

Frequently Asked Questions about the Pretest for the Redesign of the National Hospital Discharge Survey

1. What is the National Hospital Discharge Survey (NHDS)?

First conducted in 1965, the NHDS continues to be an important source of information on inpatient utilization in short-stay non-federal hospitals in the United States. The current survey collects UB04 data and serves as a valuable source of information for policymaking, health care research, academic education, and various applications within the hospital industry. Although the NHDS focuses specifically on hospital inpatient care, it fits into a broader portfolio of surveys within the National Center for Health Statistics (NCHS). These surveys cover outpatient care, emergency room care, nursing home care, home health and hospice care, and ambulatory surgery center care. Information about the NHDS can be found at <http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm>.

2. Why do you need to redesign the NHDS?

Although the NHDS has served the country well for over 40 years, it was formulated in the context of a health care delivery system and hospital and patient universe of previous decades. The National Center for Health Statistics (NCHS) is updating the NHDS so that it better reflects the current healthcare context and continues to provide a valuable source of information for current and future policymaking, health care research, academic education, and various other applications within the hospital industry. For example, the redesigned NHDS can continue to produce a nationally-representative general purpose sample of hospital utilization, close gaps in available information about care delivered within a hospital (e.g., use of resources, more clinical depth, demographic depth, outcomes), and permit ad hoc or focused modules as needed for policy and research demands (e.g., disease-specific studies, workforce issues).

3. What is the purpose of the NHDS pretest?

The NCHS is conducting a NHDS pretest to ensure that the redesigned NHDS can continue to be completed efficiently and without significant disruption of hospital work flow. The purpose of the NHDS pretest is to implement all aspects of the survey methodology that we anticipate for the 2010 National Survey. We will use the findings from the pretest to refine data collection procedures prior to implementing the broader data collection effort in 2010.

4. Who is sponsoring the NHDS pretest? What is the National Center for Health Statistics (NCHS)?

The NCHS is sponsoring this NHDS pretest. The NCHS, one of the Centers for Disease Control and Prevention (CDC), is the nation's principal health statistics agency and is responsible for assessing the health status and health care needs of people in the United States. The NCHS is responsible for a family of surveys that are designed to measure utilization of the health care delivery system, and which are used for a variety of purposes in the public and private sectors. More information about the NCHS can be found at <http://www.cdc.gov/nchs/>.

5. Who is conducting the NHDS pretest?

Research Triangle Institute (RTI) International, an independent, nonprofit research organization based in North Carolina, is under contract with NCHS to conduct the NHDS pretest. RTI staff will be collecting data from participating hospitals on behalf of NCHS. RTI International is one of the premier research institutes in the world. More information about RTI can be found at www.rti.org.

6. What will be expected of us if our hospital agrees to participate in the NHDS pretest?

Involvement in the NHDS pretest would include activities such as the following:

- Speak with RTI staff to learn about the pretest and identify hospital personnel who would help obtain a sample of discharge records, chosen using a specific sampling algorithm and pull those files for abstraction.
- Provide information about the hospital's eligibility, the manner in which records are stored, and characteristics of the hospital that may be used in analyses.
- Help RTI draw a sample of discharges to be abstracted based on RTI sampling procedures.
- Identify a hospital contact to facilitate the project within the hospital and be available to RTI abstractor(s) during their site visit to facilitate interaction with the hospital records, systems, and personnel, as required.
- Provide RTI abstractors access to patient records (and/or electronic data, as applicable) for on-site abstraction.

All activities involved in the NHDS pretest will be conducted either at participating hospitals or by telephone. No travel will be required on the part of hospital personnel.

7. How many records from our hospital will you need to abstract?

We will request billing, laboratory, and medical records for a sample of 10 records from your facility, selected according to specific criteria based on discharge diagnoses and disposition.

8. How much information will you collect from the hospital?

We will be collecting patient level variables including:

- Personal identifiers (name, address, last 4 digits of SSN, medical record number, Medicare/Medicaid number)
- Demographics (gender, birth date, race, ethnicity)
- Source of admission
- Status/Disposition of the patients at discharge
- Medications pre-admission and at discharge
- Admitting diagnosis
- Expected sources of payment

Hospital facility information includes questions on:

- Hospital demographics (e.g., total number of inpatient days, number of operating rooms, hospital ownership type)

- Clinical capabilities and services (e.g., does hospital provide adult cardiac surgery, have a palliative care program)
- Financial information (distribution of total revenue from patient care by patient insurance type)
- Emergency department (does the hospital have an ED? what is the trauma level rating of the ED?)
- Numbers of full time employees (FTE) for the nursing and physician assistant staff
- Health information technology (HIT) (In which areas in the hospital do HIT function?)
- Electronic Medical Record (EMR) used in what direct patient care settings?

9. Will you be removing the medical and billing records from our hospital?

Hospital records or copies will **not** be removed from your facility. The information will be entered directly into an electronic database, encrypted, and stored on password-protected computers. RTI project staff, who have signed nondisclosure affidavits with the NCHS, will have access to these data. NCHS and RTI follow rigorous data security procedures approved by the NCHS Institutional Review Board (IRB) to secure the information and protect patient and hospital confidentiality.

10. How long will participation take?

We estimate participation will require approximately 4 hours with one or more senior hospital staff. It will also require time of one or more staff members for data collection activities from a maximum of 10 patient records, but the precise time will likely vary by site.

