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| Ontario health (Cancer Care Ontario) |
| SCT Supplemental Manual Data Collection Data Dictionary |
| **High Cost Drugs** |
| **1/22/2020** |

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# Version Control

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Description | TFS# | Owner |
| July 26, 2017 | Data Dictionary Drafted | n/a | Robert McLeod |
| October 4, 2017 | Updated definition for Total Thiotepa Administered | n/a | Robert McLeod |
| October 2, 2019 | Addition of Defibrotide option for High Cost Drug | n/a | Robert McLeod |
| January 20, 2020 | Increased valid values for Total\_Defibrotide\_Administered to from 9999mg to 99999mg  | n/a | Robert McLeod |
| January 22, 2020 | Updated to clarify Defibrotide administration post-transplant for severe SSO VOD and should be reported in the quarter that the treatment concluded. | n/a | Robert McLeod |

# Data Elements for High Cost Drugs

| **#** | **Data Element** | **COLUMN\_NAME** | **Definition (Description)** | **Format** | **Valid values(Notes)** | **Applies to** | **Purpose and Use**  | **Mandatory** | **Business key (Uniqueness)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Health Card Number | Health\_Card\_Number | Patient’s Ontario Health Card Number. | CHAR(10) | Valid values: valid HCNNot valid: 0-unknown, 1-out of country (OOC), or number less than 10 digits | All | To link data with other OH CCO data holding areas. | Yes | Yes |
| 2 | Patient chart Number | Patient\_Chart\_Number | Facilities internal unique patient identifier. | CHAR (12)Cell must be in ‘Text’Category inFormat Cells option inExcel. | Must bealphanumeric(i.e. nopunctuation, must have numbers and characters). | All | For reimbursement: to uniquely identify transplant procedure for a patient;For investigations: patient chart number will be provided in log file for the records with errors. This will allow facilities to link data in log file with their data sets. | Yes | Yes |
| 3 | Date of Birth | Date\_Of\_Birth | Patient birth date | CHAR (10) YYYYMMDD | 1. Patient birth date is a valid date.2. Patient birth date is between Jan 01 1900 and Date of Transplant. | All | To link data with other OH CCO data holding areas. | Yes |  |
| 4 | Postal Code | Postal\_Code | Patient’s residential postal code. | CHAR(10) | 1. Must match any of these format masks: ANANAN, NNNNN, NNNNN-NNNN, AA2. If matches mask ANANAN, then can’t begin with D,F,I,O,Q,U, or W3. If matches mask of AA, then should match any entityValid values listed in Appendix-2 | All | For geographical distribution reporting. | Yes |  |
| 5 | Facility Number | Facility\_Number | Submitting facility number | CHAR(3) | Valid Ontario facility number as per MOHLTC classification Valid values listed in Appendix-1 | All | For funding and program planning.For identifying the submitting facility and linking to SSO IS data holdings. | Yes | Yes |
| 6 | Date of Transplant | Date\_Transplant | Date the transplant procedure (infusion of cells) was performed. | CHAR(10) YYYYMMDD | Valid date.Date\_Cancelled must be Null.Patient must not have been previously reported as cancelled | All | For reimbursement: To uniquely identify transplant procedure for a patient. | Yes, if Date\_Cancelled is Null. | Yes |
| 7 | Date of Cancellation | Date\_Cancelled | Date the transplant was cancelled. Identifies patient as no longer a candidate for transplant. | CHAR(10) YYYYMMDD | Valid date.Date\_Transplant must be Null. | All | For reimbursement: To uniquely identify cancelled transplant patient for High Cost Drug reimbursement. | Yes, if Date\_Transplant is Null. | Yes |
| 8 | Total Thiotepa Administered | Total\_Thiotepa\_Administered | Total amount of Thiotepa administered as part of the pre-transplant conditioning regimen | NUM(4) | Valid values: 0001-9999 | All | For reimbursement. | Yes, if carmustine and defibrotide are null |  |
| 9 | Total Carmustine Administered | Total\_ Carmustine \_Administered | Total amount in milligrams of Carmustine administered in preparation for transplant. | NUM(4) | Valid values: 0001-9999 | All | For reimbursement. | Yes, if thiotepa and defibrotide are null |  |
| 10 | Total Defibrotide Administered | Total\_ Defibrotide \_Administered | Total amount in milligrams of Defibrotide administered post-transplant for severe SSO VOD. Reported in the quarter that the treatment concluded. | NUM(5) | Valid values: 00001-99999 | All | For reimbursement. | Yes, if thiotepa and carmustine are null |  |

