HEALTHCARE COST AND UTILIZATION PROJECT — HCUP
A FEDERAL-STATE-INDUSTRY PARTNERSHIP IN HEALTH DATA
Sponsored by the Agency for Healthcare Research and Quality

OVERVIEW OF

THE HCUP KIDS' INPATIENT DATABASE (KID)

2000

These pages provide only an introductory overview of the KID package.

Full documentation is provided on the KID Documentation CD-ROM.

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Table of Contents

Index of Tables

HCUP KIDS' INPATIENT DATABASE (KID)
SUMMARY OF DATA USE LIMITATIONS

***** REMINDER *****

All users of the KID must sign a data use agreement and send a copy to AHRQ. †

Authorized users of HCUP data agree to the following limitations: ‡

- Will not use the data for any purpose other than research or aggregate statistical reporting.

- Will not re-release any data to unauthorized users.

- Will not identify or attempt to identify any individual.

- Will not link HCUP data to data from another source that identifies individuals.

- Will not report information that could identify individual establishments (e.g., hospitals).

- Will not use the data concerning individual establishments for commercial or competitive purposes involving those establishments.

- Will not use the data to determine rights, benefits, or privileges of individual establishments.

- Will not identify or attempt to identify any establishment when its identity has been concealed on the database.

- Will not contact establishments included in the data.

- Will not attribute to data contributors any conclusions drawn from the data.

- Must acknowledge the "Healthcare Cost and Utilization Project, (HCUP)", as described in the Data Use Agreement, in reports.

Any violation of the limitations in the data use agreement is punishable under Federal law by a fine of up to $10,000 and up to 5 years in prison. Violations may also be subject to penalties under State statutes.

† A copy of the Data Use Agreement is included on the KID Documentation CD-ROM and is included at the end of this document. See next page for AHRQ's address.

‡ Specific provisions are detailed in the Data Use Agreement for Kids' Inpatient Database.

HCUP CONTACT INFORMATION

Please submit signed data use agreements to HCUP at:

Agency for Healthcare Research and Quality
Healthcare Cost and Utilization Project (HCUP)
540 Gaither Road, 5th Floor
Rockville, Maryland 20850

Phone: (301) 427-1410
Fax: (301) 427-1430
Website: http://www.ahrq.gov/data/hcup/

For technical assistance,

Visit the AHRQ-sponsored HCUP User Support Website at

http://www.hcup-us.ahrq.gov

Or send an E-mail to HCUP User Support at

hcup@ahrq.gov

Or contact the HCUP Central Distributor at

HCUP Central Distributor
Social & Scientific Systems, Inc.
Phone: (866) 556-4287 (toll-free between the hours of 9 a.m.
and 5 p.m. (ET). If the HCUP Central Distributor is not
immediately available, please leave a message on the voice
mail, and your call will be returned within one business day.)

Fax: (301) 628-3201
E-mail: hcup@s-3.com

**The Agency for Healthcare Research and Quality and
the staff of the Healthcare Cost and Utilization Project (HCUP) thank you for
purchasing the HCUP Kids' Inpatient Database (KID).**

HCUP Kids' Inpatient Database (KID)

ABSTRACT

The Kids' Inpatient Database (KID) is part of the Healthcare Cost and Utilization Project (HCUP), sponsored by the Agency for Healthcare Research and Quality (AHRQ), formerly the Agency for Health Care Policy and Research.

The KID was developed to enable analyses of hospital utilization by children across the United States. The target universe includes pediatric discharges from community, non-rehabilitation hospitals in the United States. The sampling frame is limited to pediatric discharges from community, non-rehabilitation hospitals for which data were provided by HCUP Partner states. Pediatric discharges are defined as all discharges that had an age at admission of 20 years or less.

The KID contains charge information on all patients, regardless of payer, including persons covered by Medicare, Medicaid, private insurance, and the uninsured. The KID's large sample size enables analyses of rare conditions, such as congenital anomalies and uncommon treatments, such as organ transplantation.

