

PSKU HOSPITAL DISGNARGE DATA SET TRAINEE WORKBOOK RA 971.8 .1975

PSRO HOSPITAL DISCHARGE DATA SET (PHDDS) TRAINEE WORKBOOK

Developed by the Hospital Research and Educational Trust, Chicago, Illinois, under Contracts (HSA 110-71-37) to the National Center for Health Services Research and Development and (HSA 240-75-0056) to the Bureau of Quality Assurance.

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Publications enclosed:

- .Federal reports manuals PMIS; part IV
- .Uniform Hospital Abstract: Minimum Basic Data Set

Foreword

Between June and December 1975, the Hospital Research and Educational Trust (HRET) was under contract (DHEW 240-75-0056) to the Bureau of Quality Assurance (BQA) to assist in the development of educational materials for the PSRO Management Information System (PMIS), specifically, for the new PSRO Hospital Discharge Data Set (PHDDS). One major objective was to develop training materials for PSRO staffs and for hospital personnel responsible for collecting and using PHDDS at delegated hospitals. Resulting new materials have been combined with revised Uniform Hospital Discharge Data Set (UHDDS) instructional materials to provide complete instructions for all parts of the PHDDS. Contributors to this project are listed below:

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The HRET published the original UHDDS educational program under contract (HSM 110-71-37) to the National Center for Health Services Research and Development. Designed to assist hospitals in UHDDS collecting and use, it was developed and tested in cooperation with the American College of Life Underwriters (ACLU) between 1971 and 1973. Staff members who contributed to these activities included:

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PART A. UNIFORM HOSPITAL DISCHARGE DATA SET

<u>PERSON IDENTIFICATION</u>: the patient's social security number. For a patient—such as a newborn or child—without a social security number but with Medicaid coverage, use his/her recipient identification number. If the hospital assigns a different medical record number, it is also to be furnished. The patient's name is not to be recorded.

RESIDENCE: ZIP code

DATE OF BIRTH: month, day, and year of birth

SEX: male or female

RACE: White, Black, or Other

ADMISSION DATE: month, day, year, and hour (00-23) of admission

DISCHARGE DATE: month, day, and year of discharge

PHYSICIAN IDENTIFICATION: the physician's social security number. The attending physician and the operating physician are to be identified.

Attending Physician: the physician primarily responsible for the patient's care from the beginning of this hospital episode

Operating Physician: the physician who performs the principal procedure

<u>DIAGNOSIS</u>: all diagnoses that affect the current stay. Old diagnoses that relate to an earlier episode and have no bearing on this hospital stay are excluded.

<u>Principal diagnosis</u> (to be designated): the condition established, after study, as the chief reason for the patient's admission. PSROs are required to report the ICDA-8 or H-ICDA-2 code for the principal diagnosis.

Other Diagnoses: all conditions that coexist at the time of admission or develop subsequently and that affect the treatment and/or the length of stay.

PROCEDURES AND DATES: all procedures performed in operating rooms are to be reported with the dates. In addition, all other significant procedures are to be recorded with the dates. A significant procedure is one that carries an operative or anesthetic risk that requires highly trained personnel or special facilities or equipment. Some examples are: cardio-catheterization, renal dialysis, angiography, exchange transfusion, endoscopy, encephalography, and supervoltage radiation therapy. When two or more procedures are recorded, the principal procedure is to be designated. In determining the principal

1. INTRODUCTION

PART A. UNIFORM HOSPITAL DISCHARGE DATA SET (Continued)

procedure, the following criteria are to be applied:

- The principal procedure is performed for definitive treatment, rather than for diagnostic or exploratory purposes or for treatment of a complication
- The principal procedure is the one most closely related to the principal diagnosis

DISPOSITION OF PATIENT

- 1. Discharged or transferred to another short-term general hospital
- 2. Discharged or transferred to skilled nursing facility (SNF)
- 3. Discharged or transferred to an intermediate care facility (ICF)
- 4. Discharged or transferred to another institution
- Discharged to home or self-care (routine discharge)
- 6. Discharged to home under care of an organized home health service
- 7. Left against medical advice
- 8. Died

EXPECTED PRINCIPAL SOURCE OF PAYMENT

- 1. Self pay
- 2. Workmen's compensation
- 3. Medicare
- 4. Medicaid
- Other government source (for example, CHAMPUS)
 a. Title V
 b. Other
- 6. Blue Cross
- 7. Insurance Companies
- 8. No charge (free, charity, special research, or teaching)
- 9. Other

HOSPITAL IDENTIFICATION: the Medicare-assigned provider number used by Medicare and Medicaid in the hospital certification process

NOTE: The Medicare provider number is <u>not</u> to be reported to BQA. For such reporting, BQA will provide procedures for the PSRO to assign unique hospital identifiers.