#

# Quality Assurance Checks

The QA checks are grouped by number as follows:

100’s - **File level checks**

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

## Validations: File Level Validations (Level 100)

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

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

## Validations: File Format Errors (Level 200)

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

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

| **Number** | **Element #** | **Data Element** | **Column\_Name** | **Condition** | **Error Message** | **Reject** |
| --- | --- | --- | --- | --- | --- | --- |
| 300 | 01 | Patient Health Card Number | Health\_Card\_Number | Is Null | Invalid - Null Value | Yes |
| 301 | 01 | Patient Health Card Number | Health\_Card\_Number | Is not a valid ten-digit HCN | Invalid Ontario Health Card Number | Yes |
| 302 | 02 | Patient Chart Number | Patient\_Chart\_Number | Is Null | Invalid - Null Value | Yes |
| 303 | 02 | Patient Chart Number | Patient\_Chart\_Number | Contains special characters e.g. \*,/,{Ignore if Null | Invalid Patient Chart Number - Contains non alpha numeric characters | Yes |
| 304 | 03 | Date of Birth | Date\_Of\_Birth | Is Null | Invalid - Null Value | Yes |
| 305 | 03 | Date of Birth | Date\_Of\_Birth | Patient birth date is between Jan 01 1900 and Date of Transplant | Invalid Date is before 1900-01-01 | Yes |
| 306 | 03 | Date of Birth | Date\_Of\_Birth | Format must match YYYYMMDD | Invalid - Date input format must match YYYYMMDD | Yes |
| 307 | 04 | Postal Code | Postal\_Code | Is Null | Invalid - Null Value | Yes |
| 308 | 04 | Postal Code | Postal\_Code | Matches mask ANANAN but begins with D, F, I, O, Q, U, or W. | Invalid Postal Code- Invalid Initial Letter | Yes |
| 309 | 04 | Postal Code | Postal\_Code | Matches mask of AA but does not match any entry in [Appendix 3](https://www.cancercare.on.ca/ext/databook/db1213/Appendix/Appendix_1-6_-_Province_and_State_codes.htm) (Prov/State Codes) | Invalid - Postal Code (Prov/State) - consult lookup table in template. | Yes |
| 310 | 04 | Postal Code | Postal\_Code | Does not match mask: ANANAN, NNNNN, NNNNN-NNNN, AAIgnore if Null | Invalid Postal Code- Invalid mask | Yes |
| 311 | 05 | Facility Number | Facility\_Number | Is Null | Invalid - Null Value | Yes |
| 312 | 05 | Facility Number | Facility\_Number | Does not match any legal entry in **Appendix-3**Ignore if Null | Invalid Hospital Number - consult lookup table in template. | Yes |
| 313 | 06 | Date of Transplant | Date\_Transplant | Is Null and Date\_Cancelled is Null | Invalid - Date Transplant and Date Cancelled cannot both be Null. | Yes |
| 314 | 06 | Date of Transplant | Date\_Transplant | Is not Null and Date\_Cancelled is not Null. | Invalid – Either Date Transplant or Date Cancelled must be Null. | Yes |
| 315 | 06 | Date of Transplant | Date\_Transplant | Is not in current reporting quarters | Invalid -Date of transplant is not in the quarter being submitted | Yes |
| 316 | 06 | Date of Transplant | Date\_Transplant | Format must match YYYYMMDD | Invalid - Date input format must match YYYYMMDD | Yes |
| 317 | 07 | Date of Cancellation | Date\_Cancelled | Is Null and Date\_Transplant is Null | Invalid - Date Transplant and Date Cancelled cannot both be Null. | Yes |
| 318 | 07 | Date of Cancellation | Date\_Cancelled | Is not Null and Date\_ Transplant is not Null. | Invalid – Either Date Transplant or Date Cancelled must be Null. | Yes |
| 319 | 07 | Date of Cancellation | Date\_Cancelled | Is not in current reporting quarters | Invalid -Date of Cancellation is not in the quarter being submitted | Yes |
| 320 | 07 | Date of Cancellation | Date\_Cancelled | Format must match YYYYMMDD | Invalid - Date input format must match YYYYMMDD | Yes |
| 321 | 07 | Date of Cancellation | Date\_Cancelled | Must be Null if Total Defibrotide Administered is Not Null. | Defibrotide is funded for post-transplant treatment of severe SSO VOD. | Yes |
| 322 | 08 | Total Thiotepa Administered | Total\_Thiotepa\_Administered  | Is Null AND Total\_Carmustine\_Administered and Total\_ Defibrotide \_Administered are Null | Invalid - Total Thiotepa Administered, Total Carmustine Administered and Total Defibrotide Administered cannot all be Null. | Yes |
| 323 | 08 | Total Thiotepa Administered | Total\_Thiotepa\_Administered  | Is not a valid value (0001-9999) | Invalid – Value for High Cost Drug Total Dose Administeredmust be within 0001 and 9999. | Yes |
| 324 | 09 | Total Carmustine Administered | Total\_ Carmustine \_Administered  | Is Null AND Total\_ Thiotepa \_Administered and Total\_ Defibrotide \_Administered are Null | Invalid - Total Thiotepa Administered, Total Carmustine Administered and Total Defibrotide Administered cannot all be Null. | Yes |
| 325 | 09 | Total Carmustine Administered | Total\_ Carmustine \_Administered  | Is not a valid value (0001-9999) | Invalid – Value for High Cost Drug Total Dose Administeredmust be within 0001 and 9999. | Yes |
| 326 | 10 | Total Defibrotide Administered | Total\_ Defibrotide \_Administered  | Is Null AND Total\_ Thiotepa \_Administered and Total\_Carmustine\_Administered are Null | Invalid - Total Thiotepa Administered, Total Carmustine Administered and Total Defibrotide Administered cannot all be Null. | Yes |
| 327 | 10 | Total Defibrotide Administered | Total\_ Defibrotide \_Administered  | Is not a valid value (00001-99999) | Invalid – Value for High Cost Drug Total Dose Administeredmust be within 00001 and 99999. | Yes |
| 328 | 10 | Total Defibrotide Administered | Total\_ Defibrotide \_Administered  | Is not null and Date\_Cancelled is not null. | Invalid – Defibrotide is funded for post transplant use only and cannot be submitted if Date\_Cancelled is not null. | Yes |

