INTRODUCTION TO

THE HCUP STATE EMERGENCY DEPARTMENT DATABASES (SEDD)

These pages provide only an introduction to the SEDD package.

Full documentation is provided online at the HCUP User Support Web site:

www.hcup-us.ahrq.gov.

Issued April 2017

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HCUP STATE EMERGENCY DEPARTMENT DATABASES (SEDD)

SUMMARY OF DATA USE LIMITATIONS

***** REMINDER *****

All users of the SEDD must take the online Data Use Agreement (DUA) training course, and read and sign a Data Use Agreement. †

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

- 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 redistribute HCUP data by posting on any Website or other publically-accessible online repository.

- Will not identify or attempt to identify any individual, including by the use of vulnerability analysis or penetration testing. Methods that could be used to identify individuals directly or indirectly shall not be disclosed or published.

- Will not report any statistics where the number of observations (i.e., individual discharge records) in any given cell of tabulated data is less than or equal to 10.

- Will not publish information that could identify individual establishments (e.g., hospitals), and will not contact establishments.

- Will not use the data concerning individual establishments for commercial or competitive purposes involving those establishments, and will not use the data to determine rights, benefits, or privileges of individual establishments.

- Will acknowledge in reports that data from the "Healthcare Cost and Utilization Project (HCUP)" were used, including names of the specific databases used for analysis.

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.

† The on-line Data Use Agreement training tool and the Data Use Agreement for State Databases are available on the HCUP User Support (HCUP-US) Web site: www.hcup-us.ahrq.gov.

‡Specific provisions are detailed in the Data Use Agreement for HCUP State Databases.

HCUP CONTACT INFORMATION

All HCUP data users, including data purchasers and collaborators, must complete the online HCUP Data Use Agreement (DUA) Training Tool, and read and sign the HCUP Data Use Agreement. Proof of training completion and signed Data Use Agreements must be submitted to the HCUP Central Distributor as described below.

The on-line DUA training course is available at: www.hcup-us.ahrq.gov/tech_assist/dua.jsp.

The **HCUP Data Use Agreement for the State Databases** is available on the AHRQ-sponsored HCUP User Support (HCUP-US) Web site at: www.hcup-us.ahrq.gov

HCUP Central Distributor

Data purchasers will be required to provide their DUA training completion code and will execute their DUAs electronically as a part of the online ordering process. The DUAs and training certificates for collaborators and others with access to HCUP data should be submitted directly to the HCUP Central Distributor using the contact information below.

If you have questions concerning HCUP database purchases, current HCUP database orders and invoices, downloading Nationwide HCUP databases, unzipping State or Nationwide HCUP database products, or the submission of required HCUP Data Use Agreements (DUAs), training certificate codes, or data re-use requests, review the Purchasing FAQs located at www.hcup-us.ahrq.gov/tech_assist/faq.jsp or contact the HCUP Central Distributor:

Phone: 866-556-HCUP (4287) (toll free)
Email: HCUPDistributor@AHRQ.gov
Fax: 866-792-5313 (toll free in the United States)

Mailing address:
HCUP Central Distributor
Social & Scientific Systems, Inc.
8757 Georgia Ave, 12th Floor
Silver Spring, MD 20910

HCUP User Support:

Information about the content of the HCUP databases is available on the HCUP User Support (HCUP-US) Web site (www.hcup-us.ahrq.gov). If you have questions about using the HCUP databases, software tools, supplemental files, and other products, or about data use restrictions and publishing with the data, please review the HCUP Frequently Asked Questions located at www.hcup-us.ahrq.gov/tech_assist/faq.jsp or contact HCUP User Support:
Phone: 866-290-HCUP (4287) (toll free)
Email: hcup@ahrq.gov

We would like to receive your feedback on the HCUP data products.

Please send user feedback to hcup@ahrq.gov.

**The Agency for Healthcare Research and Quality and
the staff of the Healthcare Cost and Utilization Project (HCUP) thank you for
purchasing the HCUP State Emergency Department Databases (SEDD)**

HCUP State Emergency Department Databases (SEDD)

ABSTRACT

The State Emergency Department Databases (SEDD) are part of the Healthcare Cost and Utilization Project (HCUP), sponsored by the Agency for Healthcare Research and Quality (AHRQ).

The HCUP State Emergency Department Databases (SEDD) are a powerful set of databases that capture discharge information on all emergency department visits that do not result in an admission. Information on patients initially seen in the emergency room and then admitted to the hospital is included in the HCUP State Inpatient Databases (SID). To enumerate all emergency department visits, SEDD discharges should be combined with SID discharges that originate in the emergency department.

- The SEDD contain the emergency department encounter abstracts from hospital-affiliated emergency departments in participating States that are translated into a uniform format to facilitate multistate comparisons and analyses.

