

How to Request Historical Discharge Data (AB2876 Custom Limited Data Sets) from HCAI and Upload them into the Hospital Quality Improvement Platform

Background:

Legal and contractual obligations require each hospital participating in the Hospital Quality Improvement Platform to upload the last three years of statewide historical discharges into the data system. This means that each hospital must request these [Limited Data Sets](#) from the California Department of Health Care Access and Information and upload them once the request is fulfilled.

Per California statute, your hospital already submits [Patient-Level Data](#) administrative discharge files for all inpatient, emergency department, and ambulatory surgery discharges using SIERA to HCAI on an ongoing schedule. HCAI aggregates the Patient-Level Administrative Data (SIERA) files for all hospitals in the state each calendar year and makes available to all California hospitals statewide patient-level Limited Data Sets (formerly called the AB2876 data sets) containing inpatient, emergency department, and ambulatory surgery (3 files) discharges around August of the *following* calendar year. These files are provided free of charge to hospitals, but it can take several weeks for the request to be completed. **Please note that the request must be signed by the hospital's CEO.**

This document contains a template for your use in completing the HCAI request for these Limited Data Sets on the [HCAI website](#). There are some generic responses on the template request that will need to be modified to fit your hospital. For example, for “Business Unit Receiving and Using Data” the generic response is “Name of Your Unit”, but you should instead put the actual department name for your hospital. The request template contains the technical details to obtain the various files that are needed, including making sure to list HQI as a data vendor on the request. Note that even if your hospital does not do inpatient, or have an emergency department, or does not perform ambulatory surgeries, you should still request all three types of files (PDD, EDD, and ASD).

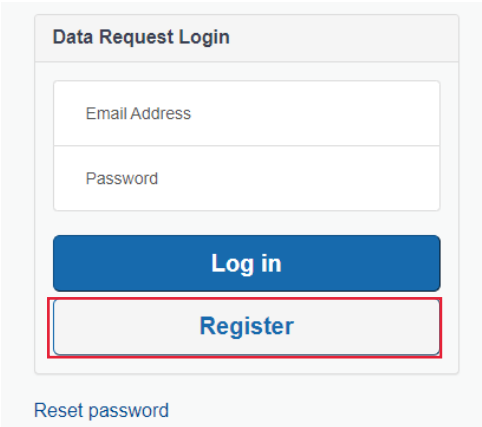
When you fill-out the request form on the [HCAI website](#), you will also need to upload the signed BAA between HQI and your hospital (we can send this if you do not have a copy), along with the two Excel “Variable Justification Grids” HQI provided at the bottom of our [data web page](#). Note that the emergency department and ambulatory surgery data use the same variable justification grid (EDAS).

After you submit the request form on the [HCAI website](#), you will typically need to wait for 6 weeks or more for your request to be completed by HCAI. The files are made available to your hospital via SFTP download on the HCAI website. After you download these data files from HCAI, you will then re-upload them to HQI using our easy-to-use [SFTP website](#). To request access to the SFTP, please contact the HQI Team to set one up.

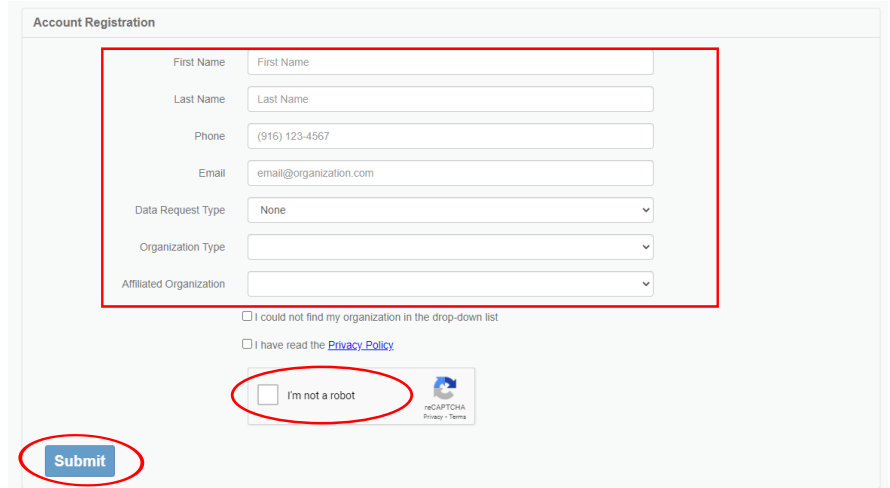
Contact us at HQIAnalytics@hqinstitute.org at any time and we’ll guide you through the process.

Before you Start:

1. You must go to [=# @ website](#) and register an account if you do not already have an account.



The 'Data Request Login' form contains two input fields: 'Email Address' and 'Password'. Below these fields are two buttons: a blue 'Log in' button and a white 'Register' button with a blue border. A 'Reset password' link is located at the bottom left of the form.