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

| **Number** | **Entity** | **Data Element** | **Condition** | **Error Message** | **Reject** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Entity** | **Data Element** | **Condition** | **Error Message** | **Reject** |
| 501 | Facility number | Facility Number | Facility number in the data does not match with the facility number associated with MFT Tumbleweed folder permissions. | Facility number mismatch  | Yes |

# Appendix 1: Facility Numbers[[1]](#footnote-1)

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Program Title** | **Submitting Hospital** | **Facility Number** |
| 1 | Stem Cell Transplant | Kingston Health Sciences | 978 |
| London Health Sciences | 936 |
| Hamilton Health Sciences Corporation  | 942 |
| University Health Network | 947 |
| The Ottawa Hospital  | 958 |
| Health Sciences North | 959 |

# Appendix 2: MOHLTC Master Numbering System[[2]](#footnote-2)

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

(For details, please refer Cancer Care Ontario's Data Book - 2012-2013, Appendix A: MOHLTC Master Numbering System, at link <https://www.cancercare.on.ca/ext/databook/db1213/documents/Appendix/CCO_Appendix_A_APR_12.pdf>).

# Appendix 3: Valid 2-digits Postal Codes[[3]](#footnote-3)

(Source: Cancer Care Ontario's Data Book - 2012-2013, Appendix B - Province and State codes, at link https://www.cancercare.on.ca/ext/databook/db1213/databook.htm).

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



1. Appendix 3 on databook [↑](#footnote-ref-1)
2. Appendix 13 on databook [↑](#footnote-ref-2)
3. Appendix 11 on databook [↑](#footnote-ref-3)