

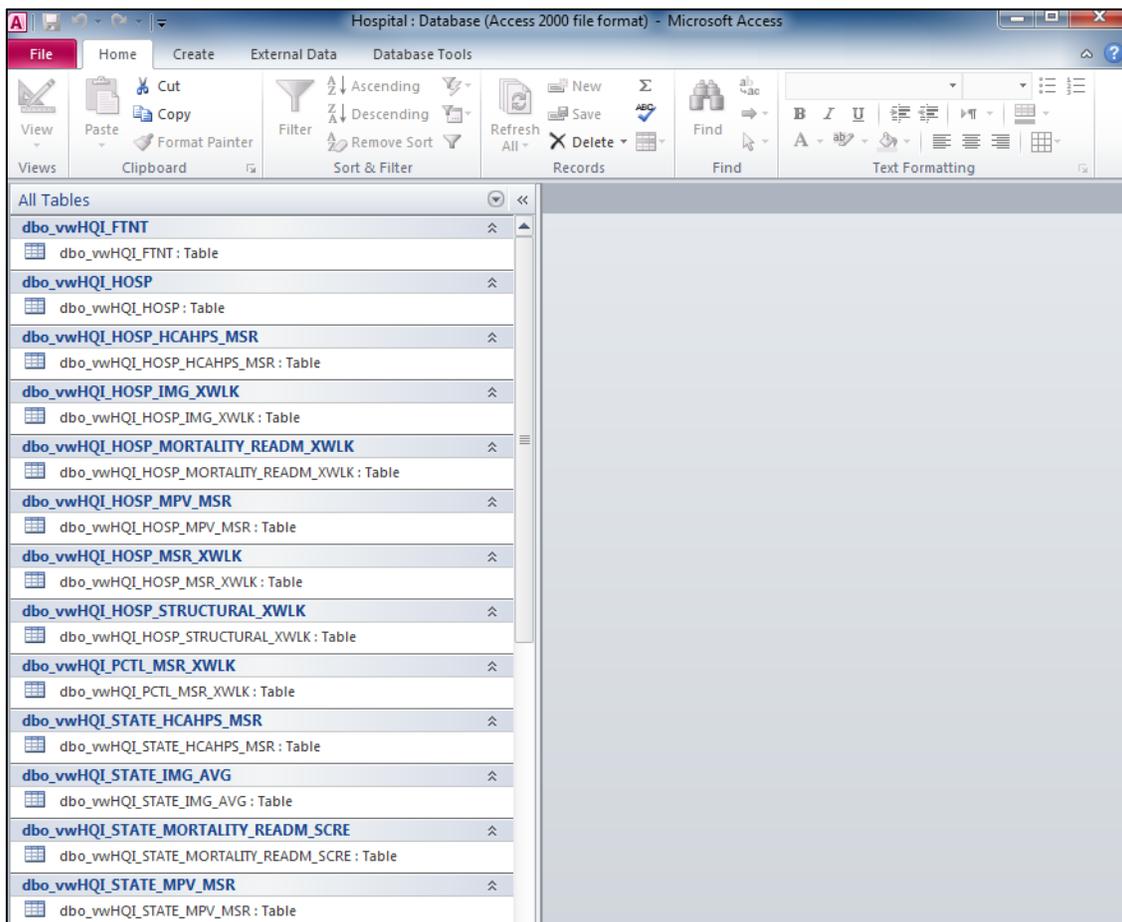
Hospital Compare Downloadable Database October 2011 Public Reporting (Microsoft Access Database)

This functionality is primarily used by health policy researchers and the media. The data provided in the tables comes from the data that is displayed in the Hospital Compare Tool and includes additional information about the hospital ownership that is not displayed on the website.

The date “Modified” indicates the date of the last refresh of the downloadable data only. For information about hospitals in a particular geographical area, you should use the Hospital Compare tool instead of downloading the data.

Generally, the downloadable databases are refreshed within 24 hours after the data are refreshed on medicare.gov. The date “Modified” only indicates the date the data was last manipulated, not the performance period. The frequencies of the data refreshes are kept at the following location:

<http://hospitalcompare.hhs.gov/staticpages/help/hospital-resources.aspx>





Data Collection Period for Process of Care Measures and HCAHPS Patient Survey

The collection period for the Process of Care measures is generally 12 months. As new measures are added, the collection period varies.