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QUESTIONS

Mark the one correct answer to each of the following questions:
 Which of the following is the best statement of the purpose of this training program?
A. To prepare you for the new forms that your PSRO must adopt for use with the PSRO Hospital Discharge Data Set*.
B. To acquaint you with a new concept in abstracting* data.
C. To train you in reporting clinical data for computer processing.
D. To assist you in training personnel responsible for handling items in the PSRO Hospital Discharge Data Set.
The basic design of the program is such that the personnel who will be working with the PSRO Hospital Discharge Data Set items:
A. must be trained in a central location in each state, at the same
B. can be given training while on the job in their local hospital* or PSRO.
C. should complete any standard course in data recording.
D. need no new training at all.
3. Which of the following is $\underline{\text{not}}$ an item currently in the discharge data set?
A. Person identification B. Physician identification C. Hospital identification D. Source of patient referral E. Principal diagnosis
Questions 4 through 9 appear as statements. You are to decide whether

each statement as given is TRUE or FALSE. Indicate your choice by circling (T) for True or (F) for False.

- 4. The training workbook serves only as a review aid as you learn. (T)(F)
- 5. Since hospital policies and data needs are so similar, it's possible (T)(F) to use exactly the same training program in all hospitals.

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* See Glossary

1. INTRODUCTION

QUESTIONS (Continued)
 The Item Information Sheets, once completed, contain the information relevant to each data set item and were designed as the basis of the training program. (T)(F)
 Because the bulk of the responsibility for incorporation of the Uniform Hospital Discharge Data Set falls to the medical records department, you need not concern yourself with communication with representatives from other departments.
 Before setting up this training program, you should consult with the PSRO supervisor regarding possible policy changes. (T) (F)
 Questions appearing in the workbook (like these) are intended only for trainees in your programyou don't need to answer them. (T)(F)
10. In the following lists, check (\checkmark) each item that <u>is included</u> as a basic item in the UHDDS:
A. discharge date B. marital status C. hospital bill D. disposition of patient E. diagnosis F. course of illness C. procedures H. chief symptoms on admission
11. The PSRO may collect UHDDS on patients covered by:
A. private insurance B. Title V C. Title XVIII D. Title XIX
12. In your own words, define the Uniform Hospital Discharge Data Set.

-NOTES-

RECORD WITH ACCURACY

Guidelines

 Watch for transpositions--changes in the order of the numbers recorded. For example, the number:

3 4 7 2 erroneously recorded as 3 7 4 2

OR

5 9 6 4 2 5 erroneously recorded as 5 9 4 6 2 5

 Watch for errors in number <u>repetitions</u>—mistakes in recording a series of numbers when some of the numbers are repeated. For example, the number:

3 5 8 8 8 3 6 erroneously recorded as 3 5 8 8 3 6

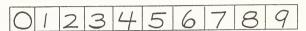
OR

3 5 8 8 3 6 erroneously recorded as 3 5 8 8 8 3 6

- When numerical information about a patient is to be retrieved from a list referenced by the patient's name, always:
 - check to make certain that the correct numbers have been retrieved; that is, that the numbers you record are the ones associated with that particular patient.
 - check the full name of the patient, including middle initial, to make certain you are retrieving the right information.

RECORD WITH LEGIBILITY

Recommended Standard Numbering Style



Additional Signs



Minus





Letters

Recording Entries

Acce	epta	ble
0	0	0
1	7	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	B
9	9	9



-NOTES-

RECORD WITH UNIFORMITY

X Male	√ Male	Male	[.1.] Male	1	o Male
Female	Female	[] Female	[]_] Female	1] Female

QUESTIONS

For questions 1 through 8, read the statement given and decide whether it is TRUE (T) or FALSE (F). Mark the letter corresponding to your choice.

1. As long as PSRO personnel have ample training in recording data, their motivation for accuracy and care in recording is relatively (T)(F) unimportant. 2. Whenever possible, data should be recorded in the same manner (T)(F) throughout the PSRO area. 3. A discharge summary form is a single document, capable of containing all the relevant patient discharge data. (T)(F) 4. Since most persons write numbers in almost the same fashion, it is not necessary to worry about uniformity in numbering (T)(F) style. 5. Rules should be established regarding the type of writing (T)(F) implement acceptable for recording information. 6. Rules should be established regarding the PSRO procedures to (T)(F) be followed in correcting errors made while recording. 7. PSRO-wide uniformity in data recording, although desirable, should not be expected since it's virtually impossible to attain. (T)(F) 8. When recording a number that has fewer digits than the number of spaces allocated, such as recording a four-digit number in a five-block space, it doesn't matter which four of the five blocks are used. Whether the number "5962" is

.

recorded as 05962 or 59620, the data processor

would read the number correctly as 5962.

For questions 9 and 10, complete the statement by filling in each blank with the appropriate words:

- The recording error of changing the order of the digits in a number is called (a) (an) ______ error.
- 10. The three general rules for data recording are ______, and .

