

Completion Requirement	Mandatory
Format	Character (3)
Valid Values	Acute HD (AHD) - Acute Hemodialysis CRRT-SLEDD (CSD) - Continuous Renal Replacement Therapy - Slow Extended Duration Dialysis CRRT-CVVHD (CCV) - Continuous Renal Replacement Therapy - Continuous Venovenous Hemodialysis
Validation Rules	None

Coding Rule #1

- ORRS will prompt users to complete an initial and/or secondary registration when a patient changes modality types for the first time. Once the registration is complete, the system will not prompt to complete a registration for the same modality type again (see Coding Scenario: Acute Treatment below).
- For chronic dialysis patients changing to an acute modality, a secondary Acute Registration is not required when a chronic dialysis patient receives acute treatment. A 'M - Modality Change' *Treatment Event* should be reported indicating the acute modality code and care setting location for this event. The warning message in ORRS to complete an Acute Registration can be ignored.

CODING SCENARIO: Acute Treatment

Treatment Code	Modality Code	Treatment Event Details	Care Setting Location
RR	CSD	Returning Patient	4 - Inpatient care (ICU/CCU)
R	AHD	Recovered	5 - Inpatient Care (Non-critical)
NA	AHD	New Acute	5 - Inpatient Care (Non-critical)

Notes

- An outpatient in a regular dialysis unit does not qualify as a Level III under any circumstance.

ORRS FIELD No. T4:

Care Setting

F

Purpose: Describes the setting in hospital where patient's acute dialysis is provided.

Definition: Patient's care setting for acute dialysis.

Completion Requirement	Mandatory (Acute Registration) Conditionally Mandatory (Treatment Event)
Format	Character (1)
Valid Values	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)
Validation Rules	*Care Setting* field under treatment information on Acute Registration must be a value from a pre-populated list.

Coding Rule #1

- *Care Setting* information is to be included when recording Acute modalities and is reported within the *Treatment Event Code*. If the *Care Setting* changes, but the modality does not, report a 'M - Modality Change' *Treatment Event* and change the *Care Setting* while keeping the same modality as the previous event. *Care Setting* changes can also be reported if the modality or program location changes.

Coding Rule #2

- An Acute Registration is used only if the patient is receiving dialysis (AHD, CSD, CVV modalities) for the first time and in an applicable specific care setting location.

Coding Rule #3

- If a chronic dialysis patient receives acute dialysis, report the change using a modality and/or location change event; an Acute Registration is not required in this case.

CODING SCENARIOS: Care Setting

When a new acute dialysis patient receives CVVHD for the first time in the ICU/CCU and then receives AHD in a non-critical location, and goes on to receive chronic dialysis in the outpatient unit and then recovers kidney function; report as follows in ORRS:

Treatment Code	Modality Code	Treatment Event Details	Care Setting Location
R	111	Recovered	N/A
N	111	New Chronic Registration ***Note**: a secondary registration is required as this is the first time the 'chronic/outpatient' modality code is used*	N/A
M	111	Modality Change	N/A
M	AHD	Modality Change	5 - Inpatient Care (Non-critical)
NA	CVV	New Acute	4 - Inpatient Care (ICU/CCU)

In the following case scenario, a chronic dialysis patient is admitted to hospital and receives AHD in the Emergency Department, is discharged back to a satellite facility and later admitted to hospital and receives SLEDD (CSD) in the ICU care setting location.

Treatment Code	Modality Code	Treatment Event Details	Care Setting Location
M	CSD	Modality Change	4 - Inpatient Care (ICU/CCU)
M	311	Modality Change	N/A
M	AHD	Modality Change	1 - Emergency Department
N	311	New Chronic	N/A

Patient Type: Chronic

ORRS FIELD No. C65:

Patient Transferred Into Ontario?

Purpose and Definition: Use to indicate if the patient was transferred into Ontario from a different province or country.

Completion Requirement	Conditionally Optional
Format	Character (1)
Valid Values	**ORRS Application** Checked () Unchecked () **ORRS Upload Tool** Y - Yes N - No
Validation Rules	None

Coding Rule #1

- Select *Patient Transferred Into Ontario?* to indicate the patient has transferred into the region from outside of the province or country. Mandatory fields will remain the same. Use the following guidance for the fields listed below.
  1. **Dialysis Start Date**: The date the patient is receiving treatment at the facility
  2. **Access**: The access used to provide the dialysis
  3. **Laboratory Results**: *Creatinine* value is mandatory; if the value is not available, code as '9999 - value is unavailable.'

Notes

- This field is labelled as *Transferred* in the ORRS application.

ORRS FIELD No. C66:

Date of Referral to Nephrologist

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

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DQ

Purpose: Use to track the date of referral to a nephrologist for initiation of chronic dialysis to support quality improvement initiatives.

Definition: Date patient was referred to a nephrologist.

Completion Requirement	Optional
Format	Date (10)
Valid Values	**ORRS Application**: DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	Must be greater than patient's date of birth. Must be on or before the date when patient was first seen by a nephrologist. Will be pre-populated between the Multi-care Kidney Clinic (MCKC) and Chronic Registrations. Because it represents the first referral date provided, the system will accept new or modified date of referral dates on only one registration. Date of referral subsequently provided on the other registration will be ignored.

ORRS FIELD No. C100:

Date of Referral to Nephrologist Not Available

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to identify when a referral date is not available for reporting to support quality improvement initiatives.

Definition: Date of referral to nephrologist is not available.

Completion Requirement	Optional
Format	Character (1)
Valid Values	**ORRS Application** Checked () Unchecked () **ORRS Upload Tool** Y - Yes N – No
Validation Rules	Will be pre-populated between the Multi-care Kidney Clinic (MCKC) and Chronic Registrations. ORRS will accept new or modified values on only one registration.

ORRS FIELD No. C1:

Date First Seen By Nephrologist

Purpose: Use to identify Multi-care Kidney Clinic (MCKC) care and chronic kidney disease (CKD) status.

Definition: Date patient first seen by nephrologist.

Completion Requirement	Optional
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	Must be greater than patient's date of birth. Must be less than or equal to the current date.

ORRS FIELD No. C2:

Creatinine When First Seen By Nephrologist

DQ

Purpose: Use to identify Multi-care Kidney Clinic (MCKC) care and chronic kidney disease (CKD) status.

Definition: Creatinine lab value at first nephrologist visit.

Completion Requirement	Conditionally Mandatory
Format	Numeric (4)
Valid Values	9999
Validation Rules	IF *Date First Seen By Nephrologist* is not blank THEN *Creatinine When First Seen By Nephrologist* cannot be blank. IF *Followed in Multidisciplinary Clinic?* is not blank THEN *Creatinine When First Seen By Nephrologist* cannot be blank.

Coding Rule #1

- The *Creatinine* value (µmol/L) should be taken from the lab test performed at the first nephrology visit.

Coding Rule #2

- If *Creatinine* value is not available, code as '9999 - value is unavailable.'

ORRS FIELD No. P2:

MRP

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PR

Purpose: Use to identify the most responsible physician (MRP) over time at key points in the patient journey.

Definition: Nephrologist responsible for the care and treatment of the patient for the majority of the visits/treatments to the healthcare facility. The MRP assumes responsibility for any treatment provided resulting from his or her written or verbal order. For chronic dialysis patient registration, the most recent MRP is the physician who provided outpatient Multi-care Kidney Clinic (MCKC) care prior to initiation of dialysis care.

Completion Requirement	Optional
Format	Character (10)
Valid Values	For an individual physician, the *MRP* is The College of Physicians and Surgeons of Ontario (CPSO) number. Use '00000 - Physician Shared Care Model' when a single physician is not applicable. Use '00002 - Prior outpatient Multi-care Kidney Clinic care at other program' when another physician provided care at another program. Use '00016 - MRP Nephrologist is not in ORRS' if physician is not available in pre-populated list. Use '00999 - No prior outpatient Nephrologist care' if patient did not receive outpatient Multi-care Kidney Clinic care.
Validation Rules	**ORRS Application:** *MRP* must be a valid value from the pre-populated list. **ORRS Upload Tool:** *MRP* must be a valid value from the registered values in ORRS.

Coding Rule #1

- *MRP* values are not required for temporary out of province patients who are transferring into Ontario to receive dialysis.

Coding Rule #2

- For chronic dialysis patients who are previous crash start patients or came from a nephrology clinic and have never been in MCKC care, leave the *Date First Seen by MRP* and *MRP* fields blank. A system warning message will appear; however, this warning can be ignored for this scenario.

Coding Rule #3

- If the physician is not physically present in the healthcare facility, but provides orders for treatment, he or she will continue to be responsible for the patient's care and should be recorded as the *MRP*.

CODING SCENARIO: MRP

- Program Transfer Example: An MCKC patient at Program A is registered as new chronic patient at Program B.
- Do not report the physician that initiated acute or chronic dialysis.

Reporting Facility	Treatment Event	MRP	Treatment Event Details
Program B	N	00002 - Prior Outpatient Multi-Care Kidney Clinics (MCKC) care at another program"	New Chronic Registration with applicable chronic modality code
Program B	TR-IN	00002 - Prior Outpatient Multi-Care Kidney Clinics (MCKC) care at another program"	Transfer Patient into Hospital/Program and applicable chronic modality code
Program A	TR-OUT	N/A	Transfer Patient Out of Hospital/Program
Program A	NP	CPSO # - Dr. Smith	New MCKC Registration

Notes

- The ORRS application provides the ability to retrieve the *MRP* and *Date Last Seen by MRP* within a program as reported in a *Treatment Event* or MCKC Registration by selecting the *Find Recent MRP* button.

ORRS FIELD No. P4:

Date Last Seen by MRP

Purpose: Use to identify the period of patient follow-up to support quality improvement initiatives.

Definition: Most recent date the MRP provided outpatient Multi-care Kidney Clinic (MCKC) care prior to dialysis initiation in either a private office or a specialty/multidisciplinary clinic.

Completion Requirement	Conditionally Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	Becomes mandatory when *MRP* value is provided. Must be on or after patient's date of birth. Must be on or after *Date First Seen By Nephrologist*.

Notes

- The ORRS application provides the ability to retrieve the *MRP* and *Date Last Seen by MRP* within a program as reported in a *Treatment Event* or MCKC Registration by selecting the *Find Recent MRP* button.

ORRS FIELD No. C3:

Followed in an outpatient clinic by a Nephrologist?

Purpose: Use to identify Multi-care Kidney Clinic (MCKC) care and chronic kidney disease (CKD) status.

Definition: Use to identify if patient was followed by a nephrologist in an outpatient clinic prior to initiating dialysis.

Completion Requirement	Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	*Followed in an outpatient clinic by a Nephrologist?* field under Multi-care Kidney Clinic (MCKC) and Initial Blood Work sections on Chronic Registration must be a value from a pre-populated list.

Coding Rule #1

- Report whether patient was followed by a nephrologist in an outpatient clinic prior to starting chronic dialysis and whether the follow-up was done in the nephrologist's office only, multi-disciplinary clinic or both.
- Reporting of CKD care follow-up data uses a combination of data elements found in the Chronic Registration dataset.

ORRS FIELD No. C4:

Where Was Patient Followed?

DQ

Purpose: Used to identify Multi-care Kidney Clinic (MCKC) care and chronic kidney disease (CKD) status. **Definition:** Location where patient was seen before the start of dialysis.	
Completion Requirement	Conditionally Optional
Format	Character (1)
Valid Values	1 - Office 2 - Clinic 3 - Both
Validation Rules	IF *Followed in an outpatient clinic by a Nephrologist?* does not equal 'Y - Yes' THEN *Where Was Patient Followed?* must be blank.

ORRS FIELD No. C5:

Followed in Multidisciplinary Clinic?

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

DQ

Purpose: Used to identify Multi-care Kidney Clinic (MCKC) care and chronic kidney disease (CKD) status. **Definition:** Patient was followed in CKD specialty clinic.	
Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	*Followed in Multidisciplinary Clinic?* field under Multi-care Kidney Clinic (MCKC) and Initial Blood Work sections on the Chronic Registration must be a value from a pre-populated list.

ORRS FIELD No. C6:

Date of Referral to Multidisciplinary Clinic

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to identify Multi-care Kidney Clinic (MCKC) care and chronic kidney disease (CKD) status. **Definition:** Date of first referral to a multidisciplinary (specialty) clinic.	
Completion Requirement	Optional
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	Must be greater than patient's date of birth and *Date First Seen By Nephrologist.*

Notes

- Regional Renal Programs are to report the actual date the referral was received.

ORRS FIELD No. C7:

Patient Receiving Erythropoietin Prior to Initial Dialysis?

Purpose: Use to identify patient clinical characteristics. **Definition:** Identifies if Erythropoietin (EPO) was received prior to dialysis treatment.	
Completion Requirement	Optional
Format	Character (1)
Valid Values	2 - No 3 - Unknown 4 - Yes - Eprex 5 - Yes - Aranesp 6 - Yes - Other
Validation Rules	*Patient Receiving Erythropoietin Prior to Initial Dialysis?* field under Multi-care Kidney Clinic (MCKC) and Initial Blood Work sections on the Chronic Registration must be a value from a pre-populated list.

ORRS FIELD No. C8:

Hemoglobin (g/L)

Purpose: Use to identify patient clinical characteristics.

Definition: Latest Hemoglobin test result value prior to starting dialysis; for patient.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	999
Validation Rules	*Hemoglobin* field's usual range of values is 60-140 g/L (inclusive).

ORRS FIELD No. C67:

Hemoglobin Test Not Done

Purpose: Use to enhance data quality for Chronic Registration lab values by providing an option to indicate when lab results are not available/tests are not performed.

Definition: Flag to identify if a Hemoglobin test was not performed on patient.

Completion Requirement	Optional
Format	Character (1)
Valid Values	**ORRS Application:** Checked () Unchecked () **ORRS Upload Tool:** Y - Yes N -No
Validation Rules	None

Coding Rule #1

- Report laboratory tests prior to initiation of dialysis, as requested in the Chronic Registration data flow. Select this field when laboratory results are not available. Every effort should be made to report these results at the time of Chronic Registration.

Notes

- Lab tests marked in ORRS as *Test Not Done* will not appear in the ORRS Detailed Missing Data Report.

ORRS FIELD No. C9:

Creatinine (µmol/L)

Purpose: Use to identify patient clinical characteristics, calculate eGFR at dialysis initiation and is part of the deferred dialysis indicator calculation.

Definition: Most recent Creatinine test result before patient receives any dialysis (including dialysis received during an acute episode).

Completion Requirement	Mandatory
Format	Numeric (4)
Valid Values	9999
Validation Rules	*Creatinine* usual range of values is 300-1500 µmol/L (inclusive).

Coding Rule #1

- If *Creatinine* value is not available, code as '9999 - value is unavailable.'

ORRS FIELD No. C10:

Urea (mmol/L)

Purpose: Use to identify patient clinical characteristics.

Definition: Latest Urea test result prior to starting dialysis for patient.

Completion Requirement	Optional
Format	Numeric (3,1)
Valid Values	999.9
Validation Rules	*Urea* usual range of values is 15-40 mmol/L (inclusive).

ORRS FIELD No. C68:

Urea Test Not Done

Purpose: Use to enhance data quality for Chronic Registration lab values by providing an option to indicate when lab results are not available/tests are not performed.

Definition: Flag to identify if Urea test was not performed on patient.

Completion Requirement	Optional
Format	Character (1)
Valid Values	**ORRS Application** Checked () Unchecked () **ORRS Upload Tool** Y - Yes N - No
Validation Rules	None

Coding Rule #1

- Report laboratory tests prior to first ever exposure to dialysis, as requested in the Chronic Registration data flow. Select this field when laboratory results are not available. Every effort should be made to report these results at the time of Chronic Registration.

Notes

- Lab tests marked in ORRS as *Test Not Done* will not appear in the ORRS Detailed Missing Data Report.

ORRS FIELD No. C11:

Serum Bicarbonate/CO2 (mmol/L)

Purpose: Use to identify patient clinical characteristics.

Definition: Latest Serum Bicarbonate or Serum CO2 test result prior to starting dialysis for patient.

Completion Requirement	Optional
Format	Numeric (2)
Valid Values	99
Validation Rules	*Serum Bicarbonate/CO2* usual range of values is 20-30 mmol/L (inclusive).

ORRS FIELD No. C69:

Serum Bicarbonate/CO2 Test Not Done

Purpose: Use to enhance data quality for Chronic Registration lab values by providing an option to indicate when lab results are not available/tests are not performed.

Definition: Flag to identify if Serum Bicarbonate/CO2 test was not performed on patient.

Completion Requirement	Optional
Format	Character (1)
Valid Values	**ORRS Application** Checked () Unchecked () **ORRS Upload Tool** Y - Yes N - No
Validation Rules	None

Coding Rule #1

- Report laboratory tests prior to first ever exposure to dialysis, as requested in the Chronic Registration data flow. Select this field when laboratory results are not available. Every effort should be made to report these results at the time of Chronic Registration.

Notes

- Lab tests marked in ORRS as *Test Not Done* will not appear in the ORRS Detailed Missing Data Report.

ORRS FIELD No. C12:

Serum Calcium (mmol/L)

Purpose: Use to identify patient clinical characteristics. **Definition:** Latest Serum Calcium test result prior to starting dialysis for patient.	
Completion Requirement	Optional
Format	Numeric (1,2)
Valid Values	9.99
Validation Rules	*Serum Calcium* usual range of values is 2.20-2.60 mmol/L (inclusive) if '1 - Corrected' is selected in drop down. *Serum Calcium* usual range of values is 2.10-2.60 mmol/L (inclusive) if '2 - Uncorrected' is selected in drop down. *Serum Calcium* usual range of values is 1.19-1.29 mmol/L (inclusive) if '3 - Ionized' is selected in drop down.

ORRS FIELD No. C13:

Serum Calcium Type

Purpose: Use to identify patient clinical characteristics. **Definition:** Serum Calcium type.	
Completion Requirement	Optional
Format	Character (1)
Valid Values	1 - Corrected 2 - Uncorrected 3 - Ionized
Validation Rules	None

ORRS FIELD No. C70:

Serum Calcium Test Not Done

Purpose: Use to enhance data quality for Chronic Registration lab values by providing an option to indicate when lab results are not available/tests are not performed.

Definition: Flag to identify if Serum Calcium test was not performed on patient.

Completion Requirement	Optional
Format	Character (1)
Valid Values	**ORRS Application** Checked () Unchecked () **ORRS Upload Tool** Y - Yes N - No
Validation Rules	None

Coding Rule #1

- Report laboratory tests prior to first ever exposure to dialysis, as requested in the Chronic Registration data flow. Select this field when laboratory results are not available. Every effort should be made to report these results at the time of Chronic Registration.

Notes

- Lab tests marked in ORRS as *Test Not Done* will not appear in the ORRS Detailed Missing Data Report.

ORRS FIELD No. C14:

Serum Phosphate (mmol/L)

Purpose: Use to identify patient clinical characteristics.

Definition: Latest Serum Phosphate test result prior to starting dialysis for patient.

Completion Requirement	Optional
Format	Numeric (1,2)
Valid Values	9.99
Validation Rules	*Serum Phosphate* usual range of values is 1.5-1.8 mmol/L (inclusive).

ORRS FIELD No. C71:

Serum Phosphate Test Not Done

Purpose: Use to enhance data quality for Chronic Registration lab values by providing an option to indicate when lab results are not available/tests are not performed.

Definition: Flag to identify if Serum Phosphate test was not performed on patient.

Completion Requirement	Optional
Format	Character (1)
Valid Values	**ORRS Application** Checked () Unchecked () **ORRS Upload Tool** Y - Yes N - No
Validation Rules	None

Coding Rule #1

- Report laboratory tests prior to first ever exposure to dialysis, as requested in the Chronic Registration data flow. Select this field when laboratory results are not available. Every effort should be made to report these results at the time of Chronic Registration.

Notes

- Lab tests marked in ORRS as *Test Not Done* will not appear in the ORRS Detailed Missing Data Report.

ORRS FIELD No. C15:

Serum Albumin (g/L)

Purpose: Use to identify patient clinical characteristics.

Definition: Latest Serum Albumin test result prior to starting dialysis for the patient.

Completion Requirement	Optional
Format	Numeric (2)
Valid Values	99
Validation Rules	*Serum Albumin* usual range of values is 25-50 g/L (inclusive).

ORRS FIELD No. C72:

Serum Albumin Test Not Done

Purpose: Use to enhance data quality for Chronic Registration lab values by providing an option to indicate when lab results are not available/tests are not performed.

Definition: Flag to identify if Serum Albumin test was not performed on patient.

Completion Requirement	Optional
Format	Character (1)
Valid Values	**ORRS Application** Checked () Unchecked () **ORRS Upload Tool** Y - Yes N - No
Validation Rules	None

Coding Rule #1

- Report laboratory tests prior to first ever exposure to dialysis, as requested in the Chronic Registration data flow. Select this field when laboratory results are not available. Every effort should be made to report these results at the time of Chronic Registration.

Notes

- Lab tests marked in ORRS as *Test Not Done* will not appear in the ORRS Detailed Missing Data Report.

ORRS FIELD No. C16:

Serum Parathormone (PTH)

Purpose: Use to identify patient clinical characteristics. **Definition:** Latest Serum Parathormone (PTH) test result prior to starting dialysis for patient.	
Completion Requirement	Optional
Format	Numeric (3,1)
Valid Values	999.9
Validation Rules	*Serum Parathormone* usual range of values is 1.3-7.6 pmol/L (inclusive) if '1 - pmol/L' is selected in drop down. *Serum Parathormone* usual range of values is 18-73 ng/L (inclusive) if '2 - ng/L' is selected in drop down. *Serum Parathormone* usual range of values is 10-65 pg/ml (inclusive) if '3 - pg/ml' is selected in drop down.

ORRS FIELD No. C17:

PTH Units of Measure

Purpose: Use to identify patient clinical characteristics. **Definition:** The unit of measure of Serum Parathormone (PTH) test.	
Completion Requirement	Optional
Format	Character (1)
Valid Values	1 - pmol/L 2 - ng/L 3 - pg/ml
Validation Rules	None

ORRS FIELD No. C18:

PTH Test Not Done

Purpose: Use to enhance data quality for Chronic Registration lab values by providing an option to indicate when lab results are not available/tests are not performed.

Definition: Flag to identify if Serum Parathormone (PTH) test was not performed on patient.

Completion Requirement	Optional
Format	Character (1)
Valid Values	**ORRS Application** Checked () Unchecked () **ORRS Upload Tool** Y - Yes N - No
Validation Rules	None

Coding Rule #1

- Report laboratory tests prior to first ever exposure to dialysis, as requested in the Chronic Registration data flow. Select this field when laboratory results are not available. Every effort should be made to report these results at the time of Chronic Registration.

Notes

- Lab tests marked in ORRS as *Test Not Done* will not appear in the ORRS Detailed Missing Data Report.

ORRS FIELD No. C19:

Comments

Purpose: Use to record additional information related to why lab tests were not performed. **Definition:** Additional comments, if any related to any lab tests not performed on patient.	
Completion Requirement	Optional
Format	Character (255)
Valid Values	Open text field
Validation Rules	None

ORRS FIELD No. C20:

Access Used At Time Of First Dialysis

Purpose: Used to understand the access type utilized at the start of chronic dialysis treatment and to assess future outcomes (length of stay on access, access failure, etc.). **Definition:** Body/venous access type used at the first chronic dialysis treatment.	
Completion Requirement	Mandatory
Format	Character (2)
Valid Values	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
Validation Rules	*Access Used At Time Of First Dialysis* under Initial & Intended Dialysis Treatment in the Chronic Registration must be a value from a pre-populated list.

ORRS FIELD No. C21:

Dialysis Treatment Start Date

Purpose: Use to inform the length of dialysis treatment. This data element also informs key performance indicators that look at date of treatment to assess prevalence, incidence and more.

Definition: Date chronic dialysis treatment was initiated.

Completion Requirement	Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	*Dialysis Treatment Start Date* under Initial & Intended Dialysis Treatment in the Chronic Registration must: • be greater than or equal to the *Date of Birth* value. • be greater than or equal to *Date of Referral to Multi-Disciplinary Clinic* value. • be greater than or equal to the *Date First Seen By Nephrologist* value. *Dialysis Treatment Start Date* value must not occur during the month for which the census period has been closed.

Coding Rule #1

- The Home Dialysis Training Start (TS) date should be the same as or greater than the *Dialysis Treatment Start Date*.

Coding Rule #2

- The *Dialysis Treatment Start Date* must match the 'M - Modality Change' *Treatment Event* date for existing Multi-care Kidney Clinic, Acute, Glomerulonephritis or Pregnancy patients.

ORRS FIELD No. C22:

Initial Dialysis Treatment Code

Purpose: Use to identify and track the type of dialysis modality of a patient over time. Tracking the modality helps measure the length of time a patient spends on a dialysis modality, and any associated outcomes related to the modality, for instance, attrition.

Definition: Type of dialysis modality patient is receiving.

Completion Requirement	Mandatory
Format	Character (3)
Valid Values	See Appendix A for Treatment (Modality) Codes - Chronic Specific Codes.
Validation Rules	*Level Of Care* code value must be a valid combination in conjunction with *Location* and *Type* code values.

Coding Rule #1

- The *Dialysis Treatment Start Date* in the secondary Chronic Registration should be the same as the 'M - Modality Change' *Treatment Event* date of the previous event submitted for patient.

Coding Rule #2

- The *Initial Dialysis Treatment Code* in the secondary Chronic Registration should be the same as the *Treatment (Modality)* Code of the previous event submitted for patient.

Notes

- Treatment codes consist of three numbers reflecting treatment location, treatment type and level of assistance/care required. Refer to Appendix A for a comprehensive list of Treatment (Modality) Codes.

ORRS FIELD No. C23:

Intended Long-Term Treatment?

Purpose: Use to identify if the initial dialysis treatment is intended as the long-term treatment for patient and to determine if patient's future treatments align with the original intention.

Definition: Patient's modality of initial dialysis treatment.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	*Is this initial treatment intended as the long-term dialysis treatment for this patient?* under Initial & Intended Dialysis Treatment in the Chronic Registration must be a value from a pre-populated list.

Coding Rule #1

- For an unplanned dialysis start patient who has not yet determined their intended long-term dialysis treatment, select the option 'U - Unknown' for the intended treatment on the Chronic Registration.

Notes

- This field is labelled as *Is this initial treatment intended as the long-term dialysis treatment for this patient?* in the ORRS application.

ORRS FIELD No. C24:

Reason For Not Intended Long-term Treatment

Purpose: Use to identify the specific reason why initial treatment was not intended for long-term treatment and to use this information to support quality improvement at the Regional Renal Program level.

Definition: Reason why initial treatment was not intended for long-term treatment.

Completion Requirement	Conditionally Optional
Format	Character (1)
Valid Values	1 - No facilities/space available 2 - No mature access 3 - Unforeseen change in patient status leading to sudden dialysis start 4 - Other
Validation Rules	*If not, why not* under Initial & Intended Dialysis Treatment in the Chronic Registration will be applicable only if *Is this initial treatment intended long-term dialysis treatment for this patient?* field's value is 'N - No.'

Notes

- This field is labelled as *If not, why not* in the ORRS application.

ORRS FIELD No. C25:

Other Reason For Not Intended Long-term Treatment

Purpose: Use to capture additional information when 'Other' reason is selected to identify why initial treatment was not intended for long-term treatment and to use this information to support quality improvement at the Regional Renal Program level.

Definition: Other treatment if not intended treatment.

Completion Requirement	Conditionally Mandatory
Format	Character (50)
Valid Values	Open text field
Validation Rules	*Other* field under Initial & Intended Dialysis Treatment on Chronic Registration will be activated only when *If not, why not* field's value is '4 - Other.'

Notes

- This field is labelled as *Other* in the ORRS application.

ORRS FIELD No. C26:

Intended Long-term Treatment Code?

Purpose: Use to identify that the initial dialysis treatment is intended as the long-term treatment, and to determine if the future treatment aligns with the original intention.

Definition: Type of the Intended Dialysis Treatment. Consists of treatment location code, treatment type code and level of assistance care code.

Completion Requirement	Conditionally Optional
Format	Character (3)
Valid Values	See Appendix A for Treatment (Modality) Codes - Chronic Specific Codes.
Validation Rules	*Level of Care* code value must be a valid combination in conjunction with *Location* and *Type* code values.

Notes

- Treatment codes consist of three numbers reflecting treatment location, treatment type and level of assistance/care required. Refer to Appendix A for a comprehensive list of Treatment (Modality) Codes.

ORRS FIELD No. C27:

Not Home HD Modality Reason 1

Purpose: Use to identify the primary reason why patient is not on a Home HD Modality. **Definition:** Reason for Not Home HD Modality.	
Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	See Appendix A for Home HD Assessment Reason Codes list.
Validation Rules	IF *Initial Dialysis Treatment Code* in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN *Not Home HD Modality Reason 1* cannot be blank.

ORRS FIELD No. C28:

Not Home HD Modality Other Reason 1

Purpose: Use to identify other primary reason why patient is not on a Home HD Modality. **Definition:** Reason for Not Home HD Modality.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Not Home HD Modality Reason 1* = '55 - Other' THEN *Not Home HD Modality Other Reason 1* cannot be blank.

ORRS FIELD No. C29:

Not Home HD Modality Reason 2

Purpose: Use to identify secondary reason why patient is not on a Home HD Modality. **Definition:** Reason for Not Home HD Modality.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for Home HD Assessment Reason Codes list.
Validation Rules	If *Initial Dialysis Treatment Code* NOT in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN *Not Home HD Modality Reason 2* must be blank.

ORRS FIELD No. C30:

Not Home HD Modality Other Reason 2

Purpose: Use to identify other secondary reason why patient is not on a Home HD Modality. **Definition:** Reason for Not Home HD Modality.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Not Home HD Modality Reason 2* = '55 - Other' THEN *Not Home HD Modality Other Reason 2* cannot be blank.

ORRS FIELD No. C31:

Not Home HD Modality Reason 3

Purpose: Use to identify tertiary reason why patient is not on a Home HD Modality. **Definition:** Reason for Not Home HD Modality.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for Home HD Assessment Reason Codes list.
Validation Rules	IF *Initial Dialysis Treatment Code* NOT in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN *Not Home HD Modality Reason 3* must be blank.

ORRS FIELD No. C32:

Not Home HD Modality Other Reason 3

Purpose: Use to identify other tertiary reason why patient is not on a Home HD Modality. **Definition:** Reason for Not Home HD Modality.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Not Home HD Modality Reason 3* = '55 - Other' THEN *Not Home HD Modality Other Reason 3* cannot be blank.

ORRS FIELD No. C33:

Not Home PD Modality Reason 1

Purpose: Use to identify primary reason why patient is not on a Home PD Modality. **Definition:** Reason for Not Home PD Modality.	
Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	See Appendix A for Home PD Assessment Reason Codes list.
Validation Rules	IF *Initial Dialysis Treatment Code* in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN *Not Home PD Modality Reason 1* cannot be blank.

ORRS FIELD No. C34:

Not Home PD Modality Other Reason 1

Purpose: Use to identify other primary reason why patient is not on a Home PD Modality. **Definition:** Reason for Not Home PD Modality.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Not Home PD Modality Reason 1* = '55 - Other' THEN *Not Home PD Modality Other Reason 1* cannot be blank.

ORRS FIELD No. C35:

Not Home PD Modality Reason 2

Purpose: Use to identify other primary reason why patient is not on a Home PD Modality. **Definition:** Reason for Not Home PD Modality.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for Home PD Assessment Reason Codes list.
Validation Rules	IF *Initial Dialysis Treatment Code* NOT in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN *Not Home PD Modality Reason 2* must be blank.

ORRS FIELD No. C36:

Not Home PD Modality Other Reason 2

Purpose: Use to identify other secondary reason why patient is not on a Home PD Modality. **Definition:** Reason for Not Home PD Modality.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Not Home PD Modality Reason 2* = '55 - Other' THEN *Not Home PD Modality Other Reason 2* cannot be blank.

ORRS FIELD No. C37:

Not Home PD Modality Reason 3

Purpose: Use to identify tertiary reason why patient is not on a Home PD Modality. **Definition:** Reason for Not Home PD Modality.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for Home PD Assessment Reason Codes list.
Validation Rules	IF *Initial Dialysis Treatment Code* NOT in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN *Not Home PD Modality Reason 3* must be blank.

ORRS FIELD No. C38:

Not Home PD Modality Other Reason 3

Purpose: Use to identify other tertiary reason why patient is not on a Home PD Modality. **Definition:** Reason for Not Home PD Modality.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Not Home PD Modality Reason 3* = '55 - Other' THEN *Not Home PD Modality Other Reason 3* cannot be blank.

ORRS FIELD No. C39:

HD Catheter Reason 1

Purpose: Use to identify primary reason for HD Catheter use. **Definition:** HD Catheter Reason 1.	
Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	See Appendix A for VA Assessment Reason Codes - Milestone 4 list.
Validation Rules	IF *Access Used At Time Of First Dialysis* in (1, 2, 3, 4) THEN *HD Catheter Reason 1* cannot be blank.

ORRS FIELD No. C40:

HD Catheter Other Reason 1

Purpose: Use to identify other primary reason for HD Catheter use. **Definition:** HD Catheter Other Reason 1.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *HD Catheter Reason 1* = '47 - Other' THEN *HD Catheter Other Reason 1* cannot be blank.

ORRS FIELD No. C41:

HD Catheter Reason 2

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to identify secondary reason for HD catheter use. **Definition:** HD catheter Reason 2.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for VA Assessment Reason Codes - Milestone 4 list.
Validation Rules	IF *Access Used At Time Of First Dialysis* NOT in (1, 2, 3, 4) THEN *HD Catheter Reason 2* must be blank.

ORRS FIELD No. C42:

HD Catheter Other Reason 2

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: To identify other secondary reason for HD Catheter use. **Definition:** HD Catheter Other Reason 2.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *HD Catheter Reason 2* = '47 - Other' THEN *HD Catheter Other Reason 2* cannot be blank.

ORRS FIELD No. C43:

Height And/or Weight Cannot Be Provided Because Patient Is

DQ

Purpose: Use to identify the patient's body mass index through the computation of height and weight.

Definition: Reason patient's height and/or weight cannot be provided.

Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - Double leg amputee 2 - Other
Validation Rules	Becomes mandatory if *Height and/or Weight* are blank.

ORRS FIELD No. C44:

Height And/or Weight Cannot Be Provided Because Patient Is, Other Reason

DQ

Purpose: Use to identify the patient's body mass index through the computation of height and weight.

Definition: Other reason patient's height and/or weight cannot be provided.

Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Becomes mandatory if '2 - Other' is selected within *Height And/or Weight Cannot Be Provided Because Patient Is* field.

ORRS FIELD No. C45:

Height at First Dialysis Treatment (cm)

Purpose: Use to identify the patient's body mass index through the computation of height and weight.

Definition: Patient's height (cm) prior to starting dialysis.

Completion Requirement	Conditionally Mandatory
Format	Numeric (3,3)
Valid Values	999.999 See Figure 1 for valid height and weight value ranges.
Validation Rules	Becomes mandatory when *Height And/or Weight Cannot Be Provided Because Patient Is* is blank.

ORRS FIELD No. C46:

Weight Within First Month of Treatment (kg)

Purpose: Use to identify the patient's body mass index through the computation of height and weight.

Definition: 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.

Completion Requirement	Conditionally Mandatory
Format	Numeric (3,3)
Valid Values	999.999 See Figure 1 for valid height and weight value ranges.
Validation Rules	Becomes mandatory when *Height And/or Weight Cannot Be Provided Because Patient Is* is blank.

Coding Rule #1

- The weight should be determined after a few weeks on dialysis when stability may have been achieved. The actual patient's weight is the stable post-dialysis weight on HD or PD.

Coding Rule #2

- When weight is unknown, report 0.001.

Figure 1: Height and Weight Value Ranges

Element ID	Element Name	Unit	Age (Years)	Valid Range
Chronic and Multi-care Kidney Clinic				
C51, D1	Height	cm	Less than 6	25 <= Height <= 125
			6 to less than 10	75 < Height < 150
			10 to less than 15	100 < Height < 200
			Older than 15	120 < Height < 220
C52, D2	Weight	kg	Less than 4	0.454 < Weight < 30
			4 to less than 9	9 < Weight < 50
			9 to less than 15	20 < Weight < 100
			Older than 15	35 < Weight < 160

ORRS FIELD No. C47:

Primary Renal Disease

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Primary renal disease (PRD) or the disease condition, which caused patient's renal failure prior to beginning initial renal replacement therapy.

Completion Requirement	Optional
Format	Character (2)
Valid Values	See Appendix A for Primary Renal Disease Codes list.
Validation Rules	*Primary Renal Disease* under Primary Diagnosis and Risk Factor History in the Chronic Registration must be a value from a pre-populated list.

ORRS FIELD No. C48:

Other Primary Renal Disease

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Other disease condition, which caused patient's renal failure.

Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Primary Renal Disease* = '99 - Other' THEN *Other Primary Renal Disease* cannot be blank.