Inpatient stay records in the KID include clinical and resource use information typically available from discharge abstracts. Discharge weights are provided for calculating national estimates. The KID can be linked to hospital-level data from the American Hospital Association's Annual Survey of Hospitals and county-level data from the Bureau of Health Professions' Area Resource File, except in those states that do not allow the release of hospital identifiers.

The 2000 KID differs from the 1997 KID release in that more States are included in 2000, some data elements were dropped, some were added, and the values of some data elements were changed.

Access to the KID is open to users who sign data use agreements. Uses are limited to research and aggregate statistical reporting.

For more information on the KID, visit the AHRQ-sponsored HCUP Website at www.hcup-us.ahrq.gov.

INTRODUCTION TO THE HCUP KIDS' INPATIENT DATABASE (KID)

OVERVIEW OF KID DATA

The Healthcare Cost and Utilization Project (HCUP) Kids' Inpatient Database (KID) was developed to enable analyses of hospital utilization by children across the United States. The target universe includes pediatric discharges from community, non-rehabilitation hospitals in the United States in 2000. Community hospitals, as defined by the American Hospital Association (AHA), include "all nonfederal, short-term, general and other specialty hospitals, excluding hospital units of institutions." Included among community hospitals are academic medical centers and specialty hospitals such as obstetrics-gynecology, ear-nose-throat, orthopedic, and pediatric hospitals. Excluded are federal hospitals (Veterans Administration, Department of Defense, and Indian Health Service hospitals), long-term hospitals, psychiatric hospitals, alcohol/chemical dependency treatment facilities, and hospital units within institutions such as prisons.

The sampling frame is limited to pediatric discharges from community, non-rehabilitation hospitals for which data were provided by 27 HCUP Partner states. These states include Arizona, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Missouri, New Jersey, New York, North Carolina, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, and West Virginia.

Pediatric discharges are defined as all discharges with an age at admission of 20 years or less. Discharges with missing, invalid, or inconsistent ages are excluded. Pediatric discharges are identified as one of three types of records:
C   uncomplicated in-hospital births (HOSPBRTH = 1 and UNCBRTH = 1),
C   complicated in-hospital births (HOSPBRTH = 1 and UNCBRTH = 0), and
C   all other pediatric cases (HOSPBRTH = 0).

In-hospital births (HOSPBRTH = 1) are identified by any principal or secondary diagnosis code in the range of V3000 to V3901 with the last two digits of "00" or "01" and the patient is not transferred from another acute care hospital or health care facility. Uncomplicated births (UNCBRTH = 1) have a Diagnosis Related Group (DRG) equal to 391 indicating "Normal Newborn."

Hospitals are divided into strata using six hospital characteristics: ownership/control, bedsize, teaching status, rural/urban location, U.S. region, and hospital type (pediatric versus other). The stratum-specific sampling rates are constant across all hospitals in the sampling frame. Ten percent of uncomplicated in-hospital births, and 80 percent of other pediatric cases in each frame stratum are sampled. If fewer than two frame hospitals, less than 30 uncomplicated births, less than 30 complicated births, and less than 30 non-birth pediatric discharges are contained in a stratum, then that stratum is merged with an "adjacent" stratum containing hospitals with similar characteristics. Detailed information on the design of the KID is available in the special report on *Design of the Kids' Inpatient Database, 2000,* found on the KID Documentation CD-ROM.

KID Data Sources, Hospitals, and Inpatient Stays

Table 1 summarizes the data sources, number of hospitals, and number of inpatient stays in the KID data.

Table 1. Summary of KID Data Sources, Hospitals, and Inpatient Stays, 1997 and 2000

Calendar year	Data sources	Number of hospitals	Number of pediatric discharges (unweighted)	Number of pediatric discharges (weighted)
1997	AZ CA CO CT FL GA HI IL IA KS MD MA MO NJ NY OR PA SC TN UT WA WI	2,521	1,905,797	6,657,326
2000	AZ CA CO CT FL GA HI IA KS KY MD MA ME MO NC NJ NY OR PA SC TN TX UT VA WA WI WV *(Added KY, ME, NC, TX, VA, WV. IL is no longer included)*	2,784	2,516,833	7,291,032

State-Specific Restrictions

Some data sources that contributed data to the KID imposed restrictions on the release of certain data elements or on the number and types of hospitals that could be included in the database. Detailed information on these state-specific restrictions is available in the report on *Sources of KID Data and State-specific Restrictions* found on the KID Documentation CD-ROM.

