






























































Analytics (DIMR) Alberta Health Services Data Repository for Reporting (AHSDRR) and Data Stores Data Asset Inventory



Below, please find the descriptions for the data assets available for analytics in the AHSDRR.

 Under Construction
  [*Requires Approval](#)
  Automated Updates
  Operational Update Under Way
 Reference Table(s) Available






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Contacts and Links

The address for the Analytics DIMR/DRS inSite web page is: <http://insite.albertahealthservices.ca/drs.asp>

General Inquiries

Unless otherwise stated general inquiries and concerns on the datasets or this publication can be directed to the AHSDRR Delivery Manager team at AHSDRR-DELMGR@albertahealthservices.ca

AHSDRR Access Form

Database access to the data asset(s) can be accomplished by completing an AHSDRR Access Request Form at the following link <http://insite.albertahealthservices.ca/assets/drs/tms-drs frm-ahsdr r-access-request.docx> and forward AHSDRR_DGO@albertahealthservices.ca

Data Stores Access Form

Database access to the data asset(s) can be accomplished by completing an AHSDRR Access Request Form at the following link <http://insite.albertahealthservices.ca/assets/drs/tms-drs frm-dimrdatastores-access-request.docx> and forward AHSDRR_DGO@albertahealthservices.ca

*Restricted

Access requires AHSDRR Data Manager and/or Analytics (DIMR) Executive approval. Complete the AHSDRR Access Request Form at the following link <http://insite.albertahealthservices.ca/assets/drs/tms-drs frm-ahsdr r-access-request.docx> and forward AHSDRR_DGO@albertahealthservices.ca

Documentation & Metadata

Access to AHSDRR Metadata:
<http://insite.albertahealthservices.ca/4773.asp>
<https://share.ahsnet.ca/teams/DIMR/public/Lists/arc/AllItems.aspx>

Privacy

Alberta Health Information Act (HIA) or Freedom of Information and Protection of Privacy Act (FOIP) privacy questions can be directed to the DIMR Data Governance team through the "[DIMR Request Management Tool](#)" or AHSDRR_DGO@albertahealthservices.ca or through [submitting a question through the Analytics Community Forum](#)

Data Quality & Integrity






Consistency and usability questions can be directed to the DIMR Data Governance team through the "[DIMR Request Management Tool](#)" or AHSDRR_DGO@albertahealthservices.ca or through [submitting a question through the Analytics Community Forum](#)

Technical Help

Technical questions and requests for support can be directed to the "DIMR DBA" team at AHSDRR-DBO@albertahealthservices.ca

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AHS Admission, Discharge, Transfer (ADT R1.1)

Available from: April 1, 2007 to current

Data refresh occurrence: Data is refreshed daily for the preceding day

Admission, discharge and transfer for services (Inpatient, Ambulatory and Seniors) attached to an acute facility. ADT sources systems of Meditech for the following sites: ARH = Aspen Regional Health; CHR = Chinook Health Region; DTH = David Thompson Health; ECH = East Central Health; PCH = Peace Country Health; PHR = Palliser Health Region; NLH = Northern Lights Health

Note: This version will be replaced by Release 2.0 ETA October 14, 2016.

AHS Admission, Discharge, Transfer (ADT R1.2)

Available from: April 1, 2007 to current

Data refresh occurrence: Data is refreshed daily for the preceding day

Admission, discharge and transfer for ADT sources systems of VAX and Tandem containing Inpatient and Emergency data only.

AHS Admission, Discharge, Transfer (ADT R2)

Available from: April 1, 2007 to current

Data refresh occurrence: Data is refreshed daily for the preceding day

Once available, will contain admission, discharge and transfer for services (inpatient, ambulatory and seniors) attached to an acute facility. Tables are available for the following sources: Axon, MediPatient (Calgary Rural and Edmonton Area), and PCIS (Alberta Mental Health - Edmonton area).

MediPatient Edmonton – Redwater Healthcare Centre has now transitioned to VAX as the ADT source system. Data within the repository is based on historical information date range being April 1, 2007 to May 31, 2016.

Note:  This release is currently under construction to include Meditech data. ETA October 14, 2016

Alberta Population Cost Utilization

Available from: Only 2010/11 results are presented






Data refresh occurrence: May never be refreshed in the future

Restricted Access – AHS Only

The data tables contain information on Albertan residents only. By "Alberta Residents", it means that a person must be actively covered by the Alberta Health Care Insurance Plan on March 31, 2011, and must have a valid Alberta postal code (Postal codes start with a "T") in his address. The entire dataset is organized in four (4) flat data tables. They respectively hold information on the health care costs and utilization, dummy-coded AEDC (Aggregated Episodic Diagnostic Codes), and dummy-coded CRG (clinical risk groups) of the Alberta population, as well as the socio-economic conditions of the communities where the population resides.

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Alberta Population Cost Utilization 2002-2014

Available from: Utilization data from 2002/03 – 2014/15; cost data from 2004/05 -2012/13

Data refresh occurrence: to be determined

Restricted Access – AHS Only

The data tables (ALTA_REG_UTL_COSTS_2002_14 and ALTA_CHARLSON_INDEX_2002_14) contain information on Albertan residents only. By "Alberta Residents", it means that a person must be actively covered by the Alberta Health Care Insurance Plan (AHCIP) on March 31 of each fiscal year, and must have a valid Alberta postal code (Postal codes start with a "T") in his address. The ALTA_REG_UTL_COSTS_2002_14 table holds information on the AHCIP registry, geographic location, clinical risk group (CRG), health care costs and utilization of the Alberta population. The ALTA_CHARLSON_INDEX_2002_14 contains information on the 17 chronic conditions that compose of the Charlson index plus hypertension, the original Charlson index and a modified Charlson index of the same population.

