HCUP KIDS' INPATIENT DATABASE
2000

FILE COMPOSITION BY STATE

This document contains cumulative descriptions of HCUP data sources across all years of HCUP data from 1988 to the current data year.

TABLE OF CONTENTS

Arizona File Composition

Source Files

The HCUP Arizona inpatient files were constructed from the Arizona Hospital Inpatient Database from the Cost Reporting and Review Section of the Arizona Department of Health Services.

Which Hospitals

Arizona supplied discharge abstract data for inpatient stays in acute care and rehabilitation hospitals with more than 50 beds.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The source documentation supplied by Arizona does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included.

California File Composition

Source Files

The HCUP California inpatient files were constructed from the confidential files received from the Office of Statewide Health Planning and Development (OSHPD).

Which Hospitals

California supplied discharge abstract data for inpatient stays in general acute care hospitals, acute psychiatric hospitals, chemical dependency recovery hospitals, psychiatric health facilities, and state operated hospitals. California excluded inpatient stays that, after processing by OSHPD, did not contain a complete and "in-range" admission date or discharge date. California also excluded inpatient stays that had an unknown or missing date of birth.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

Included with the general acute care stays are stays in skilled nursing, intermediate care, rehabilitation, alcohol/chemical dependency treatment, and psychiatric units of hospitals in California. How the stays in these different types of units can be identified differs by data year. Prior to 1998, the first digit of the source hospital identifier (DSHOSPID) contains the information. Beginning in 1998, the information is retained in the HCUP variable LEVELCARE. The values for the level of care are defined as follows:

0 = Type of unit unknown (beginning in 1996)
1 = General acute care
2 = Not a valid code
3 = Skilled nursing and intermediate care (long term care)
4 = Psychiatric care
5 = Alcohol/chemical dependency recovery treatment
6 = Acute physical medicine rehabilitation care.

Reliability of this indicator for the level of care depends on how it was assigned.

Prior to 1995. The type of care was assigned by California based on the hospital's licensed units and the proportion of records in a batch of submitted records that fall into each Major Diagnostic Category (MDC). Hospitals were permitted to submit discharge records in one of two ways: submit separate batches of records for each type of care OR bundle records for all types of care into a single submission. How a hospital

submitted its records to California determined the accuracy of the type of care indicated in the first digit of DSHOSPID. Consider a hospital which is licensed for more than one type of care:

- If the hospital submitted one batch of records per type of care, then the distribution of each batch of discharges into MDCs would clearly indicate the type of care (acute, psychiatric, etc.). The data source could then accurately assign the first digit of DSHOSPID.
- If the same hospital submitted all of its records in one batch, then the distribution of discharges into MDCs would be a mixture of acute and other types of care. The first digit of DSHOSPID would be set to "general acute care" (value = 1) on all records and would not distinguish the types of care.

Prior to 1995, most hospitals submitted only one batch of records to California which meant that the type of care indicated in the first digit of DSHOSPID did not distinguish among types of care.

Beginning in 1995. Hospitals in California were required to assign type of care codes to individual records for certain discharges. These discharges included:

- general acute care (value = 1),
- skilled nursing and intermediate care (value = 3), and
- rehabilitation care (value = 6).

For discharges from facilities licensed as psychiatric care (value = 4) or alcohol/chemical dependency recovery treatment (value = 5), California continued to assign the type of care code to all discharges from the facility.

Colorado File Composition

Source Files

The HCUP Colorado inpatient files were constructed from the Discharge Data Program (DDP) files from the Colorado Health and Hospital Association.

Which Hospitals

Colorado supplied discharge abstract data from acute care hospitals, including swing beds and distinct part units.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The Colorado Health and Hospital Association does not require hospitals to submit information from their SNFs and ICFs, but no attempt has been made to verify their exclusion.

Exclusion of Records

Beginning in 1998, records with a discharge disposition of "still a patient" were excluded from the HCUP Colorado inpatient data. Prior to 1998, this disposition code was not used by Colorado.

Connecticut File Composition

Source Files

The HCUP Connecticut inpatient files were constructed from files from the Connecticut Health Information Management and Exchange (CHIME), an affiliate of the Connecticut Hospital Association.

Which Hospitals

The Connecticut files consist of discharge abstract data for inpatient and same-day surgical stays in acute care hospitals.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

In Connecticut, stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

Exclusion of Records

Connecticut reported inpatient, ambulatory surgery, and emergency department data in the same file. The following records were excluded from the HCUP Connecticut SID:

- Ambulatory surgery data (records with Patient Type = "A", same-day surgical) were excluded from the HCUP inpatient database.
- Emergency department data (records with patient type "E", emergency department) were excluded from the HCUP inpatient database.

