

Row #	Change #	Data Element/Change	Description of Change	Decision	Rationale
Open Year Changes for FY 2011-2012					
i	New	Date of Non-Physician Initial Assessment (DE 133)	Modified edit 13304 (ON only) to address provincial guidelines that only mandate specific provider services to be used for Date/Time NP/IA.	Yes; Implemented in 2011/12	To ensure Ontario facilities are meeting provincial mandates.
ii	New	Health Care Number(DE 02)	<ul style="list-style-type: none"> • Deleted Edit 0222 (SK only) currently combines several HCN edit checks into one verification rule and the error message is not clear as to why a record may have been rejected. • Added edits 0231, 0232, 0233 and warnings W0201, W0202, W0203 to ensure clarity regarding each edit validation. Edits will check that: <ul style="list-style-type: none"> a) HCN can be found on the SK HCN Validation table for: <ul style="list-style-type: none"> - Gender and Birth Date - Effective and Expiration dates b) Gender and Birth date on the HCN are the same as submitted in the record 	Yes; Implemented in 2011/12	To inform client of specific reason for rejection when there is a mismatch between SK HCN and information on the validation tables.

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iii	98	eManagement Reports	<ul style="list-style-type: none"> Simplified the care type categories in eManagement reports as follows: ED - Emergency DS - Day Surgery CL - Clinic DI - Diagnostic Imaging OT -Other This impacts the clinic groups that were separated into Renal Dialysis, Oncology, Cardiac Catheterization and Other Clinics. 	Yes; Implemented in 2011/12	To be consistent with the Ambulatory Care Groups in NACRS needed to either expand to include other clinic types, or simplify the clinic groups. Since the eManagement Reports are intended to be at a high level, not to be used for really specific patient groupings, the solution was to simplify.
iv	80	Provider Service (DE 41)	<ul style="list-style-type: none"> Modified edit 41a07-41f07 (ON only); For Ontario, allow provider type of Physician Assistant to be coded with a physician service for the Provider Service data element. 	Yes; Implemented in 2011/12	<p>Modified edit to align with provincial mandate.</p> <p>Nationally, it is recommended that a Provider Type of physician assistant be coded using physician assistant Provider Service (code 30000). However, Ontario has mandated that Physician Assistant (Provider Type = P) be coded with the associated Physician Service, not the Physician Assistant Service.</p>

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v	79	Main/Other Problem Prefix (DE 43); Duration of Am Care Intervention (DE 51); Ambulance Arrival Date/Times (DE 118-121); CDU Dates/Times (DE 122-126) Consult Dates/Times (DE 130-132, 143-144); NPIA Dates/Times (DE 133-135)	<ul style="list-style-type: none"> Added edits to specific data elements to ensure mandatory status for Ontario only. They include: Main Problem Prefix: 4308 & 4309 Other Problem Prefix: 43a-i09 & 43a-i10 Duration of Ambulatory Care Intervention - Main/Other Interventions: 5106/51a-i06 & 5107/51a-i07 Ambulance Arrival Date/Time: W11801 & W11901 Ambulance Transfer of Care Date/Time: W12005 & W12101 	Yes; Implemented in 2011/12	<p>In 2010-2011, new data elements were added to NACRS as optional data elements. However, Ontario has made some of them mandatory.</p> <p>Adding edits will improve the quality of data being sent. In addition, other Ontario-specific mandates require new edits for existing data elements.</p>
Core Changes for FY 2012-2013					
1	65-71	Clinical Decision Unit Date In (DE 123) Clinical Decision Unit Time In (DE 124) Clinical Decision Unit Date Out (DE 125) Clinical Decision Unit Time Out (DE 126)	<ul style="list-style-type: none"> Added edits 12303 & 12304; to ensure CDU Date In occurs after Registration Date/Time or Triage Date/Time. Added edits 12305 & 12306; to ensure CDU Date/Time In occurs prior to CDU Date/Time Out. Added edits 12307, 12404, 12503 & 12604; to ensure CDU data elements only coded for ED visits. Modified edits 12403 & 12603 (CDU Time In/Time Out must be coded when CDU Flag = Yes); changed from Ontario-specific edit to a national edit. 	Yes	To ensure proper sequencing and use of CDU date and time data elements and to improve data quality.