This database contains data from **Jan 1, 2010 - Dec 31, 2010**

Data Collection Period for Mortality and Readmission Measures

The collection period for the Mortality and Readmission measures is 36 months. The 30-day risk-adjusted Mortality and Readmission measures for heart attack, heart failure and pneumonia are produced from Medicare claims and enrollment data. The Mortality and Readmission measures are refreshed once annually.

This database contains data for **July 1, 2007 – June 30, 2010**

Data Collection Period for Structural Measures

The collection period for the Structural measures is 6 months. The Structural measures are refreshed once annually.

The database contains data for **July 1, 2010 - Dec 31, 2010**

Data Collection Period for Medicare Payment and Volume

The collection period for the Medicare Payment and Volume information is 12 months. The Medicare Payment and Volume information is refreshed once annually.

The database contains data for **Oct 1, 2009 – Sept 30 , 2010**

Data Collection Period for Outpatient Imaging Efficiency Measures

The collection period for the Outpatient Imaging Efficiency measures is 12 months. The Outpatient Imaging Efficiency measures are refreshed once annually.

This database contains data for **Jan 1, 2009-Dec 31, 2009**

Data Collection Period for Patient Safety Measures

The collection period for the Patient Safety measures is 20 months. The Patient Safety measures are refreshed once annually.

This database contains data for **Oct 1, 2008 – June 30, 2010**

Hospital Compare Downloadable Database Contents—Microsoft Access Database

The following tables are included in the Hospital Compare downloadable database (Microsoft Access Database):

- 1) dbo_vwHQI_FTNT
- 2) dbo_vwHQI_HOSP
- 3) dbo_vwHQI_HOSP_HCAHPS_MSR
- 4) dbo_vwHQI_HOSP_IMG_XWLK
- 5) dbo_vwHQI_HOSP_MORTALITY_READM_XWLK
- 6) dbo_vwHQI_HOSP_MPV_MSR
- 7) dbo_vwHQI_HOSP_MSR_XWLK
- 8) dbo_vwHQI_HOSP_STRUCTURAL_XWLK
- 9) dbo_vwHQI_PCTL_MSR_XWLK
- 10) dbo_vwHQI_STATE_HCAHPS_MSR
- 11) dbo_vwHQI_STATE_IMG_AVG
- 12) dbo_vwHQI_STATE_MORTALITY_READM_SCRE
- 13) dbo_vwHQI_STATE_MPV_MSR
- 14) dbo_vwHQI_STATE_MSR_AVG
- 15) dbo_vwHQI_US_NATIONAL_HCAHPS_MSR
- 16) dbo_vwHQI_US_NATIONAL_IMG_AVG
- 17) dbo_vwHQI_US_NATIONAL_MORTALITY_READM_RATE
- 18) dbo_vwHQI_US_NATIONAL_MPV_MSR
- 19) dbo_vwHQI_US_NATIONAL_MSR_AVG
- 20) vwHQI_HOSP_AHRQ_NATIONAL
- 21) vwHQI_HOSP_AHRQ_STATE
- 22) vwHQI_HOSP_AHRQ
- 23) vwHQI_HOSP_HAC_NATIONAL
- 24) vwHQI_HOSP_HAC
- 25) vwMeasure_Dates2

- 26) **A detailed review of the tables and the quality measure data in the downloadable database is provided in the sections following. See the Quality Measures Charts at the end of this document for measure information.**

dbo_vwHQI_FTNT

The dbo_vwHQI_FTNT table contains two (2) fields. This table provides the footnote and footnote text.

1. Footnote: varchar (5) lists the footnote value.
2. FootnoteText: varchar (757) lists the footnote text.

Hospital Compare Footnote Values

The letter footnotes below are associated with the Hospital Compare quality measures:

