

IP Inpatient Discharges

ED Emergency Department

AS Ambulatory Surgery

Source of Admission Problem Identified

Since 2004, OSHPD has produced three hospital report cards on community acquired pneumonia (CAP). With each public release, several hospitals have commented that their low performance ratings resulted from incorrect coding of Source of Admission (SOA), not from provider quality issues. Many patients who were admitted from skilled nursing or board and care facilities to these facilities through the hospital ER were mistakenly coded as coming from "home" and should have been excluded from data used to produce the CAP report. Thus, these hospitals' ratings suffered because their patients were sicker in ways not captured by the risk model.

To investigate this anecdotal evidence, OSHPD contracted with UCSF to perform a validation study of the Patient Discharge Data (PDD). Preliminary analyses indicate that for the variable, Source of Admission (SOA), only 25% of patients *admitted from* skilled nursing facilities (SNFs) were coded correctly. In contrast, 80% of patients *discharged to* SNFs were coded correctly.

Steps Taken to Address Coding Problem

These preliminary results, combined with the hospitals' experiences, led OSHPD to undertake an intensive review of SOA coding. Because discharge destination was coded more accurately than SOA, it was used to compare admissions from skilled nursing facilities (SNF).

The Patient Data Section contacted those hospitals that appeared to have SOA reporting issues identified using data from 2007. After contacting 92 hospitals, OSHPD staff found that 9 hospitals had reported that all Inpatient Discharge Data was correct and 49 hospitals found errors in SOA data. The status of the remaining 34 facilities is pending further investigation by each facility.

Three top causes to incorrect reporting were mainly due to:

- 1) Source of Admission was not documented in the medical record
- 2) Mapping issues
- 3) Incorrect or lack of staff training

Nearly half of the hospitals contacted found minor errors with discharge/admit ratios well below 10%. Among the 49 hospitals contacted, OSHPD issued 22 Non-Compliances for those hospitals that had a high "disposition to SNF/admit from SNF, your Emergency Room". Start dates for erroneous reporting ranged from January 1993 to January 2007. All of those that responded are expected to be in full compliance by January 2010.

Based on these findings, OSHPD, in consultation with its Technical Advisory Committee, decided to delay the next CAP hospital report card until the SOA coding problem is resolved.

SOA Problem Identified (continued)

Use and Importance of SOA Data

OSHPD PDD records are utilized by healthcare and public health professionals nationwide. These data, often referred to as “administrative data,” are easily accessible, relatively inexpensive to use, and encompass large populations. However, there is concern about the accuracy and completeness of administrative data, especially as they are increasingly used to assess individual healthcare provider and system performance. Correct coding is critical for researchers and policy makers who use the data to make informed decisions.

Researchers use the PDD for a variety of purposes, from assessing health care quality to infection control to public health. Specifically, researchers rely on SOA to establish patient movements between healthcare facilities. For example, Dr. Susan Huang at UC Irvine is currently looking at patient flow from hospital to hospital to help determine how healthcare infections (e.g., methicillin resistant *Staphylococcus aureus*) may spread between facilities. SOA is the key study data element that identifies patients transferred from nursing homes. Studies like this have implications not only for hospital infection control practices but also for public health and disease prevention in the community.

Health care quality organizations also utilize the PDD to determine quality of care received during a hospital stay. With federal health care reform on the horizon and expanding efforts to implement “pay-for-performance” measures based on administrative data, accuracy of the PDD is critical. Hospitals’ financial livelihoods may partly depend on data accuracy.

REMINDER

Regulations Package 45 Day Public Comment Period September 11 – October 26, 2009

A regulation change package has been posted on the MIRCAl web site for the formal 45-day public comment period. Written comments will be accepted until 5:00 p.m. on October 26, 2009. Below is an overview of the package contents:

- Expanding requirement to cover reporting of all external causes of injury on IP, ED, and AS data including misadventures and abnormal reactions
- Expanding list of Principal Languages spoken
- Updating the OSHPD address and telephone numbers on forms and other official documents and eliminating obsolete forms and references
- Aligning IP reporting of partial date of birth with national standards (to be consistent with ED and AS partial birth reporting)
- Updating IP Expected Source of Payment Plan Code Table
- Updating ED and AS disposition codes to accommodate national standard changes
- Removing all regulation references to the IP, ED, and AS Manual Abstract Record forms (forms will still be available for facility use)

To view the above changes, please visit our [Proposed Regulations](#) site.



REMINDER

Disposition and Source of Admission Changes

In November 2008, changes were made in reporting patient movement to and from the ED and AS settings when reporting your Inpatient data to OSHPD. These changes were noted in the Disposition and Source of Admission sections of the *California Inpatient Data Reporting Manual* as well as in issue 20 of Quick Notes. Many facilities have not made the necessary changes to their reporting.

In summary, patients transferring to your facility directly from another hospital's ED should be reported as Source of Admission "Other" to aid data users in distinguishing them from admissions from a home setting.

If an inpatient is sent from your facility to an ED or AS setting with the intent of either returning to your facility or going home after a procedure, the discharge should be reported as Disposition "Other."

For patients sent to another facility's ED or AS with the intent of being admitted to that facility, continue reporting Disposition based on the applicable type of care to which the patient is being discharged.

Please review the discussion points in the [California Inpatient Data Reporting Manual](#) for more details, or contact your OSHPD analyst. A new edition of the manual will be posted in 2010 once the proposed regulations are approved.

Need Assistance?

If you have any questions regarding your data or OSHPD reporting requirements, please contact your assigned analyst. You can find contact information on the [Information](#) page of our web site or contact us at (916) 326-3935.



** IMPORTANT DATES **

IP Due Dates*:

July 1 – December 31, 2009 Due March 31, 2010

ED & AS Due Dates*:

July 1, 2009 – Sept 30, 2009 Due Nov 14, 2009
 Oct 1, 2009 – Dec 31, 2009 Due Feb 14, 2010

**Reporting Periods & Due Dates Calendar for IP, ED & AS can be found on the [Manuals and Guides](#) page of the MIRCal web site.*

Office Closures

Our office will be closed the first three Fridays of each month through June 30, 2010, in accordance with Executive Order S-13-09.

For a complete list of closure dates, please visit our web site:

<http://www.oshpd.ca.gov/furloughs.html>

Allow More Time

Due to staffing changes and Executive Order S-13-09 (noted above), please anticipate longer wait times to have your requests processed. Variant Action Requests (VARs) will be processed within 5 business days.