Data Dictionary

Gastrointestinal Endoscopy Data Submission Portal

June 2018
Version 5.2

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Summary of Changes

Version	Revision Description	Date
Version 5.2	- Primary Colonoscopy Indication (data element 7): Updated to reference the actual data collection start date of February 1, 2019 - Prior Inadequate/Incomplete Colonoscopy (data element 30): Updated to reference the actual data collection start date of February 1, 2019 - Prior Colonoscopy: Poor Prep (data element 31): Updated to reference the actual data collection start date of February 1, 2019 - Prior Colonoscopy: Failed Cecal Intubation (data element 32): n Updated to reference the actual data collection start date of February 1, 2019 - Prior Colonoscopy: Failure to Clear All Polyps or Incomplete Polypectomy (data element 33): Updated to reference the actual data collection start date of February 1, 2019 - Updated the data collection start date definition throughout the document to indicate only collection (and not reporting) of colonoscopy data is required as of the data collection start date of February 1, 2019	June 2018

1. Overview

Purpose

This document describes the data elements to be included in submissions to the Gastrointestinal (GI) endoscopy data submission portal (DSP).

Audience

This document is intended for hospital staff who are responsible for implementing technical and process changes to support data collection and submission to the GI endoscopy DSP.

2. Data Attributes

Data Attribute Descriptions

The table below provides a description of the data attributes (columns) that are included in the data dictionary (see section 3 in this document)

Column	Description
Data Element No.	Identification number of the data element assigned for reference
Data Element Name	The name of the data element
Submission File Header Row Name	The name of the corresponding field as it will appear in the header row of the submission file
Definition	Description of the data element
Type (Length)	Description of the type of data element and the maximum number of characters that can make up the data element. Data element types: • Alphabetic: combination of letters a - z • Numeric: combination of digits 0 - 9 • Alphanumeric: combination of letters a – z and digits 0 - 9 • Character: combination of letters a – z, digits 0 – 9, and symbols that appear on the keyboard (e.g., period, hyphen, apostrophe) • Date: combination of year, month, day
Completion Requirement	Indicates if the field is Mandatory, Conditional, or Optional
Format/Valid Values	The layout of the data element (if applicable) and the list of acceptable values for the specific data element

3. Data Dictionary

Data Elements

The table below outlines the data elements to be included in the GI endoscopy DSP submission file. Refer to the GI Endoscopy DSP Decision Tree for additional guidance on collecting date of receipt of referral (data element 3) and indications (data elements 7 – 11).

Data Element No.	Data Element Name	Submission File Header Row Name	Definition	Type (Length)	Completion Requirement	Format/Valid Values
1	Chart Number	Patient Chart Number	The patient identifier code that is unique within the healthcare facility.	Alphanumeric (10)	Optional	• Combination of letters and numbers up to 10 characters; or • Blank if not submitting
2	Health Card Number	Health Card Number	Ontario patient's most recent health insurance number. Hospitals may submit a zero (0) for out-of-province patients and patients who are covered by OHIP but whose health number is not available at the time of registration.	Numeric (10)	Mandatory	• Valid 10-digit Ontario health card number; or • 0 for out-of-province patients and patients whose health number is not available at time of registration.

| 3 | Date of Receipt of Referral | Referral Date | The date that the referral for colonoscopy was received by the hospital/endoscopist.

1. For outpatients, this is the date the referral was received by the hospital/endoscopist.
2. For inpatients, this is the date of admission into hospital.

Note: the date the hospital/endoscopist received the referral may differ from when the referral was read/processed; please use the date the referral was received, not the date it was processed.

For procedures that are part of an ongoing cycle of screening or surveillance, provide the referral date if available, or, submit a zero (0) if the referral date is not available. Examples of procedures that may not have a referral date include:
• Existing patients who need colonoscopy (e.g., patient with long-standing ulcerative colitis having surveillance)
• Patients with an adenoma detected at previous procedure returning for subsequent surveillance colonoscopy
If a referral was provided, do not submit zero (0).