- They contain a core set of clinical and nonclinical information on all patients, regardless of payer, including those covered by Medicare, Medicaid, private insurance, and the uninsured.

- In addition to the core set of uniform data elements common to all SEDD, some State data include other elements such as the patient's race.

Researchers and policymakers use the SEDD to investigate access to health care in a changing health care marketplace; identify State-specific trends in emergency department utilization, access, charges, and outcomes; and conduct market-area research and small-area variation analyses.

The individual State databases are in the same HCUP uniform format and represent 100 percent of records processed by AHRQ. However, the participating data organizations control the release of specific data elements. AHRQ is currently assisting the data organizations in the release of the 1999–2015 SEDD.

The SEDD can be linked to hospital-level data from the American Hospital Association (AHA) Annual Survey of Hospitals and county-level data from the Bureau of Health Professions' Area Resource File (ARF), except in States that do not allow the release of hospital identifiers.

Twenty-two of the data organizations participating in HCUP have agreed to release their SEDD files through the HCUP Central Distributor under the auspices of AHRQ. Uses are limited to research, analysis, and aggregate statistical reporting.

INTRODUCTION TO THE HCUP STATE EMERGENCY DEPARTMENT DATABASES (SEDD)

OVERVIEW OF THE SEDD

The Healthcare Cost and Utilization Project (HCUP) State Emergency Department Databases (SEDD) consist of individual data files from 35 participating data organizations. The SEDD contain information on emergency department (ED) visits to hospital-affiliated emergency departments that do not result in admissions. Information on patients initially seen in the emergency room and then admitted to the hospital is included in the HCUP State Inpatient Databases (SID). Composition and completeness of data files may vary from State to State. The SEDD are annual, State-specific files that share a common structure and common data elements. Most data elements are coded in a uniform format across all States. In addition to the core set of uniform data elements, the SEDD include State-specific data elements or data elements available only for a limited number of States. The uniform format of the SEDD helps facilitate cross-State comparisons. In addition, the SEDD, in combination with the SID, are well suited for research that requires complete enumeration of hospitals and emergency room encounters within market areas or States.

Twenty-two of the 35 participating data organizations have agreed to release their SEDD files through the HCUP Central Distributor under the auspices of AHRQ. The individual State databases are in the same HCUP uniform format. In general, they represent 100 percent of records processed by AHRQ. However, the participating data organizations control the release of specific data elements. AHRQ is currently assisting the data organizations in the release of the 1999–2015 SEDD.

SEDD data sets are currently available for multiple States and years. Each release of the SEDD includes:

- Data in American Standard Code for Information Interchange (ASCII) format on a compact disc with read-only memory CD-ROM.

- Patient-level discharge abstract data in participating States for 100 percent of discharges from hospital-affiliated emergency departments that do not result in admissions.

- American Hospital Association (AHA) Linkage File to link the SEDD to data from the AHA Annual Survey of Hospitals. This is only available for States that allow the release of hospital identifiers.

The SEDD are calendar year files for all data years except 2015. Because of the transition to ICD-10-CM/PCS[1] on October 1, 2015, the 2015 SEDD are split into two parts. Nine months of the 2015 data with ICD-9-CM[2] codes (discharges from Jan 1, 2015 – September 30, 2015) are in one set of files labeled Q1Q3. Three months of 2015 data with ICD-10-CM/PCS codes (discharges from October 1, 2015 – December 31, 2015) are in a separate set of files labeled Q4. More information about the changes to the HCUP databases for ICD-10-CM/PCS and use of data across the two coding system may be found on the HCUP User Support Web site under ICD-10-CM/PCS Resources (www.hcup-us.ahrq.gov/datainnovations/icd10_resources.jsp).

SEDD documentation and tools—including file specifications, programming source code for loading ASCII data into SAS (SAS Institute Inc.; Cary, NC), SPSS (IBM Corp.; Somers, NY), and Stata (StataCorp; College Station, TX), and value labels—are available online at the HCUP User Support Web site (www.hcup-us.ahrq.gov).

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[1] ICD-10-CM/PCS: International Classification of Diseases, 10th Edition, Clinical Modification/ Procedure Coding System

[2] ICD-9-CM: International Classification of Diseases, Ninth Edition, Clinical Modification

Starting with the 2006 SEDD, the AHA Linkage files are available via the HCUP User Support Web site (www.hcup-us.ahrq.gov). The AHA Linkage files may not be available when the discharge-level database is released**.**

How the HCUP SEDD Differ from State Data Files

The SEDD available through the HCUP Central Distributor differ from the data files available from the data organizations in the following ways:

- Data elements available on the files
- Coding of data elements

Because the data organizations dictate the data elements that may be released through the HCUP Central Distributor, the data elements on the SEDD are a subset of the data collected by the corresponding data organizations. HCUP uniform coding is used on most data elements on the SEDD. A few State-specific data elements retain the original values provided by the respective data organizations.

