

CDC Environmental Public Health Tracking Hospitalization Data Needs Assessment

Form approved

OMB No: 0920-1154

Expiration Date: 01/31/2020

Introduction

This survey is being used to gather information on behalf of the Centers for Disease and Control and Prevention (CDC) about your Environmental Public Health Tracking Program's hospitalization data (inpatient and Emergency Department) and the partnership you have with the data provider . Your state or cities environmental public health tracking program will be referred to as “your program” throughout the survey. We appreciate your responses.

CDC estimates the average public reporting burden for this collection of information as 255 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1154)

You can go back and review/edit previous answers by selecting the PREV button at the bottom of each page.

To begin, please provide the following information about your program:

* 1. Name of your organization or department

* 2. Your position

* 3. State or city represented

* 4. Please indicate how many years you've been with your program

- 0-3 years
- 4-12 years
- 13-20 years

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Data Types and Source

Next, we want to learn about the types and source of administrative health care data your program receives for Tracking applications.

* 5. Which types of healthcare administrative claims data does your program receive or have access to for Tracking applications? Check all that apply.

- Inpatient Discharge
- Observation stay files
- Emergency Department Discharge
- All-Payer Claims
- Outpatient/non-inpatient Discharge
- Other healthcare administrative claims data (for example, Ambulatory Surgery, etc.)

* 6. Does the same organization provide the inpatient discharge and emergency department discharge data to your Tracking program?

- Yes
- No

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Data Provider

* 7. What is the name of the agency/organization/department that provides your program with the inpatient and emergency department discharge data?

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Data Agreement

Next, we want to learn about the agreements your program has in place with the data agency/organization/department that provides your program with these data.

* 8. What type of agreement does your program have in place to acquire your programs data? Check all that apply.

No agreement in place

Interagency Agreement

Data Use Agreement or Data Sharing Agreement

IRB review was required

Memorandum of Understanding

Other (please specify)

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Data Agreement

* 9. On a scale of 1 to 5 how easy was it to establish the agreement

- 1=Very hard
- 2=Somewhat hard
- 3=Neither hard nor easy
- 4= Somewhat easy
- 5= Very easy
- N/A

If your program has anything to add about establishing the agreement please let us know here

* 10. What year did your program first establish this agreement with this data agency/organization/department? If you don't know the year, please write don't know.

* 11. How often does your program renew this agreement?

- Annually
- Every 2 years
- Every 3 years
- Other (please specify)
- Every 4-5 years
- As needed
- Unknown

* 12. On a scale of 1 to 5 how easy is it to amend or add to the agreement?

- 1=Very hard
- 2=Somewhat hard
- 3=Neither hard nor easy
- 4= Somewhat easy
- 5= Very easy
- N/A

If your program has anything to add about amending the agreement please let us know here

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Cost of Data

* 13. How much does your program pay per year to access the data?

- Our program doesn't pay a fee
- \$1-\$500
- \$501-\$1000
- Other (please specify)
- \$1001-\$5000
- Over \$5000
- Unknown

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Timeliness of the data

Next, we're going to ask about the timeliness of the data your program receives from the agency/organization/department.

* 14. How often does your program receive the data?

- Monthly
- Quarterly
- Annually
- Unknown
- Other (please specify)

* 15. What is the most recent time period of data that your program has received?

Inpatient Start Date

Inpatient End Date

Emergency Department Start Date

Emergency Department End Date

* 16. Does your program receive these data according to the specified schedule in your agreement?

- Yes
- No specified schedule in our agreement
- No
- No agreement in place

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Timeliness of the data

17. What reason does the data agency/organization provide for the lag time/delay in your program receiving the data?

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Data transmission

* 18. How does your program receive these data?

- CD or thumb drive
- Secure email
- Secure FTP site
- Web Portal
- Granted access a specified database
- Other (please specify)

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Acquired Data Attributes

The next section explores the details of the data your programs receives for environmental public health tracking purposes.