For colonoscopies that did not take place when originally booked and were subsequently rescheduled by the facility, the original referral date should be used. If the colonoscopy was rescheduled by the patient after the initial booking referral, submit Yes (Y) in the Patient Self Delay data element. | Date (8) or Numeric (1) | Mandatory | • YYYYMMDD for colonoscopies with referrals. Date must be equal to or earlier than Colonoscopy Procedure Date (data element 5); or
• 0 for procedures without a referral |

Data Element No.	Data Element Name	Submission File Header Row Name	Definition	Type (Length)	Completion Requirement	Format/Valid Values
4	Patient Self Delay	Patient Self Delay	Indication of whether the appointment was deferred by the patient after the initial booking/referral. Reflects patient-related reasons that led to a delay in performing the colonoscopy. These reasons include but are not limited to: • Patient chose to defer • Patient travelling • Inability to contact patient • Patient medical status changed	Alphabetic (1)	Mandatory	• Y for Yes; or • N for No
5	Date of Colonoscopy Procedure	Colonoscopy Procedure Date	The date that the colonoscopy was performed.	Date (8)	Mandatory	• YYYYMMDD • Must be equal to, or later than Referral Date (data element 3)
6	In/Out Patient Flag	In/Out Patient Flag	Indication of whether the patient was an inpatient (patient that was admitted to the facility) or outpatient (patient that was not admitted to the facility) at the time of procedure.	Alphabetic (1)	Mandatory	• I for Inpatient; or • O for Outpatient

| 7 | Primary Indication | Primary Colonoscopy Indication | The reason most responsible for the procedure (only the main indication).

Possible Primary Indication options:
• Symptomatic (SA) – A patient with symptoms including changes in bowel habits, bleeding or discomfort or a patient with an abnormal test (other than FOBT or FIT) including flexible sigmoidoscopy, barium enemas, CT scans, iron-deficiency anemia, or other diagnostic imaging.
• Abnormal FIT (FT) – A patient with an abnormal FIT result
• Abnormal FOBT (PF) – A patient with an abnormal FOBT test.
• First Degree Relative (FD) – A patient with a first degree relative with colorectal cancer. First degree relatives include biological mother, biological father, biological sister, biological brother, biological daughter or biological son, but does not include extended family members such as: aunt, uncle, grandparents, in-laws etc.
• Surveillance (CN) – A patient who has had a prior colonoscopy in which an adenomatous polyp, sessile serrated polyp, or colorectal cancer was found, or a patient who is undergoing surveillance for long-standing IBD.
• Other Screening (OS) – A patient who has no other indication for the colonoscopy. For example: a patient having a colonoscopy for average-risk primary screening or because of a family history of colorectal cancer other than first degree. | Alphabetic (2) | Mandatory | • SA for Symptomatic; or
• FT for Abnormal FIT (can only be submitted when Colonoscopy Procedure Date (data element 5) is on or after the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019); or
• PF for Abnormal FOBT; or
• FD for First Degree Relative; or
• CN for Surveillance; or
• OS for Other Screening; |

* The first day of the month that sites will collect colonoscopy data according to the updated data dictionary. Data for colonoscopy procedures performed on or after this date will be reported in the new format.

Data Element No.	Data Element Name	Submission File Header Row Name	Definition	Type (Length)	Completion Requirement	Format/Valid Values
8	Secondary Indication for Colonoscopy	Secondary: Symptomatic	A patient with symptoms including changes in bowel habits, bleeding or discomfort or a patient with an abnormal test (other than FOBT or FIT) including flexible sigmoidoscopy, barium enemas, CT scans, or other diagnostic imaging.	Alphabetic (1)	Optional	• Y for Yes; or • Blank if not submitting
9	Secondary Indication for Colonoscopy	Secondary: First Degree Relative	A patient with a first degree relative with colorectal cancer. First degree relatives include biological mother, biological father, biological sister, biological brother, biological daughter or biological son, but does not include extended family members such as: aunt, uncle, grandparents, in-laws etc.	Alphabetic (1)	Optional	• Y for Yes; or • Blank if not submitting
10	Secondary Indication for Colonoscopy	Secondary: Surveillance	A patient who has had a prior colonoscopy in which an adenomatous polyp or colorectal cancer was found, or a patient who is undergoing surveillance for long-standing IBD.	Alphabetic (1)	Optional	• Y for Yes; or • Blank if not submitting
11	Secondary Indication for Colonoscopy	Secondary: Other Screening	A patient who has no other indication for the colonoscopy. For example: a patient having a colonoscopy for average-risk primary screening or because of a family history of colorectal cancer other than first degree.	Alphabetic (1)	Optional	• Y for Yes; or • Blank if not submitting
12	Cecal Intubation	Cecal Intubation	Complete insertion of the colonoscope (defined as touching tip of scope to cecal pole or to ileocolonic anastomosis). Submit Not Applicable (X) if the intent of the procedure was not to perform a complete colonoscopy (e.g., tattooing of a known lesion or to resect a previously viewed polyp).	Alphabetic (1)	Mandatory	• Y for Yes; or • N for No; or • X for Not Applicable