Alberta Wait Time Registry (AWTR)

Available from: July 2003 to current

Data refresh occurrence: Monthly (refreshed on the 1st Monday of each month)

In 2003, Alberta Health & Wellness (AHW) introduced a website which provides information on wait times for surgical and medical procedures. The Alberta Wait Times Reporting (AWTR) provides accurate and current wait times across the province for publicly funded surgeries and selected diagnostic services. The registry shows aggregate non-identifiable data for how many patients are currently waiting for a procedure by hospital and by physician, and the wait time associated to an elective surgery or diagnostic imaging procedure.

The Alberta Wait Times Reporting is the result of one of the recommendations of the Premier's Advisory Council on Health. The information on the registry will be used to set realistic access targets and proceed with booking services.

Each month, the ETL runs and calculates new wait time information, based on existing data and the new data that has been received during the month.

Alberta Ambulatory Care Reporting System (AACRS)

Available from: April 1, 2002 to March 31, 2010






Data refresh occurrence: No further Updates as AACRS is replaced by NACRS (Note: Available in flat file format)

For further information, contact Data Manager Janet Johnston Janet.Johnston@albertahealthservices.ca

The Alberta Ambulatory Care Reporting System is facility-based ambulatory care information (same-day surgery day procedures, emergency room visits, and community rehabilitation program services occurring in publicly-funded facilities). This dataset contains recipient, service, diagnosis and procedure interventions. Also includes information about providers and derived elements (e.g., groups).

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Alberta Ambulatory Care Reporting System (AACRS) Mental Health View

Available from: April 1, 2002 to March 31, 2010

Data refresh occurrence: No further Updates as AACRS is replaced by NACRS (Note: Available in flat file format)

For further information, contact Data Manager Janet Johnston Janet.Johnston@albertahealthservices.ca

The AACRS (Alberta Ambulatory Care Reporting System) mental health view is a subset of the larger facility-based ambulatory care information (same-day surgery day procedures, emergency room visits, and community rehabilitation program services occurring in publicly-funded facilities) dataset based on specific provider service or diagnoses related to mental health. The view is available to all users with access to the abstract data.

Clinical Risk Grouper (CRG)

Available from: April 1, 2001 - March 31, 2013

Data refresh occurrence: Annually

Expected to be update fall 2015 after the PIN Release 1 Phase 2 dataset has been completed.

For further information, contact Data Manager Richard Schorn Richard.Schorn@albertahealthservices.ca

Time series assigning each Alberta resident registered with the Alberta Health Care Insurance Plan (AHCIP) into a Clinical Risk Group* (CRG) for each fiscal year based on their recorded diagnosis and procedure codes (ICD9, ICD9-CM, ICD10-CA, CCI). Diagnosis and procedure information is sourced from a variety of health care sectors including but not limited to hospitals, emergency rooms, urgent care centers, and specialist and family practice settings. Demographic and geographic information is attached to each record. This population-based grouper allows for clinically relevant risk adjustment, enhanced planning and innovative economic studies. *The CRG grouping algorithm was developed and is maintained by 3M.

Continuing Care

Available from: January 2007 to Current

Data refresh occurrence: Monthly

For further information, contact Aaron Sheldon aaron.sheldon@albertahealthservices.ca

The Continuing Care application hosted on AHSDRRX provides provincially conformed integrated access to data from 4 sources: Civica-Paris, Meditech, ACCIS and Strata Health Pathways. The application provides pl\SQL based access to provincial long term care ADT and RAI data, home care RAI, administrative, and service activity data. All access to the conformed data is through three top level packages containing overloaded pipelined functions:


Alberta Health (AH) ACCIS (Alberta Continuing Care Information System)

Long Term Care (complete in ACCIS source):

The long term care data set is up to date to July 1, 2015. Data submissions to ACCIS by long term care facilities started in January 2010 and is ragged in the most recent month of refresh due to latencies in data entry, submission to AH, and validation against AH established business rules. Historically, and currently 173 out of 174 sites submit data to AH through ACCIS, with the exception of a single site in Lloydminster

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which for historical reasons submits data to Saskatchewan. Currently the Data Architecture group is working on ACCIS Release 3.9.1.

Home Care (incomplete in ACCIS source):

ACCIS submissions by Meditech of only home care admission and registration data started in June 2012 for clients who were in home care effective April 1, 2011 onwards. The Meditech submission of RAI-HC assessments is still pending. Calgary Zone representatives are working on developing the RAI-HC extract and have yet to go through conformance testing with the AH ACCIS system. ACCIS is ready to receive home care/supportive living service detail records which include workload information, but have not yet begun. Currently the Data Architecture group is working on ACCIS Release 3.9.1.

Details:

We provide access to all ACCIS long term care information through the ACCIS package. The package accesses both the normalized source data and the de-normalized data applicable analysis and reporting. LTC admission discharge transfer functions are overloaded to provide data de-normalize to either one record per stay, or census records per census interval. The RAILTC functions provided all fields and scores of each assessment, overloaded to calculate the sequence of the assessment within a census interval.

Until the limitations on the data completeness of the home care submissions are fully resolved this data will not be provided in the packages.

HOME_CARE – Civica Paris and Meditech Clinical Administrative Information

Meditech:

Clinical administrative data is replicated on demand at the end of each month from Meditech via the Meditech NPR system and the MS SQL Server DR. This data includes client details and contact information, admissions, program enrolments, CIHI group assignments, case manager assignments, office site assignments, episodes of care, waitlist dates, program preferences, PCS documentation, authorizations, interventions, and the dictionaries of programs and office sites.

