

# Overview of California's Patient Level Data

Collected by the Office of Statewide Health Planning  
and Development (OSHPD)

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# Purpose and Objectives

The Patient Data Section (PDS) sets standards for, collects, and edits comprehensive demographic, diagnostic and treatment information of all patients discharged from a California hospital, treated in a hospital emergency department, or having had an ambulatory surgery procedure in a hospital or freestanding licensed surgical clinic. The primary objective is to collect accurate, reliable, and timely information for use in making informed decisions in the health care marketplace, assessing the effectiveness of California's health care systems and supporting statewide health policy development and evaluation.

# PDS collects data from

- 446 Hospitals reporting approx. 3.8 million inpatient discharge records annually since 1983.
- 320 Emergency Departments reporting approx. 12.9 million encounters annually since 2005.
- 400 Ambulatory Surgery centers (364 of them are hospital affiliated; 36 of them are freestanding) reporting approx. 2.2 million encounters annually since 2005.

Counts based on 2017 data

# Inpatient vs. Outpatient Data

- Inpatient Discharge Data differs from Emergency Department or Ambulatory Surgery Encounter Data in some areas.
- Beginning in 2019, the data will be more closely aligned.

## **INPATIENT DATA ELEMENTS**

- Admission Date
- Date of Birth
- Diagnoses and Present on Admission Indicators
  - Principal
  - Other(s)
- Discharge Date
- Disposition of Patient
- Expected Source of Payment
- External Causes of Morbidity and Present on Admission Indicators
- Patient Social Security Number
- Pre-hospital Care and Resuscitation (DNR – Do Not Resuscitate)
- Preferred Language Spoken
- Procedures and Dates
  - Principal
  - Other(s)
- Race
- Sex
- Source of Admission
- Total Charges
- Type of Admission
- ZIP Code

Plus:

Facility ID Number, Type of Care and optional Abstract Record Number

## **ED & AMBULATORY SURGERY DATA ELEMENTS**

- Date of Birth
- Diagnoses
  - Principal
  - Other(s)
- Disposition of Patient
- Ethnicity
- Expected Source of Payment
- External Causes of Morbidity
- Patient Social Security Number
- Preferred Language Spoken
- Procedures
  - Principal
  - Other(s)
- Race
- Service Date
- Sex
- ZIP Code

Plus:

Facility ID Number and optional Abstract Record Number

# Data Collection System

- Online submission of data (files or records)
- Choice of test or formal submission
- ~1000 automated edits
- Report generation
- Automatic communication for formal submissions

# Edits

MIRCal applies over 600 automated validation edits (over 1000 when Coding Edits are on).

- Transmittal
- Licensing
- Standard Edits
- Readmission (inpatient only)
- Trend Edits
- Comparative Edits

Additional Desk Audits

Resources: Edit Flag Description Guides (one for Inpatient, one for ED & Ambulatory Surgery) describe our edit programs and flags.



# Acceptance Criteria

- The data must be at or below the Error Tolerance Level (2%)
- The data must be consistent with the reporting facility's trends and comparisons
  - Trend Edits (allowable % difference based on number of records)
  - Comparative Edits (% error threshold based number of records)

# Tracking of files

Status Contact Agent Staff Notes Delinq. Data Log Extension Penalty License

Reporting Status: **Data Has Been Approved** Due Date: Ext Days Remaining: **5**  
 Consolidation: **Y** Modification (Out of compliance): **N** Variant Action (Correct as reported): **N** Penalty: **N** Extension: **Y** Delinquency: **N**

### Facility Status Information

Post Date	Test	Action	New Due Date	Adjusted Days	Balance	Sent Date	PM Date	User Id
5/24/2018 10:09 AM		Approval Notice Sent - Email				05/24/2018		
5/24/2018 10:08 AM		Data Approved						
5/24/2018 10:01 AM		Data Submitted-Records	05/29/2018	5	5			
5/24/2018 9:24 AM	Y	Data Approved						