Data Element No.	Data Element Name	Submission File Header Row Name	Definition	Type (Length)	Completion Requirement	Format/Valid Values
13	Cecal Intubation Not Applicable Reason	Cecal Intubation Not Applicable reason	The reason cecal intubation was not applicable (i.e., why the procedure was not intended to be complete).	Character (1-250)	Conditional: Mandatory if Cecal Intubation (data element 12) is not applicable (i.e., X is submitted in the Cecal Intubation data element)	Text up to 250 characters containing: • upper and lower case letters (a – z), • numbers (0 – 9) • symbols (all symbols except for the comma)
14	Bowel Preparation	Bowel Preparation	Adequacy of bowel preparation. Possible options for Bowel Preparation: • Very good (V) – very good to excellent preparation (adequate) • Fair (F) – adequate preparation with colonic irrigation (adequate with cleaning) • Poor (P) – inadequate preparation (inadequate, a repeat procedure is required)	Alphabetic (1)	Mandatory	• V for Very good (adequate); or • F for Fair (adequate with cleaning); or • P for Poor (inadequate; a repeat procedure is required)
15	Patient First Name	Patient First Name	Patient's first name from the hospital chart or health information system.	Character (1-50)	Mandatory	Text up to 50 characters containing: • upper and lower case letters (a – z) • symbols (space, period, hyphen, apostrophe only) Note: numbers (0 – 9) are not valid.

Data Element No.	Data Element Name	Submission File Header Row Name	Definition	Type (Length)	Completion Requirement	Format/Valid Values
16	Patient Last Name	Patient Last Name	Patient's last name from the hospital chart or health information system.	Character (1-50)	Mandatory	Text up to 50 characters containing: • upper and lower case letters (a – z) • symbols (space, period, hyphen, apostrophe only) Note: numbers (0 – 9) are not valid.
17	Patient Date of Birth	Patient Date of Birth	Patient's date of birth from the hospital chart or health information system.	Date (8)	Mandatory	YYYYMMDD
18	Patient Sex	Patient Sex	Patient's sex from the hospital chart or health information system. Possible options for Patient Sex: • Male (M) • Female (F) • Other (O)	Alphabetic (1)	Mandatory	• M for Male; or • F for Female; or • O for Other
19	CPSO Registration Number	CPSO Registration Number	The College of Physician and Surgeons of Ontario (CPSO) registration number of the endoscopist conducting the procedure.	Numeric (6)	Mandatory	• 6-digit CPSO registration numbers; or • 5-digit CPSO registration numbers with one leading zero (i.e., 012345). Must be between 10000 and 999999.

Data Element No.	Data Element Name	Submission File Header Row Name	Definition	Type (Length)	Completion Requirement	Format/Valid Values
20	ASA Grade	ASA Grade	Indicates the general physical status of the patient prior to receiving the colonoscopy. Possible options for ASA Grade: • Healthy (1) – A normal healthy patient. • Mild Systemic Disease (2) – A patient with mild systemic disease. • Severe Systemic Disease (3) – A patient with severe systemic disease. • Severe Systemic Disease, Life Threatening (4) – A patient with severe systemic disease that is a constant threat to life. • Moribund (5) – A moribund patient who is not expected to survive without the procedure. ASA Grade can be measured by any provider and does not require an anesthesiologist consultation or involvement. The endoscopist, or her/his delegate, can assess ASA Grade.	Numeric (1)	Mandatory	• 1 for Healthy; or • 2 for Mild Systemic Disease; or • 3 for Severe Systemic Disease; or • 4 for Severe Systemic Disease, Life Threatening; or • 5 for Moribund

