Using the Emergency

Discharge (ED) Database



-

**Fiscal**

**Year 2013**



Center for Health Information and Analysis

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INTRODUCTION

This documentation manual consists of two sections General Documentation and Technical

Documentation. This documentation manual is for use with the Emergency Department Visit

2013 database. The Fiscal Year 2013 Emergency Department Visit data (ED) was made available in August 2014.

**S E CT IO N B RE A KD O WN**

**Section I. General Documentation**

The General Documentation for the Fiscal Year 2013 ED data includes background on its development and is intended to provide users with an understanding of the data quality issues connected with the data elements they may decide to examine. This document contains hospital-reported discrepancies received in response to the data verification process.

**Section II. Technical Documentation**

The Technical Documentation includes information on the fields calculated by the Center for Health Information and Analysis (CHIA), and a data file summary section describing the hospital data that is contained in the file.

Copies *of Regulation 114.1 CMR 17.00: Requirement for the Submission of Hospital Case Mix and Charge Data*, *Outpatient Emergency Department Visit Data Electronic Records Submission Specification,* and *Regulation 957 CMR 5.00: Health Claims, Case Mix and Charge Data* release procedures may be obtained at the CHIA web site at [http://www.chiamass.gov,](http://www.chiamass.gov/) or by faxing a request to CHIA at 617-727-7662.

**S e cur i ng C HI A Da ta Pr ior to Us e**

*As an approved data recipient, or its agent, you are obliged by your application and confidentiality agreement to secure this data in a manner that protects the confidentiality of the records and complies fully with the terms of CHIA’s Data Use Agreement. All data obtained from CHIA should reside on an encrypted hard drive and/or secure network.*

**E xtr a c t ing Da ta ba s e Do cum e n ta t ion F i le s f r om t he CD RO M**

**Hardware Requirements:**

To view these files, you will need:

 A CD ROM Device

 A hard drive with 2.50 GB of space available

**CD Contents:**

This CD contains the Final results for the Fiscal Year 2013 EDD Data Product. It contains a Microsoft Access data base (MDB) files. The ERD Visit file contains one record per ED visit. (See File Naming Conventions: below for additional information.)

**File Naming Conventions:**

This CD contains self-extracting compressed files, using the file-naming convention below: FIPA\_ERD\_Service\_YEAR\_Full\_NS for the entire fiscal year , and

FIPA\_ERD\_Visit\_YEAR\_Full\_LX

YEAR is the Fiscal year and X is the Level (1 6) of the data contained in the file. (See also

3. DATA RELEASE LEVELS on page 8.)

To extract data from the CD and put it on your hard drive, select the desired CD file and double click on it. You will be prompted to enter the name of the target destination.

SECTION 1: GENERAL DOCUMENTATION

**PART A - DATABA S E RE PO RT I NG PE RIO D**

**1. QUARTERLY REPORTING PERIODS**

Massachusetts hospitals are required to file case mix data which describes various characteristics of their patient population, as well as the charges for services provided to their patients in accordance with Regulation 114.1 CMR 17.00. Hospitals report data to CHIA on a quarterly basis based on the Federal Fiscal Year. For the 2013 period, these quarterly reporting intervals were as follows:

|  |  |  |
| --- | --- | --- |
|  | **Quarter 1**: | October 1, 2012 – December 31, 2012 |
|  | **Quarter 2**: | January 1, 2013 – March 31, 2013 |
|    | **Quarter 3: Quarter 4:** | April 1, 2013 – June 30, 2013  July 1, 2013 – September 30, 2013 |

**2. DEVELOPMENT OF THE FISCAL YEAR DATABASE**

The Massachusetts Center for Health Information and Analysis (CHIA) adopted final regulations regarding the collection of emergency department data from Massachusetts’ hospitals, effective October 1, 2001. They are contained in *Regulation 114.1 CMR 17.00,* and the *Outpatient Emergency Department Visit Data Electronic Records Submission Specification*, both of which are available on CHIA’s website.

The ED database captures data concerning visits to emergency departments in Massachusetts’ acute care hospitals and satellite emergency facilities *that do not result in admission to an inpatient or outpatient observation stay*. To avoid duplicate reporting, data on ED patients admitted to observation stays will continue to be reported to the

Outpatient Observation Stay database, and ED patients admitted as inpatients will

continue to be reported to the inpatient Hospital Discharge Database. CHIA has asked providers to flag those patients admitted from the ED in the inpatient and outpatient observations databases, and to provide overall ED utilization statistics to ensure that all ED patients are accurately accounted for.

**3. DATA RELEASE LEVELS**

To assure patient privacy, minimum data is released per *957 CMR 5.00: Health Care Claims, Case Mix and Change Data Release Procedures*. Data elements are grouped into six (6) levels as shown below.

**LEVEL I** No identifiable data elements and 5 digit ZIP codes have been trimmed to 3 digit ZIP codes)

**LEVEL II** Unique Physician Number (UPN) and 5 digit ZIP codes

**LEVEL III** Unique Health Information Number (UHIN)

**LEVEL IV** UHIN and UPN.

**LEVEL V** Date(s) of Admission; Discharge; Significant Procedures

**LEVEL VI** Date of Birth; Medical Record Numbers; Billing Number

**PART B - DATA**

**1. DATA QUALITY STANDARDS**

**DATA EDITS**

The Case Mix Requirement Regulation 114.1 CMR 17.00 requires hospitals to submit emergency department data to CHIA 75 days after each quarter. The quarterly data is edited for compliance with regulatory requirements, as specified in the *Outpatient Emergency Department Visit Data Electronic Records Submission Specification.*

The standards employed for rejecting data submissions from hospitals are based upon the presence of Category A or B errors as listed for each data element under the following conditions.

