DATA REQUEST AND RELEASE ASSURANCES FORM
RHODE ISLAND HOSPITAL DISCHARGE DATA
Center for Health Data & Analysis, Rhode Island Department of Health (RIDOH)

The Receiving Organization (the Recipient) acknowledges that access to the information from the Rhode Island Hospital Discharge Data described below and provided by the Center for Health Data & Analysis, RIDOH, is granted solely upon the condition that I agree to abide by the terms and conditions set forth in this Release Assurances Form (Form).

Inclusions by Data File:

1. **Please choose data range by calendar year or fiscal year (choose one)**

   Calendar Year (January 1st- December 31st)
   Fiscal Year (October 1st – September 30th)

2. **Please specify year(s) of discharges by data file***

Data File	Please check all that apply ($100.00 per data file and year)				
Emergency Department data (ED)	___2005	___2006	___2007	___2008	___2009
	___2010	___2011	___2012	___2013	___2014
	___2015	___2016	___2017	___2018	___2019
	___2020	___2021	___2022	___2023	___2024
Inpatient data (IP)	___2005	___2006	___2007	___2008	___2009
	___2010	___2011	___2012	___2013	___2014
	___2015	___2016	___2017	___2018	___2019
	___2020	___2021	___2022	___2023	___2024

* Data are received from hospitals in a quarterly basis, within 90 days after discharge date. There is a gap in data availability, due to this submission schedule, and additional 1-2 months for data processing procedures.

3. **Encounter types**

Data File	Please check all that apply
Emergency Department data (ED)	____Include ED encounters that did not result in hospitalization
Inpatient data (IP)	____Include hospital admissions through ED
	____Include hospital admissions through non-ED

4. **Providers (Appendix 1)**

Data File	Please check all that apply
Emergency Department data (ED)	___Acute care hospitals
	___Specialty care (psychiatric) hospitals
Inpatient data (IP)	___Acute care hospitals
	___Specialty care (psychiatric) hospitals

5. Patients by Age

Data File	Please check all that apply
Emergency Department data (ED)	___Pediatric (ages 0-17 years) ___Adult (ages 18-64 years) ___Older adults (≥65 years) ___All ages _____Please specify, if different age group is requested.
Inpatient data (IP)	___Pediatric (ages 0-17 years) ___Adult (ages 18-64 years) ___Older adults (≥65 years) ___All ages _____Please specify, if different age group is requested.

6. Patients by Residential State

Data File	Please check all that apply
Emergency Department data (ED)	___All encounters ___Rhode Island residents only ___out of state residents
Inpatient data (IP)	___All encounters ___Rhode Island residents only ___out of state residents

Preferred File Format:

a file saved as a SAS dataset

an ASCII file formatted as CSV (with header)

an ASCII file formatted as TXT (fixed formatted with no header)

Proposed use of requested datafile(s) is for:
__Public Health Practice (incl. Surveillance or Program Intervention)
__Healthcare Operations/ Management
__Research → Stop here and complete **Research Data Request Form and submit both**
__Other, please briefly describe, _____

RIDOH Institutional Review Board (IRB) application is mandated to review projects that, in whole or part, meet the definition of research on human subjects, as presented in the federal regulations governing protection of human subjects (Title 45, Code of Federal Regulations, Part 46). It is the responsibility of the principal investigator (PI) of a project to obtain IRB review in all cases where appropriate. The RIDOH IRB chair and members and HDD Program Manager are available to investigators for consultation on the necessity of submitting specific projects for IRB review. For DOH IRB review application forms are available at: Institutional Review Board (IRB): Department of Health (ri.gov)

Please describe or attach, if necessary.

1. Purpose(s) of the data use and anticipated use of findings

2. Definition of the study outcome (disease or condition), using specific diagnoses (e.g. ICD-10-CM)

3. Measurement(s) in your study

4. Data elements

Variables that are available in public use dataset are listed in Appendix 2. Please list any additional variables here, and use Appendix 3 for reference. Request of any HIPAA protected health information (PHI) needs a strong justification of data need.

The Receiving Organization (the Recipient) agrees to comply with the following conditions:

Confidentiality

1. The confidentiality of the Hospital Discharge Data described above will be maintained as required by Chapter 5-37.3 of the Rhode Island General Laws (Confidentiality of Health Care Information Act) and by all applicable federal and state laws and regulations governing confidentiality of such information (including but not limited to the Health Insurance Portability and Accountability Act, as amended), and by requirements specified by the Institutional Review Board of RIDOH for the protection of human subjects, if any and where applicable.