What Types of Facilities Are Included in the SEDD?

The types of hospitals included in the SEDD depend on the information provided by the data organizations. Most State government data organizations provide information on all acute care hospitals in the respective State. Private data organizations are often restricted to member hospitals and may not provide information on all hospitals in their State. All hospitals reported by the data organizations are retained in the SEDD files.

Tables showing the number of hospitals in the SEDD can be found online at the HCUP User Support Web site (www.hcup-us.ahrq.gov). The tables present the hospitals by the number of:

- Community hospitals
- Hospitals not classified as community
- Community hospitals not in the SEDD

The only reason a hospital is not included in the SEDD is if the data organization did not supply the necessary data.

Information contained in the AHA Annual Survey of Hospitals was used to determine if a hospital was a community hospital. Community hospitals, as defined by 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, otolaryngology, short-term rehabilitation, orthopedic, and pediatric hospitals. Noncommunity hospitals include Federal hospitals (e.g., Veterans Affairs, 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.

Some hospitals could not be categorized as community or noncommunity hospitals because they could not be matched with AHA information. This occurs when a hospital was closed in a previous year or when the hospital does not report to the AHA.

What is the File Structure of the SEDD in the 2015 Files?

The file structure of the 2015 SEDD is similar to previous years (and future years) in terms of how data elements are split across multiple data files, but differs from others years because the records within the 2015 files have been separated into two sets of files based on the discharge date because of the transition from reporting medical diagnoses and inpatient procedures using ICD-9-CM to the ICD-10-CM/PCS code sets.[3]

The 2015 SEDD are split into two separate sets of files based on the discharge date and different coding schemes:

- If the record was discharged between January 1, 2015, and September 30, 2015, it is retained in the quarter 1 to quarter 3 (Q1–Q3) files and includes ICD-9-CM data
- If the record was discharged between October 1, 2015 and December 31, 2015, it is retained in the quarter 4 (Q4) files and includes ICD-10-CM/PCS data.

Almost all of the diagnosis and procedure-related data elements that are based on ICD-10-CM/PCS data have been renamed with the prefix of I10 to distinguish them from the ICD-9-CM-based data element.

Based on the availability of data elements across States, data elements included in the 2015 SEDD are structured as follows:

- Core files, one for Q1–Q3 and one for Q4
- Charges files, one for Q1–Q3 and one for Q4
- AHA Linkage file (one file because this is a hospital-level file, instead of an encounter-level file)
- Diagnosis and Procedure Groups files, one for Q1–Q3 and one for Q4

The **Core file** is an encounter-level file that contains:

- Core data elements that form the nucleus of the SEDD
- State-specific data elements intended for limited use

Core data elements meet at least one of the following criteria:

- Are available from all or nearly all data sources
- Lend themselves to uniform coding across sources
- Are needed for traditional applications (e.g., patient age, sex)

State-specific data elements meet at least one of the following criteria:

- Are available from a limited number of sources
- Do not lend themselves to uniform coding across sources
- Are not needed for traditional applications

The **Charges file** contains detailed charge information. There are three kinds of Charges files:

1) *Line item detail* in which a submitted charge pertains to a specified revenue center and there may be multiple charges reported for the same revenue center. This type of Charges file includes multiple records per discharge abstract. Each record includes the following

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[3] ICD-9-CM: International Classification of Diseases, Ninth Edition, Clinical Modification; ICD-10-CM/PCS: International Classification of Diseases, 10th Edition, Clinical Modification/ Procedure Coding System

information for <u>one</u> service:
   a. Revenue center (REVCODE)
   b. Charge (CHARGE)
   c. Unit of service (UNITS)
   d. Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes (CPTHCPCS)
   e. Day of service (SERVDAY) for some files

For example, if a patient had five laboratory tests, there are five records in the Charges file with information on the charge for each laboratory test. Information from this type of Charges file may be combined with the Core file by the unique record identifier (KEY), but there is not a one-to-one correspondence of records.

2) *Summarized detail* in which charge information is summed within the revenue center. This type of Charges file includes one record per discharge abstract. Each record contains three corresponding arrays with the following information:
   a. Revenue center (REVCDn)
   b. Total charge for the revenue center (CHGn)
   c. Total units of service for the revenue center (UNITn)

For example, if a patient had five laboratory tests, REVCD1 would include the revenue code for laboratory, CHG1 would include the total charge for the five tests, and UNIT1 would be five. To combine data elements between this type of Charges file and the Core file, merge the files by the unique record identifier (KEY). There will be a one-to-one correspondence of records.