All errors are recorded for each patient Record and for the Submission as a whole. An Edit Report is provided to the hospital, displaying detail for all errors found in the submission.

A patient Record is rejected if there is:

 Presence of one or more errors for Category A elements.

 Presence of two or more errors for Category B elements. A hospital data Submission will be rejected if:

 1% or more of discharges are rejected; or

 50 consecutive records are rejected.

Each hospital received a quarterly error report displaying invalid discharge information. Quarterly data that does not meet the one percent compliance standard must be resubmitted by the individual hospital within 30 days, until the standard is met.

**Note: Supplement I on page 22 contains a Table of Field Names and Error**

**Types. The Data Elements section contains descriptions of fields.**

**VER IFIC ATION R EPOR T PR OC ESS**

The Verification Report process is intended to present hospitals with a profile of their individual data as reported and retained by CHIA. The purpose of this process is to function as a quality control measure for hospitals. It allows the hospitals the opportunity to review the data they have provided to CHIA and to affirm its accuracy. The

Verification Report itself is a series of frequency reports covering selected data elements. Please refer to Supplement III for a description of the Verification Report contents.

The Verification Report is produced after a hospital has successfully submitted the four quarters of data. The hospital is then asked to review and verify the data contained within

the report. Hospitals need to affirm to CHIA that the data reported is accurate or to identify any discrepancies. All hospitals are strongly encouraged to closely review their report for inaccuracies and to make corrections so that subsequent quarters of data will be accurate. Hospitals are then asked to certify the accuracy of their data by completing an Emergency Department Verification Report Response Form.

The Verification Report Response Form allows for two types of responses as follows:

**“A” Response: C**hecking this category, a hospital indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the hospital’s case mix profile.

**“B” Response:** Checking this category, a hospital indicates that the data on the report is accurate except for the discrepancies noted.

If any data discrepancies exist (e.g., a “B” response), CHIA requests that hospitals provide written explanations of the discrepancies. Verification reports are available for review. Please direct requests to the attention of Public Records via fax to 617-727-7662, or by emailing a request to [**Public.Records@state.ma.us**](mailto:Public.Records@state.ma.us)**.**

**2. GENERAL DEFINITIONS**

Before turning to a description of the specific data elements, several basic definitions (as contained *in* Regulation 114.1 CMR 17.02) should be noted.

**EMER GENCY DEPAR TMENT (ED)**

The emergency department is defined as a department of a hospital or an off-site health care facility that provides emergency services as defined in *105 CMR 130.020*. The Emergency department must listed on the license of the hospital, and qualify as a Satellite Emergency Facility as defined in 105 *CMR 130-820* through *130.836*.

Emergency services are further defined in the Hospital Uniform Reporting Manual (HURM). This Manual established by *114.1 CMR 42.10,* sets forth the requirements for uniform reporting of income, expenses, and statistics on a functional basis. Such functional

reporting permits comparisons among hospitals with varied organizational structures. (See

*HURM, Chapter III, s. 3242.)*

**EMER GENCY DEPAR TMENT VISIT**

Any visit by a patient to an emergency department (ED) for which the patient is registered at the ED, but which results in neither an outpatient observation stay nor the inpatient admission of the patient at the reporting facility. An ED visit occurs even if the only service provided to a registered patient is triage or screening. An ED visit is further defined in the HURM Chapter III, s. 3242.

**3. DATA LIMITATIONS**

Information may not be entirely consistent from hospital to hospital due to the following differences.

 Collection and verification of patient supplied information at the time of arrival;

 Medical Record coding, consistency, and/or completeness;

 Extent of hospital data processing capabilities;

 Extent of hospital data processing systems;

 Varying degrees of resources committed to quality of emergency department data;

 Non-comparability of data collection and reporting.

The emergency department data is derived from information gathered upon arrival, or from information entered by attending physicians, nurses, and other medical personnel into the medical record. The quality of the data is dependent upon hospital data collection policies and coding practices of the medical record staff

**4. SPECIFIC DATA ELEMENTS**

The purpose of the following section is to provide the user with an explanation of some of the specific data elements included in the ED database, and to give a sense of their reliability.

**PATIENT R AC E**

There are three fields to report race (Race 1, Race 2, and Other Race (a free text field for reporting any additional races). Please see the Data Codes section for a listing of values. These are consistent with both the federal Office of Budget and Management (OMB) standards and code set values, and the EOHHS Standards for Massachusetts. This element instituted as of October 1, 2006.

**HISPAN IC INDIC ATOR**

This data element is a flag used for patients of Cuban, Mexican. Puerto Rican, South or Central

American, or other Spanish places of origin regardless of race.

**ETHNIC ITY**

These fields are not a part of the patient’s race. This element is used to report patient ethnicity. (Ethnicity 1, Ethnicity 2, and Other Ethnicity (a free text field for reporting additional ethnicities).