### Report Status Information

Post Date	Test	Action	Due Date	Records	Transmittal Pass/Fail	Licensing Pass/Fail	Blank/Inv PDX	Standard %	Standard Pass/Fail	Standard # Recs	Re-Admits %	Re-Admits Pass/Fail	Re-Admits # Recs	Trend Pass/Fail	Compare Pass/Fail
5/24/2018 10:08 AM		Data Has Been Approved		3924	Not Run	Not Run	Pass	0.08	Pass	3	0	N/A	0	Pass	Pass
5/24/2018 9:24 AM	Y	Below ETL - Submit as F...	05/29/2018	3924	Pass	Not Run	Pass	0.08	Pass	3	0	N/A	0	Pass	Pass
5/18/2018 12:06 PM	Y	Data Rejected	05/29/2018	3924	Pass	Not Run	Pass	0.13	Pass	5	0	N/A	0	Pass	Fail
5/11/2018 12:18 PM	Y	Data Rejected	05/29/2018	3924	Pass	Not Run	Fail	0.87	Pass	34	0	N/A	0	Pass	Fail
5/7/2018 11:53 AM	Y	Data Rejected	05/15/2018	3920	Pass	Not Run	Fail	0.89	Pass	35	0	N/A	0	Pass	Fail
4/24/2018 9:57 AM	Y	Data Rejected	05/15/2018	3914	Pass	Not Run	Fail	2.30	Fail	90	0	N/A	0	Pass	Fail

# Validation Reports and Feedback Process

<b>Submission Mode</b>	Formal		
<b>Report Status</b>	Data Rejected		
<hr/>			
<b>Transmittal Validation</b>	Pass		
<hr/>			
<b>Licensing Check</b>	Pass	<b>Error Messages</b>	
<hr/>			
<b>Trend Edits</b>	Pass	<b>Number of Critical Flags</b>	<b>Number of Warning Flags</b>
<b>Comparative Edits</b>	Fail	0	0
		12	2
<hr/>			
<b>Records with Blank or Invalid Principal Diagnosis</b>	Fail	<b>Number of Records with Errors</b>	
		6	
<hr/>			
<b>Standard Edits</b>	Fail	<b>Number of Records with Critical Errors</b>	<b>Percentage of Total Records</b>
<b>Readmission Edits</b>	Pass	15	100.00%
		0	0.00%

# Validation Reports and Feedback Process

Report Status                      Data Rejected    Submission Mode                      **FORMAL**

Error Tolerance Level    2.00% of records reported with one or more errors

Percentage of Records with Critical Errors                      **100.00% - FAIL**

Number of Records with Critical S flags                      15

CRITICAL S FLAGS				
Data Element	Critical Flag	No. of Flags	No. of Records with Flag	% of Error based on Total Records
Admission Source	S071	15	15	100.00
DNR	S001	3	3	20.00
Date of Birth	S021	12	12	80.00
	S105	12	12	80.00
Discharge Date	S059	12	6	40.00
Expected Source of Payment	S002	3	3	20.00

# Validation Reports and Feedback Process

Sequence Number	Abstract Record	SSN	TOC	DOB	Sex
12	Age=57	000000001	1	06/30/1960	M
		SW07		S021	S086
				S105	S088
<b>Diagnosis</b>	Z36.85	Y [A] Z36.86		Y [B] Z36.87	
	S021	S129 S088		S130 S088	
	S086	S105		S105	

# Addressing Compliance and Timeliness Issues

- Extensive outreach, education, and relationship building
- \$100/day penalty for late reports
- Data exceptions and modifications

# Data Exceptions and Modifications

In the Public Data Set, be sure to reference the Appendices for Data Exceptions and Modifications.

## Data Documentation

Documentation for current patient-level data sets and related products are provided here.  
Documentation for earlier files is available upon request.