* 19. What type of dataset is your program receiving as it relates to Protected Health Information (PHI)?

- Record level identifiable data set (with PHI)
- Record level de-identified data set (with PHI removed)
- Aggregated data set (not record level)
- Other (please specify)

* 20. What is the spatial resolution of the data your program receives?

- Street address level
- Census tract level
- Zip code level
- County level
- Other (please specify)

* 21. Does your program receive the necessary variables to identify transfers?

- Yes, patient id is provided
- Yes, a combination of variables such as age, date of birth, date of admission, etc is provided
- No, but data provider identifies/flags transfers
- No, data are too aggregated to identify transfers

* 22. What is the scope of the data your program receives as it relates to your ability to calculate NCDMs?

- We receive full records/all discharges for all diagnosis (in addition to those needed to calculate NCDMs).
- We only receive records/discharges with specified data elements required to calculate NCDMs
- Other (please specify)

* 23. On a scale of 1 to 5 how easy is it to request additional data elements and or records/discharges in the data your receive?

- | | |
|---|--|
| <input type="radio"/> 1=Very hard | <input type="radio"/> 4= Somewhat easy |
| <input type="radio"/> 2=Somewhat hard | <input type="radio"/> 5= Very easy |
| <input type="radio"/> 3=Neither hard nor easy | <input type="radio"/> N/A |

If your program has anything to add about requesting additional data elements please let us know here

24. What data elements/fields, if any is your program NOT getting that you need?

What is the reason given by the data provider as to why NOT?

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Data from Bordering States

Next we will ask you about how your programs accesses data on your states residents discharged in bordering states.

* 25. Does your program receive data on your states' residents that were discharged in facilities in bordering states?

- Yes, all bordering states
- Yes, some but not all bordering states
- No

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Data from Bordering States

* 26. List the bordering states that your program receive data for your residents from and who provides the data.

	State	Who provides the data	Most recent year of data
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Data from Bordering States

* 27. Approximately how often does your program receive the data on your residents discharged in bordering states?

- Monthly
- Quarterly
- Annually
- Unknown
- Other (please specify)

* 28. On a scale of 1 to 5 how easy is the process for getting data on your states residents discharged in your bordering state(s)?

- | | |
|---|--|
| <input type="radio"/> 1=Very hard | <input type="radio"/> 4= Somewhat easy |
| <input type="radio"/> 2=Somewhat hard | <input type="radio"/> 5= Very easy |
| <input type="radio"/> 3=Neither hard nor easy | <input type="radio"/> N/A |

If your program has anything to add about acquiring data on your states residents discharged in bordering states please let us know here

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Data from Bordering States

* 29. Has your program attempted to get these data?

Yes

No

30. If yes, what have been the barriers to your program receiving data on your residents discharged in bordering states?

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Data Quality, Completeness and Validation

* 31. What technical documentation about the data does your program receive? Check all that apply.

- No technical documentation received
- Data layout/code book
- User's guide
- Other (please specify)
- Frequency tables
- Quality control and processes
- Percent of errors found in data

* 32. Does your program conduct your own data validation upon receiving the data from the data agency/organization/department?

- Yes
- No

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Data Quality, Completeness and Validation

* 33. Please describe the most common errors/problems your program finds in the data after performing your validation process.

* 34. How does your program correct errors/problems you find with the data?

- Errors are not corrected
- Erroneous records are deleted
- Erroneous records are corrected
- Our program asks the data agency/organization/department to correct and resubmit the data
- Other (please specify)

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Data Quality, Completeness and Validation

* 35. Who removes duplicate records?