ID Footnote Text

- a. Source: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey.
- b. This is the middle range of payments for the most typical cases treated in this geographic area for this condition or procedure.
- c. Number of Medicare Patients Treated: The number of discharges the hospital treated for each MS-DRG for the current data collection period. The United States and state average of Medicare Patients does not include hospitals with zero cases.
- d. The payment and volume information is for acute care hospitals. Critical access hospitals (CAH) are not included because they are paid using another method.
- e. Payment cannot be computed as there were no Medicare discharges for this MS-DRG for the current data collection period.
- f. An asterisk (*) appears in the table where data cannot be disclosed to protect personal health information due to the small number of Medicare patients (fewer than 11).
- g. This hospital is currently not submitting data for Hospital Clinical Care, Hospital Outcome of Care Measures and/or the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Patient Survey.
- h. This column shows the number of patients with Original Medicare who were admitted to the hospital for heart attack, heart failure or pneumonia conditions. The hospital may also have treated additional Medicare patients in Medicare health plans (like an HMO or PPO).
- i. The number of cases is too small (fewer than 25) to reliably tell how well the hospital is performing.
- j. Medicare requires hospitals to have at least 25 qualifying cases to have their results reported. This hospital had less than 25 cases.
- k. Place Holder

The number footnotes in italics below are associated with the Hospital Compare quality measures:

ID Footnote Text

1. *The number of cases is too small to reliably be sure how well a hospital is performing.*

For each measure, the rate is the percent of patients for whom the treatment is appropriate. Where these numbers are small (fewer than 25 patients), the calculated rate may not accurately predict the hospital's future performance. As the quality data base is expanded to a full rolling four quarters of data for each measure, the number of cases used to determine hospitals' rates will

likely increase, thereby increasing the reliability and stability of the rates. Note: This footnote does not necessarily reflect hospital size or overall patient volume.

2. *The hospital indicated that the data submitted for this measure were based on a sample of cases.*

A rate may be based upon the total number of cases treated by a hospital, or for a facility with a large caseload, a rate may be based on a random sample of the cases the hospital treated. This footnote indicates that a hospital chose to submit data for a sample of its total cases (following specific rules for how to select the cases).

3. *Data was collected during a shorter time period (fewer quarters) than the maximum possible time for this measure (One quarter equals three months.).*

Each rate reflects the care given over a specific time period, up to a maximum of four quarters during a 12 month period. The number of quarters of data available is determined by when hospitals first began to report data using a specific measure. For example, for the ten measures in the "Starter Set", the maximum number of quarters for which a hospital could have provided data is four quarters. For measures added more recently, the maximum will be fewer than four quarters. This footnote indicates that the hospital's rate was based on data from fewer than the maximum possible number of quarters that the measure was generally collected.

4. *Suppressed for one or more quarters by CMS.*

Hospitals are required to submit accurate, reportable data to the Centers for Medicare and Medicaid Services (CMS). The rates for these measures were calculated by excluding data that had been suppressed for one or more quarters because they were identified as inaccurate.

5. *No data is available from the hospital for this measure.*

Hospitals volunteer to provide data for reporting on Hospital Compare. This footnote is applied when the hospital did not submit any cases for a measure or if they suppressed their data from public reporting.

6. *Fewer than 100 patients completed the HCAHPS survey. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.*

The number of completed surveys the hospital or its vendor provided to CMS is less than 100.

7. *Survey results are based on less than 12 months of data.*

This footnote is applied when HCAHPS results are based on less than 12 months of survey data.

8. *Survey results are not available for this reporting period.*

This footnote is applied when a hospital did not participate in HCAHPS, did not collect sufficient HCAHPS data for public reporting purposes, or chose to suppress their HCAHPS results.

9. *No or very few patients were eligible for the HCAHPS Survey.*

This footnote is applied when a hospital has no patients eligible to participate in the HCAHPS survey.

10. *A state average was not calculated because too few hospitals in the state submitted data.*

This footnote is applied when too few hospitals submitted data.

11. *There were discrepancies in the data collection process.*

This footnote is applied when there have been deviations from HCAHPS data collection protocols. CMS is working with survey vendors and/or hospitals to correct this situation.

12. *Very few patients were eligible for the HCAHPS survey. The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.*

This footnote is applied when the number of completed surveys the hospital or its vendor provided to CMS is less than 50.

13. *These measures are included in the composite measure calculations but Medicare is not reporting them at this time.*

This footnote is applied to the measures in the Patient Safety Measures that are currently not being reported by Medicare.

- † "0 patients" The notation "0 patients" is applied when no patients met the criteria for inclusion in that particular measure's calculation.

dbo_vwHQI_HOSP

The dbo_vwHQI_HOSP table contains thirteen (13) fields. This table provides general Hospital information in response to a Hospital Compare search.

