

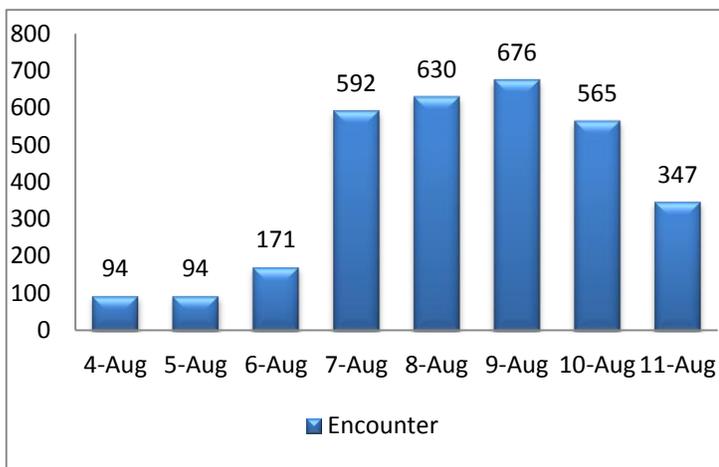
**IP** Inpatient Discharges

**ED** Emergency Department

**AS** Ambulatory Surgery

### Data Snapshot August 2012 Oil Refinery Fire

While reviewing third quarter 2012 Emergency Department data submissions, the Patient Data Section found a few facilities that had sizable increases in reported encounters. The increases were localized to a few facilities in the East Bay area of San Francisco, spiking around August 6th and continued for several days. The increases appeared to be the results of the August 6, 2012, fire at the Chevron oil refinery in Richmond. According to news reports during that time, area emergency rooms began seeing patients complaining of headaches and respiratory issues. A preliminary look at one facility shows a spike in reported emergency room encounters that lasted for several days.



Notable was a sizable increase in reported Principal Diagnosis of Headache (784.0), Asthma, unspecified type, with (acute) exacerbation (493.92), Other acute and subacute respiratory conditions due to fumes and vapors (506.3), Respiratory conditions due to smoke inhalation (508.2), Asthma, unspecified type with acute exacerbation (987.8), and Toxic effect of other specified gases, fumes, or vapors (987.8). There was also a marked increase in the number of External Cause of Injury codes in the E891 range (Conflagration in other and unspecified building or structure.)

This is a great example of how facility data can reflect what is happening in the world. Timely, accurate information such as this is highly useful for data researches, hospital planners, and disaster coordinators.

~Thank You~

A special note of thanks to all facilities who responded to the recent survey OSHPD sent. The survey asked questions regarding the potential development of regulations for patient level data to capture Patient Address and Physician Identifiers in addition to changing reporting due dates.

We had a very good response with 75% of all reporting facilities replying! We are in the process of analyzing the results which will help us evaluate these potential data changes.



## Dear MIRCal

**Dear MIRCal: Our facility frequently receives a MIRCal inpatient data edit for no procedures reported on SN/IC records. We do not perform procedures on patients in a skilled nursing bed. What does MIRCal expect to be reported?**

A: It is important to remember the OSHPD definition of a discharge when reporting procedures. A reportable discharge only takes place if a patient 1) is formally released from the hospital; 2) is transferred to another Type of Care as defined by OSHPD; 3) leaves against medical advice; or 4) dies. If a SN/IC patient is not discharged to another type of care within your facility and is sent to any part of the hospital for a procedure that meets OSHPD's definition of a reportable procedure, that procedure must be reported on the OSHPD SN/IC record.

For example, your facility reports a SN/IC patient admitted on 1/3/13 and discharged 1/14/13. On 1/8/13 the patient has complications associated with kidney stones. The patient is sent to an outpatient room at your facility to undergo ultrasonic fragmentation (59.95) and then returns to SN/IC. The procedure 59.95 would be reported to OSHPD on the SN/IC record because it took place within the duration of the patient's SN/IC stay.

OSHPD understands that such procedures may be billed separately, often on separate records. However it is required reporting to include such procedures on the record so data users can clearly see the continuum of care during each inpatient stay.

If you have any questions regarding reporting procedures, you can consult the [Inpatient Data Reporting Manual](#) for additional information or contact your assigned analyst.