Please see the Data Codes section for a listing of the 33 ethnicities. Effective October 1,

2006

**C ONDITION PRESENT ON ADM ISSION INDICATOR**

This is a qualifier for each diagnosis code (Primary I-V, and primary E-Code field) that indicates onset of diagnosis preceded or followed ED visit. Effective October 1, 2006.

**PERMANENT & TEMPOR AR Y US PATIENT ADDR ESS**

Patient address includes the following fields:

 Patient City/Town

 Patient State

 Permanent Patient Country (ISO-3166)

**OR GANIZ ATION IDENTIFIER S (OR G ID)**

CHIA FY2013 contains four organization identifier fields which is a CHIA assigned unique code for each Massachusetts hospital:

 Massachusetts Filer Organization ID **(IdOrgFiler**) – The Organization ID for the hospital that submitted the inpatient discharge data to CHIA.

 Massachusetts Site Organization ID (**IdOrgSite**) - The Organization ID for the site where the patient received inpatient care.

 Massachusetts Hospital Organization ID (**IdOrgHosp**) - The Organization ID for the main hospital affiliation. For example 3108 (Cambridge Health Alliance) is the **IdOrgHosp** for the **IdOrgSite** 142 (Whidden Hospital).

 Massachusetts Transfer Hospital Organization ID (**IdOrgTransfer**) - The

Organization ID for the hospital from which a patient is transferred. If the patient is transferred from outside of Massachusetts, the **IdOrgTransfer** will be 9999999.

**TY PE OF VISIT**

This is the patient’s type of visit: Emergency, Urgent, Non-Urgent, Newborn, or Unavailable. Please note it is expected that Newborn will not be a frequently used value for Type of Visit in the ED database (in contrast to its frequent use as a Type of Admission in the Inpatient database), since few babies are born in emergency rooms,. however, it would be appropriately reported as a Type of Visit for an ED visit if there were a precipitous birth that actually occurred in the ED, or if the baby was born out of the hospital but it was brought immediately thereafter to the ED for care. Reporting patterns vary widely from hospital to hospital and may not be reliable.

**EMER GENCY SEVERITY I NDEX**

The Emergency Severity Index (ESI) is a system for triaging patients using an algorithm developed by researchers at Brigham & Women’s and Johns Hopkins Hospitals. It employs a five-level scale. It may be reported on Record Type 20 as an alternative to, or in addition to, the Type of Visit (Field 17), which is basically a three-level triage scale. The ESI is described in the following article: Wuerz, R. et al., Reliability and Validity of a New Five-Level Triage Instrument, Academic Emergency Medicine 2000; 7:236-242.

Regardless of whether the ESI or the Type of Visit is reported, it should reflect the initial assessment of the patient, and not a subsequent revision of it due to information gathered during the course of the ED visit. Only a small number of hospitals report this data element.

**SOUR C E OF VISIT**

This is the patient’s originating, referring, or transferring source of visit in the ED. It includes

Direct Physician Referral, Within Hospital Clinic Referral, Direct Health Plan

Referral/HMO Referral, Transfer from an Acute Care Hospital, Transfer from a Skilled

Nursing Facility, Transfer from an Intermediate Facility, and Walk-In/Self-Referral. Newborn Source of Visits includes Normal Delivery, Premature Delivery, Sick Baby, and Extramural Birth. Reporting patterns may vary widely from hospital to hospital and may not be reliable.

**SECONDAR Y SOUR CE OF VISIT**

This is the patient’s secondary referring, or transferring source of visit in the ED. This is infrequently reported for ED Visits.

**C HAR GES**

This is the grand total of charges associated with the patient’s ED visit. The total charge

amount should be rounded to the nearest dollar. A charge of $0 is not permitted unless

the patient has a departure status of eloped, left against medical advice, or met personal

physician in the ED.

**PHYSIC IAN NUMBER (UP N)**

This is the state license number (Mass. Board of Registration in Medicine license number) for the physician who had primary responsibility for the patient’s care in the ED. This may also be the state license number for a dental surgeon, podiatrist, or other (i.e., non- permanent licensed physician) or midwife. This item is provided in encrypted form.

**OTHER PHYSIC IAN NUMB ER (UPN)**

This is the state license number (Mass. Board of Registration in Medicine license number) for the physician other than the ED physician who provided services related to the patient’s visit. This may also be the state license number for a dental surgeon, podiatrist, or other (i.e., non-permanent licensed physician) or midwife. This item is provided in encrypted form.

**OTHER C AR EGIVER C ODE**

This is the code for the other caregiver with significant responsibility for the patient’s care. It includes resident, intern, nurse practitioner, or physician’s assistant.

**PRINCIPAL DIAGNOSIS**

This is the ICD-9-CM code (excluding decimal point) for the patient’s principal diagnosis.

**ASSOCIATED DIAGNOSIS CODES 1 -5**

The ICD-9-CM codes (excluding decimal point) for the patient’s first, second, third, fourth,

and fifth associated diagnoses, respectively.

**SIGNIFIC ANT PROC EDUR E CODE 1- 4**

These are the ICD-9-CM codes (excluding decimal point) or CPT codes for the patient’s

significant procedures, as reported in FL 80 and FL 81 of the UB-92. More detailed

information on the items and services provided during the ED visit is reported under the

Service Line Item data.