ORRS FIELD No. C49:

Angina?

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates whether patient has suffered from angina at the time of initial renal replacement therapy.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	None

ORRS FIELD No. C50:

Myocardial Infarct?

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates whether the patient has a confirmed myocardial infarction based on an EKG, cardiac enzymes, echocardiogram or thallium scans prior to beginning initial renal replacement therapy.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	None

ORRS FIELD No. C51:

Coronary Artery Bypass Grafts/Angioplasty?

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates whether the patient has had previous coronary artery bypass graft (CABG) surgery prior to beginning initial renal replacement therapy.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	None

ORRS FIELD No. C52:

Recent History of Pulmonary Edema?

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates whether patient has a recent history of pulmonary edema prior to beginning initial renal replacement therapy. This includes episode(s) of congestive heart failure or severe fluid overload within six months prior to start of dialysis.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	None

ORRS FIELD No. C53:

Cerebrovascular Disease?

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates whether patient has any previous cerebrovascular disease or events such as transient cerebral ischemic attack (TIA), carotid surgery, cerebral infarct, cerebral hemorrhage or stroke prior to beginning initial renal replacement therapy.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	None

ORRS FIELD No. C54:

Peripheral Vascular Disease?

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates whether patient has peripheral vascular disease (ischemic muscle pain precipitated by exercise, amputation, gangrene) and has been described as having intermittent claudication at rest or on exercise or, has had aorta-femoral bypass surgery prior to beginning initial renal replacement therapy.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	None

ORRS FIELD No. C55:

Diabetes Type I?

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates whether patient has Type I diabetes prior to beginning initial renal replacement therapy.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	None

ORRS FIELD No. C56:

Diabetes Type II?

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates patient has Type II diabetes prior to beginning initial renal replacement therapy.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	None

ORRS FIELD No. C57:

Malignancy?

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates whether patient has any malignancy that existed prior to beginning initial renal replacement therapy.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	None

ORRS FIELD No. C58:

Malignancy Site

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates the site of the malignancy that existed prior to beginning initial renal replacement therapy.

Completion Requirement	Optional
Format	Character (2)
Valid Values	See Appendix A for Malignancy Site Codes list.
Validation Rules	None

ORRS FIELD No. C59:

Other Malignancy Site

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates any other sites of malignancy that existed beginning initial renal replacement therapy.

Completion Requirement	Optional
Format	Character (100)
Valid Values	Open text field
Validation Rules	None

ORRS FIELD No. C60:

Chronic Obstructive Lung Disease?

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates whether patient has any clinically significant chronic chest diseases requiring medical management prior to beginning initial renal replacement therapy. This will usually be described as chronic obstructive lung disease (COLD), chronic bronchitis or emphysema.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	None

ORRS FIELD No. C61:

Receiving Medication for Hypertension

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates if patient is receiving medication such as calcium blocking agents, Vasodilators, ACE inhibitors (i.e., Captopril, Enalapril) in order to control hypertension at the time of initial renal replacement therapy.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	None

ORRS FIELD No. C62:

Other Serious Illness?

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates if patient has any other illnesses, which may shorten life expectancy (i.e., aortic aneurysm, AIDS, etc.), at the time of starting initial renal replacement therapy.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	None

ORRS FIELD No. C63:

Specified Other Serious Illness

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates if patient has any other specific illnesses, which may shorten life expectancy at the time of starting initial renal replacement therapy.

Completion Requirement	Optional
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Other Serious Illness* = 'Y - Yes' THEN *Specified Other Serious Illness* cannot be blank.

ORRS FIELD No. C64:

Current Smoker?

Purpose: Use to support reporting and data exploration to understand the effects of comorbid conditions that are frequently present in renal patients.

Definition: Indicates if patient is a current smoker (within the last 3 months).

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No U - Unknown
Validation Rules	None

Patient Type: General Nephrology (VN) eSubmission Data Elements

Ontario Health

Common Registration Data Elements

Refer to the Common Registration Data Elements for the following shared ORRS data elements:

- Source Patient ID
- Source Patient ID Issuing Location
- ORRS Patient ID
- Last Name
- First Name
- Date of Birth
- Gender
- Location
- Payment Health Card Number
- Province of Payment Health Card Number
- Payment Health Card Number Not Available
- Responsibility for Payment

ORRS FIELD No. T2:

Treatment Date

Purpose: Use to identify general nephrology visits eligible for funding within a defined period.

Definition: Date of outpatient general nephrology clinic visit.

Completion Requirement	Mandatory
Format	Date (10)
Valid Values	**ORRS Application**: DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	The *Treatment Date* must be greater than patient's date of birth.

General Nephrology (VN) Clinic Visit eSubmission Coding Rules

Coding Rule #1
Do NOT report a General Nephrology (VN) event for patients who:

- are seen in Multi-care Kidney Clinic (MCKC) with MCKC visits (VR) that do not meet the clinical MCKC eligibility requirement within the six month funding timeframe.
- are at Glomerulonephritis (GN) Acuity 1 that exceeds the maximum funding visits per year.
- are in the pre-pregnancy phase and exceed the maximum funded visits per year.
- are pregnant or in the post pregnancy phase.

Coding Rule #2
DO report a General Nephrology (VN) event for patients who:

- are followed at a nephrology clinic and not currently registered in the Ontario Renal Reporting System (ORRS).
- are pre-pregnancy, currently registered in ORRS with the Pregnancy (PRG) modality, and have a General Nephrology visit.
- were previously registered in ORRS (e.g. Acute) and had an attrition event, who require nephrology clinic visit services.
- are registered with a '4 - Service' (use to identify patients who are not receiving MCKC care, Chronic or Acute Dialysis service) MCKC Registration in ORRS and continued to be followed in a nephrology clinic.

Coding Rule #3

- If a patient is seen by a nephrologist at the Regional Renal Program's nephrology clinic and has not previously been registered in ORRS for renal care, the patient's visit should be submitted in ORRS as a General Nephrology (VN) visit via eSubmission. The patient does not require an ORRS registration.

General Nephrology (VN) eSubmission Coding Scenarios

CODING SCENARIO: Patient Previously Registered in ORRS

Patient A was registered in ORRS as a chronic dialysis patient in February 20xx due to an acute renal episode. Patient A recovered kidney function and a 'R - Recovered' Treatment Event was reported in ORRS in April 20xx. In April 20xx, Patient A began receiving care at a Regional Renal Program's nephrology clinic and a General Nephrology (VN) event is submitted via the General Nephrology upload (eSubmission). A 'RR - Returning Patient' Treatment Event should not be reported for Patient A because the general nephrology visits are outside of the ORRS patient journey.

Note: *The general nephrology visits in this example are not shown in the table below because they are not part of the ORRS patient journey.*

Name	Reporting Facility	Treatment Event	Date	Treatment Event Details
Patient A	Program A	R	April 20xx	Recovered Treatment (Attrition) Event
	Program A	N	February 20xx	New Chronic Registration

CODING SCENARIO: Pre-pregnancy Patient Followed in General Nephrology Clinic

Patient B is seen in the general nephrology clinic at the Regional Renal Program in April 20xx and a general nephrology (VN) event is reported via eSubmission in ORRS. Patient B attends her first Pre-pregnancy Optimization appointment on August 15, 20xx and a new Basic Pregnancy Registration (NB) and a 'VP - Pre-pregnancy Visit' Treatment Event are entered in ORRS. Patient B has an additional Pre-pregnancy Visit on November 22, 20xx and continues to be seen at the general nephrology clinic for her regular renal care.

Note: *The general nephrology visits in this example are not shown in the table because they are not part of the ORRS patient journey.*

Name	Reporting Facility	Treatment Event	Date	Treatment Event Details
Patient B	Program A	VP	November 22, 20xx	Pre-Pregnancy Visit
	Program A	VP	August 15, 20xx	Pre-Pregnancy Visit
	Program A	NB	August 15, 20xx	New Basic Registration

CODING SCENARIO: New MCKC Patient

Patient C has been followed at the Regional Renal Program's general nephrology clinic since January 20xx. In the first half of the following year, Patient C has three regular nephrology visits, which are reported to ORRS as General Nephrology (VN) events via eSubmission upload. Patient C's nephrologist recommends she transfer to the Multi-care Kidney Clinic due to disease progression; an MCKC registration with a 'Regular' Registration Event Type is reported in ORRS on August 22, 20xx.

Refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide for funding information.

Note: *The general nephrology visits in this example are not shown in the table because they are not part of the ORRS patient journey.*

Name	Reporting Facility	Treatment Event	Date	Treatment Event Details
Patient C	Program A	NP	August 22, 20xx	New MCKC Registration with 'Regular' Registration Event Type

Notes

- It is important to report patients in ORRS based on the care they receive:
    - A patient seen in a general nephrology clinic is reported as a general nephrology visit.
    - If the visits within a program are structured, where the two clinics are the same, report the visit as an MCKC visit.
- From a funding perspective:
    - MCKC visits that do not meet the eligibility criteria are automatically counted as general nephrology visits.
    - General nephrology visits that fall within a funded MCKC period are automatically excluded for funding purposes. A modality code change is not required in this case.

Shared Treatment Event Data Elements

Ontario Health

ORRS FIELD No. X6:

Same Day Event Order

Purpose: Use to identify and track the sequence of events in a day. Definition: *Same Day Event Order* specifies how treatment events that occur on the same day are ordered for a given patient.	
Completion Requirement	Optional
Format	Numeric (4)
Validation Rules	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 first to last 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.

ORRS FIELD No. T1:

Treatment Event Code

Purpose: Use to identify the treatment event for the patient. **Definition:** Identifies the applicable treatment event for the patient.	
Completion Requirement	Mandatory
Format	Character (6)
Validation Rules	See Appendix A for Treatment Event Codes list.

ORRS FIELD No. T2:

Treatment Date

Purpose: Use to identify the date of treatment to establish event in patient journey. **Definition:** Date of treatment.	
Completion Requirement	Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	The *Treatment Date* must be within the specified file submission period. The *Treatment Date* must be greater than patient's date of birth.

ORRS FIELD No. T4:

Care Setting

F

DQ

Purpose: Describes the setting in hospital where patient's acute dialysis is provided.

Definition: Patient's care setting for acute dialysis.

Completion Requirement	Conditionally Mandatory when modality choice is acute. Optional for all other modality choices.
Format	Character (1)
Valid Values	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)
Validation Rules	*Care Setting* field under treatment information must be a value from a pre-populated list.

Coding Rule #1

- *Care Setting* information is to be included when recording Acute modalities and is reported within the *Treatment Event Code*. If the *Care Setting* changes, but the modality does not, report a 'M - Modality Change' *Treatment Event* and change the *Care Setting* while keeping the same modality as the previous event. *Care Setting* changes can also be reported if the modality or program location changes.

Coding Rule #2

- If a chronic dialysis patient receives acute dialysis, report the change using a modality change and, if applicable, a location change event; an Acute Registration is not required.

CODING SCENARIOS: Care Setting

When a new acute dialysis patient receives CVVHD for the first time in the ICU/CCU and then receives AHD in a non-critical location, and goes on to receive chronic dialysis in the outpatient unit and then recovers kidney function; report as follows in ORRS:

Treatment Code	Modality Code	Treatment Event Details	Care Setting Location
R	111	Recovered	N/A
N	111	New Chronic Registration ***Note**: a secondary registration is required as this is the first time the 'chronic/outpatient' modality code is used*	N/A
M	111	Modality Change	N/A
M	AHD	Modality Change	5 - Inpatient Care (Non-critical)
NA	CVV	New Acute	4 - Inpatient Care (ICU/CCU)

In the following case scenario, a chronic dialysis patient is admitted to hospital and receives AHD in the Emergency Department, is discharged back to a satellite facility and later admitted to hospital and receives SLEDD (CSD) in the ICU care setting location.

Treatment Code	Modality Code	Treatment Event Details	Care Setting Location
M	CSD	Modality Change	4 - Inpatient Care (ICU/CCU)
M	311	Modality Change	N/A
M	AHD	Modality Change	1 - Emergency Department
N	311	New Chronic	N/A

ORRS FIELD No. T3:

Treatment (Modality) Code

Purpose: Use to identify the type of treatment patient received and to track the patient's health condition over time. **Definition:** Type of dialysis modality.	
Completion Requirement	Conditionally Mandatory
Format	Character (6)
Valid Values	See Appendix A for Treatment (Modality) Codes.
Validation Rules	IF *Treatment Event Code* is not 'NC - No Change Reported for Patient in Period' THEN *Treatment (Modality) Code* cannot be blank.

ORRS FIELD No. T5C:

Reason for Change Code

Purpose: Use to identify and track reasons for treatment changes for treatment practice analysis. **Definition:** Reason for treatment/status change.	
Completion Requirement	Conditionally Mandatory in TO Treatment Event Optional in M, L-OUT, TR-OUT Treatment Events
Format	Character (4)
Valid Values	See Appendix A for *Reason for Change Codes* (Specific to TO - Transfer out of Region).
Validation Rules	IF *Treatment Event Code* is TO THEN *Reason for Change Code* cannot be blank.

ORRS FIELD No. T6:

Other Reason For Change

Purpose: Use to identify and track reasons for treatment changes for treatment practice analysis.

Definition: Other reason for treatment/status change.

Completion Requirement	Conditionally Mandatory
Format	Character (50)
Valid Values	Open text field
Validation Rules	IF *Reason for Change Code* = '99 - Other, specify' THEN *Other Reason For Change* cannot be blank.

ORRS FIELD No. P2:

MRP

Purpose: Use to identify the Most Responsible Physician (MRP) over time at key points in the patient journey.

Definition: Nephrologist responsible for the care and treatment of the patient for the majority of the visits/treatments to the healthcare facility. The *MRP* assumes responsibility for any treatment provided resulting from his or her written or verbal order.

Completion Requirement	Optional
Format	Character (10)
Valid Values	For an individual physician, the *MRP* is The College of Physicians and Surgeons of Ontario (CPSO) number. Use '00000 - Physician Shared Care Model' when a single physician is not applicable. Use '00002 - Prior outpatient Multi-care Kidney Clinic care at other program' when another physician provided care at another program. Use '00016 - MRP Nephrologist is not in ORRS' if physician is not available in pre-populated list.
Validation Rules	**ORRS Application** Must be a valid value from the pre-populated *MRP* list.

	ORRS Upload Tool Must be a valid value from the registered values in ORRS.

Coding Rule #1

- *MRP* values are not required for temporary out of province patients who are transferring into Ontario to receive dialysis.

Coding Rule #2

- For chronic dialysis patients who are previous crash start patients or came from a nephrology clinic and have never been in MCKC care, leave the *Date First Seen by MRP* and *MRP* fields blank. A system warning message will appear; however, this warning can be ignored in this scenario.

Coding Rule #3

- If the physician is not physically present in the healthcare facility, but provides orders for treatment, he or she will continue to be responsible for the patient's care and should be recorded as the *MRP*.

CODING SCENARIO: MRP and Program Transfer

An MCKC patient at Program A is registered as new chronic dialysis patient at Program B. Do not report the physician that initiated acute or chronic dialysis.

Reporting Facility	Treatment Event	MRP	Treatment Event Details
Program B	N	00002 - Prior Outpatient Multi-Care Kidney Clinics (MCKC) care at another program	New Chronic Registration with applicable chronic modality code
Program B	TR-IN	00002 - Prior Outpatient Multi-Care Kidney Clinics (MCKC) care at another program	Transfer Patient into Hospital/Program and applicable chronic modality code
Program A	TR-OUT	N/A	Transfer Patient Out of Hospital/Program
Program A	NP	CPSO # - Dr. Smith	New MCKC Registration

Notes

- *MRP* is mandatory for a patient's first Glomerulonephritis or Pregnancy visit, if an *MRP* has not previously been reported in ORRS elsewhere.

ORRS FIELD No. T25:

Dialysis Training Type

Purpose: Use to identify the type of home dialysis training for the patient. **Definition:** Type of home dialysis training.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - Home Hemodialysis 2 - CAPD 3 - APD
Validation Rules	IF *Treatment Event Code* is (TS, TE, RS, RE) THEN *Dialysis Training Type* cannot be blank.

ORRS FIELD No. T16:

Creatinine (µmol/L)

Purpose: Use to calculate estimated Glomerular Filtration Rate (eGFR) to measure progression of chronic kidney disease (CKD). **Definition:** Patient's most recent Creatinine lab result value.	
Completion Requirement	Conditionally Mandatory
Format	Numeric (4)
Valid Values	9999
Validation Rules	The clinical range of values can be between 120-1500 µmol/L. IF *Treatment Event Code* is (VR, VE, VA) AND the reported patient type is MCKC THEN *Creatinine* cannot be blank. IF *Treatment Event Code* is (VP, VG) THEN *Creatinine* cannot be blank. IF *Treatment Event Code* is (VR, VE, VA) AND the reported patient type is Glomerulonephritis (GNC) or Pregnancy (PRG) THEN *Creatinine* cannot be blank.

Coding Rule #1

- If unable to calculate Albumin Creatinine Ratio (ACR) as the concentration of the Albumin is less than the minimum limit of the analytical range of the method, report ACR as 1.

Coding Rule #2

- If unable to calculate ACR as the concentration of the Albumin is greater than the upper limit of the analytical range of the method, report ACR as 300.

Coding Rule #3

- As best practice, urine Albumin-to-Creatinine Ratio (ACR) and *Creatinine* should be completed on a regular basis to determine a patient's Kidney Failure Risk (KFR).
- The coding rules for urine ACR and *Creatinine* are as follows:
    - Must be closest to the MCKC clinic visit date and taken within six months prior to the clinic visit
    - Must be submitted at the time of the clinic visit, or within the ORRS open reporting month where the clinic visit occurs
    - Each six month period requires at least one unique urine ACR or estimated Glomerular Filtration Rate (eGFR) test meeting the eligibility criteria (i.e. patients must have at least two unique ACR or eGFR tests per year)

Coding Rule #4

- If *Creatinine* value is not available, code as '9999 - value is unavailable.'

Notes

- Lab Value Range: µmol/L (300<=creatinine result<=1500).

ORRS FIELD No. T50:

Creatinine Sample Collection Date

Purpose: Use to identify unique samples for reporting on risk of chronic kidney disease (CKD) progression.

Definition: Date Creatinine test was administered.

Completion Requirement	Conditionally Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool**: DD-MM-YYYY
Validation Rules	*Creatinine Sample Collection Date* must be on or before the current date and greater than the patient's date of birth. IF *Treatment Event Code* is (VR, VE, VA) AND the reported patient is a MCKC patient THEN *Creatinine Sample Collection Date* cannot be blank. IF *Treatment Event Code* is (VR, VE, VA) AND the reported patient is a Glomerulonephritis (GNC) or Pregnancy (PRG) patient THEN *Creatinine Sample Collection Date* cannot be blank.

Coding Rule #1

- If *Creatinine* is coded as '9999 - value is unavailable' report the current Multi-care Kidney Clinic Visit, GN or Pregnancy Clinic Visit Date as the *Creatinine Sample Collection Date*.

ORRS FIELD No. T17:

Proteinuria (ACR)

F

DQ

Purpose: Use to measure progression of chronic kidney disease (CKD). **Definition:** Patient's most recent *Proteinuria* lab result value.	
Completion Requirement	Conditionally Mandatory
Format	Numeric (4,2)
Valid Values	9999.99 Unit of measure is ACR.
Validation Rules	Field's value can be between 100 and 4000 (inclusive). IF *Treatment Event Code* is (VG, VP) THEN *Proteinuria (ACR)* cannot be blank.

Coding Rule #1

If the Proteinuria (ACR) value reported by the lab is	ORRS Coding Rule for urine value
Less than 1	Report value as 1
Less than 3 and value is provided	Report value provided (i.e. greater than 1 and less than 3)
Unable to calculate Albumin/Creatinine Ratio as the concentration of the Albumin is greater than the maximum limit of the analytical range of the method; or greater than 300	Report value as 300
Unable to calculate Albumin/Creatinine Ratio as the concentration of the Albumin is less than the minimum limit of the analytical range of the method	Report value as 1
Greater than 400	Value is available, report maximum value provided

Coding Rule #2

- The *Proteinuria (ACR)* value must be from the most recent sample taken within the last six months prior to the Multi-care Kidney Clinic (MCKC) visit or 14 days after AND must be submitted at the time of the clinic visit, or within the ORRS open reporting month of the clinic visit.

Coding Rule #3

- In the event that a urine sample cannot be provided by the patient (e.g., due to incontinence) and the eGFR is <15 mls/min, the value should be reported as '9999.' In any other circumstance, the urine ACR value should be provided.

Coding Rule #4

- The test should be repeated if the ratio is unexpectedly either high or low. Some variation does occur and an unexpected value can be rechecked. Ultimately, the Regional Renal Program has to select which value to register for patient eligibility.

Coding Rule #5

- If *Proteinuria (ACR)* is not available, code as '9999 - value is unavailable.'

Notes

- Every effort should be made to obtain a urine sample without undue burden to the patient. Refer to the Multi-care Kidney Clinic Eligibility Criteria Frequently Asked Questions (FAQ) for further guidance.
- Regional Renal Programs should ensure workflow processes allow for collection and reporting of ACR values at the time of the MCKC Registration and in subsequent MCKC visit(s). This includes laboratory testing with standardized requisitions that include *Creatinine* and ACR to be completed prior to MCKC visits.
- Lab Value Range: ACR/mg/mmol (100<=proteinuria result<=4000).
- A Kidney Failure Risk (KFR) value will be used for eligibility assessment using a KFR equation formula. Please refer to the 2-Year Kidney Failure Risk Equation, using the following variables:

Two-year Kidney Failure Risk Equation:

- 1 – 0.9750 ^ exp (-0.2201 × (age/10 – 7.036) + 0.2467 × (male – 0.5642) – 0.5567 × (eGFR/5 – 7.222) + 0.4510 × (log(ACR) – 5.137))
- Where log is natural logarithm (base e). If male then assign value 1, otherwise 0.
- The urine ACR is measured in mg/g. To convert urine ACR value from mg/mmol to mg/g, multiply the value by 8.84.

ORRS FIELD No. T45:

Proteinuria Sample Collection Date (ACR)

Purpose: Use to identify unique samples for reporting on risk of chronic kidney disease (CKD) progression.

Definition: Date Proteinuria test was administered.

Completion Requirement	Conditionally Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool**: DD-MM-YYYY
Validation Rules	*Proteinuria Sample Collection Date (ACR)* must be on or before the current date and greater than the patient's date of birth. IF *Proteinuria (ACR)* is not blank THEN *Proteinuria Sample Collection Date (ACR)* cannot be blank.

Coding Rule #1

- If *Proteinuria (ACR)* is coded as '9999 - value is unavailable', report the current Multi-care Kidney Clinic visit, Glomerulonephritis visit or Pregnancy visit date as the *Proteinuria Sample Collection Date (ACR)*.

Treatment Event Data Elements

AC – Access Change

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated June 1, 2021 onwards. The ORRS application will no longer be able to accept reported Access Change Treatment Events as of June 29, 2021.*

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T13:

Access Used

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated June 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to track patient's access changes and to calculate infection rates by the Ontario Renal Network (ORN).

Definition: Indicates patient's access type used for dialysis.

Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	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
Validation Rules	IF *Treatment Event Code* = 'AC - Access Change' THEN *Access Used* cannot be blank.

Notes

- The 'Access Used' field will not be removed from the ORRS Treatment Event Template in ORRS 2021 Release 2 on June 29, 2021. The field will be removed from the template in a future ORRS agile release.

ORRS FIELD No. T14:

Other Access Used

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated June 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to identify if the patient has another type of access (dual access) and to calculate infection rates by the Ontario Renal Network (ORN).

Definition: Other body/venous access used.

Completion Requirement	Optional
Format	Character (1)
Valid Values	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
Validation Rules	IF *Treatment Event Code* does not equal 'AC - Access Change' THEN *Other Access Used* must be blank. IF *Access Used* = '1, 2, 3, 4' THEN *Other Access Used* cannot be in 1, 2, 3, or 4. IF *Access Used* = '5' THEN *Other Access Used* cannot be '5.' IF *Access Used* = '6' THEN *Other Access Used* cannot be '6.' IF *Access Used* = '7' THEN *Other Access Used* cannot be '7.'

Notes

- The 'Other Access Used' field will not be removed from the ORRS Treatment Event Template in ORRS 2021 Release 2 on June 29, 2021. The field will be removed from the template in a future ORRS agile release.

D – Died

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T10:

Death Type Code

Purpose: Use to analyze the major causes of death for renal patients.

Definition: Cause of patient's death.

Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	See Appendix A for Death Type Codes list.
Validation Rules	IF *Treatment Event Code* = 'D - Died' THEN *Death Type Code* cannot be blank.

Coding Rule #1

- Every effort should be made to report the death of a patient in ORRS to ensure appropriate and complete patient documentation. The program where the patient was last rostered is responsible to report the 'D - Died' *Treatment Event*.
- To locate an inactive patient (one who is not currently on a census due to a reported withdrawal or lost to follow-up event) in ORRS:
  1. Select the Census tab, click on the 'Include Inactive' checkbox and select the patient from the list.
  2. Add the *Treatment Event Code* 'D - Died' and save the record.

Notes

- This *Treatment Event Code* is used as an attrition (exit) event and will remove the patient from the ORRS roster.

F – Failed Transplant

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. A15:

Payment Health Card Number

Completion Requirement	Conditionally Mandatory

- See Common Registration Data Elements for more details.

ORRS FIELD No. A4:

Province of Payment Health Card Number

Completion Requirement	Conditionally Mandatory

- See Common Registration Data Elements for more details.

ORRS FIELD No. A5:

Payment Health Card Number Not Available

Completion Requirement	Optional

- See Common Registration Data Elements for more details.

ORRS FIELD No. A14:

Responsibility for Payment

Completion Requirement	Conditionally Mandatory

- See Common Registration Data Elements for more details.

ORRS FIELD No. P2:

MRP

Completion Requirement	Optional

- See Shared Treatment Event Data Elements for more details.

Coding Rule #1

- When coding a failed transplant where both the patient and the transplant have not been reported in ORRS, complete the following steps:
  1. Complete a Chronic Registration in ORRS.
  2. Report the failed transplant details in the *Comments* section (Section B - Multi-care Kidney Clinic and Initial Blood Work) in the Chronic Registration
     ***Note**: A reconciliation issue and a system error are created if a 'F - Failed Transplant' Treatment Event is reported <u>after</u> the Chronic Registration.*

Coding Rule #2

- Do not complete a Chronic Registration, as ORRS does not allow the capture of two chronic registrations for the same patient.
- A transplant event removes the patient from the census/roster. When coding a failed transplant for a Chronic hemodialysis patient, already registered in ORRS, complete the following steps:
  1. To locate an inactive patient in ORRS:
     a. Select the Census tab and click on the 'Include Inactive' box.
     b. Select the patient from the list.
     c. Add the *Treatment Event Code* 'F - Failed Transplant' and save the record.
     ***Note**: An update is not required to the initial Chronic Registration because the record is used to indicate when a patient initially started chronic care.*

Coding Rule #3

- Use the *Treatment Event Code* 'R - Recovered' as an attrition event to remove patients from the census that have returned to the Regional Renal Program to receive dialysis services due to failed transplants.

GC – Goals of Care and Treatment Decisions

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. GC1:

Update Goals of Care Assessment

Purpose: Use to track implementation of Goals of Care conversations to support an integrated process for the early identification and management of individuals who would benefit from palliative care.

Definition: Indicates if there is an update to patient's Goals of Care information.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	When 'Y - Yes' is selected, *Substitute Decision Maker (SDM) is up to date & documented in patient record* and *Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed* become mandatory for reporting.

Coding Rule #1

- To reduce data burden in ORRS, ORN has modified the reporting requirements to report Goals of Care and Treatment Decisions as follows:
    - Regional Renal Programs (RRP) are only required to submit data when all answers are 'Y - Yes'; regardless of when this occurs
    - Performance will continue to be measured on 90 day clinical recommendation

Coding Rule #2

- Goals of Care and Treatment Decisions reporting for MCKC patients can be submitted within the MCKC Registration, 'VR - MCKC Clinic Visit' *Treatment Event*, and 'VE - Education Clinic Visit' *Treatment Event*. If a Regional Renal Program is notified of a change to a patient's goals of care and/or treatment decisions information outside of these clinic visits, updated information can also be reported within a 'GC - Goals of Care and Treatment Decisions' *Treatment Event*. Chronic dialysis patients can report Goals of Care information within the 'GC - Goals of Care and Treatment Decisions' *Treatment Event*.

Coding Rule #3

- Goals of Care and Treatment Decisions reporting is not applicable to Independent Health Facilities (IHFs). IHFs will not receive warning messages related to the Goals of Care and Treatment Decisions data reporting within the ORRS application. Note, Regional Renal Programs providing IHF patients with care through follow-up clinic visits are responsible to discuss and report information related to Goals of Care and Treatment Decisions with patients.

Coding Rule #4

- If a patient transfers to another program for a temporary duration, the home Regional Renal Program remains responsible for discussing and reporting Goals of Care and Treatment Decisions information within ORRS. If a patient permanently transfers to another program, the receiving program becomes responsible for discussing and reporting this information. As best practice, the sending program is asked to share with the receiving program any available information related to the patient's historic Goals of Care and Treatment Decisions.

Notes

- Goals of care conversations ensure patient/Substitute Decision Maker (SDM) understands the serious nature of their illness, while helping healthcare providers understand the patient's values and goals they have for their care.
- Goals of Care and Treatment Decisions data is reported to RRPs via:
    - ORRS patient level reports
    - Emailed quarterly program reports
    - Regional Renal Program Scorecard: Goals of Care Indicator (incident chronic dialysis patients with whom a goals of care conversation has been documented within 90 days).

ORRS FIELD No. GC2:

Substitute Decision Maker (SDM) is up to date & documented in patient record

Purpose: Use to confirm an SDM is required as part of the Goals of Care (GOC) assessment.

Definition: SDM is up to date and documented in the patient record.

Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	Field becomes mandatory when *Update Goals of Care Assessment* = 'Y - Yes.'

Notes

- A Substitute Decision Maker is a person who is authorized under [the Health Care Consent Act, 1996] to give or refuse consent to a treatment on behalf of a person who is incapable with respect to the treatment.
- Confirmation of an SDM can be done by either accepting the automatic family member(s) or appointing a Power of Attorney for personal care.

ORRS FIELD No. GC3:

Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed

Purpose: Use to enable understanding of illness as part of the Goals of Care (GOC) assessment and to track GOC conversations.

Definition: Informed patient or SDM (when patient is not capable) understands nature of illness and prognosis.

Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	Field becomes mandatory when *Update Goals of Care Assessment* = 'Y - Yes.'

ORRS FIELD No. GC4:

Patient goals and values have been incorporated into documented plan of treatment

PR

Purpose: Use to review Goals of Care as part of the Goals of Care (GOC) assessment.

Definition: All required activities related to Goals of Care conversations have been completed.

Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	Field becomes mandatory when *Substitute Decision Maker (SDM) is up to date and documented in patient record* and *Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed* = 'Y - Yes.'

Notes

- Substitute Decision Maker (SDM) is up to date and documented in patient record.
- Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed.
- Patient goals and values have been incorporated into documented plan of treatment.

ORRS FIELD No. GC5:

Reason Goals of Care not yet confirmed

Purpose: Use to review Goals of Care as part of the Goals of Care (GOC) assessment.

Definition: Use to identify the reason why any of the GOC questions are not complete (marked as N - No).

Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	1 - Patient/SDM not ready to discuss 2 - Patient lacks capacity to make decisions & SDM unknown/ unavailable 3 - Patient not stable/ acute issues need to be managed 4 - Renal recovery 99 - Other
Validation Rules	Field becomes mandatory when any of the three previous Goals of Care questions = 'N - No'; 1. '*Substitute Decision Maker (SDM) is up to date and documented in patient record* and/or 2. *Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed* and/or 3. *Patient goals and values have been incorporated into documented plan of treatment*

ORRS FIELD No. GC6:

Reason Goals of Care not yet confirmed other reason

Purpose: Use to review Goals of Care as part of the Goals of Care (GOC) assessment. **Definition:** Use to identify the other reason why any of the GOC questions are not complete (marked as N - No).	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Field becomes mandatory when *Reason Goals of Care not yet confirmed* = '99 - Other.'

ORRS FIELD No. TD1:

Update Treatment Decisions Assessment

Purpose: Use to track implementation of treatment decisions conversations. **Definition:** Use to identify if there is an update to patient's treatment decisions information.	
Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	None

Notes

- Patients and healthcare providers should make treatment decisions together based on patient wishes and Goals of Care. Treatment decisions are used to create a plan of treatment.

ORRS FIELD No. TD2:

Current code status documented in patient record

Purpose: Use to track implementation of treatment decisions conversations. **Definition:** Use to identify if the code status is documented in the patient record. Code status identifies whether or not a patient wants to be resuscitated if breathing or heart stops (sometimes known as a do not resuscitate [DNR] order).	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	Field becomes mandatory when *Update Treatment Decisions Assessment* = 'Y - Yes.'

ORRS FIELD No. TD3:

Reason treatment decisions not yet confirmed

Purpose: Use to track implementation of treatment decisions conversations. **Definition:** Identification of the reason why the patient's current code status is not documented in the patient record.	
Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	1 - Patient/SDM not ready to discuss 2 - Patient lacks capacity to make decisions & SDM unknown/ unavailable 3 - Patient not stable/acute issues need to be managed 4 - Renal recovery 99 - Other
Validation Rules	Field becomes mandatory when *Current code status documented in patient record* = 'N - No.'

ORRS FIELD No. TD4:

Reason treatment decisions not yet confirmed other reason

Purpose: Use to track implementation of treatment decisions conversations. **Definition:** Other reason why treatment decisions have not been confirmed.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Field becomes mandatory when *Reason treatment decisions not yet confirmed* = '99 - Other.'

BA – Body Access

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

Coding Rule #1

- Report the *Treatment Date* of the surgical procedure for the insertion.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T110:

Procedure Type

Purpose: Use to identify the type of body access procedure.

Definition: Type of body access procedure.

Completion Requirement	Conditionally Mandatory
Format	Character (3)
Valid Values	120 - Insertion - Central Venous Catheter - Untunneled - Radiological 130 - Insertion - Central Venous Catheter - Untunneled - Bedside 400 - Insertion - Central Venous Catheter - Tunneled 401 - Insertion - Central Venous Catheter Exchange - Tunneled - without Angioplasty 402 - Insertion - Central Venous Catheter Exchange - Tunneled - with Angioplasty 500 - Insertion - AV Fistula 600 - Insertion - AV Graft 711 - Insertion - Peritoneal Dialysis Catheter - Unburied - Laparoscopic 712 - Insertion - Peritoneal Dialysis Catheter - Unburied - Open Surgery 713 - Insertion - Peritoneal Dialysis Catheter - Buried - Laparoscopic 714 - Insertion - Peritoneal Dialysis Catheter - Buried - Open Surgery 720 - Insertion - Peritoneal Dialysis Catheter - Radiological 730 - Insertion - Peritoneal Dialysis Catheter - Bedside 801 - Removal - Central Venous Catheter - Untunneled 802 - Removal - Central Venous Catheter - Tunneled 803 - Removal - Peritoneal Dialysis Catheter 900 - Exteriorization - Peritoneal Dialysis Catheter 950 - Pre-Existing Access - Central Venous Catheter 951 - Pre-Existing Access - Peritoneal Dialysis Catheter - Unburied 952 - Pre-Existing Access - Peritoneal Dialysis Catheter - Buried
Validation Rules	Mandatory when 'BA - Body Access' *Treatment Event* is reported.

Coding Rule #1

- To report a 'BA - Body Access' Treatment Event for an unregistered Multi-care Kidney Clinic (MCKC) patient:
    - Use the *MCKC Registration Event Type* - 'Service.'

Coding Rule #2

- To report a buried Peritoneal Dialysis (PD) catheter:
    - Code the PD catheter insertion under either '713 - Insertion - Peritoneal Dialysis Catheter - Buried - Laparoscopic' or '714 - Insertion - Peritoneal Dialysis Catheter - Buried - Open Surgery.'

Coding Rule #3

- The Regional Renal Program reports the body access events for IHF patients.

Coding Rule #4

- For acutely ill patients requiring dialysis, where an Acute Registration happens after the body access event, report the body access event on the same day as the Acute Registration.

Coding Rule #5

- Centres of Practice (COP) are Regional Renal Programs that have been designated as either a COP for PD catheter insertions and/or Vascular Access (VA) creations. Regional Renal Programs that act as COPs for insertions should report the procedure in ORRS.

Coding Rule #6

- To report exchanged tunnelled Central Venous Catheter (CVC) insertion:
    - A 'BA - Body Access' *Treatment Event* is reported to indicate a CVC Exchange.

- To report a new tunnelled CVC insertion:
    - A 'BA - Body Access' *Treatment Event* is reported to indicate a Tunnelled CVC was inserted.

- To report a non tunnelled CVC insertion:
    - A 'BA - Body Access' *Treatment Event* is reported to indicate that a Non Tunnelled CVC was inserted.

