

# Hospital and Emergency Department Discharge Data

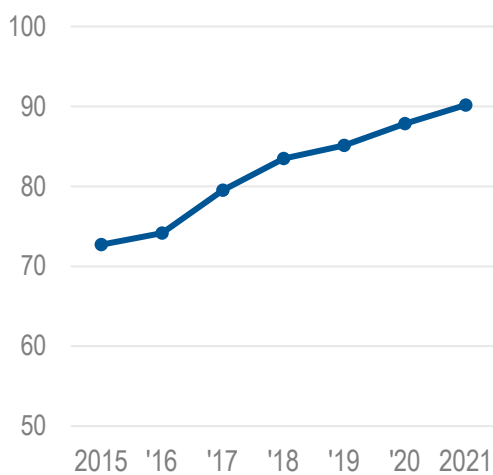
## HPA Data Profile

Hospitals keep records every time a person is discharged (released) from an inpatient hospital or emergency department (ED). These records include important information such as the reason they were admitted, diagnoses that were made, and care that was delivered. Hospital and emergency department discharge data are used by researchers and policymakers to understand trends in hospital services and the health conditions experienced by people in Oregon.

Hospital and ED discharge data can tell us things like...

### *Hospitalizations for Sepsis have increased.*

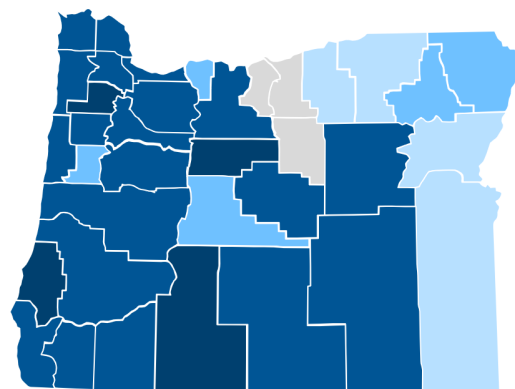
Age adjusted rates per 1,000 (2018-2020)



### *Emergency department visits for heart attack vary by county.*

Age adjusted rates per 1,000 (2018-2020)

Legend: <250 250-499 500-749 <750 suppressed



## Regular reporting

OHA's Health Policy and Analytics Division does not maintain any regular reporting of hospital and ED discharge data. OHA's Public Health Division has published two interactive dashboards: one for hospital discharge data and one for ED discharge data. The dashboards show aggregated state- and county-level data related to visits for more than a dozen conditions such as asthma, diabetes, heart attack, and stroke. Users can:

- Compare hospitalizations and emergency department visits by race, ethnicity, gender, age, and geography
- View trends from 2016-2020
- See the amount of money that was billed to different insurance types for visits related to each condition

The dashboards can be accessed online at:

<https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/CHRONICDISEASE/DATAREPORTS/Pages/Healthcare.aspx>

# About the data

## Overview of data elements

Both hospital and ED discharge data include:

- **Who**<sup>1</sup> was discharged: Name, age, sex assigned at birth, ZIP code, race and ethnicity
- **What** happened during the visit: Procedures and services that were provided
- **Why** the visit occurred: Reason the person was admitted and diagnoses that were made
- **When** the visit occurred: Dates and times of admission and discharge
- **Where** the visit occurred: The name of the hospital or emergency department facility
- **How much** was billed for the visit, and the category of the payer (e.g., Medicaid, commercial insurance, etc.)

## How the data are collected

Each of Oregon's 60 acute care inpatient hospitals<sup>2</sup> and one specialty psychiatric hospital (Unity Center for Behavioral Health) submit data quarterly to OHA's vendor, Apprise Health Insights. Apprise is the data subsidiary of Oregon's main hospital trade group, the Oregon Association of Hospitals and Health Systems. All but one hospital (Shriners's Hospital for Children) also has an emergency department.

Each hospital submits data for both their hospital inpatient discharges and emergency department discharges. The data are separated into two datasets (hospital inpatient and emergency department) by Apprise.

## Timing and frequency

Hospitals submit the data within 60 days after the close of each quarter, and OHA purchases quarterly datasets from Apprise 120 days (about four months) after the close of each quarter. For example, data covering January-March 2022 become available to OHA around July 2022.

Hospital discharge data are readily available in electronic format going back to 2007. Emergency department discharge data are available only since 2020.

## REALD and SOGI

### What are REALD and SOGI?

REALD and SOGI are types of standardized demographic information. REALD stands for: **R**ace, **E**thnicity and **L**anguage, **D**isability. SOGI stands for: **S**exual **O**rientation and **G**ender **I**ntity.

Collecting data with REALD and SOGI<sup>3</sup> standards helps us identify and address health disparities, and support data justice in communities that are most affected by health disparities. [Learn more](#) on OHA's website.

---

<sup>1</sup> Certain information is de-identified to protect patient privacy. Learn more under "Requesting Data" on page 4.

<sup>2</sup> Hospitals that provide medical care and other related services for surgery, acute medical conditions or injuries

<sup>3</sup> As of this publication, only draft SOGI data collection standards have been released

## Hospital and ED discharge demographics are not REALD and SOGI compliant

Hospitals do not yet have data systems in place to collect and report demographics according to REALD and SOGI standards. OHA's contract with Apprise requires Apprise to collect the data elements specified in [OAR 409-022-0020](#). Those data elements include race and ethnicity but do not include all of the REALD elements.

As of this writing, discharge data only include the five race categories defined by the U.S. Office of Management and Budget (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, and White).

## Things to remember when using hospital and ED discharge data

### How hospital discharge data are similar to – and different than – billing claims data

Hospital and ED discharge data are submitted by hospitals. The reason hospitals record this type of information is for administrative billing purposes. When they send a bill to the patient's insurance company, the bill will include some of the same information that's part of the discharge dataset.