Contents of CD-ROM Set

There are two types of files included in the KID: 1) data files and 2) documentation and tools files.

1) Data Files - two types of ASCII formatted data files are included in the KID:

Inpatient Core File: The Core file contains pediatric discharges sampled from community, non-rehabilitation hospitals in 27 HCUP Partner States. The Core file contains data elements for linkage, patient demographics, clinical information, and payment information. Sample weights for the three types of records, uncomplicated in-hospital births, complicated in-hospital births, and all other pediatric cases, are calculated separately by stratum and merged onto the Core File accordingly. See Table 2 for a list of data elements in the Inpatient Core File.

Hospital Weights File: This hospital-level file contains one observation for each hospital included in the KID and contains weights and variance estimation data elements, as well as linkage data elements. The unit of observation is the *hospital*. The HCUP hospital identifier (HOSPID) provides the linkage between the KID Inpatient Core file and the Hospital Weights file. See Table 3 for a list of data elements in the Hospital Weights File.

2) Documentation and Tools Files

Documentation: Complete file documentation, variable notes, and summary statistics are provided in a series of Portable Document Format (*.pdf) files. These files are detailed in Table 4.

SAS source code: Code is included for the format library for the variables and for loading ASCII data into SAS format.

SPSS source code: Code is included for loading ASCII data into SPSS format.

Labels: Labels are included for the Clinical Classifications Software (CCS), formerly called the Clinical Classifications for Health Policy Research (CCHPR), and for the Diagnosis-Related Groups (multiple versions).

File Specifications: Record layouts for all data files.

KID Data Elements

The KID contains two types of data: inpatient stay core records and hospital information with weights. Table 2 and Table 3 identify the data elements that can be found in the inpatient stay core and hospital weights files, respectively. These tables are not intended to serve as complete documentation for the data; please refer to the KID Documentation CD-ROM for full details on all data elements, for summary statistics, and for the record layout.

Table 2. Data Elements in the KID Inpatient Core File, 2000

Note: Not all data elements in the KID are uniformly coded or available across all States. The 2000 KID differs from the 1997 KID release in that some data elements were dropped, some were added, and the values of some data elements were changed.

Data Element	Description (numbers in brackets indicate variable coding)
AGE	Age in years at admission
AGEDAY	Age in days (coded only when the age in years is less than 1) at admission
AGEMONTH	Age in months (coded only when age in years is less than 11) at admission
AMONTH	Admission month
ASOURCE	Admission source: (1) ER, (2) another hospital, (3) another facility including long-term care, (4) court/law enforcement, (5) routine/birth/other
ASOURCE_X	Admission source, as received from data source*
ATYPE	Admission type: (1) emergency, (2) urgent, (3) elective, (4) newborn, (6) other
AWEEKEND	Admission on weekend: (0) admission on Monday-Friday, (1) admission on Saturday-Sunday
BWT	Birth weight in grams
DIED	Indicates in-hospital death: (0) did not die during hospitalization, (1) died during hospitalization
DISCWT	Discharge weight on Core file. This weight is used to create national estimates for all analyses excluding those that involve total charges
DISCWTcharge	Discharge weight for national estimates of total charges
DISPUB92	Disposition of patient (discharge status), UB92 coding: (1) routine, (2) short term hospital, (3) skilled nursing facility, (4) intermediate care, (5) another type of facility, (6) home health care, (7) against medical advice, (8) home IV provider, (20) died in hospital, (40) died at home, (41) died in a medical facility, (42) died, place unknown, (50) Hospice, home, (51) Hospice, medical facility
DISPUniform	Disposition of patient (discharge status), uniform coding: (1) routine, (2) transfer to short term hospital, (5) other transfers, including skilled nursing facility, intermediate care, and another type of facility, (6) home health care, (7) against medical advice, (20) died in hospital
DQTR	Discharge quarter
DRG	Diagnosis Related Group (DRG) in use on discharge date
DRG18	DRG Version 18 (effective October 2000 - September 2001)
DRGVER	Grouper version in use on discharge date
DSHOSPID	Hospital number as received from the data source
DX1-DX15	Principal and secondary diagnoses
DXCCS1-DXCCS15	Clinical Classifications Software (CCS) category for all diagnoses