Beginning in 1997, discharges with a disposition indicating "patient was admitted as an inpatient to this hospital" were excluded from the HCUP inpatient database. This disposition was not used prior to 1997 and no exclusion was necessary for those years.

Florida File Composition

Source Files

The HCUP Florida inpatient files were constructed from the Florida Hospital Discharge Data Confidential Information received from the Florida Agency for Health Care Administration.

Which Hospitals

The Florida confidential files consist of discharge abstract data from non-federal Florida hospitals. Although Florida did not routinely collect data from long-stay or rehabilitation hospitals, some were present in their data. Until an administrative change in 1993, Florida continued to collect data from any facility that had previously reported to them regardless of changes in status. Beginning in 1997, Florida reported data for psychiatric hospitals that were not previously included in the Florida files. Florida also reported some acute care and nursing home units separately from their major facility.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

Inpatient stays in special units (e.g., psychiatric, rehabilitation, long-term care) may be included in the HCUP Florida inpatient data. Florida instructs hospitals to submit records only for stays in acute facilities and to exclude records from special units, but according to Florida AHCA, not all hospitals follow these instructions.

Georgia File Composition

Source Files

The HCUP Georgia inpatient files were constructed from inpatient data received from GHA: An Association of Hospitals and Health Systems. Beginning in 1998, GHA provided charge information in a separate file from the clinical information. The two files were merged together by the source-supplied record identifier and the hospital number.

Which Hospitals

Inpatient discharge data was provided for hospitals that are a member of GHA.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation supplied by Georgia does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

Exclusion of Records

Records with a discharge disposition of "still a patient" were excluded from the HCUP Georgia inpatient data.

Hawaii File Composition

Source Files

The HCUP Hawaii inpatient files were constructed from inpatient files received from the Hawaii Health Information Corporation (HHIC).

Which Hospitals

Inpatient discharge data was provided for hospitals that are a member of HHIC.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation supplied by Hawaii does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

Exclusion of Records

Records with a discharge disposition of "still a patient" and "admitted as an inpatient to this hospital" were excluded from the HCUP Hawaii inpatient data.

Iowa File Composition

Source Files

The HCUP Iowa inpatient files were constructed from the Statewide Database provided by the Iowa Hospital Association.

Which Hospitals

Iowa supplied discharge abstract data and some uniform bills for acute inpatient discharges from member hospitals.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation supplied by the Iowa Hospital Association indicates that the data include stays in acute exempt units, but exclude stays in swing bed and long-term care units.

Kansas File Composition

Source Files

The HCUP Kansas inpatient files were constructed from the Kansas Hospital Association inpatient discharge files.

Which Hospitals

These data include inpatient discharge data from general acute care hospitals that are a member of the Kansas Hospital Association.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation provided by the Kansas Hospital Association indicates that hospitals are not required to report non-acute discharges, including those from long term care units and facilities. The documentation does not specify whether these discharges and discharges from other special units within a hospital (e.g., psychiatric, rehabilitation, etc.) are excluded from the supplied data.

Kentucky File Composition

Source Files

The HCUP Kentucky inpatient files were constructed from inpatient discharge files received from the Kentucky Cabinet for Health Services, Department for Public Health.

Which Hospitals

The Kentucky Cabinet for Health Services, Department for Public Health, collects data from acute care licensed hospitals in Kentucky.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation supplied by Kentucky does not include whether information on stays in special units (e.g., psychiatric, rehabilitation, long-term care) within the hospital are included in the data.

Exclusion of Records

Records with a discharge disposition of "still a patient" and "admitted as an inpatient to this hospital" were excluded from the HCUP Kentucky inpatient data.

Maine File Composition

Source Files

The HCUP Maine inpatient files were constructed from the Maine Health Data Organization inpatient discharge files. As is the case for most inpatient discharge data sets, the Maine database may include records for patients admitted through the emergency room and directly into inpatient care. These records cannot be identified in the database because information on the source of admission or revenue codes are not provided

Which Hospitals

These data include inpatient discharge data from general acute care hospitals, including psychiatric and rehabilitation hospitals.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation provided by Maine does not indicate whether stays in special units within a hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the data.

Exclusion of Records

Records with a discharge disposition of "still a patient" were excluded from the HCUP Maine inpatient data.

