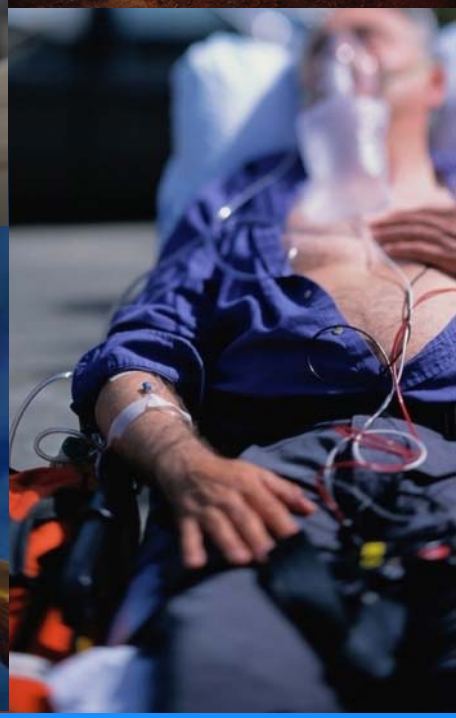
Healthcare Cost and Utilization Project (HCUP)

Overview of HCUP Databases, Tools, & Resources

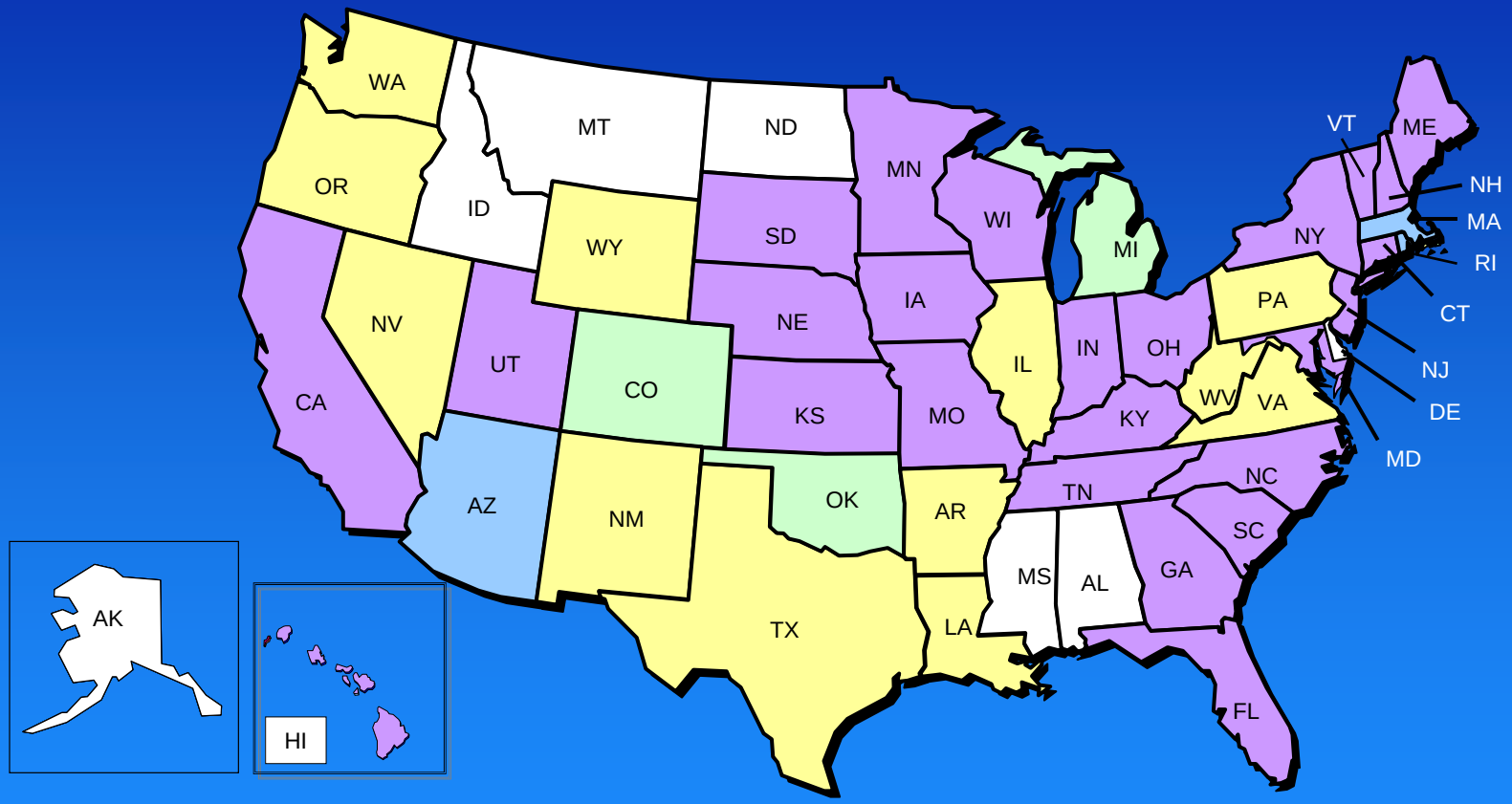
Agency for Healthcare Research and Quality

Healthcare Cost and Utilization Project (HCUP)

- **The largest collection of multiyear, all-payer, encounter-level data:**
  - Inpatient
  - Emergency department
  - Ambulatory surgery hospital-based administrative data



HCUP Database Participation 2009 Data Year



Key:	Nonparticipating	Partners Providing Inpatient Data Only	Partners Providing Inpatient & Ambulatory Surgery Data	Partners Providing Inpatient & Emergency Department Data	Partners Providing Inpatient, Ambulatory Surgery, & Emergency Department Data

Current HCUP Partners

- **Arizona** Department of Health Services
- **Arkansas** Department of Health
- **California** Office of Statewide Health Planning and Development
- **Colorado** Hospital Association
- **Connecticut** Integrated Health Information (Chime, Inc.)
- **Florida** Agency for Health Care Administration
- **Georgia** Hospital Association
- **Hawaii** Health Information Corporation
- **Illinois** Department of Public Health
- **Indiana** Hospital and Health Association
- **Iowa** Hospital Association
- **Kansas** Hospital Association

Current HCUP Partners

- **Kentucky** Cabinet for Health and Family Services
- **Louisiana** Department of Health and Hospitals
- **Maine** Health Data Organization
- **Maryland** Health Services Cost Review Commission
- **Massachusetts** Division of Health Care Finance and Policy
- **Michigan** Health and Hospital Association
- **Minnesota** Hospital Association
- **Missouri** Hospital Industry Data Institute
- **Nebraska** Hospital Association
- **Nevada** Division of Health Care Financing and Policy, Department of Health and Human Services
- **New Hampshire** Department of Health and Human Services

Current HCUP Partners

- **New Jersey** Department of Health and Senior Services
- **New Mexico** Health Policy Commission
- **New York** State Department of Health
- **North Carolina** Department of Health and Human Services
- **Ohio** Hospital Association
- **Oklahoma** Health Care Information Center for Health Statistics
- **Oregon** Association of Hospitals and Health Systems
- **Pennsylvania** Health Care Cost Containment Council
- **Rhode Island** Department of Health
- **South Carolina** State Budget and Control Board
- **South Dakota** Association of Health Care Organizations
- **Tennessee** Hospital Association

Current HCUP Partners

- **Texas** Department of State Health Services
- **Utah** Department of Health
- **Vermont** Association of Hospitals and Health Systems
- **Virginia** Health Information
- **Washington** State Department of Health
- **West Virginia** Health Care Authority
- **Wisconsin** Department of Health and Family Services
- **Wyoming** Hospital Association

Continuing to recruit additional States to join the HCUP Partnership

Overview of HCUP Data

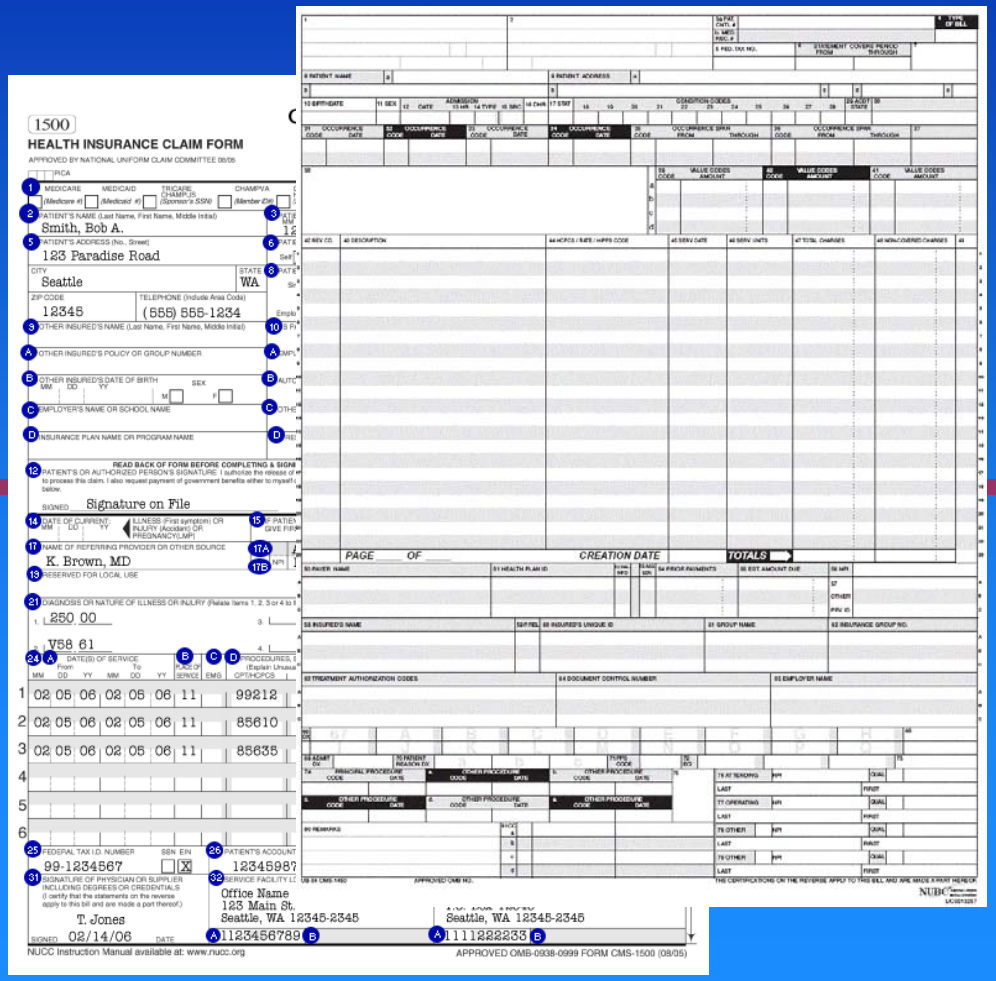
Foundation of HCUP Data: Hospital Billing Data

Demographic Data

Diagnoses

Procedures

Charges



From Patient Hospital Visit to HCUP Record

ED Visit
Scheduled Admission
Transfer

Reception

Admit

Care

Discharge

Patient Perspective

Data Perspective

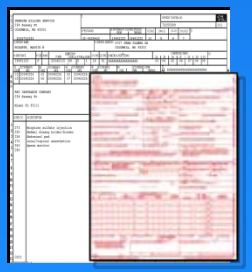
Patient Record

Patient Record

Discharge Summary

Medical Coder

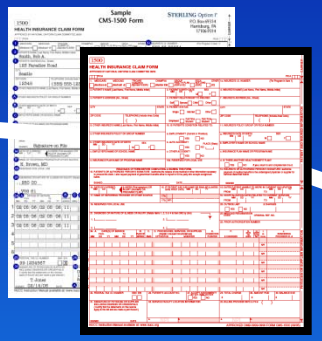
Billing Dept



Bill Generated

The Making of HCUP Data

Patient enters hospital



Hospital creates billing record

Hospital sends billing data and any additional data elements to data organizations

States store data in varying formats

AHRQ standardizes data to create uniform HCUP databases

What HCUP Is and Is Not

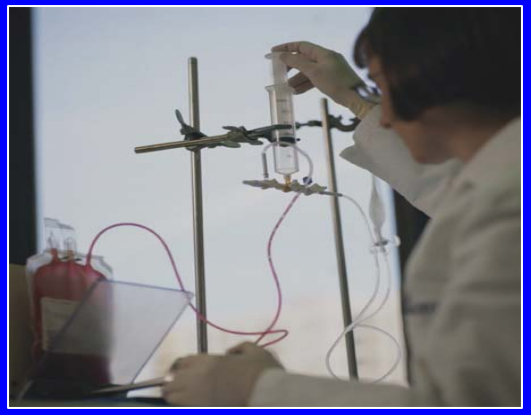
HCUP is...	HCUP is NOT...
Discharge database for health care encounters	*A survey*
All payer, including uninsured patients	*Specific to a single payer, e.g., Medicare*
Hospital, ambulatory surgery, emergency department data	*Office visits, pharmacy, laboratory, radiology*
All hospital discharges	*Only a sample*
Accessible multiple ways: raw data, regular reports, online	*Just another database*

Six Types of HCUP Databases

State Inpatient Databases (SID)

State Emergency Department Databases (SEDD)

State Ambulatory Surgery Databases (SASD)

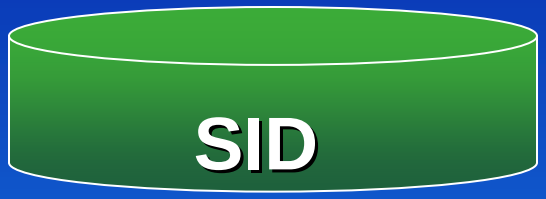


Nationwide Inpatient Sample (NIS)

