

Cecil G. Sheps Center for Health Services Research

Data Request Form – NC Discharge Databases

Please complete this form for your data request. Submit by email to ccqi@schsr.unc.edu.

User Information

Organization *

School, Department, or Center *

Principal Investigator *

Position/Title *

Email *

Address *

City *

State *

Zip *

Is Principal Investigator a Student? *

Yes

No

If yes, please provide faculty advisor information

Faculty Advisor Name

Faculty Advisor Email

Other Data Users *

Project Information

Project Title *

Funder Name

Funder Description

Funding Reference/Grant Number

Project Start Date *

Project End Date *

IRB Number *

Data Requested

Data available for fiscal years October 1 to September 30 (e.g., FY2023 contains data from 10/1/22 – 9/30/23)

NC Short Term Acute Care Hospital (Inpatient) Discharge

Years available: 1989-2021 (excluding 1995)

Years requested:

NC Hospital Outpatient & Ambulatory Surgery Discharge

Years available: 1997-2021 (2012-2015 includes expanded outpatient)

Years requested:

NC Emergency Room Discharge

Years available: 2007-2021

Treat and Release Only

All ED Data including those admitted to hospital

Years requested:

Request Type (Choose one)

Standard Research File

The "Standard Research File" contains a pre-determined set of variables. Full details on the contents of these files can be found [on our website](#). These files are provided at a fixed cost per dataset-year.

If requesting the standard research file, you must identify at least one of the following three variables to suppress:^{*}

Patient zip code

Hospital/Facility ID

Primary Diagnosis (Diag1)

Special Request

Special requests may be made for a more tailored extract of the data. You may request, for example, only records with a certain primary diagnosis. In addition to the cost per dataset-year, special requestors will be charged for any additional hours required from a Sheps data analyst to prepare their extract. If you intend to receive analysis assistance from a Sheps Data Scientist, please select this option.

If requesting the standard research file, you must identify at least one of the following three variables to suppress OR limit the scope of the extract in some other way:^{*}

Patient zip code

Hospital/Facility ID

Primary Diagnosis (Diag1)

Other (Expand below)

Key data elements requested^{*}

List below the general data elements, or combination of data elements, requested. Specify sub-codes (ICD-9-CM), if any, for each data element selected. Please attach sample table, chart, notated data dictionary, etc. that define exactly which variables you need. Data dictionaries are available on [website](#). Additional looks-up tables are available upon request.

Project Description and Rationale

The oversight committee will use the following criteria to review your proposal:

1. Is the research question one that is important to be answered, for North Carolinians or to the U.S. health system as a whole, either from a policy or practice perspective?
2. Can the research question be adequately answered using the requested data, i.e. an adequate number of cases, necessary data elements available and specified, data quality adequate for key data elements?
3. Is the proposed methodology sound and viable with respect to the research questions, population and data requested?
4. Does the research team possess the requisite skills/experience and proposed resources to conduct the research with high standards and in an adequately specified time frame?

Benefit to Public Health in North Carolina *

Please describe how results from this project will benefit North Carolinians.

Project Overview *

Population of Interest *

Aims/Research Questions *

Methodologies *

Expected Results and Policy Implications *