



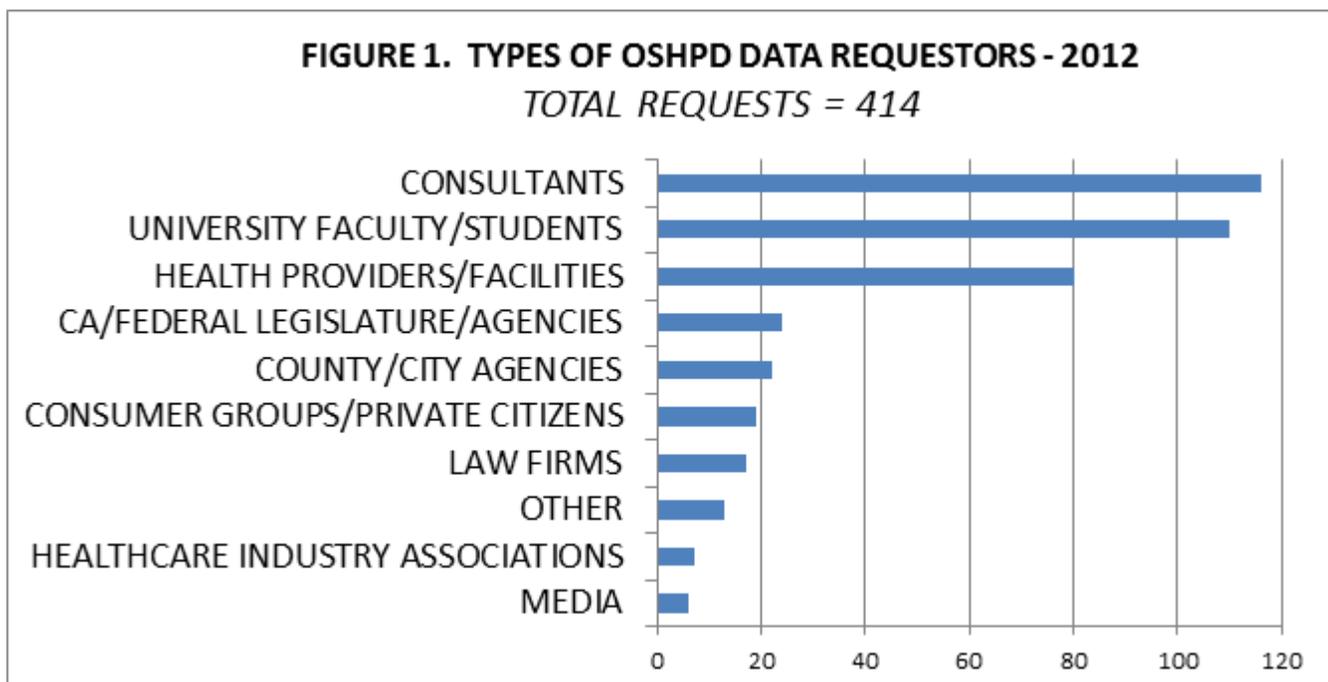
Part I: Who Wants Your Data?

Last year, the Office of Statewide Health Planning and Development (OSHPD) responded to 414 requests for custom data files or summary products based on patient and facility level data in addition to the data available to the public on our website. The most frequent requestors were consultants, university-affiliated researchers, and healthcare facilities and/or providers; these three groups accounted for 76% of the year's requests (see Figure 1).

Does your hospital request OSHPD data?

Last year, fewer than 20% of the 426 general acute care hospitals in California requested data or summary products from OSHPD. Of these requests, only 23 hospitals requested a confidential, HIPAA-limited, data set. This year, in addition to the confidential data set, hospitals can also get an EXCEL pivot table report, "Patient Origin/Market Share." The pivot table is similar to the on-line [PO/MS Report](#) but is based on more a granular data set and enables an assessment of your hospital's competitive position.

For more information about requesting a data set or, if you would like to participate in a survey or work group about increasing the usefulness of OSHPD data, please contact Louise Hand at Louise.Hand@oshpd.ca.gov. Stayed tuned! *OSHPD Data Part II* in the next Quick Notes will highlight the results of the 2013 user survey.





Dear MIRCal

Dear MIRCal: If a newborn or pediatric patient is transferred from our emergency department to a children's hospital, we use the discharge disposition of 05 (Cancer Center/Children's Hospital). But what if they are transferred to a facility which has a cancer center, children's hospital, and general acute care? Would the disposition then be 02 (Another Acute Care Facility)?

A: The Disposition data element for Emergency Department and Ambulatory Surgery is based on national standards, specifically the UB-04's Patient Discharge Status data element. The UB-04 Data Specifications Manual for Patient Discharge Status includes the following verbiage in the Notes section:

"Identifying the appropriate code may often be confusing; judgment must be used in all cases. A basic rule of thumb is to code to the highest level of care that is known..."

Based on this note, discharge to a cancer center or a children's hospital would be considered higher levels of care than general acute care.

Therefore, if a patient is being transferred from your facility to a cancer center and that cancer center is designated by the National Cancer Institute, then the disposition would be 05 (Designated Cancer Center/Children's Hospital). Refer to <http://cancercenters.cancer.gov/>.

Similarly, if a patient is being transferred from your facility to a children's hospital the disposition would be 05 (Designated Cancer Center/Children's Hospital). Refer to the Children's Hospital Association at <http://www.childrenshospitals.org/>.

ICD-10 Regulations

A regulation package which will add ICD-10 to the reporting requirements is in process. Once ready for public comment, it can be viewed on OSHPD's [Laws and Regulations](#) page. Please check that page periodically or future Quick Notes for the official comment period announcement.

New Web Feature

We have a new feature on the MIRCal Home page. Have you noticed the rotating images in the lower right hand corner? We've highlighted some beneficial messages that include recommended best practices for MIRCal patient data reporting. Click on an image and see where it takes you!



CHIA Convention

OSHPD will be presenting at the 2013 CHIA Convention, June 10-12, in Palm Desert. Topics discussed will include ICD-10 readiness in relation to patient level reporting. We hope to see you there!

** IMPORTANT DATES **

IP Due Dates:

January 1 – June 30, 2013 Due September 30, 2013

ED & AS Due Dates:

January 1 – March 31, 2013 Due May 15, 2013
April 1 – June 30, 2013 Due August 14, 2013

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