Civica-Paris:






Clinical administrative data is replicated on demand at the end of each month from the PARQ environment. This data includes central index client details, team referrals, relationships, actions, and discharges, involved professionals, CIHI group assignments, activity documentation, external organization stays, as well as the supporting reference tables.

Details:

The HOME_CARE packages provide overload functions that produce both stay structured and census structured from provincial conformed home care encounter registrations, CIHI client group assignments, office site assignment, case manager assignments, places of residence, and activity data. The latest addition is a comprehensive client-day census that resolves collisions between events to generate one record per client per day.

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RAIHC – Civica Paris, and Meditech RAI HC

Meditech Sites and PARIS (Incomplete in ACCIS source):

Meditech:

The RAI-HC data is replicated by an automated NPR download that occurs at the end of the month.

Civica-Paris:

The RAI-HC data is replicated on demand at the end of each month from the PARQ environment.

Details:

The RAIHC package provides functions for accessing all the assessment fields, scores, and measures. To ensure comparability, consistency, and correctness the scores are calculated using a single provincial canonical implementation of the CIHI specifications. All score algorithms have been validated using both the CIHI test data sets and through systematic unit testing of all logical branching. Overloading is used to calculate the sequence of the assessment within a census interval.

For Continuing Care metadata – please refer to the SharePoint website
<https://share.ahsnet.ca/teams/DIMR/Projects/Proj-CA/CC/SitePages/Home.aspx>

Diagnostic Imaging (DI)

Available from: January 1, 2011 to Current

Data refresh occurrence: Daily (7 days latency)

Restricted Access

For further information, contact Data Manager Ming Zhang Ming.Zhang@albertahealthservices.ca

The DI Shared Data Model contains data elements from three different Radiology Information Systems (RIS); Calgary (Cerner Millennium), Edmonton (AGFA RIS) and Meditech (Aspen, Chinook, David Thompson, East Central, Northern Lights, Palliser and Peace Country) and excludes any non-Alberta Health Services (AHS) data. Data is located in a restricted schema and includes all DI interventions and diagnostic tests as per the CPEL Translation Table (Reference Table) as well as a collection of identifiable patient data from each RIS's ADT clinical source system.

Emergency Department Data – (ED R2) *

Available from: April 2010 to current

Data refresh occurrence: Daily






***Restricted Access: ED R2 – SCM/SEC Only**

ED data is now available for selected data elements (see metadata documentation) for the emergency department visits from the following systems:

Meditech Hospitals (Rural Area Acute Care Sites): Chinook Regional Hospital (Lethbridge), Medicine Hat Regional Hospital, Northern Lights Regional Hospital (Fort McMurray), Red Deer Regional Hospital.

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EDIS (Edmonton Area Acute Care Sites): Grey Nuns Community Hospital, Leduc Community Hospital, Misericordia Community Hospital, Royal Alexandra Hospital, Sturgeon Community Hospital, University of Alberta Hospital, Westview Health Centre, Northeast Community Health Centre.

REDIS (historical) and SCM/SEC (Calgary Area Acute Care Sites): Regional Emergency Department Information System (REDIS) for Calgary Urban has been decommissioned as of:

REDIS to SEC Transition Dates:

Sheldon M. Chumir Health Centre, South Calgary Health Centre: March 12, 2013
Alberta Children's Hospital, Rockyview General Hospital: April 16, 2013
Foothills Medical Centre, Peter Lougheed General Hospital: May 22, 2013
South Calgary Health Campus: June 05, 2013

Funding Methodology Database Administrator - FMDBA

Available from: 1993 - 2008

Data refresh occurrence: Data is not required to be updated at this time; most current representation.

For further information, contact Data Manager Ryan Stevenson

Ryan.Stevenson@albertahealthservices.ca

The FMDBA tables are made available by AHW; it contains inpatient and ambulatory data with additional value added fields. It is standardized, grouped and loaded.

Human Resources HR - Exit Interviews

Available from: August 2011 onwards

Data refresh occurrence: Bi-monthly

For further information, contact Data Manager Rose Petrovic Rose.Petrovic@albertahealthservices.ca

AHS HR-Exit Interview survey data is available for selected data elements. The dataset is collected using the HR-Exit Interview instrument administered for all voluntary separated AHS employees via telephone interview method within the four months of termination. It contains staff survey responses regarding their experience with AHS.

Human Resources (HR) Workforce Data

Available from: July 2009 to Current

Data refresh occurrence: Monthly






Confidential Data Asset

For further information, contact Data Manager Ngoc Tran (ngoc.tran@albertahealthservices.ca) or **Wendy Weng** (wendy.weng@albertahealthservices.ca)

This dataset contains employment information about AHS employees and positions such as status, job code, classification, union, work location, assigned full-time equivalency (FTE), functional center, etc. The source of data from July 2009 to April 2013 is from e-People and legacy systems. The source of data from May 2013 to March 2016 is from e-People via e-Manager. The source of data from April 2016 to current is from e-People via Employee Extract files. Employee information is confidential and highly protected. Therefore it is de-identified prior to

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disclosure. Employee identifiers are uniquely generated by Oracle. See the metadata documentation for more information.

Inpatient - Discharge Abstract Database (DAD)

Available from: April 1, 2002 to Current

Data refresh occurrence: Monthly

For further information, contact Data Manager Janet Johnston Janet.Johnston@albertahealthservices.ca

The discharge abstract database is a database for information on all AHS separations for acute care institutions, including discharges, deaths, sign-outs and transfers within a fiscal year (April 1 to March 31). Over time, the DAD has also been used to capture day surgery procedures, long-term care, rehabilitation and other data.

