

Technical Notes

Discharges from all participating hospitals are aggregated by zip code of residence. The Minnesota Hospital Association database represents more than ninety percent of all hospitalizations in the state. Yet, not every hospital in the state is currently in the data base. Hospitalization rates in a specific county may be significantly underrepresented if local hospitals are not included in the data.

All reports include discharges from participating hospitals in Minnesota, various North Dakota hospitals* participating in the Minnesota Hospital Association data project, and hospitals in other states** that participate in the Hospital Industry Data Institute's Non-Resident database project (HIDI).

To view a detailed list of all participating hospitals and the status of their data volumes, select the report "Participating Hospitals Report" located in Section I of the Community Health Reports home page. This tabular report, dating back to 2000 thru 2007, outlines Minnesota hospital participation and data completeness. There are four possible indicators per hospital per year: **X** represents normal volumes of data for the hospital, **2** represents no data was submitted by the hospital, **3** represents a partial data submission for the year, and **4** represents low data volumes for the hospital.

The regional boundaries are those used by Minnesota Hospital Association for its regions. Please click on the map of Minnesota icon, located in Section II of the Community Health Reports home page. This map will show the MHA regional boundaries and the counties contained within each region.

The Hospitalization Rates by Clinical Classification Software and age group report shows a five year trend of discharges and discharges per 1000 population by age group for each CCS Chapter. The Chapter's All Ages discharge per 1000 population is based on the total population. Chapter 11, Complications of Pregnancy, Childbirth, and the Puerperium discharge per 1000 population will be female population only.

The *Discharges and Utilization Rates for Selected Diseases* report, which is comparable to the *General Mortality* PDF report found in the Minnesota Department of Health's, Minnesota Center for Health Statistics, 2005 Minnesota Health Statistics Annual Summary report, includes a large number of "residual" cases. Residual includes such things as:

- mental disorders
- neurological disorders (e.g., Parkinson's disease, Multiple Sclerosis)
- gastrointestinal disorders (e.g., appendicitis, cholecystitis, diverticulitis)
- skin disorders (e.g., cellulitis)
- musculoskeletal disorders (e.g., arthritis, systemic lupus erythematosus)
- hematologic disorders (e.g., anemia)
- kidney stones

This is because the report is structured around diagnoses that are of traditional interest to public health for mortality surveillance purposes. A more comprehensive analysis of all hospitalizations

can be found in either the *Five Leading Causes of Hospitalization (Excluding Births) by Age* or the *Hospitalization Rates by Clinical Classification Software and age group* reports.

* The volumes from the North Dakota hospitals were lower in 2000 through 2003. The rates of hospitalization for regions where this is a frequent occurrence will be lower and should be interpreted with this phenomenon in mind.

** 2007 Hospital Industry Data Institute's Non-Resident data is not represented.