**1 February 2012**

Worldwide Workload Report (WWR)

for the

MHS Data Repository (MDR)

(Version 1.01.00)

Current Specification

**Revision History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date**  | **Originator** | **Para/Tbl/Fig** | **Description of Change** |
| 1.00.00 | 08/25/2005 | W. Funk | * Whole document
 | * Initial versioning.
 |
| 1.01.00 | 02/01/2012 | W. Funk | * Section IV
* Entire document
 | * Changed rule for DMISID matching with respect to DHP code
* Switched from ARS Bridge to M2
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# MDR WORLDWIDE WORKLOAD REPORT (WWR)

1. Source

Data capture system: CHCS

1. Transmission (Format and Frequency)

WWR transmission occurs monthly from the Composite Health Care System (CHCS) to the Service Information Agencies (PASBA, AFMOA, NMIMC), where they are batched and submitted monthly for MDR processing.

1. Organization and batching

WWRs are organized into fiscal year files. This document addresses FY1999 and forward WWR data files.

Frequency of updates: WWRs are processed monthly. Each batch is a replacement of the entire fiscal year. Anytime that a service submits altered WWR data from any prior fiscal year, that year should also be processed in the month of receipt.

* Service POCs should be contacted on a quarterly basis to ensure that changes are not missed.
1. Receiving Filters

A filter is applied to each Service-provided feed, eliminating records for care delivered at another service’s MTF. This filter should be constructed such that the service values for DHP and Resource Sharing clinics (VA, Civ) are allowed to be reported by the parent service. However, inpatient workload should not be reported for the MTFs that are labeled VA or Civilian. (That is, “0” out the workload amount for admissions, dispositions and bed days. Only DHP MTFs should report inpatient workload.) To determine whether an MTF is DHP, the DHP code from the MDR DMISID Index table that was in effect for the FY/FM on the WWR record is used.

The key for WWR records is the combination of the DMISID, 4th level MEPRS Code, Item Source Code, Workload Category, Patient Category Code, Year and Month. If records exist with a duplicate key and equal workload counts, the extraneous records are simply removed from further processing. If, however, the workload counts differ in records with the same key, the record with the lowest workload count is used for further processing and the others are written to an exception file.[[1]](#footnote-1),[[2]](#footnote-2) The file layout for the exception file is described in section VI. The MDR “.info” files are also noted with the DMISID, 4th digit MEPRS Code, Patient Category Code, Year, Month and Workload Category.

1. Field Transformations and Deletions for MDR Core Database
2. The MDR file shall contain data for outpatient visits, inpatient visits, admissions, dispositions and bed days. Outpatient workload (inpatient and outpatient visits) should only be reported in outpatient work centers (MEPRS codes beginning with a “B”) or the hearing conservation work center (FBN\*) where the fiscal year is FY2000 or later. Inpatient workload (admissions, dispositions and days) should only be reported in inpatient work centers (MEPRS Codes beginning with an “A”) and only for DHP MTFs.
3. A transformation is applied to Army MTF data for Fiscal Year 99. That transformation is described in Appendix A.
4. Workload measures are defined using the item source code field. Refer to the WWR Users Guide for a complete specification of workload and associated item source codes (table 6-1)
5. [To create the M2 extract, a Parent DMIS ID is required. This field is not required in the MDR, but may be stored there if that simplifies data processing. The Parent DMIS ID is found through a merge to the DMISID Index table, using a merge key based on encounter date and treatment DMIS ID.[[3]](#footnote-3)
6. Any rows of data in service source files that are for MTFs of another service are deleted, such as when an Air Force MTF shows up in the Army file.

The table below reflects the fields as they exist in the WWR file, following MDR processing. (Other fields may be created to facilitate processing, but should not be included in the public use MDR file when it is posted.)