**ASSOCIATED SIGNIFICA NT PROCEDURE C ODES 1 - 3**

These are the ICD-9-CM codes (excluding decimal point) or CPT codes for the patient’s

first, second, and third associated significant procedure.

**PROCEDUR E TYPE CODE**

This is the coding system (CPT or ICD-9-CM) used to report significant procedures in the

patient’s record. Only one coding system is allowed per patient visit.

**PATIENT’S MODE OF TR ANSPOR T C ODE**

This is the patient’s mode of transport to the ED. It includes by Ambulance, by Helicopter,

law Enforcement, and Walk-In (including public or private transport).

**DISC HAR GE DATE AND D ISC HAR GE TIME**

The discharge date and discharge time reflect the actual date and time that the patient was discharged from the ED. Default values, such as 11:59 PM of the day the patient was registered, are unacceptable. Time is reported as military time, and valid values include

0000 through 2359. (Please note that Discharge Time was mandatory beginning

10/1/2002 for Fiscal Year 2003.)

**STATED R EASON FOR VI SIT**

The Reason for Visit is the patient’s reason for visiting the ED. It is also known as the Chief Complaint. This should be the problem as perceived by the patient, as opposed to the medical diagnosis made by a medical professional. Because of the lack of a commonly used coding system for Reason for Visit, this field is reported in a free text field (up to

150 characters in length). (Please note that Reason for Visit was mandatory beginning

10/1/2002 for Fiscal YEAR 2003).

**PATIENT HOMELESSNESS INDIC ATOR**

The patient Homelessness Indicator is used to identify patients that are homeless. CHIA recognizes that homeless patients do not always identify themselves as such. Neither does CHIA expect hospitals to specifically ask patients whether they are homeless, if this is not their practice. However, because the homeless are a population of special concern with regard to access to care, health outcomes, etc., it is useful to identify as many of these patients as possible. If a patient reports no home address, provides the address of a known homeless shelter, or otherwise indicates that he or she is homeless, that should be indicated in this field by using a coding value of Y. Otherwise, the hospital should use the value N. (Please note that this field was mandatory beginning 10/1/2002 for Fiscal Year

2003.)

**PRINCIPAL EXTER NAL C AUSE OF INJURY C OD E (E -C ODE)**

The ICD-9-CM code categorizes the event and condition describing the principal external cause of injuries, poisonings and adverse effects.

**PAYER C ODES**

A complete listing of the payer types and sources can be found in this manual under the

Technical Documentation.

**UNIQUE HEALTH IDENTI FIC ATION NUMB ER (UHI N)**

The patient’s social security number is reported as a nine-digit number, which is then encrypted by CHIA into a Unique Health Information Number (UHIN). Therefore, the social security number is never considered a case mix data element. Only the UHIN is considered a database element and only the encrypted number is used by CHIA. Please note that per [Regulation 114.1 CMR 17.00,](http://chiamass.gov/regulations#114_1_17) the number reported for the patient’s social security number should be the patient’s social security number, not the social security number of some other person, such as the husband or the wife of the patient. Likewise, the social security number for the mother of a newborn should not be reported in this field, as there is a separate field designated for the social security number of the newborn’s mother.

**SER VIC E LINE ITEMS**

Service Line Items are the CPT or HCPCS Level II codes used to bill for specific items and services provided by the ED during the visit. In addition, the code DRUGS is used to report provision of any drugs for which there are no specific HCPCS codes available. Likewise, SPPLY is used to report any supplies for which there are no specific HCPCS codes available. Since units of service are *not* collected in the database, it is possible that the item or service which a reported service line item code represents was actually provided

to the patient more than once during the visit.

**ED TR EATMENT B ED**

The purpose of this data element is to help measure the normal capacity of Eds. ED Treatment Bed includes only those beds in the ED that are set up and equipped on a permanent basis to treat patients. It does not include the temporary use of gurneys, stretchers, etc. Including stretchers, etc. would overestimate hospitals’ physical capacity to comfortably treat a certain volume of ED patients, although CHIA recognizes that in cases of overcrowding, EDs’ may need to employ temporary beds.

**ED- B ASED OB SER VATIO N B ED**

ED-based Observation Beds are beds located in a distinct area within or adjacent to the ED, which are intended for use by observation patients. Hospitals should include only beds that are set up and equipped on a permanent basis to treat patients. They should not include temporary use of stretchers, gurneys, etc.

**ED SITE**

Most hospitals submitting ED data provide emergency care at only one location. Therefore, they are considered to have a single campus or site, and need to summarize their data only once. However, others may be submitting data pertaining to care

provided at multiple sites. CHIA requires the latter to summarize their data separately for

each site covered by the data submitted.

**5. CHIA CALCULATED FIELDS**

Analysis of the UHIN data by CHIA has turned up problems with some of the reported data for the inpatient and outpatient observation stays databases. For a small number of hospitals, little or no UHIN data exists as these hospitals failed to report patients’ social security numbers (SSN). Other hospitals reported the same SSN repeatedly resulting in numerous visits for one UHIN. In other cases, the demographic information (age, sex, etc.) was not consistent when a match did exist with the UHIN. Some explanations for this include assignment of a mother’s SSN to her infant or assignment of a spouse’s SSN to a patient. This demographic analysis shows a probable error rate in the range of 2% -

10%.