Table 2. Data Elements in the KID Inpatient Core File, 2000 (Continued)

Data Element	Description (numbers in brackets indicate variable coding)
FEMALE	Gender of patient: (0) male, (1) female
HOSPBRTH	Indicates that the discharge is an in-hospital birth: (1) in-hospital birth
HOSPID	HCUP hospital number (links to Hospital Weights file)
HOSPST	State postal code for hospital (e.g., AZ for Arizona)
HOSPSTCO	Modified Federal Information Processing Standards (FIPS) State/county code for hospital, links to Area Resource File (available from the Bureau of Health Professions, Health Resources and Services Administration)
KEY	Unique record number
KID_STRATUM	Stratum used to post-stratify hospitals for the calculation of weights, based on geographic region, control, location/teaching status, bed size, and hospital type (pediatric versus other)
LOS	Length of stay, edited
LOS_X	Length of stay, as received from data source
MDC	Major Diagnosis Category (MDC) in use on discharge date
MDC18	MDC Version 18 (effective October 2000 - September 2001)
MDID_S	Synthetic attending physician number
NDX	Number of diagnoses coded on the original record
NEOMAT	Neonatal/maternal flag: (0) not maternal or neonatal, (1) maternal diagnosis or procedure, (2) neonatal diagnosis, (3) maternal and neonatal on same record
NPR	Number of procedures coded on the original record
PAY1	Expected primary payer, uniform: (1) Medicare, (2) Medicaid, (3) private including HMO, (4) self-pay, (5) no charge, (6) other
PAY1_X	Expected primary payer, as received from the data source*
PAY2	Expected secondary payer, uniform: (1) Medicare, (2) Medicaid, (3) private including HMO, (4) self-pay, (5) no charge, (6) other
PAY2_X	Expected secondary payer, as received from the data source*
PR1-PR15	Principal and secondary procedures
PRCCS1-PRCCS15	Clinical Classifications Software (CCS) for all procedures
PRDAY1-PRDAY15	For each procedure, the number of days from admission
RACE	Race includes (1) White, (2) Black, (3) Hispanic, (4) Asian or Pacific Islander, (5) Native American, (6) Other
SURGID_S	Synthetic primary surgeon number
TOTCHG	Total charges, edited

Table 2. Data Elements in the KID Inpatient Core Files, 2000 (Continued)

Data Element	Description (numbers in brackets indicate variable coding)
TOTCHG_X	Total charges, as received from data source
UNCBRTH	Indicates that the discharge is an uncomplicated birth: (1) uncomplicated in-hospital birth
YEAR	Calendar year
ZIPINC	Median household income for patient's ZIP Code: (1) $1-$24,999, (2) $25,000-$34,999, (3) $35,000-$44,999, (4) $45,000 and above

*For categorical data elements with _X suffix, see Description of Data Elements (on the KID Documentation CD-ROM) for state-specific coding.

Table 3. Data Elements in the KID Hospital Weights File, 2000

Note: Not all data elements in the KID are uniformly coded or available across all States. The 2000 KID differs from the 1997 KID release in that some data elements were dropped, some were added, and the values of some data elements were changed.

