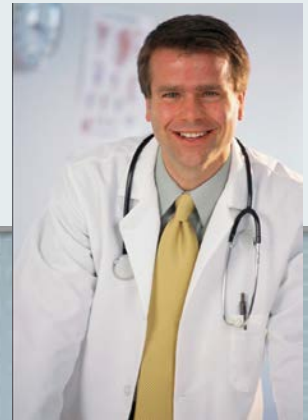




California POA Data Quality and Reports

Ginger Cox, RHIT, CCS – OSHPD - California

Present On Admission (POA)



- ❑ **National Standard: October 1, 2007**
- ❑ **OSHPD Collection: July 1, 2008**
- ❑ **FIVE Values**
 - ❑ Y = Yes
 - ❑ N = No
 - ❑ U = No Information in the Record
 - ❑ W = Clinically Undetermined
 - ❑ Blank = Exempt from POA Reporting
- ❑ **Apply to all inpatient diagnoses and E-codes**

Exempt Issue (POA)

Exempt from POA Reporting

- ❑ List of ICD9 codes not required for POA

<u>Organization</u>	<u>Exempt Value</u>
POA National Standards	Blank
California Regulations	Blank
CMS	'1' for version 4010
Payers	E
Some software	E
NUBC	Researching E or 1



http://www.cdc.gov/nchs/icd/icd9cm_addenda_guidelines.htm

POA Exempt List

- NCHS Website
- Updated every October
- Apply to existing and new ICD-9-CM codes
- OSHPD added start and end dates

OSHPD will accept all three (blank, 1, E) and verify against the POA Exempt list.

- If it is exempt, OSHPD change the reported value to one value "E"
- If it is not exempt, OSHPD edit the facility



Program Fix to Meet Exempt Logic

First half	of 2008		Principal Diagnosis
Number of discharges	POA Values	Exempt Diagnosis Code	Exempt Diagnosis Description
10,005	Y	650	Normal Delivery
267	N	650	Normal Delivery
4	W	650	Normal Delivery
393	U	650	Normal Delivery
9,101	E	650	Normal Delivery

First half	of 2009		Principal Diagnosis
Number of discharges	POA Values	Exempt Diagnosis Code	Exempt Diagnosis Description
17,027	E	650	Normal Delivery

Data Standardization: Diagnosis

Other Diagnoses and POAs

- ❑ Invalids & Duplicates removed
 - ❑ Including the reported POA
- ❑ Field position shifted
 - ❑ Next valid Diagnosis and POA

Does not impact Principal Diagnosis & POA

- ❑ If principal diagnosis is invalid, it will default to 799.9
- ❑ Shifting will not impact principal diagnosis



Data Standardization: E-Code

All E Codes and POAs

- ❑ **Invalids and Duplicates removed**
 - ❑ Including the reported POA
- ❑ **Field position shifted**
 - ❑ Next valid E-Code and POA
- ❑ **This applies to Principal E Code and POA**



POA Edits



Comparative edits

- ❑ 100% reported with Yes
- ❑ Greater than 10% of all Principal Diagnosis' POA with N, U, W

Trend edits

- ❑ Compare the current data against the historical data on all POA values

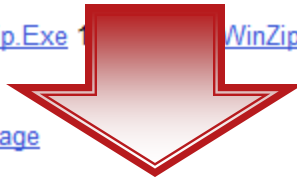
Standard edits

- ❑ Invalid or blank
- ❑ POA reported for exempt ICD-9 code

Frequency Report of POA

→ 1998 [WinZip.Exe](#) 185.41 KB | [WinZip.Zip](#) 162.83 KB

→ 1997 [WinZip.Exe](#) 154.68 KB | [WinZip.Zip](#) 86.59 KB



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Condition Present Upon Admission

The frequency of conditions (diagnoses) that were and were not "Present Upon Admission", displayed by each Diagnosis Code (P

