

# Quick Notes

Access to Safe, Quality Healthcare Environments that  
Meet California's Dynamic and Diverse Needs

Issue No. 51

September 10, 2018

**IP** Inpatient Discharges

**ED** Emergency Department

**AS** Ambulatory Surgery

## Key Contact Information

User Account Administrators (UAA) are responsible for maintaining all facility user and contact information in MIRCal. Any updates to contacts should be made as soon as possible. Please review your facility's contact information regularly to confirm that phone numbers and email addresses are current. The correct information allows us to keep you informed and assist you with data submissions efficiently.

While not a requirement, the Patient Data Section strongly encourages facilities to designate a secondary contact to assist your analyst in getting information to your facility if the Primary Contact is ever out unexpectedly or on extended leave. It is also advised to designate a secondary UAA. Both of these secondary contacts can be particularly critical near a due date.

To maintain security, it is essential for UAAs to deactivate users when it is no longer appropriate for them to have access to MIRCal, e.g., employees who are no longer employed by the hospital or are no longer involved in MIRCal submissions.

If your Facility Administrator leaves the facility, the UAA must update the Facility Administrator contact information in MIRCal. The Facility Administrator is the person who directs the overall management of the facility, typically the Chief Executive Officer (CEO).

For additional information on Primary Contacts and UAAs, please refer to Section 97210 in our [regulations](#) or in the [Data Reporting Manuals](#).

## 2019 Regulatory Changes A Team Effort

As discussed in Quick Notes issues 47–50, both OSHPD and facilities have been preparing for the significant changes coming in 2019 to MIRCal data reporting. PDS analysts reached out via email in June to all primary contacts with information regarding the requirement changes.

Thank you to all facilities for confirming that their IT and Admissions Departments have been notified of the new requirements. OSHPD appreciates everyone's efforts in ensuring quality data is reported for 2019 and a successful transition. For details of the changes, see Quick Notes [issue #50](#). If you have any further questions, you can find additional information in the [Data Reporting Manuals](#) or by contacting your assigned analyst.

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## New Website Update Your Bookmarks