Nationwide Emergency Department Sample (NEDS)

Kids' Inpatient Database (KID)

HCUP State Databases



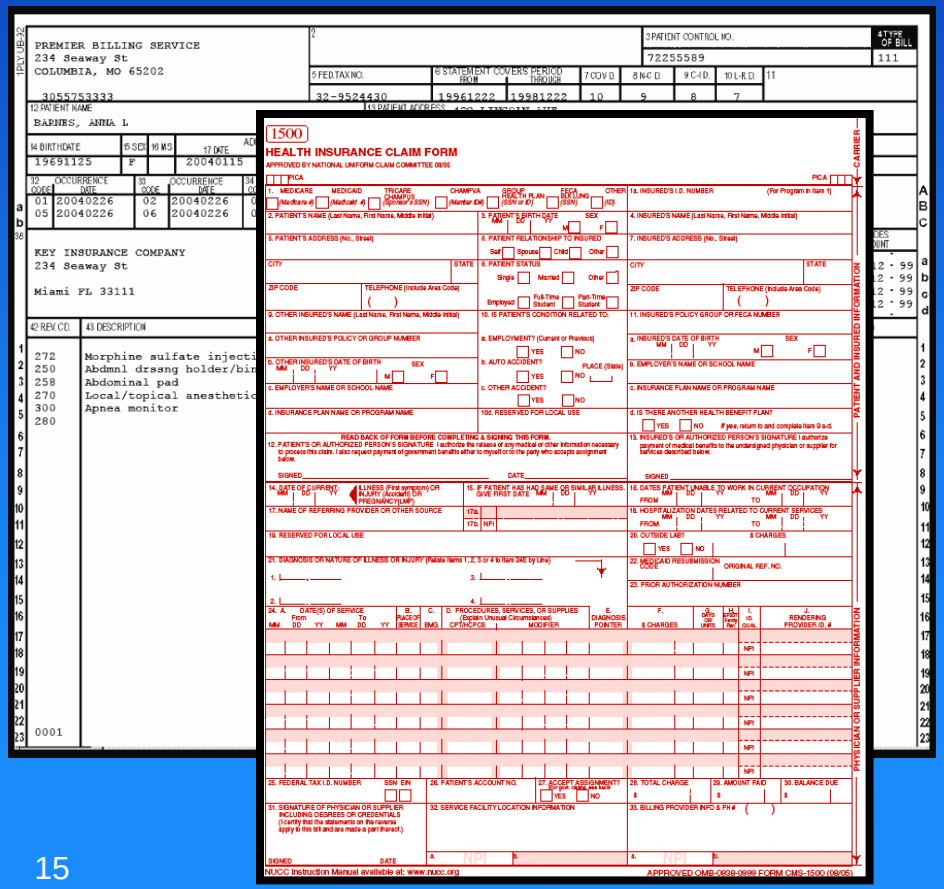
All inpatient hospital discharge data (including admissions that started in the ED) from participating HCUP States

Emergency department data (treat and release) from participating HCUP States

Ambulatory surgery data (hospital based and some freestanding) from participating HCUP States

What Data Elements Are Included in the Core File?

UB-04 or CMS 1500 Billing Forms



- Patient demographics (age, sex)
- Diagnoses and procedures (ICD-9-CM, DRG)
- Expected payer
- Length of stay
- Patient disposition
- Admission source and type
- Admission month
- Weekend admission

Some Data Elements Vary by State

- Race/ethnicity
- Patient county
- Patient ZIP Code
- Severity of illness
- Birth weight
- Procedure date (days from admission)
- Primary payer details
- Secondary payer
- Detailed charges
- Patient identifiers encrypted
- Physician identifiers encrypted
- Physician specialty
- Hospital identifier unencrypted

Example: Payer Detail Varies by State

PAY1_X		PAY1 (Standardized)	
Value	**Description**	**Value**	**Description**
M	Medicare	1	Medicare
D	Medicaid	2	Medicaid
B	Blue Cross and Blue Shield	3	Private Insurance
I, S	Other Insurance Comp; Self Ins		
H	HMO-PPO		
P	Self-pay	4	Self-pay
Z	Free	5	No charge
W	Workers' Comp	6	Other
C	CHAMPUS		
E, N	Other Government		
L, O	Other		
3, 5, A, F, G, J, K, Y	Unknown		Missing
Other values		A	Invalid

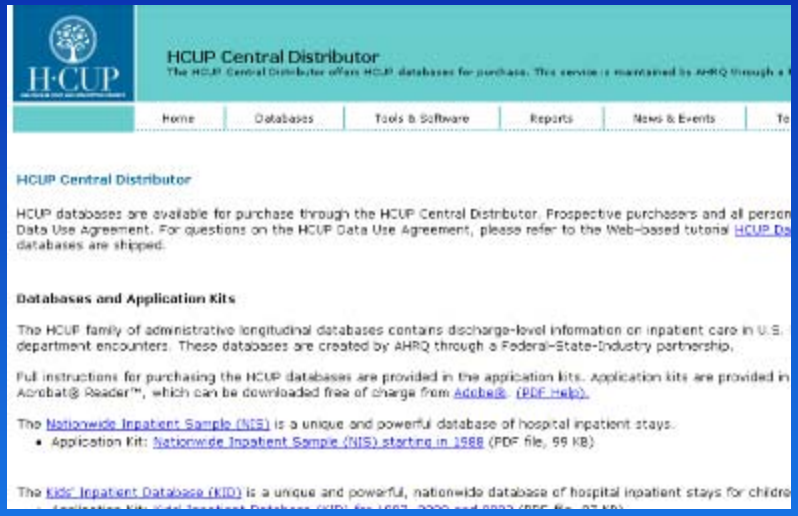
Example: Race Detail Varies by State

RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
3	Hispanic	3	Hispanic
4	Hawaiian	4	Asian or Pacific Islander
5	Chinese		
6	Filipino		
7	Japanese		
8	Other Asian		
9	Other Pacific Islander		
10	Native American	5	Native American
11	Mixed or Other	6	Other

HCUP State Files vs. Data Files Received Directly From State

HCUP State Files	Partner State Files
Subset of data elements	All data elements
Value-added data elements	May not have same value-added elements
Uniformly coded across States	Not uniformly coded across States
Standard data quality checks	Variability in quality checks by State
Lag time	More timely

Two Methods To Obtain HCUP Data



HCUP Central Distributor

www.hcup-us.ahrq.gov/tech_assist/centdist.jsp

HCUP Partner States

http://www.hcup-us.ahrq.gov/partners.jsp

States Releasing State Databases Through HCUP Central Distributor

1990 – 2008*

- Arizona
- Arkansas
- California
- Colorado
- Florida
- Hawaii
- Iowa
- Kentucky
- Maine
- Maryland
- Massachusetts
- Michigan
- Nebraska
- Nevada
- New Jersey
- New York
- North Carolina
- Oregon
- Rhode Island
- South Carolina
- South Dakota
- Utah
- Vermont
- Washington
- West Virginia
- Wisconsin

* Not all States participated in all years and for all databases.

Impact of the HealthChoice Program on Cesarean Section and Vaginal Birth After C-Section Deliveries: A Retrospective Analysis (1995 to 2000)

Misra A, 2008

Example of Findings in Maryland

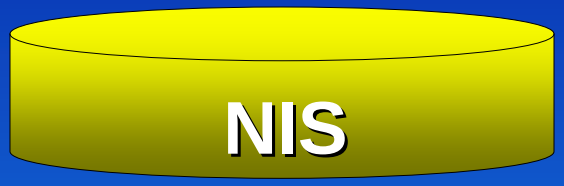
Table 1 continued

Year	1995 (Total deliveries = 63,570)						2000 (Total deliveries = 65,173)					
Cohort	MEDICAID (Total deliveries = 17,463)			PRIVATE (Total deliveries = 42,288)			MEDICAID (Total deliveries = 20,728)			PRIVATE (Total Deliveries = 42,570)		
Type of discharge (Outcome)	Primary cesarean section	Repeat cesarean section	VBAC	Primary cesarean section	Repeat cesarean section	VBAC	Primary cesarean section	Repeat cesarean section	VBAC	Primary cesarean section	Repeat cesarean section	VBAC
Number of patients	2,278	1,000	778	6,342	3,523	2,002	2,832	1,508	737	6,919	3,982	1,514
Other complications	0.29%	0.14%	0.09%	0.74%	0.39%	0.20%	1.62%	0.92%	0.41%	2.98%	1.92%	0.68%
Obesity	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.06%	0.04%	0.02%	0.08%	0.07%	0.01%
Gestational diabetes	0.05%	0.01%	0.01%	0.08%	0.08%	0.02%	0.22%	0.15%	0.04%	0.68%	0.52%	0.14%

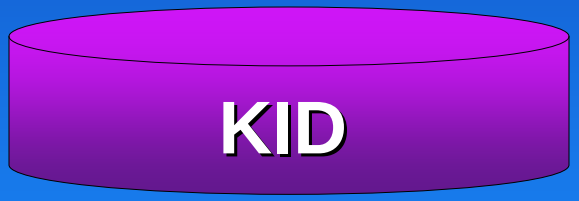
Source: 1995 and 2000 Healthcare cost and utilization project databases, AHRQ. [a] All cohort differences were statistically significant at $P < 0.01$. [b] Percentage of primary cesarean, repeat cesarean, and VBAC deliveries by Medicaid and private insurances. [c] Percentage of total deliveries by year

- Overall increase in use of primary and repeat cesarean sections in Maryland hospitals
- However, HealthChoice limited this increase for Medicaid enrollees relative to privately insured

HCUP National Databases



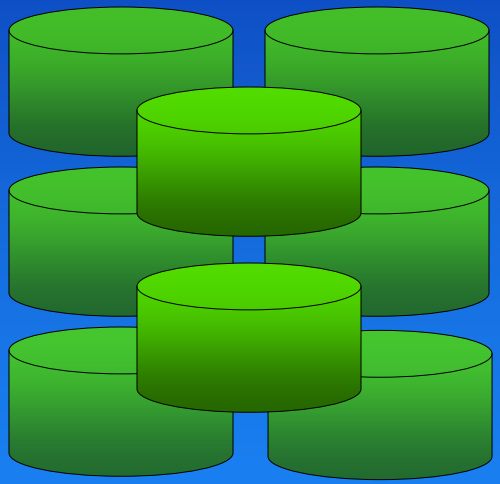
Inpatient hospital discharge data (including admissions that started in the ED) from a sample of hospitals in participating HCUP States



Pediatric inpatient hospital discharge data (including admissions that started in the ED) from a sample of pediatric discharges in participating HCUP States

Emergency department data (treat and release and admitted) from a sample of hospitals in participating HCUP States

NIS: Stratified Sample of Hospitals From SID



State Inpatient Databases

N = ~ 4K hospitals

~ 32M records

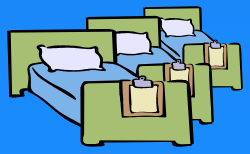
5 NIS Strata

U.S. Region

Urban/Rural

Teaching Status

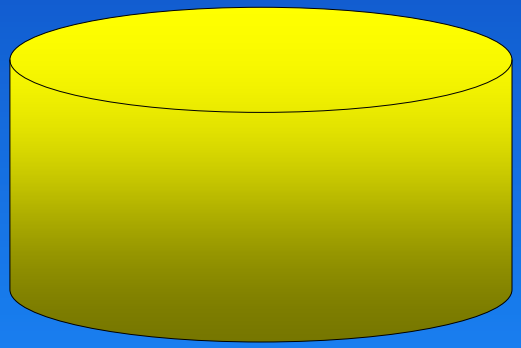
Ownership/Control



Bed Size

Stratified Sample of Hospitals

State is **NOT** included as a stratum



Nationwide Inpatient Sample

N = ~ 1K hospitals

~ 8M records

Statewide Data Systems Participating in NIS

Data Year	# of States	States
1988	8	CA, CO, FL, IA, IL, MA, NJ, WA
1989-1992	11	+ AZ, PA, WI
1993-1994	17	+ CT, KS, MD, NY, OR, SC
1995-1996	19	+ MO, TN
1997-1998	22	+ HI, UT, GA
1999	24	+ ME, VA
2000	28	+ KY, NC, TX, WV
2001	33	+ MI, MN, NE, RI, VT
2002	35	+ NV, OH, SD [AZ not available]
2003	37	+ AZ, IN, NH [ME not available]
2004	37	+ AR [PA not available]
2005	37	+OK [VA not available]
2006	38	+VA
2007	40	+ME, WY