**Table 1. WWR Fields**

| **Variable Name** | **SAS Name** | **Type** | **Len** | **Derivation** |
| --- | --- | --- | --- | --- |
| DMISID | DMISID | C | 4 | No transformation |
| MEPRS Parent ID | PARENT | C | 4 | Based on a DMISID (Child) merge with the appropriate MEPRS ASD table |
| 3rd level MEPRS Code | CLNSPLTY | C | 3 | For Services that report 4th digit MEPRS codes, only the first three digits are reported. For Army facilities for FY99, transformation according to attachment A  |
| Beneficiary Category | BENCAT |  |  | Derived from patient category |
| Workload Category | CAT | C | 3 | Derived from item source code according to WWR Users Guide |
| Workload Amount | WORKAMT | N | 8 | No transformation, except according to attachment A. Also, workload amount is set to 0 if the branch of service is civilian or VA, and the workload category is one of admissions, dispositions or bed days. |
| Calendar Year | CY | C | 4 | No transformation |
| Calendar Month | CM | C | 2 | No transformation |
| Sponsor Service  | SPONSVC | C | 1 | Derived from Sponsor Service |
| Patient Category | PATCAT | C | 3 | No transformation |
| MTF Service | WWRSVC | C | 1 | Based on source filename  |
| 4th level MEPRS Code | MEPRS4 | C | 4 | No transformation |

1. Exception Reporting File layout

The exception file, described in section 4 of this document, contains the records that were eliminated in processing, because there were duplicates of a given key with differing content in workload counts. The rejected records are those which do not carry the lowest workload value, among all records with a matching key. The content of the exception file is described in the following table:

Table 2. Content of the Exception File

| **Variable Name** | **SAS Name** | **Type** | **Len** | **Derivation** |
| --- | --- | --- | --- | --- |
| DMISID | DMISID | C | 4 | No transformation |
| Patient Category Code | PATCAT | C | 3 | No transformation |
| Workload Category | CAT | C | 3 | Derived from item source code according to WWR Users Guide |
| Calendar Year | CY | C | 4 | No transformation |
| Calendar Month | CM | C | 2 | No transformation |
| 4th level MEPRS Code | MEPRS4 | C | 4 | No transformation |
| Workload Amount | WORKAMT | N | 8 | No transformation, except according to attachment A |

1. Data Marts
2. **M2: see *Extract from the* MDR WWR: Description of Data Feed provided to M2 for details**

2. Any alteration to workload in this table can affect the Direct Care Completion Factor tables provided to the M2, which should be recalculated (see Direct Care Completion Factors for the M2) for details.

**Appendix A**

**Mapping of MEPRS Codes for Army Facilities**

**‘A’ TO ‘B’ MEPRS CODES**

**(THESE CLINIC SERVICES REPORT BOTH INPATIENT (ADMISSIONS, BED DAYS, SICK DAYS) AND AMBULATORY (INPATIENT/OUTPATIENT CLINIC VISITS) WORKLOAD.)**