- Data provider
- Our program
- Duplicates aren't removed
- Other (please specify)

* 36. Not all states get data from all facilities, such as tribal hospitals, Veteran's Affairs (VA) hospitals, etc. Please indicate which facilities are excluded from the states reporting requirements that your program is aware of (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> We are not aware of any exclusions | <input type="checkbox"/> Tribal |
| <input type="checkbox"/> Federal facilities | <input type="checkbox"/> Specialty Hospitals (e.g. psych, cancer) |
| <input type="checkbox"/> Veterans Affairs (VA) | <input type="checkbox"/> Critical Access Hospitals |
| <input type="checkbox"/> Other (please specify) | |

* 37. On a scale of 1 to 5, how well is information about the quality of the data your program receives communicated by the data provider?

- 1= Very poor
- 2= Somewhat poor
- 3= Neither poor nor good
- 4= Somewhat good
- 5= Very Good
- N/A

If your program has anything to add about the communication of the quality of the data your program receives please let us know here

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Data Use

The next set of questions are focused on how your program uses the data.

* 38. Our program uses the data for environmental public health tracking for the following uses (check all that apply):

- To calculate NCDMs and send to CDC National Tracking Program
- To inform public health actions
- To display non-NCDM measures on our program's state tracking portal
- To conduct routine data analyses
- To create reports
- Other (please specify)

* 39. How does your program make the data agency/organization/department that provide your program with data aware of the ways your program is using the data received? (select best answer)

- We don't communicate data use back to the data agency/organization/department
- We inform the data agency/organization/department of any new data use project before we begin
- We notify the data agency/organization/department after any product is released
- Our data sharing agreement with the data agency/organization/department prevents us from using the data in any way that is not explicitly described in the agreement
- We notify the data agency/organization/department before any product is released
- Other (please specify)

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Partnership with Data Agency/Organization/Department

* 40. Has your program encountered issues/problems using the data to meet all the requirements of the CDC National Tracking Program?

Yes

No

41. If yes please share these issues and how you have worked to overcome them

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42. If there's anything else your program would like to add about the data partnership, accessing and/or using inpatient and emergency department discharge data for your Tracking program please let us know here

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Data Providers

You indicated that your program receives data from two different agencies/organizations please tell us the name of these.

* 43. What is the name of the agency/organization/department that provides your program with your **inpatient discharge** data?

* 44. What is the name of the agency/organization/department that provides your program with your **emergency department** discharge data?

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Because your program receives your inpatient discharge data and emergency department discharge data from different agencies/organizations/departments we will be asking you to answer the same set of questions for the two different data types. We will begin with asking about the inpatient discharge data your program receives.

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Data Agreement- Inpatient Data

Please tell us about your programs agreement to receive inpatient discharge data

* 45. What type of agreement does your program have in place to acquire your programs data? Check all that apply.

No agreement in place

Interagency Agreement

Data Use Agreement or Data Sharing Agreement

IRB review was required

Memorandum of Understanding

Other (please specify)

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Data Agreement-Inpatient Data

* 46. On a scale of 1 to 5 how easy was it to establish the agreement

- 1=Very hard
- 2=Somewhat hard
- 3=Neither hard nor easy
- 4= Somewhat easy
- 5= Very easy
- N/A

If your program has anything to add about establishing the agreement please let us know here

* 47. What year did your program first establish this agreement with this data agency/organization/department ? If you don't know the year, please write don't know.

* 48. How often does your program renew this agreement?

- Annually
- Every 2 years
- Every 3 years
- Other (please specify)
- Every 4-5 years
- As needed
- Unknown

* 49. On a scale of 1 to 5 how easy is it to amend or add to the agreement?

- 1=Very hard
- 2=Somewhat hard
- 3=Neither hard nor easy
- 4= Somewhat easy
- 5= Very easy
- N/A

If your program has anything to add about amending the agreement please let us know here

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Cost of Data-Inpatient Data

* 50. How much does your program pay per year to access the data?

- Our program doesn't pay a fee
- \$1-\$500
- \$501-\$1000
- Other (please specify)
- \$1001-\$5000
- Over \$5000
- Unknown

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Timeliness of the data-Inpatient Data

Next, we're going to ask about the timeliness of the inpatient discharge data your program receives from the agency/organization/department.