1. Provider Number: varchar (10) lists the hospitals by their provider identification number.
2. Hospital Name: varchar (91) lists the name of the hospital.
3. Address1: varchar (64) lists the first line of the street address of the hospital.
4. Address2: varchar (2) lists the second line of the street address of the hospital.
5. Address3: varchar (2) lists the third line of the street address of the hospital.
6. City: varchar (41) lists the city in which the hospital is located.
7. State: varchar (2) lists the two-letter state code used to identify each individual state. All fifty (50) states are listed, as well as:
 - AS = American Samoa
 - DC = Washington D.C.
 - GU = Guam
 - MP = Northern Mariana Islands
 - PR = Puerto Rico
 - VI = Virgin Islands
8. ZIP Code: varchar (7) lists the 5 digit numeric ZIP code for the hospital.
9. County Name: varchar (28) lists the county in which the hospital is located.
10. Phone Number: varchar (12) lists the 10-digit numeric telephone number, including area code, for the Hospital.
11. Hospital Type: varchar (43) lists the type of hospital. The values are:
 - ACUTE CARE - VETERANS ADMINISTRATION
 - Acute Care Hospitals
 - Childrens
 - Critical Access Hospital

12. Hospital Ownership: varchar (45) lists the type of ownership the hospital falls under. The values are:
 - Government - Federal
 - Government - Hospital District or Authority
 - Government - Local
 - Government - State
 - Proprietary
 - Voluntary non-profit - Church
 - Voluntary non-profit - Other
 - Voluntary non-profit - Private
13. Emergency Service: varchar (5) lists “Yes” or “No” to specify whether or not the hospital provides emergency services.

dbo_vwHQI_HOSP_MSR_XWLK

The dbo_vwHQI_HOSP_MSR_XWLK table contains nine (9) fields. This table provides the quality measure scores for each hospital that reported information.

1. Provider Number: varchar (10) lists the hospitals by their provider identification number.
2. Hospital Name: varchar (92) lists the name of the hospital.
3. State: varchar (4) lists the two-letter state code used to identify each individual state. All fifty (50) states are listed, as well as:
 - DC = Washington D.C.
 - GU = Guam
 - MP = Northern Mariana Islands
 - PR = Puerto Rico
 - VI = Virgin Islands
4. Condition: varchar (66) lists the clinical condition. The values are:
 - Children’s Asthma Process of Care Measures
 - Heart Failure Process of Care Measures
 - Heart Attack or Chest Pain Process of Care Measures
 - Surgical Care Improvement Project Process of Care Measures
 - Pneumonia Process of Care Measures
5. Measure Code: varchar (16) lists measure code for each measure.
6. Measure Name: varchar (235) lists the measure names.

See the Process of Care Quality Measures Chart at the end of this document for measure titles and publication dates.

7. Score: varchar (7) lists the score (percentage) for each measure that the hospital submitted.
8. Sample: varchar (7) lists the patient sample size for each measure that the hospital submitted.
9. Footnote: varchar (12) lists the footnote value when appropriate. See the Hospital Compare footnote values list at the beginning of this document for more information.

dbo_vwHQI_PCTL_MSR_XWLK

The dbo_vwHQI_PCTL_MSR_XWLK table contains five (5) fields. It provides the score achieved by the top ten (10) percent of hospitals and the national average score for each process of care quality measure.

1. Measure Name: varchar (237) lists the measure names. See the Process of Care Quality Measures Chart at the end of this document for more information.
2. Condition: varchar (68) lists the clinical condition. The values are:
 - Children’s Asthma Process of Care Measures
 - Heart Failure Process of Care Measures
 - Heart Attack or Chest Pain Process of Care Measures
 - Surgical Care Improvement Project Process of Care Measures
 - Pneumonia Process of Care Measures
3. Measure Code: varchar (16) lists measure code for each measure. See the Process of Care Quality Measures Chart at the end of this document for more information.
4. Percentile: varchar (77) lists the hospital percentile. The values are:
 - Top 10% of Hospitals submitting data scored equal to or higher than
 - National Average of Hospitals submitting data
5. Score: varchar (5) lists the top 10% and national score for each measure.

dbo_vwHQI_STATE_MSR_AVG

The dbo_vwHQI_STATE_MSR_AVG table contains five (5) fields. This table provides the state average for each hospital process of care quality measure.

