

Quick Notes

Issue 71

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 **IP** Inpatient Discharges **ED** Emergency Department **AS** Ambulatory Surgery

Reporting Social Security Numbers to HCAI

Reporting patient level data to HCAI is largely based on what is contained in a patient's medical record. HCAI understands that there may be occurrences when Social Security Numbers (SSNs) are difficult to obtain or not available in the medical record. However, [Sections 128735, 128736, and 128737](#) of the California Health and Safety Code state that if the patient's SSN is in the medical record, it must be included in the data reported. Furthermore, [Section 128770](#) states that failure to do so may result in a monetary civil penalty.

HCAI and other researchers have used SSNs to observe readmission trends, track Methicillin-Resistant Staphylococcus (MRSA) infections, and follow the outcomes for Coronary Artery Bypass Graft, amongst other important medical projects. Accurate reporting of SSNs is crucial for monitoring and improving the healthcare of all Californians.

You can assure your patients that providing their SSN is [safe](#), since patient SSNs are stored by HCAI as an encrypted record linkage number.

Please evaluate your data every reporting period to ensure you are reporting SSNs according to California law. For additional information you may contact your assigned analyst.

New Warning Edit Flags

HCAI has recently introduced a new warning edit flag, SW22, to enhance the reporting of the Street Address field. This flag is to identify terms such as

"Homeless," "Unknown," "General," "Transient," "Undomiciled," and similar expressions that should NOT be included in the Street Address field. If the street address is unknown, it is appropriate to leave this field blank. The goal is to ensure high-quality data that complies with regulations.

Another newly introduced warning flag is SW23. This flag highlights records reported with diagnosis code indicating that a patient left prior to being seen by a healthcare provider. Emergency Department and Ambulatory Surgery visits are encounters that involve face-to-face contact between the patient and the provider. If a facility sees this warning flag in their report, they should review those records to determine if an encounter occurred. If no encounter occurred, the record can be excluded from the report.

Phishing Emails

Earlier this year some facilities reported receiving a suspicious email that appeared to come from HCAI. In the email, users were instructed to click a link to update their information within 24 hours and were warned they would be at risk of losing their license if they did not comply. This email did not come from HCAI and was a phishing attempt designed to elicit a click response through the need for urgent actions.

If you or anyone in your organization receives a suspicious email that appears to have originated from HCAI, facilities are encouraged to call or email their HCAI analyst if they are unsure about the validity of an email or telephone communication. Remember to also follow your organization's guidance on phishing attempts.

Reviewing your DDR to Identify Potential Data Quality Issues

The Data Distribution Report (DDR) is a useful summary report that displays each data element and lists the numeric breakdown of records within each reported category. While it may be tempting to rely solely on the editing programs, looking over the DDR can highlight inconsistencies that may otherwise go unnoticed. The DDR can help you detect errors not identified by the editing programs, alert you to possible mapping issues, and draw attention to illogical combinations and unreasonable distribution in the data. For instance, the example below suggests a possible reporting error due to the inconsistency between Source of Admission (from Court/Law Enforcement) and Disposition of Patient (Discharged/Transferred to court/law enforcement):

Point of Origin	SOURCE OF ADMISSION						Total	
	Code	Your ED	Another ED	Not from an ED	Blank/Inv			
With TOA other than "Newborn"	Non-Health Care Fac	1	159	0	48	0	207	79.0%
	Clinic/Physician's Office	2	1	0	12	0	13	5.0%
	Hosp (Different Fac)	4	0	0	0	0	0	0.0%
	SNF/ICF/ALF	5	0	0	0	0	0	0.0%
	Another Health Care Fac	6	0	0	0	0	0	0.0%
	Court/Law Enforcement	8	0	0	0	0	0	0.0%
	Info Not Available	9	0	0	0	0	0	0.0%
	Distinct Unit to another in Same Hosp	D	0	0	0	0	0	0.0%
	Amb Surgery	E	0	0	0	0	0	0.0%
DISPOSITION OF PATIENT								
							Code	
Discharged to home or self care (routine discharge)							01	199 76.0%
Discharged/Transferred to a short term general hospital for inpatient care							02	11 4.2%
Discharged/Transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care							03	15 5.7%
Discharged/Transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility)							04	0 0.0%
Discharged/Transferred to a designated cancer center or children's hospital							05	0 0.0%
Discharged/Transferred to home under care of organized home health service organization in anticipation of covered skilled care							06	2 0.8%
Left against medical advice or discontinued care							07	7 2.7%
Expired							20	3 1.1%
Discharged/Transferred to court/law enforcement							21	21 8.0%
Discharged/Transferred to a federal health care facility							43	0 0.0%
Hospice - Home							50	0 0.0%

In another review, the DDR revealed that 93% of patients were reported with Do Not Resuscitate (DNR)=Yes. This was a clear red flag that warranted further investigation:

Yes	11,047	93.1%
No	817	6.9%
Blank/Inv	0	0.0%
Total	11,864	100.0%

Finally, A quick review of the DDR exposed a surprising distribution of data in the Race category. 100% of patients who reported Ethnicity-Hispanic or Latino were categorized under Other Race. Further review uncovered a system mapping issue.

		RACE							
		American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Other Race	Unknown	Blank/Inv
ETHNICITY	Code	(R1)	(R2)	(R3)	(R4)	(R5)	(R9)	(99)	
Hispanic or Latino	E1	0	0	0	0	0	1,408	0	0
Non Hispanic or Latino	E2	3	215	103	0	536	596	2	0
Unknown	99	0	0	0	0	0	0	0	0

Remember, reviewing the DDR is an essential step! A quick review of the DDR could help prevent a modification, improve compliance with reporting standards, and enhance the accuracy of your data.