

# Quick Notes

Issue No. 25

April 13, 2011

**IP** Inpatient Discharges

**ED** Emergency Department

**AS** Ambulatory Surgery



## MIRCal is Celebrating its 10 Year Anniversary!



In 2001, OSHPD unveiled its first online reporting system, "Medical Information Reporting for California", also known as **MIRCal**. Facilities can now easily submit their inpatient data on a secure, web-based system and receive quick feedback. Because of MIRCal, OSHPD successfully provides quality patient-level data to the public that is timely and relevant in our fast-paced and ever changing world.

- ★ 2001 First Inpatient Discharge Data submitted via the MIRCal system
- ★ 2005 Emergency Department and Ambulatory Surgery added as new data types

Prior to MIRCal:

- Facilities mailed a magnetic reel tape, CD, diskette, or paper abstract forms to OSHPD by the due date.
- Paper reports were generated with errors manually highlighted by PDS staff.
- Error reports with hand-written corrections were mailed back and forth.
- Every hospital used up to 60 extension days during the correction process.
- Report Period data were available from PDS for use in publications and research 12 to 18 months after the report period close date.

With the MIRCal system in place:

- 75% of data reports are approved before the original due date.
- Individual facility data are now available in fewer than 15 days after being approved.
- Facility Summary Reports are automatically posted on OSHPD's website once data is made available.
- Inpatient Report Period data are available from OSHPD 9 to 10 months sooner; ED and AS data in 3 months.

What is next? Future years will bring many challenges and changes that will require all of us to continue to make adjustments to keep up with the times.

Thank you to all of you who have been partners with us in making California's patient level data better! Your invaluable feedback in the initial development and design, as well as your continued suggestions to improve MIRCal, have been instrumental in its success. We appreciate the opportunity to work with such a dedicated and engaged health information community.

## Organ Harvesting What to Do?

OSHPD routinely performs spot audits to ensure data accuracy. A recent audit of the 2010 Ambulatory Surgery data showed 176 records reported with Patient Disposition 20 (Expired). OSHPD Analysts contacted facilities to verify these Ambulatory Surgery deaths. The majority of the records were correct as reported. However, among those confirmed as incorrect were 24 records reported with a V59 Live Donor diagnosis code. We learned that these records were created for organ harvesting for use in donor transplants. Records with procedures for organ harvesting should not be reported to OSHPD.

Expired patients that are retained for organ harvesting do not meet OSHPD's reporting requirements and should not be reported.

It should also be noted that the V59 category should not be used for organ harvesting. Only live patients admitted for the sole purpose of donating an organ(s) are coded as V59 per *ICD-9-CM Official Guidelines for Coding and Reporting*.

### Outpatient reporting

If a patient expires in the Emergency Department or in Ambulatory Surgery, the death is to be reported to OSHPD. The date of death is the Service Date and the Patient Disposition is 20 (Expired). **Do not** report an additional record for the purpose of subsequent organ harvesting.

### Inpatient reporting

When a patient expires during an inpatient stay, the death is to be reported to OSHPD. The date of death is the Discharge Date with a Patient Disposition of 11 (Died). **Do not** report an additional record for the purpose of subsequent organ harvesting.

## User Account Administrators You Have the Power!

A User Account Administrator (UAA) is responsible for creating and maintaining the facility's MIRCal user accounts and contact information. OSHPD strongly recommends that each facility have at least two UAAs.

Only OSHPD can create accounts for UAAs. UAA approval will be granted after receiving a signed [User Account Administrator Agreement](#) from the facility.

UAAs are responsible for:

- Creating, adding, and inactivating MIRCal user accounts within the facility
- Changing passwords for MIRCal users within the facility
- Unlocking MIRCal user accounts
- Updating user accounts with current contact information

### Important reminders:

- When inactivating a user who is listed as a contact in MIRCal, you must assign a new contact. If the contact you wish to assign is not a current MIRCal user, you must create a new user account.
- When inactivating a user, be sure to take away all user roles.

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### Updated Manuals Available

New editions to the following manuals are available on the [Manuals and Guides](#) page of our website. Please check these pages frequently to ensure you have the latest edition.

- Inpatient Data Reporting Manual
- Emergency Department and Ambulatory Surgery Data Reporting Manual.

### Reporting Observation Stays

Facilities have questioned how they should report a patient who is sent to Observation. An Emergency Department (ED) record or Ambulatory Surgery (AS) record should be reported to OSHPD whenever an encounter has taken place. A reported AS encounter should have at least one ambulatory surgery procedure. An encounter is defined as a face-to-face contact between an outpatient and a provider as specified in California Code of Regulations, *Section 97212 (j)*.

The fact that a patient is sent to Observation is irrelevant in determining whether an encounter took place. An encounter must be reported to OSHPD even if they ended with the patient being placed in Observation.

The exception is if an ED or AS patient is admitted as an inpatient at your facility during the same stay, the outpatient information is rolled into the Inpatient record. See *Section 97213 (a)(2)*.

If an ED patient is sent to your Ambulatory Surgery, the ED record may be combined and reported with the AS encounter. If the ED and AS records are not combined, both an ED and an AS encounter must be reported to OSHPD.

For further clarification, you may reference the [Emergency Department and Ambulatory Surgery Reporting Manual](#). A discussion of Observation patients can be found in the Disposition section.

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#### Questions:

If you have any questions regarding data reporting to OSHPD, please contact your assigned analyst. For employee contact information, please see the bottom of our [Contact Us](#) page.



### Outreach Visits

Every year, the Patient Data Section makes an effort to visit some of our facilities. We like to meet the people who report the data as well as gain insight on how facilities report their data.

Some areas of interest to us are:

- If your facility has been very successful in reporting, what practices do you follow that contribute to your reporting success?
- Did your facility overcome a reporting obstacle? If so, how did you overcome the obstacle?

This year, a few of our team members will be in the San Diego area for the CHIA conference. The proposed outreach visit date is June 16<sup>th</sup>. If you are interested in having us visit your facility, sharing some of your experience with us, or you feel as though your facility needs some additional guidance with reporting your data, please contact your assigned analyst.

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#### **\*\* IMPORTANT 2011 DATES \*\***

##### IP Due Dates:

|                             |                         |
|-----------------------------|-------------------------|
| Jan 1, 2011 – June 30, 2011 | Due: September 30, 2011 |
| July 1, 2011 – Dec 31, 2011 | Due: March 31, 2012     |

##### ED & AS Due Dates:

|                             |                      |
|-----------------------------|----------------------|
| Jan 1, 2011 – Mar 31, 2011  | Due: May 15, 2011    |
| Apr 1, 2011 – June 30, 2011 | Due: August 14, 2011 |

##### **California Health Information Association (CHIA) Annual Convention:**

June 12-15, 2011 – San Diego, CA