- To report line changes:
    - Use *Procedure Type* code '401- Insertion - Central Venous Catheter Exchange - Tunneled - without Angioplasty' or code '402 - Insertion - Central Venous Catheter Exchange - Tunneled - with Angioplasty.'

Coding Rule #7

- When a patient requires a second insertion due to failure of the initial insertion, both insertions should be reported in ORRS.

Coding Rule #8

- To report the exteriorization of a buried Peritoneal Dialysis (PD) catheter:
    - Use *Procedure Type* code '900 - Exteriorization - Peritoneal Dialysis Catheter.'

Coding Rule #9

- When a patient receives an insertion at one Regional Renal Program (RRP) and a removal at another RRP, each program is responsible for reporting the event that occurred at their program.

Coding Rule #10

- To report an access that "fell out":
    - Report the appropriate removal code on the estimated date the access "fell out."

Coding Rule #11

- Access removals that occur outside of Ontario should not be reported in ORRS. The patient's attrition date from ORRS will be used to determine catheter days.

Coding Rule #12

- In cases where a patient has had a death, transplant, recovery or withdrawal, removal information is not required in ORRS. The patient's attrition date from ORRS will be used to determine catheter days.

Coding Rule #13

- If a patient comes from out of province with multiple access types:
    - Report each of the patient's access types using the "Pre-Existing Central Venous Catheter" and "Pre-Existing Peritoneal Dialysis Catheter" codes. This will require two separate 'Body Access' treatment events.

- See Appendix C for Definitions on infection types.

CODING SCENARIO: MCKC patient with buried Peritoneal Dialysis (PD) catheter inserted laparoscopically

Patient B has a buried PD catheter inserted laparoscopically on January 8, 20xx. To prepare for initiation of home PD in July 20xx, Patient B's PD catheter is exteriorized on July 1, 20xx.

ORRS Patient Journey →			
Procedure Date	**Procedure Type**	**Procedure Date**	**Procedure Type**
January 8, 20xx	713: Insertion - Peritoneal Dialysis Catheter - Buried - Laparoscopic	July 1, 20xx	900: Exteriorization - PD Catheter

CODING SCENARIO: MCKC patient with buried Peritoneal Dialysis (PD) catheter inserted laparoscopically

Patient C has a buried PD catheter inserted laparoscopically on February 1, 20xx and is approaching dialysis, but is not ready to start PD. Patient C starts in-centre hemodialysis on March 1, 20xx. Patient C's PD catheter is exteriorized April 1, 20xx in preparation for PD training.

ORRS Patient Journey →			
Procedure Date & Procedure Type	**Procedure Date & Procedure Type**	**Chronic Dialysis Registration Date & Access Type**	**Procedure Date & Procedure Type**
February 1, 20xx 713: Insertion - Peritoneal Dialysis Catheter - Buried - Laparoscopic	March 1, 20xx 130: Insertion - Central Venous Catheter - Untunneled - Bedside	March 1, 20xx Chronic Registration (N) 1: Temporary Catheter Non-Cuffed	April 1, 20xx 900: Exteriorization - Peritoneal Dialysis Catheter

CODING SCENARIO: PD training following unburied Peritoneal Dialysis (PD) catheter insertion

Patient D initiates acute dialysis (CVC) in the ICU on March 1, 20xx, has an unburied PD catheter inserted laparoscopically on March 15, 20xx and then starts PD training on March 30, 20xx in preparation for the initiation of PD.

ORRS Patient Journey →				
Procedure Date & Procedure Type	**Acute Dialysis Registration**	**Procedure Date & Procedure Type**	**Modality Change & Chronic Registration**	**Training Start**
March 1, 20xx 130: Insertion - Central Venous Catheter - Untunneled - Bedside	March 1, 20xx	March 15, 20xx 711: Insertion - Peritoneal Dialysis Catheter - Unburied - Laparoscopic	March 30, 20xx Modality Change (M) 452: Home APD - Limited Self Care Chronic Registration (N)	March 30, 20xx

CODING SCENARIO: Insertion Provided in Ontario - Central Venous Catheter - Untunneled

ORRS Patient Journey →	
Untunneled CVC is inserted	**Untunneled CVC is removed**
'BA - Body Access' *Treatment Event* Report **one** insertion type: **120**: Insertion - Central Venous Catheter - Untunneled - Radiological **130**: Insertion - Central Venous Catheter - Untunneled - Bedside	'BA - Body Access' *Treatment Event* Report removal: **801**: Removal - Central Venous Catheter - Untunneled

CODING SCENARIO: Insertion Provided in Ontario - Central Venous Catheter - Tunneled

ORRS Patient Journey →	
Tunneled CVC is inserted	**Tunneled CVC is removed**
'BA - Body Access' *Treatment Event* Report **one** insertion type: **400:** Insertion - Central Venous Catheter - Tunneled **401:** Insertion - Central Venous Catheter Exchange - Tunneled - without Angioplasty **402:** Insertion - Central Venous Catheter Exchange - Tunneled - with Angioplasty	'BA - Body Access' *Treatment Event* Report removal: **802:** Removal - Central Venous Catheter - Tunneled

CODING SCENARIO: Insertion Provided in Ontario - Peritoneal Dialysis Catheter - Unburied

ORRS Patient Journey →	
Unburied PD Catheter is inserted	**PD Catheter is removed**
'BA - Body Access' *Treatment Event* Report **one** insertion type: **711:** Insertion - Peritoneal Dialysis Catheter - Unburied - Laparoscopic **712:** Insertion - Peritoneal Dialysis Catheter - Unburied - Open Surgery **720**: Insertion - Peritoneal Dialysis Catheter - Radiological **730:** Insertion - Peritoneal Dialysis Catheter - Bedside	'BA - Body Access' *Treatment Event* Report removal: **803:** Removal - Peritoneal Dialysis Catheter

CODING SCENARIO: Insertion Provided in Ontario - Peritoneal Dialysis Catheter - Buried

ORRS Patient Journey →		
Buried PD Catheter is inserted	**PD Catheter is exteriorized**	**PD Catheter is removed**
'BA - Body Access' *Treatment Event* Report **one** insertion type: **713**: Insertion - Peritoneal Dialysis Catheter - Buried - Laparoscopic **714**: Insertion - Peritoneal Dialysis Catheter - Buried - Open Surgery	'BA - Body Access' *Treatment Event* Report exteriorization: **900:** Exteriorization - Peritoneal Dialysis Catheter	'BA - Body Access' *Treatment Event* Report removal: **803**: Removal - Peritoneal Dialysis Catheter

CODING SCENARIO: Insertion Provided Outside of Ontario - Central Venous Catheter

ORRS Patient Journey →	
Patient begins or resumes care in Ontario	**CVC is removed**
'BA - Body Access' *Treatment Event* Report pre-existing access: **950:** Pre-Existing Access - Central Venous Catheter	'BA - Body Access' *Treatment Event* Report **one** removal type: **801:** Removal - Central Venous Catheter - Untunneled **802:** Removal - Central Venous Catheter - Tunneled

CODING SCENARIO: Insertion Provided Outside of Ontario - Peritoneal Dialysis Catheter - Unburied

ORRS Patient Journey →	
Patient begins or resumes care in Ontario	**PD Catheter is removed**
'BA - Body Access' *Treatment Event* Report pre-existing access: **951:** Pre-Existing Access - Peritoneal Dialysis Catheter - Unburied	'BA - Body Access' *Treatment Event* Report removal: **803:** Removal - Peritoneal Dialysis Catheter

CODING SCENARIO: Insertion Provided Outside of Ontario - Peritoneal Dialysis Catheter - Buried

ORRS Patient Journey →		
Patient begins or resumes care in Ontario	**PD Catheter is exteriorized**	**PD Catheter is removed**
'BA - Body Access' *Treatment Event* Report pre-existing access: **952:** Pre-Existing Access - Peritoneal Dialysis Catheter - Buried	'BA - Body Access' *Treatment Event* Report exteriorization: **900:** Exteriorization - Peritoneal Dialysis Catheter	'BA - Body Access' *Treatment Event* Report removal: **803:** Removal - Peritoneal Dialysis Catheter

IE – Infection Event

ORRS FIELD No. F1

Infection Type

Purpose: Use to indicate patient's infection event and to calculate infection rates by the Ontario Renal Network (ORN).

Definition: Indicates type of infection event.

Completion Requirement	Mandatory
Format	Character (1)
Valid Values	1 - Peritonitis 2 - Catheter-Related Bacteremia
Validation Rules	IF *Treatment Event Code* = 'IE - Infection Event' THEN *Infection Type* cannot be blank.

- See Appendix C for Definitions on infection types.

ORRS FIELD No. T2:

Date (Infection Episode)

I

Purpose: Use to indicate date when the Catheter-Related Bacteremia (CRB) or Peritonitis episode was first suspected and acted upon.

Definition: Date when the CRB or Peritonitis episode was first suspected and acted upon, with drawing of blood cultures and/or initiation of empiric antibiotic.

Completion Requirement	Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool**: DD-MM-YYYY
Validation Rules	*Date (Infection Episode)* must be greater than patient's date of birth. *Date (Infection Episode)* must be equal to or less than current date.

Notes

- An 'IE - Infection' *Treatment Event* should be reported when culture results are available.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. F2:

CRB Relapsing Event

DQ

Purpose: Use to capture a patient's relapsing Catheter-Related Bacteremia (CRB) event.

Definition: Indicates if the patient has a relapsing CRB infection.

Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	IF *Infection Type* = '2 - Catheter-Related Bacteremia' THEN *CRB Relapsing Event* cannot be blank.

Notes

- Relapsing events are defined as infections with the same blood culture result occurring within 21 days (3 weeks) of treatment end date.

ORRS FIELD No. F3:

Final Blood Culture Result (First Set)

Purpose: Use to identify and confirm the etiology of the infection (the bacteria isolated from the first set of blood samples that caused the infection).

Definition: Type of organism used to determine Catheter-Related Bacteremia (CRB) infection; using the first of two samples drawn from either the aerobic or anaerobic tube.

Completion Requirement	Conditionally Mandatory
Format	Character (3)
Valid Values	See Appendix A for Infection Confirmation Codes. ***Note**: the '100 - Not Done' Infection Confirmation Code is not applicable to the Final Blood Culture Result (First Set).*
Validation Rules	IF *Infection Type* = '2 - Catheter-Related Bacteremia' THEN *Final Blood Culture Result (First Set)* cannot be blank.

Notes

- For the purposes of CRB diagnosis and treatment monitoring, paired samples of aerobic and anaerobic culture tubes, either adult or pediatric size are recommended. A positive CRB result is usually from either the aerobic or anaerobic tube. The result will usually describe the pathogen in tubes 1 and 2 as the same type. Labeling the tubes as First and Second is not as important as having two tubes in total.
- Report only the final blood culture results.

ORRS FIELD No. F4:

Final Blood Culture Result (First Set) Other

Purpose: Use to identify and confirm the etiology of the infection (the other bacteria isolated from the first set of blood samples that caused the infection).

Definition: Other type of organism used to determine Catheter-Related Bacteremia (CRB) infection; using the first of two samples drawn from either the aerobic or anaerobic tube.

Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Final Blood Culture Result (First Set)* = '99 - Other' THEN *Final Blood Culture Result (First Set) Other* cannot be blank.

ORRS FIELD No. F5:

Final Blood Culture Result (Second Set)

Purpose: Use to identify and confirm the etiology of the infection (the bacteria isolated from the second set of blood samples that caused the infection).

Definition: Type of organism used to determine Catheter-Related Bacteremia (CRB) infection; using the second of two samples drawn from either the aerobic or anaerobic tube.

Completion Requirement	Conditionally Mandatory
Format	Character (3)
Valid Values	See Appendix A for Infection Confirmation Codes.
Validation Rules	IF *Infection Type* = '2 - Catheter-Related Bacteremia' THEN *Final Blood Culture Result (Second Set)* cannot be blank.

ORRS FIELD No. F6:

Final Blood Culture Result (Second Set) Other

Purpose: Use to identify and confirm the etiology of the infection (the bacteria isolated from the second set of blood samples that caused the infection).

Definition: Type of organism used to determine Catheter-Related Bacteremia (CRB) infection; using the second of two samples drawn from either the aerobic or anaerobic tube.

Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Final Blood Culture Result (Second Set)* = '99 - Other' THEN *Final Blood Culture Result (Second Set) Other* cannot be blank.

ORRS FIELD No. F7:

Peritonitis Category

Purpose: Use to classify the type of infection in order to distinguish new Peritonitis cases against recurring infectious cases.

Definition: Indicates the category of Peritonitis infection event. (See table below for full definitions.)

Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - New 2 - Recurrent 3 - Refractory 4 - Relapsing 5 - Repeat
Validation Rules	IF *Infection Type* = '1 - Peritonitis' THEN *Peritonitis Category* cannot be blank.

Peritonitis Category Definitions	
Category	**Definition**
2 - Recurrent	An episode that occurs within 4 weeks of completion of therapy of a prior episode but with a different organism.
3 - Refractory	Failure of the effluent to clear after 5 days of appropriate antibiotics.
4 - Relapsing	An episode that occurs within 4 weeks of completion of therapy of a prior episode with the same organism or 1 sterile episode.
5 - Repeat	An episode that occurs more than 4 weeks after completion of therapy of a prior episode with the same organism.

ORRS FIELD No. F8:

Associated Tunnel Infection

Purpose: Use to identify the associated tunnel infection. **Definition:** Indicates if a tunnel infection is present.	
Completion Requirement	Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	IF *Infection Type* = '1 - Peritonitis' THEN *Associated Tunnel Infection* cannot be blank.

ORRS FIELD No. F9:

Associated Exit Site Infection

Purpose: Use to identify the infected catheter exit site that might be the source of bacteria present in the patient's blood circulation.

Definition: Indicates if an exit site infection is present.

Completion Requirement	Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	IF *Infection Type* = '1 - Peritonitis' THEN *Associated Exit Site Infection* cannot be blank.

Coding Rule #1

- A '2-CRB' Infection *Treatment Event* should be reported in ORRS when CRB is suspected and acted on/treated. CRB is defined as an episode of bacteremia originating from an intravenous catheter. An episode of bacteremia represents a case of CRB in all patients with a Central Venous Catheter (CVC) that has no other apparent source of infection, or bacteremia in conjunction with local features of infection at the CVC exit site or tunnel.
- Colony counts, gram stains and catheter tip cultures are not required for a diagnosis of CRB and are not collected.
- There is no requirement for reporting episodes of bacteremia thought to originate from an alternate source, such as the GI tract, GU tract, skin, lungs, or other clinically apparent source of infection. Moreover, positive blood cultures felt to be due to contamination e.g. those not associated with any clinical features of infection and those not treated with antibiotics, should not be reported.
- ORRS reporting is applicable to chronic in-centre hemodialysis (HD) and home HD patients, including those at satellite locations.
- ORRS reporting is **not** applicable to acute/ICU patients with no prior chronic dialysis, patients at Independent Health Facilities (IHFs) and self-care units.

Coding Rule #2

- A '1-Peritonitis' Infection *Treatment Event* should be reported in ORRS when Peritonitis is suspected and treated. Peritonitis is defined as inflammation of the peritoneum, typically caused by bacterial infection either via the blood or after rupture of an abdominal organ.
- Peritoneal Dialysis (PD) patients presenting with cloudy effluent should be presumed to have Peritonitis. This is confirmed by obtaining effluent cell count, differential, and culture.
- Peritonitis should be reported if International Society for Peritoneal Dialysis (ISPD) case definition criteria are met: effluent white count > 100 neutrophils accounting for 50% of the total fluid white count, in conjunction with symptoms consistent with Peritonitis. A

positive culture is not required for the definition of Peritonitis and the presence of a positive culture on its own does not define Peritonitis.

- Peritonitis infection reporting in ORRS is applicable to all chronic peritoneal dialysis patients with an infection.

Coding Rule #3

- For patients that transfer between programs,
    - An infection event should be reported by the program where the infection originated and is identified. This is typically the program that provides regular renal care for the patient (a patient's "home" program).
    - In the case that a patient presents to a program that is not their "home" program with an infection (e.g. to the emergency department), this program should contact the patient's "home" program, and the "home" program should report the infection event.
    - If a patient presents to a program that is not their "home" program for other reasons, and requires admission/dialysis treatments, and subsequently acquires an infection, then this program should report the infection event.

Coding Rule #4

- Best practices associated with obtaining blood cultures to confirm CRB include:
    - Monitoring paired samples of aerobic and anaerobic culture tubes, either adult or pediatric size, are recommended.
    - Collection via the dialysis catheter or hemodialysis circuit, and avoidance of peripheral blood cultures drawn by venipuncture, is also recommended.
    - Regular review of each suspected CRB case with a local clinical team is recommended to ensure other sources of infection are excluded. All positive/abnormal blood culture results thought to be associated with a CVC should be entered.

Coding Rule #5

- Use the following equation to calculate the peritonitis infection rate (per annualized patient):

$$\left[\frac{\textbf{number of peritonitis events – number of relapsing peritonitis events}}{\textbf{number of catheter days}}\right] \textbf{ X 365 days}$$

- Use the following to calculate the months between reported Peritonitis cases:

$$\frac{12}{\text{Peritonitis infection rate (per annualized patient)}}$$

- For Peritonitis, PD catheter days include time of all chronic dialysis patients (HD, PD, dual modality) with a PD catheter as a primary or secondary access. Catheter days are excluded for acute/ICU patients with no prior chronic dialysis and patients at IHFs or self-care units.

CODING SCENARIO: Catheter-Related Bacteremia (CRB)

Patient A does not present with symptoms of infection (e.g. fever, chills, pain, inflammation) on January 6, 20xx, but appears generally unwell and weak. Patient A's clinician has a suspicion of a CRB infection, Patient A is treated with antibiotics, and a blood culture is drawn for testing. Culture results are positive.

Reporting Details	Infection Treatment Event
Infection Type	Cather-Related Bacteremia
Treatment (Modality) Code	111 - Acute Care Hospital - Conventional HD - Total Care
Date (Infection Episode)	January 6, 20xx
CRB Relapsing Event	No
Final Blood Culture Result (First Set)	Multiple Organisms
Final Blood Culture Result (Second Set)	Multiple Organisms
Associated Tunnel Infection	No
Associated Exit Site Infection	No

CODING SCENARIO: Peritonitis

Patient B presents with symptoms of Peritonitis on January 3, 20xx and is treated with antibiotics and a blood culture is drawn for testing. Effluent white count is 8000 neutrophils accounting for 75% of white count. Culture results are negative.

Reporting Details	Infection Treatment Event
Infection Type	Peritonitis
Treatment (Modality) Code	151 - Acute Care Hospital - APD - Total Care
Date (Infection Episode)	January 3, 20xx
Peritonitis Category	New
Associated Tunnel Infection	No
Associated Exit Site Infection	No

CODING SCENARIO: Peritonitis

Patient C presents with symptoms of Peritonitis on January 10, 20xx and is treated with antibiotics and a blood culture is drawn for testing. Effluent white count is 8000 neutrophils accounting for 75% of white count. Culture results are negative.

Reporting Details	Infection Treatment Event
Infection Type	Peritonitis
Treatment (Modality) Code	Current modality code
Date (Infection Episode)	January 10, 20xx
ISPD Case Definition	Effluent white count > 100 neutrophils accounting for 50% of the total fluid white count, in conjunction with symptoms consistent with Peritonitis.
Positive Blood Culture	Not required

CODING SCENARIO: Asymptomatic Catheter-Related Bacteremia (CRB) Infection

Patient D does not present with symptoms of infection (e.g. fever, chills, pain, inflammation) on April 10, 20xx, but appears generally unwell and weak. Patient D's clinician has a suspicion of a CRB infection and is treated with antibiotics and a blood culture is drawn. Culture results are positive. Although Patient D is not symptomatic, this should be reported as a CRB infection event, because Patient D was treated for infection.

Reporting Details	Infection Treatment Event
Infection Type	Cather-Related Bacteremia
Treatment (Modality) Code	111 - Acute Care Hospital - Conventional HD - Total Care
Date (Infection Episode)	April 10, 20xx
CRB Relapsing Event	No
Final Blood Culture Result (First Set)	Multiple Organisms
Final Blood Culture Result (Second Set)	Multiple Organisms
Associated Tunnel Infection	No
Associated Exit Site Infection	No

CODING SCENARIO: Reporting Catheter-Related Bacteremia (CRB) Infection

Patient E is receiving in-centre hemodialysis at Hospital A and has symptoms of CRB on July 19, 20xx. She is treated with antibiotics at Hospital A. Later that week, Patient E falls and breaks a hip and on July 21, 20xx, she is transferred to Hospital B for the management of her hip fracture and continuation of dialysis. Patient E's antibiotic treatment continues. This CRB infection event should be reported by Hospital A.

Reporting Details	Infection Treatment Event
Infection Type	Cather-Related Bacteremia
Treatment (Modality) Code	111 - Acute Care Hospital - Conventional HD - Total Care
Date (Infection Episode)	July 19, 20xx
CRB Relapsing Event	No
Final Blood Culture Result (First Set)	Multiple Organisms
Final Blood Culture Result (Second Set)	Multiple Organisms
Associated Tunnel Infection	No
Associated Exit Site Infection	No

CODING SCENARIO: Reporting Peritonitis

Patient F receives care related to home PD treatment outside of her catchment area at Hospital B on July 31, 20xx. Patient F experiences symptoms of Peritonitis and seeks care at the closest Emergency Department within her catchment area (Hospital A). Hospital A should contact Hospital B to report this infection event.

Reporting Details	Infection Treatment Event
Infection Type	Peritonitis
Date (Infection Episode)	July 31, 20xx

CODING SCENARIO: Independent Health Facility (IHF) dialysis patient

Patient G is receiving chronic dialysis at an IHF and experiences symptoms of CRB and receives treatment from the Regional Renal Program on March 31, 20xx. This infection **is not reported** in ORRS because infection reporting is not applicable to patients seen at IHFs.

L-IN – Transfer Patient in to Location

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T8:

Changed From Location

Purpose: Use to track intra-facility transfers between locations within a Regional Renal Program for the purposes of funding and resource allocation by the the Ontario Renal Network (ORN).

Definition: The location the patient was transferred from.

Completion Requirement	Mandatory
Format	Character (3)
Valid Values	See Appendix A for a list of Location Codes, IHF Location Codes, Self-care Location Codes and LTC Location Codes.
Validation Rules	IF *Treatment Event Code* is (L-IN, L-OUT) THEN *Changed From Location* cannot be blank. IF *Treatment Event Code* is (L-IN, L-OUT) THEN *Changed From Location* cannot have the same value as the record's Location. IF *Treatment Event Code* is (L-OUT) THEN *Changed From Location* must be equal to the specified *Location* of the submission file.

Notes

- This field is labelled as *Transferred from Location* in the Upload File templates.
- 'L-IN - Location-In' and 'L-OUT - Location-Out' *Treatment Events* are used to transfer patients between sites within the same Regional Renal Program. These treatment event codes also apply to patients transferring to/from an Independent Health Facility (IHF) or self-care unit. *Changed From Location* field will auto-populate with other sites within the program, based on site permissions.
- Regional Renal Programs are flagged if the sequencing of 'L-OUT - Location-Out' *Treatment Event* and 'L-IN - Location-In' *Treatment Event* are incomplete or incorrectly ordered. Regional Renal Programs should capture the 'M - Modality Change' *Treatment Event* within the L-IN *Treatment Event* if appropriate.

CODING SCENARIO: Patient transferred from Independent Health Facility (IHF) to Intensive Care Unit (ICU) at a hospital where they are not receiving dialysis and is transferred to a Regional Renal Program for dialysis.

Report As
The IHF should record a Location-Out Treatment Event (L-OUT) on the day the patient last received dialysis at the facility. The Regional Renal Program receiving the patient for dialysis from the hospital should report a Location-In Treatment Event (L-IN) on the patient's first day of dialysis.

CODING SCENARIO: Transfers to Lion's Camp Dorset (LCD)

Report As
Report a Location-Out Treatment Event (L-OUT) on the last day of dialysis at the Regional Renal Program before the patient transfers to Lion's Camp Dorset. Report a Location-In Treatment Event (L-IN) on the first day of dialysis at the Regional Renal Program when the patient returns back from the camp.

CODING SCENARIO: Reporting transfers to LTCHs approved for PD

Report As
Report a Location-Out Treatment Event (L-OUT) when the patient leaves the Regional Renal Program and transfers to a LTCH. Report a Location-In Treatment Event (L-IN) to a LTCH that receives the patient with the appropriate Treatment (Modality) Code (i.e. 291, 281). ***Note:*** *HD patients who transfer to a long-term care or nursing home, but continue to dialyze in facility, do not require any change to their modality.*

L-OUT – Transfer Patient Out of Location

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T5C:

Reason for Change Code

DQ

Completion Requirement	Optional

Coding Rule #1
Report Reason for Change Code in the following scenarios:

Description	From	To
Transition from PD	PD 141, 151, 241, 251, 281, 291, 341, 351, 442, 443, 444, 452, 453, 454	Any other modality code OTHER THAN PD modality codes in 'From' field
Transition from Home HD	HHD 412, 413, 414, 422, 423, 424, 432, 433, 434	Any other modality code OTHER THAN HHD modality codes in 'From' field
Transition from Dual PD/HD	PD & HD 040, 044, 050, 054	Any other modality code OTHER THAN PD & HD modality codes in 'From' field

- See Shared Treatment Event Data Elements for more details.

Notes

- *Reason for Change Code* data will not be required in 'L-OUT - Location-out' *Treatment Event* unless transfer represents a PD or HHD attrition. In these circumstances, compliance report will flag for required data to be added.

ORRS FIELD No. T6:

Other Reason for Change

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. N/A

Changed to Location

I

F

DQ

Purpose: Use to track intra-facility transfers between locations within a Regional Renal Program for the purposes of funding and resource allocation by the Ontario Renal Network (ORN).

Definition: The location to where the patient is transferring.

Completion Requirement	Mandatory
Format	Character (3)
Valid Values	See Appendix A for a list of Location Codes, IHF Location Codes, Self-care Location Codes and LTC Location Codes.
Validation Rules	IF *Treatment Event Code* is NOT (L-OUT, TR-OUT) THEN *Location* must be equal to the specified *Location* of the submission file.

Notes

- This field is labelled as Location in the Upload File Templates.
- 'L-IN - Location-in' and 'L-OUT - Location-out' Treatment Events are used to transfer patients between sites within the same Regional Renal Program. These event codes also apply to patients transferring to/from an Independent Health Facility (IHF) or self-care unit.
- Changed To Location field will auto-populate with other sites within the program, based on site permissions.
- Modify 'L-OUT - Location-out' Reporting to Optional:
    - For RRPs who discontinue L-OUT reporting, ORRS will automatically create L-OUT events (data added overnight to align with reported L-IN events)
    - System generated L-OUT event will be editable and will include pre-populated data:

- DATE: Same date reported on L-IN
- MODALITY CODE: Patient's last modality before L-IN
- CHANGED TO LOCATION: Location that reported L-IN

- Due to complexity of patient flow, some scenarios may require program action to correct flow:
  - When L-IN event is deleted or modified by RRP, system generated L-OUT event must also be deleted or modified by RRP
  - Modality within L-OUT event will require updates from RRP, if modality of last event prior to the L-IN is modified after L-OUT has been created
- To minimize workload impact:
  - Standard facilities are encouraged to use SameDayOrder column to indicate order of same day L-IN events
  - Basic facilities are encouraged to report events in order of occurrence

L-OUT Reporting Examples

#1: L-IN AND L-OUT reported by RRP on same day		**ORRS System Rule**
Location A: Patient on Roster L-OUT: June 01/20	**Location B** L-IN: June 01/20	**No automated L-OUT created by ORRS**
#2: L-IN reported by RRP but no L-OUT reported		**ORRS System Rule**
Location A: Patient on Roster	**Location B** L-IN: June 01/20	**Automated L-OUT created overnight by ORRS** L-OUT: June 01/20
#3: L-IN AND L-OUT reported by RRP out of sequence		**ORRS System Rule**
Location A: Patient on Roster L-OUT: June 02/20*	**Location B** L-IN: June 01/20	**Automated L-OUT created overnight by ORRS to match June 01, 2020 date** **Note: June 2 L-OUT will be flagged as reconciliation issue*
#4: IHF Transfer: L-IN reported by RRP but no L-OUT reported by IHF		**ORRS System Rule**
Location A (IHF): Patient on Roster	**Location B** L-IN: June 01/20	**No automated L-OUT event created by ORRS for IHF transfers** *Note: L-IN will be flagged as reconciliation issue*

M – Modality Change

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. P2:

MRP

Completion Requirement	Optional

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T5C:

Reason for Change Code

DQ

Completion Requirement	Optional

Coding Rule #1

Report Reason for Change Code in the following scenarios:

Description	From	To
Transition from PD	PD 141, 151, 241, 251, 281, 291, 341, 351, 442, 443, 444, 452, 453, 454	Any other modality code OTHER THAN PD modality codes in 'From' field
Transition from Home HD	HHD 412, 413, 414, 422, 423, 424, 432, 433, 434	Any other modality code OTHER THAN HHD modality codes in 'From' field
Transition from Dual PD/HD	PD & HD 040, 044, 050, 054	Any other modality code OTHER THAN PD & HD modality codes in 'From' field

- See Shared Treatment Event Data Elements for more details.

Notes

- *Reason for Change Code* data will not be required in 'M – Modality Change' *Treatment Event* unless transfer represents a PD or HHD attrition. In these circumstances, compliance report will flag for required data to be added.

ORRS FIELD No. T6:

Other Reason for Change

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

Modality Change Coding Rules

Coding Rule #1

- When reporting a modality change for a patient, the modality should reflect the treatment location, treatment type and level of assistance/care required.

Coding Rule #2

- To report Dual Modality (Hemodialysis and Peritoneal Dialysis):
    - Use the Treatment (Modality) Code 050 (APD & HD), 054 (APD & HD - Assistance), 040 (CAPD & HD) or 044 (CAPD & HD - Assistance) for a dual modality patient. Refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide for reimbursement rates.

Coding Rule #3

- To report a patient receiving HD who starts training for PD:
    - Use the appropriate dual-modality code if the patient receives both HD and PD care during training. If the patient discontinues HD during PD training, only the PD modality code is used during the training time.

Coding Rule #4

- To report a patient's modality change from Limited Self Care to Home Care Support:
    - Use the appropriate assisted PD modality (code ending in 4) when a patient successfully completes training and moves home with dialysis home care support organized via the Health Region or the Regional Renal Program.

Coding Rule #5

- To report treatments in-facility with Personal Support Worker (PSW) Assistance:
    - Use code '414 - Home - Conventional HD - Assistance or code '424 - Home - Short Daily HD - Assistance' as appropriate (i.e. continuing on the Home Hemodialysis with assistance modality) for home patients that are temporarily conducting their treatments in-facility with the assistance of a PSW.

Coding Rule #6

- To report a modality change for CAPD/CCPD patient receiving HD treatment:
    - A modality change to an appropriate in centre HD (or dual) modality should be reported in ORRS to ensure appropriate funding when a home CAPD or CCPD patient is admitted to hospital and receives temporary HD treatment.

Coding Rule #7

- To report a modality change for a CAPD/CCPD home patient receiving in-hospital PD exchanges:
    - Use a modality change with an appropriate *Reason for Change Code*.

Coding Rule #8

- To report a modality change for home patients receiving treatment in home units:
    - A modality change should not be reported for home dialysis patients who independently conduct dialysis treatment in a Home Dialysis Unit. If the patient receives nursing dialysis support while in-centre, use the most appropriate in-centre modality code for the respective dialysis type, and report PD exchanges or treatment days, if relevant.

No Dialysis Treatment (NDT) Modality Coding Rules

Coding Rule #1

- To report a patient transferring to Home HD and is assessed in Program's VA Clinic:
    - Use the NDT modality code within the 'TR-IN - Transfer-In' and 'TR-OUT - Transfer-Out' *Treatment Events*.

Coding Rule #2

- The NDT modality code is only applicable when a chronic patient transfers into a renal program for an ORRS Clinic Visit (VA, VE, VF) and no dialysis is provided. An NDT treatment modality code identifies periods that are not associated to defined bundles for funding purposes.

Reason for Change Code Reporting Coding Rules

Coding Rule #1

- To report a *Reason for Change Code* from Continuous Ambulatory Peritoneal Dialysis (CAPD) to Automated Peritoneal Dialysis (APD):
    - Use the *Reason for Change Code* '8 - Intended Treatment' when a change in modality is coded in ORRS from CAPD to APD for better quality of life.

Coding Rule #2

- To report a *Reason for Change Code* for transplant workup:
    - Use the *Reason for Change Code* '9009 - Convenience dialysis treatment' when a patient goes to another facility for transplant workup.

      ***Note**: Reason for Change Code is only required when a patient requires a dialysis treatment at the transfer facility (i.e. a change in modality).*

Coding Rule #3

- To report a *Reason for Change Code* from IHF to Regional Renal Program for a follow-up clinic visit:
    - Use the *Reason for Change Code* '9009 - Convenience dialysis treatment' when an IHF patient goes to their Regional Renal Program for a follow-up clinic visit.

      ***Note**: Reason for Change Code is only necessary if the patient requires dialysis treatment while in-centre. If dialysis treatment is not required, the NDT modality code should be used when reporting the follow-up clinic visit.*

Coding Rule #4

- To report a *Reason for Change Code* from MCKC to Acute modality change:
    - Use the *Reason for Change Code* most appropriate for the clinical circumstances. For example, if the patient has been admitted due to an acute cardiac event, '3202 Hospitalization for cardiovascular - non access-related' may be utilized.

Conservative Renal Care (CRC) Modality Coding Guidance

To Report	Coding Rule
Conservative Renal Care (CRC) Patients	Patients receiving CRC services should be identified within the CRC modality in ORRS. Patients with modality change from dialysis to CRC can only be initiated following dialysis if the patient has residual renal function. Residual renal function is based on clinical interpretation.
Reporting Lab Values for Conservative Renal Care (CRC) Patients	Patients on the CRC modality may elect to discontinue lab work. In this case: • *Creatinine* results are required for these individuals. A value of '9999' should be entered within the mandatory *Creatinine* field to indicate no lab data is available. • *Creatinine Sample Collection Date* should be entered as the day of the clinic visit. For patients who elect to continue lab work, programs should continue to provide appropriate lab values. *Creatinine* results are required to determine a patient's eGFR at least two eligible visits that are at least 3 months apart (either in MCKC or CRC). Patient visits will be reviewed for funding eligibility for MCKC, CRC or General Nephrology.

Existing CRC Data Elements Coding Guide		
	Data Element	**Coding Rule**
Education Visit	Was CRC education provided?	Do not complete for patients who are already on CRC.
Independent Dialysis Assessment	Reason why patient isn't on home HD/PD (54 - CRC)	An ID/VA Assessment should never be completed for any CRC patient.
Vascular Access Assessment	If HD or HHD is the intended modality, is this patient suitable for referral for surgical assessment for AV access creation? (38 - Hemodialysis not intended modality - Patient choose CRC)	An ID/VA Assessment should never be completed for any CRC patient.

Notes

- Refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide for more information on CRC funding eligibility.

CODING SCENARIO: Transition to CRC and discontinuation of lab work

Patient A receives care in MCKC before making the decision to transition to CRC. Upon transitioning to CRC, Patient A elects to discontinue lab work.

ORRS Patient Journey →			
February 10, 20xx	June 15, 20xx	August 10, 20xx	September 10, 20xx
MCKC Registration	MCKC Visit (VR)	Modality Change (M)	MCKC Visit (VR)
eGFR: 14	Modality: MKC eGFR: 14	Modality: CRC	Modality: CRC Creatinine: 9999

CODING SCENARIO: Switch to Conservative Renal Care (CRC)

Patient B is transferred from general nephrology to the Multi-care Kidney Clinic (MCKC). While the patient's eGFR is 17ml/min, he suffers multiple comorbidities and becomes frail. Patient B makes a decision with his care team to start Conservative Renal Care (CRC) care.

ORRS Patient Journey →		
MCKC Registration	Modality Change (M): CRC	MCKC Visit (VR): Modality - CRC eGFR: 17

CODING SCENARIO: Patient with End Stage Renal Disease (ESRD)

Patient C's nephrologist recognizes she is approaching End Stage Renal Disease (ESRD) and discusses treatment options with her. Patient C decides to pursue CRC and is eligible to be followed within the MCKC. Patient C's nephrologist transfers care to the MCKC and she receives detailed information about CRC during the first education visit. Patient C is seen monthly within the MCKC for CRC care.

ORRS Patient Journey →			
MCKC Registration	Modality Change (M): CRC	Education Clinic Visit (VE): Modality - CRC	MCKC Visit (VR): Modality - CRC eGFR: 13

CODING SCENARIO: CRC in private clinic

Patient D's nephrologist recognizes he is approaching ESRD and discusses treatment options with him. Patient D decides to pursue CRC, but does not want to be transferred to MCKC because of an established relationship with his nephrologist. Patient D continues to visit with his nephrologist in a private clinic to receive his CRC care.

