CHICAGO HEALTH & HEALTH SYSTEMS PROJECT

TECHNICAL NOTES

The Community Health and Health Systems Project draws upon multiple data sources to provide a comprehensive picture possible of the health of Chicagoans and the systems that serve them. These technical notes present relevant information to maximize the user's understanding of the Community Health Profiles and Hospital Profiles and decrease the opportunity for misinterpretation.

Specifically, these notes include information in six areas:

- **Data Sources**: a description of the ten data sources used to develop the profiles.
- **Profile Contents**: a review of the categories of information presented in the profiles
- **Identification of Facilities Included in the Profiles**: a description of methods used to identify hospitals and primary health care facilities in Chicago.
- **Glossary of Terms / Definitions of Measures**: a review of the terms used in the profiles and, where necessary, a description of how measures were calculated.
- **Challenges**: a description of challenges encountered in developing the profiles.
- **Special Notes**: comments specific to individual providers or datasets.

DATA SOURCES AND RELATED NOTES

The ten data sources used to develop the *Community Health Profiles* and *Hospital Profiles* are described below:

The American Hospital Association's (AHA) Annual Survey of Hospitals is a national survey of hospital organizations, facilities, services, and finances that has been conducted for decades. Survey responses are compiled and reported annually in the AHA Hospital Guide and AHA Hospital Statistics. Select survey responses can be purchased through the AHA's Health Forum. The Community Health and Health Systems Project purchased information on Chicago hospitals from the AHA.

Behavioral Risk Factor Surveillance Survey (BRFSS) is an on-going data collection program designed to measure behavioral risk factors in the adult population 18 years of age or over living in households. Respondents are randomly selected to participate in the survey through standard telephone-based methods. Results from the 2000 Chicago BRFSS were combined with Chicago Census 2000 data to develop a Estimated Community Risk Score, or an estimate of a community's risk for a variety of health behaviors and outcomes relative to other community areas and the city in its entirety.

Chicago Health System Capacity Data Report was developed by CDPH to obtain information from ambulatory care providers for the specific purpose of informing this Project. Based largely on the federal Health Resources and Services Administration's Uniform Data System, the Report collects annual information regarding staffing, patient characteristics and encounters. In 2002, data were received from all facility types from which data were requested with the exception of 3 Free Clinics that were unable to respond to the data request. Facilities reporting data include 19 publicly-operated sites; 57 FQHCs or look-alikes; and, two Free Clinics. Data were also collected from five school health centers that do not have data reporting requirements to the Illinois Department of Human Services.

Chicago Department of Public Health Global Patient Information System provides encounter data for CDPH's seven health centers. Additionally, CDPH staff provides annual staffing data by facility.

Cook County Bureau of Health Services (CCBHS) provided capacity and utilization figures on its Chicago-based ambulatory care facilities in operation in 2002. This included 12 ambulatory primary health care centers and six school-based health centers. The data were provided from the CCBHS patient information system.

Illinois Department of Human Services (IDHS) Division of Community Health and Prevention, Office of Family Health's Annual Report on Illinois School-Based Health Centers provides site-specific encounter data for those centers for which they fund. Data are reported by fiscal year. Data for school-based health centers not funded through IDHS are self reported from their respective organizations such as the Cook County Bureau of Health Services or the federally-qualified health center grantee. For 2002, IDHS funded and provided data on 14 of the 19 Chicago school based health centers.

The Illinois Department of Public Health's Annual Hospital Questionnaire (IDPH AHQ) is a state survey that collects information on yearly hospital utilization, patient demographics, and medical technology. All acute care hospitals licensed in the State of Illinois are surveyed. Hospitals that treat the chronically ill, such as Shriner's, and Federal facilities are not surveyed.

Illinois Department of Public Health Electronic Vital Records Datasets. The IDPH computerizes all birth and death certificates and makes these data available electronically to local health departments and other interested parties.