Data Element	Description (numbers in brackets indicate variable coding)
AHAID	AHA hospital identifier that matches AHA Annual Survey of Hospitals (not available for all states)
HOSPADDR	Hospital address from AHA Survey (not available for all states)
HOSPCITY	Hospital city from AHA Survey (not available for all states)
HOSPID	HCUP hospital number (links to inpatient Core files)
HOSPNAME	Hospital name from AHA Survey (not available for all states)
HOSPST	Hospital state postal code for hospital (e.g., AZ for Arizona)
HOSPZIP	Hospital zip code from AHA Survey (not available for all states)
HOSP_BEDSIZE	Bed size of hospital: (1) small, (2) medium, (3) large
HOSP_CONTROL	Control/ownership of hospital: (0) government or private, collapsed category, (1) government, nonfederal, public, (2) private, non-profit, voluntary, (3) private, investor-own, (4) private, collapsed category
HOSP_LOCATION	Location: (0) rural, (1) urban
HOSP_LOCTEACH	Location/teaching status of hospital: (1) rural, (2) urban non-teaching, (3) urban teaching
HOSP_REGION	Region of hospital: (1) Northeast, (2) Midwest, (3) South, (4) West
HOSP_TEACH	Teaching status of hospital: (0) non-teaching, (1) teaching
IDNUMBER	AHA hospital identifier without the leading 6 (not available for all states)
KID_STRATUM	Stratum used to post-stratify hospitals for the calculation of weights, based on geographic region, control, location/teaching status, bed size, and hospital type (pediatric versus other)
NACHTYPE	NACHRI hospital type: (0) not identified as a children's hospital by NACHRI, (1) children's general hospital, (2) children's specialty hospital, (3) children's unit in a general hospital
PEDS_DISC	Number of discharges, 20 years old or younger, from this hospital in the SID
PEDS_PCT	Percentage of hospital discharges, 20 years old or younger
TOTAL_DISC	Total number of discharges from this hospital in the KID
YEAR	Calendar year

Additional variables required to create national estimates are also included. These variables include discharge weights, stratum identifiers, number of discharges and births in the strata, number of hospitals in the strata, and total number of discharges in a hospital. All of these are non-identifying variables constructed at the regional and national level.

GETTING STARTED

KID information is provided on two CD-ROMs. The KID data files are on CD-ROM #1 and the KID documentation and tools are on CD-ROM #2.

KID Data Files

In order to load KID data onto your PC, you will need about two gigabytes of space available. Because of the size of the files, the data are distributed as self-extracting PKZIP compressed files. To decompress the data, you should follow these steps:

1. Create a directory for the KID on your hard drive.
2. Copy the self-extracting data files from the KID Data Files CD-ROM into the new directory.
3. Unzip each file by running the corresponding *.exe file.

Type the file name within DOS or click on the name within Windows Explorer.
Edit the name of the "Unzip To Folder" in the WinZip Self-Extractor dialog to select the desired destination directory for the extracted file.
Click on the "Unzip" button.

The ASCII data files will then be uncompressed into this directory. After the files are uncompressed, the *.exe files can be deleted.

KID Documentation

KID documentation files on the Documentation CD-ROM provide important user resources. Refer to these to understand the structure and content of the KID and to aid in its use. Many of the documentation files are provided in portable document format (*.pdf) files. Files with the *.pdf extension can be viewed, searched, and printed using the Adobe Acrobat Reader®.

You must have the Adobe Acrobat Reader software on your computer to access the KID documentation. If you do not have this software on your computer, see the DOCUMENTATION.README.TXT file on KID Documentation CD-ROM for instructions on installing or obtaining the software.

The Acrobat Reader provided on the KID Documentation CD-ROM is designed for IBM-compatible microcomputers running Microsoft Windows 95 or higher. More information and Acrobat Reader software for other platforms (DOS, Windows 3.1, Macintosh, Sun Systems, etc.) may be obtained free of charge from the Adobe Home Page at http://www.adobe.com/. For further assistance in installing and running the Adobe Acrobat Reader on your computer platform, please consult your local support personnel.

Table 4 describes the documentation and tools files that can be found on the KID Documentation CD-ROM. It also illustrates the structure of the directories and subdirectories on the CD. All KID documentation is also available on the HCUP Web site at http://www.ahrq.gov/data/hcup/.

