HCUP Methods Series

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INTRODUCTION

The Healthcare Cost and Utilization Project (HCUP) State databases, sponsored by the Agency for Healthcare Research and Quality (AHRQ), are *encounter-level* files, meaning that each record represents one discharge abstract from a hospital encounter such as an inpatient stay, emergency department (ED) visit, or ambulatory surgery visit. If a patient visits the hospital multiple times in a given year, the HCUP State databases include separate records for each encounter. In addition, if a patient is transferred between short-term, acute care hospitals within the State, there should be two discharge records—one record from the first hospital that transferred the patient and a second record from the hospital that received the patient.

Studying patients that are transferred for care can provide information that is valuable to policymakers and other professionals; however, there are some challenges to setting up these analyses when using HCUP databases. The HCUP Supplemental Variables for Revisit Analyses[1] can be used to identify the sequential "pairs" of records that are expected when a patient is transferred out of one acute care hospital and into another acute care hospital. For the purpose of this report, when the pair of transfer records is found, the occurrence is labeled as a *complete transfer*. Unfortunately, sometimes there are *incomplete transfers* in which a record for the receiving hospital encounter is not found in the HCUP database.

This Methods Series Report examines several potential reasons for finding incomplete transfers in the 2013 HCUP State databases and is intended to help guide users in the choice of HCUP databases when planning an analysis involving patient transfers. In particular, this report focuses on transfers between inpatient stays using the State Inpatient Databases (SID)[2] and transfers from the ED to another ED or hospital for an inpatient stay using the State Emergency Department Databases (SEDD)[3] and SID. Information from the State Ambulatory Surgery and Services Databases (SASD)[4] is used to augment the analysis of transfers.

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[1] More information on the HCUP Revisit Variables is available in the *HCUP Data Elements Needed to Identify Transfer Records* section of this report and the HCUP User Support Web site at https://www.hcup-us.ahrq.gov/toolssoftware/revisit/revisit.jsp

[2] HCUP State Inpatient Databases (SID). Healthcare Cost and Utilization Project (HCUP). Agency for Healthcare Research and Quality, Rockville, MD; 2013. http://hcup-us.ahrq.gov/sidoverview.jsp

[3] HCUP State Emergency Department Databases (SEDD). Healthcare Cost and Utilization Project (HCUP). Agency for Healthcare Research and Quality, Rockville, MD; 2013. http://hcup-us.ahrq.gov/seddoverview.jsp

[4] HCUP State Ambulatory Surgery and Services Databases (SASD). Healthcare Cost and Utilization Project (HCUP). Agency for Healthcare Research and Quality, Rockville, MD; 2013. http://hcup-us.ahrq.gov/sasdoverview.jsp

HCUP STATE DATABASES

The HCUP databases bring together the data collection efforts of State data organizations, hospital associations, private data organizations, and the Federal government to create a national information resource of encounter-level health care data. Appendix A has a list of the HCUP Partner organizations. This Methods Series Report uses three types of HCUP State databases:
- State Inpatient Databases (SID)
- State Emergency Department Databases (SEDD)
- State Ambulatory Surgery and Services Databases (SASD).

State Inpatient Databases

The SID include encounter-level data on inpatient stays from most, if not all, hospitals in the State, translated into a uniform format to facilitate multistate comparisons and analyses. The SID contain a core set of clinical and nonclinical information on all patients, regardless of payer, including individuals covered by Medicare, Medicaid, and private insurance, as well as those who are uninsured. The SID can be used to investigate questions unique to one State, to compare data from two or more States, to conduct market-area variation analyses, and to identify State-specific trends in inpatient care utilization, access, charges, and outcomes.

State Emergency Department Databases

The SEDD include encounter-level data on ED visits that do not result in an admission. The SEDD contain information from ED encounters from hospital-based EDs, 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 who are covered by Medicare, Medicaid, and private insurance, as well as those who are uninsured. Researchers and policymakers use the SEDD to investigate access to health care in a changing health care marketplace; identify State-specific trends in ED utilization, access, charges, and outcomes; and conduct market-area research and small-area variation analyses. Records for patients admitted to the hospital through the ED (i.e., ED admissions) are included in the SID, so both the SEDD and SID are needed to analyze all ED encounters in a State.

State Ambulatory Surgery and Services Databases

The SASD contain encounter-level data for ambulatory surgeries and also may include various types of outpatient services such as observation stays, lithotripsy, radiation therapy, imaging, chemotherapy, and labor and delivery. The SASD contain a core set of clinical and nonclinical information on all patients, regardless of payer, including individuals covered by Medicare, Medicaid, and private insurance, as well as those who are uninsured. The specific types of ambulatory surgery and outpatient services included in each SASD vary by State and data year. All SASD include data from hospital-owned ambulatory surgery facilities. In addition, some States include data from facilities not owned by a hospital. The designation of a facility as hospital-owned is specific to its financial relationship with a hospital that provides inpatient care and is not related to its physical location. Hospital-owned ambulatory surgery and other

outpatient care facilities may be contained within the hospital, physically attached to the hospital, or located in a different geographic area.

HCUP DATA ELEMENTS NEEDED TO IDENTIFY TRANSFER RECORDS

This section introduces data elements necessary for the identification of transfers between acute care hospitals using HCUP databases.

HCUP Revisit Variables

AHRQ developed additional variables known as the HCUP Supplemental Variables for Revisit Analyses, or Revisit Variables. These variables facilitate analyses that track patients across time and hospital settings exclusively in the SID, SASD, and SEDD while adhering to strict privacy guidelines.

Each record in HCUP databases represents one patient encounter in a hospital setting (inpatient, ED, or ambulatory surgery). Therefore, if an individual visited the hospital three times in a given year, the HCUP databases would include three separate records in the respective database. The Revisit Variables allow researchers to uniformly identify sequential visits for an individual in a single State across the SID, SASD, and SEDD and to use the available clinical information to determine whether the visits are unrelated, an unexpected revisit or rehospitalization, or an expected follow-up.

The Revisit Variables are composed of two HCUP data elements, VisitLink and DaysToEvent. VisitLink is a synthetic patient linkage number that has been verified against the patient's date of birth and sex and examined for completeness. DaysToEvent is a timing variable that can be used to determine the days between hospital events for an individual without the use of actual dates (such as admission and discharge dates).

It is important to understand that the HCUP Revisit Variables only can be used to follow a patient within a State. If the patient is transferred to a hospital in another State, the value of the VisitLink data element will change.

Discharge Disposition

The disposition of a patient at discharge can be identified by different HCUP data elements. Some States provide a detailed reporting of discharge status using the National Uniform Billing Committee (NUBC) standard for form locator 17 from the UB-04 data specifications.[5] This information is retained in the HCUP data element DISPUB04.[6] Other States provide information on the discharge status using State-specific coding standards. To ensure uniformity of coding

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[5] The UB-04 data specifications are copyrighted by the American Hospital Association and are available only by annual subscription.

[6] More information on the HCUP data element DISPUB04 is available on the HCUP User Support Web site at https://www.hcup-us.ahrq.gov/db/vars/siddistnote.jsp?var=dispub04

across States, the HCUP data element DISPUniform combines detailed categories into more general groups (e.g., routine, transfer to short-term hospital, home health care, died).[7]

Table 1 summarizes how the values from DISPUB04 map to the values of DISPUniform for the relevant category of Transfer to Short-Term Hospital. DISPUB04 has eight different values identifying different types of transfers between acute care hospitals; in contrast, DISPuniform has one value for all types of transfers to short-term hospitals. A description of coding for all values of DISPUB04 and DISPUniform is available in Appendix Table B1.

Table 1. Coding of DISPUB04 Into DISPUniform for Transfers

HCUP Data Element: DISPUB04		HCUP Data Element: DISPUniform	
Value	Description	Value	Description
2	Discharged/Transferred to a Short-Term Hospital for Inpatient Care	2	Transfer to a Short-Term Hospital
5	Discharged/Transferred to a Designated Cancer Center or Children's Hospital		
43	Discharged/Transferred to a Federal Health Care Facility[a]		
66	Discharged/Transferred to a Critical Access Hospital		
82	Discharged/Transferred to a Short-Term General Hospital for Inpatient Care With a Planned Acute Care Hospital Inpatient Readmission		
85	Discharged/Transferred to a Designated Cancer Center or Children's Hospital With a Planned Acute Care Hospital Inpatient Readmission		
88	Discharged/Transferred to a Federal Health Care Facility With a Planned Acute Care Hospital Inpatient Readmission[a]		
94	Discharged/Transferred to a Critical Access Hospital With a Planned Acute Care Hospital Inpatient Readmission		

Abbreviations: DISPUB04, Disposition of patient, UB-04 standard coding; DISPUniform, Disposition of patient, uniform coding.

[a] Data from Federal health facilities are not included in the HCUP databases.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), Central Distributor, State Inpatient Databases (SID). Description of Data Elements. August 2008. http://hcup-us.ahrq.gov/db/vars/siddistnote.jsp?var=dispuniform

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[7] More information on the HCUP data element DISPUniform is available on the HCUP User Support Web site at https://www.hcup-us.ahrq.gov/db/vars/siddistnote.jsp?var=dispuniform

TERMINOLOGY USED IN THE PRESENT STUDY OF TRANSFERS

In order to discuss the findings of our analyses on patient transfers in HCUP databases, we first need to establish terminology related to transfer records that will be used throughout the report. The following section introduces several relevant concepts and their respective definitions.

Complete Transfers, Transfer Out, and Receiving Hospital

In looking for "complete" transfers this analysis looked for two distinct records in the HCUP databases: one record for the patient being transferred out of the hospital and a second record for the same patient being received at the hospital within a specified time period. This report includes a sensitivity analysis that considers looking for the second record within 1, 3, and 7 days, but mostly uses the criteria of within one day. In addition, the receiving hospital record is not limited to a hospital that is different from the one that created the transfer out record. It may be the same hospital.

Transfers are identified in three possible ways using the data elements available on the HCUP databases:

1. Records for patients being transferred out of the hospital are identified by a discharge disposition of transfer to a short-term hospital as identified by the HCUP data element DISPUniform=2. As detailed in table 1, this discharge disposition can include transfers and planned readmissions to different types of hospitals including short-term, cancer, children's, Federal, and critical access hospitals. All of these types of hospitals may be included in the HCUP databases, except Federal hospitals. Using the HCUP revisit variables (HCUP data elements visitLink and DaysToEvent) from the transfer out record, we then look for a subsequent record at a receiving hospital within a specified time period for the same patient.
2. The second approach is identical to the first approach, but uses the more focused discharge disposition of transfer to a short-term hospital as identified by the HCUP data element DISPUB04=2 that does not include transfers to cancer, children's, Federal, and critical access hospitals.
3. The third approach does not use discharge disposition, but instead uses the HCUP revisit variables to identify pairs of records for the same patient that occur within one day. The transfer pair of records is identified by an admission on the same or next day to the patient being discharged from the hospital. The hospitals for the two admissions may be the same or different hospitals.

Unless otherwise specified, this report used the first approach to identify transfers.

Incomplete Transfers

Incomplete transfers are defined as cases in which a second record for the same patient linkage number was not found within the specified time period.

Community Hospitals

Community hospitals include nonfederal, short-term hospitals whose facilities are available to the public, as defined by the American Hospital Association (AHA). Short-term is defined as hospitals with an average length of stay less than 30 days. Community hospitals include obstetrics and gynecology, otolaryngology, orthopedic, cancer, pediatric, public, and academic medical hospitals. Community hospitals can include some rehabilitation and long-term acute care hospitals. For the purpose of this analysis, these long-term care facilities were not considered as community hospitals. Noncommunity hospitals also include psychiatric hospitals, alcoholism and chemical dependency hospitals, and hospital units of other institutions (e.g., prisons). Information on the type of hospital was obtained from the AHA Annual Survey of Hospitals.

The types of hospitals included in the HCUP State databases depend on the information provided by the HCUP Partner organization. For example, some the HCUP Partners who are statewide government data organizations only require hospitals of a certain bed size to report data. Therefore, only some HCUP State databases include information from all community hospitals in the State. Information by State on the number of community hospitals included (and not included) in the SID and SEDD is available on the HCUP User Support Web site at http://www.hcup-us.ahrq.gov/db/state/siddist/siddist_hospital.jsp for the SID and https://www.hcup-us.ahrq.gov/db/state/sedddist/sedddist_hospital.jsp for the SEDD.

Adult and Pediatric Patients

Adults are defined as patients aged 18 years and older. Pediatric patients are aged 0 to 17 years.

Residents and Nonresidents

The HCUP databases include hospital encounters for patients who are both residents and nonresidents of the State. Residents are defined as patients who are treated in a hospital in the State for which they reside. Nonresidents are patients who are treated in a hospital that is not in their State of residence. State of residence is determined by the HCUP data element PSTATE, which is based on the patient's residential ZIP Code.[8]

Expected Primary Payer

HCUP databases include encounter-level hospital care data for all age groups and all payers, including the uninsured. The HCUP data element PAY1 designates the expected primary payer for the hospital stay using uniform coding across all HCUP data sources.[9] Expected primary payer categories are defined as the following:

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[8] More information on the HCUP data element PSTATE is available on the HCUP User Support Web site at http://hcup-us.ahrq.gov/db/vars/siddistnote.jsp?var=pstate

[9] More information on the HCUP data element PAY1 is available on the HCUP User Support Web site at http://hcup-us.ahrq.gov/db/vars/siddistnote.jsp?var=pay1

- Medicare: includes patients covered by fee-for-service and managed care Medicare
- Medicaid: includes patients covered by fee-for-service and managed care Medicaid
- Private Insurance: includes Blue Cross, commercial carriers, private health maintenance organizations (HMOs), and preferred provider organizations (PPOs)
- Uninsured: includes an insurance status of *self-pay* and *no charge*
- Other: includes Workers' Compensation, TRICARE/CHAMPUS, CHAMPVA, Title V, and other government programs.

For this report, no restrictions were implemented on the basis of expected primary payer. In other words, the transfer out record and receiving hospital record were not required to have the same expected primary payer.

Clinical Classifications Software, Principal Diagnosis, and First-Listed Diagnosis

The Clinical Classifications Software (CCS) categorizes International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis codes into a manageable number of clinically meaningful categories.[10] This clinical grouper was used in our analysis to facilitate understanding of patterns of diagnoses. In the SID, the first-listed diagnosis code reflects the condition established to be chiefly responsible for a patients' admission to the hospital and thus is considered the principal diagnosis code. This may be different from the diagnosis at admission. For example, severe chest pain may be the reason for the inpatient admission, but after the patient is admitted the principal diagnosis might be changed to congestive heart failure or acute myocardial infarction. In the SEDD, the first-listed diagnosis is the "diagnosis, condition, problem, or other reason for the visit shown in the medical record to be chiefly responsible for the services provided" which may be different from the chief presenting complaint at arrival.[11]

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[10] Agency for Healthcare Research and Quality. HCUP Clinical Classifications Software (CCS). Healthcare Cost and Utilization Project (HCUP). Rockville, MD: Agency for Healthcare Research and Quality. Updated June 2015. http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp

11 Raven MC, Lowe RA, Maselli J, et al. Comparison of presenting complaint vs. discharge diagnosis for identifying "nonemergency" emergency department visits. JAMA. 2013;309(11):1145-1153.