ORRS Patient Journey →
Because Patient D will not be receiving care through the Regional Renal Program, he is not tracked within ORRS. If appropriate, General Nephrology Clinic Visits can be reported for this patient. ***Note:*** *This patient is electing not to receive multidisciplinary care and key elements of CRC. Patient choice and goals of care are imperative and should govern the care provided.*

CODING SCENARIO: CRC to dialysis

Patient E begins care in MCKC and after discussing treatment options, decides to pursue CRC. Patient E experiences shortness of breath and goes to the Emergency Department. The attending physician recommends Patient E initiate dialysis. Following a discussion with her family, Patient E decides to initiate dialysis and when stable, returns to in-centre dialysis unit to continue dialysis.

ORRS Patient Journey →					
MCKC Registration	Modality Change	MCKC Visit (VR)	Body Access (BA)	Modality Change (M)	Modality Change (M)
MCKC Registration	Modality Change (M): CRC	MCKC Visit (VR): Modality - CRC	Body Access (BA): CVC Insertion	Modality Change (M) & Registration: Acute Dialysis	Modality Change (M) & Registration: Chronic Dialysis

CODING SCENARIO: Transition from Chronic Dialysis to Conservative Renal Care (CRC)

Patient F begins care in chronic dialysis, but after a week on dialysis, tells the nurse that dialysis is too taxing and he would like to know his options. Patient F's nephrologist discusses CRC because he still has residual renal function. Patient F decides to switch to CRC, completes an orientation to CRC and is seen monthly within the MCKC for CRC care.

ORR Patient Journey →				
Chronic Dialysis Registration	Modality Change (M): CRC	MCKC Registration	Education Visit (VE): Modality - CRC	MCKC Visit (VR): Modality - CRC

CODING SCENARIO: Withdrawal from dialysis

Patient G has been on chronic dialysis for 10 years. As a result of significant functional decline and suffering multiple comorbidities, Patient G now finds dialysis difficult and would rather receive comfortable end-of-life care. Patient G's nephrologist discusses all care options including withdrawing dialysis, as Patient G no longer has any residual renal function. Patient G decides to withdraw from dialysis.

ORRS Patient Journey →			
Chronic Dialysis Registration	Ongoing Dialysis Care	Withdrew (W): Psychosocial Reason	Focus on Palliative and End of Life Care

R – Recovered

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

Coding Rule #1

- Use the 'R – Recovered' *Treatment Event* when a patient has recovered residual kidney function and no longer requires acute or chronic dialysis. Report 'R – Recovered' Treatment Event on the last day of treatment.

Coding Rule #2

- This *Treatment Event Code* can be used when a Glomerulonephritis (GN) patient enters remission for their disease and no longer requires visits with their nephrologist.

CODING SCENARIO: Transplant patient monitored by VA clinic

Report As
If the transplant patient meets the data definition for a Body/Vascular Access Clinic Visit (VA), report a Returning Patient Treatment Event (RR) with the appropriate modality code in order to reactivate the patient on the census. Then the VA clinic visit event can be recorded. Once this treatment event is no longer applicable, a change of treatment event is required (e.g. Recovered) in ORRS.

CODING SCENARIO: Recovered HD patient with follow up in MCKC for CVC care

Report As
A Hemodialysis (HD) patient who recovers kidney function then is followed up in a Multi-care Kidney Clinic (MCKC) for Central Venous Catheter (CVC) care, is coded as Recovered (R) under the Chronic modality and then as a Returning Patient (RR) under the MKC modality.

Notes

- This *Treatment Event Code* is used as an attrition (exit) event and will remove the patient from the ORRS roster.

RE – Home Dialysis Re-training End

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T25:

Dialysis Training Type

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

CODING SCENARIO: Continuous Ambulatory Peritoneal Dialysis (CAPD) patient

Patient A is dialysing at home with limited self-care and is re-trained at home. Patient A returns to the same modality code once the retraining is completed.

Report As
1. Home Dialysis Re-training Start (RS): 442 2. Home Dialysis Re-training End (RE): 442 3. Modality Change (M): 442

***Note**: The appropriate number of retraining days must be reported in the CKD Service Volumes section of the ORRS application/upload file.*

RP – Change Responsibility for Payment

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. A15:

Payment Health Card Number

Completion Requirement	Mandatory

- See Common Registration Data Elements for more details.

ORRS FIELD No. A4:

Province of Payment Health Card Number

Completion Requirement	Mandatory

- See Common Registration Data Elements for more details.

ORRS FIELD No. A5:

Payment Health Card Number Not Available

Completion Requirement	Optional

- See Common Registration Data Elements for more details.

ORRS FIELD No. A14:

Responsibility for Payment

Completion Requirement	Mandatory

Coding Rule #1

- Report the date when the *Responsibility for Payment* took effect or was changed. If the exact date is unknown then report the date the Regional Renal Program was notified of the change. The intent of the data capture is to identify the applicable payer for all service time within a program.

Coding Rule #2

- Report ’02 - Workplace Safety & Insurance Board (WSIB)' as the payer in ORRS when the specific work related injury has an impact on a pre-existing renal condition as determined by a medical consultant.

- See Common Registration Data Elements for more details.

Notes

- Valid value ‘01- Provincial/territorial responsibility’ identifies the Ontario government as the primary source of payment.

RR – Returning Patient

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. A15:

Payment Health Card Number

Completion Requirement	Mandatory

- See Common Registration Data Elements for more details.

ORRS FIELD No. A4:

Province of Payment Health Card Number

Completion Requirement	Mandatory

- See Common Registration Data Elements for more details.

ORRS FIELD No. A5:

Payment Health Card Number Not Available

Completion Requirement	Optional

- See Common Registration Data Elements for more details.

ORRS FIELD No. A14:

Responsibility for Payment

Completion Requirement	Mandatory

- See Common Registration Data Elements for more details.

ORRS FIELD No. P2:

MRP

Completion Requirement	Optional

- See Shared Treatment Event Data Elements for more details.

Coding Rule #1

- To report a Hemodialysis (HD) patient who recovers, but follows up in a Multi-care Kidney Clinic (MCKC) for Central Venous Line (CVL) care, code as Recovered (R) under the Chronic Modality and then as a Returning Patient (RR) under the MKC Modality.

Coding Rule #2

- The *Treatment Event Code* Returning Patient (RR) is used by the Regional Renal Program to reactivate an MCKC, acute or chronic patient. Some examples include:
    - Patients who recover kidney function and are now restarting dialysis
    - Patients who withdraw while in MCKC care and then return, after a period, back to MCKC

RS – Home Dialysis Re-training Start

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T25:

Dialysis Training Type

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

Notes

- Refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide for Home Training Data Definition and Funding Rules.

TE – Home Dialysis Training End

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T25:

Dialysis Training Type

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

Coding Rule #1

- When a patient is training for Home Hemodialysis (HD) and the training takes longer than the 21-day average training time, as per the Home HD Daily/Nocturnal/Conventional Initial Training Bundle, the Training End (TE) should be reported when the training actually ends, even if it ends beyond the 21-day guideline.

Coding Rule #2

- Training for home modalities occurs in-facility; however, the location code '4' should be used to indicate that the patient is training on a home modality. Eligible home dialysis training codes include:
    - 412 Home - Conventional HD - Limited Self Care
    - 422 Home - Short Daily HD - Limited Self Care
    - 432 Home - Slow Nocturnal HD - Limited Self Care
    - 442 Home - CAPD - Limited Self Care
    - 452 Home - APD - Limited Self Care
- For patients who transition back home and receive in-home assistance with Peritoneal Dialysis (PD) by a provider affiliated with either the Health Region or Regional Renal Program, eligible assistance codes include:
    - 444 Home - CAPD - Assistance
    - 454 Home - APD - Assistance

Coding Rule #3

- A 'M - Modality Change' *Treatment Event* is required at the end of training after the TE or RE event to confirm modality of treatment once the training has completed, even if the modality code does not actually change.

Coding Rule #4

- The CKD Service Volumes for self-care training must be reported in order for the training to be funded. Any treatments that are not self-care treatments should be coded with the corresponding modality code using the 'M - Modality Change' *Treatment Event*.

Notes

- Refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide for Home Training definition and funding rules.

TI – Transfer Into Region

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

Coding Rule #1

- This *Treatment Event Code* is used to identify patients that are transferred into the province (Ontario).

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. A15:

Payment Health Card Number

Completion Requirement	Mandatory

- See Common Registration Data Elements for more details.

ORRS FIELD No. A4:

Province of Payment Health Card Number

Completion Requirement	Mandatory

- See Common Registration Data Elements for more details.

ORRS FIELD No. A5:

Payment Health Card Number Not Available

Completion Requirement	Optional

- See Common Registration Data Elements for more details.

ORRS FIELD No. A14:

Responsibility for Payment

Completion Requirement	Mandatory

- See Common Registration Data Elements for more details.

ORRS FIELD No. P2:

MRP

Completion Requirement	Optional

- See Shared Treatment Event Data Elements for more details.

TO – Transfer Out of Region

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

Coding Rule #1

- This *Treatment Event Code* is used to identify patients that are transferred out of the province (Ontario).

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T5C:

Reason for Change Code

Completion Requirement	Conditionally Mandatory

Coding Rule #1

- The *Reason for Change* code '18 - Resource/geographical (non medical)' should be used when a patient transfers out of region.

- See Shared Treatment Event Data Elements for more details.

CODING SCENARIO: Independent Health Facility (IHF) reporting patient who has one dialysis treatment at another RRP then goes on vacation overseas

Report As
The IHF should report a L - OUT - Location-Out Treatment Event to the facility receiving the patient for the one dialysis treatment. The receiving facility should report a TR - OUT - Transfer-Out Treatment Event when the patient transfers out of region for vacation. The comments box can be used to specify that the patient went overseas for vacation. Note that reimbursement is available for the patient through the Out-of-Country Hemodialysis Reimbursement Program. Patients may submit claims directly to the Ontario Renal Network for reimbursement. Regional Renal Programs will be requested to update dates of Transfer-Out (TR-OUT) and Transfer-In (TR-IN) events to align with the period(s) that the patient is overseas if they do not match.

Notes

- This *Treatment Event Code* is used as an attrition (exit) event and will remove the patient from the ORRS roster.

TR-IN – Transfer Patient into Hospital/Program

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. A15:

Payment Health Card Number

Completion Requirement	Conditionally Mandatory

- See Common Registration Data Elements for more details.

ORRS FIELD No. A4:

Province of Payment Health Card Number

Completion Requirement	Conditionally Mandatory

- See Common Registration Data Elements for more details.

ORRS FIELD No. A5:

Payment Health Card Number Not Available

Completion Requirement	Optional

- See Common Registration Data Elements for more details.

ORRS FIELD No. A14:

Responsibility for Payment

Completion Requirement	Conditionally Mandatory

- See Common Registration Data Elements for more details.

ORRS FIELD No. P2:

MRP

Completion Requirement	Optional

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T8:

Transferred From Hospital/Location

Purpose: Use to identify patient movements between programs, and volumes by provider, in different timeframes.

Definition: The location from where the patient has moved.

Completion Requirement	Mandatory
Format	Character (3)
Valid Values	See Appendix A for a list of Location Codes, IHF Location Codes, Self-care Location Codes and LTC Location Codes.
Validation Rules	IF *Treatment Event Code* is (TR-IN, TR-OUT) THEN *Changed From Location* cannot be blank. IF *Treatment Event Code* is (TR-IN, TR-OUT) THEN *Changed From Location* cannot have the same value as the record's *Location*. IF *Treatment Event Code* is (TR-OUT) THEN *Changed From Location* must equal the specified *Location* of the submission file.

Coding Rule #1

- In the ORRS Event Reconciliation Report, only the Regional Renal Program missing either the 'TR-OUT' or 'TR-IN' will be flagged as missing the event.

Notes

- Once a patient is transferred into a program, they are considered to be receiving service at that program/site. 'TR-IN - Transfer In' *Treatment Event* is used to track patient movement and treatment (Modality code is incorporated within the TR-IN code), as well as to enable the reporting of *Treatment Events* at the site.
- This field is labelled as *Changed From Location* in the ORRS Application.

TR-OUT – Transfer Patient Out of Hospital/Program

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T5C:

Reason for Change Code

Completion Requirement	Optional

Coding Rule #1

Report Reason for Change Code in the following scenarios:

Description	From	To
Transition from PD	PD 141, 151, 241, 251, 281, 291, 341, 351, 442, 443, 444, 452, 453, 454	Any other modality code OTHER THAN PD modality codes in 'From' field
Transition from Home HD	HHD 412, 413, 414, 422, 423, 424, 432, 433, 434	Any other modality code OTHER THAN HHD modality codes in 'From' field
Transition from Dual PD/HD	PD & HD 040, 044, 050, 054	Any other modality code OTHER THAN PD & HD modality codes in 'From' field

- See Shared Treatment Event Data Elements for more details.

Notes

- *Reason for Change Code* data will not be required in 'TR-OUT – Transfer Patient Out of Hospital/Program' *Treatment Event* unless transfer represents a PD or HHD attrition. In these circumstances, compliance report will flag for required data to be added.

ORRS FIELD No. T6:

Other Reason for Change

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. N/A:

Transferred To Hospital/Location

Purpose: Use to identify patient movements between programs, and volumes by provider, in different timeframes.

Definition: The location to where the patient is moving.

Completion Requirement	Conditionally Mandatory
Format	Character (3)
Valid Values	See Appendix A for a list of Location Codes, IHF Location Codes, and Self-care Location Codes and LTC Location Codes.
Validation Rules	IF *Treatment Event Code* is NOT (L-OUT, TR-OUT) THEN *Location* must equal the specified *Location* of the submission file.

Coding Rule #1

- To code hospital transfers appropriately in ORRS, code a 'TR-OUT - Transfer Out' on the last day the patient received dialysis and then code a 'TR-IN - Transfer In' on the first day the patient received dialysis at the new location.

Notes

- This field is labelled as *Transferred to hospital* in the ORRS application.
- This field is labelled as *Location* in the eSubmission file.

TS – Home Dialysis Training Start

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T25:

Dialysis Training Type

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

Coding Rule #1

- Basic sequencing of home training events should follow this format:

Initial Training	• Second Modality Change Treatment Event (M2) • Training End (TE) • Training Start (TS) • First Modality Change Treatment Event (M1)
Retraining	• Second Modality Change Treatment Event (M2) • Retraining End (RE) • Retraining Start (RS) • First Modality Change Treatment Event (M1)

- M1 of Retraining is not required if the home modality code is already Limited Self-Care.
- In the case where, at the beginning of the training period, the patient is changing location or returning to ORRS after an attrition event; the following Treatment Event codes may be substituted for M1:
    - Location-in (L-IN)
    - Transfer-in (TR-IN)
    - Returning patient (RR)
    - Failed Transplant (F)

Coding Rule #2

- Both the Training Start (TS) and Training End (TE) modality codes must be the same in order to calculate the total duration of training time. Training on home modalities always occur in-facility, however, the location code '4' is used to indicate that the patient is training on a home modality.

Coding Rule #3

- The initial training period is coded by entering the first and last day of the training period (Training Start- TS and Training End- TE) and the number of training days in the Service Volume Report. Twenty-one (21) days of training is an expected best practice average. Regional Renal Programs can deliver training split across multiple days if that is clinically appropriate and meets the needs of their patients. No additional reporting is required.

Coding Rule #4

- When initial training has been successfully completed, any further modality training (i.e. peritoneal or hemodialysis) beginning after 60 days from the initial Training End (TE) date should be coded as Retraining (RS/RE). Subsequent training periods beginning within 60 days is still considered part of the Initial Training (TS/TE).

Coding Rule #5

- During training, the Dual Modality code (044 or 054) is used when a patient is training for peritoneal dialysis (PD) but also requires hemodialysis (HD) treatments. This modality code is also used for an existing PD patient who requires ongoing HD support.

CODING SCENARIO: Patient transitions from chronic in-facility care to Home Peritoneal Dialysis (PD) care

Report As	
M - Modality Change:	453 Home - APD - Total Self Care
TE - Home/Self Care Dialysis Training End:	452
TS - Home/Self Care Dialysis Training Start:	452
M - Modality Change:	452 Home - APD - Limited Self Care

CODING SCENARIO: Patient comes to hospital from another program for Home HD

Report As	
M - Modality Change:	453 Home - APD - Total Self Care
TE - Home/Self Care Dialysis Training End:	452
TS - Home/Self Care Dialysis Training Start:	452
TR-IN - Transfer Patient into Hospital/Program:	452 Home - APD - Limited Self Care

CODING SCENARIO: Patient initiates chronic kidney disease (CKD) care with Home PD

Report As	
M - Modality Change:	453 Home - APD - Total Self Care
TE - Home/Self Care Dialysis Training End:	452
TS - Home/Self Care Dialysis Training Start:	452
IRF - Initial Registration Form:	452 Home - APD - Limited Self Care

CODING SCENARIO: Patient trains for Home Hemodialysis (HD) and receives additional HD treatments while undergoing training

Report As
Additional modality changes to in-facility modality code (i.e. 111 - Acute Care Hospital - Conventional HD - Total Care/ 311 - Community Centre - Conventional HD - Total Care) are not required, as funding for training includes the cost for hemodialysis treatment during the training period.

CODING SCENARIO: Dual modality patient trains for Ambulatory Peritoneal Dialysis (APD)

Report As	
M - Modality Change:	Home HD, PD or HD
TE - Home/Self Care Dialysis Training End:	050
TS - Home/Self Care Dialysis Training Start:	050
M - Modality Change:	050 APD & HD

Note: *Dual modality patients should be reported with modality code 050 (APD & HD) or 040 (CAPD & HD), along with the training type variable indicating the patient is undergoing training.*

CODING SCENARIO: Patient trains for Home HD and goes for Vascular Access Clinic Visit at another facility

Report As	
M - Modality Change:	413 Home - Conventional HD - Total Self Care
TR-IN - Transfer Patient into Hospital/Program:	412
TR-OUT - Transfer Patient Out of Hospital/Program:	NDT No Dialysis Treatment
VA - Body/Vascular Access Clinic Visit:	NDT No Dialysis Treatment
TR-IN - Transfer Patient into Hospital/Program:	NDT No Dialysis Treatment
TR-OUT - Transfer Patient Out of Hospital/Program:	412
TS - Home/Self Care Dialysis Training Start:	412
M - Modality Change:	412 Home - Conventional HD - Limited Self Care

CODING SCENARIO: Continuous Ambulatory Peritoneal Dialysis (CAPD) patient completed training and has undergone another CAPD training within 60 days

Report As	
M - Modality Change:	443
TE - Home/Self Care Dialysis Training End:	442
TS - Home/Self Care Dialysis Training Start:	442
M - Modality Change:	442
M - Modality Change:	443 Home - CAPD - Total Self Care
M - Modality Change:	442
TE - Home/Self Care Dialysis Training End:	442
TS - Home/Self Care Dialysis Training Start:	442
M - Modality Change:	442 Home - CAPD - Limited Self Care

CODING SCENARIO: Patient training for Home HD. The AHD should include the appropriate AHD service volumes

Report As	
M - Modality Change:	413 Home - Conventional HD - Total Self Care
TE - Home/Self Care Dialysis Training End:	412
TS - Home/Self Care Dialysis Training Start:	412
M - Modality Change:	412
M - Modality Change:	AHD Acute HD
TE - Home/Self Care Dialysis Training End:	412
TS - Home/Self Care Dialysis Training Start:	412
M - Modality Change:	412 Home - Conventional HD - Limited Self Care

CODING SCENARIO: Incident PD patient training for HD

Scenario	Report As
Renal Program is unable to provide chronic dialysis due to issue(s) with catheter or infection that occurs during or directly after training.	When it is not possible to continue training and/or training is not complete, record the last day of training with a TE - Training End Treatment Event, and when training resumes, enter a TS - Training Start Treatment Event and appropriate subsequent events as per the patient journey.

CODING SCENARIO: Incident PD patient monitored for catheter issue

Scenario	Report As
During period without dialysis, patient may be monitored using blood work and may receive flushes and/or catheter manipulation.	When treatment is not possible and the patient has a modality change to No Dialysis Treatment (NDT), until the treatments are resumed: • There will be a second M - Modality Change Treatment Event in the Home Training event sequence • VA - Body/Vascular Access Clinic Visit or VE - Education Clinic Visit events can be captured during this time • BA - Body Access Treatment Events can also be recorded during this period

Notes

- Refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide for Home Training definition and funding rules.

TU – Transplant Update

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. D10:

Patient Informed About Kidney Transplantion

Purpose: Use to capture minimal data related to transplant assessment/education.

Definition: Indicates whether the patient has been informed about the option of kidney transplantation.

Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	None

ORRS FIELD No. D11:

Patient eligible for referral to a Transplant Centre

Purpose: Use to capture minimal data related to transplant assessment/education. **Definition:** Indicates whether the patient is or will be eligible for referral to a Transplant Centre.	
Completion Requirement	Optional
Format	Character (1)
Valid Values	Y - Yes N - No P - Not until - patient must meet following precondition(s)
Validation Rules	None

ORRS FIELD No. D12:

Patient not eligible for referral to a Transplant Centre Reason

Purpose: Use to capture minimal data related to transplant assessment/education. **Definition:** The reason why the patient is not eligible for referral to a Transplant Centre.	
Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	1 - Severe uncorrectable cardiac disease 2 - Severe uncorrectable peripheral vascular disease 3 - Short life expectancy 4 - Severe uncorrectable cognitive impairment 5 - Severe uncorrectable diagnosed psychiatric condition 6 - Severe uncorrectable impaired physical condition 7 - A cancer that makes patient permanently ineligible for transplant 8 - Patient totally unwilling to receive a transplant 99 - Other - permanent contraindication to transplant, please specify
Validation Rules	Becomes mandatory when 'N - No' is selected within *Patient eligible for referral to a Transplant Centre*.

ORRS FIELD No. D13:

Patient not eligible for referral to a Transplant Centre Other Reason

Purpose: Use to capture minimal data related to transplant assessment/education. **Definition:** The other reason why the patient is not eligible for referral to a Transplant Centre.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Becomes mandatory when '99 - Other - permanent contraindication to transplant, please specify' is selected within *Patient eligible for referral to a Transplant Centre Reason*.

ORRS FIELD No. D14:

Patient not eligible for referral to a Transplant Centre Preconditions

Purpose: Use to capture minimal data related to transplant assessment/education. **Definition:** The precondition(s) required in order for a patient to be eligible for referral to a Transplant Centre.	
Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	See Appendix A for a list of Patient Not Eligible For Referral To A Transplant Centre Preconditions Codes.
Validation Rules	Becomes mandatory when 'P - Not until - patient must meet following precondition(s)' is selected within *Patient eligible for referral to a Transplant Centre*.

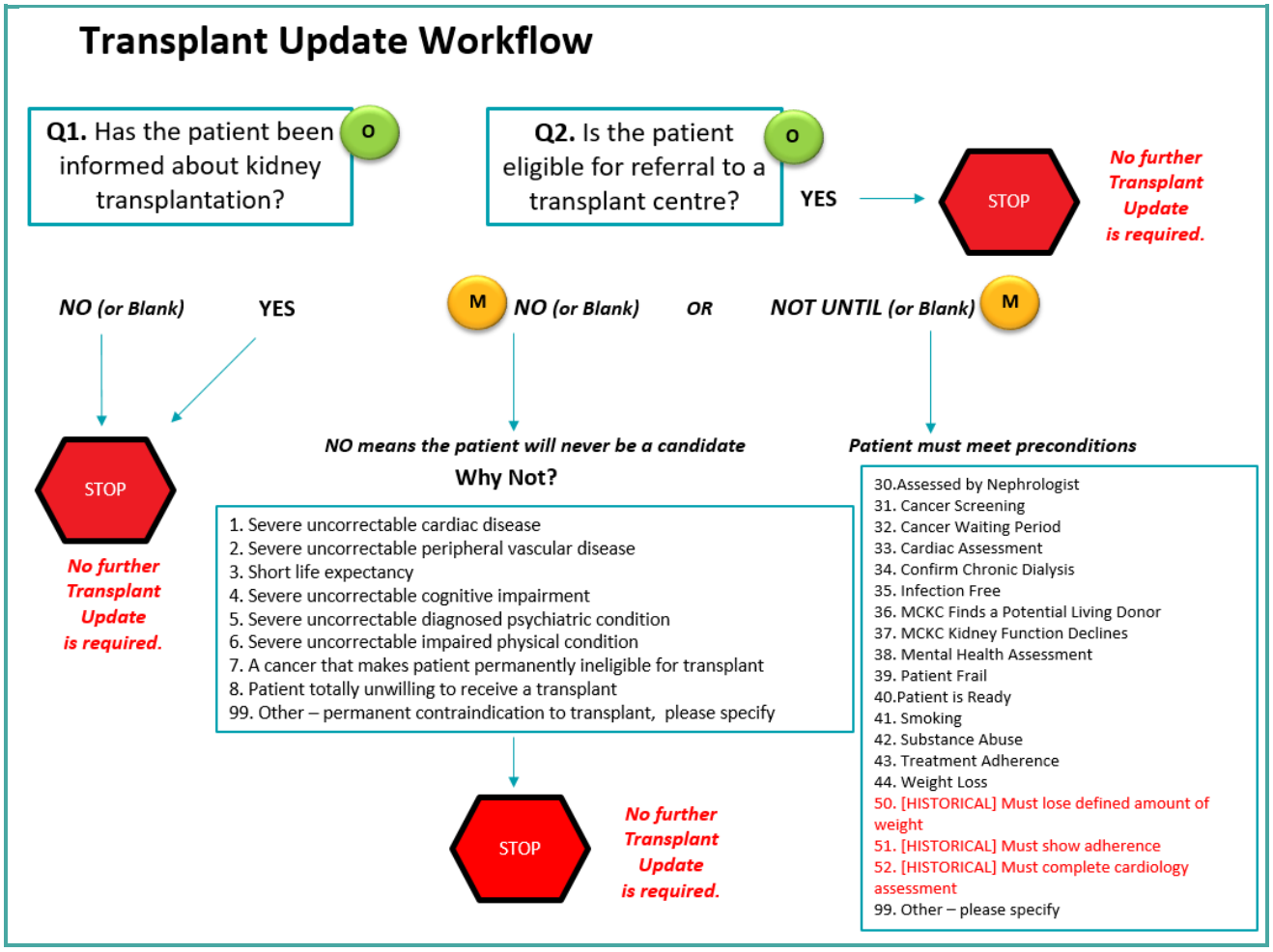
ORRS FIELD No. D15:

Patient not eligible for referral to a Transplant Centre Other Preconditions

Purpose: Use to capture minimal data related to transplant assessment/education.

Definition: The other precondition(s) required in order for a patient to be eligible for referral to a Transplant Centre.

Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Becomes mandatory when '99 - Other' is selected within *Patient not eligible for referral to a Transplant Centre Preconditions.*



Transplant Update Question #1 (Q.1): Has the patient been informed about kidney transplantation?

Coding Rule #1

- 'Informed' means the care team has educated the patient or has had, at a minimum, a discussion about the option of kidney transplantation with the patient, and that the patient, or next of kin, are aware of whether the patient is eligible or not to proceed with a transplant evaluation.
  Note:
  - *The content of the education or discussion may vary depending on the readiness and status of the patient.*
  - *The care team of health professionals may include a physician, nurse and transplant coordinator and*
  - *The MRP has the responsibility to make the final decision on proceeding, but this process is ideally a communication to the patient and family.*

Transplant Workflow Question #2 (Q.2): Is the patient eligible for referral to a transplant centre?

Coding Rule #1

- Report updates as a 'TU - Transplant Update' *Treatment Event* when there is a change to the patient's status.

CODING SCENARIO: Updating Transplant Update Question #2

Patient A receives an update January 10, 20xx; he is informed that is he is ineligible for referral to a transplant centre, due to his heavy smoking. The Regional Renal Program reports this information in the Transplant Update (TU) event. On August 17, 20xx, Patient A informs the Regional Renal Program that he has stopped smoking for seven months now and following a consultation with his healthcare team, is deemed now eligible for referral. The Regional Renal Program updates the information in the TU event from 'P - Not Until' to 'Y - Yes.'

ORRS Patient Journey →			
Transplant Update Date	**TU - Question #2**	**Transplant Update Date**	**TU - Question #2**
January 10, 20xx	P - Not Until Precondition: 41. Smoking	August 17, 20xx	Y - Yes

TX – Transplanted

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T11:

Transplant Hospital

Purpose: Use to identify and track use of transplant services by patients. **Definition:** Transplant hospital name where the patient received the transplant.	
Completion Requirement	Conditionally Mandatory
Format	Character (3)
Valid Values	See Appendix A for a list of Transplant Hospital codes.
Validation Rules	IF *Treatment Event Code* = 'TX - Transplanted' THEN *Transplant Hospital* cannot be blank.

ORRS FIELD No. T12:

Transplant Type

Purpose: Use to identify and track use of transplant services by patients. **Definition:** Indicates the type of organ transplant the patient received.	
Completion Requirement	Conditionally Mandatory
Format	Character (3)
Valid Values	C - Cadaveric Donor (old term) D - Deceased Donor L - Living Donor UNK - Unknown
Validation Rules	IF *Treatment Event Code* = 'TX - Transplanted' THEN *Transplant Type* cannot be blank.

Notes

- This *Treatment Event Code* is used as an attrition (exit) event and will remove the patient from the ORRS roster.

VA – Body/Vascular Clinic Visit

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T16:

Creatinine (µmol/L)

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T50:

Creatinine Sample Collection Date

Completion Requirement	Conditionally Mandatory

See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T17:

Proteinuria (ACR)

Completion Requirement	Optional

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T45:

Proteinuria Sample Collection Date (ACR)

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T19:

Access Visit Type

Purpose: Use to understand the purpose of the patient's access visit. **Definition:** Type of access visit for body/vascular access - i.e. for initial assessment or for follow-up.	
Completion Requirement	Mandatory
Format	Character (1)
Valid Values	1 - Initial Assessment 2 - Follow-up
Validation Rules	IF *Treatment Event Code* = 'VA - Body/Vascular Access Clinic Visit' THEN *Access Visit Type* cannot be blank.

ORRS FIELD No. T22:

Follow-up Type

Purpose: Use to determine and track the type of follow-up for body/vascular access. **Definition:** Type of Follow-up for Body/Vascular Access.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - First follow-up visit 2 - Further pre-operative assessment 3 - Complication related/challenge to maintain access 4 - Other
Validation Rules	IF *Access Visit Type* = '2 - Follow-up', THEN *Follow-up Type* cannot be blank.

ORRS FIELD No. I1:

ID Assessment

Completion Requirement	Optional

- See Independent Dialysis and Vascular Access (ID/VA) Assessment for more details.

ORRS FIELD No. V1:

VA Assessment

Completion Requirement	Optional

Coding Rule #1:

- If you are reporting a clinic visit event with a VA/VR/VE *Treatment Event* and the patient does not have a VA/ID assessment tracker tool milestone update within a reporting period, report 'N - No' in the *Update Assessment?* field of the VA Assessment.

- See Independent Dialysis and Vascular Access (ID/VA) Assessment for more details.

CODING SCENARIO: Patient transfers from one program to another to receive a Body/Vascular Access Clinic Visit (VA)

Reporting Facility	Treatment Event	Treatment Event Details	Modality Code
Program A	TR-IN	Transfer patient into Program	Applicable dialysis code
Program B	TR-OUT	Transfer patient out of Program	NDT
Program B	VA/VE/VF	Clinic Visit type	NDT
Program B	TR-IN	Transfer patient into Program	No Dialysis Treatment (NDT)
Program A	TR-OUT	Transfer patient out of Program	Applicable dialysis code

Note: *The patient movement should be reported by both facilities if the service provided meets the VA clinic visit definition. In the following case scenario, the NDT modality code is reported on the same day with selected applicable clinic visit Treatment Event and transfer event.*

VE – Education Clinic Visit

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. P2:

MRP

Completion Requirement	Optional

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T16:

Creatinine (µmol/L)

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T50:

Creatinine Sample Collection Date

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T17:

Proteinuria (ACR)

Completion Requirement	Optional

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T45:

Proteinuria Sample Collection Date (ACR)

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T18:

Delivery Mode

F

DQ

Purpose: Use to identify the type of the clinic setting patient is seen for funding.

Definition: Delivery mode for Education Clinic Visit.

Completion Requirement	Mandatory
Format	Character (1)
Valid Values	1 - Group Visit 2 - Individual Encounter
Validation Rules	IF *Treatment Event Code* = 'VE - Education Clinic Visit' THEN *Delivery Mode* cannot be blank.

Notes

- The duration guidelines for the 1-on-1 education sessions do not apply to the group education sessions. Group education sessions are for two or more patients and are provided by two or more health care educators. These education sessions should have the goal to support informed choices on renal replacement therapies or Conservative Renal Care.
- While there is no specific set number of hours, Regional Renal Programs should spend the time patients need to ensure the goals of the education visit are met.
- There is no limit to the number of group sessions that can be held in each month.

ORRS FIELD No. T100:

Session ID

F

DQ

Purpose: Use to provide information related to the quantity of Group Education Visits provided and enable ORRS data collection for funding purposes. **Definition:** Session identifier of group education visit.	
Completion Requirement	Conditionally Mandatory
Format	Numeric (2)
Valid Values	1 - 10
Validation Rules	Field becomes mandatory when *Clinic Visit Type* = '2 - Education' and *Delivery Mode* = '1 - Group.'

ORRS FIELD No. T101:

Duration

F

DQ

Purpose: Use to provide information related to the duration of Individual Clinic Visits provided and enable ORRS data collection for funding purposes. **Definition:** Duration (minutes) of individual education clinic encounter.	
Completion Requirement	Conditionally Mandatory
Format	Numeric (3)
Valid Values	999
Validation Rules	Field becomes mandatory when *Clinic Visit Type* = '2 - Education' and *Delivery Mode* = '2 - Individual Encounter.'

Notes

- While there is no specific set number of hours, Regional Renal Programs should spend the time a patient needs to ensure the goals of the individual education visit are met.

ORRS FIELD No. T51:

Was Conservative Renal Care (CRC) education provided?

Purpose and Definition: Use to identify if education specific to conservative renal care (CRC) has taken place.	
Completion Requirement	Optional
Format	Character (1)
Valid Values	**ORRS Application** Checked () Unchecked () **ORRS Upload Tool** Y - Yes N - No
Validation Rules	Only one valid value can be selected.

Notes

- Conservative Renal Care (CRC) is defined as planned holistic patient-centred care for patients with Stage 5 chronic kidney disease (CKD) that includes the following:
  - Interventions to delay progression of kidney disease and minimize risk of adverse events or complications;
  - Shared decision-making;
  - Active symptom management;
  - Detailed communication including advance care planning;
  - Psychological support;
  - Social and family support; and
  - Cultural and spiritual domains of care.
- CRC is full renal care that does not include dialysis.
- Being informed about CRC as a treatment option means that the care team has educated the patient or has had, at a minimum, a discussion about the option of CRC with the patient. The Key Elements of Conservative Renal Care outline the content for patient education on CRC.
- A patient is informed about CRC as a treatment option when the care team:
  - Has educated the patient or
  - Has had, at a minimum, a discussion about the option of CRC with the patient.

ORRS FIELD No. I1:

ID Assessment

Completion Requirement	Optional

- See Independent Dialysis and Vascular Access (ID/VA) Assessment for details.

ORRS FIELD No. V1:

VA Assessment

Completion Requirement	Optional

Coding Rule #1

- If you are reporting a clinic visit event with a VA/VR/VE *Treatment Event* and the patient does not have a VA/ID assessment tracker tool milestone update within a reporting period, report 'N - No' in the *Update Assessment?* field of the VA Assessment.

- See Independent Dialysis and Vascular Access (ID/VA) Assessment for details.

ORRS FIELD No. GC1:

GOC Assessment

Completion Requirement	Optional

- See Goals of Care & Treatment Decisions (GOC) Assessment for details.

ORRS FIELD No. TD1:

TD Assessment

Completion Requirement	Optional

- See Goals of Care & Treatment Decisions (GOC) Assessment for details.

Notes

- The goal of an education session is to support informed choices on renal replacement therapies or Comprehensive Conservative Renal Care.

- Patients receiving care within General Nephrology or are receiving Glomerulonephritis care, who also meet the KFR and/or eGFR criteria for inclusion in a MCKC are eligible for funding of Education Clinic Visits and Dialysis Access Clinic Visits. To report this information, add the patient into the application through the MCKC patient registration. Within the 'Registration Event Type' field report '2 - Education' or '3 - Body/Vascular Access' as applicable.
- ORRS reporting is not required for nephrology patients receiving Education Clinic Visits who do not meet the MCKC inclusion criteria.
- When Education Clinic Visits and Dialysis Access Clinic Visits are reported for dialysis patients, both the *Proteinuria* (ACR) and *Proteinuria Sample Collection Date (ACR)* fields are not required and can be left blank.

VF – Follow-Up Clinic Visit

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T42:

For IHF Patient?

Purpose: Use to identify and track use of renal services by patients.