Table 4. KID Documentation CD-ROM

Directory	Description
Root	Includes: • DOCUMENTATION.README.TXT file with introductory information on accessing the KID documentation
/General Information	Includes: • Overview of the KID (PDF file) • Sources of KID Data and State-Specific Restrictions (PDF file) • File Composition by State (PDF file) • Data Use Agreement for the Kids' Inpatient Database (PDF file)
/Special Reports	Includes: • Design of the Kids' Inpatient Database (PDF file) • HCUP Coding Practices (PDF file) • HCUP Quality Control Procedures (PDF file) • HCUP Hospital Identifiers (PDF file)
/File Specifications	Includes data set name, number of records, record length, and record layout. One file per data file: Core and Hospital Weights (Text files).
/Description of Data Elements	Includes information on all KID variables such as uniform coding and state-specific information. One file per data file: Core and Hospital Weights (PDF files).
/Summary Statistics	Includes summary statistics (means and frequencies) on KID data. One file per data file: Core and Hospital Weights (PDF files).
/SAS Load Programs	SAS programming code to convert ASCII data files into SAS. One file per data file: Core and Hospital Weights (Text files).
/SPSS Load Programs	SPSS programming code to convert ASCII data files into SPSS. One file per data file: Core and Hospital Weights (Text files).
/HCUP Tools_Labels	Includes: • Label file for the Clinical Classifications Software (CCS), a categorization scheme that groups ICD-9-CM diagnosis and procedure codes into mutually exclusive categories (Text file) • Label file for Diagnosis Related Groups (DRGs), multiple versions provided (Text file) • SAS code to create format library of variable labels (Text file)
/Adobe Acrobat Reader	Adobe Acrobat Reader files for IBM compatible for Microsoft Windows 95 or higher (One text, one HTML, and one application file).

OTHER HCUP PRODUCTS

Information on HCUP products and services is available on the World Wide Web on the AHRQ Website http://www.ahrq.gov/data/hcup/. HCUP User Support is available at http://www.hcup-us.ahrq.gov.

DATABASES

Nationwide Inpatient Sample (NIS) is a nationwide database of hospital inpatient stays. The NIS is the largest all-payer inpatient care database that is publicly available in the United States, containing data from 5 to 8 million hospital stays from about 1000 hospitals sampled to approximate a 20-percent stratified sample of U.S. community hospitals. The NIS is available for a 14-year time period, from 1988 to 2001, allowing analysis of trends over time. For more information, visit the HCUP User Support Website at http://www.hcup-us.ahrq.gov or contact the HCUP Central Distributor (detailed below).

State Inpatient Databases (SID) are hospital inpatient databases from Data Organizations participating in HCUP. The SID contain the universe of the inpatient discharge abstracts in the participating HCUP States, translated into a uniform format to facilitate multi-State comparisons and analyses. Together, the SID encompass about 80 percent of all U.S. community hospital discharges. For more information, visit the HCUP User Support Website at http://www.hcup-us.ahrq.gov or contact the HCUP Central Distributor (see below).

State Ambulatory Surgery Databases (SASD) are outpatient databases from Data Organizations in participating HCUP States, which capture surgeries performed on the same day in which patients are admitted and released. The SASD contain the ambulatory surgery encounter abstracts in participating States, translated into a uniform format to facilitate multi-State comparisons and analyses. All of the databases include abstracts from hospital-affiliated ambulatory surgery sites. Some contain the universe of ambulatory surgery encounter abstracts for that State, including records from both hospital-affiliated and freestanding surgery centers. Composition and completeness of data files may vary from State to State. For more information, visit the HCUP User Support Website at http://www.hcup-us.ahrq.gov or contact the HCUP Central Distributor (see below).

Kids' Inpatient Database (KID) is a unique database of hospital inpatient stays for children 18 years of age and younger. The 1997 and 2000 KID was specifically designed to permit researchers to study a broad range of conditions and procedures related to child health issues. For more information, visit the HCUP User Support Website at http://www.hcup-us.ahrq.gov or contact the HCUP Central Distributor (see below).