Upon your acceptance to participate, we will contact you and set up a time for you and members of your staff to complete three types of forms. The *Facility Questionnaire* asks basic volume, staffing and systems questions. This questionnaire will likely require several hours of your staff's time, but will generally call for information that you collect for other administrative purposes. We will conduct an *Induction Interview* in order to obtain information about survey administration in your hospital. For our initial telephone conference we estimate 1-2 hours staff time of the CEO or his/her delegate and other key staff to complete an initial induction form and answer any questions you may have. Later, RTI staff will complete the computer-based electronic *Record Abstraction Form* for 10 patient records. Although RTI will perform the abstraction, you will need to draw either the sample of patients or assist RTI in drawing the sample of patients. Also you will need to pull medical records, and/or access electronic data. Records required for the abstraction (billing, pharmacy) should be ready and available for the RTI abstractor on the day scheduled for his or her arrival. During the time the RTI abstractor is on your premises, he or she will also need access to a person on your staff to assist in accessing records/data, if needed.

11. Who will do the data collection?

Once patients are selected the data will be abstracted by an RTI abstractor. This process will require that your facility pull requested medical records and have other necessary data available for the abstractor. This may be either printed in advance, or an individual could be available who can access the data electronically.

12. How did you select our hospital/facility to participate?

Your hospital was selected because of your geographic location, hospital size, and types of services provided.

13. Can another hospital/facility participate instead of us?

Your hospital was specifically selected because of the criteria mentioned above. It might be possible to select a hospital to serve in your place, but we are hoping you will find the contribution you will be making to the future of hospital data collection efforts worthwhile and will join us in these efforts.

14. Who else is participating in the NHDS pretest?

We are recruiting a total of thirty (30) hospitals, located in the 50 states and the District of Columbia. The identity of your hospital and other hospitals participating in this study is confidential. No data will be shared among hospitals.

15. What will happen with the information and feedback we and other hospitals participating in the pretest give you?

All information collected will be the property of the NCHS and is confidential. The identity of specific hospitals or individual patients to anyone outside the research project and the NCHS personnel will not be published in any manner. We will be evaluating which data items we can collect during the pretest.

16. Will we need to obtain information on an ongoing basis/long term?

If by chance you are selected as one of the hospitals for the final redesigned NHDS in 2010, the NCHS will contact you again to assess your interest in participating in these efforts. If you are not selected, then we will not be contacting you again to abstract any additional records.

17. What are the patient privacy and confidential issues?

All information which would permit identification of any individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

18. Why are you collecting the last 4 digits of the social security number?

The last four digits of the social security number are collected in the redesigned NHDS to allow linkage with administrative and vital records such as the National Death Index (NDI) to measure post-discharge mortality. The NDI is a computerized central file of death record information. It is compiled from tapes obtained by NCHS from the State vital statistics offices. Records are matched using the last 4 digits of social security number and other variables such as name, date of birth, sex, and state of residence. Of these, the last 4 digits of the social security number are the most important identifier for successful matching. Your sharing of this information is voluntary, and will have no effect on a patient's rights. Only

NCHS project staff and contractors working directly on the pretest will have access to this information.

The law (Disclosure of Social Security Number Section 7 of Pub. L. 93-579) states that “any Federal, State, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.” Please refer to question #17 above.

19. Are there HIPAA implications for the hospital for participating in this NHDS pretest?

The NHDS pretest is being conducted under the auspices of the CDC/NCHS (federal government), for which special provisions exist for public health entities to facilitate participation under HIPAA.

Under HIPAA regulations, the Privacy Rule recognizes 1) the legitimate need for public health authorities and others responsible for ensuring the public's health and safety to have access to protected health information to conduct their missions, and 2) the importance of public health reporting by covered entities to identify threats to the public and individuals. The rule 1) permits protected health information disclosures without a written patient authorization for specified public health purposes to public health authorities legally authorized to collect and receive the information for such purposes, and 2) permits disclosures that are required by state and local public health or other laws HIPAA Regulations (45 CFR§164.501). Thus, HIPAA permits hospitals such as yours to participate in studies of this nature for public health purposes. Because RTI is serving as an authorized agent of the NCHS for this project, it is permissible to disclose data to RTI for the purposes of this project. HIPAA also permits covered entities to obtain the documentation and rely on the approval of one IRB or privacy board. In this case, the hospital may rely on the approval of the NCHS IRB.

20. Do we need to let our patients know that we are accessing their records for this pretest?

HIPAA and the Privacy Rule permits disclosure of protected health information (PHI) and medical record information without written patient authorization for specific public health purposes to public health authorities and their authorized agents, including federal public health agencies such as the CDC, of which NCHS is a part.¹ Thus, HIPAA Regulations (45 CFR§164.501) do not require you to obtain patient authorization prior to disclosing protected health information to NCHS or RTI, as an authorized agent of NCHS.

21. Whom do I contact for more information?

You may contact RTI staff; Dr. John Loft at (312) 456-5241 or Ms. Sharon Campolucci at (770) 407-4905. You may also contact Dr. Carol DeFrances, Team Leader of the Hospital Care Team, at NCHS at 301-458-4440.

22. OK, I'm interested in participating in the pretest. What is the next step?

¹ HIPAA Privacy Rule and Public Health: Guidance from CDC and the US Department of Health and Human Services; MMWR Vol. 52, August 11, 2003.

Attachment M1 Frequently asked Questions about the Redesign Pretest

A consultant from RTI will follow up with a telephone call to identify contacts at the hospital, and set up a call for further discussion with the hospital contact and other relevant hospital personnel.

RTI will talk with key decision makers to discuss any issues about the pretest. The steps in the recruitment plan are:

- We will call your hospital contact to:
 - Provide additional information and review the description and purpose of the pretest
 - Speak with appropriate hospital staff to complete the induction questionnaire
 - Provide the hospital facility information form for completion by the appropriate hospital staff
 - Identify a point of contact for hospital and other personnel needed for sampling and obtaining necessary information needed for abstraction