Maryland File Composition

Source Files

The HCUP Maryland inpatient files were constructed from the confidential files received from the State of Maryland's Health Services Cost Review Commission (HSCRC).

Which Hospitals

Demographic and utilization data for inpatient stays in Maryland acute care hospitals were supplied by HSCRC in the Uniform Hospital Discharge Abstract Data Set.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation provided by Maryland does not indicate whether stays in special units within a hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the data.

Massachusetts File Composition

Source Files

The HCUP Massachusetts inpatient files were constructed from the Massachusetts confidential Case Mix Database files received from the Massachusetts Division of Health Care Finance and Policy.

Which Hospitals

Massachusetts supplied discharge abstract data for inpatient stays from general acute care hospitals in Massachusetts.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation provided by Massachusetts indicates that inclusion of discharges from special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) varies by hospital.

Missouri File Composition

Source Files

The HCUP Missouri inpatient files were constructed from the Hospital Industry Data Institute (HIDI) inpatient stay files.

Which Hospitals

Missouri supplied discharge abstract data for inpatient stays from Missouri general acute care and specialty hospitals (e.g., children's hospitals, rehabilitation hospitals, state psychiatric facilities, and cancer hospitals).

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

Missouri supplied discharges from special units within hospitals including psychiatric, rehabilitation, skilled nursing, intermediate care, other long-term care, swing-bed, hospice, and other unspecified inpatient units. Records for these different types of care cannot be identified from data elements included in the HCUP Missouri.

Exclusion of Records

Records with a discharge disposition of "still a patient" were excluded from the HCUP Missouri inpatient data.

Source Files

The HCUP New Jersey inpatient files were received from the New Jersey Department of Health and Senior Services. The New Jersey files consist of discharge abstract data for all inpatient and same-day stays.

Which Hospitals

New Jersey supplied discharge abstract data for inpatient stays from general acute care hospitals.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation provided by New Jersey does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included.

Exclusion of Records

Beginning in 1999, records with a discharge disposition of "still a patient" were excluded from the HCUP inpatient files. Prior to 1999, this type of record was not included in the source data files.

New Jersey supplied a mixture of inpatient and ambulatory surgery records, which were not distinguished by a record type indicator. Ambulatory surgery records were excluded from the HCUP inpatient database based on a definition supplied by New Jersey. The definition of ambulatory surgery records supplied by New Jersey is:

- Same-day stay (LOS = 0),
- Non-zero charges to operating room or same-day surgery, and
- Discharged to home (DISP = 1).

New York File Composition

Source Files

The HCUP New York inpatient files were constructed from the New York State Department of Health's Statewide Planning and Research Cooperative System (SPARCS) Master File.

For 1988-1993, New York supplied their Master File which consists of Discharge Data Abstracts (DDAs) matched to Uniform Billing Forms (UBFs) for inpatient stays. New York created the Master File by matching DDAs and UBFs based on Permanent Facility Identifier, Medical Record Number, Admitting Number, Admit Date, and Discharge Date. If the DDA and UBF records matched, the information from the DDA and UBF was included in the Master File. If there was no match, the information from the DDA was included in the Master File. Due to an administrative change in the collection of billing records for 1989, a large percentage of the DDAs could not be matched to a UBF. When there was no match, charge information, which would have come from the UBF, is missing. The match rate improves over time and stabilizes after 1991. The percentage of DDA records that have a matching UBF record in the Master File are as follows:

1988	77.2%
1989	26.3%
1990	62.8%
1991	93.7%
1992	91.8%
1993	95.5%

Beginning in 1994, hospitals submitted discharge records to New York in a new format, using Universal Data Set (UDS) specifications. This format combines the old UBF and DDA data into a single submission record. In these years, New York supplied records for HCUP that contain complete discharge and uniform billing data corresponding to the "matched" records in earlier years.

Which Hospitals

The New York files contain inpatient discharges from acute care hospitals in the state, excluding long-term care units of short-term hospitals and Federal hospitals.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation supplied by New York indicates that the data include stays in detoxification (alcohol and drug abuse), alcohol rehabilitation, mental retardation, mental rehabilitation, rehabilitation, alternate level of care, and psychiatric (acute and long term) units within community hospitals. Records for these different types of care cannot be identified from the data elements available in the HCUP New York inpatient data.