In the past, CHIA has found that, on average, 91% of the SSNs submitted are valid when edited for compliance with rules issued by the Social Security Administration. Staff continually monitors the encryption process to ensure that duplicate UHINs are not inappropriately generated, and that recurring SSNs consistently encrypt to the same UHIN.

Only valid SSNs are encrypted to a UHIN. It is valid for hospitals to report that the SSN is unknown. In these cases, the UHIN appears as ‘000000001’.

**Invalid SSNs** are assigned 7 or 8 dashes and an error code. The list of error codes is as follows:

 ssn\_empty = 1

 ssn\_notninechars = 2

 ssn\_allcharsequal = 3

 ssn\_firstthreecharszero = 4

 ssn\_midtwocharszero = 5

 ssn\_lastfourcharszero = 6

 ssn\_notnumeric = 7

 ssn\_rangeinvalid = 8

 ssn\_erroroccurred = 9

 ssn\_encrypterror = 10

**Note:** Based on these findings, CHIA strongly suggests that users perform qualitative checks on the data prior to drawing conclusions about that data.

**PART C - HO S PITAL R E S PO NS E S**

This section details hospital responses received as a result of the data verification process. From this section users can also learn which hospitals did not verify their data. This section contains the following lists and charts:

1. Summary of Hospitals’ Fiscal Year 2013 Verification Report Responses

2. Individual Hospital Discrepancy Documentation

**Summary of Verification Report Responses for Fiscal Year 2013**

In the table below, an “A” response indicates the Hospital agrees with the data verification reports provided by CHIA. A “B” response indicates the Hospital has issues remaining to be resolved; Hospital Comments regarding “B” responses are in Comments column.

**Individual Hospital Discrepancy Documentation**

TBD

**PART D. CAUT IO N ARY US E HO S P ITA L S**

For 2013, all hospitals were in compliance; however, CHIA noted two observations in the data since its release. In both instances, the hospitals re-submitted corrected data to CHIA. Please contact CHIA for corrected data:

 Hallmark Health Systems overstated third quarter Fiscal Year 2013 outpatient emergency department deaths for two campuses: Lawrence Memorial (**OrgID 66**) and Melrose-Wakefield Hospital (**OrgID 141**).

 UMass Memorial Medical Center (**OrgID 131**) overstated Fiscal Year outpatient emergency departments deaths.

SECTION II. TECHNICAL DOCUMENTATION

**PART A - C ALCUL AT E D F IE L D DO C U M E NTAT IO N**

**1. AGE CALCULATIONS**

**A) C ONVEN TIONS:**

1. Age is calculated if the date of birth and admission date are valid.

If either one is invalid, then ‘999’ is placed in this field.

2. Discretion should be used whenever a questionable age assignment is noted.

Researchers are advised to consider other data elements (i.e., if the admission type is newborn) in their analysis of this field.

**B ) BRIEF DESCR IPTION :**

Age is calculated by subtracting the date of birth from the admission date.

**C ) DETAILED DESCR IPT ION:**

If the patient has already had a birthday for the year, his or her age is calculated by subtracting the year of birth from the year of admission. If not, then the

patient’s age is the year of admission minus the year of birth, minus one.

**2. NEWBORN AGE CALCULATIONS**

**A) C ONVENTIONS :**

1. Newborn age is calculated to the nearest week (the remainder is dropped). Thus, newborns zero to six days old are considered to be zero weeks old.

2. Discharges that are not newborns have ‘99’ in this field.

**B ) BRIEF DESCR IPTION :**

Discharges less than one year old have their age calculated by subtracting the date of birth from the admission date. This gives the patient’s age in days. This number is divided by seven, the remainder is dropped.

**C ) DETAILED DESCR IPT ION:**

1. If a patient is 1 year old or older, the age in weeks is set to ‘99’.

2. If a patient is less than 1 year old then:

a. Patients’ age is calculated in days using the Length of Stay (LOS) routine,

described in (B) above.

b. Number of days in step ‘a’ above is divided by seven, and the remainder is dropped.

**3. UNIQUE HEALTH INFORMATION NUMBER (UHIN) VISIT SEQUENCE NUMBER**

**A) C ONVENTIONS:**

If the Unique Health Information Number (UHIN) is undefined (not reported, unknown or invalid), the sequence number is set to zero.

**B ) BRIEF DESCR IP TION:**

The Sequence Number is calculated by sorting the file by UHIN, registration date, and discharge date. The sequence number is then calculated by incrementing a counter for each UHIN’s set of visits.

**C ) DETAILED DESCR IPT ION:**

1. UHIN Sequence Number is calculated by sorting the entire database by UHIN, registration date, then discharge date (both dates are sorted in ascending order).

2. If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.

3. If the UHIN is valid, the sequence number is calculated by incrementing a counter

from 1 to nnnn, where a sequence number of 1 (one) indicates the first visit for the

UHIN, and nnnn indicates the last visit for the UHIN.

4. If a UHIN has two visits on the same day, the discharge date is used as the secondary sort key.

**PART B - DATA C O DE TA B L E S - O U T PAT IE NT E M E RGE NCY**

**D E P A R T M E N T**

Please refer to *Outpatient Emergency Department Visit Data Electronic Records Submission Specification* on the CHIA website for information regarding the Outpatient Emergency Department Data Code tables for all data elements requiring codes not otherwise specified in 114.1 CMR 17.00.