The Illinois Health Care Cost Containment Council's Uniform Data Set (IH4C UDS) is an individual patient discharge data set that includes detailed diagnosis and procedure information used in processing insurance claims. Hospitals were mandated by the state to submit these data to the IH4C. The UDS was analyzed, compiled, and sold to researchers and other organizations by the state agency. In 2002, the IH4C was disbanded by the State of Illinois.

United States Census Bureau enumerates the population of the United States every ten years. This information is made available electronically from their web site.

PROFILE CONTENTS

Please note that the definitions of the terms used in the profile can be found below in the Glossary of Terms/ Definitions of Measures.

Community Health Profiles

Organized by community area, the Community Health Profiles contain a mix of health status, risk assessment and health resource data. Each of the 77 profiles presents information for the specific community, and in some instances, comparable information for the city as a whole.

Health Care Facilities maps depict the locations of community health centers, publicly-operated health centers, school-based clinics, and hospitals and their freestanding affiliates.

Census statistics include population by gender, race and ethnicity and poverty level.

Maternal and Child Health indicators, often seen as a marker for the overall health of a community, include the number of births, number of births to teenagers, and the number of births to women who received no prenatal care, number of low birthweight infants and the infant mortality rate.

Estimated Community Risk for Selected BRFSS Indicators is a methodology for ranking Chicago communities with respect to the entire city of Chicago, according to their demographic risk for various health outcomes/behaviors, when direct community level data are unavailable. The methodology was developed out of the need for community level health estimates from a local population-based data source that was not community specific. This approach uniquely combines results from Chicago Behavioral Risk Factor Surveillance Survey (BRFSS) data and Chicago Census 2000 data. By projecting the BRFSS results onto community census data for Chicago, community risk can be estimated for a variety of health behaviors and outcomes relative to other community areas and the city in its entirety.

Leading Causes of Death are presented for the community and Chicago overall. Both the number of deaths and rates are presented. The causes of death are listed in decreasing order, based on Chicago rates.

Leading Causes of Hospitalizations presents an estimate of the annual number, percent of hospitalizations and age-adjusted rates of hospitalizations for both community area residents and Chicago. Newborns are excluded. The causes of hospitalization are listed in decreasing order, based on the number of community area resident hospitalizations.

Hospitalizations for Ambulatory Care Sensitive Conditions. The estimated annual number, percent and age-adjusted rate of hospitalizations due to ambulatory care sensitive conditions are presented for both the community area and Chicago. The causes of these hospitalizations are listed in decreasing order, based on the number of community area resident hospitalizations. Some of the measures are limited to either pediatric or adult populations, and noted accordingly.

Health Care Resources, as reflected on the health care facilities map, are identified by complete name, parent organization and address.

Estimated Primary Care Capacity and Utilization data are presented for those ambulatory care sites (excluding hospitals) that were operational and made data available.

Hospital Capacity and Utilization data are presented for the hospitals located within the profiled community. Indicators include: the numbers of beds licensed and set-up and staffed, the number of inpatient admissions, and total outpatient visits to the hospital.

Where residents obtain hospital care is depicted graphically in a pie chart that shows the leading hospitals used for inpatient care by community area residents. The denominator for these calculations is the annual number of hospitalizations by community area residents. The numbers are estimates based on a conversion from zip codes to community areas.

Hospital Profiles

Each one-page hospital profile includes a series of tables that describe the hospital's capacity utilization, and patient population. A brief description of each table follows:

Number of Beds by Type reports the number of beds licensed by the Illinois Department of Public Health for that facility by type of unit, such as Medical Surgical, and the number of Set Up & Staffed beds, a measure of the actual capacity of the hospital. This table also lists the number of operating rooms and whether or not the hospital has a licensed trauma center.

Beds Set Up & Staffed and Average Daily Census reports on trends in hospital occupancy, as seen in the average number of patients per day over a four-year period.. The average daily census is calculated by dividing the total inpatient days by 365.

Patients by Payor Source presents the number and percent of discharges by the party responsible for hospital payment. Data are presented for two consecutive years.