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2	76	Disposition Date (DE 114)	<ul style="list-style-type: none"> Added warnings W11411 & W11412; to flag when Disposition Date/Time is not equal to or after Physician Initial Assessment Date/Time. 	Yes	To ensure proper sequencing of date/time date elements and improve data quality and indicators.
3	8	Gender (DE 07)	<ul style="list-style-type: none"> Added "U" as valid value; to be used for Undifferentiated Stillbirth. Modified edit 0702 (must be valid value); impacted by addition of valid value. 	Yes	To align with the DAD valid values for gender, since stillbirth cases can occur in an ambulatory setting.
4	91	Health Care Number (DE 02) & Responsibility for Payment (DE 04)	<ul style="list-style-type: none"> Added "9" as a valid value; to be used for Stillbirths. Modified edits 0202, 0205, 0401, 0402; impacted by addition of valid value. 	Yes	To align with the DAD valid values for gender, since stillbirth cases can occur in an ambulatory setting.
5	84	Level of Care/Service Recipient (DE 103)	<ul style="list-style-type: none"> Deleted data element 103 - Level of Care/Service Recipient. No changes to edits or error messages required, as edit 10303 already states that "Service Recipient Code must not be entered". 	Yes	Data element has never been fully defined or in use since its introduction in 2003.
6	53	Diagnosis and Intervention Codes	<ul style="list-style-type: none"> Reviewed all existing edits containing ICD-10-CA or CCI codes is required to ensure edits are valid for v2012. 	Yes	A review was completed to ensure validity of edits for v2012. There were no changes required to edits as a result of v2012.

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7	34	Main Problem (DE 44)	<ul style="list-style-type: none"> Deleted edit 4413; current edit enforces that a Main Intervention be assigned when a Main Problem of Z51.1 is assigned. 	Yes	Since many different drugs may be used for chemotherapy, this edit cannot cover all possible interventions appropriate with main problem Z51.1 (Chemotherapy session for neoplasm); Furthermore, CACS 2011 will group by the diagnosis code rather than the intervention; therefore, this edit is no longer necessary.
8	90	Main Problem (DE 44)	<ul style="list-style-type: none"> Modified edit 4429; current edit inappropriately enforces that if both S02 and S06 are coded on an abstract that S06 must be the Main Problem; The edit should be enforcing that if S02 is assigned as Main Problem and S06 is assigned as an Other Problem, the record should be rejected. 	Yes	Edit 4429 is incorrectly rejecting records where S06 (intracranial injury) or S02 (skull fracture) are coded as Other Problems and some other condition is the Main Problem. It is valid that both S02 and S06 can be Other Problems, and some other diagnosis is the Main Problem. Additionally, the sequencing of S02 and S06 does not matter if they are both Other Problems.

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9	21, 22, 25	Main/Other Problem Cluster (DE 127, 127a-i)	<p>Added edits to ensure appropriate use of Main/Other Problem Cluster:</p> <ul style="list-style-type: none"> • Added edits 127a03 to 127i03; to ensure a problem cluster is assigned when there is an Other Problem code of U82-U84 (drug-resistant micro-organism) and/ or Y40-Y84 (complication of medical and surgical care). • Added edits 12704, 127a04 to 127i04; to ensure that if an Other Problem code in the range U82-U84 and/ or Y40-Y84 is recorded, there must be at least one additional Main/Other Problem assigned on the abstract with an identical Problem Cluster field value. • Added edits 12707, 127a07-127i07; to ensure a Problem Cluster value cannot be assigned to any Main/Other Problem if the Problem Cluster does not have an Other Problem in the range of Y40 – Y84 or U82-U84. •Note: Diagnosis codes U82-84 or Y40 -Y84 can be in the same diagnosis cluster. 	Yes	In FY 2009 this data element was added as an optional data element which negated the initial intent for why this data element was implemented. Data analysis indicates inappropriate and inconsistent application. As a result, beginning with version 2012 of the Canadian Coding Standards for ICD-10-CA and CCI, mandatory assignment of the Diagnosis Cluster will be restricted to complications of medical and surgical care (Y40-Y84) and drug-resistant microorganism infections (U82 – U84). Application of the Diagnosis Cluster should not be used in any other circumstance.

