

Patient Discharge Data (PDD) Model Data Set (MDS) for Public Health Departments and Officials

Patient Demographics

Data Element	Justification (Uses)
Age in years at Admission	To study health disparities by age group. To study pathology and outcomes pertinent to each age group. If date of birth provided these variables would not be necessary. Age-Specific/Age-Adjusted Calculations, Specialized Populations (Prop 10, etc. where projects apply to specialized age groups). Used to address childhood injury prevention, and to calculate age-adjusted hospitalization rates for comparisons across different populations (e.g. race/ethnic, geographic)
Age in Days	To study health disparities by age group. To study pathology and outcomes pertinent to each age group. If date of birth provided these variables would not be necessary. To determine neonatal/Infant period. Used to examine newborn readmissions and analyze other infant health issues.
Patient's 5-digit ZIP Code	Used to identify neighborhoods. Grouped to form county sub-regions.
Homelessness Indicator	This variable can be used to identify persons experiencing homelessness.
Patient County Code	Used with other commonly collected county level data in determining countywide rates. To see inflow and outflow of patient population.
Type (level) of Care	To see the severity of the disease, financial costs, and outcomes associated. Identification of Mental Health/Substance use.
Race	Used in health disparities studies.
Ethnicity	Used in health disparities studies.
Gender	Used in health disparities studies. Used to study gender specific cancers and other diseases.
Principal Language Spoken	In their mission of protecting the public's health, to meet the needs of their communities, will use to enhance public health operations specific to disease control.
Expected Principal Source of Payment	To see insured and uninsured patient population and access to health care. Identification of Public Funds; system burdens. Used to engage stakeholders, policymakers.
Total Charges	Cost analysis. Burden to resources. Used to engage stakeholders, policymakers. Also interested in cost-to-charge ratios
Disposition of Patient	Outcomes as to if more resources are required to sustain patient. Used to describe outcome.

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Hospital Demographics

Data Element	Justification (Uses)
Hospital ID Number	Surveillance, especially related to geographic areas. Source of Care Used to identify specific hospital
Hospital County	Surveillance especially related to commonly collected county demographics. Resident tracking Used to identify county of occurrence
Hospital's 5-digit ZIP Code	For utilization studies Surveillance. Identification of Service Area Used to identify neighborhood or region of occurrence

Admission/Discharge Information

Data Element	Justification (Uses)
Admission Day/Month/Year	Used to look at seasonal changes and operational changes.
Discharge Month	Used to look at seasonal changes and operational changes.
Length of Stay	Length of hospitalization. Burden to resources; severity. Used to engage stakeholders, policymakers.
Source of Admission	Identify route of admission.
Type of Admission	Identify if admission was a scheduled event; also newborns.

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Diagnostic/Treatment Information

Data Element	Justification (Uses)
Principal Diagnosis	Helps to study links in illness to possible causative factors. Study leading cause of hospitalization. Used to identify specific disease or condition.
Other Diagnoses	Helps to study links in illness to possible causative factors. Study secondary cause of hospitalization. Used to identify contribution of specific conditions to hospitalizations.
Present on Admission (formerly, Condition Present at Admission)	Used in determining the general health status of patients for resource utilization and benchmarking. In the 2008 data (and forward) this data element changed name, from CPOA_P (Principal) and CPOA1-24 (Other Condition Present on Admission) to PAA_P (Principal) and OPAA1-24. This change in name indicates a change in coding of this data element. Refer to the documentation for the appropriate year for details of the coding changes. In addition, Present on Admission is now reported for E-codes. The new E-code present-at-admission variables are EPAA_P and EPAA1-4. The need for these new Present on Admission (POA) flags for the External Cause of Injury codes is the same as for the other POA variables.
External Cause of Injury	Injury Prevention issues/reports.
Principal Procedure	To define treatment.
Other Procedures	Track other procedures considered significant
Days from Admission to Principal Procedure	Outcome evaluation.
Days from Admission to Other Procedures	Outcome evaluation.

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Enhancements

Data Element	Justification (Uses)
Major Diagnostic Category (MDC)	Helps to study links in illness to possible causative factors. Used to restrict to broad categories (e.g. pregnancy).
Medicare Severity-Diagnosis Related Group (MS-DRG, formerly Diagnosis Related Group or DRG)	In conjunction with other variables, used to understand the change in age, gender, geographic incidence rates and utilization patterns. In 2007, the federal Center for Medicare and Medicaid Services (CMS) changed Grouping Software, adopting the MS-DRG grouper to replace the former DRG grouper. HCAI began using this new grouper beginning with January 1, 2008 discharges.
Grouper Version	CMS changes its Grouper Version starting in October 1 of each year, following the Federal Fiscal Year (October 1 to September 30). Starting with the 2008 data year, each calendar year of HCAI data will utilize the current Grouper Version from January 1 to September 30, and update to the new version on October 1. The Grouper Version identifies the grouper used on a given record. This element is new, starting in 2008; it is a component of the MS-DRG and is used in conjunction with it for the same purpose as the prior DRG data element. It does not supply additional patient information.
MS-DRG Severity Code	Used to determine if the MS-DRG was assigned based on a complication/comorbidity (CC), or a major complication/comorbidity (MCC), or not based on CC or MCC. This is a change from the previous DRG Grouper. This element is new, starting in 2008; it is a component of the MS-DRG and is used in conjunction with it for the same purpose as the prior DRG data element. It does not supply additional patient information.
MS-DRG Category Code	Indicates whether the MS-DRG is Medical, Surgical, or Ungroupable. Provides a means of sub-setting data by these categories. This element is new, starting in 2008; it a component of the MS-DRG and is used in conjunction with it for the same purpose as the prior DRG data element. It does not supply additional patient information.
RLN	Needed to track duplicate patients. Would like a unique identifier for those without a SSN.