[http://chiamass.gov/regula](http://chiamass.gov/regulations)tions

The specification contains the ED submission file record layout and field requirements, as well as lists and descriptions of the expected values for the following ED data code table**s**:

 IDHCFP Organization IDs for Hospitals

 Payer Type Code

 Source of Payment Code

 Patient Sex

 Patient Race

 Patient Hispanic Indicator

 Patient Ethnicity

 Type of Visit

 Source of Visit

 Patient Departure Status Code

 Other Caregiver Code

 Patient’s Mode of Transport

 Homeless Indicator

 Condition Present on Visit Flag

REFERENCES

**S UPPL E M E NT I . L I S T O F T Y PE "A " AN D T YPE “ B ” E R RO RS**

**TABLE 1. TYPE ‘A’ ERRORS:**

Record Type

CHIA Organization ID for provider

DPH Number for Provider

Provider Name Period Starting Date Period Ending Date Processing Date

Hospital Service Site Reference

Social Security Number Medical Record Number Billing Number

Medicaid Claim Certificate Number

Patient Birth Date Patient Sex Registration Date Registration Time

Discharge Date (effective 10/1/02) Departure Status

Primary Source of Payment Secondary Source of Payment Charges

Principal Diagnosis Code

Associate Diagnosis Code (I-V) Principal Procedure Code Associate Significant Procedure I Associate Significant Procedure II

Associate Significant Procedure III Principal E-Code

Procedure Code Type

Transport

Ambulance Run Sheet Number (delayed indefinitely) Medical Record Number Stated Reason for Visit (effective 10/1/02) End of Line Items Indicator Number of ED Treatment Beds at Site

Number of ED-based Observation Beds at Site

Total Number of ED-based Beds at Site

ED Visits – Admitted to Inpatient at Site

ED Visits – Admitted to Outpatient Observation at Site

ED Visits – All Other Outpatient ED Visits at Site

ED Visits – Total Registered at Site

End of Record Indicator

Number of Outpatient ED Visits

Total Charges for Batch

**TABLE 2. TYPE ‘B’ ERRORS:**

Mother’s Social Security Number

Patient Race

Patient Zip Code

Discharge Time (effective 10/1/02) Type of Visit

Source of Visit

Secondary Source of Visit Other Physician Number ED Physician Number Other

Caregiver Code Emergency Severity Index Homeless Indicator (effective 10/1/02) Service Line Item

Race 1, 2 & Other Race

Hispanic Indicator

Ethnicity 1, 2 & Other Ethnicity

Condition Present on Admission Primary Diagnosis, Associate Diagnoses I – XIV, & Primary E-Code

Significant Procedure Date

Operating Physician for Significant Procedure

Permanent Patient Street Address, City/Town, State, Zip Code

Patient Country

Temporary Patient Street Address, City/Town, State, Zip Code

**S UPPL E M E NT I . H O S PITAL VE RI F I C AT IO N RE PO RT F I E L DS**

**TABLE 3. HOSPITAL VERIFICATION REPORT**

Visits by Quarter

Visit Types and Emergency Severities

Source of Visits

Mode of Transport

Top 10 Principal Diagnosis by Number of Visits

Tope 10 Principal E-Codes by Number of Visits Top 10 Significant Procedures by Number of Visits Number of Diagnosis per Visit

Patient Departure Status

Top 20 Primary Payers by Number of Visits

Top 10 Principal Diagnosis by Charges

Visits by Age

Visits by Race 1&2

Visits by Gender

Top 20 Patient ZIP Codes

Homeless Indicator

Average Hours of Service and Charges

Visits by Ethnicity 1 and 2

Hispanic Indicator

Principal Condition Present on Admission

**S UPPL E M E NT I I. H O S PITAL A DDR E S S E S, O RG ID, AN D S E RV ICE S I T E ID N UM B E RS**

**TABLE 4. HOSPITAL ADDRESSES, ORG ID, AND SERVICE SITE ID NUMBERS**

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| **Filer ID Organization Name Address Address City State Zip**  **Org Line 2 Code**  **Site** |
| **1** 1 Anna Jaques Hospital 25 Highland Newburyport MA 01950  Avenue |
| **2** 2 Athol Memorial 2033 Main Athol MA 01331  Hospital Street |
| **5** 5 Baystate Franklin 164 High Street Greenfield MA 01301  Medical Center |
| **6** 6 Baystate Mary Lane 85 South Street Ware MA 01082  Hospital |
| **4** 4 Baystate Medical 759 Chestnut Springfield MA 01199  Center Street |
| **139** 139 Baystate Wing 40 Wright Street Palmer MA 01069  Hospital |
| **6309** 6309 Berkshire Medical 725 North Street Pittsfield MA 01201  Center |
| **\*\*\*1** 7 Berkshire Medical 725 North Street Pittsfield MA 01201  Center - Berkshire  Campus |
| **\*\*\*** 9 Berkshire Medical 165 Tor Court Pittsfield MA 01201  Center - Hillcrest  Campus |
| **98** 98 Beth Israel Deaconess 199 Reedsdale Milton MA 02186  Hospital - Milton Road |
| **53** 53 Beth Israel Deaconess 148 Chestnut Needham MA 02492  Hospital - Needham Street |
| **79** 79 Beth Israel Deaconess 275 Sandwich Plymouth MA 02360  Hospital - Plymouth Street |
| **8702** 8702 Beth Israel Deaconess 330 Brookline Boston MA 02215  Medical Center Avenue |
| **\*\*\*** 10 Beth Israel Deaconess 330 Brookline Boston MA 02215  Medical Center - East Avenue  Campus |

1 Organizations marked with the symbol “\*\*\*” were included in the filing from the organization shown immediately above it.