Definition: Flags whether a follow-up visit (VF) was for a patient at an Independent Health Facility (IHF).

Completion Requirement	Optional
Format	Character (1)
Valid Values	**ORRS Application** Checked () Unchecked () **ORRS Upload Tool** Y - Yes N - No
Validation Rules	None

ORRS FIELD No. T43:

Visit Type

Purpose: Use to identify and track use of renal services by patients.

Definition: Type of clinic the patient visited during follow up.

Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - Renal Program 2 - Independent Health Facility (IHF) 3 - Telemedicine
Validation Rules	Becomes mandatory upon selection of *Treatment Event Code* 'VF - Follow-up Clinic Visit.'

Coding Rule #1

- A 'VF - Follow-up Clinic Visit' *Treatment Event* is completed and reported by the Regional Renal Program only.

Coding Rule #2

- Prior to coding a VF event, report the applicable transfer events.

Coding Rule #3

- Report the *Visit Type* location where the VF event occurred.

CODING SCENARIO: Reporting VF treatment event for IHF Patient; NO dialysis treatment

Reporting Facility	Treatment Event	ORRS Treatment Event Details	Modality Code
IHF	L-IN	Transfer patient into IHF	Appropriate dialysis code
Program	L-OUT	Transfer patient out of Program	NDT
Program	VF	Select 'For IHF Patient' Select 'Visit Type'	NDT
Program	L-IN	Transfer patient into Program	NDT
IHF	L-OUT	Transfer patient out of IHF	Appropriate dialysis code

CODING SCENARIO: Reporting VF treatment event for IHF Patient; WITH dialysis treatment

Reporting Facility	Treatment Event	ORRS Treatment Event Details	Modality Code
IHF	L-IN	Transfer patient into IHF	311
Program	L-OUT	Transfer patient out of Program	111
Program	VF	Select 'For IHF Patient' Select 'Visit Type'	111
Program	L-IN	Transfer patient into Program	111
IHF	L-OUT	Transfer patient out of IHF	311

CODING SCENARIO: Reporting VF treatment event for home dialysis patient using existing home modality code

Treatment Event	ORRS Treatment Event Details	Modality Code
VF	Follow-up Clinic Visit (VF)	443
M	Modality Change	443
TE	Home Dialysis Training End	442
TS	Home Dialysis Training Start	442
N	New Chronic	442

VG – Glomerulonephritis (GN) Clinic Visit

ORRS FIELD No. T2:

Treatment Date

I

Purpose: Use to complete quality checks and monitor frequency of patient's clinic visits. **Definition:** Indicates the date the patient visited the clinic for glomerulonephritis (GN) care.	
Completion Requirement	Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	None

ORRS FIELD No. GN1:

GN Visit Type

DQ

Purpose: Use to identify patient's clinic visit type to inform reimbursement. **Definition:** Indicates the type of glomerulonephritis (GN) clinic visit patient received in alignment with clinical acuity level.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - GN Acuity 1 2 - GN Acuity 2 3 - GN Acuity 3 4 - GN Acuity 4 See Appendix C for a list of GN Acuity Level definitions.
Validation Rules	IF *Treatment Event Code* = 'VG - Glomerulonephritis Clinic Visit' THEN *GN Visit Type* cannot be blank.

Notes

- *GN Visit Type* (Acuity Level 4) can only be reported by the sites on the GN Acuity Level 4 Hospitals List. See Appendix A for a list of GN Acuity Level 4 Hospitals.

ORRS FIELD No. GN2:

GN Date of Referral

Purpose: Use to assess glomerulonephritis (GN) wait time from referral date to first clinic visit date of the patient's first GN visit.

Definition: The date of referral to Nephrologist at GN Specialty Clinic for GN Acuity Level 4 visits.

Completion Requirement	Conditionally Mandatory
Format	Date (10)
Valid Values	**ORRS Application**: DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	Mandatory if *GN Visit Type* = '4 - GN Acuity 4.' The *GN Date of Referral* must be greater than the patient's date of birth. The *GN Date of Referral* must be equal to or less than current date.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. P2:

MRP

Completion Requirement	Optional

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T16:

Creatinine (µmol/L)

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T50:

Creatinine Sample Collection Date

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T17:

Proteinuria (ACR)

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T45:

Proteinuria Sample Collection Date (ACR)

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T60:

Proteinuria (PCR)

F

Purpose: Use to measure progression of patient's chronic kidney disease (CKD).

Definition: Patient's Proteinuria (PCR) lab result value.

Completion Requirement	Optional
Format	Numeric (4,2)
Valid Values	9999.99
Validation Rules	None

ORRS FIELD No. T61:

Proteinuria Sample Collection Date (PCR)

I

F

Purpose: Use to measure progression of patient's chronic kidney disease (CKD). **Definition:** Date of patient's Proteinuria (PCR) collection.	
Completion Requirement	Conditionally Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	IF *Proteinuria (PCR)* is not blank THEN *Proteinuria Sample Collection Date (PCR)* cannot be blank. *Proteinuria Sample Collection Date (PCR)* must be on or before current date. *Proteinuria Sample Collection Date (PCR)* must be greater than the patient's date of birth.

ORRS FIELD No. T62:

Proteinuria (24 HR)

F

Purpose: Use to measure progression of patient's chronic kidney disease (CKD). **Definition:** Patient's Proteinuria (24 Hour Urine Collection) lab result value.	
Completion Requirement	Optional
Format	Numeric (4,2)
Valid Values	9999.99
Validation Rules	None

ORRS FIELD No. T63:

Proteinuria Sample Collection Date (24 HR)

I

F

Purpose: Use to measure progression of patient's chronic kidney disease (CKD). **Definition:** Date of Proteinuria test (24 Hour Urine Collection).	
Completion Requirement	Conditionally Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	IF *Proteinuria (24 HR)* is not blank THEN *Proteinuria Sample Collection Date (24 HR)* cannot be blank. *Proteinuria Sample Collection Date (24 HR)* must be on or before current date. *Proteinuria Sample Collection Date (24 HR)* must be greater than the patient's date of birth.

ORRS FIELD No. TE1:

Update Treatment

Purpose: Use to inform on adherence to best care practices for patients with Glomerulonephritis (GN). **Definition:** Indicates if GN patient's medication information is available.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	IF *Treatment Event Code* = 'VP - Pregnancy Clinic Visit' or 'VG - Glomerulonephritis Clinic Visit' THEN *Update Treatment* cannot be blank. When *Update Treatment* = 'Y - Yes', three additional ORRS data fields become available: 1. *Medications for Hypertension* 2. *Immunosuppressive Treatments* 3. *Find Recent Treatments*

ORRS FIELD No. TE2:

Medications for Hypertension

Purpose: Use to inform on adherence to best practices for patients with Glomerulonephritis. **Definition:** Indicates if the patient is currently taking medication for hypertension.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	Field becomes mandatory when *Update Treatment* = 'Y - Yes.'

ORRS FIELD No. TE3:

Immunosuppressive Treatments

Purpose: Use to estimate the number of patients with Glomerulonephritis (GN) that require immunosuppressive treatments in Ontario.

Definition: Indicates if a GN patient is currently receiving immunosuppressive treatment(s).

Completion Requirement	Conditionally Mandatory
Format	Alphanumeric (100)
Valid Values	Select all options that apply: 1 - Apheresis 2 - Azathioprine 3 - Cyclophosphamide IV within past 6 months 4 - Cyclophosphamide Oral 5 - Cyclosporine 6 - Methylprednisolone 7 - Mycophenolate Mofetil 8 - Mycophenolate Sodium 9 - Prednisone 10 - Rituximab IV within past 6 months 11 - Tacrolimus 12 - Eculizumab 98 - No Immunosuppressive Medications 99 - Other, Specify
Validation Rules	Field becomes mandatory when *Update Treatment* = 'Y - Yes.'

ORRS FIELD No. TE4:

Immunosuppressive Treatments Other Reason

Purpose: Use to estimate the number of patients with Glomerulonephritis (GN) that require immunosuppressive treatments in Ontario. **Definition:** Indicates if a GN patient is currently receiving immunosuppressive treatment(s) that are not on the GN & Pregnancy Immunosuppressive Codes list.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Field becomes mandatory when *Immunosuppressive Treatments* = '99 - Other, Specify.'

ORRS FIELD No. GN10:

Update GN Diagnosis?

Purpose: Use to define clinical characteristics of Glomerulonephritis (GN) patient population. **Definition:** Indicates if patient's GN diagnosis information is available.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	Mandatory when reporting patient's first GN Clinic Visit. When *Update GN Diagnosis?* = 'Y - Yes', two additional diagnosis fields become available: 1. *GN Diagnosis 1* 2. *GN Diagnosis 2*

ORRS FIELD No. GN11:

GN Diagnosis 1

Purpose: Use to define clinical characteristics of Glomerulonephritis (GN) patient population. **Definition:** The patient's GN diagnosis at time of clinic visit.	
Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	See Appendix A for a list of Glomerulonephritis Diagnosis Codes.
Validation Rules	Field becomes mandatory when *Update GN Diagnosis* = 'Y - Yes.' Error appears if *GN Diagnosis 1* or *GN Diagnosis 2* = '97 - Inadequate for Diagnosis', and GN *Diagnosis Method* is not '1 - Biopsy Sample.' Error appears if *GN Diagnosis 1* or *GN Diagnosis 2* = '98 - Not Yet Diagnosed', and GN *Diagnosis Method* = '1 - Biopsy Sample' or '2 - Serological Test.' Error appears if *GN Diagnosis 1* or *GN Diagnosis 2* = an option other than '97 -Inadequate for Diagnosis' or '98 -Not Yet Diagnosed', AND *GN Diagnosis Method* = '3 - None - Safety concerns', '4 - None - Biopsy Pending', or '5 - None - Serological Test pending.'

ORRS FIELD No. GN12:

GN Diagnosis 1 Other Reason

Purpose: Use to define clinical characteristics of Glomerulonephritis (GN) patient population. **Definition:** Patient's GN diagnosis that is not on the predefined GN Diagnosis list.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Field becomes mandatory when *GN Diagnosis 1* = '99 - Other.'

ORRS FIELD No. GN13:

GN Diagnosis 1 Method

Purpose: Use to understand pathology best practices as a key component of the overall Glomerulonephritis (GN) strategy. **Definition:** The method used to determine patient's GN diagnosis; or the reason a diagnostic test has not been performed to determine GN diagnosis.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - Biopsy Sample 2 - Serological Test 3 - None - Safety concerns 4 - None - Biopsy Pending 5 - None - Serological Test pending 6 - None - Other
Validation Rules	Field becomes mandatory when *Update GN Diagnosis* = 'Y - Yes.'

Notes

- Clinical best practice is to perform a biopsy to diagnose patients with GN.

ORRS FIELD No. GN14:

GN Diagnosis Method 1, Other

Purpose: Use to understand pathology best practices as a key component of the overall Glomerulonephritis (GN) strategy. **Definition:** Other reason a diagnostic test has not been performed to determine GN diagnosis.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Field becomes mandatory when *GN Diagnosis Method* = '6 - None - Other.'

ORRS FIELD No. GN15:

GN Diagnosis 1 Method Date

Purpose: Use to understand pathology best practices as a key component of the overall Glomerulonephritis (GN) strategy.

Definition: The date the test was performed to determine patient's GN diagnosis.

Completion Requirement	Conditionally Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	Field becomes mandatory when *Update GN Diagnosis* = 'Y - Yes' and when *GN Diagnosis Method* = '1 - Biopsy Sample' or '2 - Serological Test.' The *GN Diagnosis 1 Method Date* must be greater than the patient's date of birth. The *GN Diagnosis 1 Method* Date must be equal to or less than current date.

ORRS FIELD No. GN16:

GN Diagnosis 2

Purpose: Use to define clinical characteristics of Glomerulonephritis (GN) patient population. **Definition:** Indicates if the patient has more than one GN diagnosis.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for a list of Glomerulonephritis Diagnosis Codes.
Validation Rules	Field becomes available when *Update GN Diagnosis* = 'Y - Yes.' When a *GN Diagnosis 2* code is selected, additional *Diagnosis Method* and *Diagnosis Method Date* fields are mandatory. Error appears if *GN Diagnosis 1* or *GN Diagnosis 2* = '97 - Inadequate for Diagnosis', and GN *Diagnosis Method* is not '1 - Biopsy Sample.' Error appears if *GN Diagnosis 1* or *GN Diagnosis 2* = '98 - Not Yet Diagnosed', and GN *Diagnosis Method* = '1 - Biopsy Sample' or '2 - Serological Test.' Error appears if *GN Diagnosis 1* or *GN Diagnosis 2* = an option other than '97 - Inadequate for Diagnosis' or '98 - Not Yet Diagnosed', AND *GN Diagnosis Method* = '3 - None - Safety concerns', '4 - None - Biopsy Pending', or '5 - None - Serological Test pending.'

ORRS FIELD No. GN17:

GN Diagnosis 2 Other Reason

Purpose: Use to define clinical characteristics of Glomerulonephritis (GN) patient population. **Definition:** The patient's second GN diagnosis, that is not on the predefined GN Diagnosis list.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Field becomes mandatory when *GN Diagnosis 2* = '99 - Other.'

ORRS FIELD No. GN18:

GN Diagnosis 2 Method

Purpose: Use to understand pathology best practices as a key component of the overall Glomerulonephritis (GN) strategy. **Definition:** The method used to determine patient's GN diagnosis; or the reason a diagnostic test has not been performed to determine GN diagnosis.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - Biopsy Sample 2 - Serological Test 3 - None - Safety Concerns 4 - None - Biopsy Pending 5 - None - Serological Test Pending 6 - None - Other
Validation Rules	Field becomes mandatory when *Update GN Diagnosis* = 'Y - Yes' and *GN Diagnosis 2* is populated.

ORRS FIELD No. GN19:

GN Diagnosis Method 2, Other

Purpose: Use to understand pathology best practices as a key component of the overall Glomerulonephritis (GN) strategy.

Definition: Other reason a diagnostic test has not been performed to determine GN diagnosis.

Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Field becomes mandatory when GN *Diagnosis Method 2* = '6 - None - Other.'

ORRS FIELD No. GN20:

GN Diagnosis 2 Method Date

Purpose: Use to understand pathology best practices as a key component of the overall Glomerulonephritis (GN) strategy.

Definition: Indicates the date the test was performed to determine patient's GN diagnosis.

Completion Requirement	Conditionally Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	Field becomes mandatory when *Update GN Diagnosis* = 'Y - Yes' and when *GN Diagnosis Method 2* = '1 - Biopsy Sample' or '2 - Serological Test.' The *GN Diagnosis 2 Method Date* must be greater than the patient's date of birth. The *GN Diagnosis 2 Method Date must* be equal to or less than current date.

ORRS FIELD No. I1:

ID Assessment

Completion Requirement	Optional

- See Independent Dialysis and Vascular Access (ID/VA) Assessment for details.

ORRS FIELD No. V1:

VA Assessment

Completion Requirement	Optional

- See Independent Dialysis and Vascular Access (ID/VA) Assessment for details.

ORRS FIELD No. GC1:

GOC Assessment

Completion Requirement	Optional

- See Goals of Care & Treatment Decisions (GOC) Assessment for details.

ORRS FIELD No. TD1:

TD Assessment

Completion Requirement	Optional

- See Goals of Care & Treatment Decisions (GOC) Assessment for details.

Coding Rule #1

- All Glomerulonephritis (GN) visits are reported in ORRS as 'VG - Glomerulonephritis' *Treatment Events*.
  - VG events with Acuity 1-3 can be reported by all Regional Renal Programs.
  - VG events with Acuity 4 can only be reported at Regional Renal Programs with GN Specialty Clinics.

Coding Rule #2

- Education Clinic Visits (VE) and Body/Vascular Access Clinic Visits (VA) are reported, when appropriate, for GN patients.

Coding Rule #3

- Use the 'W - Withdrew' *Treatment Event* to track attrition for GN patients who no longer require chronic kidney disease (CKD) care.

Coding Rule #4

- GN patients may require a transition to MCKC care, thus requiring a modality change to MKC.

Coding Rule #5

- An MCKC patient may have a severe GN flare-up and require a modality change to (or back to) GN in order to receive intensive induction immunosuppression treatment. If MCKC and GN visits are occurring at different programs, same day or next calendar day 'TR-OUT - Transfer-Out' and 'TR-IN - Transfer-In' *Treatment Events* are required.

Coding Rule #6

- GN and Pregnancy patients who have no activity on the ORRS census for 12 months should be reviewed and withdrawn, where appropriate.

Coding Rule #7

- If the *Diagnosis Method* is known, but the *Diagnosis Method Date* is unknown (e.g., patient had a kidney biopsy many years ago but exact date is unknown), report the date as patient's date of birth + 1 day.
- If the month and year are known, but not the exact day, report the day as the 15th of the month.
- If only the year is known, report the date as June 30 of that year.

Coding Rule #8

- In the event that the *Proteinuria* value is unknown, enter '9999.' It is best practice to report at least one type of *Proteinuria* value (ACR, PCR or 24 HR).

CODING SCENARIO: New Glomerulonephritis (GN) patient

Patient A is seen by the nephrologist and nurse at the Regional Renal Program for a GN Acuity Level 1 visit. Patient A has not previously been registered in ORRS for renal care. A GN Basic Registration is submitted in ORRS. Additionally, a GN Acuity Level 1 Clinic Visit is reported in ORRS as a VG Treatment Event.

ORRS Patient Journey →	
GN Registration (GNC)	VG Acuity 1

CODING SCENARIO: Existing GN patient referred to GN Specialty Clinic at other program

Patient B has a GN Acuity Level 2 visit at the Regional Renal Program where he is followed. Patient B is referred to a GN Specialty Clinic at another Regional Renal Program for specialized GN care to help manage his symptoms. Patient B's current program transfers him out on June 10, 20xx and the Regional Renal Program with the GN Specialty Clinic transfers him in and reports the VG event.

ORRS Patient Journey →			
Regional Renal Program			Regional Renal Program with GN Specialty Clinic
	June 10, 20xx	June 10, 20xx	June 10, 20xx
VG Acuity 2	TR-OUT (GNC)	TR-IN (GNC)	VG Acuity 4

CODING SCENARIO: Existing patient with Education Visit (can also apply to Body/Vascular Access Clinic Visits)

Patient C is a GN patient and has an Acuity Level 3 clinic visit on September 22, 20xx. As Patient C begins to progress toward End Stage Renal Disease (ESRD), her Nephrologist recommends Patient C attend an education visit to better understand future treatment options. On November 22, 20xx Patient C attends a one-on-one education clinic visit at her Regional Renal Program. Patient C's education visit meets the clinical (eGFR/KFRE) criteria for funding and an Education Visit Treatment Event (VE) is reported to ORRS with the GNC modality.

ORRS Patient Journey →	
September 22, 20xx	November 22, 20xx
VG Acuity 3	Eligible VE (GNC)

CODING SCENARIO: GN patient withdrawal

Patient D was registered in ORRS and has a GN Acuity Level 1 visit in April 20xx. Patient D was able to recover, not requiring GN management and in December 20xx, Patient D's nephrologist recommends transition of her care back to the General Nephrology clinic. A Withdrew Treatment Event (W) is entered in ORRS with the specific Reason Code 'Transferred to general nephrology clinic'. General Nephrology clinic visits are then reported via eSubmission in ORRS.

Note: *GN and Pregnancy patients who have no activity on the ORRS census for 12 months should be reviewed and withdrawn, if appropriate.*

ORRS Patient Journey →		
April 20xx	April 20xx	December 20xx
GN Registration (GNC)	VG Acuity 1	Withdrew - W (GNC)

CODING SCENARIO: Existing GN patient transitioning to MCKC at same program

During the first half of fiscal year, Patient E has had three GN Acuity Level 3 visits with the multidisciplinary team. The visits are reported in ORRS as VG events. During the third visit, the Nephrologist recommends transfer to the MCKC clinic due to disease progression. On August 22, 20xx, Patient E has the first clinically (eGFR/KFRE) eligible MCKC visit. A modality change to MKC is entered in ORRS. This triggers an MCKC Auto-Registration and the Registration Event Type selected is Regular (1). The MCKC Registration captures the MCKC visit information.

ORRS Patient Journey				
Q1 20xx →				Q2 20xx
April 3, 20xx	June 13, 20xx	July 17, 20xx	August 22, 20xx	August 22, 20xx
VG Acuity 3	VG Acuity 3	VG Acuity 3	Modality Change (MKC)	MCKC Registration

CODING SCENARIO: Existing MCKC patient with VG visits

On April 5, 20xx, Patient F has an MCKC visit that meets the multi-disciplinary and clinical (eGFR/KFRE) requirements for MCKC funding that triggers the MCKC bundle for the six-month period. On May 17th and August 25th, Patient F has GN Acuity Level 2 visits for management of his GN immunosuppressive medications with the multidisciplinary team at the same hospital and VG Treatment Events are reported to ORRS with an MKC modality.

ORR Patient Journey		
Six Month Funding Period		
April 5, 20xx	May 17, 20xx	August 25, 20xx
Eligible VR Event (MKC)	VG Acuity 2 (MKC)	VG Acuity 2 (MKC)

CODING SCENARIO: Existing MCKC patient referred to GN Specialty Clinic

Patient G is referred to another Regional Renal Program with a GN Specialty Clinic due to a flare-up and needs an assessment and directions on how to manage his symptoms. Patient G's MCKC program transfers him out with the MKC modality on June 10, 20xx. The Regional Renal Program with the GN Specialty Clinic transfers Patient G in with the GNC modality and reports the VG event. After Patient G's GN clinic visit, he is transferred out by the GN Specialty Clinic with a GNC modality and Patient G's MCKC program transfers him back in with the MKC modality to continue his care.

ORRS Patient Journey				
Six Month Funding Period				
June 10, 20xx	June 10, 20xx	June 10, 20xx	June 10, 20xx	June 10, 20xx
TR-OUT (MKC)	TR-IN (GNC)	VG Acuity 4	TR-OUT (GNC)	TR-IN (MKC)

Notes

- All events should be reported on the same day or next calendar day to avoid interruption of the MCKC bundle.
- Patients requiring immunosuppressive treatments are complex and often require specialized GN care. Accordingly, patients with a GN diagnosis being managed in an MCKC may sometimes also need to be seen by a GN multidisciplinary care team.
- Refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide for funding related information.
- Refer to the GN & Pregnancy - ORRS & Funding Guidelines for reporting and funding information.

VP – Pregnancy Clinic Visit

ORRS FIELD No. T2:

Treatment Date

Purpose: Use to complete quality checks and monitor frequency of patient's clinic visits.

Definition: Indicates the date the patient visited the clinic for pre-pregnancy planning, or pregnancy care.

Completion Requirement	Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	None

ORRS FIELD No. PR1:

Pregnancy Visit Type

Purpose: Use to identify patient's clinic visit type to inform reimbursement for clinic visit.

Definition: Indicates the type of pregnancy visit patient received in alignment with pregnancy model of care.

	Mandatory
Format	Character (1)
Valid Values	1 - Pregnancy 2 - Pre-pregnancy optimization
Validation Rules	IF *Treatment Event Code* = 'VP - Pregnancy Clinic Visit' THEN *Pregnancy Visit Type* cannot be blank.

- See Appendix C for a list of Pregnancy Visit Type definitions.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. P2:

MRP

Completion Requirement	Optional

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T16:

Creatinine (µmol/L)

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T50:

Creatinine Sample Collection Date

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T17:

Proteinuria (ACR)

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T45:

Proteinuria Sample Collection Date (ACR)

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T60:

Proteinuria (PCR)

F

Purpose: Use to measure progression of patient's chronic kidney disease (CKD). **Definition:** Patient's Proteinuria (PCR) lab result value.	
Completion Requirement	Optional
Format	Numeric (4,2)
Valid Values	9999.99
Value Validations	None

ORRS FIELD No. T61:

Proteinuria Sample Collection Date (PCR)

I

F

Purpose: Use to measure progression of patient's chronic kidney disease (CKD). **Definition:** Date of patient's Proteinuria collection.	
Completion Requirement	Conditionally Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	IF *Proteinuria (PCR)* is not blank THEN *Proteinuria Sample Collection Date (PCR)* cannot be blank. *Proteinuria Sample Collection Date (PCR)* must be on or before current date. *Proteinuria Sample Collection Date (PCR)* must be greater than the patient's *Date of Birth*.

ORRS FIELD No. T62:

Proteinuria (24 HR)

F

Purpose: Use to measure progression of patient's chronic kidney disease (CKD). **Definition:** Patient's Proteinuria (24 Hour Urine Collection) lab result value.	
Completion Requirement	Optional
Format	Numeric (4,2)
Valid Values	9999.99
Validation Rules	None

ORRS FIELD No. T63:

Proteinuria Sample Collection Date (24 HR)

I

F

Purpose: Use to measure progression of patient's chronic kidney disease (CKD). **Definition:** Date of Proteinuria test (24 Hour Urine Collection).	
Completion Requirement	Conditionally Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	IF *Proteinuria (24 HR)* is not blank THEN *Proteinuria Sample Collection Date (24 HR)* cannot be blank. *Proteinuria Sample Collection Date (24 HR)* must be on or before current date. *Proteinuria Sample Collection Date (24 HR)* must be greater than the patient's *Date of Birth*.

ORRS FIELD No. PR2:

Pregnancy Week

DQ

Purpose: Use to measure progression of patient's pregnancy term.

Definition: The week of gestation during the patient's pregnancy.

Completion Requirement	Conditionally Mandatory
Format	Numerical (2)
Valid Values	1 - 45
Validation Rules	Field becomes mandatory when *Pregnancy Visit Type* = '1 - Pregnancy' AND *Post-Partum* does not = 'Y - Yes.'

ORRS FIELD No. PR3:

Post-Partum

DQ

Purpose: Use to identify patient's clinic visit type to inform reimbursement for the clinic visit.

Definition: Indicates if the pregnancy visit is in the patient's post-partum period.

Completion Requirement	Conditionally Optional
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	Field should be reported when *Pregnancy Visit Type* = '1 - Pregnancy' and *Pregnancy Weeks* has not been recorded.

ORRS FIELD No. PR4:

Pregnancy Outcome

Purpose: Use to monitor pregnancy outcomes for patients who have received pregnancy care. **Definition:** The outcome of the patient's pregnancy.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - Live birth (full or pre-term) 2 - Stillbirth 3 - Spontaneous abortion 4 - Induced abortion
Validation Rules	Field becomes mandatory when *Post-Partum* = 'Y - Yes.'

ORRS FIELD No. PR5:

Pregnancy Outcome Date

Purpose: Use to monitor pregnancy outcomes for patients who have received pregnancy care. **Definition:** Indicates the date pregnancy ended (i.e., date of live birth, stillbirth, or termination).	
Completion Requirement	Conditionally Mandatory
Format	Date (10)
Valid Values	**ORRS Application:** DD-MMM-YYYY **ORRS Upload Tool:** DD-MM-YYYY
Validation Rules	Field becomes mandatory when *Post-Partum* = 'Y - Yes.' *Pregnancy Outcome Date* must be on or before the reporting date. *Pregnancy Outcome Date* must be greater than the patient's date of birth.

ORRS FIELD No. PR6:

Newborn Birth Weight

Purpose: Use to monitor patient's pregnancy outcome. **Definition:** Weight of newborn at time of birth.	
Completion Requirement	Conditionally Mandatory
Format	Numerical (4)
Valid Values	0 - 9999
Validation Rules	Field becomes mandatory when *Pregnancy Outcome* = '1 - Live birth (full or pre-term).'

ORRS FIELD No. PR7:

Newborn Gestational Age (Weeks)

Purpose: Use to monitor patient's pregnancy outcome. **Definition:** Newborn's gestational age at the time of birth in weeks.	
Completion Requirement	Conditionally Mandatory
Format	Numerical (2)
Valid Values	1 - 45
Validation Rules	Field becomes mandatory when *Pregnancy Outcome* = '1 - Live birth (full or pre-term).'

ORRS FIELD No. PR8:

Newborn Gestational Age (Days)

Purpose: Use to monitor patient's pregnancy outcome.

Definition: Newborn's gestational age at the time of birth in days exceeding completed weeks.

Completion Requirement	Conditionally Mandatory
Format	Numerical (1)
Valid Values	0 - 6
Validation Rules	Field becomes mandatory when *Pregnancy Outcome* = '1 - Live birth (full or pre-term).'

Coding Rule #1

- If *Newborn Gestational Age (Days)* equal 7, then report the week, if less than 7, report the days in this field (0 – 6).

ORRS FIELD No. PR9:

Diabetes

Purpose: Use to identify patient's clinical characteristics.

Definition: Patient's diabetes diagnosis.

Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	1 - Yes, Type I 2 - Yes, Type II 3 - Yes, Gestational 4 - No
Validation Rules	IF *Treatment Event Code* = 'VP - Pregnancy Clinic Visit' THEN *Diabetes* cannot be blank.

Coding Rule #1

- Patient's diabetes diagnosis should be provided at every clinic visit, as it is possible for it to change throughout the pregnancy patient care journey.

ORRS FIELD No. PR10:

Systolic blood pressure (mmHg)

Purpose: Use to identify patient's clinical characteristics.

Definition: Patient's systolic blood pressure reading; used to determine if the patient has hypertension.

Completion Requirement	Optional
Format	Numerical (3)
Valid Values	999
Validation Rules	Value should be between 1 and 250.

Notes:

- This field will be changed from mandatory to optional within ORRS 2021 Release 2 on June 29, 2021. Regional Renal Programs who choose to discontinue this reporting before the application update can enter '0' within the pregnancy blood pressure fields.

ORRS FIELD No. PR11:

Diastolic blood pressure (mmHg)

Purpose: Use to identify patient's clinical characteristics.

Definition: Patient's diastolic blood pressure reading; used to determine if the patient has hypertension.

Completion Requirement	Optional
Format	Numerical (3)
Valid Values	999
Validation Rules	Value should be between 1 and 150.

Notes:

- This field will be changed from mandatory to optional within ORRS 2021 Release 2 on June 29, 2021. Regional Renal Programs who choose to discontinue this reporting before the application update can enter '0' within the pregnancy blood pressure fields.

ORRS FIELD No. TE1:

Update Treatment

Purpose: Use to inform best practices for patients with kidney disease requiring maternal healthcare. **Definition:** Indicates if pregnancy patient's medication information is available.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	IF *Treatment Event Code* = 'VP - Pregnancy Clinic Visit' or 'VG - Glomerulonephritis Clinic Visit' THEN *Update Treatment* cannot be blank. When *Update Treatment* = 'Y -Yes', three additional Treatment fields become available: 1. *Medications for Hypertension* 2. *Immunosuppressive Treatments* 3. *Find Recent Treatments*

ORRS FIELD No. TE2:

Medications for Hypertension

Purpose: Use to inform best practices for patients with kidney disease requiring maternal healthcare. **Definition:** Indicates if the patient is currently taking medication for hypertension.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	Field becomes mandatory when *Update Treatment* = 'Y - Yes.'

ORRS FIELD No. TE3:

Immunosuppressive Treatments

Purpose: Use to estimate the number of patients with kidney disease receiving maternal healthcare that require immunosuppressive treatments in Ontario.

Definition: Indicates if a pregnancy patient is currently taking immunosuppressive treatment(s).

Completion Requirement	Conditionally Mandatory
Format	Alphanumeric (100)
Valid Values	Select all options that apply: 2 - Azathioprine 5 - Cyclosporine 6- Methylprednisone 9 - Prednisone 10 - Rituximab IV within past 6 months 11 - Tacrolimus 12 - Eculizumab 98 - No Immunosuppressive Treatments 99 - Other, Specify
Validation Rules	Field becomes mandatory when *Update Treatment* = 'Y - Yes.'

Notes

- Patients requiring immunosuppressive treatments are complex and often require specialized care.

ORRS FIELD No. TE4:

Immunosuppressive Treatments Other Reason

Purpose: Use to estimate the number of patients with kidney disease receiving maternal healthcare that require immunosuppressive treatments in Ontario.

Definition: Indicates if a pregnancy patient is currently taking immunosuppressive treatment(s) that are not on the GN & Pregnancy Immunosuppressive Codes list.

Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Field becomes mandatory when *Immunosuppressive Treatments* = '99 - Other, Specify.'

ORRS FIELD No. PR20:

Update Pregnancy Diagnosis

Purpose: Use to define clinical characteristics of patients with kidney disease requiring maternal healthcare.

Definition: Indicates if patient's kidney disease diagnosis information is available.

Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	Mandatory when reporting patient's first Pregnancy Clinic Visit. When *Update Pregnancy Diagnosis* = 'Y - Yes', two additional diagnosis fields become available: 1. *Kidney Disease Type 1* 2. *Kidney Disease Type 2*

ORRS FIELD No. PR21:

Kidney Disease Type 1

Purpose: Use to identify clinical characteristics of patients with kidney disease requiring maternal care. **Definition:** Indicates the patient's kidney disease type at time of clinic visit.	
Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	See Appendix A for a list of Kidney Disease Type Codes.
Validation Rules	Field becomes mandatory when *Update Pregnancy Diagnosis* = 'Y - Yes.'

ORRS FIELD No. PR22:

Kidney Disease Type 1 Other Reason

Purpose: Use to identify clinical characteristics of patients with kidney disease requiring maternal healthcare. **Definition:** The patient's kidney disease type that is not included on the predefined Kidney Disease Type list.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Field becomes mandatory when *Kidney Disease Type 1* = '99 - Other.'

ORRS FIELD No. PR23:

Kidney Disease Type 2

Purpose: Use to identify clinical characteristics of patients with kidney disease requiring maternal healthcare. **Definition:** Indicates if the patient has more than one kidney disease type at time of clinic visit.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for a list of Kidney Disease Type Codes.
Validation Rules	None

ORRS FIELD No. PR24:

Kidney Disease Type 2 Other Reason

Purpose: Use to identify clinical characteristics of patients with kidney disease requiring maternal healthcare. **Definition:** Indicates the patient's second kidney disease type that is not on the predefined Kidney Disease Type list.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	Field becomes mandatory when *Kidney Disease Type 2* = '99 - Other.'

ORRS FIELD No. I1:

ID Assessment

Completion Requirement	Optional

- See Independent Dialysis and Vascular Access (ID/VA) Assessment for details.

ORRS FIELD No. V1:

VA Assessment

Completion Requirement	Optional

- See Independent Dialysis and Vascular Access (ID/VA) Assessment for details.

ORRS FIELD No. GC1:

GOC Assessment

Completion Requirement	Optional

- See Goals of Care & Treatment Decisions (GOC) Assessment for details.

ORRS FIELD No. TD1:

TD Assessment

Completion Requirement	Optional

- See Goals of Care & Treatment Decisions (GOC) Assessment for details.

Coding Rule #1

- The Pregnancy (PRG) Modality should only be used in the following scenarios:
  1. When reporting a Basic Pregnancy Registration for a patient who has never been registered in ORRS with another modality.
  2. When returning a patient to the census for pregnancy care who was previously registered in ORRS, but had an attrition event (e.g. Recovered, Transplanted).

Coding Rule #2

- In the event that the *Proteinuria* value is unknown, enter '9999.' It is best practice to report at least one type of *Proteinuria* value (ACR, PCR or 24 HR).

Coding Rule #3

- In the event that the *Systolic blood pressure* (SBP) and *Diastolic blood pressure* (DBP) values are unknown, enter '0.'

CODING SCENARIO: New Pre-Pregnancy patient

Patient A begins to attend pre-pregnancy clinic visits at the Regional Renal Program. She has not previously been registered in ORRS for renal care. A Basic Registration and a Pre-Pregnancy (VP) Treatment Event are entered in ORRS.

ORRS Patient Journey →	
Pregnancy Registration (PRG)	VP Pre-pregnancy

CODING SCENARIO: Pregnancy patient outcome

Patient B was registered in ORRS as a pregnancy patient in April 10, 20xx. She delivered her baby on November 11, 20xx. In December 1, 20xx, Patient B attends a pregnancy appointment with the multidisciplinary team for a post-partum visit. The visit is submitted as a Pregnancy Treatment Event (VP), and a Pregnancy Outcome is entered in the Pregnancy Treatment Event (VP). By February 2, 20xx, Patient B and her care team discuss that she no longer needs follow-up visits and will be transferred back to her primary care provider. A Withdrew Treatment Event (W) is entered in ORRS with the specific reason code 'Transferred to primary care.'

ORRS Patient Journey →		
April 10, 20xx	December 1, 20xx	February 2, 20xx
Pregnancy Registration (PRG)	VP Pregnancy (Post-Partum)	Withdrew - W (PRG)

CODING SCENARIO: GN patient receiving pregnancy care at another program

Patient C is a GN patient attending GN visits at her Regional Renal Program and has been referred to another Regional Renal Program for pregnancy clinic visits during her pregnancy. Patient C has a pregnancy visit on May 12, 20xx. A Transfer-out (TR-OUT) Treatment Event is reported in ORRS with a GNC modality. Patient C is then transferred in using a Transfer-In (TR-IN) Treatment Event on a Pregnancy modality (PRG). Additionally, her Pregnancy Clinic Visit (VP) is also reported in ORRS.

