Data Source: Health Care Cost and Utilization Project

**Description:** The Health Care Cost and Utilization Project (HCUP) is a collection of national, state, and all-payer health care databases and related software tools. It includes the following inpatient, emergency department, and ambulatory surgery databases:

- Nationwide Inpatient Sample (NIS)
- Kids’ Inpatient Database (KID)
- Nationwide Emergency Department Sample (NEDS)
- State Inpatient Databases (SID)
- State Ambulatory Surgery Databases (SASD)
- State Emergency Department Databases (SEDD)

As of August 2012, 46 states were participating in HCUP.

**Sponsoring institution:** Agency for Healthcare Research and Quality (AHRQ)

**Data:**

- Data are available on self-inflicted injury, although suicide attempts cannot be disaggregated from non-suicidal self-harm.
- Data are also available on suicidal ideation (after October 2005).

**Variables:**

- Primary and secondary diagnoses
- Primary and secondary procedures
- Admission and discharge status
- Patient demographics (e.g., gender, age, race, median income for zip code)
- Expected payment source
- Total charges
- Length of stay
- Hospital characteristics (e.g., ownership, size, teaching status)

**Source of data:**

- HCUP databases include samples of data from state data organizations, hospital associations, private data organizations, and the federal government to create a national information resource of patient-level health care data.
- Samples of hospital medical records on emergency room visits and inpatient stays are abstracted to obtain the data.

**Strengths:**

- HCUP includes the largest collection of longitudinal hospital care data in the United States, with all-payer information on visits and discharges beginning in 1988.
- HCUP databases enable research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes of treatments at the national, state, and local market levels.
- For participating states, HCUP provides a census of self-harm cases treated in the hospital.
Limitations:

- Although some of the HCUP data are available from HCUPnet, a free online query system, access to the complete datasets can be expensive.
- Data on self-inflicted injuries can be problematic to work with and require some technical knowledge of ICD-9-CM codes:
  - E-codes that identify whether an injury was intentional or unintentional are supplementary (i.e., they are not primary diagnoses), so it is difficult to get an unduplicated count of discharges for self-inflicted injuries. Selecting the Clinical Classification Software option for “Suicide and Self-Inflicted Injury” will provide an unduplicated count of cases involving either suicide/self-inflicted injury or suicidal ideation.
  - External causes of injury are not primary diagnoses, so it is impossible to get an unduplicated count of discharges for self-inflicted injuries.
- As with other hospital-based data systems, suicide attempts cannot be disaggregated from non-suicidal self-harm.
- State data on emergency department visits are only available from 15 states on HCUP-Net (as of October 2012). State participation in HCUP is voluntary.

Access:

- HCUP’s free online query system is located at HCUPnet at http://hcupnet.ahrq.gov/.
- HCUPnet is an online query system that gives you access to the largest set of all-payer health care databases that are publicly available. Tables and graphs can be generated on national and regional statistics and trends for community hospitals in the U.S. In addition, community hospital data are available for those states that have agreed to participate in HCUPnet.
- For information on how to access the complete HCUP dataset, go to http://www.hcup-us.ahrq.gov/databases.jsp