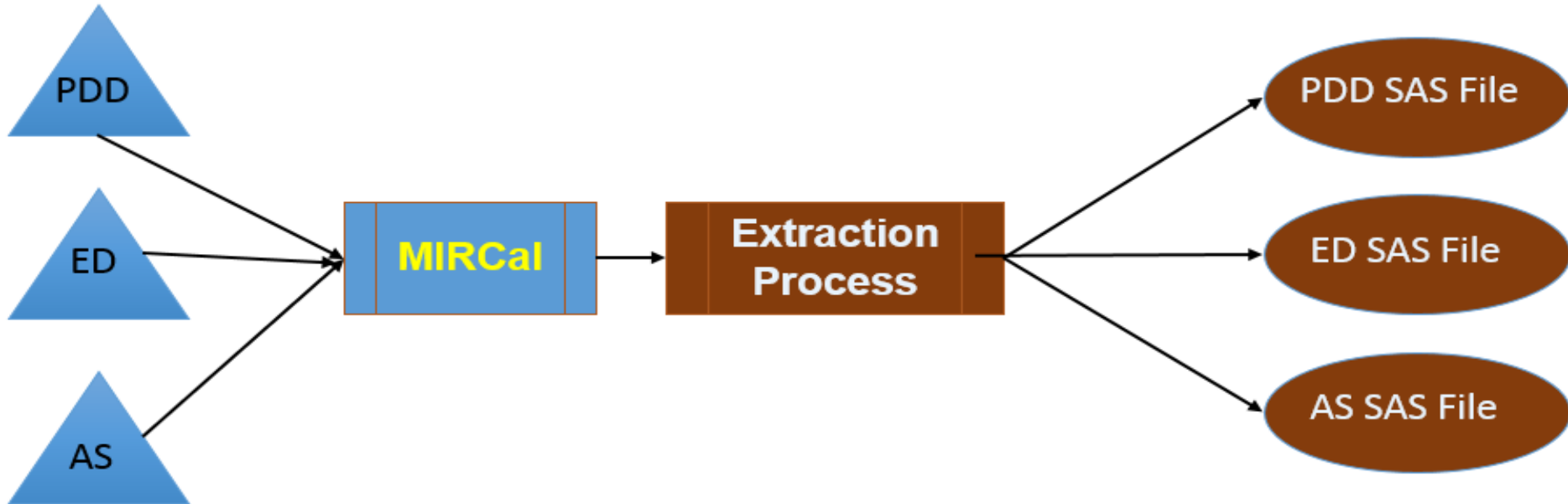
/31/2016	Service Date (Total No. Records)	Exception	Change due to seasonal fluctuation.
/30/2016	Expected Source of Payment	Modification	Mapping problems.
31/2016	Race	Modification	Unaware of reporting requirements.
31/2016	Race	Modification	Unaware of reporting requirements.
/31/2016	Preferred Language Spoken	Exception	Correct as reported.

# Validation Period

- Inpatient: semi-annual report due March 31 and September 30
- ED and AS: quarterly report due February 14, May 15, August 14, and November 14
- 14 extension days
- 60 days after the due date = end date for acceptance of delinquent data
- 15 days for OSHPD to approve or reject data (usually under 20 minutes)
- 15 days for OSHPD to make approved facility data available



# MIRCal Data Flow – SAS File Creation:



## • Extraction Process Edits:

- Data cleaning
  - Invalid records are removed (based on Admission Date and Discharge Date).
  - Duplicate Diagnosis and External Cause Codes are removed.
  - Due to California State Regulations, HIV testing is removed.
  - Invalid responses are standardized (e.g., all invalid/missing Race=0).
- Value added variables are created (e.g., Length of Stay, Age Categories, Race/Ethnicity Categories, and Groupers including: MSDRG, MDC and CCS).
- Our Data Dictionaries clearly describe valid responses for each variable.

# Problems Encountered and Solutions

- Custom (complex) data collection system requiring unique skill set and long learning curve for programmers
- Time required for statute/regulatory approval
- Extensive ICD-9 Coding Edit program must be re-written
- Differing data elements for inpatient and outpatient data (changes coming in 2019)
- OBSERVATION
- Billing vs. administrative data requirements

# Resources

- [www.oshpd.ca.gov/](http://www.oshpd.ca.gov/)
- Edit Flag Description Guides:  
[www.oshpd.ca.gov/HID/MIRCal/ManualsGuides](http://www.oshpd.ca.gov/HID/MIRCal/ManualsGuides)
- Facility Summary Reports:  
[www.oshpd.ca.gov/HID/Facility-Summary-Reports](http://www.oshpd.ca.gov/HID/Facility-Summary-Reports)

# Contacts

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