Data Element No.	Data Element Name	Submission File Header Row Name	Definition	Type (Length)	Completion Requirement	Format/Valid Values
21	Abnormal Findings Present	Gross Findings	Indication of whether there was an abnormal finding. Possible Gross Findings options: • Yes – Something was found; choose all that apply from One Or More Polyps, Mass Or Suspected Cancer, and Other Abnormal Findings • No – Normal colonoscopy findings (i.e., negative colonoscopy) or unable to determine whether findings were normal or abnormal (e.g., because of incomplete procedure, inadequate bowel prep, etc.) Note: If Gross Findings is Yes, then at least one of the following data elements must also be Yes: • One Or More Polyps (data element 22) • Mass Or Suspected Cancer (data element 23) • Other Abnormal Findings (data element 24) If applicable, more than one of the above data elements may be Yes. If Gross Findings is No, then all of the above data elements must be blank.	Alphabetic (1)	Mandatory	• Y for Yes; or • N for No
22	One or More Polyps Found	One Or More Polyps	One or more polyps were found.	Alphabetic (1)	Conditional (see Gross Findings (data element 21) description)	• Y for Yes; or • Blank if not applicable
23	Mass/ Suspected Cancer Found	Mass Or Suspected Cancer	A mass or suspected cancer was found.	Alphabetic (1)	Conditional (see Gross Findings (data element 21) description)	• Y for Yes; or • Blank if not applicable

Data Element No.	Data Element Name	Submission File Header Row Name	Definition	Type (Length)	Completion Requirement	Format/Valid Values
24	Other Abnormal Findings	Other Abnormal Findings	Something other than a polyp, mass, or suspected cancer was found, including gross appearance/features consistent with colitis.	Alphabetic (1)	Conditional (see Gross Findings (data element 21) description)	• Y for Yes; or • Blank if not applicable
25	Any Diagnostic/ Therapeutic Procedure(s) Performed	Diagnostic Therapeutic Procedure	Indicates whether any diagnostic or therapeutic procedures were performed during the colonoscopy. Note: If Diagnostic Therapeutic Procedure is Yes, then at least one of the following data elements must also be Yes: • Biopsy non-polypoid tissue (data element 26) • Biopsy polypoid tissue (data element 27) • Snare Polypectomy (data element 28) • Other Procedure (data element 29) If applicable, more than one of the above data elements may be Yes. If Diagnostic Therapeutic Procedure is No, then all of the above data elements must be blank.	Alphabetic (1)	Mandatory	• Y for Yes; or • N for No
26	Biopsy Performed, Non-Polypoid Tissue	Biopsy non-polypoid tissue	Removal of non-polypoid colorectal tissue using hot/cold biopsy forceps.	Alphabetic (1)	Conditional (see Diagnostic Therapeutic Procedure (data element 25) description)	• Y for Yes; or • Blank if not applicable
27	Biopsy Performed, Polypoid Tissue	Biopsy polypoid tissue	Removal of polypoid colorectal polyp (e.g., suspected adenoma) using hot/cold biopsy forceps. Submit Yes for all biopsies of suspected cancer.	Alphabetic (1)	Conditional (see Diagnostic Therapeutic Procedure (data element 25) description)	• Y for Yes; or • Blank if not applicable

Data Element No.	Data Element Name	Submission File Header Row Name	Definition	Type (Length)	Completion Requirement	Format/Valid Values
28	Snare Polypectomy Performed	Snare Polypectomy	Removal of colorectal polyp using a hot/cold snare.	Alphabetic (1)	Conditional (see Diagnostic Therapeutic Procedure (data element 25) description)	• Y for Yes; or • Blank if not applicable
29	Other Procedure Performed	Other Procedure	E.g., clipping, injection, stent placement.	Alphabetic (1)	Conditional (see Diagnostic Therapeutic Procedure (data element 25) description)	• Y for Yes; or • Blank if not applicable

Data Element No.	Data Element Name	Submission File Header Row Name	Definition	Type (Length)	Completion Requirement	Format/Valid Values
30	Prior Inadequate/ Incomplete Colonoscopy	Prior Inadequate/ Incomplete Colonoscopy	Current procedure is the continuation or completion of a prior episode of colonoscopy care, whether provided by the same or different facility/provider. Note: If Prior Inadequate/Incomplete Colonoscopy is Yes, then at least one of the following data elements must also be Yes (select all options that apply): • Prior Colonoscopy: Poor Prep (data element 31) • Prior Colonoscopy: Failed Cecal Intubation (data element 32) • Prior Colonoscopy: Failure to Clear All Polyps or Incomplete Polypectomy (data element 33) If Prior Inadequate/Incomplete Colonoscopy is No, then all of the above data elements must be left blank.	Alphabetic (1)	Conditional: • Mandatory if Colonoscopy Procedure Date (data element 5) is on or after theTransition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019) • Cannot be submitted if Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019)	If Colonoscopy Procedure Date (data element 5) is on or after the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019): • Y for Yes; or • N for No If Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019): • Blank