1. State: varchar (2) lists the two-letter state code used to identify each individual state. All fifty (50) states are listed, as well as:
 - AS = American Samoa
 - DC = Washington D.C.
 - GU = Guam
 - MP = Northern Mariana Islands
 - PR = Puerto Rico
 - VI = Virgin Islands
2. Condition: varchar (68) lists the clinical condition. The values are:
 - Children’s Asthma Process of Care Measures
 - Heart Failure Process of Care Measures
 - Heart Attack or Chest Pain Process of Care Measures
 - Surgical Care Improvement Project Process of Care Measures
 - Pneumonia Process of Care Measures
3. Measure Name: varchar (237) lists the measure names. See the Process of Care Quality Measures Chart at the end of this document for more information.
4. Measure Code: varchar (16) lists measure code for each measure. See the Process of Care Quality Measures Chart at the end of this document for more information.
5. Score: varchar (5) lists the measure average for each state

dbo_vwHQI_US_NATIONAL_MSR_AVG

The dbo_vwHQI_US_NATIONAL_MSR_AVG table contains four (4) fields. This table provides the National average for each hospital process of care quality measure.

1. Provider Number: varchar (8) lists the nation for each national measure average.
2. Condition: varchar (35) lists the clinical condition. The values are:

- Children's Asthma
 - Heart Attack or Chest Pain
 - Heart Failure
 - Pneumonia
 - Surgical Care Improvement Project
3. Measure Name: varchar (193) lists the measure names. See the Process of Care Quality Measures Chart at the end of this document for more information.
 4. Score: varchar (6) lists the measure average for each state.

dbo_vwHQI_HOSP_MORTALITY_READM_XWLK

The dbo_vwHQI_HOSP_MORTALITY_READM_XWLK table contains eleven (11) fields. This table provides each hospital's risk-adjusted 30-Day Death (mortality) and 30-Day Readmission category and rate.

1. Provider Number: varchar (10) lists the hospitals by their provider identification number.
2. Hospital Name: varchar (92) lists the name of the hospital.
3. State: varchar (4) lists the two-letter state code used to identify each individual state. All fifty (50) states are listed, as well as:
 - DC = Washington D.C.
 - GU = Guam
 - MP = Northern Mariana Islands
 - PR = Puerto Rico
 - VI = Virgin Islands
4. Condition: varchar (16) lists the clinical condition. The values are:
 - Heart Attack
 - Heart Failure
 - Pneumonia
5. Measure Name: varchar (42) lists the measure names. The values are:
 - Heart Attack Death (Mortality) Rates
 - Heart Attack Readmission Rates
 - Heart Failure Death (Mortality) Rates
 - Heart Failure Readmission Rates
 - Pneumonia (PN) 30-Day Mortality Rate
 - Pneumonia Readmission Rates
6. Mortality_Readm Rate: varchar (6) lists the risk adjusted rate (percentage) for each hospital.
7. Comparison to National Rate: varchar (38) lists the mortality and readmission category in which the hospital falls. The values are:
 - N/A
 - Better than U.S. National Rate
 - No Different than U.S. National Rate
 - Number of Cases Too Small
 - Worse than U.S. National Rate
8. Lower Mortality_Readm Estimate: varchar (6) lists the lower bound (Interval Estimate) for each hospital's risk-adjusted rate.
9. Upper Mortality_Readm Estimate: varchar (6) lists the upper bound (Interval Estimate) for each hospital's risk-adjusted rate.

10. Number of Patients: varchar (7) lists the number of Medicare patients treated for Heart Attack, Heart Failure, or Pneumonia by the hospital.
11. Footnote: varchar (2) lists the footnote value when appropriate.

dbo_vwHQI_STATE_MORTALITY_READM_SCORE

The dbo_vwHQI_STATE_MORTALITY_READM_SCORE table contains five (5) fields. This table provides the total number of Hospitals in each state and nationally that are Better, No Different and Worse than the U.S. National Rate for each measure. Additionally, this table provides the total number of hospitals where the “Number of Cases is Too Small” to reliably tell how well the hospital is performing.