SELECTION OF HCUP STATE DATABASES FOR THE PRESENT REPORT

In order to study patient transfers in the HCUP State databases, it is necessary to use the HCUP State databases with HCUP Revisit Variables to link the transfer out and receiving hospital records for a specific patient linkage number. For this report, we chose to implement additional exclusion criteria to include only States with "good" reporting of patient linkage numbers. HCUP verifies that the Partner Organization supplied identifiers based on the patient's date of birth and sex when creating the HCUP data element VisitLink. Unverified patient linkage numbers are set to missing. Information on the percentage of records with verified patient linkage numbers is available by HCUP State database and by year in the user guide for HCUP Revisit Variables.[12] The thresholds for "good" reporting of patient linkage numbers used to select the State databases for this report are based on these tables for the 2013 State databases.

This report focuses on transfers from an inpatient stay and from an ED visit. For inpatient transfers, the initial hospital stay was from the SID and the receiving hospital record also was an inpatient record from the SID. For ED transfers, the initial ED visit was from the SEDD and the receiving hospital record could have been from either the SID or SEDD. We considered both types of transfers for adult and pediatric patients.

We also conducted two separate analyses of adult transfers incorporating the SASD as sensitivity tests. Although the majority of SASD records represent ambulatory surgery records, there are several States that also include records for other types of outpatient services such as observation stays, lithotripsy, radiation therapy, imaging, and chemotherapy. To test whether patients may have been transferred to observation care or other outpatient services, we extended the search for the receiving hospital records to records in the SASD. The second sensitivity test explored complete transfers for outpatient services records in the SASD.

Our goal was to include as many HCUP State databases as possible in each analysis. The selection of State databases was specific to the hospital setting and age groups because States often have differing proportions of verified VisitLinks depending on age. Compared with adult patients, pediatric patients—especially those who are age 0 years—tend to have more unverified or missing VisitLinks. As a result, there was variation in the number of States included, based on the type of analysis. Table 2 summarizes the criteria and lists the States included in each type of analysis.

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[12] Agency for Healthcare Research and Quality. User Guide: HCUP Supplemental Variables for Revisit Analyses. Updated March 16, 2016. http://hcup-us.ahrq.gov/toolssoftware/revisit/UserGuide_SuppRevisitFilesCD.pdf

Table 2. 2013 HCUP State Databases Used in This Report by Type of Transfer Analysis

Type of Analysis	HCUP Databases	Inclusion Criteria	Number of States Included
Inpatient transfers for adults	SID to SID	States with verified patient linkage numbers on at least 90 percent of adult discharges in 2013 SID	N=22
Inpatient transfers for pediatric patients	SID to SID	States with verified patient linkage numbers on at least 90 percent of pediatric discharges in 2013 SID	N=10
ED transfers for adults	SEDD to SID or SEDD	States[a] with verified patient linkage numbers on at least 85 percent of adult discharges in the 2013 SEDD and SID	N=17
ED transfers for pediatric patients	SEDD to SID or SEDD	States with verified patient linkage numbers on at least 85 percent of pediatric discharges in the 2013 SEDD and SID	N=8
ED transfers for adults with expanded search in outpatient setting	SEDD to SID, SEDD, or SASD	States[a] with verified patient linkage numbers on at least 85 percent of adult discharges in the 2013 SEDD, SID, and SASD in addition to reporting observation stays in the SASD[b]	N=9
Outpatient services transfers for adults	SASD to SID, SEDD, or SASD	States[a] with verified patient linkage numbers on at least 85 percent of adult discharges in the 2013 SEDD, SID, and SASD	N=16

Abbreviations: ED, emergency department; SID, State Inpatient Databases; SEDD, State Emergency Department Databases; SASD, State Ambulatory Surgery and Services Databases.

[a] The Massachusetts SEDD and SID have verified patient linkage numbers on at least 85 percent of adults, but the Massachusetts SEDD does not include information on transfers in the discharge disposition data elements.

[b] For information on States that include observation stays in the SASD, refer to HCUP Methods Series Report #2015-05, Identifying Observation Services in the HCUP State Databases. September 1, 2015. https://www.hcup-us.ahrq.gov/reports/methods/2015-05_public.pdf

ANALYSES

We used several analyses to explore the ability to find sequential inpatient and/or ED records that are expected when a patient's discharge disposition indicates a transfer to another acute care hospital. The objective was to examine several potential explanations for incomplete transfers in order to gain a better understanding of the limitations of the data for researching transfers. Each analysis introduced a new concept that was thought to partially explain the existence of incomplete transfers. The collection of analyses was meant to inform HCUP data users about the current issues surrounding the study of transfers using HCUP databases. The potential explanations for variation in incomplete transfer records explored in this report include the following:

1. Are incomplete transfer records the result of different approaches to identifying transfers?
2. Are incomplete transfer records the result of variation—
    a. Across different types of hospitals?
    b. In search time periods?
    c. Across discharge month?
    d. Across expected primary payer?
    e. Across medical conditions?
3. Are incomplete transfer records the result of not considering other types of hospital-based outpatient care such as observation stays and ambulatory surgery?

For many of these analyses we examined variation (1) by hospital settings—*inpatient transfers* (SID to SID) and *ED transfers* (SEDD to SEDD or SID); (2) across patient age group (pediatric and adult); and (3) by residency (adult).[13]

Some analyses also are available by State to demonstrate variation across State-level databases and to assist HCUP data users interested in the study of hospital transfers. The availability of these tables is referenced in this section and can be found in Appendix B: Detailed Tables.

Are Incomplete Transfer Records the Result of Different Approaches to Identifying Transfers?

As detailed under the definition of transfers, there are three possible ways to identify records for patients transferred out. The user should look for the following:

1. Records with the value of 2 for the HCUP data element DISPUniform, which includes transfers to all types of short-term hospitals
2. Records with the value 2 for HCUP data element DISPUB04, indicating transfer to short-term hospital[14]

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[13] Results for pediatric patients were not stratified by residency because pediatric patient counts already were relatively small.

[14] This selection excludes some specific types of hospitals such as designated cancer centers, children's hospitals, and critical access hospitals.

3. Records that have any subsequent record within 1 day (for the same patient), regardless of the discharge disposition.

Using any of these three definitions, Table 3 demonstrates that transfers represent only a small proportion of total hospital visits (1 to 6 percent). When using the more specific disposition code in HCUP data element DISPUB04, we observed fewer transfer out records (N=202,222 using DISPUB04 for adult inpatient transfers and N=327,793 using DISPUniform). This is because the DISPUB04 code is specific to one type of transfer, and only a subset of States in this analysis have data element DISPUB04 available for inpatient records. We observed a large increase in the number of adult transfers when identifying transfers without the use of discharge disposition. Results revealed an over two-fold increase for adult inpatient transfers and a fold-fold increase for adult ED transfers.

Table 3. Frequency of Transfers Using Alternative Approaches to Identification

Hospital Setting of Transfer	Total Records, N	Transfer Out Identified by HCUP Data Element DISPUB04=2		Transfer Out Identified by HCUP Data Element DISPuniform=2		Two Records Found Within 1 Day (Not Using Disposition Variables)	
		N	%	N	%	N	%
Inpatient transfers							
Adult	15,217,842	202,222	1.7[a]	327,792	2.2	725,578	4.8
Pediatric	1,088,348	10,992	4.0 [a]	17,220	1.6	15,190	1.4
Emergency department transfers							
Adult	34,738,912	438,247	1.3	583,844	1.7	2,007,446	5.8
Pediatric	4,211,363	33,819	0.8	53,735	1.3	143,620	3.4

Abbreviations: DISPUB04, Disposition of patient, UB-04 standard coding; DISPUniform, Disposition of patient, uniform coding.

[a] The percentage of total inpatient records identified as a transfer using HCUP data element DISPUB04=2 as the definition is larger than can be calculated using figures in the table because not all States release DISPUB04 on SID files in 2013. The denominators used for these calculations were 11,556,454 and 275,628 for adult and pediatric records, respectively.

Notes: Transfer out records are identified with HCUP discharge disposition data elements DISPUniform=2, Transfer to a Short-Term Hospital, or DISPUB04=2, Discharged/Transferred to a Short-Term Hospital for Inpatient Care. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the SID and SEDD for the receiving hospital records.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department Databases (SEDD), 2013.

This report does not continue to report on transfers using the third option for identification (pairs of records within 1 day, regardless of discharge disposition) because this group probably includes records that are not transfers. Rather, the records may represent patients who are discharged and then return to the same or a different hospital.

Table 4 summarizes the percentage of complete and incomplete transfers when using the two HCUP discharge disposition data elements to identify the transfer.

Table 4. Examination of Transfers by Alternative Disposition Codes

Hospital Setting of Transfer	Transfer Out Identified by HCUP Data Element DISPUB04=2			Transfer Out Identified by HCUP Data Element DISPuniform=2		
		Receiving Hospital Record			Receiving Hospital Record	
	Transfer Out, N	Found Within 1 Day, %	Not Found, %	Transfer Out, N	Found Within 1 Day, %	Not Found, %
Inpatient transfers						
Adult	202,222	71.9	28.1	327,792	65.3	34.7
Resident	192,051	72.7	27.3	312,231	66.2	33.8
Nonresident	10,171	56.1	43.9	15,561	47.7	52.3
Pediatric	10,992	49.6	50.4	17,220	45.6	54.4
Emergency department transfers						
Adult	438,247	68.9	31.1	583,844	67.3	32.7
Resident	421,431	69.3	30.7	560,650	67.8	32.2
Nonresident	16,816	57.2	42.8	23,194	56.5	43.5
Pediatric	33,819	57.3	42.7	53,735	55.3	44.7

Abbreviations: DISPUB04, Disposition of patient, UB-04 standard coding; DISPUniform, Disposition of patient, uniform coding.

Notes: Transfer out records are identified with HCUP discharge disposition data elements DISPUniform=2, Transfer to a Short-Term Hospital, or DISPUB04=2, Discharged/Transferred to a Short-Term Hospital for Inpatient Care. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the SID and SEDD for the receiving hospital records. Results for all available States are contained in Appendix Tables B2 and B3.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department Databases (SEDD), 2013.

We observed higher percentages of complete transfers found within 1 day under DISPUB04 in all eight analyses. Using DISPUB04 to identify transfers, adult inpatient transfers were complete in 71.9 percent of inpatient transfers and 68.9 percent of ED transfers. Therefore, when the discharge disposition is specific about the type of hospital transfer, a higher percentage of transfers are complete.

Table 4 shows that adult residents represented the overwhelming majority of hospital transfers in our sample, accounting for approximately 90 percent of inpatient transfers and 88 percent of ED transfers. Moreover, HCUP databases were far more likely to contain both the transfer out and receiving hospital records for adult resident transfers than for nonresident adults or pediatric patients. Despite this advantage, adult resident transfers still were only complete in about two-thirds of inpatient and ED transfers (66.2 and 67.8 percent, respectively for transfers identifying by DISPuniform = 2). Pediatric transfers were less complete from the inpatient setting (45.6 percent) than from the ED (55.3 percent). Corresponding results for adult resident transfers are available by State in Appendix Tables B2 and B3 for inpatient and ED transfers, respectively. The appendix tables also include information by the third possible definition of transfers that does not use discharge disposition. Instead, we looked for pairs of records within 1 day and

documented how often the first record in the sequence happened to be marked with a transfer disposition.

For the remainder of the report, transfers will be determined exclusively using HCUP data element DISPUniform in order to include the largest number of possible States in our analyses. Using DISPUniform also allows us to capture transfers to a wider range of facilities, including designated cancer centers, children's hospitals, and critical access hospitals.

Are Incomplete Transfer Records the Result of Variation Across Different Types of Hospitals?

Most HCUP Partner organizations provide data from all community hospitals in their State databases. Discharges from facilities that are not considered community hospitals will be in the HCUP State databases if provided to HCUP by the Partner organization. Tables 5 and 6 examine the differences in complete and incomplete transfers among transfers originating at community and noncommunity hospitals, respectively. In addition, we present the distribution of the receiving hospital records among community and noncommunity hospitals for each case. For the SID used in the adult analysis, 94.0 percent of the community hospitals in the 22 States are represented in the data. In addition 17 of the 22 SID include data from at least one noncommunity hospital.

Table 5. Examination of Transfers From *Community* Hospitals

Hospital Setting of Transfer	Transfer Out, N	Found Receiving Record at Any Hospital Within 1 Day, %	Found Receiving Record at Same Hospital Within 1 Day, %	Receiving Record by Hospital Type	
				Community Hospital, %	Non-community Hospital, %
Inpatient transfers					
Adult	299,617	65.2	14.3	95.2	4.8
Resident	286,217	66.1	14.2	95.3	4.7
Nonresident	13,400	46.8	18.3	92.8	7.2
Pediatric	15,917	47.1	2.7	98.3	1.7
Emergency department transfers					
Adult	562,969	66.8	20.3	98.2	1.8
Resident	540,394	67.2	20.3	98.2	1.8
Nonresident	22,575	55.8	21.5	97.8	2.2
Pediatric	51,489	54.6	2.5	98.5	1.5

Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the SID and SEDD for the receiving hospital records. Community hospitals include nonfederal, short-term hospitals whose facilities are available to the public, as defined by the American Hospital Association (AHA). Short-term is defined as hospitals with an average length of stay less than 30 days. Results for all available States are contained in Appendix Tables B4 and B6.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department Databases (SEDD), 2013.

Table 5 shows that the total number of transfer out records and the corresponding percentage of receiving hospital records were very similar to those seen in Table 4, which does not restrict the sample to community hospitals. About two-thirds of inpatient and ED transfers for adult residents were complete. About half of pediatric transfers were complete. In addition, 14.2 percent of inpatient transfers out for adult residents and 20.3 percent of ED transfers out for adult residents eventually were received at the same hospital.[15] Among the complete transfers from community hospitals, at least 92 percent were received at a community hospital. For adult residents, 95.3 percent of complete transfers were received at community hospitals and 4.7 percent were received at noncommunity hospitals.