3) *Collapsed detail* in which charge information is summed across revenue centers. This type of Charges file includes one record per discharge abstract. Each record contains an array of collapsed charges (CHGn) that are predefined by the data organization that provided the data.

Consider the example of a patient that had five laboratory tests from different revenue centers in the range of 300 to 319. CHG1, which was predefined as Laboratory Charges for revenue centers 300–319, would include the total charge for the five tests, but there is no detail on which specific revenue centers were used. To combine data elements between this type of Charges file and the Core file, merge the files by the unique record identifier (KEY). There will be a one-to-one correspondence of records.

Refer to the Description of Data Elements online at the HCUP User Support Web site (www.hcup-us.ahrq.gov) for more information on the charge information from the different States.

The **AHA Linkage file** contains AHA linkage data elements that allow the SEDD to be used in conjunction with the AHA Annual Survey of Hospitals data files. These files contain information about hospital characteristics and are available for purchase through the AHA. Because the data organizations in participating States determine whether the AHA linkage data elements may be released through the HCUP Central Distributor with the SEDD, not all SEDD include AHA linkage data elements.

Starting with the 2006 SEDD, the AHA Linkage files are available via the HCUP User Support Web site (www.hcup-us.ahrq.gov). The AHA Linkage files may not be available when the discharge-level database is released.

The AHA Linkage file is a hospital-level file with one observation per hospital or facility. To combine the discharge-level files with the hospital-level file (AHA Linkage file), merge the files by the hospital identifier provided by the data source (DSHOSPID), but be careful of the different levels of aggregation. For example, the Core file may contain 5,000 discharges for DSHOSPID "A," but the Hospital file contains only 1 record for DSHOSPID "A."

Diagnosis and Procedure Groups File is an encounter-level file that contains data elements from AHRQ software tools designed to facilitate the use of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnostic and procedure information in the HCUP databases. The unit of observation is an *inpatient stay record*. The HCUP unique record identifier (KEY) provides the linkage between the Core files and the Diagnosis and Procedure Groups files. These files are available beginning with the 2005 SEDD.

What is the File Structure of the SEDD in the 2005-2014 Files?

Based on the availability of data elements across States, data elements included in the SEDD are structured as follows:

- Core file
- Charges file
- AHA Linkage file
- Diagnosis and Procedure Groups file

The **Core file** is an encounter-level file that contains:

- Core data elements that form the nucleus of the SEDD
- State-specific data elements intended for limited use

Core data elements meet at least one of the following criteria:

- Are available from all or nearly all data sources
- Lend themselves to uniform coding across sources
- Are needed for traditional applications (e.g., patient age, sex)

State-specific data elements meet at least one of the following criteria:

- Are available from a limited number of sources
- Do not lend themselves to uniform coding across sources
- Are not needed for traditional applications

The Core file is a discharge-level file with one observation per discharge abstract.

The **Charges file** contains detailed charge information. There are three kinds of Charges files:

1) *Line item detail* in which a submitted charge pertains to a specified revenue center and there may be multiple charges reported for the same revenue center. This type of Charges file includes multiple records per discharge abstract. Each record includes the following information for <u>one</u> service:
   a. Revenue center (REVCODE)
   b. Charge (CHARGE)
   c. Unit of service (UNITS)
   d. Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes (CPTHCPCS)
   e. Day of service (SERVDAY) for some files

   For example, if a patient had five laboratory tests, there are five records in the Charges file with information on the charge for each laboratory test. Information from this type of Charges file may be combined with the Core file by the unique record identifier (KEY), but there is not a one-to-one correspondence of records.

2) *Summarized detail* in which charge information is summed within the revenue center. This type of Charges file includes one record per discharge abstract. Each record contains three corresponding arrays with the following information:
   a. Revenue center (REVCDn)
   b. Total charge for the revenue center (CHGn)
   c. Total units of service for the revenue center (UNITn)

   For example, if a patient had five laboratory tests, REVCD1 would include the revenue code for laboratory, CHG1 would include the total charge for the five tests, and UNIT1 would be five. To combine data elements between this type of Charges file and the Core file, merge the files by the unique record identifier (KEY). There will be a one-to-one correspondence of records.

3) *Collapsed detail* in which charge information is summed across revenue centers. This type of Charges file includes one record per discharge abstract. Each record contains an array of collapsed charges (CHGn) that are predefined by the data organization that provided the data.

   Consider the example of a patient that had five laboratory tests from different revenue centers in the range of 300 to 319. CHG1, which was predefined as Laboratory Charges for revenue centers 300–319, would include the total charge for the five tests, but there is no detail on which specific revenue centers were used. To combine data elements between this type of Charges file and the Core file, merge the files by the unique record identifier (KEY). There will be a one-to-one correspondence of records.