BAA-INTERNAL MEDICINE=AAA

BAB-ALLERGY=AAS

BAC-CARDIOLOGY=AAB

BAF-ENDOCRINOLOGY=AAE

BAG-GASTROENTEROLOGY=AAF

BAH-HEMATOLOGY=AAG

BAJ-NEPHROLOGY=AAI

BAK-NEUROLOGY=AAJ

BAM-ONCOLOGY=AAK

BAN-PULMONARY/UPPER RESPIRATORY DISEASE=AAL

BAO-RHEUMATOLOGY=AAM

BAP-DERMATOLOGY=AAD

BAQ-INFECTIOUS DISEASE=AAR

BAR-PHYSICAL MEDICINE AND REHABILITATION=AAN

BAT-BONE MARROW TRANSPLANT=AAQ

BBA-GENERAL SURGERY=ABA

BBB-CARDIOVASCULAR/THORACIC SURGERY=ABB

BBC-NEUROSURGERY=ABD

BBD-OPHTHALMOLOGY=ABE

BBF-OTORHINOLARYNGOLOGY=ABG

BBG-PLASTIC SURGERY=ABI

BBH-PROCTOLOGY=ABJ

BBI-UROLOGY=ABK

BBE-ORGAN TRANSPLANT=ABL

BBJ-PEDIATRIC SURGERY=ABH

BBK-PERIPHERAL VASCULAR SURGERY=ABN

BBM-VASCULAR & INTERVENTIONAL RADIOLOGY=ABQ

BCB-GYNECOLOGY=ACA

BCC-OBSTETRICS=ACB

BDA-PEDIATRICS=ADA

BDB-ADOLESCENT=ADD

BEA-ORTHOPEDICS=AEA

BEC-HAND SURGERY=AEC

BEF-PODIATRY=AEB

BFA-PSYCHIATRY=AFA

BFF-SUBSTANCE ABUSE REHAB=AFB

**‘A’ MEPRS CODES**

**(THESE CLINIC SERVICES REPORT ONLY INPATIENT WORKLOAD.)**

AAO-CLINICAL IMMUNOLOGY=AAO

AAP-HIV III (AIDS)=AAP

ABF-ORAL SURGERY=ABF

ABM-INSTITUTE OF SURGICAL RESEARCH(BAMC)=ABM

ADB-NURSERY=ADB

AGA-FAMILY PRACTICE MEDICINE=AGA

AGB-FAMILY PRACTICE SURGERY=AGB

AGC-FAMILY PRACTICE OBSTETRICS=AGC

AGD-FAMILY PRACTICE PEDIATRICS=AGD

AGE-FAMILY PRACTICE GYNECOLOGY=AGE

AGF-FAMILY PRACTICE PSYCHIATRY=AGF

AGG-FAMILY PRACTICE ORTHOPEDICS=AGG

AGH-FAMILY PRACTICE NURSERY=AGH

AAC-CORONARY CARE ICU=AAC

AAH-MEDICAL ICU=AAH

ABC-SURGICAL ICU=ABC

ADC-NEONATAL ICU=ADC

**‘B’ MEPRS CODES**

**(THESE CLINIC SERVICES REPORT ONLY AMBULATORY WORKLOAD.)**

BAE-DIABETIC=BAE

BAI-HYPERTENSION=BAI

BAL-NUTRITION=BAL

BAS-RADIATION THERAPY=BAS

BAV-HYPERBARIC MEDICINE=BAV

BBL-PAIN MANAGEMENT=BBL

BBZ-ORAL SURGERY APV=BBZ

BCA-FAMILY PLANNING=BCA

BCD-BREAST CLINIC=BCD

BDC-WELL BABY=BDC

BDZ-PEDIATRICS NEC=BDZ

BEB-CAST=BEB

BEE-ORTHOPEDIC APPLIANCE=BEE

BEZ-CHIROPRACTIC=BEZ

BFB-PSYCHOLOGY=BFB

BFC-CHILD GUIDANCE=BFC

BFD-MENTAL HEALTH=BFD

BFE-SOCIAL WORK=BFE

BGA-FAMILY PRACTICE=BGA

BHA-PRIMARY CARE=BHA

BHB-MEDICAL EXAMINATION=BHB

BHC-OPTOMETRY=BHC

BHD-AUDIOLOGY=BHD

BHE-SPEECH PATHOLOGY=BHE

BHF-COMMUNITY HEALTH=BHF

BHG-OCCUPATIONAL HEALTH=BHG

BHI-IMMEDIATE CARE=BHI

BIA-EMERGENCY CARE=BIA

BJA-FLIGHT MEDICINE=BJA

BLA-PHYSICAL THERAPY=BLA

BLB-OCCUPATIONAL THERAPY=BLB

1. In this case, an email is sent to the individual WWR Service representative noting the duplicated records and their associated key values. [↑](#footnote-ref-1)
2. In this case, an email alert is sent to all authorized users of the MDR WWR file, noting the DMISID, MEPRS Code, patient category code, year, month and workload type, where the removal of a duplicate record occurred. [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)