HCUP CENTRAL DISTRIBUTOR

HCUP databases are available for purchase through the AHRQ-sponsored HCUP Central Distributor. All years of the NIS and KID are released through the HCUP Central Distributor. In addition, many of the HCUP State Partners allow the public release of the HCUP State Inpatient Databases (SID) and State Ambulatory Surgery Databases (SASD) through the HCUP Central Distributor. Application Kits for purchasing the HCUP databases are available online at http://www.hcup-us.ahrq.gov or contact the HCUP Central Distributor directly. Information on how to obtain uniformly-formatted HCUP files from States not participating in the HCUP Central Distributor is also available from the HCUP Central Distributor:

HCUP Central Distributor
Social & Scientific Systems, Inc.
Phone: (866) 556-4287 (toll-free)
FAX: (301) 628-3201
E-mail: hcup@s-3.com

HCUP USER SUPPORT

HCUP User Support (HCUP-US) provides technical assistance to all HCUP users and is designed to facilitate the use of HCUP data, software tools, and products. The goals of this service are to increase awareness of the strengths and uses of HCUP data and to enhance the skills of individuals using the data for research, education, and policy analysis. A user-friendly Website for HCUP-US is located at http://www.hcup-us.ahrq.gov. This site includes links to information on how to purchase and understand the HCUP databases, as well as links to HCUP User Support Services and Frequently Asked Questions. For further information, consultants are available via both telephone and E-mail to help in planning analytic research and to offer advice about appropriate uses of HCUP data.

HCUPnet

HCUPnet is a Web-based query tool for identifying, tracking, analyzing, and comparing statistics on hospitals at the national, regional, and state level. With HCUPnet you have easy access to national statistics and trends and selected state statistics about hospital stays. HCUPnet guides you step-by-step to obtain the statistics you need. HCUPnet generates statistics using the Nationwide Inpatient Sample (NIS), the Kids' Inpatient Database (KID), and the State Inpatient Databases (SID) for those states that have agreed to participate. HCUPnet can be found at: http://www.ahrq.gov/data/hcup/hcupnet.htm.

TOOLS

AHRQ Quality Indicators (QIs) are clinical performance measures for use with readily available inpatient data. Methods and software for the AHRQ Quality Indicators can be downloaded from http://www.ahrq.gov/data/hcup/qinext.htm.

Clinical Classifications Software (CCS), formerly known as the Clinical Classifications for Health Policy Research (CCHPRs), are classification systems that group ICD-9-CM diagnoses and procedures into a limited number of clinically meaningful categories. Methods and software can be downloaded from http://www.ahrq.gov/data/hcup/ccs.htm.

Comorbidity Software assigns variables that identify comorbidities in hospital discharge records using ICD-9-CM diagnosis codes (International Classification of Diseases, Ninth Revision, Clinical Modification). Methods and software can be downloaded from http://www.ahrq.gov/data/hcup/comorbid.htm.

PUBLICATIONS

HCUP Research Notes report aggregate statistics and detailed analyses using HCUP data. To request copies, contact the AHRQ Publications Clearinghouse at (800) 358-9295 or send a postcard to: AHRQ Publications Clearinghouse, P.O. Box 8547, Silver Spring, MD 20907 or visit the AHRQ Website http://www.ahrq.gov/data/hcup/.

DATA USE AGREEMENT FOR THE KIDS' INPATIENT DATABASE

This agreement must be signed by anyone seeking to use data in the Kids' Inpatient Database (KID) maintained by the Center for Delivery, Organization, and Markets (CDOM), Agency for Healthcare Research and Quality (AHRQ) before access to such data can be granted. All data maintained by CDOM/ AHRQ is confidential or proprietary except data specified for restricted access public release, or data authorized by AHRQ and the original data source for re-release.

Under section 924(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)), data that identifies individuals or establishments collected by the Agency for Healthcare Research and Quality (AHRQ) may be used only for the purpose for which they were collected. Data supplied to AHRQ under the auspices of HCUP were provided by the data sources only for research, analysis, and aggregate statistical reporting.

No identification of persons--Any effort to determine the identity of any person contained in the databases (including but not limited to patients, physicians, and other health care providers) or to use the information for any purpose other than for research, analysis, and aggregate statistical reporting would violate the conditions of this data use agreement and therefore the above-referenced AHRQ confidentiality statute. Furthermore, under the statute, no identifying information may be published or released in any way without the consent of the person who supplied the information or who can be identified by the information. AHRQ omits from the data set all direct personal identifiers, as well as characteristics that might lead to identification of persons. It may be possible in rare instances, through complex analysis and with outside information, to ascertain from the data sets the identity of particular persons. Considerable harm could ensue if this were done. By virtue of this agreement, the undersigned agrees that such attempts will be prohibited and that information which could identify individuals directly or by inference will not be released or published. Because of these restrictions, users of the data must agree that they will not attempt to contact individuals for the purpose of verifying information supplied in the HCUP databases. Any questions about the data must be referred to AHRQ only.