* 51. How often does your program receive the data?

- Monthly
- Quarterly
- Annually
- Unknown
- Other (please specify)

* 52. What is the most recent time period of data that your program has received?

Inpatient Start Date

Inpatient End Date

* 53. Does your program receive these data according to the specified schedule in your agreement?

- Yes
- No specified schedule in our agreement
- No
- No agreement in place

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Timeliness of the data-Inpatient Data

54. What reason does the data agency/organization provide for the lag time/delay in your program receiving the data?

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Data transmission-Inpatient Data

* 55. How does your program receive these data?

- CD or thumb drive
- Secure email
- Secure FTP site
- Web Portal
- Granted access a specified database
- Other (please specify)

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Acquired Data Attributes-Inpatient Data

The next section explores the details of the inpatient data your programs receives for environmental public health tracking purposes.

* 56. What type of dataset is your program receiving as it relates to Protected Health Information (PHI)?

- Record level identifiable data set (with PHI)
- Record level de-identified data set (with PHI removed)
- Aggregated data set (not record level)
- Other (please specify)

* 57. What is the spatial resolution of the data your program receives?

- Street address level
- Census tract level
- Zip code level
- County level
- Other (please specify)

* 58. Does your program receive the necessary variables to identify transfers?

- Yes, patient id is provided
- Yes, a combination of variables such as age, date of birth, date of admission, etc is provided
- No, but data provider identifies/flags transfers
- No, data are too aggregated to identify transfers

* 59. What is the scope of the data your program receives as it relates to your ability to calculate NCDMs?

- We receive full records/all discharges for all diagnosis (in addition to those needed to calculate NCDMs).
- We only receive records/discharges with specified data elements required to calculate NCDMs
- Other (please specify)

* 60. On a scale of 1 to 5 how easy is it to request additional data elements and or records/discharges in the data your receive?

- 1=Very hard
- 2=Somewhat hard
- 3=Neither hard nor easy
- 4= Somewhat easy
- 5= Very easy
- N/A

If your program has anything to add about requesting additional data elements please let us know here

61. What data elements/fields, if any is your program NOT getting that you would like to/need?
What is the reason given by the data provider as to why NOT?

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Data from Bordering States-Inpatient Data

Next we will ask you about how your programs accesses inpatient discharge data on your states residents discharged in bordering states inpatient facilities.

* 62. Does your program receive data on your states' residents that were discharged in facilities in bordering states?

- Yes, all bordering states
- Yes, some but not all bordering states
- No

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Data from Bordering States-Inpatient Data

* 63. List the bordering states that your program receive data for your residents from and who provides the data.

	State	Who provides the data	Most recent year of data
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Data from Bordering States -Inpatient Data

* 64. Approximately how often does your program receive the data on your residents discharged in bordering states?

- Monthly
- Quarterly
- Annually
- Unknown
- Other (please specify)

* 65. On a scale of 1 to 5 how easy is the process for getting data on your states residents discharged in your bordering state(s)?

- | | |
|---|--|
| <input type="radio"/> 1=Very hard | <input type="radio"/> 4= Somewhat easy |
| <input type="radio"/> 2=Somewhat hard | <input type="radio"/> 5= Very easy |
| <input type="radio"/> 3=Neither hard nor easy | <input type="radio"/> N/A |

If your program has anything to add about requesting data on your states residents discharged in bordering states please let us know here

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Data from Bordering States-Inpatient Data

* 66. Has your program attempted to get these data?

Yes

No

67. If yes, what have been the barriers to your program receiving data on your residents discharged in bordering states inpatient facilities?

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Data Quality, Completeness and Validation-Inpatient Data

* 68. What technical documentation about the data does your program receive? Check all that apply.