Source of Admissions reports the number and percent of discharges based on where the admission came from such as a referral from a doctor or through the Emergency Room.

Utilization numbers are reported for seven standard indicators of hospital inpatient and outpatient utilization, including deliveries and emergency room. Numbers are presented for two consecutive years, along with the percent change for each indicator. The Average Occupancy Rate is calculated by multiplying the number of set up and staffed beds by 365 and then dividing the total number of inpatient days by that number.

Top 10 Patient Diagnoses reports for annual hospital discharges, the most common primary diagnoses, reason for admission, and or diagnosis related groups, the system for classifying patients by major diagnostic category, treatment, and age.

Market Share and Patient Origin reports the discharges from the top ten zip codes for each hospital and the percent of patients from the zip code that went to that hospital. Market share indicates the extent to which all hospital patients are distributed across individual zip codes (e.g. 10% of Hospital X's patients live in 60613). Patient origin data determine where residents in a given zip code were hospitalized during the year. These data tell us what proportion of those residents sought care at the profiled hospital (e.g., 15% of all 60613 residents who were hospitalized last year, were seen at Hospital X).

Personnel reports the number of full-time and part-time employed hospital personnel by type.

IDENTIFICATION OF FACILITIES INCLUDED IN THE PROFILES

Hospitals

Hospitals were identified from the Illinois Health Facilities Planning Board which licenses all hospitals in the state. In addition to Chicago-based hospitals, a select group of 11 suburban hospitals were included because they treat large numbers of Chicago residents. The percent of City residents treated at suburban hospitals was determined by looking at the Patient Origin information included in the Illinois Health Care Cost Containment Council Uniform Data Set. All hospitals profiled are currently operating.

There are two types of hospitals that are profiled**:** short term general stay hospitals also known as community hospitals and specialty hospitals, such as psychiatric hospitals The Veteran's Administration system and Shriner's Childrens Hospital could not be profiled due to limited data availability.

Please note that maps that include the suburban hospitals are not drawn to scale.

Ambulatory Care Facilities

Five types of facilities were identified for the *Community Health Profiles*:

- Community-based Health Centers include primarily those facilities designated by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care as Federally Qualified Health Centers (FQHC) and FQHC Look-alikes. Free clinics were identified through staff environmental scan activities. FQHCs and FQHC Look-alikes were identified through listings made available through the consultation with the HRSA website, and validated through consultation with the Illinois Primary Health Care Association. Additional facility locations were made known to us through the Chicago Health System Capacity Data Reports submitted by center providers. The small number of free clinics in Chicago area also included in this category of provider. Note that one provider based in Oak Park, but with a large Chicago-based patient population is included in the profiles.
- Publicly-operated sites are community-based primary care sites operated by the Chicago Department of Public Health or the Cook County Bureau of Health Services. Both of these entities provided a roster of their facilities for the purposes of this effort.
- School-based health centers were identified through several mechanisms. An initial list of state-funded school-based health centers was obtained from the Illinois Department of Human Services. Additional sites were identified through consultation with the Illinois Coalition for School-Based Health Centers. Additionally, the HRSA website listed school-based sites operated by Federally Qualified Health Centers. Finally, the Cook County Bureau of Health Services reported the operation of several sites. Three school-based health centers in addition to serving students are open to the community. These facilities are identified in the Health Care Resources list.
- Hospital-affiliated health centers include those health centers in the community, with formal organizational ties to a particular hospital. These were identified from collaborative work with Metropolitan Chicago Healthcare Council, community partners and from the web sites of Chicago-based hospitals.
- Not included at this time are practitioners in private practice, although efforts are currently being made to obtain information on this group of providers.

Glossary of Terms and Definitions of Measures

Terms and measures used are presented below in alphabetical order in three sections:

- Community Health Profiles,
- Hospital Profiles (2003), and
- Hospital Profiles (2001).