KID: Stratified Sample of Discharges From SID

3 Strata

Uncomplicated Births

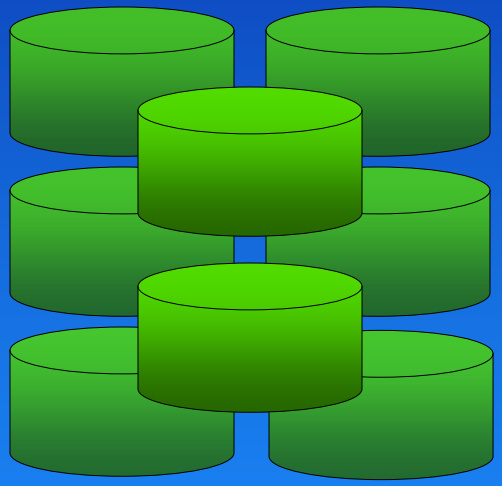
Complicated Births

Pediatric Nonbirths

10% stratified sample of uncomplicated births

80% stratified sample of other ped discharges

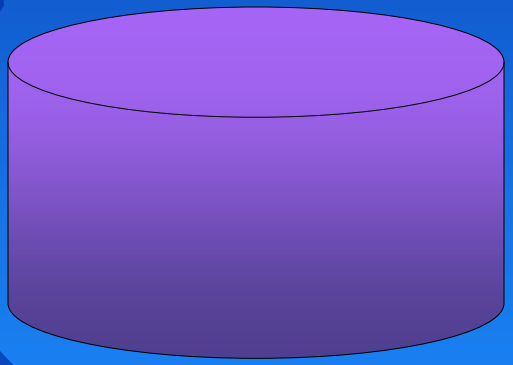
State is **NOT** included as a stratum



State Inpatient Databases

N = ~ 4K hospitals

~ 6M records

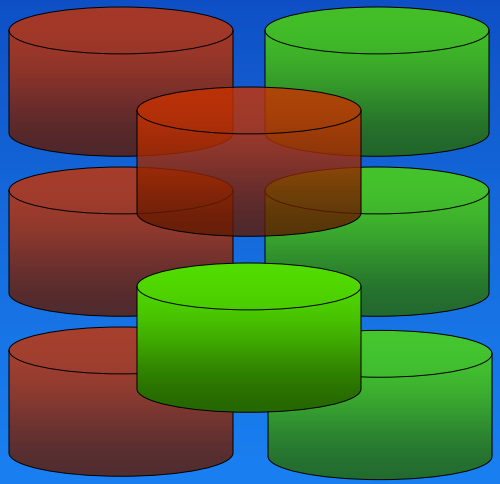


Kids' Inpatient Database

N = ~ 4K hospitals

~ 3M records

NEDS: Stratified Sample of Hospitals From SEDD and SID



SEDD & SID

N = ~ 2K hospital-based EDs

~ 116M ED visits

5 NEDS Strata

U.S. Region

Urban/Rural

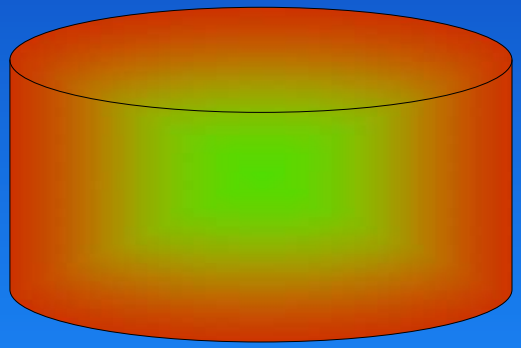
Teaching Status

Ownership/Control

Trauma

Stratified Sample of Hospitals

Similar to the NIS and KID strata: State is NOT included as a stratum



NEDS

N = ~ 1K hospital-based EDs

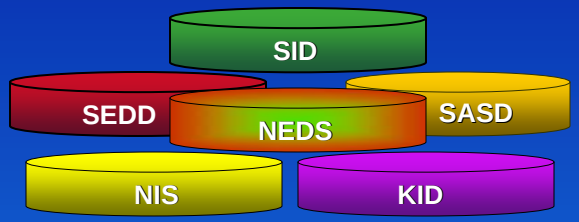
~ 26M ED visits

Types of Research the National Databases Can Support

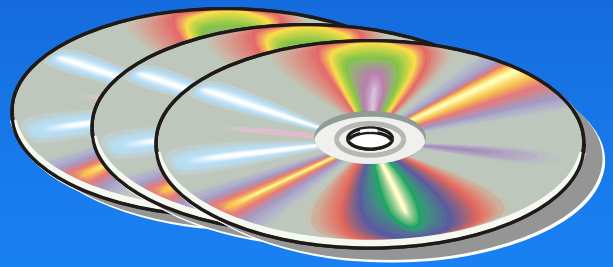
- Utilization and cost of hospital inpatient, ED, and ambulatory care
- Trends in health care utilization and costs
- Quality of care
- Impact of health policy changes
- Diffusion of medical technology
- Medical practice variation
- Medical treatment effectiveness

HCUP Family of Databases, Tools, and Products

H·CUP
HEALTHCARE COST AND UTILIZATION PROJECT

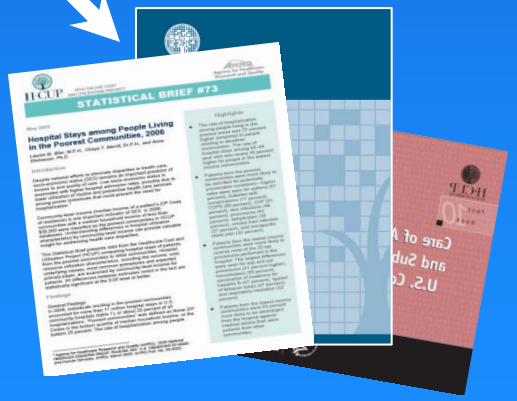


HCUP Databases



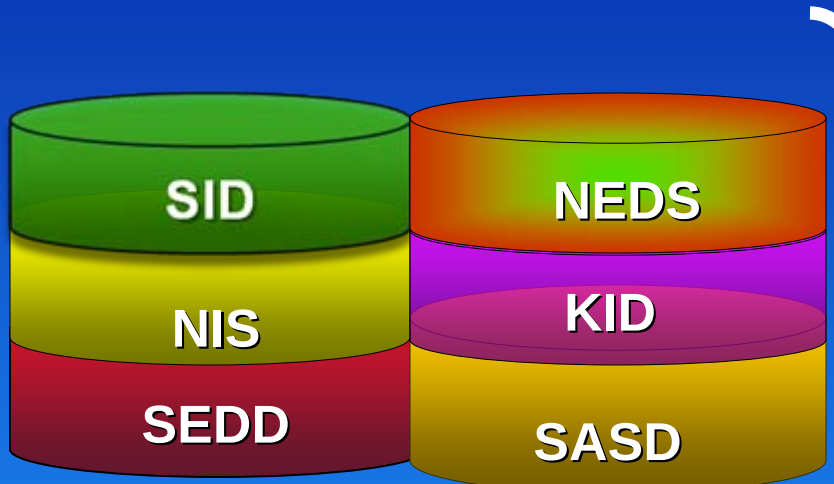
Research Products

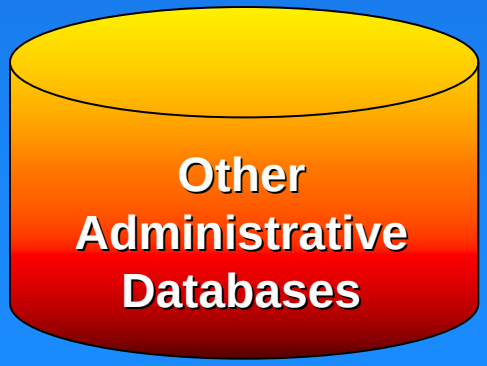
User Support



Research Publications

Most HCUP Tools Can Be Applied to Any Administrative Database





Clinical Classification Software

Procedure Classes

Chronic Condition Indicator

Comorbidity

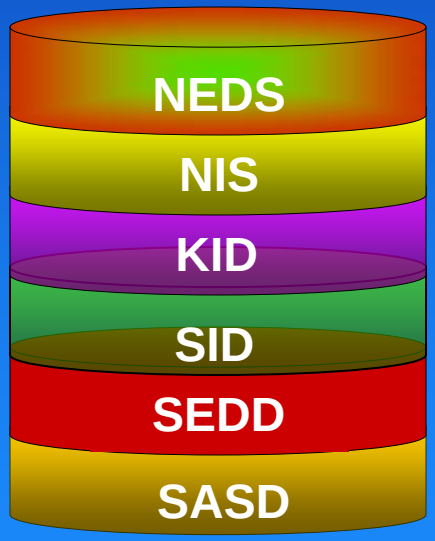
Utilization Flags

AHRQ QIs

Clinical Classification Software (CCS) for ICD-9

Groups ICD-9-CM codes into clinically meaningful categories

CCS for ICD-9-CM



ICD-9-CM Codes

0031 0202 0223 0362 0380 0381 03810 03811 03819 0382 0383 03840 03841 03842 03843 03844 03849 0388 0389 0545 449 7907

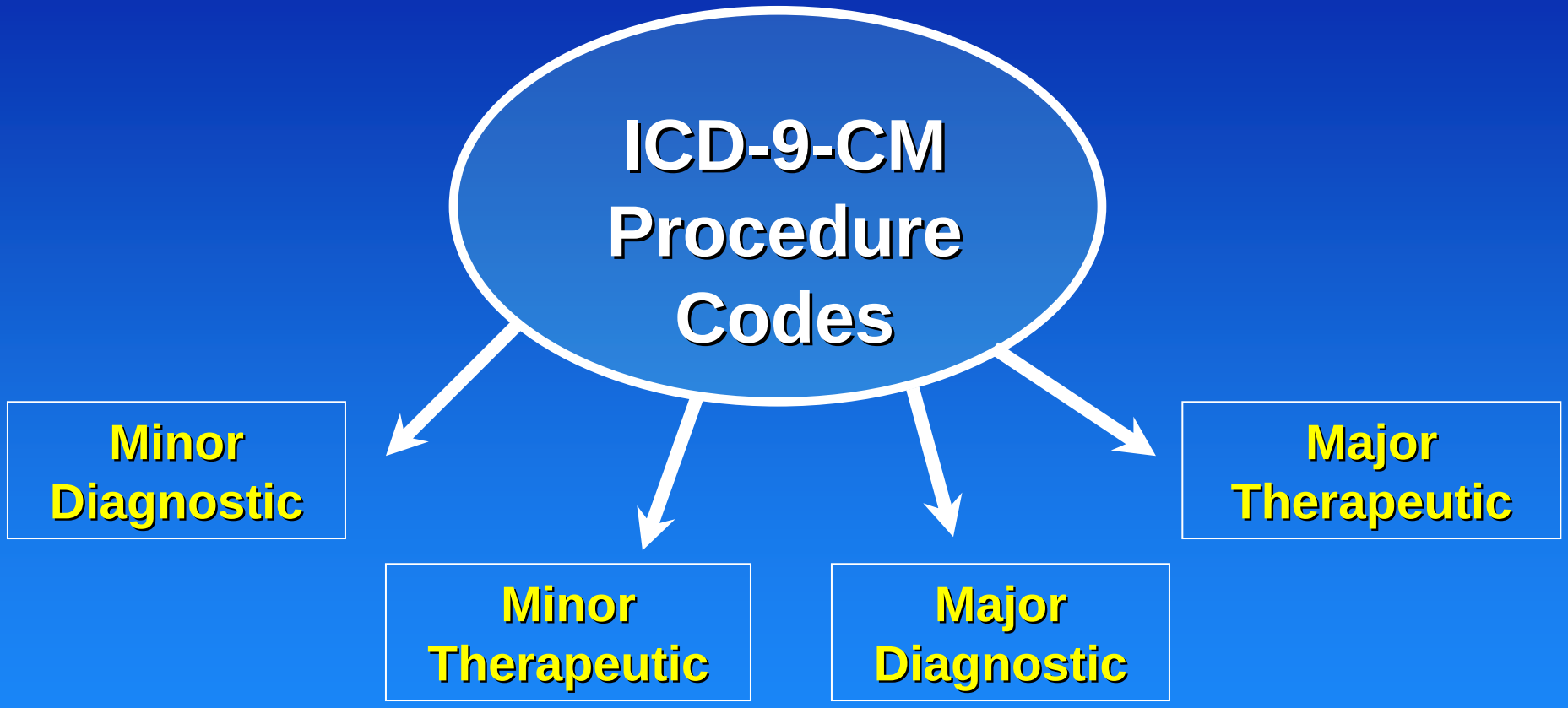
0700 0701 0702 07020 07021 07022 07023 0703 07030 07031 07032 07033 0704 07041 07042 07043 07044 07049 0705 07051 07052 07053 07054 07059 0706 07070 07071 0709 57140 57141 57149 5731 5732 5733

CCS Codes

CCS 2: Septicemia

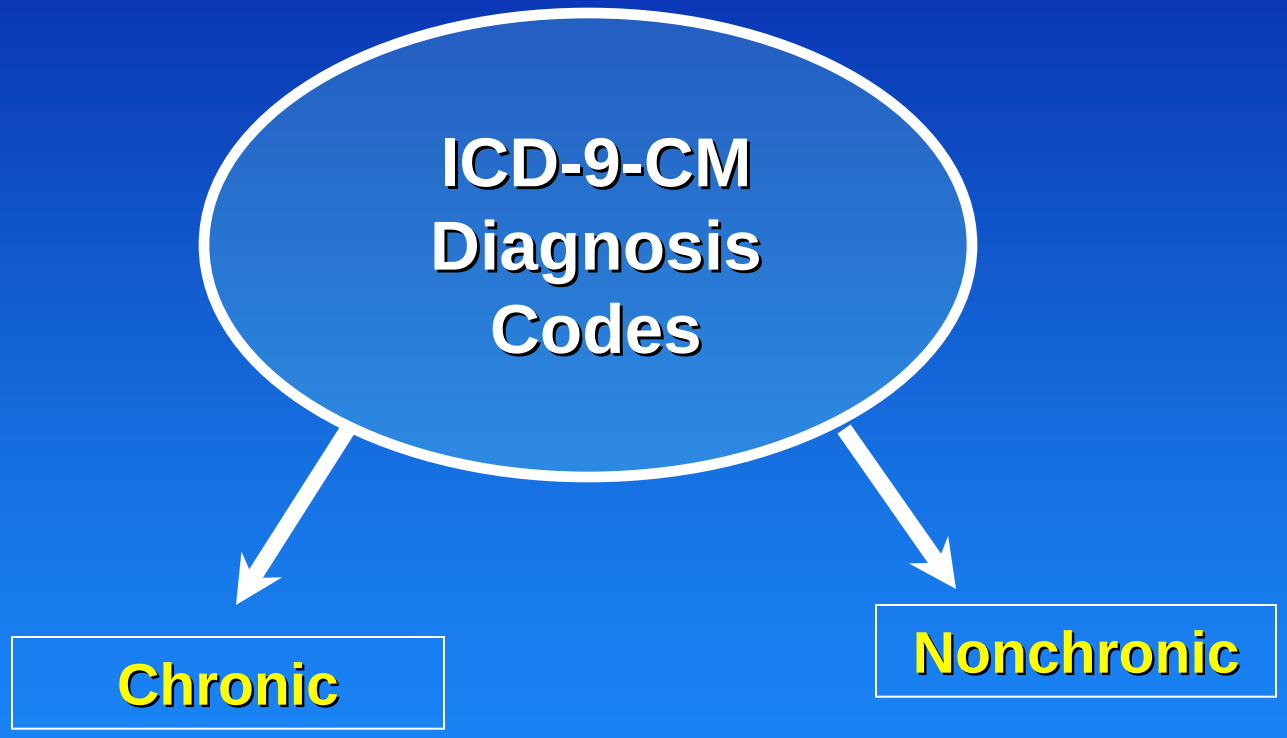
CCS 6: Hepatitis

Procedure Classes



Groups ICD-9-CM codes into one of four categories to distinguish between diagnostic/therapeutic procedures