In 2017-2018, Alberta Health is implementing changes CIHI introduced in 2014-15. Over the next several months, 20 new projects will be added to DAD. These changes will be completed by mid-May, ready for the April 2017 data load.

Inpatient - Discharge Abstract Database (DAD) - Materialized View

Available from: April 1, 2002 to Current

Data refresh occurrence: Monthly

For further information, contact Project Coordinator Keith Mah Keith.Mah@ahs.ca

The Inpatient – Discharge Abstract Database (DAD) Materialized View is based from the above Inpatient – Discharge Abstract Database (DAD) dataset and will provide analysts and other qualified users with access to 2 flat views (main, intervention) that contain all descriptions that are currently obtained by linking to reference tables. Continued access to existing views, as well as value added fields, metadata, etc., will still be available in the current environment.

Inpatient - Discharge Abstract Database (DAD) - modified Third-Normal Form (3NF)

View  

Available from: April 1, 2002 to Current






Data refresh occurrence: Monthly

For further information, contact Project Coordinator Keith Mah Keith.Mah@ahs.ca

The Inpatient – Discharge Abstract Database (DAD) modified Third-Normal Form (3NF) View is based from the above Inpatient – Discharge Abstract Database (DAD) – Materialized view dataset and will provide analysts and other qualified users with access to 6 normalized views (DAD base, diagnosis, physician, provider, special care unit, transfer unit). Value added fields will also be available in the dataset (e.g. total length of stay, grouper output fields, etc.). Continued access to existing views, as well as value added fields, metadata, etc., will still be available in the current environment.

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Inpatient Mental Health View

Available from: April 1, 2002 to Current

Data refresh occurrence: Monthly

For further information, contact Data Manager Janet Johnston Janet.Johnston@albertahealthservices.ca

The inpatient mental health view is a subset of the larger inpatient dataset based on specific institution type or provider service or diagnoses related to mental health. The view is available to all users with access to the abstract data.

Inpatient Intervention Mental Health View

Available from: April 1, 2002 to Current

Data refresh occurrence: Monthly

For further information, contact Data Manager Janet Johnston Janet.Johnston@albertahealthservices.ca

The inpatient intervention mental health view is a subset of the larger inpatient dataset based on specific institution type or provider service or diagnoses related to mental health. It only contains fields related to the 20 interventions available in the inpatient data and can be linked to the AHS_IP_MH view using the SEQNUM field. The view is available to all users with access to the abstract data.

Inpatient - Discharge Abstract Database (DAD) - Still Birth

Available from: April 1, 2002 to Current

Data refresh occurrence: Monthly

For further information, contact Data Manager Janet Johnston Janet.Johnston@albertahealthservices.ca

Still birth data is a subset of the larger inpatient data set. It is however, separated out into its own table.

Laboratory

Consolidated Laboratory Data Repository (CLDR)*

Available from: April 1, 2015 to Current

Data refresh occurrence: Daily

Access Restricted to Lab Provincial Data Team during Testing & Data Validation

Restricted Access to Third-Party (non-AHS) Procedures

Case-by-case privacy review required for access to identifiable information






For further information, contact Data Manager Bruce Storms Bruce.Storms@cls.ab.ca

*NOTE: The dataset name is currently under review and may change.

Initially structured as "Lab Release 2", the CLDR has been designed as a dimensional data mart with a robust and forward-thinking architecture that will scale easily to simplify the addition of future enhancements. This design allows for faster querying, smaller database sizes, and is very efficient for data warehousing.

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Provincial data from the "general lab" domain will be extracted and loaded followed by other lab domains by extracting and integrating the fields that are unique to Microbiology, Transfusion Medicine and Anatomical Pathology.

The CLDR has approximately 25 fields that will capture both historical and current data states (e.g. PHN, DOB, Test Names, Test Codes, and Provider Sites). This will allow queries to be run on the data, as it existed at a certain point in time, not just the most accurate data. This will allow data pulls, for example, on current or historical data for provider locations patient identifiers, and test name changes.

Additionally, CLDR is leveraging North American and global best practices for data conformity, working closely with the Lab Standards project to integrate LOINC, PCLOCD and SNOMED coding for test procedure analytics.

A de-identified CLDR view will also be provided with daily (with up to 24 hours of latency) updates from Sunquest (Edmonton), Millennium (Calgary and ProvLab) and Meditech (Rest-of-province). Historical data may be added at a later date.

Medical Laboratory (General)

Available from: LabFusion: Jan 1, 2009 to current. Meditech: Jan 1, 2009 to current. Millennium: Apr 1, 2012 to current.






Sunquest: Apr 1, 2012 to current.

Data refresh occurrence: Daily (with up to 8 day's latency)

Note: As of March 25, 2015 LabFusion has been upgraded to Optimum Lab (no change to table name)

The Laboratory Project Release 1 is all AHS general lab tests and includes clinical chemistry, toxicology, hematology, serology, urinalysis and immunology. Sites included - Meditech, Millennium, Sunquest and LabFusion/Optimum Lab. The data acquisition project objective included moving data from the Lab source systems to the AHSDRR with minimal transformation. The data assets will meet the following minimum conformance: standardize date and time, data type and standardize names across the sources. Laboratory test codes (approx. 78) have been provided to us from the analytical community and will be utilized to begin standardizing provincial test codes. This will mitigate any confusion on test code names for reporting purposes. The Lab Business stakeholder has agreed that this work needs to commence and will include the AHSDRR Data Governance team in their Standards Working Group.