Exclusion of Records

The following New York records were excluded from the HCUP inpatient database:

- For all years, interim records for patients who had not been discharged.
- For 1988-1992, records with a transaction code indicating "Deletion of a Record Previously Accepted" were excluded. These records were incorrect versions of accurate records included elsewhere in the SPARCS files. This was not a problem in subsequent years' data.
- For 1988-1993, Uniform Billing Forms (UBFs) that could not be matched to Discharge Data Abstracts (DDAs) were excluded. Matched DDA and UBF records and unmatched DDA records (without charges) were retained in the data.
- Beginning in 1994, records with a discharge disposition of "still a patient."
- Beginning in 1998, records with a discharge disposition of "admitted to this hospital."

North Carolina File Composition

Source Files

The HCUP North Carolina inpatient files were constructed from hospital discharge files received from the North Carolina Department of Health and Human Services.

Which Hospitals

The North Carolina Department of Health and Human Services collects inpatient data from acute care licensed hospitals, rehabilitation facilities, psychiatric facilities and substance abuse facilities in North Carolina. Four state psychiatric hospitals are not included.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation supplied by North Carolina does not indicate whether information on stays in special units (e.g., psychiatric, rehabilitation, long-term care) within the hospital are included in the data.

Exclusion of Records

Records with a discharge disposition of "still a patient" were excluded from the HCUP North Carolina inpatient data.

Oregon File Composition

Source Files

The 1993-1995 HCUP Oregon inpatient files were constructed from the Office for Oregon Health Plan Policy and Research discharge files. Beginning in 1996, HCUP Oregon files were constructed from discharge files supplied by the Oregon Association of Hospitals and Health Systems.

Which Hospitals

The Oregon files consist of discharge abstract data for inpatient stays from member hospitals. Source documentation provided by Oregon indicated that discharges from Veteran's hospitals were included in the Oregon data in 1994. Beginning in 1995, discharges from Veteran's Administration facilities were not included.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

Stays in special units within Oregon hospitals (e.g., psychiatric, rehabilitation, long-term care) are included in the source data and therefore in the HCUP inpatient database.

Exclusion of Records

Beginning in 1995, the source reports the discharge disposition of "still a patient." These records were excluded from the HCUP Oregon inpatient data.

Pennsylvania File Composition

Source Files

The HCUP Pennsylvania inpatient files were constructed from the Pennsylvania Health Care Cost Containment Council files.

Which Hospitals

Pennsylvania supplied uniform bills from general acute care, state psychiatric, and rehabilitation facilities and from children's and specialty hospitals.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

Pennsylvania supplied discharges from psychiatric, drug and alcohol, and rehabilitation units of general acute care hospitals. Records for these different types of care cannot be identified from data elements included in the HCUP Pennsylvania data.

Exclusion of Records

Records with a discharge disposition of "still a patient" were excluded from the HCUP Pennsylvania inpatient data.

South Carolina File Composition

Source Files

The HCUP South Carolina inpatient files were constructed from confidential data files supplied by the South Carolina State Budget and Control Board.

Which Hospitals

The South Carolina data include inpatient stays from acute care hospitals.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation supplied by South Carolina indicates that stays in long term care units and facilities were excluded by South Carolina from the supplied data.

Exclusion of Records

The following records were excluded from the HCUP South Carolina data:

- Beginning in 1994, discharges with disposition of "still a patient" were excluded from the HCUP inpatient database. This disposition was not used in 1993 and no exclusion was necessary for that year.
- Beginning in 1996, discharges with a disposition indicating "patient was admitted as an inpatient to this hospital" were excluded from the HCUP inpatient database. This disposition was not used prior to 1997, and no exclusion was necessary for those years.

Tennessee File Composition

Source Files

The HCUP Tennessee inpatient files were constructed from the inpatient files received from Tennessee Hospital Association (THA).

Which Hospitals

The Tennessee data include inpatient discharge data from general acute care and some specialty facilities (e.g., children's hospitals, rehabilitation hospitals, state psychiatric facilities, etc.) that are members of THA. Hospitals licensed by Tennessee Department of Health are required by legislation to report inpatient stays.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation supplied by Tennessee indicates that stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file. Discharges from Skilled Nursing Facility units are not included. Swing bed utilization is included if the bed was used for acute care services.

Exclusion of Records

The following records were excluded from the HCUP Tennessee inpatient data:

- Records with a discharge disposition of "still a patient." c
- Continuation records that only contained information on additional detailed charges.
- Beginning in 1996, discharges with a disposition indicating "patient was admitted as an inpatient to this hospital" were excluded from the HCUP inpatient database. Due to an error in HCUP processing, these records were retained in the 1995 HCUP Tennessee inpatient data. These affected discharges in 1995 can be identified by the discharge disposition of invalid (DISP = A).