Refer to the Description of Data Elements online at the HCUP User Support Web site (www.hcup-us.ahrq.gov) for more information on the charge information from the different States.

The **AHA Linkage file** contains AHA linkage data elements that allow the SEDD to be used in conjunction with the AHA Annual Survey of Hospitals' data files. These files contain information about hospital characteristics and are available for purchase through the AHA. Because the data organizations in participating States determine whether the AHA linkage data elements may be released through the HCUP Central Distributor with the SEDD, not all SEDD include AHA linkage data elements.

Starting with the 2006 SEDD, the AHA Linkage files are available via the HCUP User Support Web site (www.hcup-us.ahrq.gov). The AHA Linkage files may not be available when the discharge-level database is released.

The AHA Linkage file is a hospital-level file with one observation per hospital or facility. To combine discharge-level files with the hospital-level file (AHA Linkage file), merge the files by the hospital identifier provided by the data source (DSHOSPID), but be careful of the different levels of aggregation. For example, the Core file may contain 5,000 discharges for DSHOSPID "A," but the Hospital file contains only one record for DSHOSPID "A."

Diagnosis and Procedure Groups File is an encounter-level file that contains data elements from AHRQ software tools. They are designed to facilitate the use of the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnostic and procedure information in the HCUP databases. The unit of observation is an *inpatient stay record*. The HCUP unique record identifier (KEY) provides the linkage between the Core files and the Diagnosis and Procedure Groups files. These files are available beginning with the 2005 SEDD.

What is the File Structure of the SEDD in the 1999–2004 Files?

Based on the availability of data elements across States, data elements included in the SEDD are structured as follows:

- Core file
- Charges file
- AHA Linkage file

The **Core file** is an encounter-level file that contains:

- Core data elements that form the nucleus of the SEDD
- State-specific data elements intended for limited use

Core data elements meet at least one of the following criteria:

- Are available from all or nearly all data sources
- Lend themselves to uniform coding across sources
- Are needed for traditional applications (e.g., patient age, sex).

State-specific data elements meet at least one of the following criteria:

- Are available from a limited number of sources
- Do not lend themselves to uniform coding across sources
- Are not needed for traditional applications

The Core file is a discharge-level file with one observation per discharge abstract.

The **Charges file** contains detailed charge information. There are three kinds of Charges files:

1) *Line item detail* in which a submitted charge pertains to a specified revenue center and there may be multiple charges reported for the same revenue center. This type of Charges file includes multiple records per discharge abstract. Each record includes the following information for <u>one</u> service:
   a. Revenue center (REVCODE)
   b. Charge (CHARGE)
   c. Unit of service (UNITS)
   d. CPT/HCPCS codes (CPTHCPCS)
   e. Day of service (SERVDAY) for some files

   For example, if a patient had five laboratory tests, there are five records in the Charges file with information on the charge for each laboratory test. Information from this type of Charges file may be combined with the Core file by the unique record identifier (KEY), but there is not a one-to-one correspondence of records.

2) *Summarized detail* in which charge information is summed within the revenue center. This type of Charges file includes one record per discharge abstract. Each record contains three corresponding arrays with the following information:
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   b. Total charge for the revenue center (CHGn)
   c. Total units of service for the revenue center (UNITn)

   For example, if a patient had five laboratory tests, REVCD1 would include the revenue code for laboratory, CHG1 would include the total charge for the five tests, and UNIT1 would be five. To combine data elements between this type of Charges file and the Core file, merge the files by the unique record identifier (KEY). There will be a one-to-one correspondence of records.

3) *Collapsed detail* in which charge information is summed across revenue centers. This type of Charges file includes one record per discharge abstract. Each record contains an array of

collapsed charges (CHGn) that are predefined by the data organization that provided the data.

Consider the example of a patient that had five laboratory tests from different revenue centers in the range of 300 to 319. CHG1, which was predefined as Laboratory Charges for revenue centers 300–319, would include the total charge for the five tests, but there is no detail on which specific revenue centers were used. To combine data elements between this type of Charges file and the Core file, merge the files by the unique record identifier (KEY). There will be a one-to-one correspondence of records.

Refer to the Description of Data Elements online at the HCUP User Support Web site (www.hcup-us.ahrq.gov) for more information on the charge information from the different States.

The **AHA Linkage file** contains AHA linkage data elements that allow the SEDD to be used in conjunction with the AHA Annual Survey of Hospitals' data files. These files contain information about hospital characteristics and are available for purchase through the AHA. Because the data organizations in participating States determine whether the AHA linkage data elements may be released through the HCUP Central Distributor with the SEDD, not all SEDD include AHA linkage data elements.