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Data Element No.	Data Element Name	Submission File Header Row Name	Definition	Type (Length)	Completion Requirement	Format/Valid Values
31	Prior Colonoscopy: Poor Prep	Prior Colonoscopy: Poor Prep	Poor bowel preparation at prior colonoscopy.	Alphabetic (1)	Conditional: • See Prior Inadequate/ Incomplete Colonoscopy (data element 30) description • Cannot be submitted if Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019)	If Prior Inadequate/ Incomplete Colonoscopy (data element 30) is Yes: • Y for Yes; or • N for No If Prior Inadequate/ Incomplete Colonoscopy (data element 30) is No: • Blank If Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019): • Blank

* The first day of the month that sites will collect colonoscopy data according to the updated data dictionary. Data for colonoscopy procedures performed on or after this date will be reported in the new format.

Data Element No.	Data Element Name	Submission File Header Row Name	Definition	Type (Length)	Completion Requirement	Format/Valid Values
32	Prior Colonoscopy: Failed Cecal Intubation	Prior Colonoscopy: Failed Cecal Intubation	Failure to intubate cecum during prior colonoscopy.	Alphabetic (1)	Conditional: • See Prior Inadequate/ Incomplete Colonoscopy (data element 30) description • Cannot be submitted if Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019)	If Prior Inadequate/ Incomplete Colonoscopy (data element 30) is Yes: • Y for Yes; or • N for No If Prior Inadequate/ Incomplete Colonoscopy (data element 30) is No: • Blank If Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019): • Blank

* The first day of the month that sites will collect colonoscopy data according to the updated data dictionary. Data for colonoscopy procedures performed on or after this date will be reported in the new format.

Data Element No.	Data Element Name	Submission File Header Row Name	Definition	Type (Length)	Completion Requirement	Format/Valid Values
33	Prior Colonoscopy: Failure to Clear All Polyps Or Incomplete Polypectomy	Prior Colonoscopy: Failure to Clear All Polyps Or Incomplete Polypectomy	Failure to clear colon of all detected polyps or incomplete polypectomy during prior colonoscopy.	Alphabetic (1)	Conditional: • See Prior Inadequate/ Incomplete Colonoscopy (data element 30) description • Cannot be submitted if Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019)	If Prior Inadequate/ Incomplete Colonoscopy (data element 30) is Yes: • Y for Yes; or • N for No If Prior Inadequate/ Incomplete Colonoscopy (data element 30) is No: • Blank If Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (February 1, 2019) • Blank

* The first day of the month that sites will collect colonoscopy data according to the updated data dictionary. Data for colonoscopy procedures performed on or after this date will be reported in the new format.

Appendix A: Version History

Version	Revision Description	Date
Version 5.1	- Primary Colonoscopy Indication (data element 7): - Positive FIT renamed to Abnormal FIT (note that the valid values have not changed) - Positive FOBT renamed to Abnormal FOBT (note that the valid values have not changed) - Prior Inadequate/Incomplete Colonoscopy (data element 30): Updated to indicate that this data element cannot be submitted if Colonoscopy Procedure Date (data element 5) is before the Transition to FIT GI Endoscopy DSP Updates data collection start date* (date to be confirmed) * The first day of the month that sites will collect and report colonoscopy data according to the updated data dictionary. Data for colonoscopy procedures performed on or after this date will be reported in the new format.	May 2018
Version 5.0	- Data Dictionary: added reference to GI Endoscopy DSP Decision Tree - Date of Receipt of Referral (data element 3): updated definition to clarify that 0 should not be submitted for colonoscopies with a referral - Primary Colonoscopy Indication (data element 7): added option for Positive FIT - Secondary: Positive FOBT (previously data element 7b): deleted - Prior Inadequate/Incomplete Colonoscopy (data element 30): newly added* - Biopsy polypoid tissue (data element 27): updated definition to clarify that Yes should be submitted for all biopsies of suspected cancer. - Prior Colonoscopy: Poor Prep (data element 31): newly added* - Prior Colonoscopy: Failed Cecal Intubation (data element 32): newly added* - Prior Colonoscopy: Failure to Clear All Polyps or Incomplete Polypectomy (data element 33): newly added* - Included references to data element numbers in the Description column, the Completion Requirement column, and the Format/Valid Values column - Data Dictionary: ID No. column renamed to Data Element No. - Data Dictionary: Data Element No. column updated to reflect changes above. * All newly added data elements are included at the end of the Data Elements table to indicate that they will be submitted in order after the existing data elements. They are included at the end to minimize the impact on data collection and submission processes.	March 2018