2. No information from the Hospital Discharge Data described above will be published or disseminated in a form that might permit identification of an individual patient.

3. The Hospital Discharge Data described above will not be transmitted to any other party in a form in which the data are specified at the level of individual hospital discharges, unless the proposed recipient first files a Form with the Center for Health Data & Analysis, RIDOH, covering the data to be transmitted.

4. If and when disposed of, all information provided under this Form will be handled as follows:
   a) All paper materials containing patient-level data records will be shredded or burned; and
   b) All electronic copies of the patient-level data files on removable media will be completely erased or returned to the Center for Health Data & Analysis, RIDOH.

Attribution

5. No statement shall be made indicating or suggesting that interpretations drawn from the Hospital Discharge Data are those of RIDOH or of the State of Rhode Island, without prior written consent.

6. If cited in a publication or presentation, the source of the data will be acknowledged as the Rhode Island Hospital Discharge Data, Center for Health Data & Analysis, RIDOH.

Reporting and Mitigating Unauthorized Uses or Disclosures

7. The Receiving Organization (the Recipient) will report any unauthorized use, reuse or disclosure of Hospital Discharge Data to RIDOH promptly of becoming aware of the incident. The report will include the date of the incident; any harmful effects that may or have been caused by the unauthorized use or disclosure; details about the most likely causes of the incident and how it occurred; and a description of the Hospital Discharge Data accessed, used, or disclosed.

8. If an unauthorized use, reuse, or disclosure of the RIDOH Data occurs, RIDOH may request the Receiving Organization (the Recipient) to do one or more of the following:

   (a) Investigate and report to RIDOH the Receiving Organization's determinations regarding any alleged or actual unauthorized use or disclosure;
   (b) Promptly resolve any issues or problems identified by the investigation;
   (c) Submit a corrective action plan outlining the steps that the Receiving Organization will take to prevent future unauthorized use or disclosure;
   (d) Return or destroy the Hospital Discharge Data received from RIDOH under this Form.

9. The Receiving Organization (the Recipient) report data, to be shared with RIDOH within fourteen (14) calendar days of request. I agree to reasonably cooperate with RIDOH and other related State and Federal agencies in any investigation into an unauthorized use, reuse or disclosure.

Breach and Penalties

10. Except to the extent prohibited by law, the Receiving Organization (the Recipient) assumes all liability for damages which may arise from its use, storage, disclosure, or disposal of the Data. The Provider (RIDOH) will not be liable to the Recipient for any loss, claim, or demand made by the Recipient, or made against the Recipient by any other party, due to or arising from the use of the Data by the Recipient, except to the extent permitted by law when caused by the gross negligence or willful misconduct of the Provider. No indemnification for any loss, claim, damage, or liability is intended or provided by either party under this Agreement.

11. Should I fail to comply with the terms and conditions of this Form, access to the Hospital Discharge Data will be terminated immediately, and all data will be destroyed or returned to the Center for Health Data & Analysis, RIDOH. The Receiving Organization (the Recipient) understands that unauthorized use or disclosure of information from confidential records may be punishable, upon conviction, by a fine and/or imprisonment or both, and/or civil penalties as prescribed by law.

Cost of Production and Payment

12. The cost of production of the received data is provided below. Payment must be received prior to release of the data. Money orders or cashier's checks are the only forms of payment accepted, made **Payable to "General Treasurer, State of Rhode Island."** Please mail or bring payment to:

> Center for Health Data & Analysis
> Rhode Island Department of Health
> Cannon Building, Room 407
> 3 Capitol Hill
> Providence, RI 02908

Cost of Production	$100 x __ (Number of Data Files) x __ (Number of Years Requested) = $ ____.00
Secure Web File Repository No additional Cost	$ 0.00
Total Payment Enclosed*	**Total** **$ ____.00**

   *Money orders or cashier's checks Payable to "General Treasurer, State of Rhode Island"

Signature_____

Date_____

Name_____

Title_____

Organization_____

Address_____

_____

Telephone_____

E-Mail_____

The information above is maintained by the Center for Health Data & Analysis for the purpose of enforcement of this Form. This information may also be used by the Center for Health Data & Analysis to create a mailing list. The mailing list allows the Center for Health Data & Analysis to send users information such as notices about the release of data and errata when data errors are discovered.