There is also a consolidated view of selected data elements from the four source systems.

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 Reference Table(s) Available

National Ambulatory Care Reporting System (NACRS)

Available from: April 1, 2010 to Current

Data refresh occurrence: Monthly

For further information, contact Data Manager Janet Johnston Janet.Johnston@albertahealthservices.ca

The National Ambulatory Care Reporting System is facility-based ambulatory care information (same-day surgery, day procedures, emergency room visits, and community rehabilitation program services occurring in publicly-funded facilities). This dataset contains recipient, service, diagnosis, and procedure interventions. Also includes information about providers and derived elements (e.g., groupers)

In 2017-2018, Alberta Health is implementing changes CIHI introduced in 2014-15. Over the next several months, 20 new projects will be added to NACRS. These changes will be completed by mid-May, ready for the April 2017 data load.

National Ambulatory Care Reporting System (NACRS) Mental Health View

Available from: April 1, 2010 to Current

Data refresh occurrence: Monthly

For further information, contact Data Manager Janet Johnston Janet.Johnston@albertahealthservices.ca

The NACRS (National Ambulatory Care Reporting System) mental health view is a subset of the larger facility-based ambulatory care information (same-day surgery, day procedures, emergency room visits, and community rehabilitation program services occurring in publicly-funded facilities) dataset based on specific provider service or diagnoses related to mental health. The view is available to all users with access to the abstract data.






National Ambulatory Care Reporting System (NACRS) – Materialized View

Available from: April 1, 2010 to Current

Data refresh occurrence: Monthly

For further information, contact Project Coordinator Keith Mah Keith.Mah@ahs.ca

The NACRS – Materialized View is based from the above NACRS dataset and will provide analysts and other qualified users with 2 flat views (main, intervention) that contain all descriptions that are currently obtained by linking to reference tables. Continued access to existing views, as well as value added fields, metadata, etc., will still be available in the current environment.

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 Reference Table(s) Available

National Ambulatory Care Reporting System (NACRS) – Modified Third Normal Form (3NF)

View  

Available from: April 1, 2010 to Current

Data refresh occurrence: Monthly

For further information, contact Project Coordinator Keith Mah Keith.Mah@ahs.ca

The modified 3NF view is based from the NACRS – Materialized View as above and will provide analysts and other qualified users with 4 normalized views (NACRS base, diagnosis, provider, procedure). Value added fields will also be available in the data set (e.g. total minutes for entire visit, grouper output fields, etc.). Continued access to existing views, as well as value added fields, metadata, etc., will still be available in the current environment.

National Rehabilitation System (NRS)

Available from: 2000 to Current (January 31, 2015)

Data refresh occurrence: Quarterly

The National Rehab Provides a data set of information regarding a client's rehabilitation in inpatient rehabilitation facilities and the outcomes of their care. Data set sent to AHSDRR from CIHI.

Operating Room (OR)

Available from: January 1, 2004 to Current*

Data refresh occurrence: Monthly

Restricted Access

Once completed, this identifiable dataset will hold provincial main operating room surgical data by facility.

*To be confirmed

Patient Satisfaction Survey






Child - HCAHPS - Child Patient Experience Survey

Available from: October 2015 to current Hospital Discharges

Data refresh occurrence: Quarterly

For further information, contact Data Manager Rose Petrovic Rose.Petrovic@albertahealthservices.ca

Patient Satisfaction Survey data is available for selected data elements. The dataset is collected using the Child - HCAHPS instrument administered for 14 hospitals in Alberta via telephone interview method. It contains patient satisfaction data with child acute care patient data. Note: this survey is being transitioned from the HCIES – Hospital Child Inpatient Experience Survey instrument for data October 2015 onwards.

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 Reference Table(s) Available

HCAHPS - Adult Patient Experience Survey

Available from: April 2011 to current

Data refresh occurrence: As required

For further information, contact Data Manager Nancy Chan Nancy.Chan@albertahealthservices.ca

Patient Satisfaction Survey data is available for selected data elements. The dataset is collected using the H-CAHPS instrument administered province wide via telephone interview method. It contains patient satisfaction data with adult acute care patient data.

HCIES – Hospital Child Inpatient Experience Survey

Available from: April 2011 to September 2015 Hospital Discharges

Data refresh occurrence: No longer updated

For further information, contact Data Manager Rose Petrovic Rose.Petrovic@albertahealthservices.ca

Patient Satisfaction Survey data is available for selected data elements. The dataset is collected using the HCIES (Hospital - Child Inpatient Experience Survey) instrument administered for two pediatric hospitals in Alberta via telephone interview method. It contains patient satisfaction data with child acute care patient data. Note: this survey has been transitioned to Child-HCAHPS instrument from October 2015 onwards.

Perinatal

Available from: 2004 - 2008

Data refresh occurrence: No further updates to date.

The Alberta Perinatal data set contains data from all hospital facilities where women gave birth and from registered midwives attending out of hospital births in Alberta. It includes information on pregnancy, birth, and mortality. The perinatal project has been prioritized and is slated to be updated the AHSDRR with data for 2009, 2010 and 2011 in the upcoming months.

For further information, contact Data Manager Susan Crawford Susan.Crawford@albertahealthservices.ca

Pharmacy

Available from: April 1, 2012 to Current

Data refresh occurrence: Daily (1 day latency)






Restricted Access

For further information, contact Data Manager Troy Lohnes Troy.Lohnes@albertahealthservices.ca

Once completed, this identifiable dataset will hold enriched Pharmaceutical information that is sourced from the provincial Alberta Health Services VAX (Edmonton), BDM - Centricity (Calgary, Edmonton and Cancer Control), Meditech (Aspen, Chinook, David Thompson, East Central, Northern Lights, Palliser and Peace Country), Cerner Millennium (Edmonton), SCM – Sunrise Clinical Manager (Calgary) and Oracle R12 (Financial) source systems.