The AHA Linkage file is a hospital-level file with one observation per hospital or facility. To combine discharge-level files with the hospital-level file (AHA Linkage file), merge the files by the hospital identifier provided by the data source (DSHOSPID), but be careful of the different levels of aggregation. For example, the Core file may contain 5,000 discharges for DSHOSPID "A," but the Hospital file contains only one record for DSHOSPID "A."

GETTING STARTED

SEDD Data Files are provided on CD-ROMs. The number of CD-ROMs depends on the State and year of data.

SEDD Programs, Documentation, and Tools for all States and all years are available online at the HCUP User Support Web site at www.hcup-us.ahrq.gov.

SEDD Data Files

To load SEDD data onto your PC, you will need between one and four gigabytes of space available, depending on which SEDD database you are using. Because of the size of the files, the data are distributed as self-extracting PKZIP compressed files. To uncompress the data, follow these steps:

1. Create a directory for the State-specific SEDD on your hard drive.
2. Copy the self-extracting data files from the SEDD Data Files CD-ROM(s) 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.

SEDD Programs, Documentation, and Tools

The SEDD programs, technical documentation files, and HCUP tools are available online via the Databases page at the HCUP User Support Web site (www.hcup-us.ahrq.gov/databases.jsp). The site provides important resources for SEDD users, and all of the files may be downloaded free of charge. A summary is provided in Table 1.

The SEDD programs include SAS, SPSS, and Stata-load programs containing programming code necessary to convert SEDD ASCII files into SAS, SPSS, or Stata. Please note that for the 2015 SEDD, there will be one set of load programs for the Q1–Q3 files and another set of load programs for the Q4 files.

The SEDD technical documentation provides detailed descriptions of the structure and content of the SEDD.

The HCUP tools include Clinical Classifications Software (CCS) and general label and format information that are applicable to all HCUP databases.

Information intended to summarize key issues to be anticipated by researchers before analyzing health services outcomes in the HCUP databases that include ICD-10-CM/PCS coding is included on the HCUP User Support Web site (www.hcup-us.ahrq.gov/datainnovations/icd10_resources.jsp). The section discusses key differences in the structure of HCUP databases, presents preliminary coding differences that were observed in HCUP databases, and provides general guidance and forewarning to users interested in analyzing outcomes that are potentially impacted by the transition.

Table 1. SEDD Database Documentation Available on HCUP-US

Description of the SEDD Files

- SEDD Overview
- Introduction to the SEDD (*this document*)
- SEDD File Compositions—describes types of hospitals and types of records included in each SEDD (e.g., number of discharges and hospitals by year)
- SEDD-Related Reports

Restrictions on Use

- HCUP Data Use Agreement Training
- SEDD Data Use Agreement
- Requirements for Publishing with HCUP Data

File Specifications and Load Programs

- File Specifications—details data file names, number of records, record length, and record layout (e.g., file size by year)
- SAS Load Programs
- SPSS Load Programs
- Stata Load Programs

Data Elements

- Availability of States Across All Years
- Availability of Data Elements by Year
- Availability of HCUP Revisit Variables across States and Years
- Description of Data Elements for All States Across All Years—details uniform coding and State-specific idiosyncrasies
- Summary Statistics for All States and Years—lists means and frequencies on nearly all data elements

Additional Resources for Data Elements

- HCUP Quality Control Procedures—describes procedures used to assess data quality
- HCUP Coding Practices—describes how HCUP data elements are coded
- HCUP Hospital Identifiers—explains data elements that characterize individual hospitals

Information on the 2015 SEDD and Transition to ICD-10-CM/PCS

- Revised File Structure and New Data Elements in 2015
- Additional ICD-10-CM/PCS Resources

Known Data Issues

- Documents that describe known data issues or corrections made to data files

HCUP Tools: Labels and Formats

- Clinical Classifications Software (CCS)—a categorization scheme that groups ICD-9-CM diagnosis and procedure codes into mutually exclusive categories
- HCUP Formats Program—Creates SAS formats to label the values of selected categorical data elements in HCUP files
- HCUP Diagnosis and Procedure Groups Formats Program—Creates SAS formats to label the values of HCUP Diagnosis and Procedure Groups data elements, including Clinical Classifications Software (CCS) data elements
- ICD-9-CM Formats Program—Creates SAS formats to label the values of ICD-9-CM Diagnoses and Procedures
- ICD-10-CM Formats Program—Creates SAS formats to label the values of ICD-10-CM Diagnoses and Procedures

HCUP Supplemental Files

- American Hospital Association Linkage Files
- HCUP Variables for Revisit Analysis

Obtaining HCUP Data

- Purchase HCUP data from the HCUP Central Distributor

DATA USE AGREEMENT for the
**State Databases from the
Healthcare Cost and Utilization Project
Agency for Healthcare Research and Quality**

This Data Use Agreement ("Agreement") governs the disclosure and use of data in the HCUP State Databases from the Healthcare Cost and Utilization Project (HCUP) which are maintained by the Center for Delivery, Organization, and Markets (CDOM) within the Agency for Healthcare Research and Quality (AHRQ). The HCUP State databases include the State Inpatient Databases (SID), State Ambulatory Surgery and Services Databases (SASD), and State Emergency Department Databases (SEDD). Any person ("the data recipient") seeking permission from AHRQ to access HCUP State Databases must sign and submit this Agreement to AHRQ or its agent, and complete the online Data Use Agreement Training Course at www.hcup-us.ahrq.gov, as a precondition to the granting of such permission.

