

## Ontario Health eReferral Repository Data

## A. eReferral Data

Data Element	Data Element Description
Referral Date	The date and time indicating when the referral was authored by the HSP. In absence of the HSP authored date/time, use the date/time when the bundle was created by the transmitter.
Appointment date	The date (yyyy-mm-dd) the patient had their first consult with the clinician.
Wait 1 days	The total number of days the patient waited for the first consultation with a clinician. It is measured from the date the referral is created to the date of the first appointment with the clinician.  <i>(This is calculated field. Not included as a data collection item)</i>
Health Service Offering	The type of referral made for the patient from one clinician to another clinician for a first consultation. Equivalent to "service offering".
Referral source	Who is generating the eReferral.  There will be multiple rows containing the following information; referral source clinician name, CPSO number, clinic name, clinic address, and unique Oceans site number.
Referral Urgency	Level of urgency indicated on the referral by the referring clinician  eReferral Values: -Routine -Urgent -ASAP -STAT *Ocean does not capture ASAP and STAT.*
Reason for Referral	From the perspective of the practitioner creating the referral what was the clinical condition that resulted in the need for the referral
Referral Status	Was the referral <b>accepted</b> , <b>rejected</b> or <b>redirected</b> ? If the referral was rejected then indicate <b><u>what was the reason.</u></b>

Outcome of the referral consultation	What was the treatment plan determined as part of the consultation (Surgical, Medical, return for follow up etc.)
Date referral was accepted by specialist	Date referral was accepted by specialist
Date the patient was provided with a consult appointment	To be used in identifying the mean turnaround time.
Most current Date of the schedule consult appointment	KPI: Current scheduled vs actual consult date
Completed Date	The date the referral is considered completed (i.e. from a transition in care perspective)
Consultation outcome	Are you treating the Patient [Yes   No]
Practitioner HCP/License# of clinician sending the referral	Practitioner identifier. (i.e., CPSO# for physicians)
Practitioner HCP/License# of clinician receiving the referral	Practitioner identifier. (i.e., CPSO# for physicians)
Practitioner Issuing Authority	Indicate the issuing authority that the Practitioner HCP/License # was retrieved from
Practitioner Full Name	Practitioner full name
Organization Name	Organization name, and any associated identifier (e.g. address, phone, MOH code, if exists), where the service is to be provided. For community referrals this will identify the referral destination. For other referral types this can be associated with a specific care setting (e.g. hospital name)
Service Location	Location where the services are supposed to be delivered. This is typically associated with the appointment location. In cases where the appointment location is not provisioned it is assumed to be the receiving provider location included in the referral

Service Area	Classification of the requested service or procedure. What specialty does the clinician fall under.
MRN	Site specific identifier of the patient
HCN	Health card number of the patient
Issuing Authority	Organization that issued HCN
Patient Last Name	Patient full name
Patient First Name	Patient full name
Date of Birth	Patient's Date of Birth
Patient Gender	Gender of the patient
Address	Patient's (i.e., home or service address) complete address with the postal code.