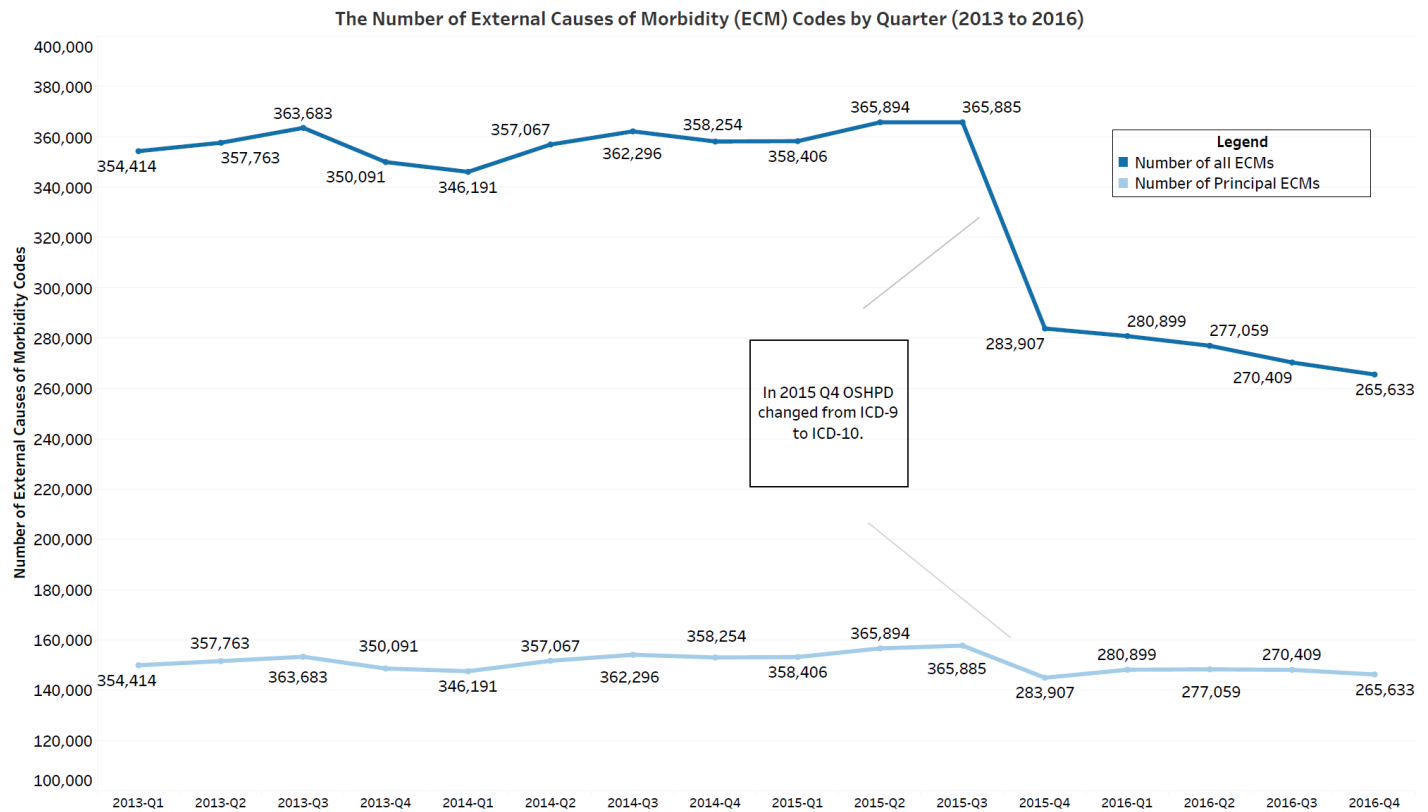
You may have noticed a different look and feel to the OSHPD website if you have visited recently. It was updated in August to give users a better experience when trying to locate data and when accessing our website from a tablet or smartphone.

The URLs for MIRCal's log on page and OSHPD's home page remain the same, but the [home page](#) for the Patient Data Section and MIRCal submission information has changed. Be sure to update your bookmarks, especially if you typically launch the MIRCal application from our home page. Currently the old URL will redirect you to the new page but that will eventually end. Please take a moment to become familiar with the new layout as the available resources and training materials are now organized differently.

### ICD-9 versus ICD-10: A Cautionary Tale

As healthcare professionals, we know the codes that are used for reporting diagnoses and procedures change regularly. Typically, the majority of these changes have minimal impact on our day-to-day operations. These changes might require us to alter some of the mapping processes, but even these small changes have little effect on how OSHPD and other data users collect, report, and examine data from hospitals. However, in October 2015 a monumental shift occurred: the transition of reporting codes from the International Classification of Diseases, 9<sup>th</sup> revision (ICD-9) to the 10<sup>th</sup> revision (ICD-10). This shift in coding standards greatly impacted all of our work.

One of the implications of this change is the need for caution when examining the data over time. As shown in the graph below, the data shows that there has been a significant decrease in the total number of external cause of morbidity codes reported from 2014 to 2016. An uninformed observer would likely believe that the reporting of external causes codes decreased over 22% from 2015 to 2016 and have continued to decline. However, healthcare professionals understand that the change is due to the different coding structure of ICD-10 and that diagnoses codes now often include external cause information which could result in fewer external cause codes to be reported. OSHPD is currently examining many codes to identify the ones most likely to have been affected by the ICD-10 transition and hope to pass on our findings to our data providers. In the meantime, OSHPD recommends data users practice caution when scrutinizing codes over time. Use of a broken line or footnote similar to the one in the graph below may be a helpful indicator.



Source: Patient Discharge Data, 2013 to 2016  
Office of Statewide Planning and Development