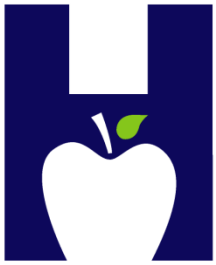
Print Form



Oklahoma State
Department of Health

Health Care Information
Center for Health Statistics

Discharge Data – Special Data Request Application

Special Request - Discharge PUDF Application

The Special Requests (subsets) of the Oklahoma Discharge Public Use Data Files (PUDF) are available through the Health Care Information (HCI) Division of the Oklahoma State Department of Health. The files exclude data elements that could directly or indirectly identify individuals. Access to these files is available to users who sign a Data Use Agreement. Users must agree to use the database for research and statistical purposes only and make no attempt to identify individuals.

For information on the Oklahoma PUDFs, e-mail the Health Care Information Division at chsadmin@health.ok.gov .

Directions to Complete the Application:

1. Print or type all responses. An electronic copy is available on request.

2. Complete Part I: Organization and/or Individual Requesting Use of Oklahoma Discharge PUDF

3. Complete Part II: Intended Use of the Data and Project Activities

4. Complete Part III: Custom Data Product Selection and Pricing

5. Submit the completed and signed application using one of the following two options:

   Email an electronic copy: Health Care Information Division chsadmin@health.ok.gov
   or
   Fax hard copy: (405) 271-9061

   Following review and approval of your application, your product request will be processed within 2 to 5 days and sent to the contact information provided in the form. Please DO NOT submit payment until you receive the invoice. Within 45 days of your product being sent out, an Invoice will be sent to the contact. Payment should be submitted promptly upon receipt using the information provided on the invoice. A copy of the invoice is required to be returned with your payment. Failure to receive your payment will result in us refusing to process any further requests until full payment has been received.

   Mail to: Health Care Information Division
   Account 400HAX5
   State Department of Health
   1000 NE Tenth Street – Room 807
   Oklahoma City, Oklahoma 73117

6. Submit Payment
   An itemized invoice will be faxed or e-mailed to you stating the total payment due. Checks should be made out to "Health Care Information Division" and mailed to the address above.

Special Data Request Form

Part I: Organization and/or Individual Requesting Data

General Information:

Applicant Name: _____

Position/Title: _____

Organization (include Branch/Division, Department): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____

Internet Address: _____

E-Mail: _____

Type of Organization:

- ❑ University/college teaching institution
- ❑ Government agency
- ❑ Managed care, insurer
- ❑ Healthcare provider
- ❑ Pharmaceutical, biotechnology, medical product firm
- ❑ Trade association, lobbying group, consortium
- ❑ Research organization, consultant
- ❑ Data submitting facility
- ❑ Other: (describe _____)

Organization Ownership: Check the *one* box that best characterizes the type of ownership of your organization

- ❑ Not-for-profit
- ❑ For-profit

Part II: Intended Use of the Data and Project Activities

Describe the intended use of the data requested. Attach additional pages if necessary. Include:

- Brief description of project(s) and intended use of the data (e.g., clinical research, health services research, analyses to address public policy issues, analyses to address private policy issues, creating products or tools such as quality measurements, severity adjustment software, etc.)
- Brief description of the subject area(s) that you plan to investigate (e.g., health outcomes, quality, cost, utilization, access, markets, etc.)
- Brief description of the potential uses of the final products that you may create using the data (e.g., papers, reports, tools, analyses for public domain and/or internal use, etc.)

If your product will be published or presented at a professional meeting, please fill out the information below so it may be cataloged by HCI as an example of how the data has been used and applied. The abstracts listed in the catalog will be used to validate the value of the discharge data collection process and the use of the data collected.

1. Product Type:

☐ Peer Review Journal Article
☐ Summary/Surveillance Report
☐ Business Practice/Policy
☐ Research Poster
☐ Internal Quality Assurance Review
☐ Other: _____

Preferred product citation: _____

2. Title: _____

3. Abstract (*100-300 words summarizing the product, conclusions drawn, and /or practices changed)*

4. Source of Funding: _____

5. Author(s)/Principal Investigator: _____

_____

6. Author/Principal Investigator Contact Information:

Name: _____

Affiliation: _____

Mailing address: _____

_____

Phone: _____ Fax: _____

E-mail: _____

Part III. Custom Data Product Selection and Pricing

Products	Price
❑ **Patient Origin Report by patient zip code of residence and hospital** Source: ❑ Hospital Inpatient ❑ Hospital-based Outpatient Surgery ❑Ambulatory Surgery Center Format: ❑ Hardcopy ❑ Excel Spreadsheet Specify Year(s) _____	**$25/per year/source**
❑ **Annual Cooperative Hospital Survey (Excel spreadsheet)** Data set – Available only through FY2008 Specify Year(s) _____	**$500/per year**
❑ **Origin Report by patient county of residence and hospital** ❑ Hardcopy ❑ Excel Spreadsheet Specify Year(s) _____	**$25/per year**
❑ **Custom Report (Aggregate statistics only)** ❑ **Annual Hospital Survey** Year(s) _____ Call for a list of available survey items ❑ **Discharge Data Sets** Source: ❑Hospital Inpatient ❑Hospital Outpatient Surgery ❑Ambulatory Surgery Center	**$50.00/ hour Programming/Analysis time** **Minimum charge = 1 hr**

Available data fields:

Patient state of residence	Patient zip code	Patient county of residence
Patient gender	Patient race	Patient marital status
Patient age groups	Hospital ID (Synthetic until CY2005)	Admission year
Admission month	Admission day of week	Length of stay in days
Type & point of Origin	Type of admission	Patient discharge status
E-code	Principal diagnosis	Other diagnosis codes (15)
Principal procedure code	Other procedure codes (15)	Principal Payer Category
Total charges	MDC	DRG

Display the following descriptive statistics on my custom Discharge Data report:

❑ Number of discharges	❑ Percent of discharges	❑ Average LOS
❑ Patient days	❑ Percent of patient days	❑ Total charges
❑ Percent of total charges	❑ Charges per patient day	❑ Avg charge per hospitalization
❑ Number of in-hospital deaths	❑ Percent of in-hospital deaths	

Briefly describe the data request:

Calculating Payment Due

If you need help determining the payment due, submit the completed application, without payment, to the *Oklahoma State Department of Health* and request an invoice. An itemized invoice will be faxed or e-mailed to you stating the total payment due. Checks should be made out to *Health Care Information Division*. Mail a check for the total payment due with your itemized invoice or completed application to:

Health Care Information Division
Account 400HAX5
Oklahoma State Department of Health
1000 NE Tenth Street
Oklahoma City, OK 73117-1299