Use of Establishment identifiers--Section 924(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)) also restricts the use of any information that allows the identification of establishments to the purpose for which the information was collected. Permission was obtained from the data sources (state data organizations, hospital associations, and data consortia) to use the identification of hospitals (when such identification appears in the data sets) for the purpose of conducting research only. Such research purpose includes linking institutional information from outside data sets for analysis and aggregate statistical reporting. Such purpose does not include the use of information in the data sets concerning individual establishments for commercial or competitive purposes involving those individual establishments, or to determine the rights, benefits, or privileges of establishments. Users of the data must not identify establishments directly or by inference in disseminated material. In addition, users of the data must not contact establishments for the purpose of verifying information supplied in the HCUP databases. Any questions about the data must be referred to AHRQ only.

The undersigned gives the following assurances with respect to the AHRQ data sets.

- I will not use nor permit others to use the data in these sets in any way except for research, analysis, and aggregate statistical reporting;

- I will require others in the organization (specified below) who use the data to sign this agreement (specifically acknowledging their agreement to abide by its terms) and will submit those signed agreements to AHRQ;

- I will ensure that the data are kept in a secured environment and that only authorized users have access to the data;

- I will not release nor permit others to release any information that identifies persons, directly or indirectly; I will not release information where the number of observations (i.e., discharge records) in any given cell of tabulated data is less than or equal to 10;

- I will not release nor permit others to release the data sets or any part of them to any person who is not a member of the organization (specified below), except with the approval of AHRQ;

- I will not attempt to link nor permit others to attempt to link the hospital stay records of persons in this data set with personally identifiable records from any other source;

(Revised 7/7/03)

- I will not attempt to use nor permit others to use the datasets to learn the identity of any person included in any set;

- I will not use nor permit others to use the data concerning individual establishments (1) for commercial or competitive purposes involving those individual establishments, (2) to determine the rights, benefits, or privileges of individual establishments nor (3) to report, through any medium, data that could identify, directly or by inference, individual establishments;

- When the identities of establishments are not provided on the data sets, I will not attempt to use nor permit others to use the data sets to learn the identity of any establishment in the data sets;

- I will not contact nor permit others to contact establishments or persons in the data sets to question, verify, or discuss data in the HCUP databases;

- I will indemnify, defend, and hold harmless the data sources and AHRQ from any or all claims and losses accruing to any person, organization, or other legal entity as a result of violation of this agreement. This provision applies only to the extent permitted by federal law and regulation (i.e., to the extent permitted by 31 United States Code Section 1341 (Subtitle II, Chapter 13, Subchapter III, "Limitations on Expending and Obligating Amounts."));

- I will make no statement nor permit others to make statements indicating or suggesting that interpretations drawn are those of data sources or AHRQ;

- I will acknowledge in all reports based on these data that the source of the data is the "Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality".

I understand that these assurances are collected for the United States Agency for Healthcare Research and Quality to require compliance with its statutory confidentiality requirement. My signature indicates my agreement to comply with the above-stated requirements with the knowledge that any violation of this statute is subject to a civil penalty of up to $10,000 under 42 U.S.C. 299c-3(d), and that deliberately making a false statement about this or any matter within the jurisdiction of any department or agency of the Federal Government violates 18 U.S.C. 1001 and is punishable by a fine of up to $10,000 or up to five years in prison. Violators of this agreement may also be subject to penalties under state confidentiality statutes that apply to these data for particular states.
C

Signed:_____ Date:_____

Print or Type Name:_____

Title:_____

Organization:_____

Address:_____

City: _____ State:_____ Zip code:_____

Phone Number:_____ Fax:_____ E-mail:_____

Note to Purchaser: Shipment of the data product will only be made to the person who signs this data use agreement.