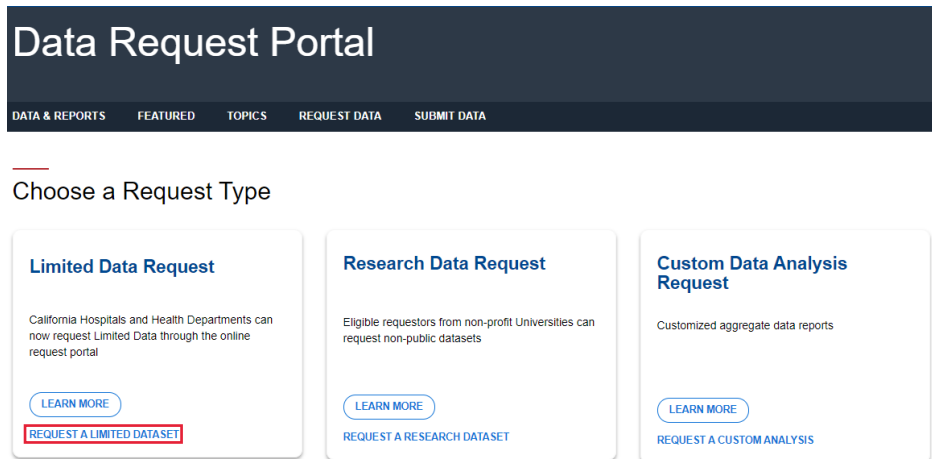


The 'Account Registration' form includes several fields: 'First Name', 'Last Name', 'Phone' (with a placeholder '(916) 123-4567'), 'Email' (with a placeholder 'email@organization.com'), 'Data Request Type' (a dropdown menu set to 'None'), 'Organization Type' (a dropdown menu), and 'Affiliated Organization' (a dropdown menu). Below the form are two checkboxes: 'I could not find my organization in the drop-down list' and 'I have read the Privacy Policy'. A reCAPTCHA widget with the text 'I'm not a robot' is also present. A blue 'Submit' button is located at the bottom left of the registration area.

2. If you register with an unknown organization, your account will be created instantly, but please allow up to give business days for HCAI to verify and approve your organization.

If your organization is recognized, you'll see a banner at the top that your account has been created and redirect you to the request page.

3. At the request page, click on "Request a Limited Dataset"



The screenshot shows the 'Data Request Portal' with a navigation bar containing 'DATA & REPORTS', 'FEATURED', 'TOPICS', 'REQUEST DATA', and 'SUBMIT DATA'. Below the navigation bar is the heading 'Choose a Request Type'. Three request type cards are displayed: 'Limited Data Request' (with a red box around the 'REQUEST A LIMITED DATASET' button), 'Research Data Request', and 'Custom Data Analysis Request'. Each card includes a 'LEARN MORE' button and a 'REQUEST A...' button.

4. Be sure to download the justification grids on the [HQI website](#) at the bottom of the page and have a copy of the BAA between your hospital and HQI.

Please don't hesitate to schedule a screen-share meeting to help you through this process at HQIAnalytics@hqinstitute.org

Requesting a Data Set:

When requesting a Limited Data Set, the portal will look like the below. Please follow the template below to successfully request a dataset to submit to HQL.

Limited Data Request

Request confidential patient-level data

OSHPD offers several types of non-public data to licensed California Hospitals and California Local Health Departments. Eligible hospitals and local health departments may request Limited Model Data Sets for Patient Discharge Data, including Inpatient (PDD), Emergency Department (EDD), and Ambulatory Surgery Center (ASD). They may also order Patient Origin/Market Share data (PO/MS), created to assist hospitals and communities facing tremendous budgetary pressures, which makes the need to understand key operating performance issues critical. In addition, there are also Prevention Quality Indicators, a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions. This is data standardized for the Agency for Healthcare Research and Quality (AHRQ PQI.)

The Limited Data Set includes Inpatient (PDD), Emergency Department (EDD) and Ambulatory Surgery (AS) files. The contents of these files, including descriptions of the variables that they contain, are described in the Non-Public Data Documentation. A cross-referenced list of variables across multiple years is contained in the Master Variable Grid.

All documentation linked on this request form can also be found on the Limited Data Request Landing Page.

Save Request as Draft

Submit for Review/Approval

Required information

Under HIPAA, the hospital is a(n):

Administrator Phone Number

Administrator Email Address

Please indicate the purpose for which the data are requested

Please describe the specific limited purposes for which the data are requested

Hospital Identification/Eligibility

Contact Information

Hospital CEO or Admin: First Name

Hospital CEO First Name

Hospital CEO or Admin: Last Name

Hospital CEO Last Name

Hospital

Hospital Name (from dropdown list)

License Number

Hospital License Number

Under HIPAA, the hospital is a(n):

Covered Entity Affiliated Covered Entity (ACE) pursuant to 45 CFR §164.105 (b)

Address

Hospital Address

City

Hospital City

State

California

ZIP Code

Hospital Zip Code

Administrator Phone Number

Admin Phone Number

Administrator Email Address

Admin Email

Additional Information

If different from above

Designated Point of Contact

Designated Point of Contact for Data Request**Contact: First Name**

First Name (Individual filling out form)

Contact: Last Name

Last Name (Individual filling out form)

Department

Contact's Department

Address

Hospital Address

City

Hospital City

State

California

ZIP Code

Hospital Zip Code

Phone number

Contact Phone Number

Email Address

Contact Email

Purpose

Please indicate the purpose for which the data are requested

Data used for research purposes will require a Research Supplement to be attached before the form is submitted.