→ 2007 [WinZip.Exe](#) 167.33 KB | [WinZip.Zip](#) 99.24 KB

→ 2006 [WinZip.Exe](#) 161.07 KB | [WinZip.Zip](#) 161.07 KB

→ 2005 [WinZip.Exe](#) 159.05 KB | [WinZip.Zip](#) 90.96 KB

→ 2004 [WinZip.Exe](#) 156.75 KB | [WinZip.Zip](#) 88.64 KB

→ 2003 [WinZip.Exe](#) 156.04 KB | [WinZip.Zip](#) 87.94 KB

→ 2002 [WinZip.Exe](#) 155.86 KB | [WinZip.Zip](#) 87.75 KB

→ 2001 [WinZip.Exe](#) 154.91 KB | [WinZip.Zip](#) 86.82 KB

→ 2000 [WinZip.Exe](#) 121.41 KB | [WinZip.Zip](#) 91.8 KB

→ 1999 [WinZip.Exe](#) 113.72 KB | [WinZip.Zip](#) 91.14 KB

→ 1998 [WinZip.Exe](#) 118.77 KB | [WinZip.Zip](#) 96.19 KB

→ 1997 [WinZip.Exe](#) 154.68 KB | [WinZip.Zip](#) 86.59 KB

Frequency by year:
1997 through 2008

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External Injury Code



POA Counts and % in California

DIAGNOSIS	Full Year		2008	
	Yes	No	Exempt	Unknown/ Uncertain
<u>Principal Diagnosis</u> 4,017,998	3,347,848 83%	139,658 3.5%	518,434 13%	12,058 .3%
<u>Other Diagnosis</u> 24,506,919	19,184,375 78%	1,719,727 7%	3,367,897 14%	3,598,511 .01%

E CODES	First half		2009	
	Yes	No	Exempt	Unknown/ Uncertain
<u>Principal E-Code</u> 255,154	181,723 71%	41,391 16%	31,091 12%	949 .4%
<u>Other E-Code</u> 290,837	53,057 18%	53,880 18.5%	183,351 63%	549 .2%



Quick POA Query on One E code

First half of 2009			Principal E Code
Number of discharges	POA Values	ICD-9-CM E Code	ICD-9-CM Description for steroids
6,984	Y	E932.0	Adverse effects of adrenal cortical steroids
3,340	N	E932.0	Adverse effects of adrenal cortical steroids
14	U	E932.0	Adverse effects of adrenal cortical steroids
7	W	E932.0	Adverse effects of adrenal cortical steroids
10,335	total	E932.0	Adverse effects of adrenal cortical steroids



Data Use Caution

Hospital Acquired Conditions

- ❑ **Acronym: HAC**
- ❑ **Either CC or MCC**
- ❑ **Caution:** When setting up the application to display the HAC, the use of ICD-9-CM codes will not give the true number of HACs.
- ❑ **Tip:** To get a true HAC, the POA of N or U must be added to the query.



Hospital Acquired Conditions

- ❑ Foreign body retained after surgery
- ❑ Air embolism
- ❑ Blood incompatibility
- ❑ **Pressure ulcer stage III and IV**
- ❑ Catheter-associated urinary tract infections
- ❑ Vascular catheter-associated infections
- ❑ Infections after coronary artery bypass grafts
- ❑ Infections after certain orthopedic procedures
- ❑ Infections after bariatric surgery for obesity
- ❑ DVT and PE following certain orthopedic procedures
- ❑ Manifestations of poor glycemic control
- ❑ Injuries resulting from falls and trauma during the stay



Quick "HAC" Query

First half of 2009			Excluding Principal Diagnosis
Number of discharges	POA Values	ICD-9-CM Code	ICD-9-CM Description for Pressure Ulcer
13,429	Y	707.23 707.24	Pressure Ulcer, Stage III Pressure Ulcer, Stage IV
398	N	707.23 707.24	Pressure Ulcer, Stage III Pressure Ulcer, Stage IV
9	U	707.23 707.24	Pressure Ulcer, Stage III Pressure Ulcer, Stage IV
2	W	707.23 707.24	Pressure Ulcer, Stage III Pressure Ulcer, Stage IV
13,837	total	707.23 707.24	Pressure Ulcer, Stage III Pressure Ulcer, Stage IV



Examples of POA Data Requests

- ❑ Outcomes studies before and after surgery
- ❑ Trends of conditions associated with alcoholic liver disease
- ❑ Factors associated with admissions and readmissions
- ❑ Design a rural health system to meet the broadest level of health conditions



- Healthcare Atlas
- ALIRTS
- MIRCal
- CORC
- Fair Pricing Policies

Home >> HID >> Data Usage

Healthcare Information Division - Data Usage

OSHPD patient-level data is available to qualified researchers at non-profit educational institutions conducting approved research. This research affords significant benefits to the public in terms of improved processes of care, improved access to care and better-informed healthcare policies. Listed are approved projects for 2007 - 2009.

Researcher	Institution	CPHS Number	Title of Project
Alexandre Mas, PhD. & Arindajit Dube, PhD	UC Berkeley	05-06-61	Nurse Unionization & Patient Outcomes
Carlos Dobkin, PhD	UC Santa Cruz	03-12-54	Delayed Health Care Among the Near Elderly
Richard White, MD	UC Davis	05-08-60	Thromboembolism in California; Who is at Highest Risk?
Judith H. Chung	UC Irvine	05-08-55	Deregionalization of Perinatal Services in California; Better Care or Adverse Consequences?
James P. Marcin, MD, MPH	UC Davis	03-12-50	RSV Admissions and Readmissions in Children
			Infectious Diseases Related

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