Request for Aggregate Data Technical Notes

Discharge Year	Inpatient Cases*	Outpatient Cases*
2000	537,433	504,744
2001	600,469	615,949
2002	622,498	677,935
2003	632,041	702,618
2004	636,199	727,252
2005	644,316	782,493
2006	651,072	804,759
2007	648,455	778,580
2008	648,738	3,586,079**
2009	652,039	3,627,793
2010	637,469	3,644,977
2011	635,234	3,752,504
2012	623,548	3,870,216
2013	594,723	4,436,227
2014	588,427	4,873,300
2015	600,662	8,943,678***
2016	600,851	9,414,249
2017	603,131	9,855,349
2018	597,979	10,044,840
2019	596,178	9,711,149
2020	544,636	9,500,349
2021	552,237	11,593,831

* Note: Number of records available for analysis may differ from those in public use data sets due to late loads and changes made by facilities after PUD sets are created.

** Jan. 1, 2008: The Office of Health Data and Analytics, Division of Analytics started collecting Emergency Department and non-Hospital Outpatient (specified CPT codes in addition to ambulatory surgery or mammogram) data.

*** Jan. 1, 2015: The Office of Health Data and Analytics, Division of Analytics started collecting all discharge records from all facilities required to report. This includes instances like outpatient lab work that previously did not qualify as a reporting required discharge.

The data for 2000 - 2007 was collected using the data elements found in the UB 92 medical billing format for each discharge. In 2008, we transitioned to data collected using the 837 medical billing format. This included the following changes:

- Increased from nine to 25 possible diagnoses codes.
- Present on admission (POA) was collected for the 25 possible diagnoses, where applicable.
- Increased from nine to 25 possible procedure codes.
- Patient race and ethnicity was collected.
- Began collecting emergency department data.

- Began collecting outpatient services in addition to ambulatory surgery and mammograms (based on specific CPT codes).

In 2015 the format of the data delivered to the Office of Health Data and Analytics, Division of Analytics further changed to include an unlimited number of procedure codes. The largest number of procedure codes on one discharge record, for 2015, is just under 100 procedures.

In 2019 OHDA began collecting data to allow us to assign a unique patient ID for the first time. This will allow us to report numbers of patients instead of just number of encounters for disease surveillance and community health measures.