1. State: varchar (10) lists the two-letter state code used to identify each individual state. All fifty (50) states are listed, as well as:
 - AS = American Samoa
 - DC = Washington D.C.
 - GU = Guam
 - MP = Northern Mariana Islands
 - PR = Puerto Rico
 - VI = Virgin Islands
2. Condition: varchar (17) lists the clinical condition. The values are:
 - Heart Attack
 - Heart Failure
 - Pneumonia
3. Measure Name: varchar (66) lists the mortality and readmission measure names:
 - Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
 - Acute Myocardial Infarction (AMI) 30-Day Readmission Rate
 - Heart Failure (HF) 30-Day Mortality Rate
 - Heart Failure (HF) 30-Day Readmission Rate
 - Pneumonia (PN) 30-Day Mortality Rate
 - Pneumonia (PN) 30-Day Readmission Rate
4. Category: varchar (41) lists the comparison category in which the hospital falls. The values are:
 - Better than U.S. National Rate
 - No Different than U.S. National
 - Number of Cases Too Small*
 - Worse than U.S. National Rate
5. Number of Hospitals: varchar (7) lists the number of hospitals for each measure/category combination.

dbo_vwHQI_US_NATIONAL_MORTALITY_READM_RATE

The dbo_vwHQI_US_NATIONAL_MORTALITY_READM_RATE table contains three (3) fields. This table provides the national rate for each Mortality and Readmission measure.

1. Condition: varchar (17) lists the clinical condition. The values are:
 - Heart Attack
 - Heart Failure
 - Pneumonia
2. Measure Name: varchar (65) lists the measure names.

- Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
 - Acute Myocardial Infarction (AMI) 30-Day Readmission Rate
 - Heart Failure (HF) 30-Day Mortality Rate
 - Heart Failure (HF) 30-Day Readmission Rate
 - Pneumonia (PN) 30-Day Mortality Rate
 - Pneumonia (PN) 30-Day Readmission Rate
3. National Mortality_Readm Rate: integer (6) lists the national risk-adjusted 30-day death (mortality) or readmission rate.

dbo_vwHQI_HOSP_HCAHPS_MSR

The dbo_vwHQI_HOSP_HCAHPS_MSR table contains ten (10) fields. This table provides the result for each of the HCAHPS measures for each hospital that reported information.

1. Provider Number: varchar (10) lists the hospitals by their provider identification number.
2. Hospital Name: varchar (64) lists the name of the hospital.
3. State: varchar (4) lists the two-letter state code used to identify each individual state. All fifty (50) states are listed, as well as:
 - DC = Washington D.C.
 - GU = Guam
 - MP = Northern Mariana Islands
 - PR = Puerto Rico
 - VI = Virgin Islands
4. HCAHPS Measure Code: varchar (14) lists the HCAHPS measure code related to the specific question and answer.
5. HCAHPS Question: varchar (54) lists the survey topics about patients' hospital experiences. The values are listed in tables at the end of this document.
6. HCAHPS Answer Description: varchar (35) lists the answers to the survey topics about patients' hospital experiences. The values are listed in tables at the end of this document.
7. HCAHPS Answer Percent: varchar (6) lists the percentage for each patient survey topic answered.
8. Number of Completed Surveys: varchar (24) lists the total number of patients who completed a survey. The values are:
 - 300 or more
 - Between 100 and 299
 - Fewer than 100
 - N/A
9. Survey Response Rate Percent: varchar (6) lists the percentage of patients who completed the survey.
10. Footnote: varchar (5) lists the footnote value when appropriate, as related to the survey.

dbo_vwHQI_STATE_HCAHPS_MSR

The dbo_vwHQI_STATE_HCAHPS_MSR table contains five (5) fields. This table provides the state average for each of the patient survey topics answered.

1. State: varchar (4) lists the two-letter state code used to identify each individual state. All fifty (50) states are listed, as well as:

- AS = American Samoa
- DC = Washington D.C.
- GU = Guam
- MP = Northern Mariana Islands
- PR = Puerto Rico
- VI = Virgin Islands

Each of the HCAHPS measures has two or three response categories.

2. HCAHPS Question: varchar (93) lists the survey topics about patients' hospital experiences. The values are listed in the HCAHPS Measures Chart at the end of this document.
3. HCAHPS Measure Code: varchar (21) lists HCAHPS measure code related to specific question and answer.
4. HCAHPS Answer Description: varchar (130) lists the answers to the survey topics about patients' hospital experiences. The values are listed in the HCAHPS Measures Chart at the end of this document.
5. HCAHPS Answer Percent: varchar (6) lists the percentage for each patient survey topic answered.

dbo_vwHQI_US_NATIONAL_HCAHPS_MSR

The dbo_vwHQI_US_NATIONAL_HCAHPS_MSR table contains four (4) fields. This table provides the total number of patient survey topics answered nationally.