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| **Filer ID Organization Name Address Address City State Zip**  **Org Line 2 Code**  **Site** |
| **\*\*\*** 140 Beth Israel Deaconess One Deaconess Boston MA 02215  Medical Center - West Road  Campus |
| **46** 46 Boston Children's 300 Longwood Boston MA 02115  Hospital Avenue |
| **3107** 3107 Boston Medical Center One Boston Boston MA 02118  Medical Center  Place |
| **\*\*\*** 16 Boston Medical Center One Boston Boston MA 02118  - Menino Pavilion Medical Center  Campus Place |
| **\*\*\*** 144 Boston Medical Center One Boston Boston MA 02118  - Newton Pavilion Medical Center  Campus Place |
| **59** 59 Brigham and Women's 1153 Centre Boston MA 02130  Faulkner Hospital Street |
| **22** 22 Brigham and Women's 75 Francis Street Boston MA 02115  Hospital |
| **3108** 3108 Cambridge Health 1493 Cambridge MA 02139  Alliance Cambridge  Street |
| **\*\*\*** 27 Cambridge Health 1493 Cambridge MA 02139  Alliance - Cambridge Cambridge  Hospital Campus Street |
| **\*\*\*** 143 Cambridge Health 230 Highland Somerville MA 02143  Alliance - Somerville Avenue  Hospital Campus |
| **\*\*\*** 142 Cambridge Health 103 Garland Everett MA 02149  Alliance - Whidden Street  Hospital Campus |
| **39** 39 Cape Cod Hospital 27 Park Street Hyannis MA 02601 |
| **132** 132 Clinton Hospital 201 Highland Clinton MA 01510  Street |
| **50** 50 Cooley Dickinson 30 Locust Street Northampton MA 01061  Hospital |
| **51** 51 Dana-Farber Cancer 44 Binney Street Boston MA 02115  Institute |
| **57** 57 Emerson Hospital 133 Old Road to Concord MA 01742  Nine Acre Corner |
| **8** 8 Fairview Hospital 29 Lewis Avenue Great MA 01230  Barrington |

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| **Filer ID Organization Name Address Address City State Zip**  **Org Line 2 Code**  **Site** |
| **40** 40 Falmouth Hospital 100 Ter Heun Falmouth MA 02540  Drive |
| **3111** 3111 Hallmark Health 100 Hospital Malden MA 02148  Road |
| **\*\*\*** 66 Hallmark Health - 170 Governors Medford MA 02155  Lawrence Memorial Avenue  Hospital Campus |
| **\*\*\*** 141 Hallmark Health - 585 Lebanon Melrose MA 02176  Melrose-Wakefield Street  Hospital Campus |
| **68** 68 Harrington Memorial 100 South Street Southbridge MA 01550  Hospital |
| **71** 71 HealthAlliance Hospital 60 Hospital Leominster MA 01453  Road |
| **\*\*\*** 8548 HealthAlliance Hospital 275 Nichols Fitchburg MA 01420  - Burbank Campus Road |
| **\*\*\*** 8509 HealthAlliance Hospital 60 Hospital Leominster MA 01453  - Leominster Campus Road |
| **73** 73 Heywood Hospital 242 Green Gardner MA 01440  Street |
| **77** 77 Holyoke Medical 575 Beech Street Holyoke MA 01040  Center |
| **78** 78 Hubbard Regional 340 Thompson Webster MA 01570  Hospital Road |
| **136** 136 Kindred Hospital 1515 Boston MA 02135  Boston Commonwealth  Avenue |
| **135** 135 Kindred Hospital 15 King Street Peabody MA 01960  Boston North Shore |
| **6546** 6546 Lahey Hospital & 41 Mall Road Burlington MA 01805  Medical Center |
| **\*\*\*** 81 Lahey Hospital & 41 Mall Road Burlington MA 01805  Medical Center, Burlington |
| **\*\*\*** 4448 Lahey Medical Center, One Essex Peabody MA 01960  Peabody Center Drive |
| **83** 83 Lawrence General One General Lawrence MA 01842  Hospital Street |
| **85** 85 Lowell General 295 Varnum Lowell MA 01854  Hospital Avenue |
| **\*\*\*** 115 Saints Medical Center One Hospital Dr. Lowell MA 01852 |