Texas File Composition

Source Files

The HCUP Texas inpatient files were constructed from inpatient discharge files received from the Texas Health Care Information Council (THCIC).

Which Hospitals

THCIC is responsible for collecting hospital discharge data from all state licensed hospitals except those that are statutorily exempt from the reporting requirement. Exempt hospitals include those located in a county with a population less than 35,000, or those located in a county with a population more than 35,000 and with fewer than 100 licensed hospital beds and not located in an area that is delineated as an urbanized area by the United States Bureau of the Census. Exempt hospitals also include hospitals that do not seek insurance payment or government reimbursement.

Because of the exemptions from reporting, 123 of the community hospitals in Texas (28% of the total number of hospitals) are not represented in the HCUP SID. 75% of the non-reporting hospitals are small hospitals; 84% of the non-reporting hospitals are rural; and 78% of the non-reporting hospitals are government, non-federal public hospitals.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation supplied by Texas indicates that hospitals may submit information on stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care).

Exclusion of Records

Records with a discharge disposition of "still a patient" and "admitted as an inpatient to this hospital" were excluded from the HCUP Texas inpatient data.

Utah File Composition

Source Files

The HCUP Utah inpatient files were constructed from inpatient files received from the Office of Health Care Statistics, Utah Department of Health.

Which Hospitals

The Utah data include inpatient discharge data from general acute care and some specialty facilities (e.g., children's hospitals, rehabilitation hospitals, state psychiatric facilities, etc.) associated with acute care hospitals.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation supplied by Utah does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

Virginia File Composition

Source Files

The HCUP Virginia inpatient files were constructed from the Virginia Health Information's (VHI) Patient Level Data Base System.

Which Hospitals

VHI supplied discharge abstract data for inpatient stays from all licensed hospitals in the state of Virginia. This includes general acute care and specialty hospitals (e.g., rehabilitation, psychiatric, and children's hospitals.).

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation supplied by Virginia does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

Exclusion of Records

Records with a discharge disposition of "still a patient" were excluded from the HCUP Virginia inpatient data.

Washington File Composition

Source Files

The HCUP Washington inpatient files were constructed from the Washington Comprehensive Hospital Abstract Reporting System (CHARS) data received from the Washington State Department of Health.

Which Hospitals

Washington supplied uniform bills for inpatient stays from all acute care units, alcohol dependency units, bone marrow transplant units, extended care units, psychiatric units, rehabilitation units, group health units, and swing bed units.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation provided by Washington indicates that stays in special units within a hospital are included in the data. Records for these different types of care can be identified by the fourth digit of the source-supplied hospital identifier (DSHOSPID) on each patient record:

None =	General acute care
A =	Alcohol Dependency Unit
B =	Bone Marrow Transplant Unit
E =	Extended Care Unit
H =	Tacoma General/Group Health Combined
I =	Group Health only at Tacoma Hospital
P =	Psychiatric Unit
R =	Rehabilitation Unit
S =	Swing Bed Unit

Washington assigns this value to DSHOSPID based upon the type of unit discharging the patient.

West Virginia File Composition

Source Files

The HCUP West Virginia inpatient files were constructed from inpatient discharge files received from the West Virginia Health Care Authority.

Which Hospitals

The West Virginia Health Care Authority collects data from acute care licensed hospitals in West Virginia, including critical access hospitals. Freestanding psychiatric and rehabilitation hospitals are not included.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

Information on stays in rehabilitation units of acute hospitals was excluded from the file provided by the data source.

Exclusion of Records

Records with a discharge disposition of "still a patient" and "admitted as an inpatient to this hospital" were excluded from the HCUP West Virginia inpatient data.

Wisconsin File Composition

Source Files

The HCUP Wisconsin inpatient files were constructed from confidential files received from the Wisconsin Department of Health and Family Services.

Which Hospitals

Wisconsin supplied discharge data abstract and uniform bills for non-federal Wisconsin hospitals. Source documentation provided by Wisconsin indicates that psychiatric facilities and alcohol and other drug abuse rehabilitation facilities are included in the Wisconsin data.

Not all hospitals report a full calendar year of data. Some hospitals close during the year; other hospitals have technical problems that prevent them from reporting a full year.

Inclusion of Stays in Special Units

The documentation supplied by Wisconsin does not indicate whether stays in special units within a hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the data.