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10	92	Other Intervention (DE 47a-i)	<ul style="list-style-type: none"> Modified warning W47a01- W47i01 (Different spinal interventions should not be coded on the same abstract); modified to include additional codes 1SC89 and 1SE89. 	Yes	To enhance completeness of existing data. Only one of the five rubrics: 1.SC.80.^(repair) 1.SE.89.^(discectomy), 1.SC.74.^(fixation), 1.SC.75.^(fusion), and 1.SC.89.^(vertebrectomy) should be recorded on the same abstract because they are mutually exclusive. However, edit is only a warning as valid exceptions have been identified when interventions are performed on different regions of the spine.
11	106	Other Problem (DE 45a-i)	<ul style="list-style-type: none"> Deleted edit 45a22-45i22; current edit states that diagnosis codes I10, I11, I12, I13 and I15 are mutually exclusive categories and only one of the five codes can be recorded on an abstract. 	Yes	This edit must be deleted to ensure that records are not rejected when I15 (Secondary hypertension) is recorded with I10, I11, I12 and I13 (hypertension). I15 is not mutually exclusive from I10 to I13.
12	N/A	Physician Initial Assessment Date (DE 29)	<ul style="list-style-type: none"> Modified edit 2918 (Difference between PIA Date and Registration Date is greater than 24 hours); Replaced the "24 hours" with "1 day" in the error message (No change to validation rule required). 	Yes	Consistency with other error message descriptions when calculation is based on dates rather than hours due to unknown time(s).

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13	55, 86, 87	Provider Service (DE 41)	<ul style="list-style-type: none"> • Added Provider Service value "00122" to be used for Adolescent Medicine (Physician Group); • Added Provider Service value "12003" to be used for Child Life Specialist (Non-Physician Group); • Modified edits 2901, 3504*, 41a04*, 42a01-42h01, 13306 (ON only), 13307 (ON only), 13502, impacted by addition of valid values. *Edits 3504 and 41a04 also modified to include valid value 01014 Prosthodontist (was added to Provider Service table in 2011/12, but edits were not updated).	Yes	Adolescent Medicine was added to align with the Canadian College of Physicians and Surgeons list. Child Life Specialist was added to capture this additional health profession.
14	52	Vendor assigned RIW (Resource Intensity Weight) (DE 107)	Standardized representation of RIW and ELOS values in NACRS inputs and outputs. Change the Vendor Case Mix field format for Vendor RIW: <ul style="list-style-type: none"> • Modified format from Character 8 with decimal to Character 9 with decimal. • Modified Abstract Record Layout to increased start byte for data elements 108 onward by 1 byte to account for this change. 	Yes	Ensures consistency across input, storage, output files, Case Mix tables and reports for both DAD and NACRS for the RIW and ELOS values.

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15	38	Stillbirth Definition	<ul style="list-style-type: none"> As part of harmonizing with the DAD, added guidelines to NACRS Abstracting Manual regarding appropriate assignment of Stillbirth for the following data elements: <ul style="list-style-type: none"> - Gender - Health Care Number (HCN) - Province Issuing Health Care Number (HCN) 	Yes	<p>NCAD Fall 2010 meeting concluded that definition should be modified to eliminate confusion about what is collected in the DAD versus what is collected for Vital Statistics, and ensure consistency with ICD-10-CA classification of stillbirths.</p> <p>NACRS also needed to make modifications to the guidelines to ensure appropriate capture of Stillbirths.</p>
16	81	Visit Disposition (DE 35)	<ul style="list-style-type: none"> Revised description in the NACRS manual to identify there was no resuscitation for Visit Disposition 11 (DOA). 	Yes	To improve clarity of description and improve data quality.
17	82	Visit Disposition (DE 35)	<ul style="list-style-type: none"> Revised description in the NACRS manual to indicate patient left of their own volition for Visit Disposition 02, 03, 04. 	Yes	To improve clarity of description and improve data quality.
18	83	Mode of Visit/Contact (DE 20)	<ul style="list-style-type: none"> Revised legend for Mode of Visit/Contact value 3 – "telephone contact with patient" to include email contact. 	Yes	To address clinic scenarios when contact with clients is by email due to the patient's physical limitations. The expansion of this legend value will provide facilities with clear guidance in how to assign Mode of Contact for such cases.