Table 6. Examination of Transfers From _Noncommunity_ Hospitals

Hospital Setting of Transfer	Transfer Out, N	Found Receiving Record at Any Hospital Within 1 Day, %	Found Receiving Record at Same Hospital Within 1 Day, %	Receiving Record by Hospital Type	
				Community Hospital, %	Non-community Hospital, %
Inpatient transfers					
Adult	25,345	61.8	5.5	90.3	9.7
Resident	23,316	62.8	5.3	90.4	9.6
Nonresident	2,029	50.5	8.3	89.3	10.7
Pediatric	1,131	15.8	15.1	56.4	43.6
Emergency department transfers					
Adult	10,048	64.2	25.7	70.0	30.0
Resident	9,806	64.5	25.9	69.7	30.3
Nonresident	242	54.1	16.8	83.2	16.8
Pediatric	1,455	55.3	69.3	16.5	83.5

Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the SID and SEDD for the receiving hospital records. Community hospitals include nonfederal, short-term hospitals whose facilities are available to the public, as defined by the American Hospital Association (AHA). Short-term is defined as hospitals with an average length of stay less than 30 days. Results for all available States are contained in Appendix Tables B5 and B7.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department Databases (SEDD), 2013.

Although transfers originating at noncommunity hospitals are far less likely to be identified in HCUP databases, they do occur. Other statistics surrounding the percentage of receiving hospital records found within 1 day were similar to those observed in community hospitals. In particular, adult residents represented 62.8 and 64.5 percent of complete inpatient and ED transfers, respectively, which are only a couple of percentage points lower than the corresponding percentages in Table 5 in each setting.

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[15] The same hospital for this report is defined using HCUP data element DSHOSPID. More information on DSHOSPID is available on the HCUP User Support Web site at http://hcup-us.ahrq.gov/db/vars/siddistnote.jsp?var=dshospid

Corresponding results for adult resident transfers are available by State in Appendix Tables B4 and B5 for inpatient transfers and Appendix Tables B6 and B7 for ED transfers, respectively. Observed variation in Tables B4–B7 may represent differences in the type of noncommunity hospitals included in each State-level file.[16]

For the remainder of this report, all available hospitals (community and noncommunity) will be included in the search for both transfer out and receiving hospital records.

Are Incomplete Transfer Records the Result of Variation in Search Time Periods?

Thus far, our search for receiving hospital records has been limited to records found within 1 day of the transfer out record. To determine how restrictive this condition was, we extended the number of days allowed between the pairs of records identified as complete transfers. Table 7 compares the percentage of complete and incomplete transfers using 1-, 3-, and 7-day search windows.

Table 7. Identifying Complete Transfers Under Alternative Search Period Durations

		Found Receiving Hospital Record		
Hospital Setting of Transfer	**Transfer Out, N**	**Within 1 Day, %**	**Within 3 Days, %**	**Within 7 Days, %**
Inpatient transfers				
Adult	327,792	65.3	66.4	67.4
Resident	312,231	66.2	67.3	68.3
Nonresident	15,561	47.7	48.9	50.3
Pediatric	17,220	45.6	46.4	47.2
Emergency department transfers				
Adult	583,844	67.3	69.2	70.6
Resident	560,650	67.8	69.6	71.1
Nonresident	23,194	56.5	58.6	59.9
Pediatric	53,735	55.3	56.0	56.7

Notes: Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the SID and SEDD for the receiving hospital records.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department Databases (SEDD), 2013.

Allowing additional days in the search for receiving hospital records only netted a small gain in the percentage of complete transfer cases. For resident adults with inpatient transfers, the percentage of complete transfers only increased from 66.2 percent in 1 day to 68.3 percent in 7

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[16] HCUP provides File Composition notes for each State database. These notes describe the type of facilities included in the databases, inclusion of special stay units, and any exclusions or exceptions in reporting to the State organization that provides the data to HCUP. The SID File Composition notes can be accessed at http://hcup-us.ahrq.gov/db/state/siddist/sid_multi.jsp. The SEDD File Composition notes can be accessed at http://hcup-us.ahrq.gov/db/state/sedddist/sedd_multi.jsp.

days. For the remainder of this report, receiving hospital records once again will be required to occur within 1 day of the transfer out record.

Are Incomplete Transfer Records the Result of Variation Across Discharge Month?

HCUP State databases include hospital encounters from a full calendar year of data based on the date of discharge. A patient admitted as an inpatient in December 2012 and discharged in January 2013 will have a record in the 2013 SID. For data users interested in revisit analyses, including transfers, this introduces the possibility that the researcher will not be able to observe all relevant revisits for a given VisitLink because of data censoring. Specifically for transfers where pairs of records are expected within 1 day, data censoring between December discharges and January admissions should represent only a small proportion of incomplete transfers. However, there also exists the possibility of seasonality in the underlying rate of complete transfers. To examine these date-related issues, we stratified our sample by the discharge month of the transfer out records. Figures 1 and 2 depict the results of this analysis for inpatient and ED transfers, respectively.

Figure 1. Inpatient Transfers by Month of Discharge of Transfer Out Record
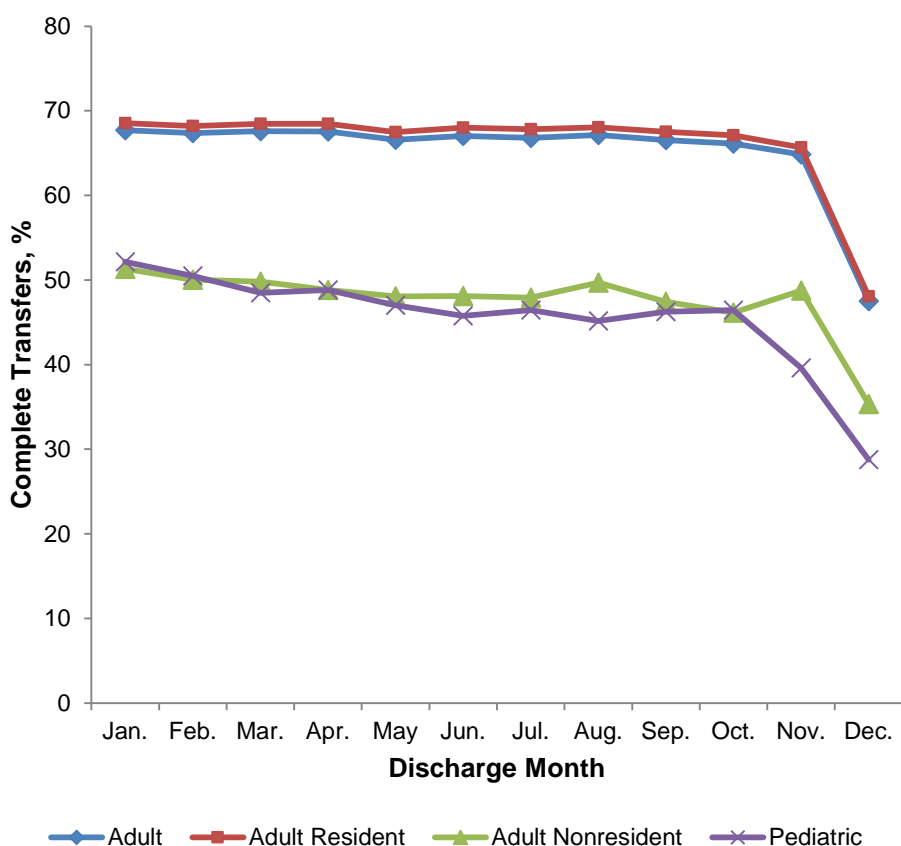
Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the SID and SEDD for the receiving hospital records.

Figure 2. Emergency Department Transfers by Month of Discharge of Transfer Out Record
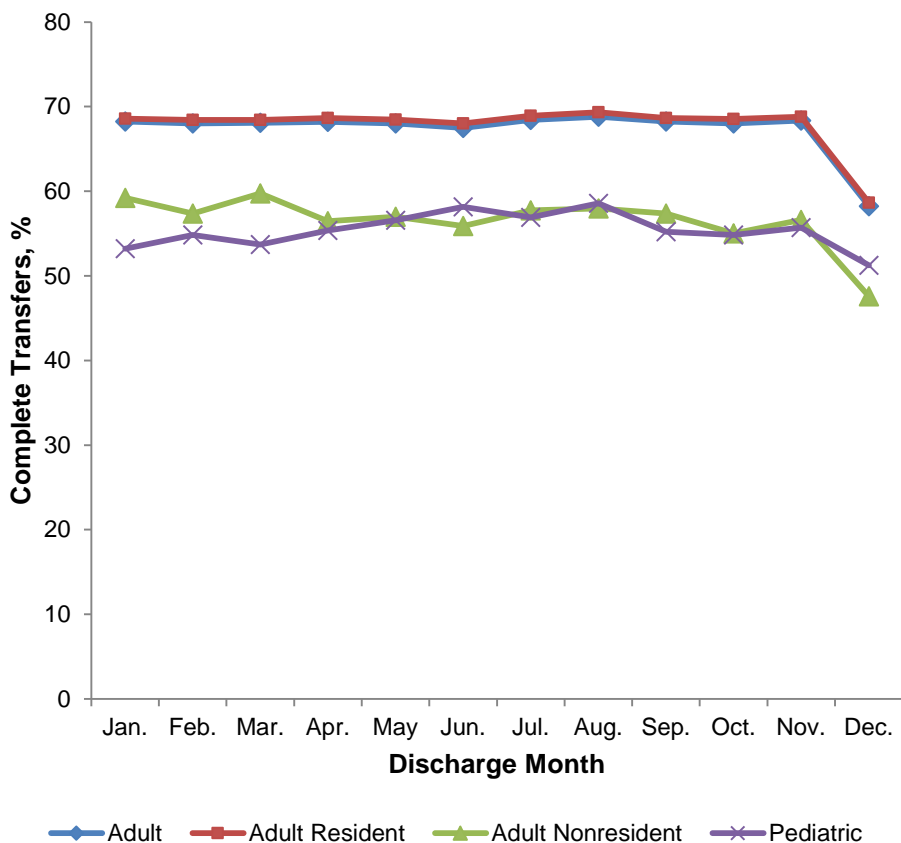
Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the SID and SEDD for the receiving hospital records.

Figure 1 shows that the trend in complete inpatient transfers mostly was consistent throughout the first 11 months of the year. However, the percentages of receiving hospital records found when the transfer out record represented a discharge in December were substantially lower in each of the patient groups (absolute difference of 15-20%). Although a portion of this decrease was due to the censoring of data follow-up time at December 31, the observed break in trend appears to be larger in magnitude than could be explained by this reason alone. An analysis using the HCUP National Inpatient Sample indicates that only one percent of admissions that started in one data year are discharged in the following year. The trends in ED transfers, depicted in Figure 2, tell a similar story with decreased transfer completion percentages in December, albeit to a lesser degree than in the inpatient setting (absolute difference of 5-10%).

Are Incomplete Transfer Records the Result of Variation Across Expected Primary Payer?

Thus far, our analyses of incomplete transfers have focused on potential idiosyncratic issues related to conducting health care research with administrative databases. The next set of analyses will focus on the potential for differential results based on the patient-level characteristics observed in transfer out records.

Table 8 presents the number and percentage of complete transfers observed by the primary expected payer and age category on the transfer out record. The Other group was dropped from results because of the difficulty interpreting findings from such a heterogeneous collection. Nonetheless, researchers should be aware that the Other group often represented the payer category with the lowest percentage of complete transfers.

Table 8. Transfers by Expected Primary Payer and Patient Age of Transfer Out Record

Hospital Setting of Transfer	Medicare		Medicaid		Private Insurance		Uninsured	
	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
Inpatient transfers								
Adults 65+ years	146,795	67.7	3,065	68.9	12,121	65.3	837	46.0
Resident	140,280	68.4	3,017	69.1	11,477	66.6	791	47.0
Nonresident	6,515	52.5	48	52.1	644	42.1	46	28.3
Adults 18–64 years	38,385	67.1	36,804	66.6	60,093	63.7	14,190	62.6
Resident	36,642	67.9	35,842	67.0	56,679	64.9	13,214	63.8
Nonresident	1,743	50.9	962	49.8	3,414	44.5	976	46.5
Pediatric	45	51.1	9,022	45.2	6,910	47.1	636	37.7
Emergency department transfers								
Adults 65+ years	214,063	74.6	1,825	63.8	18,292	67.6	2,313	62.1
Resident	207,080	74.9	1,788	64.0	17,375	68.3	2,189	62.8
Nonresident	6,983	65.4	37	56.8	917	55.3	124	50.0
Adults 18–64 years	60,927	70.0	76,801	62.9	112,000	63.0	68,399	59.5
Resident	58,889	70.4	74,963	63.1	106,515	63.5	64,175	60.1
Nonresident	2,038	58.9	1,838	52.9	5,485	53.2	4,224	50.3
Pediatric	241	70.1	28,207	56.7	19,431	54.1	3,898	53.0

Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the SID and SEDD for the receiving hospital records.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department Databases (SEDD), 2013.

Table 8 shows that the percentages of complete transfers were not notably different across expected payers, but were lower for inpatient transfers of uninsured elderly and pediatric patients. Among adult residents aged 18–64 years, complete inpatient transfers ranged from 63.8 percent for the uninsured to 67.9 percent for Medicare discharges. Among ED transfers for adult residents aged 18–64 years, complete transfers ranged from 60.1 percent for the uninsured to 70.4 percent for Medicare.

HCUP databases include primary expected payer instead of the final payer eventually reimbursed for the hospital care. One explanation for high percentages of incomplete transfers is the concern that the primary expected payer for the transfer out and receiving records do not match, and that mismatch somehow affects the ability to track patients with the HCUP Revisit Variables. To address this concern, Tables 9 and 10 display the distribution of expected payers in the two records for the subset of complete transfers (where we found both transfer out and receiving hospital records) for inpatient transfers and ED transfers, respectively. The payer and age category of the transfer out record are displayed in the rows of the tables. The payer and age category of the receiving hospital record are displayed in the columns of the tables. Values along the diagonal cells represent cases where the payer and age categories are the same for both records.

Table 9. Distribution of Primary Expected Payer and Patient Age Among Complete Inpatient Transfer Records, %

Transfer Out Record	Receiving Hospital Record								
	Medicare		Medicaid		Private			Uninsured	
	65+ Years	<65 Years	18–64 Years	<18 Years	65+ Years	18–64 Years	<18 Years	18–64 Years	<18 Years
Medicare									
65+ years	98.0				2.0				
<65 years		96.3	0.7			2.7		0.3	
Medicaid									
18–64 years		1.3	92.6			3.3		2.8	
<18 years				94.8			4.2		1.1
Private insurance									
65+ years	38.3				61.7				
18–64 years		2.3	2.2			94.3		1.2	
<18 years				7.7			91.3		1.0
Uninsured									
18–64 years		1.2	17.2			5.3		76.3	
<18 years				55.3			18.1		26.5

Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2013.