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| **Filer ID Organization Name Address Address City State Zip**  **Org Line 2 Code**  **Site** |
| **133** 133 Marlborough Hospital 157 Union Street Marlborough MA 01752 |
| **88** 88 Martha's Vineyard One Hospital P.O. Box Oak Bluffs MA 02557  Hospital Road 1477 |
| **89** 89 Massachusetts Eye and 243 Charles Boston MA 02114  Ear Infirmary Street |
| **91** 91 Massachusetts General 55 Fruit Street Boston MA 02114  Hospital |
| **6547** 6547 Mercy Medical Center 271 Carew Springfield MA 01102  Street |
| **\*\*\*** 118 Mercy Medical Center 1233 Main Holyoke MA 01040  - Providence Street  Behavioral Health  Hospital Campus |
| **\*\*\*** 119 Mercy Medical Center 271 Carew Springfield MA 01102  - Springfield Campus Street |
| **3110** 3110 MetroWest Medical 115 Lincoln Framingham MA 01701  Center Street |
| **\*\*\*** 49 MetroWest Medical 115 Lincoln Framingham MA 01701  Center - Framingham Street  Campus |
| **\*\*\*** 457 MetroWest Medical 67 Union Street Natick MA 01760  Center - Leonard  Morse Campus |
| **97** 97 Milford Regional 14 Prospect Milford MA 01757  Medical Center Street |
| **99** 99 Morton Hospital, A 88 Washington Taunton MA 02780  Steward Family Street  Hospital, Inc. |
| **100** 100 Mount Auburn Hospital 330 Mount Cambridge MA 02138  Auburn Street |
| **101** 101 Nantucket Cottage 57 Prospect Nantucket MA 02554  Hospital Street |
| **11467** 11467 Nashoba Valley 200 Groton Ayer MA 01432  Medical Center, A Road  Steward Family  Hospital, Inc. |
| **103** 103 New England Baptist 125 Parker Hill Boston MA 02120  Hospital Avenue |
| **105** 105 Newton-Wellesley 2014 Newton MA 02462  Hospital Washington  Street |

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| **Filer ID Organization Name Address Address City State Zip**  **Org Line 2 Code**  **Site** |
| **106** 106 Noble Hospital PO Box 1634 Westfield MA 01086 |
| **107** 107 North Adams Regional 71 Hospital North Adams MA 01247  Hospital Avenue |
| **345** 345 North Shore Medical 529 Main Street Suite Charlestown MA 02129  Center 410 |
| **\*\*\*** 116 North Shore Medical 81 Highland Salem MA 01970  Center - Salem Avenue  Campus |
| **\*\*\*** 3 North Shore Medical 500 Lynnfield Lynn MA 01904  Center - Union Campus Street |
| **3112** 3112 Northeast Hospital 85 Herrick Street Beverly MA 01915 |
| **\*\*\*** 109 Northeast Hospital - 298 Washington Gloucester MA 01930  Addison Gilbert Street  Campus |
| **\*\*\*** 110 Northeast Hospital - 85 Herrick Street Beverly MA 01915  Beverly Campus |
| **112** 112 Quincy Medical 114 Whitwell Quincy MA 02169  Center, A Steward Street  Family Hospital, Inc. |
| **127** 127 Saint Vincent Hospital 123 Summer Worcester MA 01608  Street |
| **6963** 6963 Shriners Hospitals for 51 Blossom Boston MA 02114  Children Boston Street |
| **11718** 11718 Shriners Hospitals for 516 Carew Springfield MA 01104  Children Springfield Street |
| **25** 25 Signature Healthcare 680 Centre Brockton MA 02302  Brockton Hospital Street |
| **122** 122 South Shore Hospital 55 Fogg Road South MA 02190  Weymouth |
| **3113** 3113 Southcoast Hospitals 101 Page Street New MA 02740  Group Bedford |
| **\*\*\*** 123 Southcoast Hospitals 363 Highland Fall River MA 02720  Group - Charlton Avenue  Memorial Campus |
| **\*\*\*** 124 Southcoast Hospitals 101 Page Street New MA 02740  Group - St. Luke's Bedford  Campus |
| **\*\*\*** 145 Southcoast Hospitals 43 High Street Wareham MA 02571  Group - Tobey  Hospital Campus |

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| **Filer ID Organization Name Address Address City State Zip**  **Org Line 2 Code**  **Site** |
| **42** 42 Steward Carney 2100 Dorchester Dorchester MA 02124  Hospital, Inc. Avenue |
| **8701** 8701 Steward Good 235 North Pearl Brockton MA 02301  Samaritan Medical Street  Center |
| **\*\*\*** 62 Steward Good 235 North Pearl Brockton MA 02301  Samaritan Medical Street  Center - Brockton  Campus |
| **\*\*\*** 4460 Steward Good 71 Walnut Street Foxboro MA 02035  Samaritan Medical Center - NORCAP Lodge Campus |
| **75** 75 Steward Holy Family 70 East Street Methuen MA 01844  Hospital, Inc. |
| **41** 41 Steward Norwood 800 Washington Norwood MA 02062  Hospital, Inc. Street |
| **114** 114 Steward Saint Anne's 795 Middle Fall River MA 02721  Hospital, Inc. Street |
| **126** 126 Steward St. Elizabeth's 736 Cambridge Boston MA 02135  Medical Center Street |
| **129** 129 Sturdy Memorial 211 Park Street P.O. Box Attleboro MA 02703  Hospital 2963 |
| **104** 104 Tufts Medical Center 800 Washington P.O. Box Boston MA 02111  Street 468 |
| **3115** 3115 UMass Memorial 55 Lake Avenue Worcester MA 01655  Medical Center North |
| **\*\*\*** 130 UMass Memorial 119 Belmont Worcester MA 01605  Medical Center - Street  Memorial Campus |
| **\*\*\*** 131 UMass Memorial 55 Lake Avenue Worcester MA 01655  Medical Center - North  University Campus |
| **138** 138 Winchester Hospital 41 Highland Winchester MA 01890  Avenue |

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