

TOP TEN LIST

TEN BEST WAYS TO MISUSE HOSPITAL DISCHARGE DATA

With apologies to David Letterman, and thanks for editorial assistance to Elizabeth Kirby and for their insights to the following Internet contributors:

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Number 10

What a Wonderful World It Would Be

The amount of money the hospital actually receives equals the sum listed on the hospital discharge record in the field named 'total charges'.

Number 9

What's In a Decimal?

Diagnostic codes are numbers – so, treat them as numeric data fields.

And, since they are numbers, only some of them are significant.

- Use just the first three or last three digits.
- Better yet, round them to three significant digits!
- Rounding is especially effective with DRGs.

Number 8

Eeny, Meeny, Miney, Mo*

Group diagnoses into meaningful categories, but never force specific conditions into categories that don't make sense.

Take all diagnoses that remain, and classify them as 'All Other', taking care to ensure that this category has the highest frequency and appears first on any list or tabulation.

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Number 7

Close Enough, for Government Work

Include all data in the database when calculating rates. Those patients who were non-residents of the state or study area will more than offset area residents who sought care elsewhere.

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Number 6

It Was on Fire When I Stepped On It

Focus on admission diagnoses and presenting complaints – these are much more illuminating than clinical diagnoses, treatments, or procedures, even if these data are available.

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Number 5

If A Tree Falls in the Forest . . .

Some special considerations for interpreting discharges associated with labor and delivery:

- 1) The low (usually zero) fetal death rate is real. Since there are never any hospital discharges for fetuses, therefore no fetal deaths occur in hospitals.
- 2) All maternal disease data also appears on the newborn discharge record.
- 3) Infant discharge records are equally detailed, whether the infant stayed in the newborn nursery or in the NICU.

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Number 4

HIPAA, HIPAA, Hooray!!!

Hospital discharge data are confidential. To ensure anonymity, delete (or never collect) and information on patient, doctor, or hospital names or locations.

After all . . .

- 1) All hospitals offer the same high quality, state of the art care.
- 2) No doctor would ever do 'harm' – it's the Hippocratic oath, so why study it?
- 3) There is no public 'good' in studying small area differences in hospital utilization or patient outcomes.

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Number 3

The Tragedy of the Common Rule

Because there are no (or limited) personal identifiers, it is impossible to link hospital discharge records to other administrative public health data.

To do would be a violation of HIPAA even if it were possible.

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Number 2

Every Record Represents a Unique Event

No person with a given disease or health condition ever uses the same hospital twice in any given time period.

Corollary: there will never be more than one record in the database for any specific in-patient stay. These are defined as 'episodes of care'.

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Number 1

Well, Doc, I Waited as Long as I Could Stand It

In-patient stays are the only form of health care delivery that matter. Lack of availability of outpatient, emergency room, and EMS data is a blessing, not a curse.

Most people go to the hospital first, anyway . . .

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A Final Thought

Mama Don't Allow None of That Around Here!

The best way to misuse hospital discharge data is to ensure that there is no centralized, population-based hospital discharge database, accessible by public health researchers and other interested professionals, hospital planners, quality improvement, and marketing staff.

After all, what you don't know about yourself can hurt you.