Table 10. Distribution of Primary Expected Payer and Patient Age Among Complete Emergency Department Transfers, %

Transfer Out Record	Receiving Hospital Record								
	Medicare		Medicaid		Private			Uninsured	
	65+ Years	<65 Years	18–64 Years	<18 Years	65+ Years	<65 Years	18–64 Years	<18 Years	65+ Years
Medicare									
65+ years	98.2				1.8				
<65 years		95.2	1.1			3.3		0.4	
Medicaid									
18–64 years		1.2	92.4			3.2		3.2	
<18 years				93.2			5.4		1.4
Private insurance									
65+ years	48.7				51.3				
18–64 years		2.3	4.3			90.8		2.6	
<18 years				4.7			94.0		1.2
Uninsured									
18–64 years		1.7	12.2			7.2		79.0	
<18 years				39.7			10.4		49.9

Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the State Inpatient Databases (SID) and SEDD for the receiving hospital records.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department Databases (SEDD), 2013.

In both Tables 9 and 10, the highest proportion of transfer cases occurred along the diagonal, indicating no change in the expected payer or age category between the two records. However, we regularly observed changes in payer between the transfer out and receiving hospital record, so there is no reason to attempt to match records on payer in order to ensure that a complete transfer is accurate. In each table, there were three occurrences where the payer or age category changed more than 10 percent of the time: transitioning from private insurance to Medicare for patients aged 65 years and older; changing from uninsured to either Medicare, Medicaid, or private insurance for patients aged 18–64 years; and changing from uninsured to either Medicaid or private insurance for pediatric patients.

Are Incomplete Transfer Records the Result of Variation Across Medical Conditions?

The clinical condition of the patient at the time of the transfer out discharge also may lead to observed differences in complete transfer rates. Certain conditions may be prone to high percentages of incomplete transfer for a number of reasons. In this section, we present the 10 conditions with the highest proportion of both complete and incomplete transfers among adult patients who are State residents. Tables 11 and 12 present this information for inpatient transfers, and Tables 13 and 14 present this information for ED transfers. Inpatient transfers are categorized according to the CCS category of the principal diagnosis. Emergency department transfers are categorized according to the CCS category of the first-listed diagnosis.

In each table, conditions with less than 1,000 transfer out records were excluded. Transfer statistics for adult nonresident patients were included for each corresponding clinical condition

in the table. Results for all CCS conditions with at least 11 transfers for resident adults and for pediatric patients are available in Appendix Tables B8–B11.

Table 11. The 10 Conditions With the Highest Percentage of Complete Inpatient Transfers Among Adult Residents

Clinical Classifications Software Category of Principal Diagnosis	Adult Residents		Adult Nonresidents	
	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
254: Rehabilitation care; fitting of prostheses; and adjustment of devices	24,058	84.0	1,594	77.9
183: Hypertension complicating pregnancy; childbirth and the puerperium	1,019	72.5	18	61.1
130: Pleurisy; pneumothorax; pulmonary collapse	2,145	72.4	86	57.0
97: Peri-; endo-; and myocarditis; cardiomyopathy (except that caused by tuberculosis or sexually transmitted disease)	1,881	72.0	95	45.3
100: Acute myocardial infarction	24,822	71.6	985	60.1
152: Pancreatic disorders (not diabetes)	3,454	70.9	161	44.1
39: Leukemias	1,325	70.6	88	39.8
184: Early or threatened labor	1,590	70.4	45	48.9
149: Biliary tract disease	4,121	69.4	173	50.9
115: Aortic; peripheral; and visceral artery aneurysms	1,183	69.0	70	48.6

Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records. Diagnoses designated as Other or Residual are not reported. Results for all conditions and pediatric transfers are available in Appendix Tables B8 and B9. Minimum is 1,000 hospital transfer records.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2013.

The CCS conditions with the highest percentage of complete inpatient transfers among adult residents ranged from 84.0 percent for rehabilitation care to 69.0 percent for aortic aneurysms. The conditions in Table 11 with high percentages of complete inpatient transfers also included three diseases of the circulatory system (peri-, endo-, and myocarditis; acute myocardial infarction; and aortic aneurysms) and two complications of pregnancy (hypertension complicating pregnancy and early or threatened labor).

Table 12. The 10 Conditions With the Lowest Percentage of Complete Inpatient Transfers Among Adult Residents

Clinical Classifications Software Category of Principal Diagnosis	Adult Residents		Adult Nonresidents	
	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
661: Substance-related disorders	2,993	44.6	243	20.2
660: Alcohol-related disorders	3,431	47.2	300	22.0
203: Osteoarthritis	3,536	47.8	215	52.1
657: Mood disorders	9,740	54.9	618	45.1
129: Aspiration pneumonitis; food/vomitus	1,881	56.0	76	31.6
159: Urinary tract infections	2,561	56.2	77	45.5
226: Fracture of neck of femur (hip)	3,172	56.7	192	35.9
102: Nonspecific chest pain	3,475	56.8	114	50.9
205: Spondylosis; intervertebral disc disorders; other back problems	2,165	58.3	125	36.8
659: Schizophrenia and other psychotic disorders	7,137	58.6	367	48.0

Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records. Diagnoses designated as Other or Residual are not reported. Results for all conditions and pediatric transfers are available in Appendix Tables B8 and B9. Minimum is 1,000 hospital transfer records for adult residents.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2013.

The CCS conditions with the lowest percentage of complete inpatient transfers among adult residents ranged from 44.6 percent for substance-related disorders to 58.6 percent for schizophrenia. The conditions in Table 12 with low percentages of complete inpatient transfers included four mental illness categories (substance-related disorders, alcohol-related disorders, mood disorders, and schizophrenia) that may reflect transfers to noncommunity hospitals (e.g., psychiatric, alcoholism and chemical dependency) often not included in the HCUP State databases.

Table 13. The 10 Conditions With the Highest Percentage of Complete Emergency Department Transfers Among Adult Residents

Clinical Classifications Software Category of First-Listed Diagnosis	Adult Residents		Adult Nonresidents	
	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
122: Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	17,827	83.9	556	72.5
226: Fracture of neck of femur (hip)	8,499	82.9	352	58.0
145: Intestinal obstruction without hernia	6,425	80.1	209	66.0
157: Acute and unspecified renal failure	4,420	79.9	128	67.2
131: Respiratory failure; insufficiency; arrest (adult)	4,035	79.5	123	63.4
2: Septicemia (except in labor)	5,316	79.4	163	68.7
103: Pulmonary heart disease	2,141	79.4	94	64.9
127: Chronic obstructive pulmonary disease and bronchiectasis	8,860	79.1	277	71.5
108: Congestive heart failure; nonhypertensive	12,058	79.0	301	67.4
146: Diverticulosis and diverticulitis	1,603	78.9	51	70.6

Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the State Inpatient Databases (SID) and SEDD for the receiving hospital records. Diagnoses designated as Other or Residual are not reported. Results for all conditions and pediatric transfers are available in Appendix Tables B10 and B11. Minimum is 1,000 hospital transfer records for adult residents.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department Databases (SEDD), 2013.

Among ED transfers for adult residents, the CCS conditions with the highest percentage of complete transfers ranged from 83.9 percent for pneumonia to 78.9 percent for diverticulosis. The conditions in Table 13 with highest percentages of complete ED transfers included three diseases of the respiratory system (pneumonia, respiratory failure, and chronic obstructive pulmonary disease), two diseases of the circulatory system (pulmonary heart disease and congestive heart failure), and two diseases of the digestive system (intestinal obstruction and diverticulosis).

Table 14. The 10 Conditions With the Lowest Percentage of Complete Emergency Department Transfers Among Adult Residents

Clinical Classifications Software Category of First-Listed Diagnosis	Adult Residents		Adult Nonresidents	
	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
232: Sprains and strains	1,412	30.7	56	23.2
663: Screening and history of mental health and substance abuse codes	2,070	38.8	140	40.7
182: Hemorrhage during pregnancy; abruptio placenta; placenta previa	1,268	47.6	43	53.5
653: Delirium, dementia, and amnestic and other cognitive disorders	1,212	47.9	47	44.7
661: Substance-related disorders	3,183	48.8	162	39.5
657: Mood disorders	20,102	50.8	1,053	45.9
651: Anxiety disorders	2,792	51.8	147	53.1
660: Alcohol-related disorders	4,668	51.9	284	44.0
659: Schizophrenia and other psychotic disorders	15,697	53.9	962	52.7
102: Nonspecific chest pain	37,853	54.0	1,373	44.6

Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the State Inpatient Databases (SID) and SEDD for the receiving hospital records. Diagnoses designated as Other or Residual are not reported. Results for all conditions and pediatric transfers are available in Appendix Tables B10 and B11. Minimum is 1,000 hospital transfer records for adult residents.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department

The CCS conditions with the lowest percentage of complete emergency department transfers among adult residents ranged from 30.7 percent for sprains and strains to 54.0 percent for nonspecific chest pain. The conditions in Table 14 with low percentages of complete emergency department transfers included seven mental illness categories (Screening and history of mental health and substance abuse codes; dementia; Substance-related disorders; Mood disorders; Anxiety disorders; Alcohol-related disorders; and Schizophrenia), which once again may reflect transfers to noncommunity hospitals not included in the HCUP State databases.

Are Incomplete Transfer Records the Result of Not Considering Other Types of Hospital-Based Outpatient Care Such as Observation Stays and Ambulatory Surgery?

The next two analyses expanded the HCUP databases used thus far to include some of the HCUP SASD. In the first analysis, we explored the possibility that some of the missing receiving hospital records actually may have represented individuals transferred to outpatient services departments, despite the fact that the discharge disposition codes specified transfer to a short-term hospital. It is possible that use of hospital observation services may contribute to mistakes in how patients are coded when transferred between facilities. Therefore, we conducted a comparison of ED transfers under two alternative scenarios:

1. The same definition as before—transfer out records in the SEDD and receiving hospital records in either the SID or SEDD
2. Transfer out records in the SEDD and receiving hospital records in either the SID, SEDD, or SASD.

Across all nine States included in the analysis, we identified 255,193 transfer out records in the SEDD. When the search for receiving hospital records included only the SID and SEDD, as in the analyses above, we identified 67.6 percent of receiving hospital records. After expanding the search to outpatient care in the SASD, that percentage increased to 73.4 percent. Variation by State still existed in these results, with receiving hospital record rates ranging from 50.6 to 83.3 percent in State-level analyses.

Lastly, for completeness in our analysis of transfers in HCUP State databases, we explored records in the SASD that had a discharge disposition of Transfer to a Short-Term Hospital (HCUP data element DISPUniform=2). Our analysis concluded that it is uncommon for outpatient care records in the SASD to be coded as transfers in discharge dispositions. Across all 16 States included in the analysis, we found only 36,343 transfer out records and only 28.1 percent representing complete transfers.

DISCUSSION

Incomplete transfers occurred across inpatient, ED, and ambulatory services hospital settings for all payers and for all age groups. For adults who are transferred from an inpatient stay or ED visit, only about two thirds of transfers are complete. The percentage of complete transfers is slightly higher for adult residents and increases even more for patients aged 65 years and older. Only about half of transfer records for pediatric patients are complete, regardless of hospital setting.

Using all possible hospitals within the HCUP State database increases the chance of finding complete transfers. About five percent of complete transfer records for adult residents had a noncommunity hospital as the receiving hospital.[17] This study did not examine the rate of complete transfers by hospital characteristics such as bed size, urban-rural location, and type of ownership so it is unknown whether certain hospital characteristics play a role in differing rates of complete transfers.

The study did identify certain conditions that have a greater chance of having complete transfer records. The two highest percentages of complete transfer records for adult residents were for inpatient transfers for rehabilitation care and ED transfers for pneumonia, at approximately 84 percent each.

The researchers in this investigation discussed the findings with representatives of the HCUP Partner organizations. Several Partners communicated that they had observed similar trends in

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[17] Noncommunity hospitals include psychiatric hospitals, alcoholism and chemical dependency hospitals, and hospital units of other institutions (e.g., prisons). Federal hospitals and long-term care facilities also were considered noncommunity hospitals.

their data. When evaluating data across multiple patient and hospital characteristics, these Partners observed complete transfer records at a rate of around 70 percent. The Partners suggested some possible confounding factors in the present analyses. The first was border hospitals. Some States have large cities near State borders (e.g., St. Louis, Missouri) that have hospitals that serve patients in a community that crosses States borders. HCUP patient linkage variables only track a patient within a State. Our analysis included complete transfer rates of residents versus nonresidents, but obtaining accurate State results may be more difficult for States that have many cities and/or hospitals located near State borders.

The Partners have also suggested that rates of complete transfers potentially may be influenced by specialty hospitals such as regional trauma centers, which may serve a particularly large population of out-of-state patients. The Partners noted differences in the types of hospitals included in their State databases, which affects the ability to find the receiving hospital record. Some SID include information only from community hospitals and others include public psychiatric hospitals. No HCUP databases include data from Federal hospitals such as Department of Defense or Veterans Health Administration hospitals. It is possible that some of the incomplete transfers represent a patient transferred to one of the hospitals not included in HCUP data.

Lastly, the HCUP Partners suggested that the incomplete transfers may be closely related to the amount of information that is available when a discharge record is coded in the hospital. For example, the discharge record may indicate that the patient is to be transferred to an acute care hospital, when in reality the patient is moved to another type of health facility (e.g., skilled nursing or long-term care facility) for which data are not represented in HCUP.

RECOMMENDATION FOR STUDIES OF PATIENTS TRANSFERRED BETWEEN ACUTE CARE HOSPITALS

When working with the HCUP State databases, users can be confident that finding both the transfer out and receiving hospital record for a single patient linkage number can be considered a complete transfer for a single patient, without matching on other data elements such as payer. The patient linkage numbers are verified against the patient's date of birth and sex and examined for completeness. However, we feel it is important to note the percentage of records for which we are unable to track complete transfers using HCUP databases to aid users interested in the study of transfers.

For studies of patients who are transferred, our results indicate that it would be best to limit the analysis to resident discharges. When selecting HCUP State databases, consult the following helpful resources:

1. The User Guide for HCUP Revisit Variables[18] to determine which databases have good reporting of patient linkage numbers for the data type and data years of interest. Use the HCUP Revisit Variables to track a patient across hospitals in a State. The User

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[18] The User Guide for HCUP Revisit Variables is available at http://hcup-us.ahrq.gov/toolssoftware/revisit/UserGuide_SuppRevisitFilesCD.pdf

Guide also includes information on when the HCUP Revisit Variables can be used to track patients across data years.

2. The SID and SEDD File Composition notes[19],[20] to determine the types of hospitals included in each State database.

3. Yearly tables with State-specific information on the number of community hospitals included (and not included) in the SID and SEDD to identify databases with complete reporting of hospitals.[21] States with a wider range of hospitals will improve the chance of finding complete transfers, but it cannot be guaranteed that all noncommunity, specialty hospitals are included in HCUP databases. Therefore, we recommend analyses primarily focused on transfers between short-term, acute care hospitals.