Although a few indicators from the Hospital Profiles (beds, admissions, etc.) are presented in the Community Health Profiles, the terms and measures are presented within the discussion of the former.

Community Health Profiles

Ambulatory Care Sensitive Conditions Ambulatory care sensitive conditions are those which should be able to be managed on an outpatient basis and for which hospitalization should not be necessary, such as asthma (See Special Notes). Such hospitalizations are often a reflection of the preventive health care system as well as patient compliance. The definitions used for calculating the measures can be found in Appendix A of the AHRQ "Guide to Prevention Quality Indicators," Revision 3, dated January 9.

Below poverty level Persons in families with incomes below the federally-defined poverty level in 1989 (1990 data) and 1999 (2000 data). These figures are based on families for whom income level was disclosed.

Below twice poverty level Persons in families with incomes below twice the federally-defined poverty level in 1989 (1990 data) and 1999 (2000 data). These figures are based on families for whom income level was disclosed.

Births with no prenatal care The annual number of births to resident mothers receiving no prenatal care.

Community Health Centers Include primarily facilities designated by the federal Health Resources and Services Administration as Federally Qualified Health Centers or Federally Qualified Look-A likes. Also included are free clinics.

Encounters Used to determine utilization, are defined as a documented face-to-face contact between a user and a provider who exercises independent judgment in the provision of services to the individual. To be included as an encounter, services rendered must be documented.

Foreign Born Persons include all people who indicated they were either a U.S. citizen by naturalization or they were not a citizen of the United States. Persons born abroad of American parents or born in Puerto Rico or other U.S. Island Areas are not considered foreign born.

Community Health Profiles

Health Care Resources	Includes five types of facilities: community health centers, publicly-operated health centers, school-based health centers, hospitals, and hospital-affiliated health centers.
Infant Mortality	The annual number and rate of deaths of resident infants (younger than one year of age). The rate is the number of infant deaths per 1,000 live births to mothers residing in the community area.
Language Other than English Spoken at Home	Persons who report they sometimes or always spoke a language other than English at home. People who knew languages other than English but did not use them at home, who only used them elsewhere, or whose usage was limited to a few expressions or slang are excluded. Tabulations of language spoken at home include only the responses of persons 5 years old and over.
Leading Causes of Death	The annual number of resident deaths, percentage and rate per 100,000 population are presented for each of the indicated cases of death (based on ICD-10 codes). Rates for causes of death and all-cause mortality are not age-adjusted.
Live Births	The annual number of live births to mothers residing in the community area.
Low Birthweight	The annual number of resident live births weighing less than 2,500 grams or 5 pounds 8 ounces.
Multi-Race	Persons who in completing the United States Census survey check two or more race response check boxes, provide multiple write-in responses, or some combination of check boxes and write-in responses are considered multi-race. Multi-Race is then a combination of two or more of the following race categories:
White	Black or African American
American Indian and Alaska Native	Asian
Native Hawaiian and Other Pacific Islander	Some other race
Outpatient Visits	The number of individual visits to hospital outpatient departments located on the hospital campus.

Community Health Profiles

Primary Care Capacity

Primary care capacity for ambulatory primary health care is estimated by applying the Health Resources and Services Administration's Bureau of Primary Health Care recommended productivity measures for physician and mid-level providers to the number of reported full time equivalent providers reported from each facility. The full time equivalent (FTE) figure of a provider is calculated by using a base of a 40 hour work week. Physician capacity is calculated based on an anticipated 4200 encounters per FTE. Capacity for mid-level providers is based on 2100 encounters per FTE. Note that capacity estimates for mid-level providers at Chicago Department of Public Health sites are based on 4200 encounters per FTE.

Primary Care Utilization

Utilization estimates include the total number of primary care encounters provided at a specific facility. Encounters are defined as a documented face-to-face contact between a user and a provider who exercises independent judgment in the provision of services to the individual. To be included as an encounter, services rendered must be documented.