ORRS Patient Journey →		
May 12, 20xx	May 12, 20xx	May 12, 20xx
TR-OUT (GNC)	TR-IN (PRG)	Pregnancy (VP)

CODING SCENARIO: Existing MCKC patient attends visit at other renal program

Patient D is an existing MCKC patient at the Regional Renal Program (Program A). On April 23, 20xx, she has an MCKC visit that meets the multi-disciplinary requirement and the clinical (eGFR/KFRE) requirements for MCKC funding. Patient D attends her first pre-pregnancy optimization appointment on June 5, 20xx at another Regional Renal Program specializing in pregnancy care program (Program B) and a VP event is entered in ORRS.

***Note**: All events should be reported on the same day or next calendar day to avoid interruption of the MCKC bundle.*

ORRS Patient Journey →					
April 23, 20xx	June 5, 20xx	June 5, 20xx	June 5, 20xx	June 5, 20xx	June 5, 20xx
Eligible VR (MKC)	TR-OUT (MKC)	TR-IN (PRG)	VP Pre-Pregnancy	TR-OUT (PRG)	TR-IN (MKC)

SCENARIO: Chronic patient receiving pregnancy care at other program

Patient E is a chronic renal patient at a Regional Renal Program (Program A) who becomes pregnant and begins receiving pregnancy care at another Regional Renal Program specializing in pregnancy care (Program B). Patient E has a pregnancy visit on June 8, 20xx, and Program A transfers her out with a chronic modality. Program B transfers Patient E in with a No Dialysis Treatment (NDT) modality and reports a Pregnancy Treatment Event (VP). Patient E is then transferred out by Program B back to Program A on the same day to continue her chronic care.

***Note:** All events should be reported on the same day or next day to avoid interruption of the chronic bundle. This coding scenario also applies to pre-pregnancy patients.*

ORRS Patient Journey →				
June 8, 20xx	June 8, 20xx	June 8, 20xx	June 8, 20xx	June 8, 20xx
TR-OUT (Chronic)	TR-IN (NDT)	Pregnancy (VP)	TR-OUT (NDT)	TR-IN (Chronic)

Notes

- Refer to the GN & Pregnancy - ORRS & Funding Guidelines for reporting and funding information.
- Refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide for funding related information.

VR – Multi-care Kidney Clinic Visit

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. P2:

MRP

Completion Requirement	Optional

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T16:

Creatinine (µmol/L)

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T50:

Creatinine Sample Collection Date

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T17:

Proteinuria (ACR)

Completion Requirement	Optional

Coding Rule #1

- Report urine Albumin Creatinine Ratio (ACR) and *Creatinine* as follows:
    - Must be closest to the MCKC visit date and taken within the six months prior to the clinic visit or within 14 days after the clinic visit;

AND

    - Must be submitted at the time of the clinic visit, or within the ORRS open reporting month where the clinic visit occurs (e.g., if there is a clinic visit May 1, the urine ACR value is due no later than June 15).

- See Shared Treatment Event Data Elements for more details.

Notes

- If the urine ACR test is unexpectedly low or high, the test should be repeated. Some variation does occur and an unexpected value should be rechecked. Ultimately, the Regional Renal Program will choose which value to register and to use in determining on-going patient eligibility.
- A urine ACR and eGFR should be completed on a regular basis to measure the patient's KFR.
- Other measures of *Proteinuria* (e.g. PCR, urine dipstick, or 24-hour urine for protein) cannot be used, as the KFRE was developed using the urine ACR as the measure of *Proteinuria*.

ORRS FIELD No. T45:

Proteinuria Sample Collection Date (ACR)

Completion Requirement	Conditionally Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. I1:

ID Assessment

Completion Requirement	Optional

- See Independent Dialysis and Vascular Access (ID/VA) Assessment for details.

ORRS FIELD No. V1:

VA Assessment

Completion Requirement	Optional

- See Independent Dialysis and Vascular Access (ID/VA) Assessment for details.

ORRS FIELD No. GC1:

GOC Assessment

Completion Requirement	Optional

- See Goals of Care & Treatment Decisions (GOC) Assessment for details.

ORRS FIELD No. TD1:

TD Assessment

Completion Requirement	Optional

- See Goals of Care & Treatment Decisions (GOC) Assessment for details.

Notes

- Refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide for the MCKC visit definition and funding related information.
- Refer to the Multi-care Kidney Clinic Eligibility Criteria Frequently Asked Questions (FAQ) for reporting information.

W – Withdrew

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T5W:

Reason For Withdrew Code

Purpose: Use to identify the primary reason for patient's withdrawal from chronic dialysis or Multi-care Kidney Clinic.

Definition: Primary reason for withdrawal.

Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	See Appendix A for a list of Reason for Chronic Withdrew Codes and Reason for MCKC / GN / PRG Withdrew Codes.
Validation Rules	IF *Treatment Event Code* = 'W - Withdrew' THEN *Reason For Withdrew Code* cannot be blank.

ORRS FIELD No. T6W:

Other Reason For Withdrew Code

Purpose: Use to identify other reasons for patient's withdrawal.

Definition: Other reasons for withdrawal.

Completion Requirement	Conditionally Mandatory
Format	Character (50)
Valid Values	Open text field
Validation Rules	IF *Reason For Withdrew Code* = '7 - Other' THEN *Other Reason For Withdrew Code* cannot be blank.

Coding Rule #1

- This Treatment Event Code is used when a patient withdraws from either MCKC, pregnancy care, glomerulonephritis care, acute dialysis or chronic dialysis. As this patient is no longer receiving care, this code should not be used to indicate patient transfers.

Coding Rule #2

- This Treatment Event is used when dialysis treatments stop and patient requires palliative or end of life care. Report the 'W – Withdrew' Treatment Event on the last day of the treatment.

Coding Rule #3

- This Treatment Event is used when transitioning from MCKC care to General Nephrology or General Practitioner (GP) care.

Coding Rule #4

- This Treatment Event is used when a pregnancy patient is deemed to have a low risk pregnancy and is transferred to a primary care provider or obstetrician to continue her care. Indicate 'Transferred to primary care' as the reason code.

Coding Rule #5

- This Treatment Event is used when a GN patient's kidney disease is stable and the nephrologist discharges the patient back to general nephrology or care at a private nephrologist's office. Indicate 'Transferred to general nephrology clinic' within the reason code.

Coding Rule #6

- This Treatment Event is used when a pre-pregnancy patient decides to discontinue pregnancy planning and is transferred back to her general nephrologist's office. Indicate 'Transferred to general nephrology clinic' within the reason code.

Notes

- This *Treatment Event Code* is used as an attrition (exit) event and will remove the patient from the ORRS roster.

X – Lost to Follow-up

ORRS FIELD No. T2:

Treatment Date

Completion Requirement	Mandatory

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T4:

Care Setting

Completion Requirement	Conditionally Mandatory when modality choice is Acute. Optional for all other modality choices.

- See Shared Treatment Event Data Elements for more details.

ORRS FIELD No. T3:

Treatment (Modality) Code

Completion Requirement	Mandatory

Coding Rule #1

- The *Treatment Event Code* 'X - Lost to Follow-up' should be used when the Regional Renal Program does not know what has happened to the patient.

- See Shared Treatment Event Data Elements for more details.

Notes

- This *Treatment Event Code* is used as an attrition (exit) event and will remove the patient from the ORRS roster.

Independent Dialysis (ID) and Vascular Access (VA) Assessment

ORRS FIELD No. I1:

Update ID Assessment

Purpose: Use to determine if ID assessment update occurred. **Definition:** Flag for assessment update.	
Completion Requirement	Mandatory (MCKC Registration) Optional (Treatment Event)
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	IF *Update ID Assessment* = 'Y - Yes' THEN at least one of the following fields cannot be blank: ○ *Patient Eligible For Home HD* (I2) ○ *Patient Eligible For Home PD* (I9) ○ *Patient/Family Education Provided* (I16) ○ *Patient Modality Choice* (I17)

ORRS FIELD No. I2:

Patient Eligible For Home HD

Purpose: Use to determine if assessment of patient's eligibility of Home Hemodialysis (HD) has been completed. **Definition:** Confirm patient is eligible for Home HD.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	IF *Update ID Assessment* = 'Y - Yes' THEN at least one of the following fields cannot be blank: ○ *Patient Eligible For Home HD* (I2) ○ *Patient Eligible For Home PD* (I9) ○ *Patient/Family Education Provided* (I16) ○ *Patient Modality Choice* (I17)

ORRS FIELD No. I3:

Not Eligible For Home HD Reason 1

Purpose: Use to classify the reason for patient not adopting Home HD. **Definition:** Primary reason for patient not eligible for Home HD.	
Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	See Appendix A for a list of Home HD Assessment Reasons Codes.
Validation Rules	IF *Patient Eligible For Home HD* = 'N - No' THEN *Not Eligible For Home HD Reason 1* cannot be blank.

ORRS FIELD No. I4:

Not Eligible For Home HD Other Reason 1

Purpose: Use to classify the type of barrier for patient not adopting Home HD. **Definition:** Open space comment about additional reasons.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Not Eligible For Home HD Reason 1* = '55 - Other' THEN *Not Eligible For Home HD Other Reason 1* cannot be blank.

ORRS FIELD No. I5:

Not Eligible For Home HD Reason 2

Purpose: Use to classify the reason for patient not adopting Home HD. **Definition:** Secondary reason for patient not eligible for Home HD.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for a list of Home HD Assessment Reasons Codes.
Validation Rules	IF *Patient Eligible For Home HD* = 'N - No' THEN *Not Eligible For Home HD Reason 2* must be blank.

ORRS FIELD No. I6:

Not Eligible For Home HD Other Reason 2

Purpose: Use to classify the type of barrier for patient not adopting Home HD. **Definition:** Open space comment for additional reasons.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Not Eligible For Home HD Reason 2* = '55 - Other' THEN *Not Eligible For Home HD Other Reason 2* cannot be blank.

ORRS FIELD No. I7:

Not Eligible For Home HD Reason 3

Purpose: Use to classify the type of barrier for patient not adopting Home HD. **Definition:** Third reason for patient not eligible for Home HD.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for a list of Home HD Assessment Reasons Codes.
Validation Rules	IF *Patient Eligible For Home HD* = 'N - No' THEN *Not Eligible For Home HD Reason 3* must be blank.

ORRS FIELD No. I8:

Not Eligible For Home HD Other Reason 3

Purpose: Use to classify the type of barrier for patient not adopting Home HD. **Definition:** Open space comment about additional reasons.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Not Eligible For Home HD Reason 3* = '55 - Other' THEN *Not Eligible for Home HD Other Reason 3* cannot be blank.

ORRS FIELD No. I9:

Patient Eligible For Home PD

Purpose: Use to calculate if assessment of patient's eligibility of Peritoneal Dialysis (PD) has been complete. **Definition:** Confirm patient is eligible for Home PD.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	IF *Update ID Assessment* = 'Y - Yes' 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*

ORRS FIELD No. I10:

Not Eligible For Home PD Reason 1

Purpose: Use to classify the reason for patient not adopting PD. **Definition:** Primary reason for patient not eligible for Home PD.	
Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	See Appendix A for a list of Home PD Assessment Reasons Codes.
Validation Rules	IF *Patient Eligible For Home PD* = 'N - No' THEN *Not Eligible For Home PD Reason 1* cannot be blank.

ORRS FIELD No. I11:

Not Eligible For Home PD Other Reason 1

Purpose: Use to classify the reason for patient not adopting PD. **Definition:** Open space comment about additional reasons.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Not Eligible For Home PD Reason 1* = '55 - Other' THEN *Not Eligible For Home PD Other Reason 1* cannot be blank.

ORRS FIELD No. I12:

Not Eligible For Home PD Reason 2

Purpose: Use to classify the type of barrier for patient not adopting PD. **Definition:** Secondary reason for patient not eligible for Home PD.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for a list of Home PD Assessment Reasons Codes.
Validation Rules	IF *Patient Eligible For Home PD* = 'N - No' THEN *Not Eligible For Home PD Reason 2* must be blank.

ORRS FIELD No. I13:

Not Eligible For Home PD Other Reason 2

Purpose: Use to classify the type of barrier for patient not adopting PD. **Definition:** Open space comment about additional reasons.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Not Eligible For Home PD Reason 2* = '55 - Other' THEN *Not Eligible For Home PD Other Reason 2* cannot be blank.

ORRS FIELD No. I14:

Not Eligible For Home PD Reason 3

Purpose: Use to classify the type of barrier for patient not adopting PD. **Definition:** Third reason for patient not eligible for Home PD.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for a list of Home PD Assessment Reasons Codes.
Validation Rules	IF *Patient Eligible For Home PD* = 'N - No' THEN *Not Eligible For Home PD Reason 3* must be blank.

ORRS FIELD No. I15:

Not Eligible For Home PD Other Reason 3

Purpose: Use to classify the type of barrier for patient not adopting PD.

Definition: Open space comment about additional reasons.

Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Not Eligible For Home PD Reason 3* = '55 - Other' THEN *Not Eligible For Home PD Other Reason 3* cannot be blank.

ORRS FIELD No. I16:

Patient/Family Education Provided

I

Purpose: Use to inform if patient/family education has been completed.

Definition: Confirm that patient/family education is complete.

Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	**ORRS Application** Y - Yes N - No **ORRS Upload Tool** Checked - Complete Unchecked - Blank
Validation Rules	IF *Update ID Assessment* = 'Y - Yes' THEN at least one of the following fields cannot be blank: ○ *Patient Eligible For Home HD* (I2) ○ *Patient Eligible For Home PD* (I9) ○ *Patient/Family Education Provided* (I16) ○ *Patient Modality Choice* (I17)

ORRS FIELD No. I17:

Patient Modality Choice

Purpose: Use to inform patient's decision on modality choice.

Definition: Type of dialysis modality.

Completion Requirement	Conditionally Mandatory
Format	Character (3)
Valid Values	See Appendix A for a list of Treatment (Modality) Codes - Chronic Specific.
Validation Rules	IF *Update ID Assessment* = 'Y - Yes' THEN at least one of the following fields cannot be blank: ○ *Patient Eligible For Home HD* (I2) ○ *Patient Eligible For Home PD* (I9) ○ *Patient/Family Education Provided* (I16) ○ *Patient Modality Choice* (I17)

Coding Rule #1

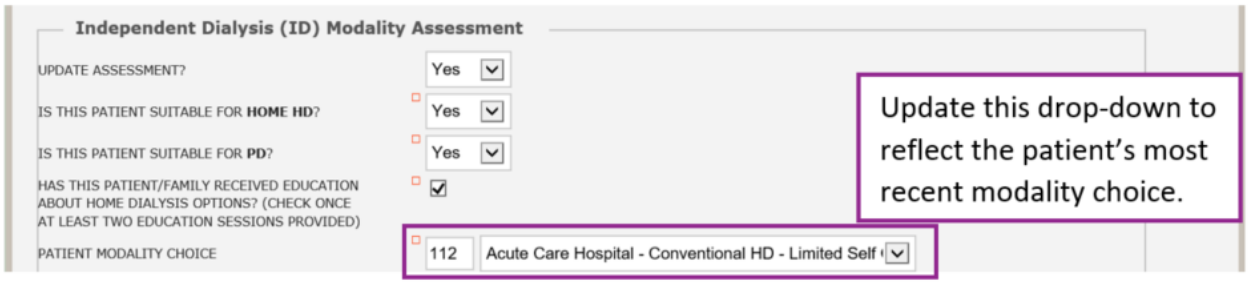
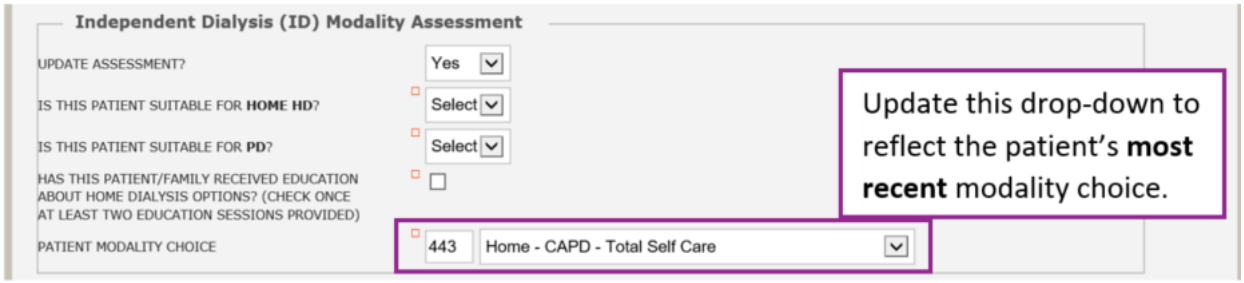
- A patient who has received in-facility, chronic dialysis care for a three or six month period requires completion of an Independent Dialysis (ID) Update at the 3 month and 6 month milestones.

Coding Rule #2

- If the patient has not decided on a modality choice, the Regional Renal Program is not required to report in the ID/VA Assessment Tracker Tool. 'Milestone 3' is required to be updated once a patient has made a modality choice decision.

CODING SCENARIO: Intended Modality Change

Patient A is receiving MCKC care and intends to start on a Hemodialysis (HD) Catheter. A HD Catheter is reported as Patient A's intended access for HD on the Vascular Access (VA) Assessment Tracker. Subsequently, Patient A changes his mind and starts dialysis on a Peritoneal Dialysis (PD) Catheter.

Report As
Milestone 3 (patient's modality choice) on the ID Assessment Tracker and Milestone 3 (intended access for dialysis) for the VA Assessment Tracker should reflect the patient's most current modality and access choice. The Assessment Tracker should be updated to reflect the most current information. The initial choice will be held in ORRS. Original VA and ID Assessment Tracker: When patient states their intention to start on an HD Catheter, the intended Modality Choice (ID Assessment Tracker) and intended access (VA Assessment Tracker) and are recorded as in the following drop-down box:    Updated VA and ID Tracker - When the patient's decision changes to a PD Catheter, their intended access (VA Tracker) and Modality Choice (ID Tracker) are updated.   

CODING SCENARIO: Patient chooses Conservative Renal Care (CRC) and declines education
Patient B chooses CRC. In Patient B's initial discussion with the nephrologist, the ID/VA Coordinators are informed that Patient B has chosen CRC. The ID/VA Coordinators are asked not to meet with Patient B to provide full education.

Report As
Report Patient B's intended modality as CRC.

CODING SCENARIO: Patient Not Likely to Proceed to Dialysis
Patient C is elderly and has multiple comorbidities. The nephrologist states Patient C will never proceed to dialysis due to the progression of other comorbidities, and has asked staff not to discuss modality options due to the stress of dealing with the other comorbidities.

Report As
Tracker entries not required when modality/access assessment or education is not provided.

ORRS FIELD No. I18:

Why Not Home HD Modality Reason 1

Purpose: Use to classify the reason for patient not choosing Home HD.

Definition: Primary reason for patient not choosing Home HD.

Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	See Appendix A for a list of Home HD Assessment Reasons Codes.
Validation Rules	IF *Patient Modality Choice* is (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN *Why Not Home HD Modality Reason 1* cannot be blank.

ORRS FIELD No. I19:

Why Not Home HD Modality Other Reason 1

Purpose: Use to classify the reason for patient not choosing Home HD. **Definition:** Other reason for patient not choosing Home HD.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Why Not Home HD Modality Reason 1* = '55 - Other' THEN *Why Not Home HD Modality Other Reason 1* cannot be blank.

ORRS FIELD No. I20:

Why Not Home HD Modality Reason 2

Purpose: Use to classify the reason for patient not choosing Home HD. **Definition:** Secondary reason for patient not choosing Home HD.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for a list of Home HD Assessment Reasons Codes.
Validation Rules	IF *Patient Modality Choice* is NOT (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN *Why Not Home HD Modality Reason 2* must be blank.

ORRS FIELD No. I21:

Why Not Home HD Modality Other Reason 2

Purpose: Use to classify the reason for patient not choosing Home HD. **Definition:** Other reason for patient not choosing Home HD.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Why Not Home HD Modality Reason 2* = '55 - Other' THEN *Why Not Home HD Modality Other Reason 2* cannot be blank.

ORRS FIELD No. I22:

Why Not Home HD Modality Reason 3

Purpose: Use to classify the reason for patient not choosing Home HD. **Definition:** Third reason for patient not choosing Home HD.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for a list of Home HD Assessment Reasons Codes.
Validation Rules	IF *Patient Modality Choice* is NOT (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN *Why Not Home HD Modality Reason 3* must be blank.

ORRS FIELD No. I23:

Why Not Home HD Modality Other Reason 3

Purpose: Use to classify the reason for patient not choosing Home PD. **Definition:** Other reason for patient not choosing Home PD.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Why Not Home HD Modality Reason 3* = '55 - Other' THEN *Why Not Home HD Modality Other Reason 3* cannot be blank.

ORRS FIELD No. I24:

Why Not Home PD Modality Reason 1

Purpose: Use to classify the reason for patient not choosing Home PD. **Definition:** Primary reason for patient not choosing Home PD.	
Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	See Appendix A for Home PD Assessment Reasons Codes.
Validation Rules	IF *Patient Modality Choice* is (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN *Why Not Home PD Modality Reason 1* cannot be blank.

ORRS FIELD No. I25:

Why Not Home PD Modality Other Reason 1

Purpose: Use to classify the reason for patient not choosing Home PD. **Definition:** Other reason for patient not choosing Home PD.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Why Not Home PD Modality Reason 1* = '55 - Other' THEN *Why Not Home PD Modality Other Reason 1* cannot be blank.

ORRS FIELD No. I26:

Why Not Home PD Modality Reason 2

Purpose: Use to classify the reason for patient not choosing Home PD. **Definition:** Secondary reason for patient not choosing Home PD.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for a list of Home PD Assessment Reasons Codes.
Validation Rules	IF *Patient Modality Choice* is NOT (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN *Why Not Home PD Modality Reason 2* must be blank.

ORRS FIELD No. I27:

Why Not Home PD Modality Other Reason 2

Purpose: Use to classify the reason for patient not choosing Home PD. **Definition:** Other reason for patient not choosing Home PD.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Why Not Home PD Modality Reason 2* = '55 - Other' THEN *Why Not Home PD Modality Other Reason 2* cannot be blank.

ORRS FIELD No. I28:

Why Not Home PD Modality Reason 3

Purpose: Use to classify the reason for patient not choosing Home PD. **Definition:** Third reason for patient not choosing Home PD.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for a list of Home PD Assessment Reasons Codes.
Validation Rules	IF *Patient Modality Choice* is NOT (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN *Why Not Home PD Modality Reason 3* must be blank.

ORRS FIELD No. I29:

Why Not Home PD Modality Other Reason 3

Purpose: Use to classify for patient not choosing Home PD. **Definition:** Other reason for patient not choosing Home PD.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Why Not Home PD Modality Reason 3* = '55 - Other' THEN *Why Not Home PD Modality Other Reason 3* cannot be blank.

ORRS FIELD No. V1:

Update VA Assessment

ORRS Data Decommission: *Ontario Health no longer requires this data element within Treatment Events for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to indicate if Vascular Access (VA) assessment update occurred. **Definition:** Flag for assessment update.	
Completion Requirement	Mandatory (MCKC Registration) Optional (Treatment Event)
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	IF *Update VA Assessment* = 'Y - Yes' THEN at least one of the following fields cannot be blank: ○ *AVF Or AVG Surgical Assessment* (V2) ○ *Adequate VA Education Provided* (V7) ○ *Patient Intended Initial Access* (V8)

Notes

- Effective January 1, 2021, a response of 'No' can be reported for this data element within the MCKC Registration. This field will be decommissioned in a future ORRS agile release.

ORRS FIELD No. V2:

AVF Or AVG Surgical Assessment

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to calculate if assessment of Vascular Access (VA) has been completed.

Definition: Confirm patient is eligible for Arteriovenous Fistula (AVF) or Arteriovenous Graft (AVG) Surgical Assessment.

Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	Y - Yes N - No
Validation Rules	IF *Update VA Assessment* = 'Y - Yes' THEN at least one of the following fields cannot be blank: ○ *AVF Or AVG Surgical Assessment* (V2) ○ *Adequate VA Education Provided* (V7) ○ *Patient Intended Initial Access* (V8)

ORRS FIELD No. V3:

Surgical Assessment Reason 1

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to classify the reason for not referring patient for surgical assessment.

Definition: Surgical Assessment Reason 1.

Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	See Appendix A for a list of VA Assessment Reason Codes - Milestone 1.
Validation Rules	IF *AVF Or AVG Surgical Assessment* = 'N - No' THEN *Surgical Assessment Reason 1* cannot be blank.

Coding Rule

- When updating a VA Assessment Tracker for a patient with failed AVF creation; no revisions are necessary to intended access (VA Milestone #3). If the patient is dialyzing using a catheter at the VA Milestones 4-6 (initiation, 3 or 9 months following initiation), please use reason code 'VA 40 - AV access created - Failed, not amenable for intervention, not cannulated.'

ORRS FIELD No. V4:

Surgical Assessment Other Reason 1

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to classify the reason for not referring the patient for surgical assessment.

Definition: Other reason the patient was not referred for surgical assessment.

Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Surgical Assessment Reason 1* = '14 - High comorbidity risk - Other' or '47 - Other' THEN *Surgical Assessment Other Reason 1* cannot be blank.

ORRS FIELD No. V5:

Surgical Assessment Reason 2

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to classify the reason for not referring the patient for surgical assessment.

Definition: Secondary reason for not referring the patient for surgical assessment.

Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for a list of VA Assessment Reason Codes - Milestone 1.
Validation Rules	IF *AVF* Or *AVG Surgical Assessment* = 'N - No' THEN *Surgical Assessment Reason 2* must be blank.

ORRS FIELD No. V6:

Surgical Assessment Other Reason 2

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to classify the reason for not referring the patient for surgical assessment. **Definition:** Other reason the patient was not referred for surgical assessment.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *Surgical Assessment Reason 2* = '14 - High comorbidity risk - Other' or '47 - Other' THEN *Surgical Assessment Other Reason 2* cannot be blank.

ORRS FIELD No. V7:

Adequate VA Education Provided

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to inform when patient's education has been completed. **Definition:** Confirm VA education complete.	
Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	**ORRS Application** Y - Yes N - No **ORRS Upload Tool** Checked - Complete Unchecked - Blank
Validation Rules	IF *Update VA Assessment* = 'Y - Yes' THEN at least one of the following fields cannot be blank: ○ *AVF Or AVG Surgical Assessment* (V2) ○ *Adequate VA Education Provided* (V7) ○ *Patient Intended Initial Access* (V8)

CODING SCENARIO: Updating VA Assessment Tracker for patients on home modalities
Patient A has a clinic visit and receives a modality options overview. The patient is interested in Home PD (HPD) and after further discussion, Patient A chooses HPD. During this modality overview, the patient receives a brief overview of VA as well.

Report As
If the patient does not receive full discussion and education on VA, for ORRS purposes, the patient did not receive VA education. No tracker entries are required.

ORRS FIELD No. V8:

Patient Intended Initial Access

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to report patient's intended initial access for dialysis.

Definition: Type of intended vascular access.

Completion Requirement	Conditionally Mandatory
Format	Character (1)
Valid Values	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
Validation Rules	IF *Update VA Assessment* = 'Y - Yes' THEN at least one of the following fields cannot be blank: ○ *AVF Or AVG Surgical Assessment* (V2) ○ *Adequate VA Education Provided* (V7) ○ *Patient Intended Initial Access* (V8)

ORRS FIELD No. V9:

HD Catheter Reason 1

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to classify the type of barrier for patient not adopting AVF/AVG. **Definition:** Primary reason for using an HD catheter.	
Completion Requirement	Conditionally Mandatory
Format	Character (2)
Valid Values	See Appendix A for a list of VA Assessment Reason Codes - Milestone 3.
Validation Rules	IF *Patient Intended Initial Access* is (1, 2, 3, or 4) THEN *HD Catheter Reason 1* cannot be blank.

ORRS FIELD No. V10:

HD Catheter Other Reason 1

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to classify the type of barrier for patient not adopting AVF/AVG. **Definition:** Other Reason for using an HD catheter.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *HD Catheter Reason 1* = '14 - High comorbidity risk - Other' or '47 - Other' THEN *HD Catheter Other Reason 1* cannot be blank.

ORRS FIELD No. V11:

HD Catheter Reason 2

ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

Purpose: Use to classify the type of barrier for patient not adopting AVF/AVG. **Definition:** Secondary reason for using an HD catheter.	
Completion Requirement	Conditionally Optional
Format	Character (2)
Valid Values	See Appendix A for a list of VA Assessment Reason Codes - Milestone 3.
Validation Rules	IF *Patient Intended Initial Access* is NOT (1, 2, 3, or 4) THEN *HD Catheter Reason 2* must be blank.

ORRS FIELD No. V12:

HD Catheter Other Reason 2

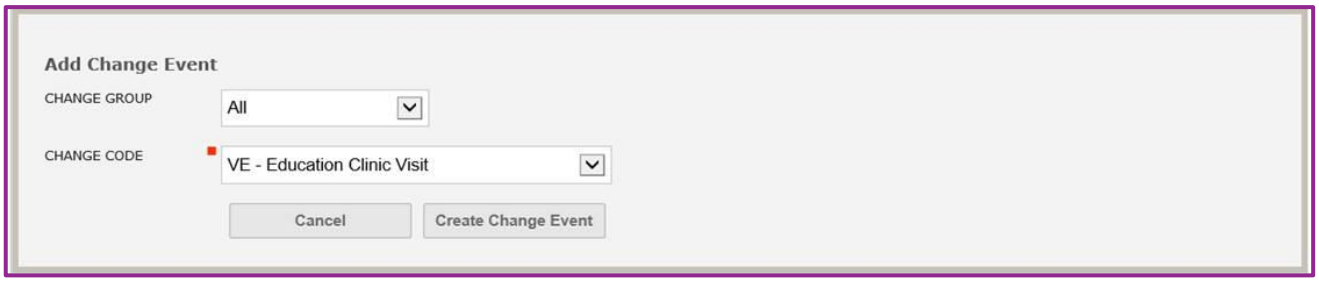
ORRS Data Decommission: *Ontario Health no longer requires this data element for reported records dated January 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.*

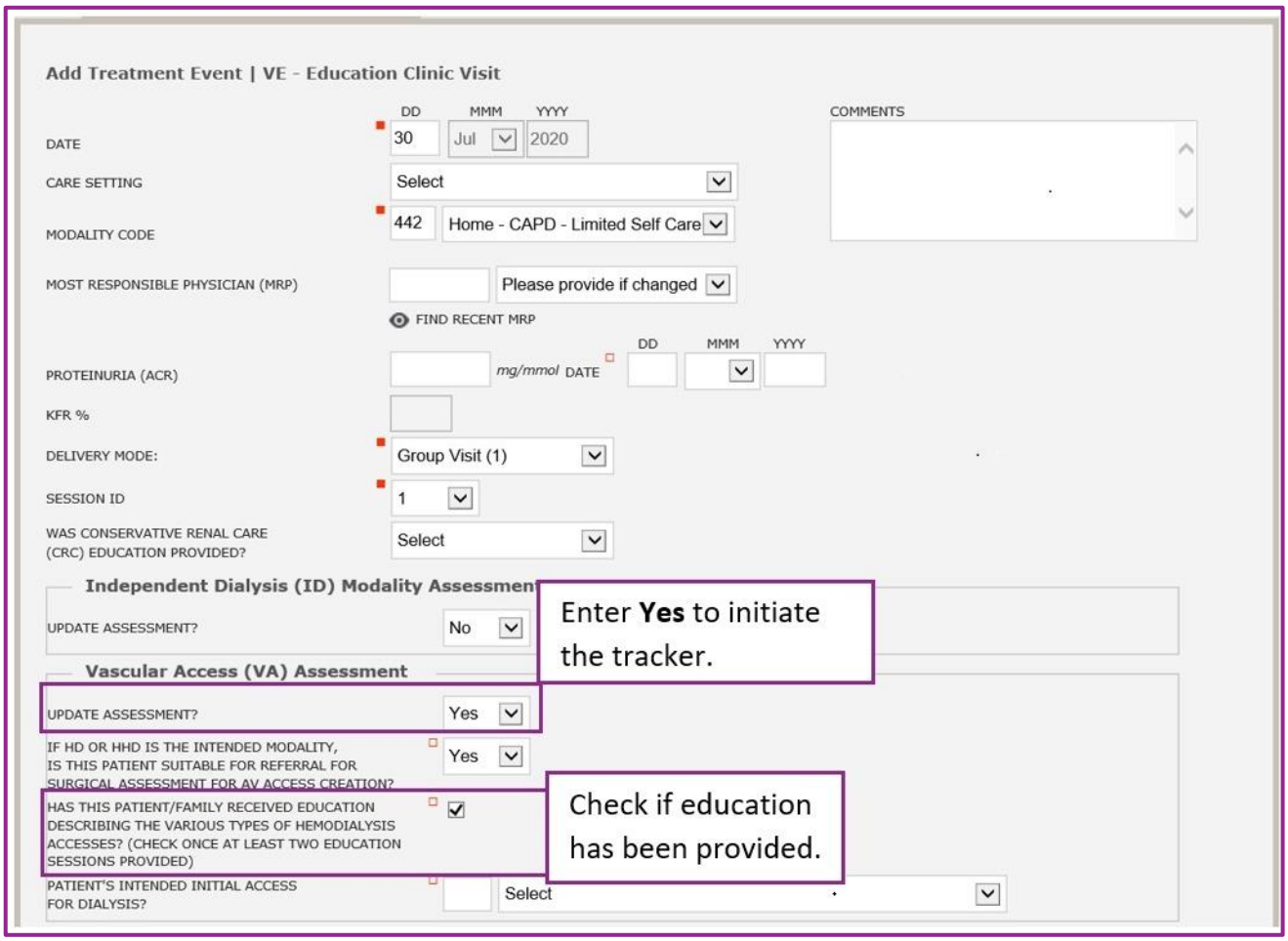
Purpose: Use to classify the type of barrier for patient not adopting AVF/AVG. **Definition:** HD Catheter Other Reason 2.	
Completion Requirement	Conditionally Mandatory
Format	Character (100)
Valid Values	Open text field
Validation Rules	IF *HD Catheter Reason 2* = '14 - High comorbidity risk - Other' or '47 - Other' THEN *HD Catheter Other Reason 2* cannot be blank.

CODING SCENARIO: Updating VA Assessment Tracker to report alternative dialysis access options
Patient B is a prevalent dialysis patient with an HD catheter and is registered in ORRS. The patient is receiving more information related to alternative dialysis access options by the Regional Renal Program.

Report As
The Regional Renal Program must enter an Education Clinic Visit (VE) with 60 minutes of education, since the patient has received vascular education. This will initiate the Assessment tracker. Refer to example below. ***Note:*** *One-on-one Individualized Education Visits are reimbursed per 60 minutes of time, but duration can be from 20 minutes or greater. Regional Renal Programs can report any duration as long as it is not less than 20 minutes.*

Enter an Education Clinic Visit (VE) event to initiate the VA Assessment Tracker.





Ontario Health

CODING SCENARIO: HD Catheter to AV Fistula

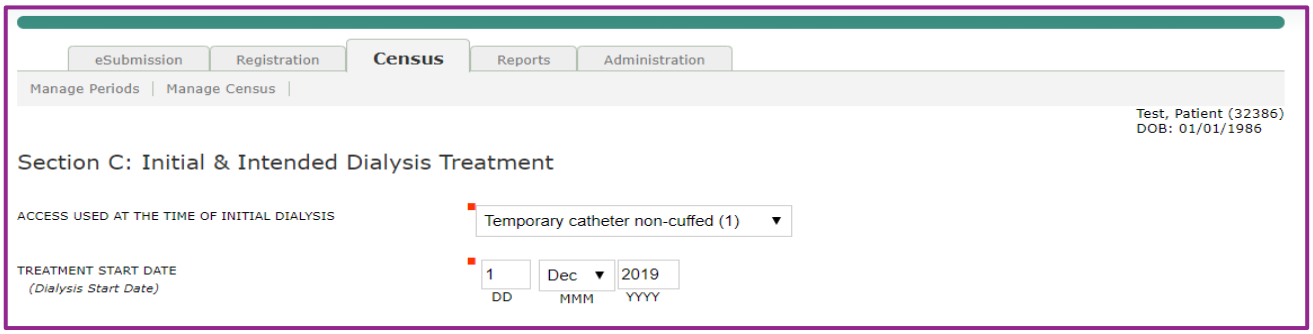
Patient C has not received any MCKC care, and has a crash start with an HD Catheter on March 1, 20xx. The HD Catheter is recorded as Patient C's access at initiation for Milestone 4 on the VA Assessment Tracker. Four months later, on July 1, 20xx Patient C is successfully dialyzing with an AV Fistula.