The results presented in this report may be useful for creating an analytic sample that will improve the rate of complete transfers when using HCUP databases. However, it is important to remember that there are data exclusions that would limit the total sample, so users should consider the costs and benefits of implementation in their specific study.

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[19] The SID File Composition notes are available at http://hcup-us.ahrq.gov/db/state/siddist/sid_multi.jsp

[20] The SEDD File Composition notes are available at http://hcup-us.ahrq.gov/db/state/sedddist/sedd_multi.jsp

[21] Information by State on the number of community hospitals included and not included is available on the HCUP User Support Web site at http://www.hcup-us.ahrq.gov/db/state/siddist/siddist_hospital.jsp for the SID and https://www.hcup-us.ahrq.gov/db/state/sedddist/sedddist_hospital.jsp for the SEDD.

APPENDIX A. HCUP PARTNER ORGANIZATIONS

Alaska State Hospital and Nursing Home Association
Arizona Department of Health Services
Arkansas Department of Health
California Office of Statewide Health Planning and Development
Colorado Hospital Association
Connecticut Hospital Association
District of Columbia Hospital Association
Florida Agency for Health Care Administration
Georgia Hospital Association
Hawaii Health Information Corporation
Illinois Department of Public Health
Indiana Hospital Association
Iowa Hospital Association
Kansas Hospital Association
Kentucky Cabinet for Health and Family Services
Louisiana Department of Health and Hospitals
Maine Health Data Organization
Maryland Health Services Cost Review Commission
Massachusetts Center for Health Information and Analysis
Michigan Health & Hospital Association
Minnesota Hospital Association (provides data for Minnesota and North Dakota hospitals)
Mississippi Department of Health
Missouri Hospital Industry Data Institute
Montana MHA - An Association of Montana Health Care Providers
Nebraska Hospital Association
Nevada Department of Health and Human Services
New Hampshire Department of Health & Human Services
New Jersey Department of Health
New Mexico Department of Health
New York State Department of Health
North Carolina Department of Health and Human Services
North Dakota (data provided by the Minnesota Hospital Association)
Ohio Hospital Association
Oklahoma State Department of Health
Oregon Office of Health Analytics
Oregon Association of Hospitals and Health Systems
Pennsylvania Health Care Cost Containment Council
Rhode Island Department of Health
South Carolina Revenue and Fiscal Affairs Office
South Dakota Association of Healthcare Organizations

Tennessee Hospital Association

Texas Department of State Health Services

Utah Department of Health

Vermont Association of Hospitals and Health Systems

Virginia Health Information

Washington State Department of Health

West Virginia Health Care Authority

Wisconsin Department of Health Services

Wyoming Hospital Association

APPENDIX B. DETAILED TABLES

Table B1. Coding of DISPUB04 Into DISPUniform

HCUP Data Element: DISPUB04		HCUP Data Element: DISPUniform	
Value	**Description**	**Value**	**Description**
1	Discharged to Home or Self Care (Routine Discharge)	1	Routine
21	Court/Law Enforcement		
81	Discharged to Home or Self Care with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)		
87	Discharged/Transferred to Court/Law Enforcement with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)		
2	Discharged/Transferred to a Short-Term Hospital for Inpatient Care	2	Transfer to a Short-Term Hospital
5	Discharged/Transferred to a Designated Cancer Center or Children's Hospital		
43	Discharged/Transferred to a Federal Health Care Facility[a]		
66	Discharged/Transferred to a Critical Access Hospital		
82	Discharged/Transferred to a Short-Term General Hospital for Inpatient Care With a Planned Acute Care Hospital Inpatient Readmission		
85	Discharged/Transferred to a Designated Cancer Center or Children's Hospital With a Planned Acute Care Hospital Inpatient Readmission		
88	Discharged/Transferred to a Federal Health Care Facility With a Planned Acute Care Hospital Inpatient Readmission[a]		
94	Discharged/Transferred to a Critical Access Hospital With a Planned Acute Care Hospital Inpatient Readmission		
3	Discharged/transferred to a Skilled Nursing Facility (SNF)[a]	5	Transfer Other: Includes Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Another Type of Facility
4	Discharged/transferred to an Intermediate Care Facility (ICF)[a]		
5	Effective prior to 10/1/07: Discharged/transferred to another type of institution not defined elsewhere[a]		
51	Hospice - Medical Facility[a]		
61	Discharged/transferred to a Hospital-Based Medicare approved Swing Bed[a]		
62	Discharged/transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct part unit of a hospital[a]		
63	Discharged/transferred to a Medicare certified Long Term Care Hospital (LTCH)[a]		
64	Discharged/transferred to a Nursing Facility certified by Medicaid, but not certified by Medicare[a]		
65	Discharged/transferred to a Psychiatric Hospital or Psychiatric distinct part unit of a hospital[a]		
69	Discharged/transferred to a Designated Disaster Alternative Care Site (Effective 10/1/13)[a]		
70	Effective 10/1/07: Discharged/transferred to another type of institution not defined elsewhere[a]		
83	Discharged/Transferred to a Skilled Nursing Facility (SNF) with Medicare Certification with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)[a]		
84	Discharged/Transferred to a Facility that Provides Custodial or Supportive Care with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)[a]		
89	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)[a]		
90	Discharged/Transferred to an Inpatient Rehabilitation Facility (IRF) including Rehabilitation Distinct Part Units of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)[a]		

91	Discharged/Transferred to a Medicare Certified Long Term Care Hospital (LTCH) with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13) [a]		
92	Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13) [a]		
93	Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13) [a]		
95	Discharged/Transferred to Another Type of Health Care Institution not Defined Elsewhere in the Code List with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13) [a]		
6	Discharged/transferred to Home under care of Organized Home Health Service Organization	6	Home Health Care (HHC)
8	Home IV Provider		
50	Hospice-Home		
86	Discharged/Transferred to a Home Under Care of Organized Home Health Service Organization with a Planned Acute Care Hospital Inpatient Readmission (Effective 10/1/13)		
7	Left Against Medical Advice or Discontinued Care	7	Against Medical Advice (AMA)
20	Expired	20	Died
40	Expired at home	99	Discharge alive, destination unknown
41	Expired in a Medical Facility		
42	Expired - place unknown		
99	Discharged alive, destination unknown		
.	Missing	.	Missing
.A	Invalid	.A	Invalid

Abbreviations: DISPUB04, Disposition of patient, UB-04 standard coding; DISPUniform, Disposition of patient, uniform coding.

[a] Data from these types are facilities are not included in the HCUP databases.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), Central Distributor, State Inpatient Databases (SID): Description of Data Elements. http://hcup-us.ahrq.gov/db/vars/siddistnote.jsp?var=dispuniform

Table B2. State Variation in *Inpatient* Transfers Among Adult Residents by Alternative Disposition Codes

Hospital Setting of Transfer	Transfer Out Identified by HCUP Data Element DISPUniform=2		Transfer Out Identified by HCUP Data Element DISPUB04=2		Two Records Found Within 1 Day (Not Using Disposition Variables)		
						Transfer Out Record	
	Transfer Out, N	Receiving Hospital Record Found Within 1 Day, %	Transfer Out, N	Receiving Hospital Record Found Within 1 Day, %	Pairs of Records, N	Marked as DISPUniform=2, %	Marked as DISPUB04=2, %
All States	312,231	66.2	192,051	72.7	695,251	29.7	20.1
AR	8,892	65.1	7,332	75.6	24,403	23.7	22.7
FL	36,585	72.3	30,820	78.0	110,676	23.9	21.7
GA	20,043	55.3	14,698	68.2	34,634	32.0	28.9
HI	1,138	77.7	1,066	81.5	1,651	53.5	52.6
IA	7,089	61.3	6,260	63.7	18,953	22.9	21.0
MA	26,840	38.9	13,128	72.0	21,760	48.0	43.5
MD	11,827	64.8	NA	NA	23,896	32.1	NA
NE	4,522	60.7	3,547	72.4	7,017	39.1	36.6
NM	4,763	50.3	4,192	53.5	8,669	27.6	25.9
NV	3,830	55.8	3,608	57.9	13,455	15.9	15.5
NY	38,710	68.5	36,533	70.7	88,796	29.8	29.1
SC	7,837	73.0	7,469	75.9	16,161	35.4	35.1
SD	2,083	68.2	1,791	75.8	6,149	23.1	22.1
UT	2,379	77.5	1,944	86.7	6,821	27.0	24.7
VT	1,253	40.9	1,135	44.5	1,358	37.7	37.2
WA	10,217	60.2	7,872	69.8	20,397	30.2	26.9
WI	10,075	73.7	9,046	79.2	22,053	33.7	32.5

Abbreviations: DISPUB04, Disposition of patient, UB-04 standard coding; DISPUniform, Disposition of patient, uniform coding; NA, not available.

Notes: Transfer out records are identified with HCUP discharge disposition data elements DISPUniform=2, Transfer to a Short-Term Hospital, or DISPUB04=2, Discharged/Transferred to a Short-Term Hospital for Inpatient Care. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2013.

Table B3. State Variation in *Emergency Department* Transfers Among Adult Residents by Alternative Disposition Codes

Hospital Setting of Transfer	Transfer Out Identified by HCUP Data Element DISPUniform=2		Transfer Out Identified by HCUP Data Element DISPUB04=2		Two Records Found Within 1 Day (Not Using Disposition Variables)		
						Transfer Out Record	
	Transfer Out, N	Receiving Hospital Record Found Within 1 Day, %	Transfer Out, N	Receiving Hospital Record Found Within 1 Day, %	Pairs of Records, N	Marked as DISPUniform=2, %	Marked as DISPUniform=2, %
All States	560,650	67.8	421,431	69.3	1,926,267	19.7	15.2
AR	23,432	64.5	17,130	64.1	56,407	26.8	19.5
FL	51,685	70.9	40,138	77.1	283,253	12.9	10.9
GA	38,092	61.8	30,434	65.4	140,647	16.7	14.2
HI	4,869	71.2	4,572	74.2	16,363	21.2	20.7
IA	36,308	77.3	21,624	68.3	58,147	48.3	25.4
MD	34,741	46.7	11,633	44.0	83,549	19.4	6.1
NE	14,518	75.9	9,383	70.1	25,337	43.5	26.0
NV	14,914	58.4	9,717	58.1	36,451	23.9	15.5
NY	55,640	55.8	44,300	64.4	252,270	12.3	11.3
SC	21,234	66.8	14,474	69.2	79,810	17.8	12.6
UT	7,016	81.5	6,145	82.9	34,317	16.7	14.8
VT	6,179	53.7	4,313	46.9	10,043	33.0	20.1
WI	49,572	76.7	30,732	74.3	100,484	37.8	22.7

Abbreviations: DISPUB04, Disposition of patient, UB-04 standard coding; DISPUniform, Disposition of patient, uniform coding.

Notes: Transfer out records are identified with HCUP discharge disposition data elements DISPUniform=2, Transfer to a Short-Term Hospital, or DISPUB04=2, Discharged/Transferred to a Short-Term Hospital for Inpatient Care. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the State Inpatient Databases (SID) and SEDD for the receiving hospital records.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department Databases (SEDD), 2013.

Table B4. State Variation in *Inpatient* Transfers Among Adult Residents at *Community* Hospitals

Hospital Setting of Transfer	Transfer Out, N	Found Receiving Record at Any Hospital Within 1 Day, %	Found Receiving Record at Same Hospital Within 1 Day, %	Hospital Type of Receiving Hospital Record	
				Community Hospital, %	Noncommunity Hospital, %
AR	7,641	64.5	15.9	97.5	2.5
FL	31,374	71.4	13.1	93.3	6.7
GA	16,720	61.2	11.5	96.4	3.6
HI	1,135	77.6	1.7	100.0	NA
IA	7,037	61.0	16.7	100.0	NA
MA	26,249	38.7	17.3	99.8	0.2
MD	11,483	64.1	7.7	99.6	0.4
NE	4,369	59.9	14.8	99.8	--
NM	3,884	49.7	4.4	93.6	6.4
NV	2,586	54.9	26.3	96.8	3.2
NY	37,301	68.1	19.1	95.4	4.6
SC	7,781	72.8	9.5	100.0	NA
SD	2,049	67.7	14.3	100.0	NA
UT	1,908	86.3	16.1	95.6	4.4
VT	1,246	40.5	11.9	100.0	NA
WA	9,737	59.7	6.1	99.0	1.0
WI	9,321	73.8	7.8	98.8	1.2

Notes: Transfer out records are identified with HCUP discharge disposition data elements DISPUniform=2, Transfer to a Short-Term Hospital, or DISPUB04=2, Discharged/Transferred to a Short-Term Hospital for Inpatient Care. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records.

NA Denotes not applicable because SID does not include data from noncommunity hospitals.

-- Denotes data suppressed according to Data Use Agreement (N<11).

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department Databases (SEDD), 2013.

Table B5. State Variation in *Inpatient* Transfers Among Adult Residents at *Noncommunity* Hospitals

Hospital Setting of Transfer	Transfer Out, N	Found Receiving Record at Any Hospital Within 1 Day, %	Found Receiving Record at Same Hospital Within 1 Day, %	Hospital Type of Receiving Hospital Record	
				Community Hospital, %	Noncommunity Hospital, %
AR	1,195	67.6	1.2	97.8	2.2
FL	4,910	75.9	1.4	93.9	6.1
GA	3,236	23.3	2.0	95.8	4.2
HI	NA				
IA	NA				
MA	487	38.6	23.4	76.6	23.4
MD	238	84.9	15.8	84.2	15.8
NE	120	77.5	--	98.9	--
NM	835	50.5	5.5	85.5	14.5
NV	1,221	56.9	1.4	96.8	3.2
NY	1,025	70.0	2.6	97.4	2.6
SC	NA				
SD	NA				
UT	441	37.9	12.0	80.2	19.8
VT	NA				
WA	400	66.0	--	95.5	4.5
WI	671	69.6	9.0	88.2	11.8

Notes: Transfer out records are identified with HCUP discharge disposition data elements DISPUniform=2, Transfer to a Short-Term Hospital, or DISPUB04=2, Discharged/Transferred to a Short-Term Hospital for Inpatient Care. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records.

NA Denotes not applicable because SID does not include data from noncommunity hospitals.

-- Denotes data suppressed according to Data Use Agreement (N<11).

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department Databases (SEDD), 2013.