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19	NEW	Ambulance Transfer of Care Dates/Times (DE 120,121)	<ul style="list-style-type: none"> Revised data element name in the NACRS manual to: "Ambulance Transfer of Care Process Date" and "Ambulance Transfer of Care Process Time". Will include additional guidelines to provide clarity that the Ambulance Transfer of Care Process Time is the <u>start</u> time of when the offer by hospital staff to transfer the patient to a hospital bed, stretcher, or chair is <u>made</u>. 	Yes	To ensure both EMS personnel and hospitals adhere to the collection guidelines, improve clarity and improve data quality for the purposes of ED Wait Time Indicator calculations.
Facility Information File					
20	94	Facility Role Code (F12)	<ul style="list-style-type: none"> Deleted Facility Role Code data element (F12F12) from the Facility Information File; deleted associated edits RT05, F11201, F11202; added edit F11203 to ensure data element is blank. 	Yes	Data element was introduced in 2011 to ensure data is never submitted for the 'dummy' facility numbers assigned to provincial ministries, such as Alberta. It is very unlikely to happen, and has caused a considerable amount of confusion both internally and externally. Given that there is little purpose to the data element, it was requested to remove it from the system and reduce the burden of data <u>collection</u> .

Comment [SM1]: Not a single time. It takes some time for the transfer process to take place. Varies in facilities whether this comes from the EMS or EDIS system. Came out from the result of an audit. This is a mandatory field in ON. One of the major efficiency indicators for Emergency Departments and Ambulances.

Comment [SM2]: So very rarely used that this data element has been dropped.

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Province-Specific Changes: Manitoba					
21	72	Health Care Number (DE 02)	<ul style="list-style-type: none"> Modified edit 0220 (MB only); to ensure that when the Reporting Province = Province Issuing HCN, then the HCN must not be coded as 1 (Not applicable), but can be valid HCN or left justified 0 (Insured resident of reporting province, but HCN not available). 	Yes	Modification to edit was required as edit was inappropriately allowing for an HCN = 1 (Not Applicable) for cases where the Reporting Province is equal to the Province Issuing HCN.
Province-Specific Changes: New Brunswick					
22	72	Health Care Number (DE 02)	<ul style="list-style-type: none"> Modified edit 0214 (NB only); to ensure that when the Reporting Province = Province Issuing HCN, then the HCN must not be coded as 1 (Not applicable), but can be valid HCN or left justified 0 (Insured resident of reporting province, but HCN not available). 	Yes	Modification to edit was required as edit was not allowing for an HCN = 0 (Insured resident of reporting province, but HCN not available), which is valid when Reporting Province is equal to the Province Issuing HCN.
Province-Specific Changes: Nova Scotia					
23	72	Health Care Number (DE 02)	<ul style="list-style-type: none"> Modified edit 0220 (NS only); to ensure that when the Reporting Province = Province Issuing HCN, then the HCN must not be coded as 1 (Not applicable), but can be valid HCN or left justified 0 (Insured resident of reporting province, but HCN not available). 	Yes	Modification to edit was required as edit was inappropriately allowing for an HCN = 1 (Not Applicable) for cases where the Reporting Province is equal to the Province Issuing HCN.
Province-Specific Changes: Ontario					

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24	88	Ambulatory Registration Number (DE 11)	<ul style="list-style-type: none"> Added edit 1104; to ensure mandatory reporting of Ambulatory Registration Number for all Level 3 NACRS abstracts in Ontario. 	Yes	Currently, Ambulatory Registration Number is optional to report to NACRS, but as of 2011/12 Ontario mandated reporting this data element, but no edit was introduced to enforce this mandate.
25	89	Disposition Date (114)	<ul style="list-style-type: none"> Added edit 11410 (ON only); to ensure Disposition Date & Time are coded for Cardiac Cath Clinic visits. 	Yes	Currently, Disposition Date & Time is only mandatory to report for ED and Day Surgery abstracts. In 2011/12, Ontario mandated report this data element for Cardiac Cath clinics, but no edit was introduced to enforce this mandate.
26	55, 86, 87	Provider Service (DE 41)	<ul style="list-style-type: none"> Added Provider Service value "00122" to be used for Adolescent Medicine (Physician Group); Added Provider Service value "12003" to be used for Child Life Specialist (Non-Physician Group); Modified edits 13306 (ON only), 13307 (ON only) impacted by addition of valid values. 	Yes	Adolescent Medicine was added to align with the Canadian College of Physicians and Surgeons list. Child Life Specialist was added to capture this additional health profession.
27	65-71	Clinical Decision Unit Time In (DE 124) Clinical Decision Unit Time Out (DE 126)	<ul style="list-style-type: none"> Modified edits 12403 & 12603 (CDU Time In/Time Out must be coded when CDU Flag = Yes); changed from Ontario-specific edit to a national edit. 	Yes	To ensure national applicability of the edits.
Other Changes					