- No technical documentation received
- Data layout/code book
- User's guide
- Other (please specify)
- Frequency tables
- Quality control and processes
- Percent of errors found in data

* 69. Does your program conduct your own data validation upon receiving the data from the data agency/organization/department?

- Yes
- No

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Data Quality, Completeness and Validation-Inpatient Data

* 70. Please describe the most common errors/problems your program finds in the data after performing your validation process.

* 71. How does your program correct errors/problems you find with the data?

- Errors are not corrected
- Erroneous records are deleted
- Erroneous records are corrected
- Our program asks the data agency/organization/department to correct and resubmit the data
- Other (please specify)

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Data Quality, Completeness and Validation-Inpatient Data

* 72. Who removes duplicate records?

- Data provider
- Our program
- Duplicates aren't removed
- Other (please specify)

* 73. Not all states get data from all facilities, such as tribal hospitals, Veteran's Affairs (VA) hospitals, etc. Please indicate which facilities are excluded from the states reporting requirements that your program is aware of (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> We are not aware of any exclusions | <input type="checkbox"/> Tribal |
| <input type="checkbox"/> Federal facilities | <input type="checkbox"/> Specialty Hospitals (e.g. psych, cancer) |
| <input type="checkbox"/> Veterans Affairs (VA) | <input type="checkbox"/> Critical Access Hospitals |
| <input type="checkbox"/> Other (please specify) | |

* 74. On a scale of 1 to 5, how well is information about the quality of the data your program receives communicated by the data provider?

- 1= Very poor
- 2= Somewhat poor
- 3= Neither poor nor good
- 4= Somewhat good
- 5= Very Good
- N/A

If your program has anything to add about the communication of the quality of the data your program receives please let us know here

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Data Use-Inpatient Data

The next set of questions are focused on how your program uses the inpatient discharge data.

* 75. Our program uses the data for environmental public health tracking for the following uses (check all that apply):

- To calculate NCDMs and send to CDC National Tracking Program
- To inform public health actions
- To display non-NCDM measures on our program's state tracking portal
- To conduct routine data analyses
- To create reports
- Other (please specify)

* 76. How does your program make the data agency/organization/department that provide your program with inpatient data aware of the ways your program is using the data received? (select best answer)

- We don't communicate data use back to the data agency/organization/department
- We inform the data agency/organization/department of any new data use project before we begin
- We notify the data agency/organization/department after any product is released
- Our data sharing agreement with the data agency/organization/department prevents us from using the data in any way that is not explicitly described in the agreement
- We notify the data agency/organization/department before any product is released
- Other (please specify)

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Partnership with Data Agency/Organization/Department-Inpatient Data

* 77. Has your program encountered issues/problems using the data to meet all the requirements of the CDC National Tracking Program?

Yes

No

78. If yes please share these issues and how you have worked to overcome them

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Data Partnership-Inpatient

79. If there's anything else your program would like to add about the data partnership, accessing and/or using inpatient discharge data for your Tracking program please let us know here

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Data Agreement- Emergency Department Data

Now we will begin to ask questions about the Emergency Department Discharge Data your program receives.

First, please tell us about your programs agreement to receive emergency department discharge data

* 80. What type of agreement does your program have in place to acquire your programs data? Check all that apply.

No agreement in place

Interagency Agreement

Data Use Agreement or Data Sharing Agreement

IRB review was required

Memorandum of Understanding

Other (please specify)

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Data Agreement-Emergency Department Data

* 81. On a scale of 1 to 5 how easy was it to establish the agreement

- 1=Very hard
- 2=Somewhat hard
- 3=Neither hard nor easy
- 4= Somewhat easy
- 5= Very easy
- N/A

If your program has anything to add about establishing the agreement please let us know here

* 82. What year did your program first establish this agreement with this data agency/organization/department? If you don't know the year, please write don't know.

* 83. How often does your program renew this agreement?

- Annually
- Every 2 years
- Every 3 years
- Other (please specify)
- Every 4-5 years
- As needed
- Unknown

* 84. On a scale of 1 to 5 how easy is it to amend or add to the agreement?