Table B6. State Variation in *Emergency Department* Transfers Among Adult Residents at *Community* Hospitals

Hospital Setting of Transfer	Transfer Out, N	Found Receiving Record at Any Hospital Within 1 Day, %	Found Receiving Record at Same Hospital Within 1 Day, %	Hospital Type of Receiving Hospital Record	
				Community Hospital, %	Noncommunity Hospital, %
AR	23,015	63.9	25.8	98.2	1.8
FL	50,003	70.2	12.0	96.0	4.0
GA	37,318	61.3	13.7	97.7	2.3
HI	4,799	70.7	1.6	100.0	0.0
IA	35,533	76.8	45.9	100.0	0.0
MD	32,299	44.5	2.6	99.9	0.1
NE	14,068	75.1	50.2	100.0	0.0
NV	14,649	57.7	33.9	97.8	2.2
NY	53,309	54.8	7.4	98.7	1.3
SC	21,010	66.5	13.6	100.0	0.0
UT	6,835	81.4	4.7	94.5	5.5
VT	6,132	53.3	49.8	100.0	0.0
WI	45,306	78.4	37.0	98.9	1.1

Notes: Transfer out records are identified with HCUP discharge disposition data elements DISPUniform=2, Transfer to a Short-Term Hospital, or DISPUB04=2, Discharged/Transferred to a Short-Term Hospital for Inpatient Care. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the State Inpatient Databases (SID) and SEDD for the receiving hospital records. Community hospitals include nonfederal, short-term hospitals whose facilities are available to the public, as defined by the American Hospital Association (AHA). Short-term is defined as hospitals with an average length of stay less than 30 days.

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department Databases (SEDD), 2013.

Table B7. State Variation in *Emergency Department* Transfers Among Adult Residents at *Noncommunity* Hospitals

Hospital Setting of Transfer	Transfer Out, N	Found Receiving Record at Any Hospital Within 1 Day, %	Found Receiving Record at Same Hospital Within 1 Day, %	Hospital Type of Receiving Hospital Record	
				Community Hospital, %	Non-community Hospital, %
AR	0				
FL	610	78.5	--	99.4	--
GA	364	71.4	81.5	18.5	81.5
HI	0				
IA	0				
MD	2,100	72.7	--	99.7	--
NE	40	95.0	55.3	44.7	55.3
NV	0				
NY	1,526	67.7	--	99.4	--
SC	0				
UT	58	58.6	0.0	61.8	38.2
VT	0				
WI	3,138	44.1	58.4	22.4	77.6

Notes: Transfer out records are identified with HCUP discharge disposition data elements DISPUniform=2, Transfer to a Short-Term Hospital, or DISPUB04=2, Discharged/Transferred to a Short-Term Hospital for Inpatient Care. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the State Inpatient Databases (SID) and SEDD for the receiving hospital records. Community hospitals include nonfederal, short-term hospitals whose facilities are available to the public, as defined by the American Hospital Association (AHA). Short-term is defined as hospitals with an average length of stay less than 30 days.

-- Denotes data suppressed according to Data Use Agreement (N<11).

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department Databases (SEDD), 2013.

Table B8. Inpatient Transfers for Adult Residents by Condition

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
Across all conditions		
Minimum		39.7
Maximum		84.6
By conditions with at least 11 transfers		
1: Tuberculosis	94	61.7
2: Septicemia (except in labor)	21,666	65.9
3: Bacterial infection; unspecified site	68	61.8
4: Mycoses	327	66.7
5: HIV infection	416	67.1
6: Hepatitis	659	66.3
7: Viral infection	164	64.0
8: Other infections; including parasitic	158	66.5
9: Sexually transmitted infections (not HIV or hepatitis)	15	73.3
10: Immunizations and screening for infectious disease	32	78.1
11: Cancer of head and neck	304	57.9
12: Cancer of esophagus	157	56.1
13: Cancer of stomach	254	66.5
14: Cancer of colon	523	65.6
15: Cancer of rectum and anus	161	60.2
16: Cancer of liver and intrahepatic bile duct	215	60.5
17: Cancer of pancreas	445	62.5
18: Cancer of other GI organs; peritoneum	246	69.1
19: Cancer of bronchus; lung	1,040	64.6
20: Cancer; other respiratory and intrathoracic	20	60.0
21: Cancer of bone and connective tissue	153	60.1
22: Melanomas of skin	15	--
23: Other non-epithelial cancer of skin	44	63.6
24: Cancer of breast	107	61.7
25: Cancer of uterus	104	55.8
26: Cancer of cervix	54	77.8
27: Cancer of ovary	213	66.2
28: Cancer of other female genital organs	30	50.0
29: Cancer of prostate	78	57.7
32: Cancer of bladder	159	64.2
33: Cancer of kidney and renal pelvis	155	59.4
35: Cancer of brain and nervous system	494	61.5
36: Cancer of thyroid	30	50.0
37: Hodgkin`s disease	31	64.5
38: Non-Hodgkin`s lymphoma	615	68.9
39: Leukemias	1,325	70.6
40: Multiple myeloma	210	72.4
41: Cancer; other and unspecified primary	85	71.8
42: Secondary malignancies	2,038	66.3
43: Malignant neoplasm without specification of site	117	69.2
44: Neoplasms of unspecified nature or uncertain behavior	813	71.6
45: Maintenance chemotherapy; radiotherapy	152	50.7
46: Benign neoplasm of uterus	58	65.5

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
47: Other and unspecified benign neoplasm	592	66.6
48: Thyroid disorders	123	70.7
49: Diabetes mellitus without complication	51	68.6
50: Diabetes mellitus with complications	3,417	66.3
51: Other endocrine disorders	367	60.5
52: Nutritional deficiencies	113	65.5
53: Disorders of lipid metabolism	12	--
54: Gout and other crystal arthropathies	49	42.9
55: Fluid and electrolyte disorders	2,159	58.9
56: Cystic fibrosis	44	61.4
57: Immunity disorders	17	82.4
58: Other nutritional; endocrine; and metabolic disorders	469	58.8
59: Deficiency and other anemia	1,486	66.7
60: Acute posthemorrhagic anemia	437	63.8
61: Sickle cell anemia	280	75.7
62: Coagulation and hemorrhagic disorders	385	65.5
63: Diseases of white blood cells	458	72.3
64: Other hematologic conditions	55	67.3
76: Meningitis (except that caused by tuberculosis or sexually transmitted disease)	348	70.1
77: Encephalitis (except that caused by tuberculosis or sexually transmitted disease)	299	65.2
78: Other CNS infection and poliomyelitis	401	67.6
79: Parkinson`s disease	108	56.5
80: Multiple sclerosis	152	56.6
81: Other hereditary and degenerative nervous system conditions	606	59.7
82: Paralysis	201	78.1
83: Epilepsy; convulsions	2,273	63.7
84: Headache; including migraine	212	67.0
85: Coma; stupor; and brain damage	303	64.7
87: Retinal detachments; defects; vascular occlusion; and retinopathy	15	73.3
89: Blindness and vision defects	39	66.7
90: Inflammation; infection of eye (except that caused by tuberculosis or sexually transmitted disease)	117	71.8
91: Other eye disorders	53	71.7
92: Otitis media and related conditions	36	72.2
93: Conditions associated with dizziness or vertigo	165	52.7
94: Other ear and sense organ disorders	24	50.0
95: Other nervous system disorders	2,640	62.6
96: Heart valve disorders	2,021	67.0
97: Peri-; endo-; and myocarditis; cardiomyopathy (except that caused by tuberculosis or sexually transmitted disease)	1,881	72.0
98: Essential hypertension	263	61.2
99: Hypertension with complications and secondary hypertension	1,808	67.1
100: Acute myocardial infarction	24,822	71.6
101: Coronary atherosclerosis and other heart disease	12,809	64.7
102: Nonspecific chest pain	3,475	56.8
103: Pulmonary heart disease	1,768	67.4
104: Other and ill-defined heart disease	126	67.5

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
105: Conduction disorders	1,021	67.0
106: Cardiac dysrhythmias	9,149	68.4
107: Cardiac arrest and ventricular fibrillation	563	69.8
108: Congestive heart failure; nonhypertensive	12,352	68.5
109: Acute cerebrovascular disease	9,357	63.4
110: Occlusion or stenosis of precerebral arteries	432	73.8
111: Other and ill-defined cerebrovascular disease	309	65.0
112: Transient cerebral ischemia	555	63.4
113: Late effects of cerebrovascular disease	340	73.2
114: Peripheral and visceral atherosclerosis	1,128	66.8
115: Aortic; peripheral; and visceral artery aneurysms	1,183	69.0
116: Aortic and peripheral arterial embolism or thrombosis	340	70.6
117: Other circulatory disease	1,032	62.6
118: Phlebitis; thrombophlebitis and thromboembolism	1,081	66.9
119: Varicose veins of lower extremity	13	84.6
120: Hemorrhoids	89	57.3
121: Other diseases of veins and lymphatics	357	68.6
122: Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	8,422	65.8
123: Influenza	274	51.1
124: Acute and chronic tonsillitis	33	63.6
125: Acute bronchitis	156	57.1
126: Other upper respiratory infections	131	61.8
127: Chronic obstructive pulmonary disease and bronchiectasis	3,622	60.2
128: Asthma	879	65.9
129: Aspiration pneumonitis; food/vomitus	1,881	56.0
130: Pleurisy; pneumothorax; pulmonary collapse	2,145	72.4
131: Respiratory failure; insufficiency; arrest (adult)	8,993	67.1
132: Lung disease due to external agents	70	51.4
133: Other lower respiratory disease	1,163	66.0
134: Other upper respiratory disease	450	69.8
135: Intestinal infection	880	62.2
136: Disorders of teeth and jaw	112	57.1
137: Diseases of mouth; excluding dental	85	57.6
138: Esophageal disorders	498	57.8
139: Gastroduodenal ulcer (except hemorrhage)	234	66.2
140: Gastritis and duodenitis	320	60.9
141: Other disorders of stomach and duodenum	713	71.1
142: Appendicitis and other appendiceal conditions	264	57.6
143: Abdominal hernia	778	64.8
144: Regional enteritis and ulcerative colitis	598	70.6
145: Intestinal obstruction without hernia	3,099	67.8
146: Diverticulosis and diverticulitis	1,236	67.0
147: Anal and rectal conditions	217	59.0
148: Peritonitis and intestinal abscess	513	69.8
149: Biliary tract disease	4,121	69.4
151: Other liver diseases	2,459	66.3
152: Pancreatic disorders (not diabetes)	3,454	70.9
153: Gastrointestinal hemorrhage	4,091	67.1

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
154: Noninfectious gastroenteritis	433	63.3
155: Other gastrointestinal disorders	1,254	61.7
156: Nephritis; nephrosis; renal sclerosis	59	71.2
157: Acute and unspecified renal failure	4,465	65.0
158: Chronic kidney disease	164	65.9
159: Urinary tract infections	2,561	56.2
160: Calculus of urinary tract	587	56.4
161: Other diseases of kidney and ureters	243	70.0
162: Other diseases of bladder and urethra	131	57.3
163: Genitourinary symptoms and ill-defined conditions	298	64.4
164: Hyperplasia of prostate	66	50.0
165: Inflammatory conditions of male genital organs	140	60.7
166: Other male genital disorders	88	64.8
167: Nonmalignant breast conditions	40	62.5
168: Inflammatory diseases of female pelvic organs	152	73.7
169: Endometriosis	12	--
170: Prolapse of female genital organs	26	65.4
171: Menstrual disorders	57	56.1
172: Ovarian cyst	46	58.7
173: Menopausal disorders	12	--
175: Other female genital disorders	135	63.7
177: Spontaneous abortion	13	--
180: Ectopic pregnancy	33	57.6
181: Other complications of pregnancy	1,001	67.4
182: Hemorrhage during pregnancy; abruptio placenta; placenta previa	462	69.0
183: Hypertension complicating pregnancy; childbirth and the puerperium	1,019	72.5
184: Early or threatened labor	1,590	70.4
185: Prolonged pregnancy	90	56.7
186: Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	88	71.6
187: Malposition; malpresentation	69	69.6
188: Fetopelvic disproportion; obstruction	24	54.2
189: Previous C-section	159	66.0
190: Fetal distress and abnormal forces of labor	77	63.6
191: Polyhydramnios and other problems of amniotic cavity	883	69.3
192: Umbilical cord complication	42	64.3
193: OB-related trauma to perineum and vulva	94	48.9
195: Other complications of birth; puerperium affecting management of mother	893	65.7
196: Normal pregnancy and/or delivery	31	48.4
197: Skin and subcutaneous tissue infections	3,034	64.9
198: Other inflammatory condition of skin	214	69.2
199: Chronic ulcer of skin	745	66.8
200: Other skin disorders	72	70.8
201: Infective arthritis and osteomyelitis (except that caused by tuberculosis or sexually transmitted disease)	1,402	68.6
202: Rheumatoid arthritis and related disease	65	41.5
203: Osteoarthritis	3,536	47.8

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
204: Other non-traumatic joint disorders	180	52.2
205: Spondylosis; intervertebral disc disorders; other back problems	2,165	58.3
207: Pathological fracture	688	59.7
209: Other acquired deformities	141	39.7
210: Systemic lupus erythematosus and connective tissue disorders	220	71.8
211: Other connective tissue disease	1,157	59.6
212: Other bone disease and musculoskeletal deformities	251	57.4
213: Cardiac and circulatory congenital anomalies	141	68.8
214: Digestive congenital anomalies	18	61.1
215: Genitourinary congenital anomalies	12	--
216: Nervous system congenital anomalies	15	--
217: Other congenital anomalies	52	50.0
225: Joint disorders and dislocations; trauma-related	173	58.4
226: Fracture of neck of femur (hip)	3,172	56.7
227: Spinal cord injury	359	57.9
228: Skull and face fractures	308	56.2
229: Fracture of upper limb	821	55.5
230: Fracture of lower limb	2,013	61.7
231: Other fractures	2,322	58.9
232: Sprains and strains	97	44.3
233: Intracranial injury	2,358	61.1
234: Crushing injury or internal injury	949	65.0
235: Open wounds of head; neck; and trunk	185	63.2
236: Open wounds of extremities	239	62.8
237: Complication of device; implant or graft	7,107	67.1
238: Complications of surgical procedures or medical care	5,120	68.2
239: Superficial injury; contusion	227	54.2
240: Burns	238	55.0
241: Poisoning by psychotropic agents	1,613	65.8
242: Poisoning by other medications and drugs	1,931	66.0
243: Poisoning by nonmedicinal substances	180	69.4
244: Other injuries and conditions due to external causes	583	57.5
245: Syncope	1,268	61.6
246: Fever of unknown origin	468	69.7
247: Lymphadenitis	43	62.8
248: Gangrene	461	64.6
249: Shock	51	64.7
250: Nausea and vomiting	223	70.4
251: Abdominal pain	925	68.0
252: Malaise and fatigue	251	66.1
253: Allergic reactions	75	65.3
254: Rehabilitation care; fitting of prostheses; and adjustment of devices	24,058	84.0
255: Administrative/social admission	28	71.4
257: Other aftercare	687	79.9
259: Residual codes; unclassified	1,075	57.6
650: Adjustment disorders	181	50.8
651: Anxiety disorders	291	47.1

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
652: Attention-deficit, conduct, and disruptive behavior disorders	38	63.2
653: Delirium, dementia, and amnestic and other cognitive disorders	2,660	68.2
654: Developmental disorders	22	54.5
656: Impulse control disorders, NEC	61	49.2
657: Mood disorders	9,740	54.9
658: Personality disorders	38	65.8
659: Schizophrenia and other psychotic disorders	7,137	58.6
660: Alcohol-related disorders	3,431	47.2
661: Substance-related disorders	2,993	44.6
662: Suicide and intentional self-inflicted injury	61	63.9
663: Screening and history of mental health and substance abuse codes	861	61.6
670: Miscellaneous disorders	294	62.6

Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records. The Clinical Classifications Software is a categorization scheme that was developed by the Agency for Healthcare Research and Quality (AHRQ). It can be used to classify similar diagnosis or procedure coding (such as International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] codes) and collapse them into a smaller number of clinically meaningful categories.