Utilization figures for community health centers and publicly-operated sites include primary care visits to the following providers: family practitioners, general practitioners, internists, obstetricians/gynecologists, pediatricians, nurse practitioners, physician assistants and certified nurse midwives. Encounters for school-based health centers include all medical visits for care in the reporting year.

The utilization numbers provided for hospitals' outpatient departments come from the Illinois Department of Public Health's Annual Hospital Questionnaire. These numbers represent all visits in the reporting year. This then includes some visits that are not primary care. The federal Centers for Disease Control and Prevention's 2002 National Hospital Ambulatory Medical Care Survey suggests that 73.3% of outpatient visits are primary care visits.

Teen Births

The annual number of resident live births to women younger than twenty years of age.

Hospital Profiles (2003)

Admissions	The number of patients accepted for inpatient service during a 12-month period. Patients that were admitted more than once during the year are counted separately for each admission. Newborns are not included.
Average Daily Census	The average number of staffed beds that are occupied each day. The average daily census is calculated by dividing the total inpatient days by 365 days.
Average Length of Stay (ALOS)	The average number of days each patient stayed. The ALOS is calculated by dividing the total inpatient days by the total admissions.
Emergency Room Visits	The number of visits seeking medical assistance from the hospital's emergency department. This number may include multiple visits from the same patients.
Licensed Beds	The maximum bed capacity approved by the Illinois Health Facilities Planning Board. Inventoried beds are approved by category of service.
Live Births	The annual number of surviving births delivered at the hospital.
Payment Source	The party responsible for hospital payment. Options include:
Charity Care	Care for which the provider does not expect to receive payment from the patient or a third-party payor.
Insurance	Care which is covered by individual or group private health insurance.
Medicaid	A jointly-funded, state and federal government, insurance program that pays for medically necessary services. Medicaid pays for medical services for children and their caretakers, pregnant women, and persons who are disabled, blind or 65 years of age or older who can demonstrate a need through income and assets standards. In Illinois, Medicaid is administered by the Department of Health Care and Family Services (previously the Department of Public Aid). Medicaid funds physicians, hospitals and long term care.
Medicare	A health insurance program for people 65 years of age and older, some disabled people under 65 years of age, and people with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant). The Medicare program is administered by the Federal government.
Other Public	Includes all forms of direct public payment excluding Medicaid and Medicare.
Private Pay	Patients that are uninsured and/or pay directly for hospital services.
Staffed Beds	Of the number of licensed beds, the number which are staffed and available for use. The number presented reflects the peak number of beds at any one time for the year.

Hospital Profiles (2001)

Average Daily Census	The average number of set up and staffed beds that are occupied each day. It is calculated by dividing the total number of inpatient days by 365.
Average Length of Stay (ALOS)	The average number of days each patient stayed in the hospital. The ALOS is calculated by dividing the total number of inpatient days by the number of admissions, e.g. individual patients.
Average Occupancy Rate	The percent of hospital beds occupied in a given year. The Average Occupancy Rate is calculated by multiplying the number of set up and staffed beds by 365 and then dividing the total number of inpatient days by that number.
Beds	
• **Licensed Beds**	The number of beds that a hospital is licensed to operate by the Illinois Department of Public Health. Beds are licensed by type of hospital unit, such as medical surgical and pediatric. This is also the maximum capacity of the hospital.
• **Set Up & Staffed Beds**	The number of licensed beds that a hospital is currently operating.
Diagnosis	The primary diagnosis is the main reason cited for the admission of a patient to the hospital.
Discharge	Each patient that was admitted, received hospital services, and was discharged from the hospital. This number includes patients who were admitted and died.
Neonatal Level III	An advanced perinatal unit operated by a hospital.
Outpatients	The number of visits delivered at hospital outpatient departments located both on the hospital campus and at freestanding hospital outpatient facilities located elsewhere in the community, including surgery centers and cancer treatment centers.

