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

INTRODUCTION TO

THE HCUP KIDS' INPATIENT DATABASE (KID),

2000

These pages provide only an introduction to the KID package.

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

For documentation updates and changes, be sure to visit: http://www.hcup-us.ahrq.gov.

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

******* REMINDER *******

All users of the KID must take the on-line HCUP 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 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 not use data elements from the proprietary severity adjustment software packages (3M APR-DRGs, HSS APS-DRGs, and Thomson Reuters Disease Staging) for any commercial purpose or to disassemble, decompile, or otherwise reverse engineer the proprietary software.
- 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.
- Will acknowledge that 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.

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 session and the Data Use Agreement are available on the HCUP User Support (HCUP-US) Web site at http://www.hcup-us.ahrq.gov.
‡ Specific provisions are detailed in the Data Use Agreement for Nationwide 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: http://www.hcup-us.ahrq.gov/tech_assist/dua.jsp.

The HCUP Nationwide Data Use Agreement is available on the AHRQ-sponsored HCUP User Support (HCUP-US) Web site at: http://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.

The HCUP Central Distributor can also help with questions concerning HCUP database purchases, your current order, training certificate codes, or invoices, if your questions are not covered in the Purchasing FAQs on the HCUP Central Distributor Web site.

Purchasing FAQs:
https://www.distributor.hcup-us.ahrq.gov/Purchasing-Frequently-Asked-Questions.aspx

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 (http://www.hcup-us.ahrq.gov). If you have questions about using the HCUP databases, software tools, supplemental files, and other HCUP products, please review the HCUP Frequently Asked Questions or contact HCUP User Support:

HCUP FAQs:
http://www.hcup-us.ahrq.gov/tech_assist/faq.jsp

Phone: 866-290-HCUP (4287) (toll free)
Email: hcup@ahrq.gov

HEALTHCARE COST AND UTILIZATION PROJECT — HCUP
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Sponsored by the Agency for Healthcare Research and Quality

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 User Support (HCUP-US) Website at http://www.hcup-us.ahrq.gov or see the detailed documentation on the documentation CD that accompanies the data.

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:

- uncomplicated in-hospital births (HOSPBRTH = 1 and UNCBRTH = 1),
- complicated in-hospital births (HOSPBRTH = 1 and UNCBRTH = 0), and
- 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."

Unlike the HCUP Nationwide Inpatient Sample (NIS), the KID does not involve a two-stage sampling procedure. Instead, the KID includes a sample of pediatric discharges from all hospitals in the sampling frame. For the sampling, we stratified pediatric discharges by uncomplicated in-hospital birth, complicated in-hospital birth, and all other pediatric cases. To further ensure an accurate representation of each hospital's pediatric case-mix, we also sorted the discharges by state, hospital, DRG, and a random number within each DRG. We then used systematic random sampling to select 10 percent of uncomplicated in-hospital births and 80 percent of complicated in-hospital births and other pediatric cases from each frame hospital. To obtain national estimates, we developed discharge weights using the AHA universe as the standard. For the weights, we post-stratified hospitals on six characteristics contained in the AHA hospital files. These were the same characteristics used to define the NIS sampling strata (ownership/control, bedsize, teaching status, rural/urban location, and U.S. region), with the addition of a stratum for freestanding children's hospitals. If there were fewer than two frame hospitals, 30 uncomplicated births, 30 complicated births, and 30 non-birth pediatric discharges sampled in a stratum, we merged that stratum with an "adjacent" stratum containing hospitals with similar characteristics. We created the discharge weights by stratum in proportion to the number of AHA newborns for newborn discharges and in proportion to the total number of (non-newborn) AHA discharges for non-newborn discharges. For detailed information on the design of the KID, refer to the special report, *Design of the Kids' Inpatient Database, 2000,* available on the KID Documentation CD-ROM and on the HCUP Website.

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 User Support (HCUP-US) Website at http://www.hcup-us.ahrq.gov.

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 1,000 hospitals sampled to approximate a 20-percent stratified sample of U.S. community hospitals. The NIS is available for a 16-year time period, from 1988 to 2003, 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 90 percent of all U.S. community hospital discharges in 2003. 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. The KID is created and released every three years. 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
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. In addition, HCUPnet provides Quick Statistics – ready-to-use tables on commonly requested information – and national statistics based on the AHRQ Quality Indicators. HCUPnet can be found at: http://www.ahrq.gov/hcupnet.

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.qualityindicators.ahrq.gov.

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 the HCUP User Support Website, Tools and Software page, at http://www.hcup-us.ahrq.gov/tools_software.jsp.

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 the HCUP User Support Website, Tools and Software page, at http://www.hcup-us.ahrq.gov/tools_software.jsp.

Procedure Classes identify whether a procedure is (a) diagnostic or therapeutic, and (b) minor or major in terms of invasiveness and/or resource use. Software can be found at http://www.hcup-us.ahrq.gov/tools_software.jsp.

PUBLICATIONS

HCUP Research Notes and Fact Books 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 http://www.hcup-us.ahrq.gov/reports.jsp.

DATA USE AGREEMENT FOR THE KIDS' INPATIENT DATABASE

Please obtain the current KID Data Use Agreement from the HCUP User Support Website: http://www.hcup-us.ahrq.gov.