-- Denotes data suppressed according to Data Use Agreement (N<11).

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2013.

Table B9. Inpatient Transfers for Pediatric Patients by Condition

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
Across all conditions		
Minimum		12.9
Maximum		80.6
By conditions with at least 11 transfers		
2: Septicemia (except in labor)	221	56.6
3: Bacterial infection; unspecified site	25	56.0
7: Viral infection	41	51.2
18: Cancer of other GI organs; peritoneum	14	--
21: Cancer of bone and connective tissue	13	--
35: Cancer of brain and nervous system	41	48.8
38: Non-Hodgkin`s lymphoma	17	70.6
39: Leukemias	48	47.9
41: Cancer; other and unspecified primary	28	57.1
44: Neoplasms of unspecified nature or uncertain behavior	18	--
45: Maintenance chemotherapy; radiotherapy	12	--
47: Other and unspecified benign neoplasm	12	--
50: Diabetes mellitus with complications	49	57.1
51: Other endocrine disorders	13	--
55: Fluid and electrolyte disorders	124	56.5
58: Other nutritional; endocrine; and metabolic disorders	97	50.5
59: Deficiency and other anemia	31	45.2
61: Sickle cell anemia	62	80.6
62: Coagulation and hemorrhagic disorders	12	--
63: Diseases of white blood cells	40	57.5
76: Meningitis (except that caused by tuberculosis or sexually transmitted disease)	55	61.8
77: Encephalitis (except that caused by tuberculosis or sexually transmitted disease)	24	62.5
78: Other CNS infection and poliomyelitis	13	--
81: Other hereditary and degenerative nervous system conditions	38	42.1
83: Epilepsy; convulsions	171	43.3
84: Headache; including migraine	11	--
87: Retinal detachments; defects; vascular occlusion; and retinopathy	29	--
90: Inflammation; infection of eye (except that caused by tuberculosis or sexually transmitted disease)	24	62.5
95: Other nervous system disorders	61	49.2
97: Peri-; endo-; and myocarditis; cardiomyopathy (except that caused by tuberculosis or sexually transmitted disease)	38	50.0
103: Pulmonary heart disease	11	--
106: Cardiac dysrhythmias	24	--
108: Congestive heart failure; nonhypertensive	31	38.7
109: Acute cerebrovascular disease	40	60.0
117: Other circulatory disease	33	54.5
122: Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	422	62.3
123: Influenza	32	56.3
125: Acute bronchitis	390	56.9
126: Other upper respiratory infections	41	53.7

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
128: Asthma	219	58.0
129: Aspiration pneumonitis; food/vomitus	49	51.0
130: Pleurisy; pneumothorax; pulmonary collapse	37	62.2
131: Respiratory failure; insufficiency; arrest (adult)	230	48.7
133: Other lower respiratory disease	73	50.7
134: Other upper respiratory disease	47	44.7
135: Intestinal infection	46	60.9
138: Esophageal disorders	30	36.7
141: Other disorders of stomach and duodenum	26	73.1
142: Appendicitis and other appendiceal conditions	66	60.6
143: Abdominal hernia	13	--
144: Regional enteritis and ulcerative colitis	13	--
145: Intestinal obstruction without hernia	76	50.0
149: Biliary tract disease	38	36.8
151: Other liver diseases	29	58.6
152: Pancreatic disorders (not diabetes)	30	80.0
153: Gastrointestinal hemorrhage	23	47.8
154: Noninfectious gastroenteritis	29	51.7
155: Other gastrointestinal disorders	52	46.2
157: Acute and unspecified renal failure	17	--
159: Urinary tract infections	74	60.8
181: Other complications of pregnancy	16	75.0
183: Hypertension complicating pregnancy; childbirth and the puerperium	11	--
184: Early or threatened labor	31	71.0
197: Skin and subcutaneous tissue infections	111	55.9
198: Other inflammatory condition of skin	17	64.7
201: Infective arthritis and osteomyelitis (except that caused by tuberculosis or sexually transmitted disease)	43	51.2
211: Other connective tissue disease	32	56.3
212: Other bone disease and musculoskeletal deformities	25	44.0
213: Cardiac and circulatory congenital anomalies	249	41.0
214: Digestive congenital anomalies	90	53.3
216: Nervous system congenital anomalies	30	36.7
217: Other congenital anomalies	96	43.8
218: Liveborn	9,303	44.5
219: Short gestation; low birth weight; and fetal growth retardation	170	52.9
220: Intrauterine hypoxia and birth asphyxia	23	--
221: Respiratory distress syndrome	118	50.8
222: Hemolytic jaundice and perinatal jaundice	47	55.3
224: Other perinatal conditions	459	53.8
228: Skull and face fractures	17	--
229: Fracture of upper limb	13	--
230: Fracture of lower limb	36	50.0
231: Other fractures	19	78.9
233: Intracranial injury	96	55.2
234: Crushing injury or internal injury	33	54.5
237: Complication of device; implant or graft	71	29.6
238: Complications of surgical procedures or medical care	79	40.5

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
240: Burns	25	--
241: Poisoning by psychotropic agents	52	50.0
242: Poisoning by other medications and drugs	86	57.0
244: Other injuries and conditions due to external causes	37	59.5
246: Fever of unknown origin	93	58.1
247: Lymphadenitis	36	55.6
250: Nausea and vomiting	12	--
251: Abdominal pain	48	52.1
254: Rehabilitation care; fitting of prostheses; and adjustment of devices	156	57.1
257: Other aftercare	33	48.5
259: Residual codes; unclassified	50	54.0
650: Adjustment disorders	12	--
651: Anxiety disorders	21	--
652: Attention-deficit, conduct, and disruptive behavior disorders	34	--
655: Disorders usually diagnosed in infancy, childhood, or adolescence	16	--
657: Mood disorders	1,030	12.9
659: Schizophrenia and other psychotic disorders	110	20.0
660: Alcohol-related disorders	11	--
661: Substance-related disorders	41	29.3
670: Miscellaneous disorders	34	41.2

Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Inpatient transfers use the State Inpatient Databases (SID) for both the transfer out and receiving hospital records. The Clinical Classifications Software is a categorization scheme that was developed by the Agency for Healthcare Research and Quality (AHRQ). It can be used to classify similar diagnosis or procedure coding (such as International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] codes) and collapse them into a smaller number of clinically meaningful categories.

-- Denotes data suppressed according to Data Use Agreement (N<11).

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID), 2013.

Table B10. Emergency Department Transfers for Adult Residents by Condition

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
Across all conditions		
Minimum		29.8
Maximum		87.5
By conditions with at least 11 transfers		
1: Tuberculosis	16	--
2: Septicemia (except in labor)	5,316	79.4
3: Bacterial infection; unspecified site	69	68.1
4: Mycoses	147	42.9
5: HIV infection	197	79.2
6: Hepatitis	247	74.1
7: Viral infection	328	41.5
8: Other infections; including parasitic	123	56.1
9: Sexually transmitted infections (not HIV or hepatitis)	20	--
10: Immunizations and screening for infectious disease	40	--
11: Cancer of head and neck	81	69.1
12: Cancer of esophagus	33	78.8
13: Cancer of stomach	23	78.3
14: Cancer of colon	92	70.7
15: Cancer of rectum and anus	30	76.7
16: Cancer of liver and intrahepatic bile duct	71	60.6
17: Cancer of pancreas	99	67.7
18: Cancer of other GI organs; peritoneum	19	78.9
19: Cancer of bronchus; lung	476	73.3
21: Cancer of bone and connective tissue	28	46.4
22: Melanomas of skin	24	79.2
23: Other non-epithelial cancer of skin	18	66.7
24: Cancer of breast	89	71.9
25: Cancer of uterus	24	75.0
26: Cancer of cervix	25	68.0
27: Cancer of ovary	57	73.7
29: Cancer of prostate	42	66.7
32: Cancer of bladder	34	76.5
33: Cancer of kidney and renal pelvis	44	79.5
35: Cancer of brain and nervous system	192	79.7
38: Non-Hodgkin`s lymphoma	93	78.5
39: Leukemias	314	77.7
40: Multiple myeloma	41	73.2
41: Cancer; other and unspecified primary	35	74.3
42: Secondary malignancies	370	74.6
43: Malignant neoplasm without specification of site	108	77.8
44: Neoplasms of unspecified nature or uncertain behavior	723	77.0
45: Maintenance chemotherapy; radiotherapy	11	--
46: Benign neoplasm of uterus	38	63.2
47: Other and unspecified benign neoplasm	164	67.1
48: Thyroid disorders	165	67.9
49: Diabetes mellitus without complication	1,101	65.2
50: Diabetes mellitus with complications	4,549	76.1
51: Other endocrine disorders	401	67.8

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
52: Nutritional deficiencies	34	70.6
53: Disorders of lipid metabolism	29	72.4
54: Gout and other crystal arthropathies	93	46.2
55: Fluid and electrolyte disorders	7,206	75.5
56: Cystic fibrosis	34	82.4
58: Other nutritional; endocrine; and metabolic disorders	646	66.6
59: Deficiency and other anemia	2,973	70.5
60: Acute posthemorrhagic anemia	193	77.2
61: Sickle cell anemia	522	78.5
62: Coagulation and hemorrhagic disorders	472	69.5
63: Diseases of white blood cells	988	80.7
64: Other hematologic conditions	96	77.1
76: Meningitis (except that caused by tuberculosis or sexually transmitted disease)	270	79.6
77: Encephalitis (except that caused by tuberculosis or sexually transmitted disease)	63	73.0
78: Other CNS infection and poliomyelitis	169	79.9
79: Parkinson`s disease	58	62.1
80: Multiple sclerosis	175	72.0
81: Other hereditary and degenerative nervous system conditions	635	71.2
82: Paralysis	552	75.7
83: Epilepsy; convulsions	6,121	68.1
84: Headache; including migraine	3,652	62.9
85: Coma; stupor; and brain damage	2,214	71.5
87: Retinal detachments; defects; vascular occlusion; and retinopathy	177	66.7
88: Glaucoma	174	67.2
89: Blindness and vision defects	991	68.1
90: Inflammation; infection of eye (except that caused by tuberculosis or sexually transmitted disease)	554	59.7
91: Other eye disorders	770	66.2
92: Otitis media and related conditions	143	47.6
93: Conditions associated with dizziness or vertigo	2,875	57.9
94: Other ear and sense organ disorders	192	36.5
95: Other nervous system disorders	6,002	69.6
96: Heart valve disorders	197	69.0
97: Peri-; endo-; and myocarditis; cardiomyopathy (except that caused by tuberculosis or sexually transmitted disease)	702	70.1
98: Essential hypertension	2,023	58.1
99: Hypertension with complications and secondary hypertension	1,449	72.2
100: Acute myocardial infarction	22,309	75.5
101: Coronary atherosclerosis and other heart disease	13,447	61.4
102: Nonspecific chest pain	37,853	54.0
103: Pulmonary heart disease	2,141	79.4
104: Other and ill-defined heart disease	145	62.8
105: Conduction disorders	1,073	73.2
106: Cardiac dysrhythmias	12,464	70.5
107: Cardiac arrest and ventricular fibrillation	1,807	68.3
108: Congestive heart failure; nonhypertensive	12,058	79.0
109: Acute cerebrovascular disease	26,649	78.8

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
110: Occlusion or stenosis of precerebral arteries	149	76.5
111: Other and ill-defined cerebrovascular disease	430	76.3
112: Transient cerebral ischemia	4,341	66.9
113: Late effects of cerebrovascular disease	158	76.6
114: Peripheral and visceral atherosclerosis	766	75.7
115: Aortic; peripheral; and visceral artery aneurysms	2,546	77.2
116: Aortic and peripheral arterial embolism or thrombosis	1,025	76.9
117: Other circulatory disease	2,872	70.0
118: Phlebitis; thrombophlebitis and thromboembolism	1,637	73.0
119: Varicose veins of lower extremity	25	--
120: Hemorrhoids	94	30.9
121: Other diseases of veins and lymphatics	162	67.3
122: Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	17,827	83.9
123: Influenza	669	70.9
124: Acute and chronic tonsillitis	1,192	72.7
125: Acute bronchitis	565	63.4
126: Other upper respiratory infections	1,140	39.7
127: Chronic obstructive pulmonary disease and bronchiectasis	8,860	79.1
128: Asthma	2,100	68.2
129: Aspiration pneumonitis; food/vomitus	626	85.1
130: Pleurisy; pneumothorax; pulmonary collapse	2,349	77.0
131: Respiratory failure; insufficiency; arrest (adult)	4,035	79.5
132: Lung disease due to external agents	153	69.3
133: Other lower respiratory disease	10,885	71.3
134: Other upper respiratory disease	2,029	65.8
135: Intestinal infection	426	79.8
136: Disorders of teeth and jaw	1,018	56.0
137: Diseases of mouth; excluding dental	382	71.2
138: Esophageal disorders	583	54.7
139: Gastroduodenal ulcer (except hemorrhage)	141	74.5
140: Gastritis and duodenitis	429	56.2
141: Other disorders of stomach and duodenum	530	73.6
142: Appendicitis and other appendiceal conditions	2,860	59.5
143: Abdominal hernia	1,263	71.3
144: Regional enteritis and ulcerative colitis	431	79.1
145: Intestinal obstruction without hernia	6,425	80.1
146: Diverticulosis and diverticulitis	1,603	78.9
147: Anal and rectal conditions	427	65.8
148: Peritonitis and intestinal abscess	520	79.0
149: Biliary tract disease	5,104	72.2
151: Other liver diseases	2,642	73.9
152: Pancreatic disorders (not diabetes)	4,218	78.1
153: Gastrointestinal hemorrhage	9,932	76.6
154: Noninfectious gastroenteritis	2,065	70.8
155: Other gastrointestinal disorders	3,318	60.9
156: Nephritis; nephrosis; renal sclerosis	33	60.6
157: Acute and unspecified renal failure	4,420	79.9
158: Chronic kidney disease	594	71.2