Hospital Profiles (2001)

Payor Source The party responsible for hospital payment. Options include:

- **Medicaid** A jointly-funded, state and federal government, insurance program that pays for medically necessary services. Medicaid pays for medical services for children and their caretakers, pregnant women, and persons who are disabled, blind or 65 years of age or older who can demonstrate a need through income and assets standards. In Illinois, Medicaid is administered by the Department of Public Aid. Medicaid funds physician, hospital and long term care. Additional coverage includes drugs, medical equipment and transportation, family planning, laboratory tests, x-rays and other medical services. Many Medicaid recipients have income and assets but still qualify for the program. These individuals pay a portion of their medical expenses while Medicaid pays the remainder. This is called "spend-down" and extends the program to many low-income families and individuals.

- **Medicare** A health insurance program for people 65 years of age and older, some disabled people under 65 years of age, and people with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant). Medicare is administered by the Federal government.

- **Commercial** Individual or group private health insurance.

- **Self Pay** Patients that are uninsured and/or pay directly for hospital services.

Personnel

- **LPN** Licensed Practical Nurses have graduated from an approved school of practical (vocational) nursing and work under the supervision of registered nurses and/or physicians.

- **RN** Registered Nurses have graduated from approved schools of nursing and are currently registered by the state. They are responsible for the nature and quality of all nursing care that patients receive.

Total Admissions The number of patients that were admitted to the hospital. Patients that were admitted more than once during the year are counted separately for each admission.

CHALLENGES

Timeliness of data: The Project attempts to present the most recent information available. However, because the profiles rely upon multiple data sources that collect data on different cycles, this often means that data for different years are presented within a single profile. For example, the health facilities depicted on maps and identified in the Community Health Profiles represent a real-time understanding of existing provider sites. Yet the capacity and utilization data are drawn from the most recent reports available from providers In some instances, the number of providers that existed at the time for which those data are available, is greater or less than the number that exists today.

Accuracy of data: The data presented in the profiles are primarily a reflection of the information submitted by hospitals, community health centers and other providers to the data sources described above. Thus, if a provider did not report accurately in response to a data request, this will be reflected in the individual hospital or community health profile. Efforts are made to seek explanation for dramatic changes in a provider's data over time or for data outliers. The providers are the original source of data presented in the profiles.

Rounding Errors: Calculations showing the percent change between two years are based on underlying more accurate data and not on values printed for each year which are rounded. So, for example, the average length of stay when rounded might show the same value, say 4.3, for both years, but since the percent change is calculated on the underlying, more accurate values (say 4.25 and 4.34), the percent change shown will not be 0.

Completeness of data: In some instances, data submitted by individual providers were incomplete. Missing data is presented in the profiles as Not Available or NA. Additionally, for these preliminary profiles, data were not available for specific classes of providers, including free clinics, hospital-affiliated health centers, and private practice physicians. Efforts are underway to obtain data from these sources. Site-specific staffing data are necessary to calculate capacity for the Community Health Profiles. At this time these data are not available to this project for hospital-based outpatient clinics, hospital-affiliated health centers or school-based health centers.

SPECIAL NOTES

Community Health Profiles

Primary Care Capacity

As previously noted, primary care capacity was calculated based on previously suggested standards from the federal Health Resources and Services Administration's Bureau of Primary Care. These standards, based on a 40-hour work week, suggest that physicians should have the capacity to provide 4200 encounters per year and mid-level providers (nurse practitioners, physician assistants, certified nurse midwives) should be able to deliver 2100 encounters per FTE. It has been argued by some providers that these standards should be lowered; however, Project staff's exploration of practice standards supports the earlier HRSA guidance. Specifically, the Medical Group Management Association suggests the following annual standards for encounters by FTE practitioners:

- X Family practice physicians @ 4400 encounters
- X Pediatricians @ 4800 encounters
- X Obstetricians @ 3000 encounters
- X Nurse practitioners @ 2500 encounters

Thus, physician capacity was calculated based on 4200 encounters per FTE and capacity for mid-level providers is based on 2100 encounters. Note that capacity estimates for mid-level providers at Chicago Department of Public Health sites is based on 4200 encounters per FTE as that is the standard applied by that agency.

