

STATEMENT OF EXPLANATION FOR SECTION 100 FILING

CALIFORNIA CODE OF REGULATIONS
TITLE 22, DIVISION 7, CHAPTER 10; HEALTH FACILITY DATA
ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS
Sections 97225, 97226, 97227.

Pursuant to Section 100 of Title 1 of the California Code of Regulations (CCR), the Office of Statewide Health Planning and Development (OSHPD) is making “Changes without regulatory effect” to sections 97225, 97226 and 97227 of Title 22.

As mandated by Health and Safety Code Section 128735, the Office administers a program under which each California hospital must file semi-annual patient discharge data. These reports include a record for each patient that includes a number of specified data elements.

Each data record includes the patient’s principal diagnosis and other diagnoses, and in some cases they must also indicate the external cause of injury. Health and Safety Code Section 128735 (g), subsections (12), (13), and (14), specify that for each of these conditions, the hospital must also report an indicator of whether that condition was “present on admission”, i.e., present at the time the patient entered the facility. This indicator – referred to as the POA indicator - distinguishes medical conditions that are present when a patient enters the hospital (pre-existing conditions or co-morbidities) from those that first occur during the hospital stay (complications or in-hospital adverse events). For each condition, POA is reported using a code for one of four options – present, not present, unknown, clinically undetermined – or leaving the field blank if the condition is exempt from present on admission reporting.

The current regulatory wording is slightly inconsistent. There are three regulatory sections - 97225, 97226 and 97227 - that correspond to the three statutory sections. In each of the three regulatory sections, for the first two options, the wording “present at the time of inpatient admission” is used. For the next two, the wording is currently “present on admission.” All admissions are inpatient admissions, as the data reporting requirement only applies to inpatients. The two phrases have the same meaning. However, the current national standard wording for the data element options is “at the time of inpatient” rather than “on” admission. Therefore, to avoid any possible confusion from the use of the two different phrases, and to enhance consistency with the national standards, the Office is now proposing to change the phrase “present on admission” to “present at the time of inpatient admission” in the third and fourth options in each section. The deletion of the words “or not” at the end of the fourth options is simply editorial, with the intent to make the wording simpler and clearer. We are not proposing to change the wording of the fifth option, which is simply to leave the field blank.

These changes do not change the meaning of the sections. The changes will not cause any confusion to the hospitals and will not change the way the sections are interpreted or the way the reporting requirements are met. The changes will have no effect on the rights or responsibilities of the hospitals, or on hospital operations or business practices.

The changes do not materially alter any requirement, right, responsibility, condition, prescription or other regulatory element of the provision. These minor text modifications are changes without regulatory effect under the provisions of Title 1, CCR, §100.