Healthcare Operations Research

Please describe the specific limited purposes for which the data is requested

Health Care Operations per 45 Code of Federal Regulations (CFR) 164.506(c)(4) including 1. Conducting quality assessment and improvement activities, 2. Conducting patient safety activities as defined in applicable regulations, 3. Conducting population-based activities

Receipt and Use of Data

Data Users Within Organization

Add **Remove All**

Actions	Business Unit Receiving and Using Data	Name of Individual Responsible for Data	Functional Title of Individual Responsible for Data
	Name of Your Unit	Your Name	Your Title

Will this data be released outside of the organization?

Yes

Basis for Use

Use within an Affiliated Covered Entity

Disclosed to an outside Business Associate

Contractors Using Data

Please note, you must upload a Business Associates Agreement form or contract before submitting.

Add **Remove All**

Actions	Name of Firm	Primary Contact	Title/Function	Address: City/State/Zip	Telephone	Email	Describe which dataset(s) will be provided to, and how the data will be provided to the contractor
	Hospital Quality Institute	Scott Masten	Vice President, Measurement Science & Performance Analytics	1215 K Street Suite 1915	916.552.7557	smasten@hqinstitute.org	ASD statewide custom dataset, EDD statewide custom dataset, PDD statewide CUSTOM dataset. Data will be provided to contractor via encrypted SFTP.

At this step, you will check Patient Discharge Data, Emergency Department Data and Ambulatory Surgery Data. When you check the three options, it will expand with the choices.

Requested Data and Data Products

Indicate the database(s) and/or product(s) and year(s) of data you are requesting

Please Note: Non-patient level data products developed using Limited Data Set confidential data are also available. Although these products are not patient level data, they are not de-identified and the requester must agree to treat the information they contain as Protected Health Information (PHI).

- Patient Discharge Data (PDD)
- Emergency Department Data (EDD)
- Ambulatory Surgery Data (ASD)
- Additional Products (PO/MS, AHRQ)

Patient Discharge Data (PDD)

Desired PDD Data Set

A Data Justification Grid is required if you select a Custom Data Set. The Data Justification Grid can be found [here](#).

- Model Data Set (MDS) Custom Data Set

PDD Years Desired

Enter each year desired, separated by commas. No other format will be accepted.

2019, 2020, 2021

Emergency Department Data (EDD)

Desired EDD Data Set

A Data Justification Grid is required if you select a Custom Data Set. The Data Justification Grid can be found [here](#).

- Model Data Set (MDS) Custom Data Set

EDD Years Desired

Enter each year desired, separated by commas. No other format will be accepted.

2019, 2020, 2021

Ambulatory Surgery Data (ASD)

Desired ASD Data Set

A Data Justification Grid is required if you select a Custom Data Set. The Data Justification Grid can be found [here](#).

- Model Data Set (MDS) Custom Data Set

ASD Years Desired

Enter each year desired, separated by commas. No other format will be accepted.

2019, 2020, 2021

Statewide or Geographic Subset of Data Set(s) or Products

Please select the subset of data you are requesting

Statewide Data Sets Geographic Subset Data Set or Product by county(-ies) or ZIP Code(s)

Explain why the Statewide Data Set(s) are being requested

The data will be used for conducting quality assessment and improvement activities, patient safety activities, and population-based activities relating to improving health for all California hospitals. The data will also be used to identify opportunities to improve care transitions

Desired Data Set Format(s)

Indicate the format you prefer for your Data Set

SAS (PROC Format Code Included) Comma Delimited with Labels Comma Delimited

Additional Notes

Please provide any additional notes you may have

Acknowledgments and Signatures

_____ **Under HIPAA, limited data sets are Personal Health Information (PHI).**

_____ **The HIPAA Medical Privacy Rule applies to all limited data sets that I receive under this application.**

_____ **I agree to protect all nonpublic data products received from OSHPD, even if they do not contain patient level data, and to treat these products as PHI.**

_____ **Any data I receive pursuant to this request will be maintained in a secure environment.**

_____ **If applying for data to use within an ACE, I certify that the applicant is an ACE.**

**Name of Hospital CEO or Administrator
(printed)**

**Signature of Hospital CEO or
Administrator**

Date

After completing the form above, you must print out the document and have the CEO sign it. When attaching the justification grids, ED and AS uses the same form, you must attach it twice.

The four documents needed to be submitted at the end are:

- the BAA between your hospital and HQI
- justification grids (1 for Inpatient, 1 for Emergency Department, 1 for Ambulatory Surgery)