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Data will include information on medication dispenses/orders, inventory transfers, purchase orders/receipts and financial transactions. The information and accompanying reference tables will be updated on an ongoing basis.

Pharmaceutical Information Network (PIN)

Available from: 2002 to Current

Data refresh occurrence: Weekly

Restricted Access

Pharmaceutical Information Network (PIN) is the central repository of prescription drugs dispensed from community pharmacies. The data is patient identifiable and includes, but not limited to data elements such as Patient Identification Data (ULI, DOB), Drug Name, Drug Identification Number (DIN), Drug Dose, Quantity Dispensed, and Number of Days Supplied. This is a primary dataset for community drug utilization reviews (DUR) for quality improvement, research and evaluation in Alberta Health Services (AHS).

PIN includes historical data from 2002 to current and is updated on a weekly update schedule. All available reference tables from Alberta Health and the Health Canada Drug Product Database (HCDDP) are also loaded and updated on a regular schedule.

Population Health

Available from: 1994 - 2042 (Dataset Projection)

Data refresh occurrence: As Required

For further information, contact Data Manager Ryan Stevenson

Ryan.Stevenson@albertahealthservices.ca

This table contains six data elements of the Patient/Care-Based Funding Population database. These elements contain information about specific populations from 1994 onward. The elements can be linked via postal code to other data sets for further information about that population. Data is derived from the Provincial Registry data using the Alberta Health Population Projections which are updated approximately every three years. The Alberta Health Population Projections were last updated July 2015.

Position Hierarchy

Available from: Current State Only –Historical data is not available






Data refresh occurrence: Weekly

For further information, contact Data Manager Stu Fowler at stu.fowler@ahs.ca

The Position Hierarchy subject schema contains two basic tables for current position hierarchy and employee information. These tables are refreshed weekly from DRM (Hyperion Data Relationship Management) after DRM production runs. The data contains AHS and its subsidiaries as well as Covenant. Analysts requiring up to date position hierarchy information may find this data helpful. Data joins are responsibility of the analyst. Confidential data or data from the employee perspective or historic data should be accessed from the HR Workforce data set.

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Practitioner Claims

Available from: April 2001 to Current (March 2016)

Data refresh occurrence: Annually (third quarter)

Restricted Access – AHS Only, Not Available for Research

For AHS Use Only – Not for redistribution

Privacy of providers is highly protected under the HIA and therefore de-identified prior to disclosure.

The restricted AHSDRR CLAIMS dataset has been in production since February 2012 and contains identifiable Historic Health Service Provider Claims data, provided by Alberta Health, relating to claims submitted for payment of Alberta service providers for health services delivered under the Alberta Health Care Insurance Plan (AHCIP).

Provincial Registry

Available from: April 1, 1994 to Current (March 31, 2016)

Data refresh occurrence: Annually (third quarter)

The AHSDRR Provincial Registry table is also referred to as Population Demographics and made available by Alberta Health. Data is extracted from the Alberta Health Care Insurance Plan (AHCIP) Registry and provides basic medical and hospital insurance coverage for most Albertans under the Canada Health Act. The number of registrants is used as a proxy for populations of the regional health authorities for the Annual Population Funding Model.

Pulmonary Diagnostics – Pulmonary Function Tests (PFT)

Available from: January 2008 to December 2016

Data refresh occurrence: Quarterly

Restricted Access






Pulmonary function tests (PFT) are the “gold standard” for diagnosing airways disease (analogous to APPROACH testing with cardiac disease) and the ability to accurately identify patients with airways disease from a common data repository will facilitate the development of targeted programs, assessment of respirology related programs, health policy planning, as well as increasing the granularity and accuracy of research based on administrative data.

This dataset will continue to be updated on a quarterly basis using a drop and reload strategy at 4AM on the day after the end of the quarter. I.e. The data loaded on Oct 1, 2016 will contain visits between Jan 1, 2008 and Sept 30, 2016. Although there is data from 2008 forward, it is important to note that there are very few records available until regular entry into the nSight database began in 2010.

Note: The data within this data asset is patient identifiable and must be treated as confidential information.

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 Reference Table(s) Available

Sunrise Clinical Manager (SCM)

Available from: 2011 - Current

Data refresh occurrence: Daily

Restricted Access

For further information, contact Data Manager Kevin Lonergan Kevin.Lonergan@albertahealthservices.ca

The Sunrise Clinical Manager (SCM) dataset is a collection of ~35 tables that includes demographic and visit history, care providers, allergies, location history, orders (lab, DI, medications, consults and referrals, nursing, diet, etc.), medication administrations, results (excluding textual results), health issues (diagnosis), clinical documents and observations (e.g., nursing flow sheets, discharge summaries, triage notes, etc.), and more.

This content is available in two schemas, one that contains raw transactional data that is minimally conformed, and one that contains select conformed, analyst friendly tables (currently 'orders' and 'medication administrations').

SCM is used extensively in all Calgary zone acute facilities and emergency departments, and in some outpatient clinics. As use can vary widely, workflow and configuration assumptions must be carefully reviewed when using this data source.

Syrian Refugee PHN (Alberta)






Available from: Dec 2015 to May 2016

Data refresh occurrence: Monthly

For further information, contact Data Manager Julie Zhang: Julie.zhang2@albertahealthservices.ca

Confidential data asset restricted to Public Health Surveillance Team

This data is sent from Alberta Health on monthly basis with updates on PHNs identified as Syrian Refugees.