Administrative billing claims are another type of data used by health care researchers and policymakers. For example, Oregon's All Payer All Claims (APAC) database and the Medicaid Management Information System (MMIS) collect information directly from bills. However, billing claims data come from the payer (like an insurance company) who received the bill. Discharge data, on the other hand, come from the entities (i.e., hospitals) who provided the service and create the bill.

A key difference between billing claims and discharge data is that claims include details about how the bill was ultimately paid, while discharge data only include how much the hospital charged. And billing claims cover all different types of health care services (anything that was paid by insurance). Discharge data, on the other hand, are specific to inpatient hospitals and emergency department settings.

### Purpose of administrative data

Although discharge data are slightly different than billing claims data (see above), both types of information are considered "administrative" data. It's important to remember that the *reason these data are collected* is ultimately to receive payment for the services provided. Information about a member's diagnosis, for example, is included to describe the reason why the hospital delivered a particular service, NOT to paint a complete picture of the person's health.

### A visit is captured in the data upon *discharge* from a hospital or ED facility

Data are collected when a person is discharged (released) from a hospital or emergency department. An emergency department is part of a hospital. If a person is admitted to an emergency department, and then elevated to inpatient hospital care at the same hospital and eventually discharged from the hospital, then information about the emergency department visit will NOT be captured. Information about the inpatient hospital stay, however, will be captured in hospital discharge data.

However, if a person is transferred to inpatient hospital care at a *different* hospital, they will first be discharged from the emergency department at the first hospital (and thus captured in ED discharge data).

Events when a person dies after being admitted to the ED or hospital are also captured in the data.

### Many diagnoses can be made during a hospital or ED stay

A single visit can have up to 25 diagnosis codes. Each hospital visit will have an **admitting diagnosis**, or the reason why a provider admitted the patient to hospital. An ED visit will have a **chief complaint**, or the reason the patient stated for seeking care. After admission, providers may make different or additional diagnoses.

## Requesting data

Hospital and emergency department discharge public use datasets can be purchased from the OHA. The cost is \$250 per year of data or \$75 per quarter.

To ensure patient privacy in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule's Safe Harbor:

- There are no patient names or unique identifiers
- Ages above 90 are replaced with a category 90+
- Full ZIP codes are not provided ([Learn more](#))

Instructions for requesting data can be found on the [Hospital Reporting Program webpage](#).

## Hospital and ED discharge data in action

Hospital and ED discharge data are core data systems for public health surveillance. Access to these data is required for some Centers for Disease Control and Prevention (CDC) funding opportunities. Hospital and ED discharge data are used to illustrate, track, and support prevention efforts for:

- chronic diseases such as asthma, cancer, diabetes, and heart disease
- suicide, firearm injury, and overdose
- general injury (both child and adult), transportation injury, and traumatic brain injury with children
- diseases linked to environmental exposures

In addition, hospital and ED discharge data are used as an integral part of the Birth Anomalies Surveillance System to identify Oregon-born children ages 0-6 with one of 50 birth anomalies, which include physical, chromosomal, or auditory abnormalities. The data are also shared with the public in interactive websites such as the [Oregon Tracker Data Explorer](#) and the [Chronic Conditions and Chronic Conditions Risk Factors Data Portal](#).

Please email [HPA.IDEA.Team@odhs.oha.oregon.gov](mailto:HPA.IDEA.Team@odhs.oha.oregon.gov) if you:

- Found an error or something that needs to be updated in this document; or
- Would like this document in other languages, large print, braille, or a format you prefer.

# Quick Facts

<b>Name</b>	Hospital Discharge Data, Emergency Department Discharge Data
<b>Acronym</b>	HDD (Hospital Discharge Data)
<b>Summary</b>	Records of every discharge from an inpatient hospital or emergency department. Data include diagnosis and procedure codes, how much was billed, and more.
<b>Data type</b>	Administrative
<b>Populations</b>	Any person who was admitted to an emergency department acute care inpatient hospital in Oregon
<b>Frequency</b>	Data are updated quarterly
<b>Available since</b>	Hospital discharge data available since 2007 Emergency Department discharge data available since 2020
<b>Required?</b>	Yes: Oregon Revised Statute <a href="#">442.370</a> and Oregon Administrative Rule <a href="#">409-022</a>
<b>Regular reporting</b>	OHA's Public Health Department maintains two summary dashboards
<b>Website</b>	<a href="https://www.oregon.gov/oha/hpa/analytics/pages/hospital-reporting.aspx">https://www.oregon.gov/oha/hpa/analytics/pages/hospital-reporting.aspx</a>
<b>Primary staff</b>	Steven Ranzoni
<b>Internal requests</b>	State partners may request limited data sets by emailing <a href="mailto:hdd.admin@odhsoha.oregon.gov">hdd.admin@odhsoha.oregon.gov</a>
<b>External requests</b>	Public use datasets are available for purchase (see <a href="#">program webpage</a> ). Researchers may request limited datasets by emailing <a href="mailto:hdd.admin@odhsoha.oregon.gov">hdd.admin@odhsoha.oregon.gov</a> , subject to program approval.
<b>Security level<sup>4</sup></b>	2 (Limited)
<b>Data dictionary?</b>	Yes, in <a href="#">FAQ document</a> available on program webpage (see page 3)
<b>REALD</b>	No (only includes the five race categories defined by the U.S. Office of Management and Budget)
<b>SOGI</b>	No (only includes sex assigned at birth)
<b>Suggested citation</b>	Oregon Health Authority, Hospital Reporting Program [Year] Oregon Hospital Discharge Data [Revision #]

---

<sup>4</sup> Learn more: <https://www.oregon.gov/das/policies/107-004-050.pdf>