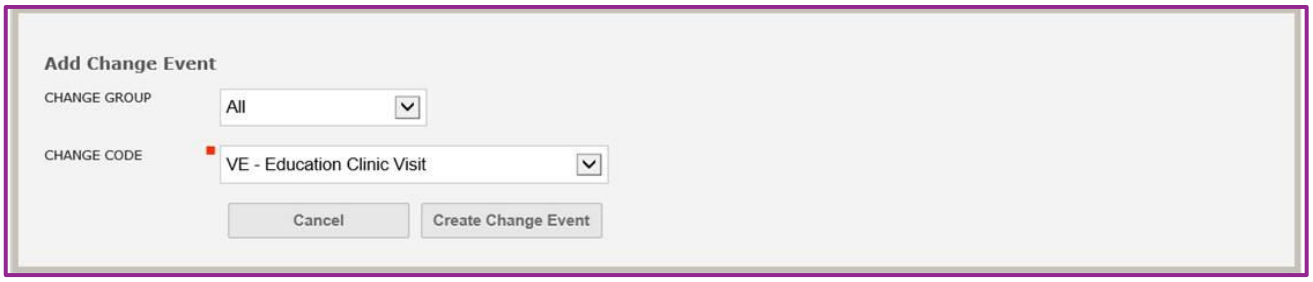
VA Assessment Tracker

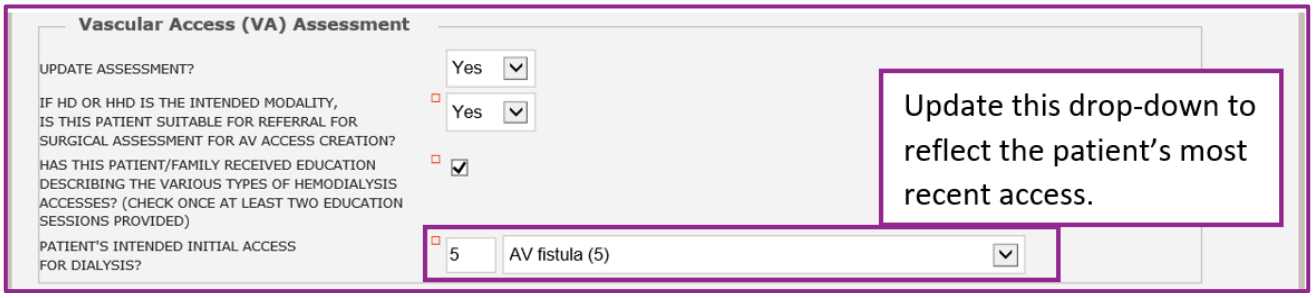
The patient's planned access (post-assessment) should be entered in Milestone 3 (patient's intended access) of the VA Assessment Tracker as follows:

1. When patient has a crash start, their initial access is an HD Catheter. When the patient is subsequently registered as a chronic patient, they are registered as using an HD Catheter as their initial access.

2. In the weeks following the crash start, patient receives education and intends to use an AV Fistula as their access type. When a Vascular Education visit is reported, the tracker tool is initiated.







CKD Service Volumes

Ontario Health

ORRS FIELD No. S1:

Month

Purpose: Use to capture month in which service volumes were provided to support alignment to patient journey reported in ORRS.

Definition: Month service was provided.

Completion Requirement	Mandatory
Format	Numeric (2)
Valid Values	MM
Validation Rules	The *Month* must be within the specified file submission period.

ORRS FIELD No. S2:

Year

Purpose: Use to capture year in which service volumes were provided to support alignment to patient journey reported in ORRS.

Definition: Year patient's service was provided.

Completion Requirement	Mandatory
Format	Numeric (4)
Valid Values	YYYY
Validation Rules	The *Year* must be within the specified file submission period.

ORRS FIELD No. S3:

Acute Hemodialysis Level III Treatment

F

DQ

Purpose: Use to capture volume data related to Acute Level III treatments at a patient level for funding reimbursement purposes.

Definition: Hemodialysis treatment performed on acutely ill patients in the Emergency Department, Intensive Care Unit (ICU), Coronary Care Unit (CCU), burn unit, or isolation room.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Notes

- Acute Hemodialysis Level III Treatment may also apply to hemodialysis performed in the dialysis unit for inpatients requiring 1:1 nursing. Direct patient care staff to patient ratio is 1:1. An outpatient in a regular dialysis unit does not qualify as a Level III under any circumstance.
- Measured by the number of treatments.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S4:

Continuous Renal Replacement Therapy (CRRT) Treatment Days

F

DQ

Purpose: Use to capture volume data related to Continuous Renal Replacement Therapy (CRRT) treatments at a patient level for funding reimbursement purposes.

Definition: CRRT is performed on acutely ill patients in an ICU or equivalent area and includes hemodialysis backup for the ICU staff for starts or restarts.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Notes

- Measured by the number of treatment days (complete or partial).
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S5:

Slow Extended Duration Dialysis (SLEDD) Treatment Days

F

DQ

Purpose: Use to capture volume data related to Slow Extended Duration Dialysis (SLEDD) treatments at a patient level for funding reimbursement purposes.

Definition: SLEDD is performed on acutely ill patients in an ICU or equivalent area and is performed for 8 - 12 hours per day using a hemodialysis machine.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Notes

- Measured by the number of treatment days (complete or partial).
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S6:

In-Hospital CAPD Exchanges

F

DQ

Purpose: Use to capture volume data related to in-hospital Continuous Ambulatory Peritoneal Dialysis (CAPD) exchanges at a patient level for funding reimbursement purposes.

Definition: Manual peritoneal dialysis bag changes performed in-hospital for patients on CAPD.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Coding Rule #1

- Report all instances of in-facility Peritoneal Dialysis (PD) exchanges (done in both inpatient and outpatient settings) as long as the hospital staff are performing the exchange.

Notes

- Measured by the number of procedures/exchanges.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S7:

In-Hospital CCPD (APD) Treatment Days

F

DQ

Purpose: Use to capture volume data related to in-hospital automated PD treatment days at a patient level for funding reimbursement purposes.

Definition: Unique counts of automated PD (APD) treatment days using a continuous cycler device. Must be conducted by hospital staff.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Notes

- Measured by the number of treatment days.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S8:

CAPD Initial Training Days

DQ

Purpose: Use to capture patient's actual initial CAPD training days for tracking purposes.

Definition: Intensive education for incident dialysis patients (with or without a family member) to learn to manage CAPD at home.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Coding Rule #1

- The training may occur in a patient's home or in facility. If training occurs in a patient's home, it is considered training and does not qualify as nurse or technician home visit hours.

Notes

- Measured by the number of days of initial training.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S10:

CCPD (APD) Initial Training Days

DQ

Purpose: Use to capture patient's actual initial CCPD (APD) training days for tracking purposes.

Definition: Intensive education for dialysis patients (with or without a family member) to learn to manage CCPD (APD) at home.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Coding Rule #1

- The training may occur in a patient's home or in facility. If training occurs in a patient's home, it is considered training and does not qualify as nurse or technician home visit hours.

Notes

- Measured by the number of days of initial training.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S12:

HHD Daily/Nocturnal Initial Training Days

DQ

Purpose: Use to capture patient's actual initial home hemodialysis training days for tracking purposes.

Definition: Intensive education for incident hemodialysis patients who will subsequently be able to manage their own treatment in the home.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Notes

- Measured by the number of days of initial training.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S13:

HHD Conventional Initial Training Days

DQ

Purpose: Use to capture patient's actual initial home hemodialysis training days for tracking purposes.

Definition: Intensive education for incident hemodialysis patients who will subsequently be able to manage their own treatment in the home.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Notes

- Measured by the number of days of initial training.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S16:

Self-care Hemodialysis Initial Training Days

Purpose: Use to capture patient's actual self-care hemodialysis training days for funding reimbursement purposes.

Definition: Intensive education period for the initial training of hemodialysis patients who manage their own in-facility treatments.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

CODING SCENARIO: In-Facility Hemodialysis to Self-Care Hemodialysis

Patient A receiving conventional in-facility hemodialysis starts training for self-care hemodialysis. The initial training lasts 21 days over a span of 8 weeks and is unsuccessful. Three months later, Patient A starts retraining for self-care hemodialysis. The retraining period lasts five days. Note that service volumes represent actual training days (as opposed to length of training period).

Report CKD Service Volumes As	
Months 1 & 2	**Month 3**
Self-care HD Training - Initial Days: 21	Self-care HD Training - Retraining Days: 5

Notes

- Measured by the number of days of initial training.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S9:

CAPD Retraining Days

F

DQ

Purpose: Use to capture patient's actual CAPD retraining days for funding reimbursement purposes.

Definition: Intensive education for peritoneal dialysis patients for subsequent training after the initial training is completed.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Coding Rule #1

- The training may occur in a patient's home or in facility. If training occurs in a patient's home, it is considered training and does not qualify as nurse or technician home visit hours.

Notes

- Measured by the number of days of retraining.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S11:

CCPD (APD) Retraining Days

F

DQ

Purpose: Use to capture patient's actual CCPD (APD) retraining days for funding reimbursement purposes.

Definition: Intensive education for peritoneal dialysis patients for retraining.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Coding Rule #1

- The training may occur in a patient's home or in facility. If training occurs in a patient's home, it is considered training and does not qualify as nurse or technician home visit hours.

Notes

- Measured by the number of days of retraining.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S14:

HHD Daily/Nocturnal and Conventional Retraining Days

F

DQ

Purpose: Use to capture patient's actual home hemodialysis retraining days for funding reimbursement purposes.

Definition: Intensive education period for the periodic retraining of hemodialysis patients, both daily/nocturnal and conventional, who manage their own treatment in the home.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Notes

- Measured by the number of days of retraining.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S15:

Self-care Hemodialysis Retraining Days

Purpose: Use to capture patient's actual self-care retraining days for funding reimbursement purposes.

Definition: Intensive education period for the retraining days of hemodialysis patients who manage their own in-facility treatment.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Notes

- Measured by the number of days of retraining.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S21:

Feed Water Tests - Municipal

F

Purpose: Use to capture patient level data for water tests for funding reimbursement purposes.

Definition: Testing on municipal feed water performed to determine the suitability of the home hemodialysis equipment for providing dialysis water that meets the required Canadian Standards Association (CSA) quality standards.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Coding Rule #1

- Each water test procedure - private and municipal - should be reported in ORRS within the reporting month the test(s) was completed.

Notes

- Measured by the number of tests.
- Best practice: one test per year when fed by municipal water.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S20:

Feed Water Tests - Private

F

Purpose: Use to capture patient level data for water tests for funding reimbursement purposes.

Definition: Testing on private feed water (well or cistern) performed to determine the suitability of the home hemodialysis equipment for providing dialysis water that meets the required Canadian Standards Association (CSA) quality standards.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Coding Rule #1

- Each water test procedure - private and municipal - should be reported in ORRS within the reporting month the test(s) was completed.

Notes

- Measured by the number of tests.
- Best practice: one test every 6 months when fed by private water.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S23:

Product Water Tests - Municipal

F

Purpose: Use to capture patient level data for water tests for funding reimbursement purposes.

Definition: Testing on municipal product water to ensure quality meets the required Canadian Standards Association (CSA) standards in home hemodialysis settings.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Notes

- Measured by the number of tests.
- Best practice: one test per year when fed by municipal water.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S22:

Product Water Tests - Private

F

Purpose: Use to capture patient level data for water tests for funding reimbursement purposes.

Definition: Testing on private product water to ensure quality meets the required Canadian Standards Association (CSA) standards in home hemodialysis settings.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Notes

- Measured by the number of tests.
- Best practice: one test every 6 months when fed by private water source.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S17:

Carbon Tank/Filter Exchanges

F

Purpose: Use to capture patient level data for exchanges for funding reimbursement purposes.

Definition: Exchange of carbon tanks/filters used for the filtration of chlorine/chloramine in water in home hemodialysis settings.

Completion Requirement	Optional
Format	Numeric (3)
Valid Values	0 - 999
Validation Rules	None

Notes

- Measured by the number of carbon tank/filter exchanges.
- The water testing procedures (including carbon tank exchanges) are associated with running dialysis equipment for the home patient. This does not apply to satellites, as those are funded at the in-facility bundle rates.
- Best practice: average frequency of 1 carbon tank per 3 months.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S18:

Nurse Home Hours (PCA)

F

Purpose: Use to capture patient-level data on Nurse Home Visit Hours related to periodic comprehensive assessments (not regular PD or HHD care) for funding reimbursement purposes.

Definition: Visit hours to the home of a home dialysis patient or prospective home dialysis patient by an interdisciplinary team member (e.g., Nurse, Dietician, Physiotherapist, etc.) for the purpose of periodic patient assessment and support.

Completion Requirement	Optional
Format	Numeric (3,2)
Valid Values	0 - 999.99
Validation Rules	None

Coding Rule #1

- Initial training covers staff time for both in-facility treatments and training. *Nurse Home Hours* that occur at the end of training should be reported separately.

Notes

- Measured by the number of hours.
- Does not include initial training or retraining of home dialysis patients and is not to be claimed for routine assisted PD care visits or services other than in a patient's home.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

ORRS FIELD No. S19:

Technician Home Visit Hours

F

Purpose: Use to capture patient level data on biomedical technician hours for funding reimbursement purposes.

Definition: Visits to the home of a home dialysis patient or prospective home dialysis patient by biomedical technical staff for the purpose of patient/equipment care and support.

Completion Requirement	Optional
Format	Numeric (3,2)
Valid Values	0 - 999.99
Validation Rules	None

Coding Rule #1

- *Technician Home Visit Hours* service volume can only be reported when the patient is on the roster. The visit should occur during the fiscal year.

Coding Rule #2

- The data fields *Nurse Home Hours (PCA)* and *Technician Home Visit Hours* will accept values with two decimal places (i.e. 1.66). Use this feature to report detailed information related to the duration of nurse and/or technician home visit hours.

Notes

- Measured by the number of hours.
- Does not include initial training or retraining of home dialysis patients.
- Not to be claimed for services other than in a patient's home.
- For additional information, refer to the Chronic Kidney Disease Quality Based Procedure Funding Guide.

Appendix A: Reference Codes and Descriptions

Ontario Health

Hospital Codes

Hospital Codes	
Code	**Description**
EGH	[HISTORICAL] TORONTO EAST GENERAL HOSPITAL
GRH	GRAND RIVER HOSPITAL CORPORATION
HHS	HALTON HEALTHCARE SERVICES
HRH	HUMBER RIVER HOSPITAL
HSN	HEALTH SCIENCES NORTH
JHH	ST. JOSEPH'S HEALTHCARE - HAMILTON
KGH	KINGSTON HEALTH SCIENCES CENTRE
LHC	LAKERIDGE HEALTH
LHS	LONDON HEALTH SCIENCES CENTRE
MAH	MACKENZIE HEALTH
NBH	NORTH BAY REGIONAL HEALTH CENTRE
NHS	NIAGARA HEALTH SYSTEM
OSM	ORILLIA SOLDIERS' MEMORIAL HOSPITAL
PET	PETERBOROUGH REGIONAL HEALTH CENTRE
RVH	ROYAL VICTORIA REGIONAL HEALTH CENTRE
RVV	RENFREW VICTORIA HOSPITAL
SAH	SAULT AREA HOSPITAL
SHN	SCARBOROUGH HEALTH NETWORK
SBG	LAKE OF THE WOODS HOSPITAL (KENORA)
SBK	SUNNYBROOK HEALTH SCIENCES CENTRE
SJH	ST.JOSEPH'S HEALTH CENTRE TORONTO
SMH	ST. MICHAEL'S HOSPITAL
TBH	THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE
TDH	TIMMINS AND DISTRICT HOSPITAL
THP	TRILLIUM HEALTH PARTNERS
TOH	THE OTTAWA HOSPITAL
UHN	UNIVERSITY HEALTH NETWORK
WOH	WILLIAM OSLER HEALTH SYSTEM
WRH	WINDSOR REGIONAL HOSPITAL

Location Codes

Location Codes		
Code	**Description**	**Hospital Code**
1AL (March 2018 data and earlier)	[HISTORICAL] STEVENSON MEMORIAL (ALLISTON)	OSM
1RV (March 2018 data and earlier)	[HISTORICAL] ROYAL VICTORIA HOSPITAL (BARRIE)	OSM
ALL (April 2018 data onwards)	STEVENSON MEMORIAL (ALLISTON)	RVH
ALS	ADAM LINTON DIALYSIS UNIT	LHS
AMG	ALEXANDRA MARINE AND GENERAL HOSPITAL - GODERICH	LHS
BCC	BRUYERE CC INC.-SAINT-VINCENT	TOH
BDC	BURLINGTON DIALYSIS CENTER	HHS
BDD	BELLEVILLE DIALYSIS CLINIC	KGH
BGH	THE BRANT COMMUNITY HEALTHCARE SYSTEM	JHH
BHS	BLUEWATER HEALTH - SARNIA	LHS
BIC (April 2018 data onwards)	TORONTO REHAB BICKLE CENTRE	UHN
BMH	BRAMPTON CIVIC HOSPITAL	WOH
BPH	BRIDGEPOINT HEALTH	SHN
CGH	CORNWALL GENERAL	TOH
CHA	CHATHAM - KENT HEALTH ALLIANCE	LHS
CNC (April 2021 data onwards)	CHURCH NEPHROLOGY CENTRE	HRH
CNI	SUNNYBROOK SATELLITE	SBK
COB	NORTHUMBERLAND HILLS	PET
COL	COLLINGWOOD GENERAL & MARINE	OSM
CRC	COMMUNITY RENAL CENTRE	SJH
CTS	CENTENARY SITE	SHN
CVH	TRILLIUM HEALTH PARTNERS - CREDIT VALLEY HOSPITAL	THP
1EG (December 2014 data and earlier)	[HISTORICAL] TORONTO EAST GENERAL HOSPITAL	EGH
ESH	ERIE SHORES HEALTHCARE	WRH
ETG	ETOBICOKE GENERAL HOSPITAL	WOH
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
HOM (December 2018 data onwards)	HOPITAL MONTFORT	TOH
HPH	HURON PERTH HOSPS PARTNERSHIP (STRATFORD)	LHS
HRH	HUMBER RIVER HOSPITAL	HRH
HSN	HEALTH SCIENCES NORTH	HSN
HSU	SCARBOROUGH HD SATELLITE UNIT	SHN
1HW	[HISTORICAL] HEADWATERS HEALTH CARE	THP

Location Codes		
Code	**Description**	**Hospital Code**
(December 2014 data and earlier)		
HWH (January 2015 data onwards)	HEADWATERS HEALTH CARE	WOH
JBH (December 2018 data onwards)	JOSEPH BRANT HOSPITAL	HHS
JGE	ST. JOSEPH'S GENERAL HOSPITAL (ELLIOTT LAKE)	HSN
JHH	ST. JOSEPH'S HEALTHCARE - HAMILTON	JHH
JUH	JURAVINSKI HOSPITAL	JHH
KCC (April 2020 data onwards)	KIDNEY CARE CENTRE	SMH
KDH	KIRKLAND AND DISTRICT HOSPITAL (KIRKLAND LAKE)	HSN
KGH	KINGSTON GENERAL	KGH
LHO	LAKERIDGE HEALTH OSHAWA	LHC
LHS	LONDON HEALTH SCIENCES CENTRE	LHS
LHW (May 2021 data onwards)	LAKERIDGE HEALTH WHITBY	LHC
LIN	ROSS MEMORIAL HOSPITAL (LINDSAY)	PET
1LW (December 2014 data and earlier)	[HISTORICAL] LAKE OF THE WOODS DISTRICT HOSPITAL	SBG
LWD (January 2015 data onwards)	LAKE OF THE WOODS DISTRICT HOSPITAL	TBH
MAH	MACKENZIE HEALTH	MAH
MFS	MOOSE FACTORY SATELLITE - KINGSTON HEALTH SCIENCES CENTRE	KGH
MGH	MICHAEL GARRON HOSPITAL	SMH
MHC	MANITOULIN HEALTH CENTRE (LITTLE CURRENT)	HSN
MNH	MOUNT SINAI HOSPITAL	UHN
MSH (April 2019 data onwards)	MARKHAM STOUFFVILLE HOSPITAL	MAH
MVH (January 2021 data onwards)	CORTELLUCCI VAUGHAN HOSPITAL	MAH
NBH	NORTH BAY REGIONAL HEALTH CENTRE	NBH
NDC (December 2016 data onwards)	NAPANEE SATELLITE DIALYSIS UNIT	KGH
NHS	NIAGARA HEALTH SYSTEM	NHS
NFS	NIAGARA FALLS SITE	NHS
NLT	NEW LISKEARD - TEMISKAMING	HSN
NWH	NORTH WELLINGTON HEALTH CARE - PALMERSTON SITE	GRH
NWS	WELLAND SITE	NHS
NYG (April 2019 data onwards)	NORTH YORK GENERAL	MAH
OAK	OAK RIDGES SATELLITE	MAH
OHI	OTTAWA HEART INSTITUTE	TOH
OSM	ORILLIA SOLDIERS' MEMORIAL HOSPITAL	OSM
OTM	HALTON HEALTHCARE SERVICES	HHS
PCC (November 2016 data and earlier)	[HISTORICAL] PROVIDENCE COMPLEX CARE	KGH
PET	PETERBOROUGH REGIONAL HEALTH CENTRE	PET
PGG	PEMBROKE GENERAL HOSPITAL	RVV
PGH	PENETANG GENERAL HOSPITAL	OSM

Location Codes		
Code	**Description**	**Hospital Code**
PMC (March 2017 data onwards)	PEEL MEMORIAL CENTRE	WOH
PRH	PRINCESS MARGARET HOSPITAL	UHN
PRO (December 2018 data onwards)	PROVIDENCE HEALTHCARE	SMH
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	THP
RVH (April 2018 data onwards)	ROYAL VICTORIA REGIONAL HEALTH CENTRE	RVH
RVV	RENFREW VICTORIA HOSPITAL	RVV
SAH	SAULT AREA HOSPITAL	SAH
SBK	SUNNYBROOK HEALTH SCIENCES CENTRE	SBK
SGH	SCARBOROUGH GENERAL SITE	SHN
SHK	SENSENBRENNER HOSPITAL (KAPUSKASING)	HSN
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
SSC	STONEY CREEK	JHH
SSH (December 2012 data and earlier)	[HISTORICAL] SOUTH STREET HOSPITAL	LHS
STH	SOUTHLAKE HOSPITAL	MAH
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 (March 2016 data and earlier)	[HISTORICAL] TORONTO GENERAL - GERRARD GROUND	UHN
TGH	TORONTO GENERAL HOSPITAL	UHN
TIP (March 2016 data and earlier)	[HISTORICAL] TORONTO GENERAL - IN PATIENT	UHN
TMH	TILLSONBURG DISTRICT MEMORIAL HOSPITAL	LHS
TMS	TRILLIUM MISSISSAUGA SITE	THP
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	THP
UHN (March 2016 data and earlier)	[HISTORICAL] UNIVERSITY HEALTH NETWORK	UHN

Location Codes		
Code	**Description**	**Hospital Code**
VAU	VAUGHAN SATELLITE	MAH
WDG (May 2017 data and earlier)	[HISTORICAL] WINDSOR SATELLITE	WRH
WGH	WOODSTOCK GENERAL HOSPITAL	LHS
WKC	WESTMOUNT KIDNEY CARE CENTRE	LHS
WLN (April 2019 data onwards)	ROYAL VICTORIA REGIONAL HEALTH CENTRE - WELLINGTON SATELLITE	RVH
WMH	WINCHESTER MEMORIAL HOSPITAL	TOH
WPS	WEST PARRY SOUND HEALTH CENTRE	HSN
WRB (May 2017 data onwards)	WINDSOR REGIONAL BELL	WRH
WRO	WINDSOR REGIONAL OUELLETTE	WRH
YHS	YEE HONG SATELLITE - SCARBOROUGH FINCH - SATELLITE	SHN

IHF Location Codes

IHF Location Codes	
Code	**Description**
BCS (August 2016 data and earlier)	[HISTORICAL] BAYSHORE CENTRES - STONEY CREEK IHF
BRC	BROCKVILLE DIALYSIS CLINIC 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

Self Care Location Codes	
Code	**Description**
SHP	SHEPPARD CENTRE
SUS	SUSSEX CENTRE

Long-Term Care (LTC) Location Codes

LTC Location Codes		
Code	**Description**	**Hospital Code**
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
CCCH	CAMILLA CARE COMMUNITY	HHS
WMAH	WYNDHAM MANOR	HHS
SJVH	ST. JOSEPH'S VILLA	HSN
SGVH	VILLA ST. GABRIEL VILLA	HSN
ACLH	ARBOUR CREEK LONG-TERM CARE CENTRE	JHH
GDVH (April 2020 data onwards)	GARDEN LONG TERM CARE HOME	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
CTEL	COUNTRY TERRACE	LHS
MHRM	MARIANN NURSING HOME AND RESIDENCE	MAH
MSRM	MON SHEONG RICHMOND HILL LONG-TERM CARE CENTRE	MAH
SHAM	SIMCOE MANOR HOME FOR THE AGED	MAH
GPHO	[HISTORICAL] GROVE PARK HOME	OSM
SMBO	[HISTORICAL] SIMCOE MANOR - BEETON	OSM
TMAO	TRILLIUM MANOR	OSM
CAMP	CASE MANOR	PET
CEPP	CENTENNIAL PLACE	PET
GPLP (April 2020 data onwards)	GOLDEN PLOUGH LODGE	PET
GPHR	GROVE PARK HOME	RVH
SMBR	SIMCOE MANOR - BEETON	RVH
MSRS	MON SHEONG SCARBOROUGH LONG-TERM CARE CENTRE	SHN
YHCS	YEE HONG CENTRE - GERIATRIC CARE - SATELLITE	SHN
RNHS	ROCKCLIFFE NURSING HOME	SHN
RCSS	REKAI CENTRE - SHERBOURNE PLACE	SMH
BNHT	BETHAMMI NURSING HOME	TBH
LCCT	CAMILLA CARE COMMUNITY	THP
EWVO	EXTENDICARE WEST END VILLA	TOH
SLRO	ST. LOUIS RESIDENCE	TOH
TOCU	THE O'NEILL CENTRE	UHN
SPHD	SUN PARLOR HOME, COUNTY OF ESSEX	WRH

Treatment (Modality) Codes

Modality Codes		
Code	**Description**	**Alerts/Triggers in ORRS Application**
Chronic Specific Codes		
040	CAPD & HD	
044	CAPD & HD - Assistance	
050	APD & HD	
054	APD & HD - Assistance	
060 (March 2017 data and earlier)	PD & HD	
064 (March 2017 data and earlier)	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 (Aug 2018 data and earlier)	Chronic Care Hospital - Conventional HD - Assistance	
221	Chronic Care Hospital - Short Daily HD - Total Care	Alert/Trigger at 3rd and 6th month
224 (Aug 2018 data and earlier)	Chronic Care Hospital - Short Daily HD - Assistance	
241	Chronic Care Hospital - CAPD - Total Care	
244 (Aug 2018 data and earlier)	Chronic Care Hospital - CAPD - Assistance	
251	Chronic Care Hospital - APD - Total Care	
254 (Aug 2018 data and earlier)	Chronic Care Hospital - APD - Assistance	
281	Chronic Care Hospital - CAPD (Nursing Home) - Total Care	
284 (Aug 2018 data and earlier)	Chronic Care Hospital - CAPD (nursing Home) - Assistance	
291	Chronic Care Hospital - APD (Nursing Home) - Total Care	
294 (Aug 2018 data and earlier)	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

Modality Codes		
Code	**Description**	**Alerts/Triggers in ORRS Application**
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	
434 442	Home - Slow Nocturnal HD - Assistance 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	
CRC	Conservative Renal Care	
GNC	Glomerulonephritis Care	
MKC	Multi-care Kidney Clinic Services	
NDT	No Dialysis Treatment	
PRG	Pregnancy Care	

Primary Renal Disease Codes

Primary Renal Disease Codes	
Code	**Description**
0	Chronic renal failure - etiology 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 - Mebranoproliferative mesangiocapilliary 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
44	Infection (Coronavirus)
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

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

Malignancy Site Codes

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

Malignancy Site Codes	
Code	**Description**
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 - specify _____

Treatment Event Codes

Treatment Event Codes	
Code	**Description**
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/Self-Care Dialysis Training Start)
TE	TE (Home/Self-Care Dialysis Training End)
RS	RS (Home/Self-Care Dialysis Re-training Start)
RE	RE (Home/Self-Care Dialysis Re-training End)
VR	VR (Multi-care Kidney Clinic Visit)
VA	VA (Body/Vascular Access Clinic Visit)
VE	VE (Education Clinic Visit)
VP	Pregnancy Clinic Visit
VG	Glomerulonephritis 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
VF	Follow-up Clinic Visit
TU	Transplant Update
RP	Change Responsibility for Payment
GC	Goals of Care and Treatment Decisions
BA	Body Access
IE	Infection

Reason for Change Codes

Reason for Change Codes			
Code	**Reason Group**	**Description**	**Description Definition**
62	General	Body/vascular access procedure	Change due to a body/vascular access procedure.
8401		Burnout	Patient and/or caregiver burnout and no other person, including patient, is able to perform home dialysis.
9104		Cannulation or buttonhole needling	Patient undergoing training or retraining pertaining to AV access cannulation with or without buttonhole cannulation.
8402		Change in living circumstance	Patient's living circumstances have changed such that it is no longer possible for the patient or caregiver to perform home dialysis.
9002		Clinical intervention (IV medication, transfusion)	Patient temporarily receives in-centre treatment to facilitate clinical intervention, such as in-center administration of intravenous medications or blood transfusions.
9009		Convenience dialysis treatment	Patient temporarily receives in-centre treatment while on site for tests, appointments, procedures, or other clinic visit.
71		Follow-up clinic visit	Patient attends follow-up clinic visit where dialysis is not provided.
9007		Home dialysis equipment malfunction	Patient temporarily receives in-centre treatment due to dialysis equipment malfunctioning.
3202		Hospitalization for cardiovascular - non-access-related	Patient is admitted to hospital and the most responsible diagnosis is an acute cardiovascular diagnosis that is not access-related, e.g., congestive heart failure, acute coronary syndrome or ischemic limb.
3201		Hospitalization for infection - non-access-related	Patient is admitted to hospital and the most responsible diagnosis is an infection that is not access-related, e.g., pneumonia, cellulitis or urinary tract infection.
3203		Hospitalization for other medical or surgical - non-access-related	Patient is admitted to hospital and the most responsible diagnosis is not access-related and is anything other than a cardiovascular or infection diagnosis, e.g., hip fracture requiring surgery, diabetic ketoacidosis or asthma exacerbation.
03		Inadequate dialysis	Inadequate dialysis achieved by the patient.
08		Intended treatment	Patient is switching to intended modality.
8503		Mental and/or physical incapacity	Patient no longer has the mental and/or physical capability to perform home dialysis, e.g., worsening dementia, stroke affecting cognitive ability or patient becomes too weak for home dialysis.

Reason for Change Codes			
Code	**Reason Group**	**Description**	**Description Definition**
8504		Mental health	Patient and/or caregiver clinical depression, anxiety, or another mental health reason as identified by patient and/or caregiver.
13		Not reported/unknown	Unknown reason.
99		Other, specify	Reason not included in this list.
1404		Patient choice - changed their mind	Patient decided to stop modality for reason not related to modality related complication.
1403		Patient scheduling preference	Does not accommodate patient's scheduling preferences, e.g., because of work or other responsibilities.
9006		Rehabilitation program	Patient dialyzed in-centre while patient participates in rehabilitation program.
1801		Relocation	Patient relocated due to proximity to home, work, patient preference, program capacity, or patient care needs best met at another location.
1803		Relocation for transplant	Patient transferred to another regional renal program to facilitate kidney transplantation.
19		Requires increased care	Increased patient care needs.
9010		Respite for patient and/or caregiver	Patient temporarily receives in-centre treatment to provide patient and/or caregiver respite.
9100		Training / Re-training	Patient undergoing training or re-training for peritoneal dialysis or home hemodialysis.
1805		Vacation	Patient is relocated, on vacation, or at Camp Dorset.
9003		Vascular access troubleshooting (cannulation, establishing buttonholes, monitoring)	Patient dialyzed in centre temporarily to facilitate vascular access troubleshooting, including addressing cannulation issues, establishing buttonholes or access monitoring.
3005	HD	AV fistula or AV graft-related bacteremia	AV fistula or AV graft bacteremia. Patient may also have metastatic infection as a result of bacteremia.
17		Cardiovascular instability	Cardiovascular or hemodynamic instability.
3001		Catheter-related bacteremia	Central venous catheter related bacteremia with or without metastatic infection.
15		HD access failure	Dialysis access failure.
3101		New access insertion or restoration of patency	New access creation or restoration of suboptimally functioning hemodialysis access.
2202		Unsuitable water supply	Unsuitable water supply.
8304	PD	Excess fluid removal	Excessive and inappropriate peritoneal ultrafiltration.
8003		Exit site and/or tunnel infection	Infection at the exit site of the peritoneal dialysis catheter and/or an infection along the tunnel of the peritoneal dialysis catheter.
211		Hernia	Suspected or confirmed hernia at any site. This is a clinical diagnosis that may be confirmed with imaging.

Reason for Change Codes			
Code	**Reason Group**	**Description**	**Description Definition**
8208		Inadequate clearance	Inability to achieve desired solute/toxin clearance. The patient may or may not have uremic symptoms.
212		Leaks - exit site	Leak of fluid around the exit site with or without leakage into the abdominal wall.
213		Leaks - non exit site	Abdominal wall leak, pleuro-peritoneal leak or a scrotal edema leak. An exit site leak would not be captured here.
8109		PD - general abdominal pain	Abdominal pain in a PD patient that is not related to the PD therapy and may be related to other intraabdominal conditions.
8110		PD catheter - abdominal pain	Abdominal pain that occurs that could be related to position of the PD catheter or PD therapy which is not related to infusion of dialysate or drainage of effluent.
8111		PD catheter - bleeding	Bleeding following PD catheter insertion from surgical entry points into the catheter, around the exit site or presenting as hemoperitoneum.
8112		PD catheter - drain/infusion pain	Abdominal pain which occurs during infusion of dialysate or drainage of effluent.
8113		PD catheter - flow restriction	Restriction of flow in or out of the abdomen affecting PD therapy such as frequent alarms, lost dwells, additional imaging or intervention by the home dialysis team.
105		Peritonitis	Recurrent, refractory and relapsing peritonitis
8305		Ultrafiltration failure	Inability to achieve adequate control of extracellular fluid volume.
8203		Uremic symptoms	Uremic symptoms despite numerical adequacy targets being met.

Reason for Change Codes (Specific to TO - Transfer Out of Region)

Code	Description
18	Resource/geographical (non-medical)
20	Left Country

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 MCKC / GN / PRG Withdrew Codes

Code	Description
72	Transferred to general nephrology clinic
73	Transferred to primary care
75	Patient has elected not to attend
7	Other

Patient Not Eligible For Referral To A Transplant Centre Preconditions Codes

Code	Description	Definition
30	Assessed by Nephrologist	Assessed by most responsible nephrologist for eligibility.
31	Cancer Screening	Patient needs to complete cancer screening to determine eligibility (such as screening tests recommended in the general population; e.g. colon/breast/cervical cancer).
32	Cancer Waiting Period	Patient waits for a defined number of years cancer free (after a prior history of cancer) to begin evaluation.
33	Cardiac Assessment	Patient needs to complete cardiac assessment (testing, cardiology consult) to determine eligibility.
34	Confirm Chronic Dialysis	For dialysis patients; waiting to determine if patient's kidney function will recover (i.e. to know whether they will they require chronic maintenance dialysis or not).
35	Infection Free	Confirmation that patient is infection free to begin or complete evaluation.
36	MCKC Finds a Potential Living Donor	With current level of kidney function, patient would not be referred to a transplant centre unless they had a potential living donor.
37	MCKC Kidney Function Declines	For MCKC patients; waiting for kidney function to decline below current level (currently kidney function is not low enough, or kidney function is stable).
38	Mental Health Assessment	Patient needs to complete mental health (psychiatry) assessment to determine eligibility.
39	Patient Frail	Patient needs to become stronger (which may include completing rehab).
40	Patient is Ready	Patient is currently not ready to begin evaluation (they know the evaluation can begin when they are ready; patient may benefit from education and support).
41	Smoking	Patient needs to reduce or quit smoking to pursue evaluation.
42	Substance Abuse	Patient needs to resolve substance abuse (e.g. alcohol, drugs).
43	Treatment Adherence	Patient needs to show adherence to medical treatments.
44	Weight Loss	Patient needs to lose weight (e.g. BMI < 40 kg/m2) to begin or complete evaluation.
99	Other	Please specify.