- 1=Very hard
- 2=Somewhat hard
- 3=Neither hard nor easy
- 4= Somewhat easy
- 5= Very easy
- N/A

If your program has anything to add about amending the agreement please let us know here

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Cost of Data-Emergency Department Data

* 85. How much does your program pay per year to access the data?

- Our program doesn't pay a fee
- \$1-\$500
- \$501-\$1000
- Other (please specify)
- \$1001-\$5000
- Over \$5000
- Unknown

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Timeliness of the data-Emergency Department Data

Next, we're going to ask about the timeliness of the emergency department discharge data your program receives from the agency/organization/department.

* 86. How often does your program receive the data?

- Monthly
- Quarterly
- Annually
- Unknown
- Other (please specify)

* 87. What is the most recent time period of data that your program has received?

Emergency Department Start Date

Emergency End Date

* 88. Does your program receive these data according to the specified schedule in your agreement?

- Yes
- No specified schedule in our agreement
- No
- No agreement in place

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Timeliness of the data-Emergency Department Data

89. What reason does the data agency/organization provide for the lag time/delay in your program receiving the data?

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Data transmission-Emergency Department Data

* 90. How does your program receive these data?

- CD or thumb drive
- Secure email
- Secure FTP site
- Web Portal
- Granted access a specified database
- Other (please specify)

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Acquired Data Attributes-Emergency Department Data

The next section explores the details of the emergency department discharge data your programs receives for environmental public health tracking purposes.

* 91. What type of dataset is your program receiving as it relates to Protected Health Information (PHI)?

- Record level identifiable data set (with PHI)
- Record level de-identified data set (with PHI removed)
- Aggregated data set (not record level)
- Other (please specify)

* 92. What is the spatial resolution of the data your program receives?

- Street address level
- Census tract level
- Zip code level
- County level
- Other (please specify)

* 93. Does your program receive the necessary variables to identify transfers?

- Yes, patient id is provided
- Yes, a combination of variables such as age, date of birth, date of admission, etc is provided
- No, but data provider identifies/flags transfers
- No, data are too aggregated to identify transfers

* 94. What is the scope of the data your program receives as it relates to your ability to calculate NCDMs?

- We receive full records/all discharges for all diagnosis (in addition to those needed to calculate NCDMs).
- We only receive records/discharges with specified data elements required to calculate NCDMs
- Other (please specify)

* 95. On a scale of 1 to 5 how easy is it to request additional data elements and or records/discharges in the data your receive?

- 1=Very hard
- 2=Somewhat hard
- 3=Neither hard nor easy
- 4= Somewhat easy
- 5= Very easy
- N/A

If your program has anything to add about requesting additional data elements please let us know here

96. What data elements/fields, if any is your program NOT getting that you would like/need?
What is the reason given by the data provider as to why NOT?

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Data from Bordering States-Emergency Department Data

Next we will ask you about how your programs accesses emergency department discharge data on your states residents discharged in bordering states emergency departments.

* 97. Does your program receive data on your states' residents that were discharged in emergency departments in bordering states?

- Yes, all bordering states
- Yes, some but not all bordering states
- No

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Data from Bordering States-Emergency Department Data

* 98. List the bordering states that your program receive data for your residents from and who provides the data.

	State	Who provides the data	Most recent year of data
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Data from Bordering States -Emergency Department Data

* 99. Approximately how often does your program receive the data on your residents discharged in bordering states?

- Monthly
- Quarterly
- Annually
- Unknown
- Other (please specify)

* 100. On a scale of 1 to 5 how easy is the process for getting data on your states residents discharged in your bordering state(s)?