Hospitalization Data

Hospitalization data is available by ZIP code. In order to report the data by community area, a conversion table was setup showing for each ZIP code the proportion of its area that was in each community area that fell within each boundary. The hospitalization for each ZIP code were then divided up and allocated proportionally to the community areas found in the ZIP code. For example, if a given ZIP code had 20% of each area in community area 23, 30% in are 24, and 50% in area 25, then the hospitalizations occurring to residents of that ZIP code were divided up accordingly. Total hospitalizations by community area were then determined by adding up all the allocations for each community.

Hospital Profiles

Number of Beds by Type

Some hospitals report a larger number of Set Up & Staffed Beds than Licensed Beds. Most often this will occur for a specific category such as Obstetrics and Gynecology. There are three possible explanations for this discrepancy:

1) An error in data reporting by the hospital
2) An error in data entry. The IDPH AHQ is tabulated manually.
3) Licensed beds are reported as of December 31st of the prior year and the hospital may have been approved for a larger number of beds during the survey year.

Percentage of Patients by Payor Source
Some hospitals report a large number of patients with an "Other/unknown" payor source. This occurs because at the time the Uniform Discharge Dataset was submitted not all claims had been fully adjudicated or processed for payment. As a result, the discharge was not attributed to a payor source. It is unlikely that there was a large shift in the distribution of the patient population from year to year as the data suggests.

Personnel
Figures for hospital physician personnel may seem either low or high because physicians provide services under different arrangements at hospitals. Most commonly, physicians are granted admitting privileges at a hospital, but are not employees of the hospital. However, hospitals may employ some specialists, such as radiologists. There are several hospitals in Chicago that employ their physicians, such as University of Chicago and John H. Stroger Hospital or Cook County.

The individual physician, dentist, and nurse categories include only those personnel engaged in clinical practice. Physician and nurse administrators are reported as "Other" personnel.

Hospitalization Coding: Coding used for Leading Causes of Hospitalization in the Community Health Profile and Top 10 Patient Diagnoses in the Hospital Profile. Based on first-listed diagnosis and DRG.

DxCategory	Coding
Newborn	DRG 385-391
Delivery	DRG 370-375
Heart Disease	391, 392.0, 393-398, 402, 404, 410-416, 420-429
Mental Disorders - Non Drug/Alc Related	290, 293-302, 306-319
Cancer	140-208, 230-234
Injury	800-959
Nephritis, etc.	580-629 (except 599.0)
UTI	599.0
Mental Disorders - Drug/Alc Related	291-292, 303-305
Pneumonia	480-486
Chest Pain	786.5
Stroke	430-438
Infectious and Parasitic Diseases	001-139
Rehabilitation	DRG 462
Asthma	493
Diabetes	250
Cellulitis and Abscess	681-682
Osteoarthrosis and allied disorders	715
Volume Depletion	276.5
Cholelithiasis (Gall Stones)	574
Chronic bronchitis and emphysema	490-492
Acute Respiratory Infection	460-466
Intervertebral disc disorders	722
All Other Causes	

Specific Hospital Notes

Evanston Hospital

Personnel data are not available for Evanston Hospital because they report to the AHA Annual Survey of Hospitals for the entire Evanston Northwestern Healthcare system.

Kindred Hospital – Chicago North

Kindred Hospital – Chicago North was purchased from Vencor at the end of 2000. As a result, the hospital's UDS, uniform data set, only provides information as of the sale. Because the data represents only a portion of the business at that site in 2000, no comparative data is provided.

John L. Stroger Hospital of Cook County

Stroger Hospital reports more set up & staffed beds than licensed beds because the Cook County Bureau of Health Services applied for and received a license for its new facility in 2001 which reduced the number of licensed beds reported that year. In 2001, the Bureau provided all services in the old hospital building that was licensed for a larger number of beds.