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Limited Data Request

Request number - CS0002175

HCAI 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.

§128766 of the Health and Safety Code gives HCAI the legal authority to disclose patient-level data to hospitals, Tribal Epidemiology Centers, local health departments and local health officers, and certain federal agencies conducting a statutorily authorized activity. The law provides that the disclosure be consistent with limited data set standards and limitations under 45 CFR §164.514. Any hospital that receives data under §128766 shall not disclose the data to any person or entity except as required or permitted by the HIPAA medical privacy regulations. The hospital and its contractor(s) are prohibited from re-identifying or attempting to re-identify any information received pursuant to §128766. This form must be completed if you are requesting access to a limited data set from HCAI.

Hospital Identification/Eligibility

Contact Information

Hospital CEO or Admin: First Name

William

Hospital CEO or Admin: Last Name

Gilbert

Hospital

ARROWHEAD REGIONAL MEDICAL CENTER

License Number

240000197

Under HIPAA, the hospital is a(n):

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

Address

400 N. PEPPER AVENUE

City

COLTON

State

California

ZIP Code

92324

Administrator Phone Number

9095806150

Administrator Email Address

gilbertw@armc.sbcounty.gov

Additional Information

If different from above

□ Designated Point of Contact

Designated Point of Contact for Data Request

Contact: First Name

Cesar

Contact: Last Name

Rivas

Department

Strategy and Business Development

Address

400 N. PEPPER AVENUE

City

COLTON



California

ZIP Code

92324

Phone number

9095549268

Email Address

rivassc@armc.sbcounty.gov

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.

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

To better understand the health care needs of our community and drive planning efforts that will increase access to care for the residents of San Bernardino County.

Receipt and Use of Data

Data Users Within Organization

Strategy and Business Development - Cesar Rivas - Hospital Strategy Officer

Will this data be released outside of the organization?

No

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.

PDD Years Desired

Enter each year desired, separated by commas. No other format will be accepted. 2018,2019,2020,2021

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A Data Justification Grid is required if you select a Custom Data Set. The Data Justification Grid can be found here.

oximes Model Data Set (MDS) \Box Custom Data Set

EDD Years Desired

Enter each year desired, separated by commas. No other format will be accepted. 2018,2019,2020,2021

☑ 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.

ASD Years Desired

Enter each year desired, separated by commas. No other format will be accepted. 2018,2019,2020,2021

☑ Additional Products (PO/MS, AHRQ)

PO/MS Data

☐ Patient Origin/Market Share (PO/MS) Pivot Table - Model Dataset Version

AHRQ Data

Please Note: The AHRQ PQI Summary and Record-Level Files are created each data year using the latest available version of PQI software. When possible and appropriate, HCAI may re-create a prior year's PQI files using the updated software, thus allowing comparability among years. Data created under different software versions are likely not comparable due to software updates. The PQI data for 2010-2015Q3 were created using PQI software version 5.0. The data for 2016 and later will use the latest software version available.

□ AHRQ PQI Data Not Desired □ AHRQ Prevention Quality Indicator (PQI) - Summary File ☑ AHRQ Prevention Quality Indicator (PQI) - Record-Level File AND Summary File

AHRQ PQI Years Desired

Enter each year desired, separated by commas. No other format will be accepted. 2018,2019,2020,2021

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)

Describe and explain the set of Geographic Subset Data you are requesting

Data for the following counties: San Bernardino, Riverside, Inyo, Mono, Kern, San Diego, Imperial, Orange,

Los Angeles, Santa Barbara and Ventura This data is being requested in order to better understand the type of services patients are utilizing within San Bernardino and other surrounding counties. As a regional medical center, ARMC plays an integral role in the patient safety net and provides complete burn care for surrounding counties, thus it's vital for hospital operations to have insight into the care patients need the most.

Desired Data Se	<u>t Format(s)</u>				
Indicate the form	nat you prefer for your Data	a Set			
☐ SAS (PROC F	ormat Code Included) \square Com	nma Delimited with Labels ⊠ Comma Delin	nited		
Additional Notes					
	<u>.</u> any additional notes you ma	av have			
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Acknowledgme	ents and Signatures				
	Jnder HIPAA, limited data s	ets are Personal Health Information (PH	I).		
٦	The HIPAA Medical Privacy	Rule applies to all limited data sets that	I receive under this		
	application.				
ı	agree to protect all nonput	olic data products received from HCAI, ε	even if they do not		
	contain patient level data, and to treat these products as PHI.				
	Anv data I receive pursuant	to this request will be maintained in a s	ecure environment.		
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	f applying for data to use w	rithin an ACE, I certify that the applicant	is an ACE.		
•	al CEO or Administrator	Signature of Hospital CEO or	Date		
	(printed)	Administrator			