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(T)(F)

-NOTES-

3. DEFINITION OF POPULATION

Hospital population describes a body of persons who receive hospital-based or coordinated medical services for which the hospital is responsible. The hospital population is categorized as either inpatients or outpatients with further delineation to describe the clinical care unit* that provided the inpatient or outpatient services, such as the emergency department, clinics, home care program, day or night center, short-term care unit, long-term care unit, and others.

PHDDS, PART A, THE UNIFORM HOSPITAL DISCHARGE DATA SET, DELINEATES THE POPULATION FOR WHICH DATA ARE TO BE COLLECTED: EVERY INPATIENT DISCHARGED FROM A SHORT-TERM CARE HOSPITAL OR THE SHORT-TERM CARE HOSPITAL.

Definitions with guidelines to follow are:

INPATIENT: A patient who is provided with room, board, and continuous nursing service in an area of the hospital where patients generally stay overnight. Exceptions are those inpatients who die or are discharged before midnight (census-taking time) or those patients who utilize distinctive inpatient services other than room and board but who die or are transferred to another medical care institution.

Each of the following would be considered an inpatient:

- A patient who was transferred from the emergency department to operating suite and died during or immediately following surgery
- A patient who received a battery of hospital services—x-rays, inhalation therapy, whole blood, laboratory tests, medicines, or intensive nursing services—but died before transfer to an inpatient bed area
- A patient who was admitted and received diagnostic work-up, then eloped or left the hospital against the physician's advice
- A patient who was taken from the emergency department to the operating suite and immediately following emergency surgery was transferred to another medical care institution
- . A hospital live birth* (newborn)

NOTE: In some instances, a patient may be detained in the emergency department for close observation over an extended period. Depending on the emergency service facilities, the length of time, and the hospital's policy, this may be considered an inpatient admission. Your hospital's policy regarding such admissions should prevail.

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* See Glossary

In keeping with the inpatient definition, the following are not considered inpatient admissions:

. An individual who receives lodging in the hospital and who is not a hospital inpatient, such as a mother staying in the hospital with a small child but using no nursing or medical care services. (Referred to as a hospital boarder.)

NOTE: Even if the term <u>boarder</u> is used to describe a newborn infant who remains in the hospital or in the newborn nursery after his mother's discharge, the infant is a hospital inpatient, and not a boarder.

- . A stillbirth or hospital fetal death*.
- A person for whom patient-care orders, diagnostic work-up, or treatment was cancelled immediately after his admission, either by himself or by his physician, and to whom no bill for hospital services was submitted. (This would constitute a cancellation of admission.)
- An emergency service patient who was immediately transferred to the operating room but who died before a surgical procedure was performed.

INPATIENT HOSPITALIZATION: Uninterrupted period as an inpatient, with the possible exception of authorized leaves of absence. It is identified by its beginning (inpatient admission*) and its end (inpatient discharge*).

If the hospital has separate units for short-term care and long-term (or extended) care, the Uniform Hospital Discharge Data Set requires separate reporting of short-term unit* and long-term unit* hospitalization.

- . If a patient is admitted to the short-term unit and subsequently transferred to the long-term or extended care unit, use the date of transfer as the discharge date for the short-term unit reporting.
- . If a patient is admitted to the long-term or extended care unit and subsequently transferred to the short-term unit, use the date of transfer as the admission date for the short-term unit reporting.

INPATIENT DISCHARGE: The end of inpatient hospitalization:

- . By order of the physician
- . By death of the patient
- . Against medical advice
- . By transfer to hospital-based extended care unit (long-term unit)

* See Glossary

3. DEFINITION OF POPULATION

QUESTIONS

	ac	h of questions 1 and 2, mark the one best answer.
1. F	or	PHDDS, uniform discharge data should be collected for:
A		Every patient receiving any hospital services.
B	•	Every inpatient discharged from a short-term hospital or short-term unit of a hospital.
c	٠	Every inpatient discharged from an acute inpatient facility except newborns and fetal deaths.
D		Only patients who were $\underline{\text{not}}$ transferred to other health care institutions.
2 D		***************************************
2. F	or	UHDDS purposes, an inpatient discharge:
A	•	Denotes the end of hospital responsibility for a patient.
В.	•	Refers to the termination of any inpatient hospital episode other than those ending in death.
c.		Denotes the end of inpatient hospitalization.
D.		Refers to the termination of all hospital episodes except those terminating against the advice of a physician.
3. Fo	r	PHDDS, part A purposes, an <u>inpatient</u> <u>admission</u> is defined as:
A.		A patient utilizing any hospital inpatient* or hospital outpatient facility of the hospital.
В.		A patient provided with room, board, and continuous nursing service in an area of the hospital where patients generally stay overnight.
c.	1	Any person who stays overnight in an area of the hospital where patients generally stay overnight, regardless of whether or not he utilized any patient care service of the hospital.

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* See Glossary