- | | |
|---|--|
| <input type="radio"/> 1=Very hard | <input type="radio"/> 4= Somewhat easy |
| <input type="radio"/> 2=Somewhat hard | <input type="radio"/> 5= Very easy |
| <input type="radio"/> 3=Neither hard nor easy | <input type="radio"/> N/A |

If your program has anything to add about requesting data on your states residents discharged in bordering states please let us know here

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Data from Bordering States-Emergency Department Data

* 101. Has your program attempted to get these data?

Yes

No

102. If yes, what have been the barriers to your program receiving data on your residents discharged in bordering states emergency departments?

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Data Quality, completeness and Validation-Emergency Department Data

* 103. What technical documentation about the data does your program receive? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> No technical documentation received | <input type="checkbox"/> Frequency tables |
| <input type="checkbox"/> Data layout/code book | <input type="checkbox"/> Quality control and processes |
| <input type="checkbox"/> User's guide | <input type="checkbox"/> Percent of errors found in data |
| <input type="checkbox"/> Other (please specify) | |

* 104. Does your program conduct your own data validation upon receiving the data from the data agency/organization/Department?

- Yes
- No

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Data Quality, Completeness and Validation-Emergency Department Data

* 105. Please describe the most common errors/problems your program finds in the data after performing your validation process.

* 106. How does your program correct errors/problems you find with the data?

- Errors are not corrected
- Erroneous records are deleted
- Erroneous records are corrected
- Our program asks the data agency/organization to correct and resubmit the data
- Other (please specify)

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Data Quality, Completeness and Validation-Emergency Department Data

* 107. Who removes duplicate records?

- Data provider
- Our program
- Duplicates aren't removed
- Other (please specify)

* 108. Not all states get data from all facilities, such as tribal hospitals, Veteran's Affairs (VA) hospitals, etc. Please indicate which facilities are excluded from the states reporting requirements that your program is aware of (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> We are not aware of any exclusions | <input type="checkbox"/> Tribal |
| <input type="checkbox"/> Federal facilities | <input type="checkbox"/> Specialty Hospitals (e.g. psych, cancer) |
| <input type="checkbox"/> Veterans Affairs (VA) | <input type="checkbox"/> Critical Access Hospitals |
| <input type="checkbox"/> Other (please specify) | |

* 109. On a scale of 1 to 5, how well is information about the quality of the data your program receives communicated by the data provider?

- 1= Very poor
- 2= Somewhat poor
- 3= Neither poor nor good
- 4= Somewhat good
- 5= Very Good
- N/A

If your program has anything to add about the communication of the quality of the data your program receives please let us know here

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Data Use-Emergency Department Data

The next set of questions are focused on how your program uses the emergency department discharge data.

* 110. Our program uses the data for environmental public health tracking for the following uses (check all that apply):

- To calculate NCDMs and send to CDC National Tracking Program
- To inform public health actions
- To display non-NCDM measures on our program's state tracking portal
- To conduct routine data analyses
- To create reports
- Other (please specify)

* 111. How does your program make the data agency/organization/department that provide your program with data aware of the ways your program is using the data received? (select best answer)

- We don't communicate data use back to the data agency/organization/department
- We inform the data agency/organization/department of any new data use project before we begin
- We notify the data agency/organization/department after any product is released
- Our data sharing agreement with the data agency/organization/department prevents us from using the data in any way that is not explicitly described in the agreement
- We notify the data agency/organization/department before any product is released
- Other (please specify)

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Partnership with Data Agency/Organization/Department-Emergency Department Data

* 112. Has your program encountered issues/problems using the data to meet all the requirements of the CDC National Tracking Program?

Yes

No

113. If yes please share these issues and how you have worked to overcome them

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114. If there's anything else your program would like to add about the data partnership accessing and/or using emergency department data for your Tracking program, please let us know here

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Thank you

Thank you for taking the time to provide us with this information. A summary of the findings will be shared with recipients. Information gathered will be used to strategize on activities around improving access, use and quality of hospital discharge data for your Tracking program.

As always, NAHDO and CDC staff are available to provide your program with technical assistance with your issues related to hospital discharge data