Section 944(c) of the Public Health Service Act (42 U.S.C. 299c-3(c)) ("the AHRQ Confidentiality Statute"), requires that data collected by AHRQ that identify individuals or establishments be used only for the purpose for which they were supplied. Pursuant to this Agreement, data released to AHRQ for the HCUP Databases are subject to the data standards and protections established by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (P.L. 104-191) and implementing regulations ("the Privacy Rule"). Accordingly, HCUP Databases may only be released in "limited data set" form, as that term is defined by the Privacy Rule, 45 C.F.R. § 164.514(e). HCUP data may only be used by the data recipient for research which may include analysis and aggregate statistical reporting. AHRQ classifies HCUP data as protected health information under the HIPAA Privacy Rule, 45 C.F.R. § 160.103. By executing this Agreement, the data recipient understands and affirms that HCUP data may only be used for the prescribed purposes, and consistent with the following standards:

No Identification of Persons–The AHRQ Confidentiality Statute prohibits the use of HCUP data to identify any person (including but not limited to patients, physicians, and other health care providers). The use of HCUP Databases to identify any person constitutes a violation of this Agreement and may constitute a violation of the AHRQ Confidentiality Statute and the HIPAA Privacy Rule. This Agreement prohibits data recipients from releasing, disclosing, publishing, or presenting any individually identifying information obtained under its terms. AHRQ omits from the data set all direct identifiers that are required to be excluded from limited data sets as consistent with the HIPAA Privacy Rule. AHRQ and the data recipient(s) acknowledge that it may be possible for a data recipient, through deliberate technical analysis of the data sets and with outside information, to attempt to ascertain the identity of particular persons. Risk of individual identification of persons is increased when observations (i.e., individual discharge records) in any given cell of tabulated data is less than or equal to 10. This Agreement expressly prohibits any attempt to identify individuals, including by the use of vulnerability analysis or penetration testing. In addition, methods that could be used to identify individuals directly or indirectly shall not be disclosed, released, or published. Data recipients shall not attempt to contact individuals for any purpose whatsoever, including verifying information supplied in the data set. Any questions about the data must be referred exclusively to AHRQ. By executing this Agreement, the data recipient understands and agrees that actual and considerable harm will ensue if he or she attempts to identify individuals. The data recipient also understands and agrees that actual and considerable harm will ensue if he or she intentionally or negligently discloses, releases, or publishes information that identifies individuals or can be used to identify individuals.

Use of Establishment Identifiers–The AHRQ Confidentiality Statute prohibits the use of HCUP data to identify establishments unless the individual establishment has consented. Permission is obtained from the HCUP data sources (i.e., state data organizations, hospital associations, and data consortia) to use the identification of hospital establishments (when such identification appears in the data sets) for research,

analysis, and aggregate statistical reporting. This may include linking institutional information from outside data sets for these purposes. 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. Data recipients are prohibited from identifying establishments directly or by inference in disseminated material. In addition, users of the data are prohibited from contacting establishments for the purpose of verifying information supplied in the data set. Any questions about the data must be referred exclusively to AHRQ. Misuse of identifiable HCUP data about hospitals or any other establishment constitutes a violation of this Agreement and may constitute a violation of the AHRQ Confidentiality Statute.

The undersigned data recipients provide the following affirmations concerning HCUP data:

Protection of Individuals

- I will not release or disclose, and will take all necessary and reasonable precautions to prohibit others from releasing or disclosing, any information that directly or indirectly identifies persons. This includes attempts to identify individuals through the use of vulnerability analysis or penetration testing.

- I will not release or disclose information where the number of observations (i.e., individual discharge records) in any given cell of tabulated data is *less than or equal to 10* (i.e., report only counts of 11 or more).

- I will not attempt to link, and will prohibit others from attempting to link, the discharge records of persons in the data set with individually identifiable records from any other source.

- I will not attempt to use and will take all necessary and reasonable precautions to prohibit others from using the data set to contact any persons in the data for any purpose.

Protection of Establishments

- I will not publish or report, through any medium, data that could identify individual establishments directly or by inference.