Chronic Condition Indicator (CCI)



Groups ICD-9-CM diagnosis codes into chronic or nonchronic categories

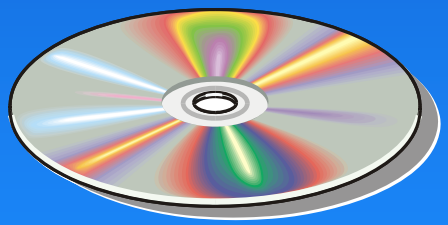
Comorbidity Software

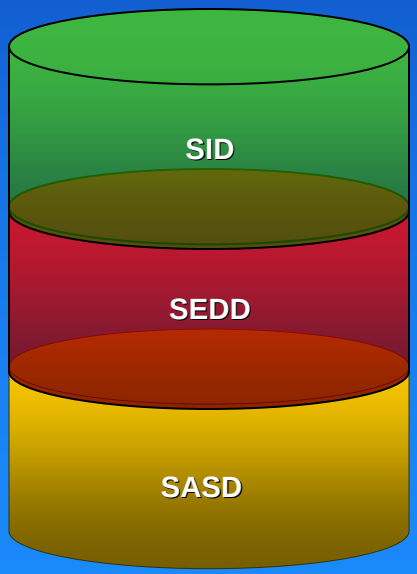
- The Comorbidity Software is based on the ICD-9-CM coding scheme
- This software creates 29 variables that identify major comorbidities

Utilization Flags

Reveal additional information about use of health care services

Utilization Flag Software





ICD-9-CM codes

+

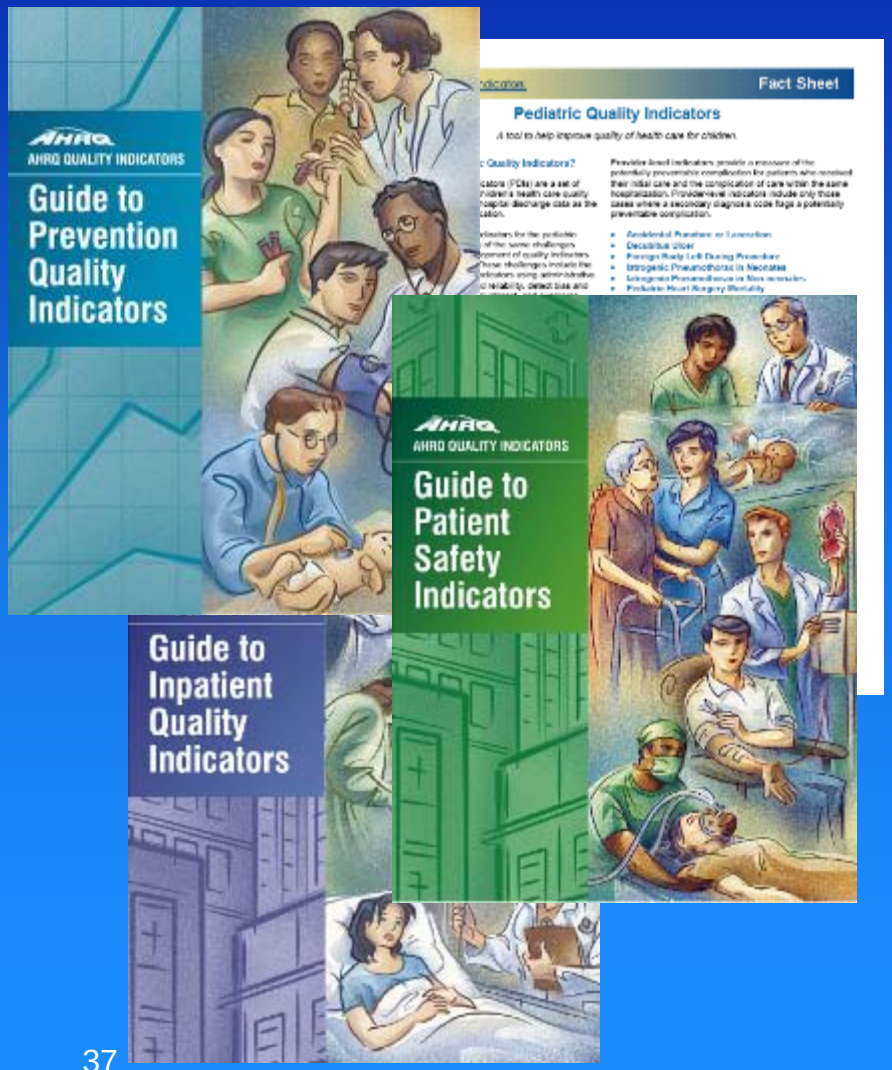
UB-04 codes

Emergency Room

Chest X Ray / CT Scan

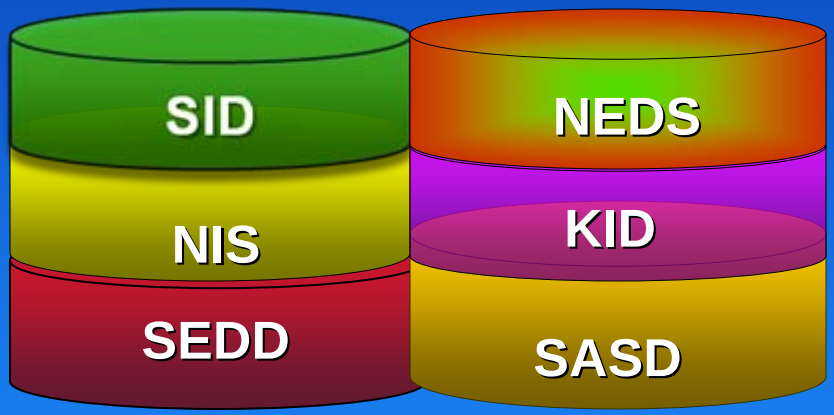
Intensive Care Unit

AHRQ Quality Indicators



- Most widely used HCUP tool
- Used for reporting hospital quality of care
- Includes benchmarks against which to compare your numbers

HCUP Supplemental Files Can Only Be Applied to HCUP Databases



- Cost-to-Charge Ratio Files
- Hospital Market Files
- HCUP Supplemental Files for Revisit Analyses
- Nationwide Inpatient Sample (NIS) Hospital Ownership Files
- American Hospital Association (AHA) Linkage Files
- Nationwide Inpatient Sample Trends (NIS-Trends) Files
- Kids' Inpatient Database Trends (KID-Trends) File

Cost-to-Charge Ratio Files

Hospital-Level
NIS/KID/SID Data

	A	B	C
1	HOSPID	APICC	GAPICC
2	xxxx	xxxx	xxxx
3	xxxx	xxxx	xxxx
4	xxxx	xxxx	xxxx
5	xxxx	xxxx	xxxx
6	xxxx	xxxx	xxxx
7	xxxx	xxxx	xxxx

Apply Ratios

Convert Charges to Costs

The Cost-to-Charge Ratio Files enable conversion of charge data to cost data on the NIS, KID, and SID

Hospital Market Structure Files

The HMS Files contain various measures of hospital market competition. They are available free of charge from the HCUP Central Distributor.

HCUP Supplemental Files for Revisit Analyses

The HCUP Supplemental Files for Revisit Analyses are discharge-level files designed to facilitate analyses that need to track patients across time and hospital settings in the SID, SASD, and SEDD

Additional HCUP Supplemental Files

- **Trends Files (NIS and KID)**
  - Discharge-level files that provide the user with both the trend weights and data elements that are consistently defined across data years
- **NIS Hospital Ownership File**
  - Hospital-level files designed to facilitate analysis of the NIS by hospital ownership categories
- **AHA Linkage Files**
  - Enable researchers to link hospital identifiers in some State databases to the AHA Annual Survey Databases

Online Tools

- **MONAHRQ**
  - Web-based software tool that enables organizations to input their own hospital administrative data and generate a data-driven Web site
- **HCUPnet**
  - Free, interactive online query system
  - **http://hcup.ahrq.gov/hcupnet**

HCUPnet: Quick, Free Access to HCUP Data

- Free, interactive online query system
- Lets users generate tables of outcomes by diagnoses and procedures
- Allows data to be cross-classified by patient and hospital characteristics

http://hcup.ahrq.gov/hcupnet

HCUPnet Can Answer a Variety of Questions

- What percentage of hospitalizations for children are uninsured, by State?
- What are the most expensive conditions treated in U.S. hospitals?
- What is the trend in admissions for depression?
- Are there sufficient cases for my analysis?
- How do my estimates compare with HCUPnet (validation)?

Questions?

Verbal Questions

To ask a question, click on the **Raise Hand** button in the Participants Panel and the Host will notify you and unmute your line.

If you do not see a telephone icon next to your name, please hang up and dial in again. This information is located on the '**Info**' tab of your WebEx browser. Please enter your **Attendee ID number** when you redial.

Electronic Questions

Type your question into the Q&A box on the right-hand side of your screen.

Welcome to H·CUPnet

HCUPnet is a free, on-line query system based on data from the Healthcare Cost and Utilization Project (HCUP). It provides access to health statistics and information on hospital inpatient and emergency department utilization.

Begin your query here -

Statistics on Hospital Stays

National Statistics on All Stays

Create your own statistics for national and regional estimates on hospital use for all patients from the HCUP Nationwide Inpatient Sample (NIS). Overview of the Nationwide Inpatient Sample (NIS)

National Statistics on Children

Create your own statistics for national estimates on use of hospital [illegible] from the HCUP Kids' [illegible] Database (KID). Overview of the Kids' Inpatient Database (KID)

National Statistics on Mental Health Hospitalizations

Interested in acute care hospital stays for mental [illegible] and substance abuse? Create your own national statistics [illegible]

National and State Statistics on Hospital Stays by Payer - Medicare, Medicaid, Private, Uninsured

[illegible] Create your own statistics [illegible] for payers from the NIS, KID, and SID.

State Statistics on All Stays

Create your own statistics on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID). Overview of the State Inpatient Databases (SID)

Quick National or State Statistics

Ready-to-use tables on commonly requested information from the HCUP Nationwide Inpatient Sample (NIS), the HCUP Kids' Inpatient Database (KID), or the HCUP State Inpatient Databases (SID).

Statistics on Emergency Department Use (Beta Version)

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Overview of the Nationwide Emergency Department Sample (NEDS)

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Ready-to-use tables on commonly requested information from the NEDS, SEDD, and SID.

State Statistics on All ED Visits

Create your own statistics on emergency department visits for participating States from the HCUP State Emergency Department Databases (SEDD) and the SID.
Overview of the State Emergency Department Databases (SEDD)

Hospitals Like Mine (Beta Version)

Statistics on U.S. Hospitals

Create your own statistics on various types of hospitals that resemble the hospital you visit or the hospital you study - What types of patients are seen? What services are offered? How do these types of hospitals score on various quality measures? Based on the Nationwide Inpatient Sample (NIS), the AHA survey, and Hospital Compare.

HCUPnet Demonstration

First Time Visitor?
HCUPnet overview
How does HCUPnet work?
HCUPnet tutorial
HCUPnet methodology?
HCUPnet definitions?

What's New?

- 2007 nationwide Just Added! data on AHRQ Quality Indicators. (02/10/2010)
- 2007 nationwide Just Added! ED data -- new database just released. (02/02/2010)
- 2007 nationwide Just Added! hospital data now available, with cost information. (06/18/2009)
- 2007 data for Just Added! selected States, with cost information. (06/09/2009)
- Cost information for Kids' Inpatient Database (KID) in 2006. (01/07/2009)

H·CUP
More information on HCUP data, tools, and reports

What is HCUP?

Brief description - what is HCUP?
Want to purchase data to do your own analysis?

The statistics in HCUPnet would not be possible without statewide data collection projects that provide data to HCUP.

HCUPnet is based on aggregate statistics tables to speed up data transfer and protect individual records, so not all possible queries can be addressed. If a query is not possible, HCUPnet will not allow you to choose certain parameters. If there is a query you'd like to see that HCUPnet does not support, please write us at hcup@ahrq.hhs.gov.

Internet Citation: HCUPnet, Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality, Rockville, MD. http://hcupnet.ahrq.gov/

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AHRQ Quality Indicators (QIs)

QI Summary Tables

Ready-to-use national information on measures of health care quality based on the NIS, using the AHRQ Quality Indicators (QIs).
AHRQ Quality Indicators Home Page

released. (07/13/2009)

- 2007 nationwide hospital data now available, with cost information. (06/18/2009) Just Added!
- 2007 data for selected States, with cost information. (06/09/2009) Just Added!
- 2006 nationwide data on AHRQ Quality Indicators. (04/03/2009)
- Cost information for Kids' Inpatient Database (KID) in 2006. (01/07/2009)

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H·CUPnet

National and regional estimates on hospital use for all patients from the HCUP Nationwide Inpatient Sample (NIS)

How would you describe yourself?