1. HCAHPS Measure Code: varchar (21) lists the HCAHPS code related to specific questions and answers.
2. HCAHPS Question: varchar (93) lists the survey topics about patients' hospital experiences. The values are listed in the HCAHPS Measures Chart at the end of this document.
3. HCAHPS Answer Description: varchar (128) lists the answers to the survey topics about patients' hospital experiences. The values are listed in HCAHPS Measures Chart at the end of this document.
4. HCAHPS Answer Percent: varchar (4) lists the percentage for each patient survey topic answered.

dbo_vwHQI_HOSP_MPV_MSR

The dbo_vwHQI_HOSP_MPV_MSR table contains seven (7) fields. This table provides the average Medicare payment and number of cases for each hospital, for the top seventy (70) utilized Medicare Severity-Diagnosis Related Groups.

1. Provider Number: varchar (10) lists the hospitals by their provider identification number.
2. Hospital Name: varchar (64) lists the name of the hospital.
3. State: varchar (4) lists the two-letter state code used to identify each individual state. All fifty (50) states are listed, as well as:
 - AS = American Samoa
 - DC = Washington D.C.
 - GU = Guam
 - MP = Northern Mariana Islands
 - PR = Puerto Rico
 - VI = Virgin Islands

4. Diagnosis Related Group ID: varchar (5) lists the Medicare Severity-Diagnosis Related Group ID.
5. Diagnosis Related Group Name: varchar (58) lists the name of each Medicare Severity-Diagnosis Related Group.
6. Medicare Average Payment: varchar (8) lists the median Medicare payment for each Medicare Severity-Diagnosis Related Group.
7. Number Of Cases: varchar (4) lists the number of cases for each Medicare Severity-Diagnosis Related Group where data is available (more than 11 cases).

dbo_vwHQL_STATE_MPV_MSR

The dbo_vwHQL_STATE_MPV_MSR table contains five (5) fields. This table provides the state Medicare payment range and number of cases for the top seventy (70) utilized Medicare Severity-Diagnosis Related Groups.

1. State: varchar (40) lists the two-letter state code used to identify each individual state. All fifty (50) states are listed, as well as:
 - AS = American Samoa
 - DC = Washington D.C.
 - GU = Guam
 - MP = Northern Mariana Islands
 - PR = Puerto Rico
 - VI = Virgin Islands
2. Diagnosis Related Group ID: varchar (5) lists the Medicare Severity-Diagnosis Related Group ID.
3. Diagnosis Related Group Name: varchar (90) lists the name of each Medicare Severity-Diagnosis Related Group.
4. Medicare Average Payment Range: varchar (19) lists the Medicare payment range for each Medicare Severity-Diagnosis Related Group by state.
5. Number Of Cases: varchar (90) lists the number of cases for each Medicare Severity-Diagnosis Related Group by state.

dbo_vwHQL_US_NATIONAL_MPV_MSR

The dbo_vwHQL_US_NATIONAL_MPV_MSR table contains five (5) fields. This table provides the national Medicare payment range and number of cases for the top seventy (70) utilized Medicare Severity-Diagnosis Related Groups.

1. State: varchar (8) lists "Nation" for each national Medicare average payment range.
2. Diagnosis Related Group ID: varchar (5) lists the Medicare Severity-Diagnosis Related Group ID.
3. Diagnosis Related Group Name: varchar (90) lists the name of each Medicare Severity-Diagnosis Related Group.
4. Medicare Average Payment Range: varchar (16) lists the Medicare payment range for each Medicare Severity-Diagnosis Related Group nationally.
5. Number Of Cases: varchar (9) lists the number of cases for each Medicare Severity-Diagnosis Related Group nationally.

dbo_vwHQI_HOSP_STRUCTURAL_XWLK

The dbo_vwHQI_HOSP_STRUCTURAL_XWLK table contains six (6) fields. This table provides the Cardiac Surgery, Nursing Care, and Stroke Care participation responses for each hospital that reported information.