Note: To speed up data processing time e-mail a copy of this completed data request form to Samara.VinerBrown@health.ri.gov

Approved by: _____   Date _____
Chief, Center for Health Data & Analysis

Appendix 1. List of Providers

Acute care hospitals	7201 = Newport Hospital
	7202 = Our Lady of Fatima Hospital
	7203 = Memorial Hospital (*Closed in 2017*)
	7204 = The Miriam Hospital
	7205 = Rhode Island Hospital
	7206 = Roger Williams Medical Center
	7209 = South County Hospital
	7210 = Kent Hospital
	7211 = The Westerly Hospital
	7213 = Landmark Medical Center
	7214 = Women and Infants Hospital
Specialty care (psychiatric) hospitals*	7212 = Rehabilitation Hospital of Rhode Island
	7215 = Emma Pendleton Bradley Hospital
	7216 = Butler Hospital

* Please note that not all specialty care hospitals' data are available for all calendar years, 2005-2024.

Appendix 2. Variables in public use datasets

Note: RIDOH provides detailed Data Specifications (Uniform Standards defined by RIDOH) at: Hospitalization Discharge Data: Department of Health (ri.gov), and when requested data are released.

Field Name	Description
admitted	Inpatient Admission
visited	ED Visit
birth	Birth of newborn (IP File only)
hb_wt	Birth weight in grams (IP File only)
yoa	Year of Admission
moa	Month of Admission
a_wkday	Day (in a week) of Admission
yod	Year of Discharge
mod	Month of Discharge
d_wkday	Day (in a week) of Discharge
age	Patient Age at Admission (single year, except ≥90 years)
agegrp	Patient Age at Admission (grouped years)
sex	Sex
admtype	Type of Admission (Priority of Visit)
asource	Source of Admission (Point of Origin: POO)
arr_mode	Mode of Arrival
provider	Provider (facility) Name
campus	Geographic Location of Hospital Campus
disp	Discharge Status
dx1	Principal Diagnosis
dx2-dx25	Additional Diagnoses (dx2-dx11 in ED File)
diag_adm	Admitting Diagnosis
poa1-poa25	Present on Admission for dx1-dx25 (poa1-poa11 in ED File)
poa_dx_adm	Present on Admission for Admitting Diagnosis
ecode	External Cause of Injury
poa_ecode	Present on Admission for External Cause of Injury
ecpt1-ecpt11	Procedure code (CPT) (ED File only)
px1-px25	Procedure code (IP File only)
attphy	Attending physician's license number
surgeon	Principal surgeon's license number
los (days)	Length of Stay (Days)
los (hours)	Length of Stay (Hours) (ED File only)
obs_hour	Number of hours in observation
ccu_d	Length of Stay (Days) in CCU (IP File only)
icu_d	Length of Stay (Days) in ICU (IP File only)
nicu_day	Length of Stay (Days) in NICU (IP File only)
race	Race
ethnic	Ethnicity
raceethn	Race & Ethnicity (derived by RIDOH)
insurance	Primary Expected Payer (derived by RIDOH)
state	Residential state
drg	DRG code (IP File only)
MDC	25 Major Diagnostic Category (IP File only; derived by RIDOH)
anes	Anesthesiology Charges*
blood	Blood Charges*
dtest	Diagnostic Test Charges*
er_fee	Emergency Room Professional Fees*
er_chrg	Emergency Room Charges*
lab	Laboratory Charges*
obs_chrg	Observation Room Charges*

orr	Operating and Recovery Room Charges*
other	Other Ancilla Charges*
patcon	Patient Convenience Charges*
phar	Pharmacy Charges*
psycchrg	Behavioral Health Charges*
randbg	General Room and Board Charges*
randbs	Special Room and Board Charges*
seq	Supply and Equipment Charges*
ther	Therapy Charges*
total	Total Charges*
trandb	Total Room and Board Charges*

* Based on the UB-92 manual definition of revenue codes

Appendix 3. Variables in limited use datasets

Following data elements are released only to approved users.

Field Name (by field order)	Description
ZIP	Patient residential ZIP
pt_addr	Patient residential full address
pt_name	Patient full name
mrn	Medical Record Number (note: unique by provider (hospital))
doa	Date (in a month) of admission
asasdate	Full date of admission (mm/dd/yyyy)
bsasdate	Full birthdate (mm/dd/yyyy)
dod	Date (in a month) of discharge
dsasdate	Full date of discharge (mm/dd/yyyy)
cptd1-cptd11	Date of procedure (mmddyy; ED File only)
pd1-pd25	Date of procedure (mmddyy; IP File only)