

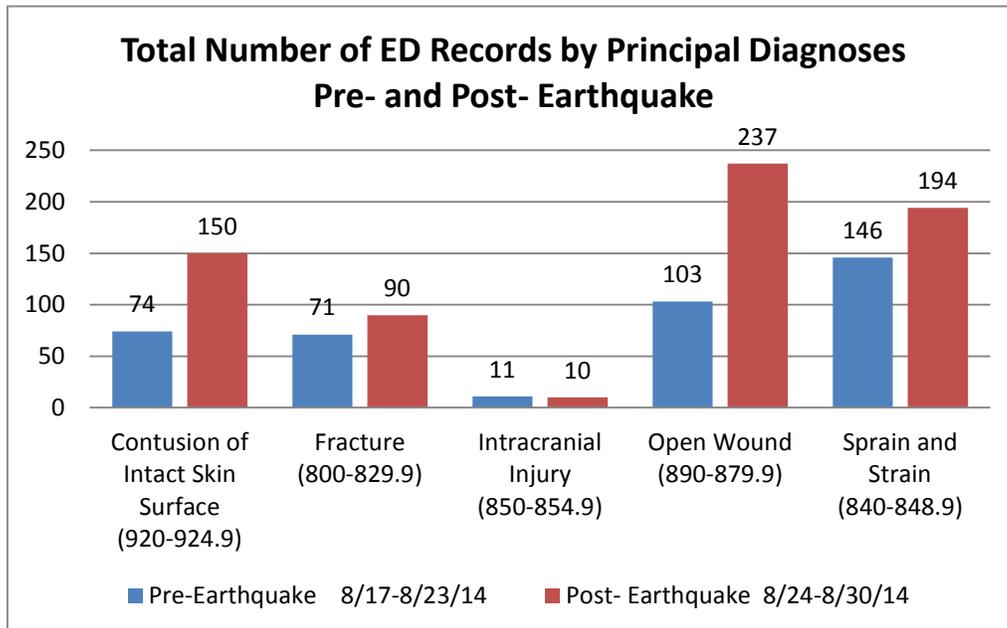


**Trends in Emergency Department Reporting  
Following the Napa Earthquake**

Following the earthquake in the Napa area on August 24, 2014, pictures of collapsed buildings, torn up roads and wineries with hundreds of broken bottles were featured in news reports. For emergency planning purposes, it is important to know in greater detail the numbers and kinds of injuries sustained. Thanks to the efforts of coders and other HIM staff at the hospitals in the vicinity of the earthquake, this information is available in the MIRCal data. Coders used the external cause of injury code E909.0 – “Cataclysmic earth surface movements and eruptions, Earthquakes” for injuries resulting from the earthquake.”

The chart below illustrates the increase in several categories of principal diagnoses reported for all records from the four hospitals with the greatest number of earthquake external cause codes. Contusions and open wounds were the injuries seen most frequently following the earthquake. All four hospitals were within 7.7 miles of the epicenter of the earthquake. The total of ED encounters from the pre-earthquake period (8/17/14-8/23/14) to the post-earthquake period (8/24/14-8/30/2014) increased by 13.9%. ED visits increased on the day of the earthquake and tapered off quickly following the event.

Thus, even in an earthquake of moderate size, the OSHPD data shows there was an increase in Emergency Department visits in the area immediately following the earthquake and an increase in certain kinds of injuries like contusions, open wounds, sprains and strains.



Please note, inpatient records are not included in the chart or totals. Inpatient data for this time period will not be available until after April 2015.



\*Based on data from Queen of the Valley Hospital-Napa, St. Helena Hospital, Kaiser Foundation Hospital Rehabilitation Center-Vallejo, and Sutter Solano Medical Center.



### Newborns: Reporting Race & Ethnicity

#### Dear MIRCal: How do we accurately report the race and ethnicity of a newborn to OSHPD?

It is important for facilities to accurately and consistently report the ethnicity and race of newborn babies. Sometimes this information can be difficult to identify.

It is the responsibility of the parent(s) to declare the ethnicity and race of a newborn. If the parent(s) is unable or unwilling to declare the newborn's race, it is appropriate for facilities to report the ethnicity and race of the mother for that of the newborn.

#### Preferred Language Reporting Reminders

Since OSHPD began collecting Preferred Language Spoken (PLS) in 2007, we have been working steadily to improve the quality of the language data reported. Researchers rely on this data element as one indicator of the quality of care patients are receiving in California.

A review of the 2013 data set shows that facilities are still reporting a variety of invalid entries as the PLS. A frequent problem is the reporting of "Other" instead of a language or reporting multiple languages in the field. Neither of these complies with OSHPD's reporting guidelines. Only a single language should be reported as the PLS. The only exception is in the rare instances when a patient is unconscious for the duration of his/her stay at the facility and preferred language cannot be determined. In these cases, "Unknown" may be reported.

OSHPD has posted a helpful [Dos and Don'ts](#) reference page for reporting PLS as a tool for your facility to improve the accuracy and quality of the data you report. Please ensure any department or individual who is responsible for collecting PLS is provided a copy.

### New Data Collection Tool

The collection of a patient's personal data, particularly Social Security Number, can sometimes be challenging, but it is a vital component of our combined effort to improve healthcare.

We have created a brochure to assist and support the efforts of your staff in collecting each patient's personal data. The new [Personal Data Collection](#) brochure is a user-friendly reference to provide patients with the peace of mind that their information is safely guarded and encrypted by OSHPD, and highlights the importance of their data in leading to improvements in healthcare and identifying healthcare disparities. We encourage you to share this resource tool with your admissions staff. You can find the brochure on our [Manuals & Guides](#) webpage.

#### Newly Licensed Health Plans

The Department of Managed Health Care has licensed three new HMO health plans in California. The new plans and corresponding codes are as follows:

- 0506 Access Senior HealthCare, Inc.
- 0500 Prospect Health Plan, Inc.
- 0499 UnitedHealthcare Community Plan of California, Inc.

Facilities may now report these codes to OSHPD when submitting Inpatient data.

#### Thank You for Your Help

Thank you to all the facility representatives who participated in our January survey regarding possible minor changes to eight Inpatient data elements to bring them closer in alignment with national uniform billing standards.

Your opinions on the potential changes give OSHPD valuable feedback on the possible impact the changes would have for facilities. We appreciate your participation in the regulatory process and improving data collection.