Lay person, data novice

Try this if you are unfamiliar with health care data, but if you don't find what you're looking for, try the Researcher path below.

Researcher, medical professional

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H·CUPnet

National and regional estimates on hospital use for all patients from the HCUP Nationwide Inpatient Sample (NIS)

Select the type of query you want:

- Statistics on specific diagnoses or procedures

  Information on specific diagnoses and procedures for a single year (select year on the next page)

- Statistics on all hospital stays

  Information on all stays for a specific year, not by diagnoses or procedures (select year on the next page)

- Trends

  National trends on all stays, diagnoses, and procedures from 1993 to 2007

- Rank order specific diagnoses or procedures

  Rank diagnoses or procedures by key outcomes and measures such as number of discharges and total charges

Definitions

Follow the **Specific Diagnoses or Procedures** link if you're interested in detailed statistics about specific conditions or diseases affecting hospitalized patients, or in detailed statistics about specific surgeries or diagnostic tests performed on patients in the hospital.

Follow the **All U.S Hospital Stays** link if you're interested in statistics about all patients in general, not specific diagnoses or procedures.

Follow the **Trends** link if you want to see tables and graphs with trends over time.

Follow the **Rank Order** link if you'd like to rank diagnoses or procedures by such factors as number of discharges, charges, or in-hospital mortality rate. >more>

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H·CUPnet

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Select year:

- 2007
- 2006
- 2005
- 2004
- 2003
- 2002
- 2001
- 2000
- 1999
- 1998
- 1997

H·CUPnet

National and regional estimates on hospital use for all patients from the HCUP Nationwide Inpatient Sample (NIS)

Do you want information on:

- Diagnoses grouped by Clinical Classifications Software (CCS)?
  You can search for specific conditions and groups of conditions under this option.
- Specific diagnoses by ICD-9-CM?
  You will need to use an ICD-9-CM coding manual to identify ICD-9-CM codes for this option.
- Diagnosis Related Groups (DRG)?
  You can search for specific DRGs under this option.
- Major Diagnostic Categories (MDC)?
  You can search for specific MDCs under this option.
- Procedures grouped by Clinical Classifications Software (CCS)?
  You can search for specific procedures and groups of procedures under this option.
- Specific procedures by ICD-9-CM?
  You will need to use an ICD-9-CM coding manual to identify ICD-9-CM codes for this option.
- Related conditions and procedures?

Definitions

Clinical Classifications Software (CCS) categorizes patient diagnoses and procedures into a manageable number of clinically meaningful categories.>more>

ICD-9-CM stands for the "International Classification of Diseases - 9th revision - Clinical Modification." All diagnoses (or conditions) and all procedures that patients receive in the hospital are assigned an ICD-9-CM code.>more>

Diagnosis Related Groups (DRGs) comprise a patient classification system that categorizes patients into groups that are clinically coherent and homogeneous with respect to resource use.>more>

Major Diagnosis Categories (MDCs) are broad groups of DRGs (Diagnosis Related Groups) that relate to an organ or a system (digestive system, for example) and not to an etiology.>more>

Related conditions and procedures This option allows you to select a principal diagnosis or procedure and examine **related diagnoses or procedures**.>more>

H·CUPnet

National and regional estimates on hospital use for all patients from the HCUP Nationwide Inpatient Sample (NIS)

Do you want:

Principal diagnosis

The condition that is the chief reason for the hospital stay, as determined after evaluation during this stay.

This option allows you to request information on all outcomes and measures for these discharges.

All-listed diagnoses

Includes all diagnoses.

This option provides you only the number of discharges who received this diagnosis (no details on length of stay, charges, or discharge status). The unit of analysis remains the discharge: if a particular CCS category occurs multiple times during the same discharge, it is still counted only once.

Definitions

The **principal diagnosis** is that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care. The principal diagnosis is always the reason for admission. (Definition according to the Uniform Bill (UB-92).) >more>

All-listed diagnoses include the principal diagnosis plus additional conditions that coexist at the time of admission, or that develop during the stay, and which have an effect on the treatment or length of stay in the hospital.>more>

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H·CUPnet

National and regional estimates on hospital use for all patients from the HCUP Nationwide Inpatient Sample (NIS)

You will need access to an ICD-9-CM coding manual to use this option -

Enter each ICD-9-CM code, separated by commas (e.g., 4870, 4871, 4878), or specify a range of ICD-9-CM codes (4870-4878). Then select >>Next>>:

00845

Do you want statistics for:

- (•) Each code separately
- ( ) All codes combined

Note: When you query all-listed diagnoses or procedures for multiple ICD-9-CM codes and request statistics on all codes combined, individual discharges may be counted more than once if multiple ICD-9-M codes appear on a discharge record. This means the unit of analysis is unique ICD-9-CM codes rather than discharges. No standard errors will be provided for combined codes.

>> Next >>

H·CUPnet

National and regional estimates on hospital use for all patients from the HCUP Nationwide Inpatient Sample (NIS)

Select outcomes and measures for which you want statistics

Check one or more

- [x] Number of discharges
- [ ] Percent died in the hospital
- [ ] Length of stay, mean
- [ ] Length of stay, median
- [ ] Discharge status
- [ ] Hospital charges, mean
- [ ] Hospital charges, median
- [ ] Aggregate charges (the "national bill")
- [ ] Hospital costs, mean
- [ ] Hospital costs, median
- [ ] Aggregate costs

>> Next >>

Definitions

The unit of analysis for HCUP data is the hospital **discharge** (i.e., the hospital stay), not a person or patient. >more>

Length of stay is the number of nights the patient remained in the hospital for this stay. >more>

Hospital charges is the amount the hospital charged for the entire hospital stay. It does not include professional (MD) fees.>more>

Aggregate charges or the "national bill" is the sum of all charges for all hospital stays in the U.S.>more>

Costs Total charges were converted to costs using cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services (CMS).>more>

Aggregate costs are the sum of all costs for all hospital stays. See **Costs** and **Aggregate charges** for details.

Died generally indicates in-hospital mortality. Some unknown number of cases may have died outside the hospital, but still be included in HCUPnet.

Discharge status indicates the disposition of the patient at discharge from the hospital, e.g., routine (home), to another short term hospital, to a nursing home, to home health care, or against medical advice (AMA).

The definition of **admission source** was changed in 2007 and not all data sources had adopted the change at that time; therefore, information on source of admissioin is not available for 2007.

Emergency admission indicates the patient was admitted to the hospital through the emergency department, as defined by the reported Admission Source.

Admission from another hospital indicates the patient was admitted to this hospital from another short term, acute-care hospital.>more>

Admission from long term care facility indicates the patient was admitted from a long term facility such as a nursing home.

H·CUPnet

National and regional estimates on hospital use for all patients from the HCUP Nationwide Inpatient Sample (NIS)

Select patient and hospital characteristics

Check one or more

- [x] All patients in all hospitals

- [ ] Patient age, in categories
- [ ] Patient age, mean
- [ ] Gender
- [ ] Payer (insurance status)
- [ ] Median income of patients' ZIP code
- [ ] Location of patient's residence (large central metro, suburbs, medium or small metro, and non-metro)

- [x] Region of the U. S.

- [ ] Hospital ownership (public, for-profit, not-for-profit)?
- [ ] Hospital teaching status (teaching vs. not)?
- [ ] Hospital location (metropolitan vs. non-metropolitan)?
- [ ] Hospital bedsize (small vs. medium vs. large)?

>> Next >>

Definitions

Patient age in years, calculated on the basis of the admission date to the hospital.

Gender is coded as male or female.

Payer is the expected payer for the hospital stay. To make coding uniform across all HCUP data sources, Payer combines detailed categories into more general groups:>more>

Median income is the median household income of the patient's ZIP code of residence.>more>

Location of patient's residence is based on an urban-rural designation of the patient's county of residence.>more>

Region is the four regions defined by the Bureau of the Census: Northeast, Midwest, South, and West.>more>

Ownership/control was obtained from the American Hospital Association (AHA) Annual Survey of Hospitals and includes categories for>more>

Teaching status indicates whether the hospital in which the stay occurred is a teaching or a non-teaching hospital.>more>

Location indicates whether the hospital is in a metropolitan area ("urban") or non-metropolitan area ("rural")>more>

Bedsize indicates the size of the hospital in terms of how many short-term, acute care beds are in the hospital. Bedsize categories (1993-1997) Bedsize categories (1998 and after)

Race/ethnicity of the patient as listed in the medical record. Not every State provides this information, thus race/ethnicity is not available for every State or for the national estimates.

Children's hospitals are defined based on information from the National Association of Children's Hospitals and Related Institutions (NACHRI). Children's hospitals can be general, specialty, or a children's unit in a general hospital.

H·CUPnet

National and regional estimates on hospital use for all patients from the HCUP Nationwide Inpatient Sample (NIS)

Results

Display a printer-friendly version (Try printing in landscape for best results)
Save as an Excel spreadsheet
Repeat this query on another database
Run a new query

2007 National statistics - principal diagnosis only

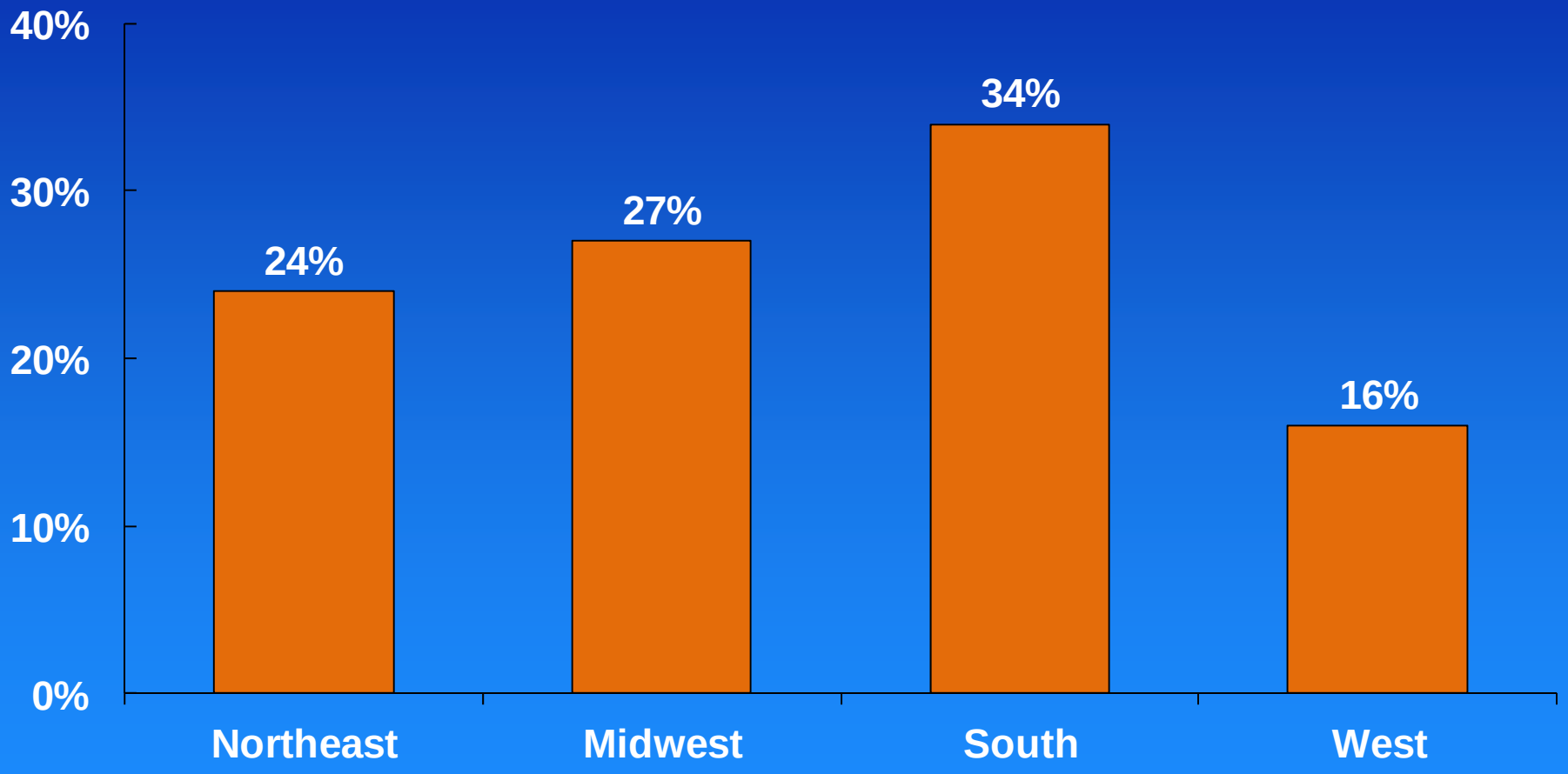
Patient and hospital characteristics for ICD-9-CM principal diagnosis code 008.45 Int Inf Clstrdium Dfcile

			Standard errors
		Total number of discharges	Total number of discharges
All discharges		104,123 (100.00%)	3,214
Region	Northeast	24,500 (23.53%)	1,491
	Midwest	27,696 (26.60%)	1,698
	South	35,795 (34.38%)	2,092
	West	16,132 (15.49%)	920

Weighted national estimates from HCUP Nationwide Inpatient Sample (NIS), 2007, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States. Total number of weighted discharges in the U.S. based on HCUP NIS = 39,541,948. Statistics based on estimates with a relative standard error (standard error / weighted estimate) greater than 0.30 or with standard error = 0 in the nationwide statistics (NIS, NEDS, and KID) are not reliable. These statistics are suppressed and are designated with an asterisk (*). The estimates of standard errors in HCUPnet were calculated using SUDAAN software. These estimates may differ slightly if other software packages are used to calculate variances.