## IP Reporting Manual: Residential Care Updates

Due to the California Department of Social Services (CDSS) licensing Group Homes and Foster Family Homes (Foster Care) under Residential Care, these places of residence have been changed from being reported as "Home" to "Residential Care" when reporting Source of Admission and Disposition. Please update your mapping to include these changes.

Details of these updates amongst others can be found in the latest version of the [Inpatient Data Reporting Manual](#).

You may also visit [CDSS](#) for more information on the different types of Residential Care.

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### REMINDER

#### Review Your Exception Edits

Exception Edits (X-flags) are non-critical edits that are not applied to the Error Tolerance Level (ETL). However, Exception Edits identify the possible over-reporting or under-reporting of certain data element values. For example, an Exception Edit will alert the facility that there are no records with Homeless Zip Codes (ZZZZZ); or that 15% or more of the records are reported with an Unknown Social Security Number.

Because they are excluded from the ETL calculation, Exception Edits often get overlooked. Please remember to review your Exception Edits to determine if errors exist in your data.

You can view your Exception Edits report by choosing the *Error Reports* link under the *Results* section in the Main Menu of MIRCal. If you need assistance locating these edits, please contact your assigned analyst.



## Skilled Nursing Source of Admission Accuracy

As a follow up to prior Source of Admission (SOA) studies, the Patient Data Section contacted 57 facilities regarding admissions from Skilled Nursing (SN) settings. These facilities were selected based on a larger than expected ratio of discharges to SN compared to admissions from SN. The facilities were provided a list of patients with medical MS-DRGs that would be likely to have been admitted from SN (e.g. septicemia/sepsis) but had Home listed as the SOA. The list also included patients discharged to SN but not admitted from SN.

### FINDINGS:

- More than half of the facilities confirmed that the data had been incorrectly reported.
- Two facilities had already been found to be out of compliance with reporting requirements from a previous study and continued to be out of compliance.
- Of the facilities that failed to accurately report SN as the SOA, 62% cited a training/process issue\*, 24% cited a mapping issue\*\*, and 12% cited both a mapping and training/process issue.

Please verify accurate reporting of the SOA and Disposition data elements by carefully reviewing your Data Distribution Report each reporting period. Outcome studies for individual facilities, such as the Community Acquired Pneumonia Report, can be greatly impacted by inclusion or exclusion of patients based on what is reported for these two data elements.

\*A training/process issue is defined as lack of documentation to correctly identify patient's admission site or incorrect/invalid selection during registration.

\*\*A mapping issue is defined as the correct admission site being selected during registration but mapping to a different SOA when reported to MIRCal. (e.g. SN selected during registration, but Home reported to MIRCal).



## Step One: Main Error Summary

Facilities often contact their assigned analyst to find out why their data submission is returned as "Data Rejected". The *Main Error Summary* provides an overview of the MIRCal edits and shows at a glance which data is passing and/or failing. This report is located under *Results* on MIRCal's Main Menu. For the detail of each edit the data has failed, click on *Error Reports* which is also located under *Results*.

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### ICD-10 Countdown

Like all of California, OSHPD is busily preparing for ICD-10 implementation. Our work to update the MIRCal system to accommodate ICD-10 codes is nearly complete. The regulations will be updated to reflect the change in reporting requirements soon. You will be able to view these on our [Law and Regulations](#) page once a comment period has been established.

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### Need Regulation Updates? Want to Receive Quick Notes?

[Sign up](#) for a variety of updates located on the OSHPD Announcements page. Please forward the link to any interested staff and help us get the word out.

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### \*\* IMPORTANT 2013 DATES \*\*

#### IP Due Dates:

July 1 – December 31, 2012	Due March 31
January 1 – June 30, 2013	Due Sept 30

#### ED & AS Due Dates:

Oct 1, 2012 – Dec 31, 2012	Due February 14
January 1, 2013 – March 31, 2013	Due May 15
April 1 2013 – June 30, 2013	Due August 14
July 1 2013 – September 30, 2013	Due November 14

*New 2013 Reporting Periods & Due Dates Calendar for IP, ED & AS can be found on the [Manuals and Guides](#).*