Transplant Hospitals

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

GN Acuity Level 4 Hospitals

Code	Description
JHH	ST. JOSEPH'S HEALTHCARE - HAMILTON
KGH	KINGSTON HEALTH SCIENCES CENTRE
LHS	LONDON HEALTH SCIENCES CENTRE
SBK	SUNNYBROOK HEALTH SCIENCES CENTRE
TOH	THE OTTAWA HOSPITAL
UHN	UNIVERSITY HEALTH NETWORK

Death Type Codes

Death Type Codes		
Category	**Code**	**Description**
Unknown	00	Cause of death uncertain/not determined
Infection	01	Infection (Coronavirus)
Gastro-Intestinal	02	Gastro-intestinal tumour with or without perforation
Infection	03	Infection (Bacterial)
Infection	04	Infection (Viral)
Infection	05	Infection (Fungal)
Infection	06	Cytomegalovirus
Infection	07	Epstein Barr Virus
Infection	08	Pneumocystic Carinii Pneumonia (PCP)
Infection	09	Protozoal/Parasitic infection (includes toxoplasmosis)
Infection	10	Wound infection
Cardiac	11	Myocardial Ischaemia and Infarction
Cardiac	12	Hyperkalaemia
Cardiac	13	Haemorrhagic Pericarditis
Cardiac	14	Other causes of cardiac failure
Cardiac	15	Cardiac arrest, cause unknown
Cardiac	16	Hypertensive cardiac failure
Cardiac	17	Hypokalaemia
Cardiac	18	Fluid overload

Death Type Codes		
Category	**Code**	**Description**
Respiratory	19	Acute Respiratory Distress Syndrome
Gastro-Intestinal	20	Acute Gastroenteritis with dehydration
Vascular	21	Pulmonary Embolus
Vascular	22	Cerebrovascular Accident
Gastro-Intestinal	23	Gastro-intestinal haemorrhage
Vascular	24	Haemorrhage from graft site
Vascular	25	Haemorrhage from vascular access or dialysis circuit
Vascular	26	Ruptured Vascular Aneurysm
Vascular	27	Haemorrhage from Surgery (Not codes 23, 24 or 26)
Vascular	28	Other haemorrhage (Not codes 23-27)
Gastro-Intestinal	29	Mesenteric Infarction
Miscellaneous	30	Hypertension
Respiratory	31	Pulmonary infection (bacterial)
Respiratory	32	Pulmonary infection (viral)
Respiratory	33	Pulmonary infection (fungal)
Infection	34	Infections elsewhere (except Viral Hepatitis, see Codes 41-42)
Infection	35	Septicaemia/Sepsis
Infection	36	Tuberculosis (Lung)
Infection	37	Tuberculosis (elsewhere)
Infection	38	Generalized viral infection
Infection	39	Peritonitis
Miscellaneous	40	Diabetic keto acidosis (DKA)
Liver	41	Liver, due to Hepatitis B virus
Liver	42	Liver, other Viral Hepatitis
Liver	43	Liver, Drug toxicity
Liver	44	Cirrhosis (Not viral)
Liver	45	Cystic Liver Disease
Liver	46	Liver failure, cause unknown
Respiratory	49	Bronchiolitis Obliterans
Social	50	Drug abuse (excludes alcohol abuse)
Social	51	Patient refused further treatment
Social	52	Suicide
Social	53	Therapy ceased for any other reason
Social	54	Alcohol abuse
Vascular	55	Vascular Thrombosis
Vascular	56	Pulmonary Vein Stenosis
Vascular	57	Stent/balloon complication
Metabolic	58	Drug-related toxicity
Gastro-Intestinal	62	Pancreatitis
Hematological	63	Bone Marrow Depression

Death Type Codes		
Category	**Code**	**Description**
Miscellaneous	64	Cachexia
Miscellaneous	65	Unknown
Miscellaneous	66	Malignant disease possibly induced by immunosuppressive therapy - specific primary site
Miscellaneous	67	Malignant disease (not code 66) - specific primary source
Gastro-Intestinal	68	Perforation of peptic ulcer
Miscellaneous	69	Dementia
Gastro-Intestinal	70	Sclerosing (or Adhesive) Peritoneal Disease
Hematological	71	Thrombocytopenia
Gastro-Intestinal	72	Perforation of colon
Hematological	73	Thrombosis - specify
Liver	74	Liver, due to Hepatitis C virus
Neurologic	75	Drug Neurotoxicity
Neurologic	76	Status Epilepticus
Neurologic	77	Neurologic infection
accident	81	Accident related to treatment
accident	82	Accident unrelated to treatment
Miscellaneous	90	Multi-system failure
Miscellaneous	99	Other identified cause of death - specify
Unknown	NR	Not reported

Home HD Assessment Reason Codes

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

Home HD Assessment Reason Codes	
Code	**Description**
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 Renal Care
55	Other
56	In the process of switching to HHD

Home PD Assessment Reason Codes

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 Renal Care
55	Other
56	In the process of switching to PD

VA Assessment Reason Codes

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 renal 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

VA Assessment Reason Codes	
Code	**Reason**
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
49	Patient not known to CKD clinic - acute kidney injury requiring urgent start of dialysis
50	Transplant to HD - requiring HD after failed transplant

Responsibility for Payment Codes

Code	Description
01	Provincial/territorial responsibility
02	Workers' Compensation Board/Workplace Safety and Insurance Board (WCB/WSIB), Workers' Service Insurance Board or equivalent
03	Other province/territory (resident of Canada)
04	Department of Veteran Affairs (DVA)/Veterans Affairs Canada (VAC)
05	First Nations and Inuit Health Branch
06	Other federal government (Department of National Defence, Citizenship and Immigration), or penitentiary inmates
07	Canadian resident self-pay
08	Other countries resident self-pay

Infection Confirmation Codes

Code	Description
1	Acinetobacter species
2	Culture-Negative bacteremia
3	E. Coli
4	Klebsiella species
5	Multiple organisms
6	Pseudomonas species
7	S. epidermitidis / coagulase negative staph
8	S. Aureus, methicillin sensitive (select this if not MRSA)
9	S. Aureus, methicillin resistant (MRSA)
10	Serratia species
11	Strep. Species
12	Yeast / fungus
99	Other
100 [only applies to Second Set]	Not Done

Peritonitis Category Codes

Code	Description
1	New
2	Recurrent
3	Refractory
4	Relapsing
5	Repeat

Kidney Disease Type Codes

Code	Description
1	Alport nephritis
3	Anti-glomerular basement membrane glomerulonephritis
6	CKD (Stage 2-5) not biopsied
7	Diabetic nephropathy
10	Focal segmental glomerulosclerosis
11	Global and segmental glomerulosclerosis
12	IgA nephropathy
13	Changes consistent with hypertensive nephrosclerosis / ischemic nephropathy
15	Acute interstitial nephritis
16	Lupus nephritis
17	Immune complex mediated membranoproliferative glomerulonephritis
18	Membranous nephropathy
19	Minimal change disease
21	Pauci-immune necrotizing crescentic glomerulonephritis
22	Polycystic kidney disease
23	Preeclampsia
28	Immune complex mediated proliferative glomerulonephritis
29	Proteinuria ± hematuria not biopsied (Stage 1)
30	Reflux nephropathy
32	Thin basement membrane nephropathy
34	Thrombotic microangiopathy (except preeclampsia)
99	Other

Glomerulonephritis Diagnosis Codes

The Glomerulonephritis (GN) Descriptions and Alternative Names aims to support Data Leads in reporting an accurate GN pathologic diagnosis. This table should be used in conjunction with a clinical team of nephrologists and nurses to ensure discussion and consultation occurs as needed, and to avoid misinterpretation. This information is also available within the 'GN Diagnosis Reporting Guide for RRP' document available on the CKD Regional Leadership Collaboration Site.

Code	Description	Alternative Names
1	Alport nephritis	Please note, the following names overlap with ORRS Code #31: "Structural abnormality of the glomerular basement membrane" • Hereditary nephritis • Structural abnormality of the glomerular basement membrane
2	Amyloidosis	• None
3	Anti-glomerular basement membrane glomerulonephritis	• Anti GBM disease

Code	Description	Alternative Names
4	C3 glomerulopathy	• C3 Glomerulonephritis • Dense deposit disease • Glomerulonephritis with dominant (prominent) C3 deposits • Membranoproliferative Glomerulonephritis (MPGN)
8	Fabry disease	• None
9	Fibrillary glomerulonephritis	• Fibrillary Glomerulopathy
10	Focal segmental glomerulosclerosis	• Podocytopathy • Podocytopathy with segmental scarring
11	Global and segmental glomerulosclerosis	• Secondary focal segmental glomerulosclerosis
12	IgA nephropathy	• IgA vasculitis • Henoch Schönlein Purpura (HSP) nephritis
14	Immunotactoid glomerulopathy	• Immunotactoid Glomerulonephritis
15	Acute interstitial nephritis	• Tubulointerstitial nephritis
16	Lupus nephritis	• None
17	Immune complex mediated membranoproliferative glomerulonephritis	• Membranoproliferative glomerulonephritis with immune complex deposition • Cryoglobulinemic Glomerulonephritis • Membranoproliferative Glomerulonephritis (MPGN)
18	Membranous nephropathy	• Membranous glomerulonephritis
19	Minimal change disease	• Podocytopathy • Podocytopathy without segmental scarring
20	Monoclonal immunoglobulin deposition disease	• Light Chain Deposition Disease
21	Pauci-immune necrotizing crescentic glomerulonephritis	• ANCA vasculitis • ANCA associated glomerulonephritis
24	Post-infectious glomerulonephritis	• Acute post infectious Glomerulonephritis • Glomerulonephritis of post infectious type
25	IgA dominant post-infectious glomerulonephritis	• Acute post infectious Glomerulonephritis, IgA dominant
26	Proliferative glomerulonephritis with monoclonal immunoglobulin deposits	• None
28	Immune complex mediated proliferative glomerulonephritis	• Proliferative glomerulonephritis with immune complex deposition • Cryoglobulinemic Glomerulonephritis
31	Structural abnormality of the glomerular basement membrane	Please note, the following names overlap with ORRS Code #1: "Alport Nephritis": • Alport nephritis • Hereditary nephritis
32	Thin basement membrane nephropathy	• Thin basement membrane disease

Code	Description	Alternative Names
33	Thrombotic microangiopathy	• TMA • Microangiopathy • Atypical Hemolytic Uremic Syndrome (aHUS)
36	Crescentic glomerulonephritis	• None
37	'Morphologic Pattern' with dominant C1q deposition	• C1q nephropathy
38	'Morphologic Pattern' with IgM deposition	• IgM nephropathy
97	Inadequate for diagnosis	This is used when the kidney biopsy tissue is inadequate for a diagnosis. Terminology describing this scenario may include: • Inadequate for complete diagnosis • Inadequate for definite diagnosis • Inadequate for complete assessment
98	Not yet diagnosed	• To be used when biopsy or serological test is pending
99	Other	

GN & Pregnancy Immunosuppressive Codes

Code	Description	Patient Type
1	Apheresis	GN
2	Azathioprine	GN and PRG
3	Cyclophosphamide IV within past 6 months	GN
4	Cyclophosphamide Oral	GN
5	Cyclosporine	GN and PRG
6	Methylprednisolone	GN and PRG
7	Mycophenolate Mofetil	GN
8	Mycophenolate Sodium	GN
9	Prednisone	GN and PRG
10	Rituximab IV within past 6 months	GN and PRG
11	Tacrolimus	GN and PRG
12	Eculizumab	GN and PRG
98	No Immunosuppressive Treatments	GN and PRG
99	Other	GN and PRG

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,
Multi-care Kidney Clinic Registration		
Creatinine	µmol/L	300 <= creatinine result <= 1500
eGFR	mls/min	eGFR lab value range validation for records dated on or after April 1, 2017 is not applicable. Refer to the ORRS R5 Technical Specifications and/or R5 Data Dictionary for lab value range details for records dated before April 1, 2017.
Proteinuria	ACR	100 <= proteinuria result <= 4000

Appendix C: Definitions

Ontario Health

Definitions	
Name	**Description**
Follow-Up Dialysis Clinic Visit for Independent Health Facility (IHF) Patient	A multi-disciplinary team clinical assessment for patients receiving regular hemodialysis at an IHF, which may include diagnostic testing, treatment and/or intervention. The visit may occur at a Regional Centre, at the IHF or via telemedicine. Measured by the number of clinic visits.
Follow-up Clinic Visit for Home Peritoneal Dialysis Patient	A multi-disciplinary team clinical assessment which may include diagnostic testing, treatment and/or intervention of the patient having peritoneal dialysis at home. The visit may occur in person or via telemedicine.
Follow-up Clinic Visit for Home Hemodialysis Patient	A multi-disciplinary team clinical assessment which may include diagnostic testing, treatment and/or intervention. The visit may occur in person or via telemedicine.
Education Clinic Visit	For patients at the point of making decisions regarding dialysis modality choice or those who have started dialysis without education about modality choice, i.e., patients must be Multi-care Kidney Clinic or on dialysis. These patients may also be separately followed in a Multi-care Kidney Clinic or nephrology clinic. Visits are dedicated to education about chronic kidney disease, its complications and treatment options. The goals are to promote patient self-management and to support informed choices on renal replacement therapy, including dialysis treatment modality. *Note: Treatment Event is currently collected in ORRS.*
Education Clinic Visit: One-on-one Individualized Sessions	Provided as an individualized 60-minute 1:1 education session with any level nurse working in an educator capacity (e.g. Nurse Practitioner, Nurse Educator, Nurse Coordinator, Registered Nurse). This does not include the nurse providing dialysis treatment. A 60-minute education visit may be spread over a maximum of 3 encounters with the patient. However, the program should only report, and will only be reimbursed for an equivalent, one visit. Education clinic visits may be reported as follows: 1 visit = 1 encounter of 60 minutes or greater 1 visit = 2 encounters of 30 minutes or greater 1 visit = 3 encounters of 20 minutes or greater Measured by the number of visits. *Note: Treatment Event is currently collected in ORRS.*
Education Clinic Visit: Group Sessions	Group education sessions provided by more than 1 health care educator to a group of patients. Measured by the number of group sessions. *Note: Treatment Event is currently collected in ORRS.*
Multi-care Kidney Clinic Visit	Interdisciplinary clinic dedicated to the optimal care of patients with a progressively declining eGFR.

Definitions	
Name	**Description**
	The goal of the Multi-care Kidney Clinic visit is to provide management to: slow progressive eGFR decline; prevent, monitor and treat the multisystem complications of CKD and co-morbid illnesses; and prepare for renal replacement therapy. Requires that patient be seen by at least 3 of following health professionals: Nurse or Physician Assistant, Dietitian, Social Worker, Pharmacist/Pharmacy Technologist, or Physician. *Note: Treatment Event is currently collected in ORRS.*
Total Care	Under full care of trained staff affiliated with a nephrology unit. *Note: Care required is currently collected in ORRS.*
Limited Self Care	Receives a minimal amount of assistance from trained staff affiliated with a nephrology unit (not including family member(s)). This level of care can be utilized when patient is undergoing home training. *Note: Care required is currently collected in ORRS.*
Total Self Care	Patient is completely responsible for his/her own treatment, with no assistance from nephrology trained staff. A patient may be classified as total self-care if he/she receives assistance from family member(s) or home care worker who is not a trained staff affiliated with a nephrology unit. *Note: Care required is currently collected in ORRS.*
Assistance	Patient is receiving assistance with their dialysis from a community service provider (through the Health Region or Renal Program) for the purpose of assistance with the provision of their dialysis. Services provided will be specifically related to their dialysis care needs (e.g.: pre and post exchange assessment and care; peritonitis care). This definition includes Health Region clients receiving support for their dialysis as well as for other purposes, but precludes persons who are on a dialysis modality but are receiving Health Region support solely for other purposes (e.g.: wound care; routine personal activities).
Conservative Renal Care (CRC)	Conservative renal care (CRC) is planned holistic patient-centred care for patients with stage 5 CKD that includes the following: • Interventions to delay progression of kidney disease and minimize risk of adverse events or complications; • Shared decision-making; • Active symptom management; • Detailed communication including advance care planning; • Psychological support; • Social and family support; and • Cultural and spiritual domains of care. Conservative renal care is full renal care that does not include dialysis. Being informed about conservative renal care as a treatment option means the care team has educated the patient or has had, at a minimum, a discussion about the option of conservative renal care with the patient. The content of the education or discussion may vary depending on the status of the patient.

Definitions	
Name	**Description**
Insertion - Central Venous Catheter - Untunneled - Radiological	Insertion of an untunneled venous dialysis catheter into a patient with acute or chronic renal failure to be used for hemodialysis access. Insertion performed in a radiology suite.
Insertion - Central Venous Catheter - Untunneled - Bedside	Insertion of an untunneled venous dialysis catheter into a patient with acute or chronic renal failure to be used for hemodialysis access. Insertion performed at bedside.
Insertion - Central Venous Catheter - Tunneled	Insertion of a tunneled dialysis catheter into a patient with end-stage renal disease to be used for long-term hemodialysis access.
Insertion - Central Venous Catheter Exchange - Tunneled - without Angioplasty	Exchange of a tunneled dialysis catheter in a patient with end-stage renal disease to be used for hemodialysis access.
Insertion - Central Venous Catheter Exchange - Tunneled - with Angioplasty	Exchange of a tunneled dialysis catheter in a patient with end-stage renal disease to be used for hemodialysis access. Includes insertion of a thin expandable balloon for the purposes of widening artery.
Insertion - AV Fistula	Surgical creation of an AV fistula in a patient with end-stage renal disease to be used for hemodialysis access.
Insertion - AV Graft	Surgical insertion of a vascular graft of synthetic material (between an artery and a vein) into a patient with end-stage renal disease to be used for hemodialysis access.
Insertion - Peritoneal Dialysis Catheter - Unburied - Laparoscopic	Insertion of an unburied catheter to be used for PD. Insertion performed in a surgical procedure room using the laparoscopic method.
Insertion - Peritoneal Dialysis Catheter - Unburied - Open Surgery	Insertion of an unburied catheter to be used for PD. Insertion performed in a surgical procedure room using the open surgery method.
Insertion - Peritoneal Dialysis Catheter - Buried - Laparoscopic	Insertion of a buried catheter to be used for PD. Insertion performed in a surgical procedure room using the laparoscopic method.
Insertion - Peritoneal Dialysis Catheter - Buried - Open Surgery	Insertion of a buried catheter to be used for PD. Insertion performed in a surgical procedure room using the open surgery method.
Insertion - Peritoneal Dialysis Catheter - Radiological	Insertion of a catheter to be used for PD. Insertion performed in a radiological suite.
Insertion - Peritoneal Dialysis Catheter - Bedside	Insertion of a catheter to be used for PD. Insertion performed outside of a radiology suite or a surgical procedure room (example: bedside or dialysis procedure room).

Definitions	
Name	**Description**
Exteriorization - Peritoneal Dialysis Catheter	Exteriorization of a buried catheter to be used for PD.
General Nephrology Visit	Outpatient clinic visit dedicated to the management of nephrological conditions. Does not qualify as a multi-care kidney clinic visit. Cannot be claimed for a dialysis patient. Cannot be claimed for a visit exclusively with a social worker, dietitian or phlebotomist. Visit must be at least 20 minutes in length.
Glomerulonephritis (GN) Clinic Visits	Glomerulonephritis (GN) clinic visits support care for patients with biopsy or serologically proven GN. Examples of GN include Minimal-change disease (MCD), Focal segmental glomerulosclerosis (FSGS), Membranous nephropathy (IMN), Membranoproliferative GN, Immunoglobulin A (IgA) nephropathy, Lupus nephritis (LN), Renal vasculitis, Antiglomerular basement membrane (anti-GBM) GN. GN clinic visits cannot be claimed for patients receiving MCKC funding or who are on dialysis, with the exception of MCKC patients requiring GN Acuity Level 4 visits. Patients are seen by a multidisciplinary team, including Nephrologist, Nurse, Pharmacist, Dietitian, and Social Worker with expertise in GN. A home visit or telemedicine clinic constitutes a GN clinic visit provided it has the required multidisciplinary composition. There are four types of clinic visits for GN care based on patient acuity level. **GN Acuity 1** • Clinic visits to support patients with biopsy or serologically proven GN that is conservatively managed (RAS blockade) or on maintenance immunosuppression in remission. Requires that the patient be seen by a Nephrologist and at least one other member of the multidisciplinary team. Additional multidisciplinary team support may be required depending on patient need. • Best practice: 1 clinic visit every 6 - 12 months. • Maximum of 4 visits per patient per fiscal year pro-rated to date of their initial visit for specific fiscal year. Additional visits reported will be funded as GN Nephrology Clinic Visits. **GN Acuity 2** • Clinic visits to support patients with biopsy or serologically proven GN that is conservatively managed (RAS blockade) or on immunosuppression with more complex features, such as proteinuria > 1 gram per day, hypertension requiring medications or eGFR < 60 mL/min. Requires that the patient be seen by a Nephrologist and at least two other members of the multidisciplinary team. Additional multidisciplinary team support may be required depending on patient need. • Best practice: 1 clinic visit every 3 - 4 months • Maximum of 8 visits per patient per fiscal year pro-rated to date of their initial visit for specific fiscal year. Additional visits reported will be funded as GN Acuity Level 1 Visits.

Definitions	
Name	**Description**
	GN Acuity 3 • Clinic visits to support patients with biopsy or serologically proven GN undergoing aggressive induction immunosuppression followed by multi-drug maintenance immunosuppression. Requires that the patient be seen by a Nephrologist and at least three other members of the multidisciplinary team. Additional multidisciplinary team support may be required depending on patient need. • Best practice: 1 clinic visit every month. • Maximum of 15 visits per patient per fiscal year pro-rated to date of their initial visit for specific fiscal year. Additional visits reported will be funded as GN Acuity Level 2 Visits. **GN Acuity 4** • Clinic visits to support patients with more complex biopsy or serologically proven GN undergoing aggressive induction immunosuppression and multi-drug maintenance immunosuppression. This type of clinic visit is only applicable to patients who have been referred outside their home program to a nephrologist at a GN Specialty Clinic. Requires that the patient be seen by a Nephrologist and at least three other members of the multidisciplinary team. Additional multidisciplinary team support may be required depending on patient need. • Best practice: 1 clinic visit every 1 - 4 weeks. • Maximum of 4 visits per patient per fiscal year (not pro-rated to date of incidence). Additional visits reported will be funded as GN Acuity Level 3 Visits.
Pregnancy Clinic Visit	Pregnancy care clinic visits support care for women with kidney disease who require maternal healthcare. Patients are seen by a multidisciplinary team, including Nephrologist, Nurse, Pharmacist, Dietitian, and Social Worker with expertise in pregnancy care. A home visit or telemedicine clinic constitutes a pregnancy care clinic visit provided it has the required multidisciplinary composition. There are two types of clinic visits for pregnancy care. **Pre-pregnancy Optimization** • Clinic visits to support any woman with chronic kidney disease desiring discussion of pregnancy risks or being prepared for pregnancy, including patients on dialysis or post transplantation. Requires that the patient be seen by a Nephrologist and at least three other members of the multidisciplinary team. Additional multidisciplinary team support may be required depending on patient need. • Best practice: 1 clinic visit every 6 - 12 months. • Maximum of 8 visits per patient per fiscal year pro-rated to date of their initial visit for specific fiscal year. Additional visits will not be funded.

Definitions	
Name	**Description**

	Pregnancy Follow-up
	• Clinic visits to support any woman with chronic kidney disease requiring pregnancy management. This includes women who are pregnant with kidney disease, including up to 6 weeks postpartum. Requires that the patient be seen by a Nephrologist and at least one other member of the multidisciplinary team. Additional multidisciplinary team support may be required depending on patient need.
	• Best practice:
	  ○ Monthly clinic visits in 1st trimester
	  ○ Bi-weekly clinic visits in 2nd trimester
	  ○ Weekly clinic visits in 3rd trimester
	  ○ 1 clinic visit 6 weeks postpartum

Catheter-Related Bacteremia	Catheter-Related Bacteremia (CRB) is defined as an episode of bacteremia originating from an intravenous catheter. An episode of bacteremia represents a case of CRB in all patients with a central venous catheter (CVC) that has no other apparent source of infection, or bacteremia in conjunction with local features of infection at the CVC exit site or tunnel. Colony counts, gram stains and catheter tip cultures are not required for a diagnosis of CRB and are not collected. There is no requirement for reporting episodes of bacteremia thought to originate from an alternate source, such as the GI tract, GU tract, skin, lungs, or other clinically apparent source of infection. Moreover, positive blood cultures felt to be due to contamination e.g. those not associated with any clinical features of infection and those not treated with antibiotics should not be reported. **Collection of Blood Cultures:** For the purposes of CRB diagnosis and treatment monitoring, paired samples of aerobic and anaerobic culture tubes, either adult or pediatric size, is recommended. Collection via the dialysis catheter or hemodialysis circuit, and avoidance of peripheral blood cultures drawn by venipuncture, is also recommended. This recommendation places a higher value on avoidance of patient discomfort associated with peripheral venipuncture, and recognizes the potentially better diagnostic accuracy of samples obtained from the dialysis catheter and/or dialysis circuit. Adherence to your organization's policies and procedures for blood sampling and handling is recommended. **Diagnosis of CRB:** It is recommended that there is regular review of each suspected CRB case with your local clinical team to ensure other sources of infection are excluded. All positive/abnormal blood culture results thought to be associated with a CVC should be entered. This includes follow-up cultures for the initial infection - even if there is a suspected relapsing infection.

Definitions	
Name	**Description**
Peritonitis	Peritonitis is defined as inflammation of the peritoneum, typically caused by bacterial infection either via the blood or after rupture of an abdominal organ. Peritoneal dialysis patients presenting with cloudy effluent should be presumed to have peritonitis. This is confirmed by obtaining effluent cell count, differential, and culture. Peritonitis should be reported if ISPD case definition criteria are met: effluent white count > 100 neutrophils accounting for 50% of the total fluid white count, in conjunction with symptoms consistent with peritonitis. A positive culture is not required for the definition of peritonitis and the presence of a positive culture on its own does not define peritonitis. Further details are available in the ISPD guidelines. **Culture-Negative Peritonitis:** Cultures may be negative for a variety of technical or clinical reasons. The patient should always be queried on presentation about use of antibiotics for any reason, as this is a known cause of culture-negative peritonitis. If there is no growth by 3 days, repeat cell count with differential should be obtained. If the repeat cell count indicates that the infection has not resolved, special culture techniques should be used for the isolation of potential unusual causes of peritonitis, including lipid-dependent yeast, mycobacteria, Legionella, slow growing bacteria, Campylobacter, fungi, Ureaplasma, Mycoplasma, and enteroviruses. This will require coordination with the microbiology laboratory.

Appendix D: Modality and Census Groups

Ontario Health

Modality Group	Census Group	Treatment (Modality Codes)
All Modality Groups	All Modalities	All Treatment (Modality Codes)
Acute	Acute Dialysis	AHD, CCV, CSD
	Acute HD	AHD
	CRRT	CCV, CSD
	CRRT-CVVHD	CCV
	CRRT-SLEDD	CSD
Assistance	Assistance	044, 054, 064, 414, 424, 434, 444, 454
	HD Assistance	414, 424, 434
	PD Assistance	044, 054, 064, 444, 454
Chronic Care	Chronic Care	211, 221, 241, 251, 281, 291
	Chronic Care APD	251
	Chronic Care APD No Assistance	251
	Chronic Care CAPD	241
	Chronic Care CAPD No Assistance	241
	Chronic Care HD	211, 221
	Chronic Care HD No Assistance	211, 221
	Chronic Care PD	241, 251
	Chronic Care PD No Assistance	241, 251
	Nursing Home PD	281, 291
	Nursing Home PD No Assistance	281, 291
Facility-based PD	Community APD	351
	Community CAPD	341
	Community PD	341, 351
	Facility-based APD	151, 351
	Facility-based CAPD	141, 341
	Facility-based PD	141, 151, 341, 351
	Hospital APD	151
	Hospital CAPD	141
	Hospital PD	141, 151
HD	Chronic Care HD	211, 221
	Chronic Care HD No Assistance	211, 221
	Community HD	311, 321
	Community Self Care HD	312, 322, 332
	HD	111, 112, 121, 122, 131, 211, 221, 311, 312, 321, 322, 332, 412, 413, 414, 422, 423, 424, 432, 433, 434
	HD Assistance	414, 424, 434
	HD No Assistance	111, 112, 121, 122, 131, 211, 221, 311, 312, 321, 322, 332, 412, 413, 422, 423, 432, 433
	Home HD	412, 413, 414, 422, 423, 424, 432, 433, 434
	Home HD Assistance	414, 424, 434
	Home HD No Assistance	412, 413, 422, 423, 432, 433
	Hospital Self Care HD	112, 122
	Hospital Total Care Conventional/Short Daily HD	111, 121
	Hospital Total Care HD	111, 121, 131
	Hospital Total Care Nocturnal HD	131

Modality Group	Census Group	Treatment (Modality Codes)
Independent Dialysis	Home HD	412, 413, 414, 422, 423, 424, 432, 433, 434
	Home HD Assistance	414, 424, 434
	Home HD No Assistance	412, 413, 422, 423, 432, 433
	Home HD & PD	040, 044, 050, 054, 060, 064, 141, 151, 241, 251, 281, 291, 341, 351, 412, 413, 414, 422, 423, 424, 432, 433, 434, 442, 443, 444, 452, 453, 454
	Home HD & PD Assistance	044, 054, 064, 414, 424, 434, 444, 454
	Home HD & PD No Assistance	040, 050, 060, 141, 151, 241, 251, 281, 291, 341, 351, 412, 413, 422, 423, 432, 433, 442, 443, 452, 453
	PD	040, 044, 050, 054, 060, 064, 141, 151, 241, 251, 281, 291, 341, 351, 442, 443, 444, 452, 453, 454
	PD Assistance	044, 054, 064, 444, 454
	PD No Assistance	040, 050, 060, 141, 151, 241, 251, 281, 291, 341, 351, 442, 443, 452, 453
No Dialysis	No Dialysis	NDT
PD	Chronic Care APD	251
	Chronic Care APD No Assistance	251
	Chronic Care CAPD	241
	Chronic Care CAPD No Assistance	241
	Chronic Care PD	241, 251, 281, 291
	Chronic Care PD No Assistance	241, 251, 281, 291
	Community APD	351
	Community CAPD	341
	Community PD	341, 351
	Facility-based APD	151, 351
	Facility-based CAPD	141, 341
	Facility-based PD	141, 151, 341, 351
	Home APD	452, 453, 454
	Home APD Assistance	454
	Home APD No Assistance	452, 453
	Home CAPD	442, 443, 444
	Home CAPD Assistance	444
	Home CAPD No Assistance	442, 443
	Home PD	442, 443, 444, 452, 453, 454
	Home PD Assistance	444, 454
	Home PD No Assistance	442, 443, 452, 453
	Hospital APD	151
	Hospital CAPD	141
	Hospital PD	141, 151
	Nursing Home PD	281, 291
	Nursing Home PD No Assistance	281, 291
	PD	040, 044, 050, 054, 060, 064, 141, 151, 241, 251, 281, 291, 341, 351, 442, 443, 444, 452, 453, 454
	PD Assistance	044, 054, 064, 444, 454
	PD No Assistance	040, 050, 060, 341, 351, 442, 443, 452, 453
PD & HD	APD & HD	050, 054
	APD & HD Assistance	054
	APD & HD No Assistance	050

Modality Group	Census Group	Treatment (Modality Codes)
	CAPD & HD	040, 044
	CAPD & HD Assistance	044
	CAPD & HD No Assistance	040
	PD & HD	040, 044, 050, 054, 060, 064
	PD & HD Assistance	044, 054, 064
	PD & HD No Assistance	040, 050, 060
	PD & HD (Historic)	060, 064
	PD & HD (Historic) Assistance	064
	PD & HD (Historic) No Assistance	060
Multi-care Kidney Clinic	Multi-care Kidney Clinic	MKC
	Conservative Renal Care	CRC
Glomerulonephritis	Glomerulonephritis	GNC
Pregnancy	Pregnancy	PRG
Transplant	Transplant	171

Appendix E: ORRS Acronyms

ORRS Acronyms	
Acronym	**Full Name**
µmol/L	micromoles/Litre
ACE	Angiotensin-converting enzyme (inhibitors)
ACR	Albumin-Creatinine Ratio
AHD	Acute Hemodialysis
AIDS	Acquired Immune Deficiency Syndrome
APD	Automated Peritoneal Dialysis
AV	Arteriovenous
AVF	Arteriovenous Fistula
AVF/G	Arteriovenous Fistula/Graft
AVG	Arteriovenous Graft
cm	centimeter
CABG	Coronary Artery Bypass Graft
CAPD	Continuous Ambulatory Peritoneal Dialysis
CCPD	Continuous Cycling Peritoneal Dialysis
CCV	Continuous Veno-Venous
CCVHD	Continuous Veno-Venous Hemodialysis
CKD	Chronic Kidney Disease
CDK-EPI	Chronic Kidney Disease Epidemiology Collaboration (equation)
CO2	Carbon Dioxide
COLD	Chronic Obstructive Lung Disease
COP	Centres of Practice
CORR	Canadian Organ Replacement Registry (CIHI – Canadian Institute for Health Information)
CPSO	College of Physicians and Surgeons of Ontario
CRB	Catheter-Related Bacteremia
CRC	Conservative Renal Care
CRRT	Continuous Renal Replacement Therapy
CSD	Continuous SLEDD (Slow Extended Duration) Dialysis
CVC	Central Venous Catheter
DNR	Do Not Resuscitate
eGFR	Estimated Glomerular Filtration Rate
ESRD	End-Stage Renal Disease
g/L	grams/Litre
GI	Gastro-Intestinal
GN	Glomerulonephritis
GOC	Goals of Care
GP	General Practioner
HCN	Health Card Number
HD	Hemodialysis
HD	Hemodialysis
HDD	Home Hemodialysis
ICCU	Indigenous Cancer Control Unit (Ontario Health)
ICU	Intensive Care Unit
ID	Independent Dialysis
IHF	Independent Health Facility

ORRS Acronyms	
Acronym	**Full Name**
ISPD	International Society for Peritoneal Dialysis
kg	kilogram
KFR	Kidney Failure Risk
LTC/LTCH	Long-Term Care/Long-Term Care Home
mg/g	milligram/gram
mg/mmol	Milligram/millimole
mmol/L	millimole/Litre
MCKC	Multi-care Kidney Clinic
MFT	Managed File Transfer
MKC	Multi-care Kidney Clinic (Services)
MRP	Most Responsible Physician
N	Chronic Registration
N/A	Not Applicable
NC	No Change (reported for patient in period)
NDT	No Dialysis Treatment
OH	Ontario Health
ORN	Ontario Renal Network
ORN IP	Ontario Renal Network Information Program
ORP	Ontario Renal Plan
ORRS	Ontario Renal Reporting System
PACU	Post Anesthesia Care Unit
PCR	Protein-Creatinine Ratio
PD	Peritoneal Dialysis
PDC	Peritoneal Dialysis Catheter
PRD	Primary Renal Disease
PRG	Pregnancy Care
PSW	Personal Support Worker
PTH	Serum Parathormone
RRP	Regional Renal Program
SLEDD	Slow Extended Duration Dialysis
SDM	Substitute Decision Maker
TIA	Transient Ischemic Attack
UNK	Unknown
QBP	Quality Based Procedure
VA	Vascular Access
VN	General Nephrology Visits

Revision History

Version #	Revision	Revision Date	Revision Description	Effective Date
2.1	ORRS 2021 Release 1	January 12, 2021	**Revisions Made in Appendix A - Reference Codes and Descriptions:** • Hospital Codes • Location Codes	March 26, 2021
2.1	ORRS 2021 Release 2	January 12, 2021	**Revisions Made in Treatment Event Data Elements:** • Access Change Treatment Event decommission • Body Access Treatment Event label changes, new values and new coding rules • Pregnancy Clinic Visit Treatment Event - Systolic and Diastolic Blood Pressure completion requirement and notes • Withdrew Treatment Event - Reason for Withdrew Code and coding rules **Revisions Made in Appendix A - Reference Codes and Descriptions:** • Treatment Event Codes • Reason for MCKC / GN / PRG Withdrew Codes • Definitions	June 29, 2021
2.1	Other	January 12, 2021	**Revisions Made in Treatment Event Data Elements:** • Location Out Treatment Event coding rules • Modality Change Treatment Event coding rules • Transfer Out Treatment Event coding rules **Purpose and Definition Updates:** • T2: Treatment Date • S18: Nurse Home Hours (PCA) **Revisions Made in Appendix E - ORRS Acronyms**	January 12, 2021

2.1	Other	January 12, 2021	**Data Decomission Updates:** • C66: Date of Referral to Nephrologist • C100: Date of Referral to Nephrologist Not Available • C5: Followed in Multidisciplinary Clinic? • C6: Date of Referral to Multidisciplinary Clinic • C41: HD Catheter Reason 2 • C42: HD Catheter Other Reason 2 • V1: Update VA Assessment • V2: AVF or AVG Surgical Assessment • V3: Surgical Assessment Reason 1 • V4: Surgical Assessment Other Reason 1 • V5: Surgical Assessment Reason 2 • V6: Surgical Assessment Other Reason 2 • V7: Adequate VA Education Provided • V8: Patient Intended Initial Access • V9: HD Catheter Reason 1 • V10: HD Catheter Other Reason 1 • V11: HD Catheter Reason 2 • V12: HD Catheter Other Reason 2	January 1, 2021