

How to Request Historical Discharge Data (AB2876 Custom Limited Data Sets) from OSHPD 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 their last three years of historical discharges into the data system. This means that each hospital must request these [Limited Data Sets](#) from the Office of Statewide Health Planning and Development (OSHPD) and upload them once the request is fulfilled.

Per California statute, your hospital already submits [Patient-Level Data](#) discharge files for all inpatient, emergency department, and ambulatory surgery discharges (formerly called the MIRCAl data) to OSHPD on an ongoing schedule. OSHPD aggregates the MIRCAl 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.

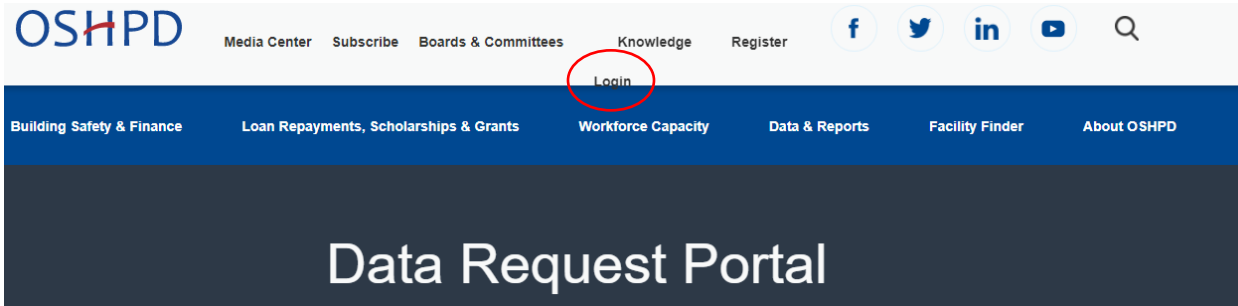
This document contains a template for your use in completing the OSHPD request for these Limited Data Sets on the [OSHPD website](#). There are some generic responses on the template request that will need to be modified to fit your hospital. For example, for “Business Unit Receiving and Using Data” the generic response is “Quality Performance Improvement”, 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 have an emergency department or does not perform ambulatory surgeries, you should still request these files in addition to inpatient files.

When you fill-out the request form on the [OSHPD 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 with the request template.

After you submit the request form on the [OSHPD website](#), you will typically need to wait for 6 weeks or more for your request to be completed by OSHPD. The files are made available to your hospital via SFTP download on the OSHPD website. After you download these data files from OSHPD, you will then re-upload them to HQI using our easy-to-use [SFTP website](#). Contact us at HQIAnalytics@hqinstitute.org at this time and we’ll guide you through that process.

Before you Start:

1. You must go to [OSHPD's website](#)^a and register an account. Click "Login" at the top of the page.



2. If you do not already have an account in the OSHPD Data Request Portal, click "Register." If you already have an account, just log in and skip to the request.
3. Fill out the information required to create an account with OSHPD, check "I'm not a robot", and then click "Submit".
4. When OSHPD creates your account, use the request template and attachments to complete your request for the Limited Data Sets.

A screenshot of the 'Data Request Login' form. It has a 'Get Help' section with 'No records found'. Below that is the 'Data Request Login' section with an 'Email address' input field, a 'Password' input field, a blue 'Login' button, and a red-circled 'Register' button. A 'Reset password' link is located below the form.A screenshot of the 'Account Registration' form. It contains several input fields: First Name, Last Name, Phone (with a pre-filled number (916) 123-4567), Email (with a pre-filled address email@organization.com), Organization Type (a dropdown menu with 'Hospital' selected), and Affiliated Organization (a dropdown menu). Below these fields are two checkboxes: 'I could not find my organization in the drop-down list' and 'I have read the Privacy Policy'. There is an 'I'm not a robot' checkbox with a red circle around it, and a reCAPTCHA widget. A blue 'Submit' button is at the bottom left, also circled in red.

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

^a <https://datarequest.oshpd.ca.gov/csm>

Update Your Data Request Form

Make any necessary changes to your request form. Once complete, click **Save** at the bottom of this form, and you will automatically be brought back to your previous page.

Attachments



OSHPD-Request-Variable-Justification-PDD.xls

Upload the two variable justification grids, which are pre-filled and available from our website:

OSHPD-Request-Variable-Justification-EDAS.xls

<https://www.hqinstitute.org/post/data-upload-instructions>



BAA_Between_HQI_and_Your_Hospital.pdf

Also upload the signed BAA between HQI and your hospital. If you need a copy of it, write us at: HQIAnalytics@hqinstitute.org



Variables

Hospital Identification/Eligibility

Contact Information

* Hospital CEO or Admin: First Name

Hospital CEO First Name

* Hospital CEO or Admin: Last

Type Hospital CEO Last Name

* Hospital

 Hospital Name

* License Number

Hospital OSHPD License Number

* Under HIPAA, the hospital is a(n):

Note: If ACE is selected, you must attach the organizational chart for your facility

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

* Address

Hospital Street Address

* City

Hospital City

* State

California

* Zip

Hospital ZipCode

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.

- Health Care 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



Will Outside Contractors be using this data?

Yes

Contractors Using Data

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 approved confidential courier.

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)

*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.

2017,2018,2019

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.

2017,2018,2019

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

2017,2018,2019

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

Asterisks () indicate data formats available for years 2009 or later.*

- SAS (PROC Format Code Included) *
- Comma Delimited
- Comma Delimited w/ Labels *

Additional Notes

Please provide any additional notes you may have

Save