- When the identities of establishments are not provided in the data sets, I will not attempt to use and will take all necessary and reasonable precautions to prohibit others from using the data set to learn the identity of any establishment.

- I will not use and will take all necessary and reasonable precautions to prohibit others from using the data set concerning individual establishments: (1) for commercial or competitive purposes involving those individual establishments; or (2) to determine the rights, benefits, or privileges of individual establishments.

- I will not contact and will take all necessary and reasonable precautions to prohibit others from contacting establishments identified in the data set to question, verify, or discuss data in the HCUP databases.

Limitations on the Disclosure of Data and Safeguards

- I acknowledge and affirm that I am personally responsible for compliance with the terms of this Agreement, to the exclusion of any other party, regardless of such party's role in sponsoring or funding the research that is the subject of this Agreement.

- I will not share or disclose HCUP State data, without approval from AHRQ, for any purpose other than the project described and approved at the time of data purchase. Any subsequent data use requires the submission of a request (more information at www.hcup-us.ahrq.gov/tech_assist/centdist.jsp) and approval from AHRQ before the data may be used for a new purpose.

- I will only allow access to HCUP State data for those working on projects approved by AHRQ, and I will require that they become authorized users of the HCUP data by signing a copy of this Data Use Agreement

and completing the online Data Use Agreement Training Course at www.hcup-us.ahrq.gov/. Before granting any individual access to the data set, I will submit the signed data use agreements to the address at the end of this Agreement.

- I will not use or disclose and I will prohibit others from using or disclosing the data set, or any part thereof, except for research, analysis, and aggregate statistical reporting, and only as permitted by this Agreement.

- I will not redistribute HCUP data by posting on any Website or other publically-accessible online repository.

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

- I acknowledge and affirm that interpretations, conclusions, and/or opinions that I reach as a result of my analyses of the data sets are my interpretations, conclusions, and/or opinions, and do not constitute the findings, policies, or recommendations of the U.S. Government, the U.S. Department of Health and Human Services, or AHRQ.

- I will acknowledge in all reports based on these data that the source of the data is the specific state(s) or data organization(s) that submitted data to HCUP, e.g., "*state name(s)*, State Inpatient Databases (SID), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality." Substitute "State Ambulatory Surgery and Services Databases (SASD)" or "State Emergency Department Databases (SEDD)," as appropriate.

- I will indemnify, defend, and hold harmless AHRQ and the data organizations that provide data to AHRQ for HCUP from any or all claims and losses accruing to any person, organizations, or other legal entity as a result of violation of this Agreement. This provision applies only to the extent permitted by Federal and State law.

- I agree to report the violation or apparent violation of any term of this Agreement to AHRQ without unreasonable delay and in no case later than 30 calendar days of becoming aware of the violation or apparent violation.

Terms, Breach, and Compliance

Any violation of the terms of this Agreement shall be grounds for immediate termination of this Agreement. AHRQ shall determine whether a data recipient has violated any term of the Agreement. AHRQ shall determine what actions, if any, are necessary to remedy a violation of this Agreement, and the data recipient(s) shall comply with pertinent instructions from AHRQ. Actions taken by AHRQ may include but not be limited to providing notice of the termination or violation to affected parties and prohibiting data recipient(s) from accessing HCUP data in the future.

In the event AHRQ terminates this Agreement due to a violation, or finds the data recipient(s) to be in violation of this Agreement, AHRQ may direct that the undersigned data recipient(s) immediately return all copies of the HCUP State Databases to AHRQ or its designee without refund of purchase fees.

<u>Acknowledgment</u>

I understand that this Agreement is requested by the United States Agency for Healthcare Research and Quality to ensure compliance with the AHRQ Confidentiality Statute. My signature indicates that I understand the terms of this Agreement and that I agree to comply with its terms. I understand that a violation of the AHRQ Confidentiality Statute may be subject to a civil penalty of up to $14,140 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.

Signed: _____   Date: _____

Print or Type Name: _____

Title: _____

Organization: _____

Address: _____

Address: _____

City: _____   State: _____   ZIP Code: _____

Phone: _____   Fax: _____

E-mail: _____

The information above is maintained by AHRQ only for the purpose of enforcement of this Agreement and for notification in the event data errors occur.

Note to Purchaser: Shipment of the requested data product will only be made to the person who signs this Agreement, unless special arrangements that safeguard the data are made with AHRQ or its agent.

<u>Submission Information</u>

Please send signed HCUP Data Use Agreements and proof of online training to:

HCUP Central Distributor
Social & Scientific Systems, Inc.
8757 Georgia Avenue, 12th Floor
Silver Spring, MD 20910
E-mail: HCUPDistributor@AHRQ.gov
Fax: (866) 792-5313