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
159: Urinary tract infections	8,128	75.1
160: Calculus of urinary tract	3,857	61.1
161: Other diseases of kidney and ureters	941	70.7
162: Other diseases of bladder and urethra	154	69.5
163: Genitourinary symptoms and ill-defined conditions	2,160	65.0
164: Hyperplasia of prostate	105	55.2
165: Inflammatory conditions of male genital organs	422	73.7
166: Other male genital disorders	760	69.2
167: Nonmalignant breast conditions	163	60.7
168: Inflammatory diseases of female pelvic organs	424	59.7
169: Endometriosis	14	--
170: Prolapse of female genital organs	27	55.6
171: Menstrual disorders	281	51.2
172: Ovarian cyst	292	52.4
173: Menopausal disorders	27	63.0
175: Other female genital disorders	1,053	58.0
177: Spontaneous abortion	420	51.9
178: Induced abortion	121	51.2
179: Postabortion complications	28	71.4
180: Ectopic pregnancy	528	59.5
181: Other complications of pregnancy	6,266	45.3
182: Hemorrhage during pregnancy; abruptio placenta; placenta previa	1,268	47.6
183: Hypertension complicating pregnancy; childbirth and the puerperium	425	69.6
184: Early or threatened labor	1,928	54.4
186: Diabetes or abnormal glucose tolerance complicating pregnancy; childbirth; or the puerperium	65	69.2
187: Malposition; malpresentation	15	73.3
188: Fetopelvic disproportion; obstruction	13	--
190: Fetal distress and abnormal forces of labor	283	59.4
191: Polyhydramnios and other problems of amniotic cavity	439	73.3
193: OB-related trauma to perineum and vulva	16	87.5
195: Other complications of birth; puerperium affecting management of mother	811	64.4
196: Normal pregnancy and/or delivery	463	70.0
197: Skin and subcutaneous tissue infections	7,630	77.2
198: Other inflammatory condition of skin	200	56.5
199: Chronic ulcer of skin	461	73.3
200: Other skin disorders	402	45.5
201: Infective arthritis and osteomyelitis (except that caused by tuberculosis or sexually transmitted disease)	692	77.6
202: Rheumatoid arthritis and related disease	36	63.9
203: Osteoarthritis	118	49.2
204: Other non-traumatic joint disorders	1,985	55.3
205: Spondylosis; intervertebral disc disorders; other back problems	4,674	61.6
207: Pathological fracture	279	77.4
208: Acquired foot deformities	12	--
209: Other acquired deformities	23	69.6
210: Systemic lupus erythematosus and	52	53.8

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
connective tissue disorders		
211: Other connective tissue disease	4,829	65.7
212: Other bone disease and musculoskeletal deformities	143	56.6
213: Cardiac and circulatory congenital anomalies	73	74.0
214: Digestive congenital anomalies	26	61.5
215: Genitourinary congenital anomalies	24	62.5
216: Nervous system congenital anomalies	29	72.4
217: Other congenital anomalies	36	61.1
224: Other perinatal conditions	41	48.8
225: Joint disorders and dislocations; trauma-related	1,243	67.8
226: Fracture of neck of femur (hip)	8,499	82.9
227: Spinal cord injury	437	73.9
228: Skull and face fractures	4,316	72.6
229: Fracture of upper limb	5,158	71.5
230: Fracture of lower limb	6,575	75.3
231: Other fractures	10,147	76.8
232: Sprains and strains	1,412	30.7
233: Intracranial injury	10,676	77.0
234: Crushing injury or internal injury	2,791	74.1
235: Open wounds of head; neck; and trunk	5,173	63.8
236: Open wounds of extremities	5,531	63.0
237: Complication of device; implant or graft	3,028	67.8
238: Complications of surgical procedures or medical care	4,566	68.6
239: Superficial injury; contusion	4,595	54.2
240: Burns	3,626	54.8
241: Poisoning by psychotropic agents	2,393	63.6
242: Poisoning by other medications and drugs	3,662	62.3
243: Poisoning by nonmedicinal substances	906	66.0
244: Other injuries and conditions due to external causes	8,658	63.9
245: Syncope	8,971	61.7
246: Fever of unknown origin	3,219	76.8
247: Lymphadenitis	92	66.3
248: Gangrene	120	75.0
249: Shock	281	76.5
250: Nausea and vomiting	3,288	68.0
251: Abdominal pain	14,940	68.2
252: Malaise and fatigue	4,827	71.3
253: Allergic reactions	471	40.3
254: Rehabilitation care; fitting of prostheses; and adjustment of devices	26	65.4
255: Administrative/social admission	412	55.3
256: Medical examination/evaluation	744	31.0
257: Other aftercare	510	29.8
258: Other screening for suspected conditions (not mental disorders or infectious disease)	157	47.8
259: Residual codes; unclassified	11,642	70.2
650: Adjustment disorders	564	44.0
651: Anxiety disorders	2,792	51.8
652: Attention-deficit, conduct, and disruptive behavior disorders	261	51.0

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
653: Delirium, dementia, and amnestic and other cognitive disorders	1,212	47.9
654: Developmental disorders	390	50.8
655: Disorders usually diagnosed in infancy, childhood, or adolescence	49	34.7
656: Impulse control disorders, NEC	85	31.8
657: Mood disorders	20,102	50.8
658: Personality disorders	221	52.5
659: Schizophrenia and other psychotic disorders	15,697	53.9
660: Alcohol-related disorders	4,668	51.9
661: Substance-related disorders	3,183	48.8
662: Suicide and intentional self-inflicted injury	6,417	55.1
663: Screening and history of mental health and substance abuse codes	2,070	38.8
670: Miscellaneous disorders	362	55.2

Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the State Inpatient Databases (SID) and SEDD for the receiving hospital records. The Clinical Classifications Software is a categorization scheme that was developed by the Agency for Healthcare Research and Quality (AHRQ). It can be used to classify similar diagnosis or procedure coding (such as International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] codes) and collapse them into a smaller number of clinically meaningful categories.

-- Denotes data suppressed according to Data Use Agreement (N<11).

Source: Agency for Healthcare Research and Quality (AHRQ), Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (SID) and State Emergency Department Databases (SEDD), 2013.

Table B11. Emergency Department Transfers for Pediatric Patients by Condition

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
Across all conditions		
Minimum		24.2
Maximum		75.4
By conditions with at least 11 transfers		
2: Septicemia (except in labor)	281	64.8
3: Bacterial infection; unspecified site	31	48.4
4: Mycoses	17	--
6: Hepatitis	12	--
7: Viral infection	306	51.6
8: Other infections; including parasitic	35	48.6
39: Leukemias	33	57.6
44: Neoplasms of unspecified nature or uncertain behavior	31	51.6
49: Diabetes mellitus without complication	202	66.3
50: Diabetes mellitus with complications	1,021	69.6
51: Other endocrine disorders	53	58.5
55: Fluid and electrolyte disorders	639	59.5
58: Other nutritional; endocrine; and metabolic disorders	72	75.0
59: Deficiency and other anemia	171	64.9
61: Sickle cell anemia	192	67.7
62: Coagulation and hemorrhagic disorders	132	62.9
63: Diseases of white blood cells	199	64.8
76: Meningitis (except that caused by tuberculosis or sexually transmitted disease)	110	69.1
77: Encephalitis (except that caused by tuberculosis or sexually transmitted disease)	13	--
81: Other hereditary and degenerative nervous system conditions	85	54.1
82: Paralysis	18	61.1
83: Epilepsy; convulsions	2,449	57.7
84: Headache; including migraine	270	57.0
85: Coma; stupor; and brain damage	121	60.3
89: Blindness and vision defects	49	55.1
90: Inflammation; infection of eye (except that caused by tuberculosis or sexually transmitted disease)	148	54.1
91: Other eye disorders	69	55.1
92: Otitis media and related conditions	161	41.6
93: Conditions associated with dizziness or vertigo	38	55.3
94: Other ear and sense organ disorders	38	47.4
95: Other nervous system disorders	271	60.9
97: Peri-; endo-; and myocarditis; cardiomyopathy (except that caused by tuberculosis or sexually transmitted disease)	39	66.7
98: Essential hypertension	24	62.5
102: Nonspecific chest pain	166	51.8
103: Pulmonary heart disease	17	--
105: Conduction disorders	22	--
106: Cardiac dysrhythmias	241	55.6
107: Cardiac arrest and ventricular fibrillation	89	61.8
108: Congestive heart failure; nonhypertensive	31	64.5
109: Acute cerebrovascular disease	143	56.6
117: Other circulatory disease	58	53.4

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
118: Phlebitis; thrombophlebitis and thromboembolism	23	73.9
122: Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	2,237	63.5
123: Influenza	153	58.2
124: Acute and chronic tonsillitis	133	65.4
125: Acute bronchitis	1,036	57.3
126: Other upper respiratory infections	848	51.3
127: Chronic obstructive pulmonary disease and bronchiectasis	59	54.2
128: Asthma	2,243	66.0
129: Aspiration pneumonitis; food/vomitus	43	62.8
130: Pleurisy; pneumothorax; pulmonary collapse	126	75.4
131: Respiratory failure; insufficiency; arrest (adult)	464	63.8
132: Lung disease due to external agents	11	--
133: Other lower respiratory disease	1,383	60.7
134: Other upper respiratory disease	306	63.1
135: Intestinal infection	58	51.7
136: Disorders of teeth and jaw	76	51.3
137: Diseases of mouth; excluding dental	39	48.7
138: Esophageal disorders	31	54.8
140: Gastritis and duodenitis	31	51.6
141: Other disorders of stomach and duodenum	126	57.1
142: Appendicitis and other appendiceal conditions	1,623	62.4
143: Abdominal hernia	149	67.1
144: Regional enteritis and ulcerative colitis	32	71.9
145: Intestinal obstruction without hernia	483	59.6
147: Anal and rectal conditions	55	54.5
148: Peritonitis and intestinal abscess	29	69.0
149: Biliary tract disease	98	58.2
151: Other liver diseases	66	62.1
152: Pancreatic disorders (not diabetes)	121	63.6
153: Gastrointestinal hemorrhage	260	62.7
154: Noninfectious gastroenteritis	270	46.3
155: Other gastrointestinal disorders	325	52.9
156: Nephritis; nephrosis; renal sclerosis	50	52.0
157: Acute and unspecified renal failure	48	47.9
159: Urinary tract infections	340	62.4
160: Calculus of urinary tract	50	60.0
161: Other diseases of kidney and ureters	27	55.6
163: Genitourinary symptoms and ill-defined conditions	88	58.0
165: Inflammatory conditions of male genital organs	33	54.5
166: Other male genital disorders	315	62.5
168: Inflammatory diseases of female pelvic organs	48	60.4
171: Menstrual disorders	18	66.7
172: Ovarian cyst	22	59.1
175: Other female genital disorders	69	63.8
181: Other complications of pregnancy	142	39.4
182: Hemorrhage during pregnancy; abruptio placenta; placenta previa	33	48.5
184: Early or threatened labor	51	58.8

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
197: Skin and subcutaneous tissue infections	716	60.8
198: Other inflammatory condition of skin	41	70.7
200: Other skin disorders	110	42.7
201: Infective arthritis and osteomyelitis (except that caused by tuberculosis or sexually transmitted disease)	62	59.7
204: Other non-traumatic joint disorders	199	57.3
205: Spondylosis; intervertebral disc disorders; other back problems	91	58.2
207: Pathological fracture	13	--
211: Other connective tissue disease	236	56.8
212: Other bone disease and musculoskeletal deformities	23	69.6
213: Cardiac and circulatory congenital anomalies	35	51.4
214: Digestive congenital anomalies	91	61.5
217: Other congenital anomalies	30	70.0
224: Other perinatal conditions	787	62.9
225: Joint disorders and dislocations; trauma-related	135	57.8
226: Fracture of neck of femur (hip)	88	68.2
227: Spinal cord injury	24	50.0
228: Skull and face fractures	701	66.2
229: Fracture of upper limb	2,488	63.8
230: Fracture of lower limb	1,057	62.5
231: Other fractures	204	63.2
232: Sprains and strains	70	28.6
233: Intracranial injury	901	64.4
234: Crushing injury or internal injury	348	68.4
235: Open wounds of head; neck; and trunk	995	61.0
236: Open wounds of extremities	519	51.6
237: Complication of device; implant or graft	95	55.8
238: Complications of surgical procedures or medical care	294	55.1
239: Superficial injury; contusion	578	51.0
240: Burns	1,009	56.0
241: Poisoning by psychotropic agents	505	52.9
242: Poisoning by other medications and drugs	1,275	52.4
243: Poisoning by nonmedicinal substances	271	58.3
244: Other injuries and conditions due to external causes	2,481	59.3
245: Syncope	277	50.5
246: Fever of unknown origin	1,633	58.5
247: Lymphadenitis	66	63.6
250: Nausea and vomiting	749	58.1
251: Abdominal pain	2,167	62.9
252: Malaise and fatigue	116	62.9
253: Allergic reactions	187	44.4
255: Administrative/social admission	30	--
256: Medical examination/evaluation	30	53.3
257: Other aftercare	37	43.2
258: Other screening for suspected conditions (not mental disorders or infectious disease)	81	49.4
259: Residual codes; unclassified	1,049	56.8
650: Adjustment disorders	300	47.3
651: Anxiety disorders	423	32.4

Clinical Classifications Software Category	Transfer Out, N	Found Receiving Hospital Record Within 1 Day, %
652: Attention-deficit, conduct, and disruptive behavior disorders	834	31.3
653: Delirium, dementia, and amnestic and other cognitive disorders	16	--
654: Developmental disorders	62	24.2
655: Disorders usually diagnosed in infancy, childhood, or adolescence	113	25.7
656: Impulse control disorders, NEC	91	35.2
657: Mood disorders	4,563	24.9
658: Personality disorders	83	27.7
659: Schizophrenia and other psychotic disorders	389	28.3
660: Alcohol-related disorders	74	47.3
661: Substance-related disorders	165	43.0
662: Suicide and intentional self-inflicted injury	738	41.2
663: Screening and history of mental health and substance abuse codes	161	35.4
670: Miscellaneous disorders	42	--

Notes: Transfer out records are identified with a discharge disposition of DISPUniform=2, Transfer to a Short-Term Hospital. Emergency department transfers use the State Emergency Department Databases (SEDD) for the transfer out records and both the State Inpatient Databases (SID) and SEDD for the receiving hospital records. The Clinical Classifications Software is a categorization scheme that was developed by the Agency for Healthcare Research and Quality (AHRQ). It can be used to classify similar diagnosis or procedure coding (such as International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] codes) and collapse them into a smaller number of clinically meaningful categories.

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