If you want to test whether apparent differences are significant, use the Z-Test Calculator. A p-value of less than 0.05 is generally considered statistically significant.

Misleading Regional Data Without Adjusting for Population Differences



Does the South have the highest prevalence of CDAD hospital stays?

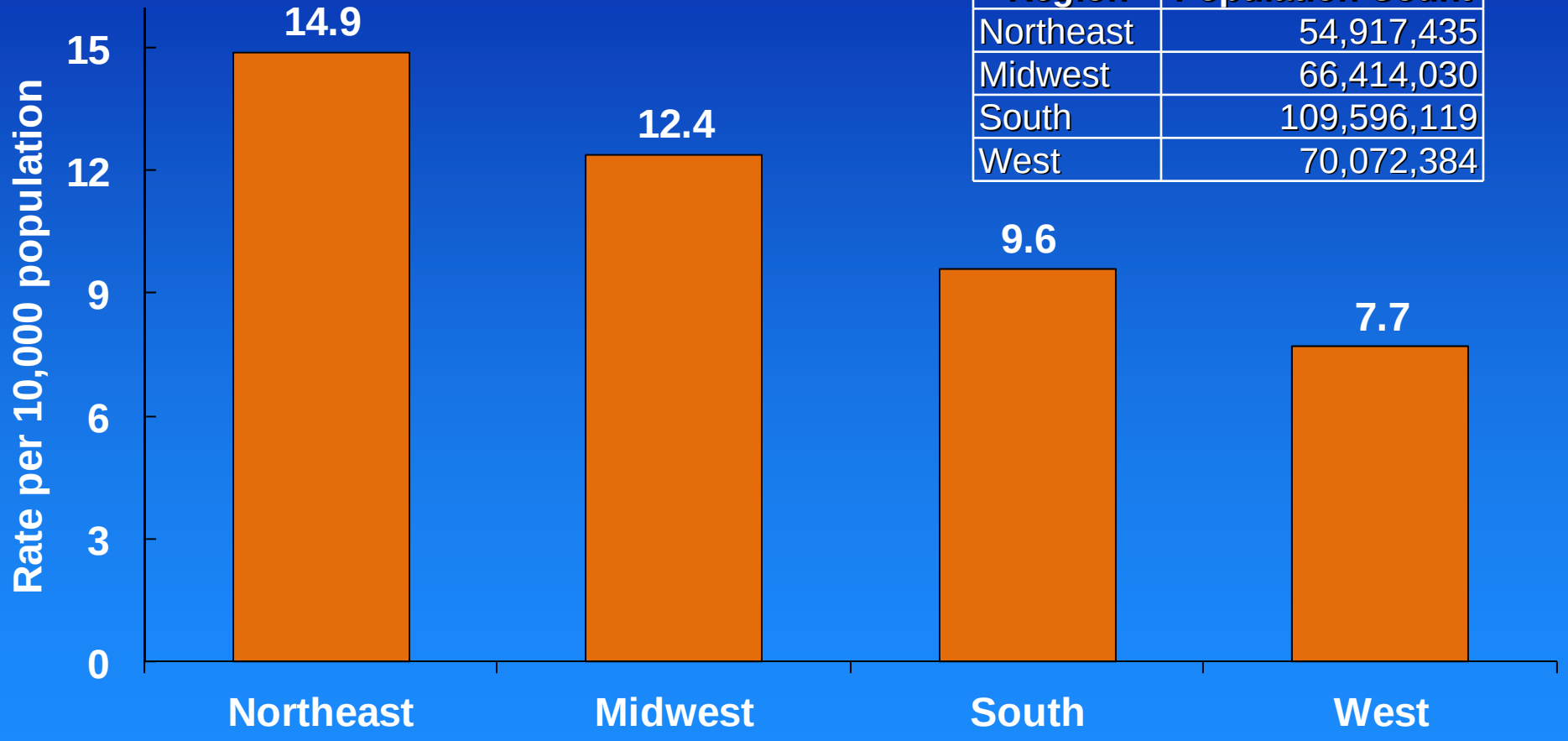
Population Counts Vary For Some Characteristics and Groupings

Age	Count
<1 year	NA
0-17	73,859,664
18-44	113,258,030
45-64	75,759,830
65-84	32,748,720
85+	5,373,724
Gender	**Count**
Male	148,293,813
Female	152,706,155
Location	**Count**
Large Metro	161,033,264
Small Metro	89,706,119
Micropolitan	30,108,263
Nonurban	20,152,322

Median income	Count
Quartile 1	78,898,125
Quartile 2	73,098,292
Quartile 3	74,087,136
Quartile 4	74,907,340
Region	**Count**
Northeast	54,917,435
Midwest	66,414,030
South	109,596,119
West	70,072,384

Adjusting for population differences makes a big difference for *age*, *region*, and *location*

Rate of CDAD Stays Highest in the Northeast and Lowest in the West



Region	Population Count
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H·CUPnet

National and regional estimates on hospital use for all patients from the HCUP Nationwide Inpatient Sample (NIS)

Select the type of query you want:

- Statistics on specific diagnoses or procedures

  Information on specific diagnoses and procedures for a single year (select year on the next page)

- Statistics on all hospital stays

  Information on all stays for a specific year, not by diagnoses or procedures (select year on the next page)

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  National trends on all stays, diagnoses, and procedures from 1993 to 2007

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Save as an Excel spreadsheet
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Show Graphs of Trend Data
Run a new query

National statistics

HCUPnet provides trend information for the 15 year period: 1993-2007

Number of discharges

ICD-9-CM principal diagnosis code and name		1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
008.45	Int Inf Clstrdium Dfcile	24,215	26,435	24,977	23,575	25,200	25,885	30,060	32,763	36,647	46,722	48,877	60,137	76,416	90,063	104,123

Number of discharges - Standard Errors

ICD-9-CM principal diagnosis code and name		1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
008.45	Int Inf Clstrdium Dfcile	739	766	740	716	735	817	917	1,031	1,165	1,744	1,731	1,982	2,697	3,504	3,214

Weighted national estimates from HCUP Nationwide Inpatient Sample (NIS), Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States. Statistics based on estimates with a relative standard error (standard error / weighted estimate) greater than 0.30 or with standard error = 0 in the nationwide statistics (NIS, NEDS, and KID) are not reliable. These statistics are suppressed and are designated with an asterisk (*). The estimates of standard errors in HCUPnet were calculated using SUDAAN software. These estimates may differ slightly if other software packages are used to calculate variances.

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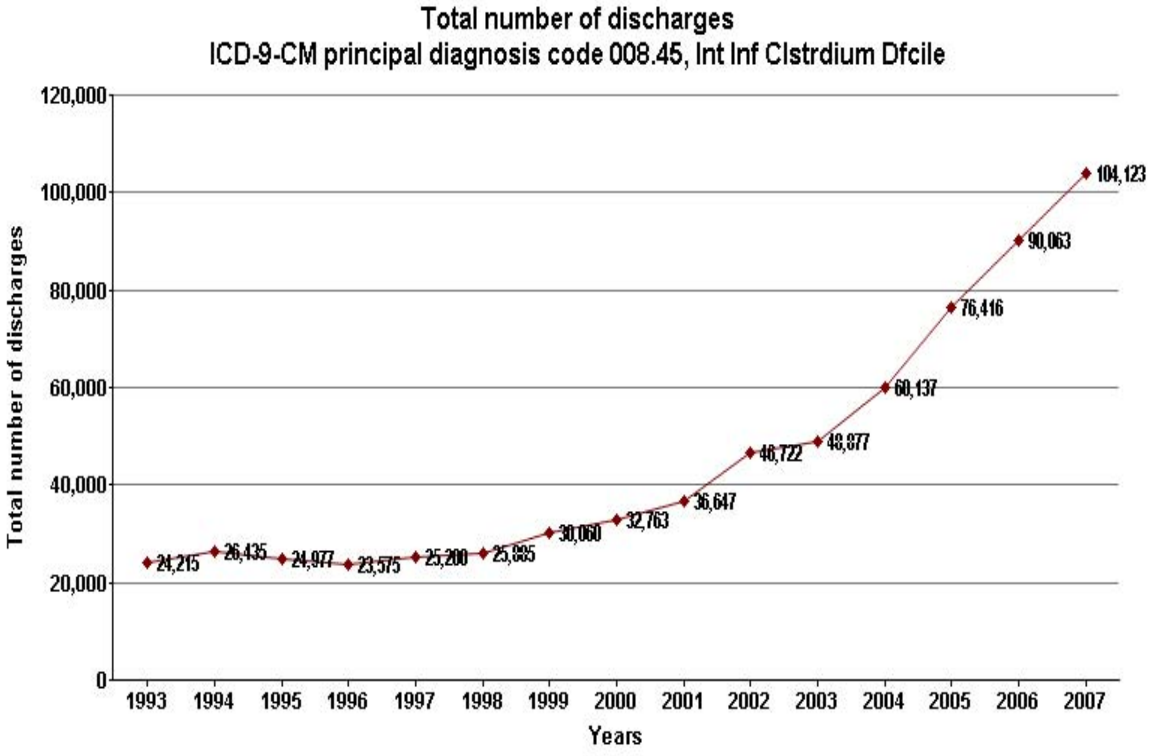

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AHRQ Quality Indicators Home Page

released. (07/13/2009)

- 2007 nationwide hospital data now available, with cost information. (06/18/2009) Just Added!
- 2007 data for selected States, with cost information. (06/09/2009) Just Added!
- 2006 nationwide data on AHRQ Quality Indicators. (04/03/2009)
- Cost information for Kids' Inpatient Database (KID) in 2006. (01/07/2009)

H-CUP

More information on HCUP data, tools, and reports

What is HCUP?

Brief description - what is HCUP?

Want to purchase data to do your own analysis?

The statistics in HCUPnet would not be possible without statewide data collection projects that provide data to HCUP.

HCUPnet is based on aggregate statistics tables to speed up data transfer and protect individual records, so not all possible queries can be addressed. If a query is not possible, HCUPnet will not allow you to choose certain parameters. If there is a query you'd like to see that HCUPnet does not support, please write us at hcup@ahrq.hhs.gov.

Internet Citation: HCUPnet, Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality, Rockville, MD. http://hcupnet.ahrq.gov/

What types of emergency department (ED) visits/stays are you interested in?

- Treat-and-release ED visits
  visits to the ED that end in discharge -- no inpatient admission
- ED visits that result in admission
- All ED visits
  "Treat-and-release ED visits" and "ED visits that result in admission"

Definitions

Inpatient stays that originated in the ED is based on the following information:

- A positive charge for emergency department services,
- CPT codes 99281-99285,
- Revenue codes 450-459, or
- Admission Source or Point of Origin indicating that ED services were received.

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H·CUPnet

Information on encounters that start in the ED from the HCUP Nationwide Emergency Department Sample (NEDS)

Select the type of query you want:

- Statistics on specific diagnoses
  Information on specific diagnoses
- Statistics on all ED visits
  Information on all stays, not by diagnoses
- Rank order specific diagnoses
  Rank diagnoses by key outcomes and measures such as number of visits/discharges and total charges

Definitions

Follow the **Specific Diagnoses** link if you're interested in detailed statistics about specific conditions or diseases affecting hospitalized patients.

Follow the **All ED visits** link if you're interested in statistics about all patients in general, not specific diagnoses or procedures.

Follow the **Rank Order** link if you'd like to rank diagnoses or procedures by such factors as number of discharges, charges, or in-hospital mortality rate. >more>

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H·CUPnet

Information on ED visits from the HCUP Nationwide Emergency Department Sample (NEDS)

Select year:

Nationwide Emergency Department Sample (NEDS)

- 2007
- 2006

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H·CUPnet

Information on encounters that start in the ED from the HCUP Nationwide Emergency Department Sample (NEDS)

Do you want information on:

- Diagnoses grouped by Clinical Classifications Software (CCS)?
  You can search for specific conditions and groups of conditions under this option.
- Specific diagnoses by ICD-9-CM?
  You will need to use an ICD-9-CM coding manual to identify ICD-9-CM codes for this option.
- Related conditions and procedures?

Definitions

Clinical Classifications Software (CCS) categorizes patient diagnoses and procedures into a manageable number of clinically meaningful categories >more>

ICD-9-CM stands for the "International Classification of Diseases - 9th revision - Clinical Modification." All diagnoses (or conditions) and all procedures that patients receive in the hospital are assigned an ICD-9-CM code. >more>

Related conditions This option allows you to select a first-listed diagnosis and examine **related diagnoses.** >more>

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H·CUPnet

Information on encounters that start in the ED from the HCUP Nationwide Emergency Department Sample (NEDS)

Do you want:

First-listed diagnosis

The condition that is listed first.

This option allows you to request information on all outcomes and measures for these discharges.

All-listed diagnoses

Includes all diagnoses.

This option provides you only the number of discharges who received this diagnosis (no details on length of stay, charges, or discharge status). The unit of analysis remains the discharge: if a particular CCS category occurs multiple times during the same discharge, it is still counted only once.

Definitions

The **first-listed diagnosis** is the diagnosis that appears first on the record. For ED visits that result in hospital admission, this is the principal diagnosis (see below). For ED visits that result in discharge (no hospital admission), it may not be the principal diagnosis but may simply be the diagnosis that appears first on the record.

All-listed diagnoses include the first-listed diagnosis plus additional conditions that coexist at the time of admission, or that develop during the stay, and which have an effect on the treatment or length of stay in the hospital. >more>

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H·CUPnet

Information on ED visits from the HCUP Nationwide Emergency Department Sample (NEDS)

Browse all CCS Categories

See the ICD codes that comprise CCS categories.