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 Reference Table(s) Available

Vital Statistics

Vital Statistics are defined as records dealing with births, stillbirths and deaths; all events which have to do with an individual's entrance or departure from life, together with changes in civil status.

Vital Stats is a series of important datasets for the analytic community. Analysts rely on the information to accurately report births and deaths among Albertans to support health service planning.

Vital Stats data is provided by Alberta Health to the Alberta Health Services Population and Public Health department for consumption. The Population and Public Health department reviews and may cleanse or derive some data and then submits the data to AHSDRR for warehousing. Currently Vital Statistics is updated on an annual basis.

Vital Stats - Birth Registry

Available from: 1983 to Current (December 31, 2015)

Data refresh occurrence: Annually (fiscal year)

Vital Stats - Death Registry






Available from: 2000 to Current (March 31, 2015)

Data refresh occurrence: Annually (fiscal year)

Vital Stats - Stillbirth Registry

Available from: 1983 to Current (December 31, 2015)

Data refresh occurrence: Annually (fiscal year)

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 Reference Table(s) Available

Master Reference Tables

Canadian Institute for Health Information (CIHI)

Available publication: 2002 to 2015

Data refresh occurrence: Annually

For further information, contact Data Manager Janet Johnston Janet.Johnston@albertahealthservices.ca

MRT_CCI_EXTNT

Extent Attribute is used to indicate, where appropriate, a quantitative measure related to the intervention (e.g. length of laceration repaired, number of anatomical structures involved). It should be noted that not all CCI codes require or allow coding of extent attributes.

MRT_CCI_EXTNT_VALD

A table listing the CCI codes where an Extent Attribute is applicable. It should be noted coding of extent attributes is mandatory with specific codes, as determined by CIHI, but is otherwise optional.

MRT_CCI_INTRVN

The Canadian Classification of Health Interventions, referred to as CCI, is a multi-axial classification of health-related interventions, developed and maintained by the Canadian Institute for Health Information (CIHI). CCI codes provide comprehensive coverage of diagnostic, therapeutic and other associated healthcare interventions excluding laboratory and pathology procedures upon specimens and compounding and manufacturing of health-related devices and products. It is designed to be provider and location neutral so that it may be used across the continuum of healthcare settings in Canada. CCI has an alphanumeric structure with a code length maximum of 10 characters.

MRT_CCI_LOC

Location Attribute is used to identify additional anatomical detail or information for example, laterality (e.g. (L)eft, (R)ight, (B)ilateral). It should be noted that not all CCI codes require or allow coding of location attributes.

MRT_CCI_LOC_VALD






A table listing the CCI codes where a Location Attribute is applicable. It should be noted coding of location attributes is mandatory with specific codes, as determined by CIHI, but is otherwise optional.

MRT_CCI_RBRC

CCI Rubric is the first five characters of a CCI code. The table is used for rolling up data above the code level for internal reporting purposes.

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[MRT_CCI_SECT_GRP_BLK](#)

A table of CCI Sections, which is the first character of the CCI code, Groups, which are the first 3 characters of the CCI code, and Blocks which are a range of CCI codes at the 3 character level. There are 8 CCI Sections:

- 1: Physical and physiological therapeutic interventions
- 2: Other diagnostic interventions
- 3: Diagnostic imaging interventions
- 5: Obstetrical and fetal interventions
- 6: Cognitive, psychosocial and sensory therapeutic interventions
- 7: Other healthcare interventions
- 8: Therapeutic interventions strengthening the immune system and/or genetic composition

Examples of Groups:

- 1AA Therapeutic Interventions on the Meninges and Dura Mater of Brain
- 1AZ Therapeutic Interventions on Central Nervous System NEC

Example of a Section:

- 1AA – 1AZ Therapeutic Interventions on Brain and Spinal Cord

The table is used for rolling up data above the code level for internal reporting purposes.

[MRT_CCI_STS](#)

Status attribute is used to further describe interventions which may be "Repeats/Revisions", "Abandoned after Onset", "Converted", "Delayed", or "Staged" for example. It should be noted that not all CCI codes require or allow coding of status attributes.

[MRT_CCI_STS_VALD](#)

A table listing the CCI codes where a Status Attribute is applicable. It should be noted coding of status attributes is mandatory with specific codes, as determined by CIHI, but is otherwise optional.

[MRT_ICD_10_CAT](#)






An ICD10CA Category is the first 3 or 4 characters of the diagnosis code. The table is used for rolling up data above the code level for internal reporting purposes.

[MRT_ICD_10_CA_CHPTR_BLK](#)

A table of ICD10CA Chapters, and Blocks of codes. Each of the 22 chapters (01 to 23 excluding 22) is comprised of a range of ICD10CA codes at the 3 character level. An example is Chapter 01 - Certain infectious and parasitic diseases (A00-B99). A Block is a range of ICD10CA codes at the 3 character level. An example is A00 – A09 Intestinal infectious diseases (A00-A09). The table is used for rolling up data above the code level for internal reporting purposes.

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[MRT_ICD_10_CA_DX](#)

ICD-10-CA is the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada. It is based on the World Health Organization (WHO) ICD-10. ICD-10-CA is the official classification used for reporting mortality data in Canada. ICD10CA is an alphanumeric coding scheme of one letter followed by two or more numbers to a maximum of 6 characters. A coding classification transforms descriptions of medical diagnoses into codes, bringing together similar clinical concepts and groups them into categories. There are a limited number of categories making the classification manageable.