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28	47	Age derivation	<p>DAD and NACRS have synchronized their age derivation methodologies such that:</p> <ul style="list-style-type: none"> • For NACRS, added Age Code = B (baby); to be assigned when Birth Date = Registration Date. • For DAD, added the Birth Date is Estimated data element on the internal schema to identify when the birth date is estimated rather than using Age Code = E. • For both DAD and NACRS, removed Age Code = E (estimated birth date); The Age Code field will no longer be used to indicate estimated birthdates. Instead the Birth Date is Estimated data element will be used for this purpose. • Regardless if the birth date is known or estimated, when the patient is less than 2 years of age, an Age Code of either D (days) or M (months) will be assigned: <ol style="list-style-type: none"> a) Will now assign Age Code as "D" (days), when Birth Date is Estimated = Yes, and the estimated age is less than or equal to 30 days, b) Will now assign Age Code as "M" (months) when Birth Date is Estimated = Yes, and the estimated age is greater than 30 days but less than 2 years • Invalid birthdates will be assigned an age code "unknown" and the age number will be 0 • This process affects CIHI only 	Yes	<p>Differences in age derivation methodology between DAD and NACRS existed:</p> <ul style="list-style-type: none"> • NACRS did not assign age code of B (baby) when Birth Date = Registration Date • DAD did not store the Birth Date is Estimated data element in the internal schema, which required Age Code = E to flag estimated birthdates. • Variation in age derivation for patients less than 2 year of age between known birth dates [assigned Age Code = D (days), or M (months)] and estimated birth dates [rounded up/down to 1 or 2 years and assign Age Code = Y]. <p>By making the changes, both the DAD and NACRS will be fully aligned, and Age Code assignment will be the same regardless if the birth date is known or estimated.</p>

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29	58	CACS Files	<ul style="list-style-type: none"> • Developed value added files for DAD that will include day surgery abstracts from DAD with CACS 2012 outputs only. • Similarly, develop value added files for NACRS that will include CACS 2012 outputs only. 	Yes	Required as a transition from the Parallel Regrouping in 2011/12.
Declined/Deferred Items					
30	48	Provider Service (DE 41)	<ul style="list-style-type: none"> • Add a Provider Service for "Transplant"; • There are a mix of provider types and credentials within this realm of medicine. • Transplant is organized as a team with their own call list. • Where they exist, Transplant services have their own unit in the hospital, and the resource skill set is specialized in Transplant care. 	No	As per the decision at the fall 2010 NCAD Steering Committee Meeting Transplant is not on the College of Physicians and Surgeons list of specialties.
31	49	Responsibility for Payment (DE 04)	<ul style="list-style-type: none"> • Remove RFP = 04 (Department of Veteran Affairs) and 05 (First Nations and Inuit Health Branch). • In Manitoba, most facilities' ATD systems are mapping RFP - 04 (Department of Veteran Affairs) and 05 (First Nations and Inuit Health Branch) to RFP - 01 (Provincial Responsibility). • If the patient is currently in the Military then he/she is the responsibility of the Federal Government (RFP - 06). 	No	No consensus reached at the Fall 2010 NCAD discussion. Use of RFP = 04, 05 and 06 varies across jurisdictions.