Hold the control key down and click to make multiple selections

- 127 Chronic obstructive pulmonary disease and bronchiectasis
- 128 Asthma
- 129 Aspiration pneumonitis, food/vomitus
- 130 Pleurisy, pneumothorax, pulmonary collapse
- 131 Respiratory failure, insufficiency, arrest (adult)
- 132 Lung disease due to external agents
- 133 Other lower respiratory disease
- 134 Other upper respiratory disease
- 9 DISEASES OF THE DIGESTIVE SYSTEM

[OR]

Search for CCS category

Enter the name of a diagnosis to search for the category.

Search

(•) any ( ) all ( ) phrase

>> Next >>

H·CUPnet

Information on ED visits from the HCUP Nationwide Emergency Department Sample (NEDS)

Select patient and hospital characteristics

Check one or more

- [x] All patients in all hospitals

- [x] Patient age, in categories
- [ ] Gender
- [ ] Payer (insurance status)
- [ ] Median income of patients' ZIP code
- [ ] Location of patient's residence (large central metro, suburbs, medium or small metro, and non-metro)

- [ ] Region of the U. S.

- [ ] Hospital ownership (public, for-profit, not-for-profit)?
- [ ] Hospital teaching status (teaching vs. not)?
- [ ] Hospital location (metropolitan vs. non-metropolitan)?

>> Next >>

Definitions

Patient age in years, calculated on the basis of the admission date to the hospital.

Gender is coded as male or female.

Payer is the primary expected payer for the ED visit. To make coding uniform across all HCUP data sources, Payer combines detailed categories into more general groups:>more>

Median income is the median household income of the patient's ZIP code of residence.>more>

Location of patient's residence is based on an urban-rural designation of the patient's county of residence.>more>

Region is the four regions defined by the Bureau of the Census: Northeast, Midwest, South, and West.>more>

Ownership/control was obtained from the American Hospital Association (AHA) Annual Survey of Hospitals and includes categories for>more>

Teaching status indicates whether the hospital in which the stay occurred is a teaching or a non-teaching hospital.>more>

Location indicates whether the hospital is in a metropolitan area ("urban") or non-metropolitan area ("rural")>more>

Trauma center designation: Trauma center is defined here as Level I, II or III trauma center -- Level I and II centers have comprehensive resources and are able to care for the most severely injured. Level I centers also provide leadership in education and research. Level III centers have some resources and transfer agreements with Level I and II centers. The Trauma Information Exchange Program (TIEP) is a program of the American Trauma Society in collaboration with the Johns Hopkins Center for Injury Research and Policy and is funded by the Centers for Disease Control and Prevention. The TIEP inventory of trauma centers identifies all trauma centers in the U.S.>more>

Results

- Display a printer-friendly version (Try printing in landscape for best results)
- Save as an Excel spreadsheet
- Repeat this query on another database
- Run a new query

2007 National statistics - all-listed

You have chosen all-listed diagnoses. The only possible measure for all-listed diagnoses is the number of discharges who received the diagnoses you selected. If you want to see statistics on length of stay or charges, go back and select "principal diagnosis."

Patient and hospital characteristics for CCS all-listed diagnosis category 128 Asthma

		All ED visits (those that resulted in admission to the hospital and those that did not)	Only hospital visits that originated in the ED	Only ED visits that ended in discharge (no hospital admission)	Standard errors		
					All ED Visits	Admitted to the hospital from the ED	Discharged from the ED
All discharges		5,857,521 (100.00%)	1,457,719 (24.89%)	4,399,802 (75.11%)	175,955	41,639 (0.55%)	148,775 (0.55%)
Age group	<1	102,156 (1.74%)	20,120 (19.70%)	82,036 (80.30%)	8,478	2,332 (1.01%)	6,395 (1.01%)
	1-17	1,620,383 (27.66%)	181,233 (11.18%)	1,439,151 (88.82%)	84,931	15,651 (0.58%)	72,379 (0.58%)
	18-44	2,200,272 (37.56%)	371,623 (16.89%)	1,828,649 (83.11%)	74,828	12,108 (0.51%)	68,296 (0.51%)
	45-64	1,234,822 (21.08%)	455,168 (36.86%)	779,654 (63.14%)	36,982	14,167 (0.71%)	26,985 (0.71%)
	65-84	580,362 (9.91%)	342,977 (59.10%)	237,386 (40.90%)	16,361	10,615 (0.74%)	7,935 (0.74%)
	85+	119,003 (2.03%)	86,391 (72.60%)	32,612 (27.40%)	3,731	3,040 (0.74%)	1,182 (0.74%)
	Missing	522 (0.01%)	207 (39.69%)	315 (60.31%)	100	51 (8.08%)	81 (8.08%)

Statistics on Hospital Stays

National Statistics on All Stays

Create your own statistics for national and regional estimates on hospital use for all patients from the HCUP Nationwide Inpatient Sample (NIS). Overview of the Nationwide Inpatient Sample (NIS)

National Statistics on Mental Health Hospitalizations

Interested in acute care hospital stays for mental health and substance abuse? Create your own national statistics from the NIS.

State Statistics on All Stays

Create your own statistics on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID). Overview of the State Inpatient Databases (SID)

National Statistics on Children

Create your own statistics for national estimates on use of hospitals by children (age 0-17 years) from the HCUP Kids' Inpatient Database (KID). Overview of the Kids' Inpatient Database (KID)

National and State Statistics on Hospital Stays by Payer - Medicare, Medicaid, Private, Uninsured

Interested in hospital stays billed to a specific payer? Create your own statistics for a payer, alone or compared to other payers from the NIS, KID, and SID.

Quick National or State Statistics

Ready-to-use tables on commonly requested information from the HCUP Nationwide Inpatient Sample (NIS), the HCUP Kids' Inpatient Database (KID), or the HCUP State Inpatient Databases (SID).

Statistics on Emergency Department Use (Beta Version)

National Statistics on All ED Visits

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Overview of the Nationwide Emergency Department Sample (NEDS)

State Statistics on All ED Visits

Create your own statistics on emergency department visits for participating States from the HCUP State Emergency Department Databases (SEDD) and the SID.
Overview of the State Emergency Department Databases (SEDD)

Quick National or State Statistics on All ED Visits

Ready-to-use tables on commonly requested information from the NEDS, SEDD, and SID.

Hospitals Like Mine (Beta Version)

Statistics on U.S. Hospitals

Create your own statistics on various types of hospitals that resemble the hospital you visit or the hospital you study - What types of patients are seen? What services are offered? How do these types of hospitals score on various quality measures? Based on the Nationwide Inpatient Sample (NIS), the AHA survey, *and* Hospital Compare.

AHRQ Quality Indicators (QIs)

QI Summary Tables

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Internet Citation: HCUPnet, Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality, Rockville, MD. http://hcupnet.ahrq.gov/

H·CUPnet

Information on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID)

Select the type of query you want:

- Statistics on specific diagnoses or procedures

  Information on specific diagnoses and procedures for a single year (select year on the next page)

- Statistics on all hospital stays

  Information on all stays for a specific year, not by diagnoses or procedures (select year on the next page)

- Trends

  State trends on all stays, diagnoses, and procedures

- Rank order specific diagnoses or procedures

  Rank diagnoses or procedures by key outcomes and measures such as number of discharges and total charges

Definitions

Follow the **Specific Diagnoses or Procedures** link if you're interested in detailed statistics about specific conditions or diseases affecting hospitalized patients, or in detailed statistics about specific surgeries or diagnostic tests performed on patients in the hospital.

Follow the **All U.S Hospital Stays** link if you're interested in statistics about all patients in general, not specific diagnoses or procedures.

Follow the **Trends** link if you want to see tables and graphs with trends over time.

Follow the **Rank Order** link if you'd like to rank diagnoses or procedures by such factors as number of discharges, charges, or in-hospital mortality rate. >more>

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Select State and year:

State	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	
Arizona	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	Link to State Web site
Arkansas	▶	▶	▶	▶								Link to State Web site
California	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	Link to State Web site
Colorado	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	Link to State Web site
Florida	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	Link to State Web site
Hawaii	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	Link to State Web site
Iowa	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	Link to State Web site
Kansas	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	Link to State Web site
Kentucky	▶	▶	▶	▶	▶	▶	▶					Link to State Web site
Maine	▶	▶			▶	▶	▶					Link to State Web site
Maryland	▶	▶	▶									Link to State Web site
Massachusetts	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	Link to State Web site
Michigan	▶	▶	▶	▶	▶	▶	▶					Link to State Web site
Minnesota	▶	▶	▶	▶	▶	▶	▶					Link to State Web site
Missouri	▶	▶	▶	▶	▶	▶	▶					Link to State Web site
Nebraska	▶	▶	▶	▶	▶	▶	▶					Link to State Web site
Nevada	▶	▶	▶	▶	▶	▶						Link to State Web site
New Hampshire	▶	▶	▶	▶	▶							Link to State Web site
New Jersey	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	Link to State Web site
New York	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	Link to State Web site
North Carolina	▶	▶	▶	▶	▶	▶	▶	▶				Link to State Web site
Oklahoma	▶	▶	▶									Link to State Web site
Oregon	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	Link to State Web site
Rhode Island	▶	▶	▶	▶	▶	▶						Link to State Web site
South Carolina	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	Link to State Web site
Tennessee	▶	▶	▶	▶	▶	▶	▶					Link to State Web site
Texas	▶											Link to State Web site
Utah	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	Link to State Web site
Vermont	▶	▶	▶	▶	▶	▶	▶					Link to State Web site
Washington	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	▶	Link to State Web site
West Virginia	▶	▶	▶	▶	▶	▶	▶					Link to State Web site

Information

Statistics are based on hospitals that meet the definition of "community hospital" -- nonfederal, short-term, general and other specialty hospitals, including public hospitals and academic medical centers. Excluded are federal, rehabilitation, and psychiatric hospitals, as well as alcoholism/chemical dependency treatment facilities.

H·CUPnet

Information on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID)

Do you want information on:

- Diagnoses grouped by Clinical Classifications Software (CCS)?
  You can search for specific conditions and groups of conditions under this option.
- Specific diagnoses by ICD-9-CM?
  You will need to use an ICD-9-CM coding manual to identify ICD-9-CM codes for this option.
- Diagnosis Related Groups (DRG)?
  You can search for specific DRGs under this option.
- Major Diagnostic Categories (MDC)?
  You can search for specific MDCs under this option.
- Procedures grouped by Clinical Classifications Software (CCS)?
  You can search for specific procedures and groups of procedures under this option.
- Specific procedures by ICD-9-CM?
  You will need to use an ICD-9-CM coding manual to identify ICD-9-CM codes for this option.
- Related conditions and procedures?

Definitions

Clinical Classifications Software (CCS) categorizes patient diagnoses and procedures into a manageable number of clinically meaningful categories.>more>

ICD-9-CM stands for the "International Classification of Diseases - 9th revision - Clinical Modification." All diagnoses (or conditions) and all procedures that patients receive in the hospital are assigned an ICD-9-CM code.>more>

Diagnosis Related Groups (DRGs) comprise a patient classification system that categorizes patients into groups that are clinically coherent and homogeneous with respect to resource use.>more>

Major Diagnosis Categories (MDCs) are broad groups of DRGs (Diagnosis Related Groups) that relate to an organ or a system (digestive system, for example) and not to an etiology.>more>

Related conditions and procedures This option allows you to select a principal diagnosis or procedure and examine **related diagnoses or procedures**.>more>

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H·CUPnet

National and regional estimates on hospital use for all patients from the HCUP Nationwide Inpatient Sample (NIS)

Do you want:

Principal diagnosis

The condition that is the chief reason for the hospital stay, as determined after evaluation during this stay.

This option allows you to request information on all outcomes and measures for these discharges.

All-listed diagnoses

Includes all diagnoses.

This option provides you only the number of discharges who received this diagnosis (no details on length of stay, charges, or discharge status). The unit of analysis remains the discharge: if a particular CCS category occurs multiple times during the same discharge, it is still counted only once.

Definitions

The **principal diagnosis** is that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care. The principal diagnosis is always the reason for admission. (Definition according to the Uniform Bill (UB-92).) >more>

All-listed diagnoses include the principal diagnosis plus additional conditions that coexist at the time of admission, or that develop during the stay, and which have an effect on the treatment or length of stay in the hospital.>more>

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H·CUPnet

Information on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID)

Browse all CCS Categories

See the ICD codes that comprise CCS categories.

Hold the control key down and click to make multiple selections

3 ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES AND IMMUNITY DISORDERS
48 Thyroid disorders
49 Diabetes mellitus without complication
50 Diabetes mellitus with complications
51 Other endocrine disorders
52 Nutritional deficiencies
53 Disorders of lipid metabolism
54 Gout and other crystal arthropathies
55 Fluid and electrolyte disorders

[OR]

Search for CCS category

Enter the name of a diagnosis to search for the category.

Search

any all phrase

>> Next >>

H·CUPnet

Information on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID)

Select outcomes and measures for which you want statistics

Check one or more

- [x] Number of discharges
- [ ] Percent died in the hospital
- [ ] Length of stay, mean
- [ ] Length of stay, median
- [ ] Discharge status
- [ ] Hospital charges, mean
- [ ] Hospital charges, median
- [x] Hospital costs, mean
- [ ] Hospital costs, median
- [ ] Aggregate costs

>> Next >>

Definitions

The unit of analysis for HCUP data is the hospital **discharge** (i.e., the hospital stay), not a person or patient. >more>

Length of stay is the number of nights the patient remained in the hospital for this stay. >more>

Hospital charges is the amount the hospital charged for the entire hospital stay. It does not include professional (MD) fees.>more>

Aggregate charges or the "national bill" is the sum of all charges for all hospital stays in the U.S.>more>

Costs Total charges were converted to costs using cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services (CMS).>more>

Aggregate costs are the sum of all costs for all hospital stays. See **Costs** and **Aggregate charges** for details.