Master Delivery Site

Available: Up to Current

Data refresh occurrence: Monthly

The Delivery Site Registry (DSR) is a Department of Health owned and web-based application used to retain information on sites where health services are delivered. A key cornerstone of the Alberta Netcare Electronic Health Record (EHR), DSR provides timely and accurate information for the health system to support the delivery of medical services, treatments and care.

A Delivery Site is a combination of a physical location and a type of service provided. This means many Delivery Sites could exist at the same location, each site providing unique services; for example, a hospital may have a Diagnostic Imaging Clinic, a Laboratory Collection Clinic and an Inpatient Pharmacy. Each of these would be defined as a distinct Delivery Site as all three have the same location but a different Delivery Site Type (to identify the service).

Alberta Health (AH) Business Intelligence Environment (BIE) Operational Data Store Production (ODS_PROD) - Delivery Site Registry (DSR) is utilized to populate these provincial sites. The DSR provides generated MACAR numbers which are utilized in DAD/NACRS reporting (5 characters e.g. Nursing Home), and regional/zone based MACAR submission number for specific ambulatory requirements. Historical and generic MACAR information provided for those Institutions are not available from the Delivery Site Registry but were provided in a one-time load. Analytics (DIMR) Reporting Services maintains non-DSR specific data elements (e.g. report site initial and name) to support ongoing reporting requirements. The AHSDRR maintains referencing tables MRT_GEO_PROV_STATE and POSTAL_CODE which are also provided for specific data element requirements.

Postal Code

Available: To current month

Data refresh occurrence: Monthly (usually available within first week)



Historical Data is also available on a monthly basis starting December 2011

Web version available at: <http://insite.albertahealthservices.ca/drs/tms-drs-pub-pctf.csv>

The Postal Code OM Translator File (PCTF) is a file that assigns postal codes to various geographic boundaries. Postal Code is an official mark of Canada Post Corporation.

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Prior to April, 2011, the PCTF was produced by the Ministry of Finance and Enterprise. Postal codes were assigned to geographic boundaries by examining the address range for each postal code and assigning the most appropriate Statistics Canada Census Dissemination Area to each postal code. A drawback of this approach is that all postal codes assigned to a particular DA had identical geographic coordinates, limiting analyses at geographies smaller than the DA. Beginning in April 2011, the PCTF is being produced by the Ministry of Health and Wellness. The method for assigning postal codes to geographic boundaries differs from the previous PCTF. Each postal code is still assigned to a single location, but it is assigned latitude and longitude coordinates, rather than strictly being assigned to a Dissemination Area. The latitude and longitude coordinates provide a better understanding of the unique location of each postal code. Once the postal code is assigned latitude and longitude coordinates, the coordinates are used to assign the postal code to a 2006 Census Dissemination Block (DB). The DB is then used to assign the postal code to a variety of different reporting boundaries used within the Government of Alberta (GOA).

World Health Organization (WHO) ATC/DDD

Available publication: 2016

Data refresh occurrence: Annually (calendar year)

The Anatomical Therapeutic Chemical (ATC) classification system and the Defined Daily Dose (DDD) as a measuring unit are recommended by the WHO for drug utilization studies.

Originally purchased from WHO (World Health Organization) in 2015, this annually updated set of reference tables is intended to be used in conjunction with any dataset that references ATC or DDD codes. Metadata gathered from WHO Collaborating Centre for Drug Statistics Methodology, Guidelines for ATC classification and DDD assignment 2015 (Oslo, 2014 18th Edition).

The January 2017 is currently under review and will be updated in the next few weeks.

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Data Stores

The Analytics (DIMR) Data Stores Folders are used for the following purposes:

- Shared folders (LAND) are utilized for the purpose of getting files from Source System and utilizing Informatica Tool to load data in AHSDRR.
- Utilize as a secured location, where Analyst Group can share files within Team as shared folder.

Statistics Canada

Canadian Community Health Survey (CCHS)

Data refresh occurrence: Data is a one-time microdata file

This non-identifiable Microdata File contains characteristics pertaining to survey information. This is a licensed product, subject to the terms of the license agreement.

The Canadian Community Health Survey (CCHS) is a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the Canadian population. It surveys a large sample of respondents and is designed to provide reliable estimates at the health region level.

CCHS - a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the Canadian population.






CCHS Cycle 2.2 Nutrition - national health survey that collects information from Canadians about their eating habits and use of vitamin and mineral supplements, as well as other health factors.

Canadian Tobacco & Drugs Survey (CTADS)

Data refresh occurrence: Data is a one-time microdata file

This non-identifiable Microdata File contains characteristics pertaining to survey information. This is a licensed product, subject to the terms of the license agreement.

The Canadian Tobacco, Alcohol and Drugs Survey (CTADS) is a biennial general population survey of tobacco, alcohol and illicit drug use among Canadians aged 15 years and older. It replaces the Canadian Tobacco Use Monitoring Survey (CTUMS) which was conducted from 1999-2012 and the Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) which was conducted from 2008-2012. The CTADS merged the core tobacco content from CTUMS and the core drug and alcohol content from CADUMS resulting in more efficient data collection and providing a tool to monitor and compare the use of multiple products and substances with addictive properties. The CTADS is conducted by Statistics Canada on behalf of Health Canada.

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 Reference Table(s) Available

National Population Health Survey – Household Component

Data refresh occurrence: Data is a one-time microdata file

This non-identifiable Microdata File contains characteristics pertaining to survey information. This is a licensed product, subject to the terms of the license agreement.

The Household component is a longitudinal (collecting health information from the same individuals each cycle) survey containing information on the health of the Canadian population and related socio-demographic information.