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32	57	Intervention Location (DE 52)	<ul style="list-style-type: none"> • Add “Interventional Radiology” as a new value for Intervention Location Code. • Ontario would like to mandate the reporting of MIS FC “7141524” Interventional Radiology. As functional centres are not reported in the DAD, by introducing a new Intervention Location, activity in this high cost location can be monitored for both acute and ambulatory care patients through DAD and NACRS. A new intervention location should be separated from the generic DI Intervention Location 06. 	No	Significant amount of ‘unknowns’ regarding this change. Further work would be required to ensure unambiguous instructions to ensure appropriate use of the general DI dept vs. the IR room/unit.
33	54	Loss of Consciousness (NEW)	<ul style="list-style-type: none"> • Add 3 new data elements to be applied when S06 (intracranial injury) assigned: <p>-Loss of Consciousness Flag -Loss of Consciousness Duration -Loss of Consciousness Outcome</p> <ul style="list-style-type: none"> •Duration of loss of consciousness is important clinical information about the severity of the brain injury that currently cannot be captured in the codes at S06 Intracranial injury. Duration of LOC is the single most reliable indicator of probable death in patient with brain injury. 	No	Feedback has indicated that: <ul style="list-style-type: none"> • clinical documentation will not support consistent and correct data capture (i.e. lack of documentation or documentation open to interpretation), • data collection for this data element could prove to be time consuming (i.e. coder time trying to decipher clinical notes in patient’s chart or requiring further follow-up) • we might expect to receive no or limited data submission in these fields (i.e. high volume of ‘unknowns’ or poor data quality due to inconsistencies).

Comment [SM3]: This is an ON specific requirement, Nobody else needs it. ON still wants to figure out some way of capturing this.

Comment [SM4]: Update to DQC.

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34	75	eManagement Reports	<ul style="list-style-type: none"> • Make eManagement reports available for Level 1 and Level 2. 	No	New NACRS Management reports include information on Level 1 and Level 2 submissions.
35	63, 64	Ambulance Arrival Date/Time (DE 118,119)	<ul style="list-style-type: none"> • Add new edit to ensure Ambulance Arrival Date/Time occurs before Triage Date/Time. 	No	It is possible for triage to have happened prior to ambulance arrival at the hospital. For example, the EMS personnel may have called the case in to the hospital while en route, and hospital staff already assigned a triage level. Adding an edit would be too restrictive.
36	60	Access to Primary Health Care (DE 129)	<ul style="list-style-type: none"> • Revise valid code values for data element Access to Primary Health Care code. 	No	No consensus reached through NCAD feedback. Current values capture intent of data element.
37	85	Program Area (DE 98)	Add new value of "GA - Geriatric Assessment Unit" to Program Area.	No	No consensus reached through NCAD feedback; Also, GA would not be mutually exclusive from the various rehabs and other Program Areas, which will make it confusing to coders and introduce potential data quality issues.

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38	43	Anaesthetic Technique (DE 81)	<ul style="list-style-type: none"> Review current valid values for Anaesthetic Technique since current valid values for Anaesthetic Technique capture two different concepts - the technique itself (e.g. general) and whether or not the anaesthetic was monitored by an anaesthesiologist. 	Deferred - project work required	This work requires a focused project, since appropriate next steps need to be determined with clinical input, thorough review of requirements, and analysis of potential impacts on data users.
39	44	Anaesthetic Technique (DE 81)	<ul style="list-style-type: none"> Add new Anaesthetic Technique code for unknown (unknown if anaesthesia was given) Currently, there is no Anaesthetic Technique code for 'unknown'. Clients are defaulting to 8 - "no anaesthetic" - which makes it impossible to distinguish between no anaesthesia given or Unknown (whether given or not). 	Deferred - on the ACC 13/14 list	In conjunction with ACC #43, need to determine if there are other issues for this data element that can be reasonably addressed at the same time.
40	9	Gender (DE 07)	<ul style="list-style-type: none"> Remove Female only (F) and Male only (M) categories from the ICD10CA and CCI validation tables. 	Deferred - on the ACC 13/14 list	Classifications are currently reviewing the gender validation rules and will identify the proposed change approach for 2013-2014.
41	45	Special Project Fields (DE 79 - 96)	<ul style="list-style-type: none"> Modify Project fields in DAD and NACRS to improve flexibility and ease of use. 	Deferred - project work required	This initiative will be pursued as part of a longer-term enhancement project for DAD and NACRS.
42	62	Edit Numbering and Error Messaging	<ul style="list-style-type: none"> Revise edits to ensure unique identifiers and error messages. 	Deferred - project work required	This work requires a focused project, since a full review and revision of the edits and error messages have been identified.

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NACRS FY 2012-13 All Changes

NACRS FY 2011-12 Open Year Change
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43	41, 97	Facility Information File (FIF)	Modify Facility Information File to: <ul style="list-style-type: none">• Harmonize with the DAD Institution File;• Review and modify various Flags.	Deferred - project work required	This work requires a focused project to ensure full harmonization with the DAD and to identify data elements that can be removed without unexpectedly impacting the system.