Died generally indicates in-hospital mortality. Some unknown number of cases may have died outside the hospital, but still be included in HCUPnet.

Discharge status indicates the disposition of the patient at discharge from the hospital, e.g., routine (home), to another short term hospital, to a nursing home, to home health care, or against medical advice (AMA).

The definition of **admission source** was changed in 2007 and not all data sources had adopted the change at that time; therefore, information on source of admissioin is not available for 2007.

Emergency admission indicates the patient was admitted to the hospital through the emergency department.

Admission from another hospital indicates the patient was admitted to this hospital from another short term, acute-care hospital.>more>

Admission from long term care facility indicates the patient was admitted from a long term facility such as a nursing home.

H·CUPnet

Information on stays in hospitals for participating States from the HCUP State Inpatient Databases (SID)

Select patient and hospital characteristics

Check one or more

- [x] All patients in all hospitals

- [ ] Patient age, in categories
- [ ] Gender
- [x] Payer (insurance status)
- [ ] Race/ethnicity

- [ ] Hospital ownership (public, for-profit, not-for-profit)?
- [ ] Hospital teaching status (teaching vs. not)?
- [ ] Hospital location (metropolitan vs. non-metropolitan)?
- [ ] Hospital bedsize (small vs. medium vs. large)?

>> Next >>

Definitions

Patient age in years, calculated on the basis of the admission date to the hospital.

Gender is coded as male or female.

Payer is the expected payer for the hospital stay. To make coding uniform across all HCUP data sources, Payer combines detailed categories into more general groups:>more>

Median income is the median household income of the patient's ZIP code of residence.>more>

Location of patient's residence is based on an urban-rural designation of the patient's county of residence.>more>

Region is the four regions defined by the Bureau of the Census: Northeast, Midwest, South, and West.>more>

Ownership/control was obtained from the American Hospital Association (AHA) Annual Survey of Hospitals and includes categories for>more>

Teaching status indicates whether the hospital in which the stay occurred is a teaching or a non-teaching hospital.>more>

Location indicates whether the hospital is in a metropolitan area ("urban") or non-metropolitan area ("rural")>more>

Bedsize indicates the size of the hospital in terms of how many short-term, acute care beds are in the hospital. Bedsize categories (1993-1997) Bedsize categories (1998 and after)

Race/ethnicity of the patient as listed in the medical record. Not every State provides this information, thus race/ethnicity is not available for every State or for the national estimates.

Children's hospitals are defined based on information from the National Association of Children's Hospitals and Related Institutions (NACHRI). Children's hospitals can be general, specialty, or a children's unit in a general hospital.

Results

- Display a printer-friendly version (Try printing in landscape for best results)
- Save as an Excel spreadsheet
- Repeat this query on another database
- Run a new query

State statistics - 2007 Florida - principal diagnosis only

Outcomes by patient and hospital characteristics for CCS principal diagnosis category 50 Diabetes mellitus with complications

		Total number of discharges	Costs, $ (mean)
All discharges		32,118 (100.00%)	7,959
Payer	Medicare	14,663 (45.65%)	8,961
	Medicaid	4,494 (13.99%)	8,052
	Private insurance	6,737 (20.98%)	7,315
	Uninsured	4,895 (15.24%)	6,281
	Other	1,329 (4.14%)	6,044

State statistics from HCUP State Inpatient Database 2007, Agency for Healthcare Research and Quality (AHRQ), based on data collected by the Florida Agency for Health Care Administration and provided to AHRQ. Values based on 10 or fewer discharges or fewer than 2 hospitals in the State statistics (SID) are suppressed to protect confidentiality of patients and are designated with an asterisk (*).

See the ICD codes that comprise CCS categories.

Statistics on Hospital Stays

National Statistics on All Stays

Create your own statistics for national and regional estimates on hospital use for all patients from the HCUP Nationwide Inpatient Sample (NIS). Overview of the Nationwide Inpatient Sample (NIS)

National Statistics on Mental Health Hospitalizations

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National and State Statistics on Hospital Stays by Payer - Medicare, Medicaid, Private, Uninsured

Interested in hospital stays billed to a specific payer? Create your own statistics for a payer, alone or compared to other payers from the NIS, KID, and SID.

Quick National or State Statistics

Ready-to-use tables on commonly requested information from the HCUP Nationwide Inpatient Sample (NIS), the HCUP Kids' Inpatient Database (KID), or the HCUP State Inpatient Databases (SID).

Statistics on Emergency Department Use (Beta Version)

National Statistics on All ED Visits

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State Statistics on All ED Visits

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released. (07/13/2009)

- 2007 nationwide hospital data now available, with cost information. (06/18/2009) Just Added!
- 2007 data for selected States, with cost information. (06/09/2009) Just Added!
- 2006 nationwide data on AHRQ Quality Indicators. (04/03/2009)
- Cost information for Kids' Inpatient Database (KID) in 2006. (01/07/2009)

H-CUP

More information on HCUP data, tools, and reports

What is HCUP?

Brief description - what is HCUP?

Want to purchase data to do your own analysis?

The statistics in HCUPnet would not be possible without statewide data collection projects that provide data to HCUP.

HCUPnet is based on aggregate statistics tables to speed up data transfer and protect individual records, so not all possible queries can be addressed. If a query is not possible, HCUPnet will not allow you to choose certain parameters. If there is a query you'd like to see that HCUPnet does not support, please write us at hcup@ahrq.hhs.gov.

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H·CUPnet

National information on measures of health care quality based on the NIS, using the AHRQ Quality Indicators (QIs)

Indicator Selection

For which indicators would you like national benchmarks?

Prevention Quality Indicators - PQIs (ambulatory care sensitive conditions)

- Detailed statistics for 2007
- Detailed statistics for 2006
- Detailed statistics for 2005
- Detailed statistics for 2004
- Detailed statistics for 2000
- Trends for 1994, 1997, 2000, 2001, 2002, 2003, 2004, 2005, 2006, and 2007

Inpatient Quality Indicators - IQIs (mortality and utilization)

- Detailed statistics for 2007
- Detailed statistics for 2006
- Detailed statistics for 2005
- Detailed statistics for 2004
- Detailed statistics for 2000
- Trends for 1994, 1997, 2000, 2001, 2002, 2003, 2004, 2005, 2006, and 2007

Patient Safety Indicators - PSIs (potentially avoidable complications and adverse events)

- Detailed statistics for 2007
- Detailed statistics for 2006
- Detailed statistics for 2005
- Detailed statistics for 2004
- Detailed statistics for 2000
- Trends for 1994, 1997, 2000, 2001, 2002, 2003, 2004, 2005, 2006, and 2007

Pediatric Quality Indicators - PDIs (measures of health care quality for children)

- Detailed statistics for 2007
- Detailed statistics for 2006
- Detailed statistics for 2005
- Detailed statistics for 2004
- Detailed statistics for 2000
- Trends for 1994, 1997, 2000, 2001, 2002, 2003, 2004, 2005, 2006, and 2007

Definitions

PQIs are measures that can be used with hospital inpatient discharge data to identify "ambulatory care sensitive conditions." These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. >more>

IQIs are a set of measures that reflect quality of care inside hospitals. >more>

PSIs are measures that can be used with hospital inpatient discharge data to identify potentially preventable complications and adverse events. >more>

<< show all definitions <<

PDIs focus on children and reflect both quality of care inside hospitals and identify potentially avoidable hospitalizations among children.

H·CUPnet

National information on measures of health care quality based on the NIS, using the AHRQ Quality Indicators (QIs)

Select one of the following Prevention Quality Indicators (PQIs)

- Dehydration
- Bacterial pneumonia
- Urinary infection
- Perforated appendix
- Angina without procedure
- Chronic obstructive pulmonary disease (COPD)
- Adult asthma
- Congestive heart failure (CHF)
- Diabetes short term complications
- Diabetes long term complications
- Diabetes uncontrolled without complications
- Lower-extremity amputation among patients with diabetes
- Hypertension
- Low birth weight

Definitions

Follow the links below for definitions.

- Dehydration
- Bacterial pneumonia
- Urinary infection
- Perforated appendix
- Angina without procedure
- Chronic obstructive pulmonary disease (COPD)
- Adult asthma
- Congestive heart failure (CHF)
- Diabetes short term complications
- Diabetes long term complications
- Diabetes uncontrolled without complications
- Lower-extremity amputation among patients with diabetes
- Hypertension
- Low birth weight
- Pediatric asthma
- Pediatric gastroenteritis

After viewing the definition, click your browser's Back button t return to HCUPnet.

These PQIs were calculated using Version 3.1 of the PQI software and the Nationwide Inpatient Sample (NIS), 2007. For details, see the Guide to the Prevention Quality Indicators, Version 3.1. *The AHRQ Quality Indicators undergo continued refinement. For more information on the AHRQ Quality Indicators and for the latest version of the PQIs, visit the* Quality Indicator website.

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National Quality Indicators - 2007 national statistics

Admissions for diabetes with long-term complications[a] (excluding obstetric admissions and transfers from other institutions) per 100,000 population, age 18 and over (PQI 3)
Adjusted rates by patient and hospital characteristics, 2007

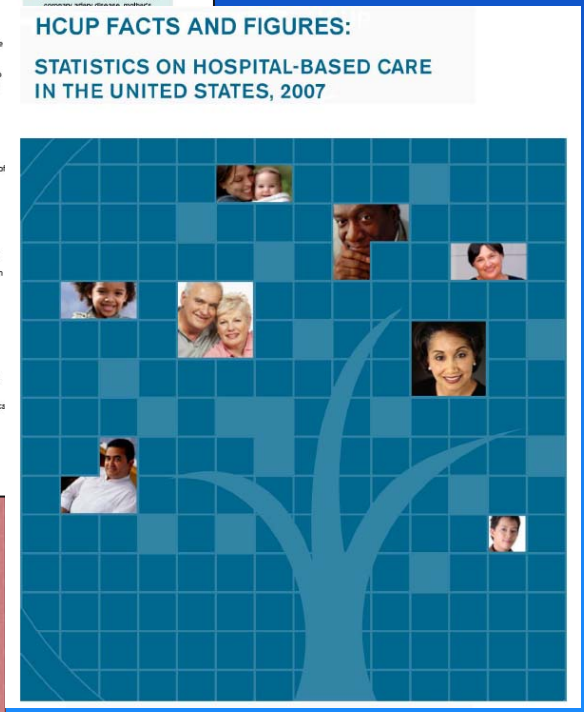
Patient/hospital characteristic	2007 Adjusted Rate[b]			
	Estimate	Standard error	P-value: Relative to marked group[c]	P-value: 2007 relative to 2006
Total U.S.	123.780	3.113		0.508
Patient characteristic:				
Age groups for conditions affecting any age				
18-44[c]	42.123	1.438		0.239
45-64	156.863	4.395	0.000	0.289
65 and over	333.400	8.497	0.000	0.317
Age groups for conditions affecting primarily elderly				
65-69[c]	275.560	8.207		0.897
70-74	318.397	8.824	0.000	0.226
75-79	366.294	10.420	0.000	0.146
80-84	406.107	12.101	0.000	0.426
85 and over	360.843	13.064	0.000	0.428
Gender:				
Male[c]	142.132	3.632		0.584
Female	108.821	2.885	0.000	0.477
Median income of patient's ZIP code:				
First quartile (lowest income)	183.004	8.631	0.000	0.436
Second quartile	128.804	5.461	0.000	0.576
Third quartile	103.675	4.276	0.001	0.852
Fourth quartile (highest income)[c]	81.619	5.336		0.542

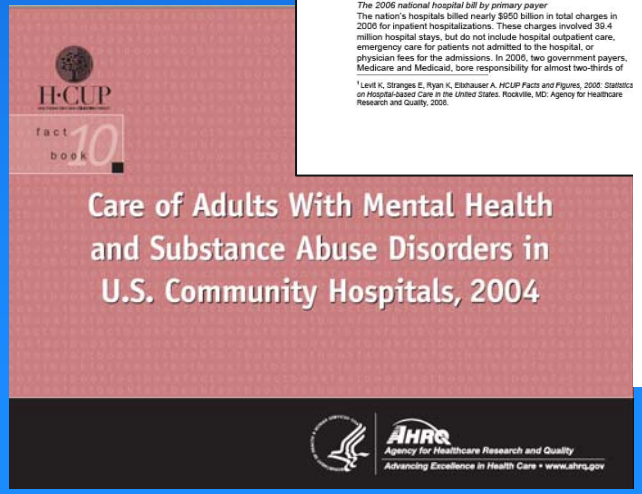
HCUPnet Capabilities

HCUPnet...	
CAN PRODUCE...	**CANNOT PRODUCE…**
Simple statistics	More complicated queries
Sample size calculations	Multivariate analyses
Trends information	Statistics involving certain variables
Rank ordering of diagnoses and procedures	Statistics that may violate confidentiality (patient-, provider-, hospital-level data)
Significance testing	

HCUP Publications

- Statistical Briefs
- Fact Books
- Annual Reports





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E-mail: hcup@ahrq.gov

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To ask a question, click on the **Raise Hand** button in the Participants Panel and the Host will notify you and unmute your line.

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Type your question into the Q&A box on the right-hand side of your screen.

Additional Information

- If you have questions or technical assistance requests *after* the Web conference, please e-mail: quality_tools@ahrq.hhs.gov.

Web Addresses

- **HCUP**: http://www.hcup-us.ahrq.gov
- **HCUPnet**: http://hcupnet.ahrq.gov/