1. Provider Number: varchar (10) lists the hospitals by their provider identification number.
2. Hospital Name: varchar (64) lists the name of the hospital.
3. State: varchar (4) lists the two-letter state code used to identify each individual state. All fifty (50) states are listed, as well as:
 - DC = Washington D.C.
 - GU = Guam
 - MP = Northern Mariana Islands
 - PR = Puerto Rico
 - VI = Virgin Islands
4. Measure Code: varchar (14) lists measure code.
5. Measure Name: varchar (26) lists the measure names. See the Structural Measures Chart at the end of this document for more information.
6. Measure Response: varchar (52) lists the cardiac surgery registry participation responses. The values are:
 - Does not have a Cardiac Surgery Program
 - No
 - Not Available
 - Yes

dbo_vwHQI_HOSP_IMG_XWLK

The dbo_vwHQI_HOSP_IMG_XWLK table contains nine (9) fields. This table gives you information about hospitals' use of medical imaging tests for outpatients for each hospital that reported information.

1. Provider Number: varchar (10) lists the hospitals by their provider identification number.
2. Hospital Name: varchar (64) lists the name of the hospital.
3. State: varchar (4) lists the two-letter state code used to identify each individual state. All fifty (50) states are listed, as well as:
 - DC = Washington D.C.
 - GU = Guam
 - MP = Northern Mariana Islands
 - PR = Puerto Rico
 - VI = Virgin Islands
4. Condition: varchar (24) lists the condition.
5. Measure Code: varchar (6) lists measure code.
6. Measure Name: varchar (220) lists the measure names. See the Outpatient Imaging Efficiency Measures Chart at the end of this document for more information.
7. Score: varchar (6) lists the score for each measure that the hospital submitted.
8. Sample: varchar (7) lists the patient sample size for each measure that the hospital submitted.

9. Footnote: varchar (4) lists the footnote value when appropriate. See the Hospital Compare footnote values list at the beginning of this document for the values.

dbo_vwHQI_STATE_IMG_AVG

The dbo_vwHQI_STATE_IMG_AVG table contains five (5) fields. This table gives you information about each state's use of medical imaging tests for outpatients for each hospital that reported information.

1. State: varchar (4) lists the two-letter state code used to identify each individual state. All fifty (50) states are listed, as well as:
 - AS = American Samoa
 - DC = Washington D.C.
 - GU = Guam
 - MP = Northern Mariana Islands
 - PR = Puerto Rico
 - VI = Virgin Islands
2. Condition: varchar (24) lists the condition
3. Measure Code: varchar (8) lists measure code.
4. Measure Name: varchar (269) lists the measure names. See the Outpatient Imaging Efficiency Measures Chart at the end of this document for more information.
5. Score: varchar (8) lists the score for each measure by state.

dbo_vwHQI_US_NATIONAL_IMG_AVG

The dbo_vwHQI_US_NATIONAL_IMG_AVG table contains four (4) fields. This table gives you information about the national use of medical imaging tests for outpatients for each hospital that reported information.

1. Condition: varchar (24) lists the condition
2. Measure Code: varchar (8) lists measure code.
3. Measure Name: varchar (269) lists the measure names. See the Outpatient Imaging Efficiency Measures Chart at the end of this document for more information.
4. Score: varchar (8) lists the national average score for each measure.

vwHQI_HOSP_HAC

The vwHQI_HOSP_HAC table contains three (3) fields. This table gives you hospital-level results for Hospital Acquired Conditions (HACs).

1. prvdr_id: varchar (8) lists the hospitals by their provider identification number.
2. msr_cd: varchar (7) lists the measure names.
3. scr: varchar (7) lists the score for each measure that the hospital submitted.

vwHQI_HOSP_HAC_NATIONAL

The vwHQI_HOSP_HAC_NATIONAL table contains two (2) fields. This table gives you national rates for Hospital Acquired Conditions (HACs).

1. msr_cd: varchar (18) lists the measure names.

2. scr: varchar (7) lists the national average score for each measure.

vwHQI_HOSP_AHRQ

The vwHQI_HOSP_AHRQ table contains sixty-one (61) fields. This table provides the result for each of the Agency for Healthcare Research and Quality (AHRQ) measures for each hospital that reported information. For plain-text language, see the Patient Safety Measures Plain-Text Chart at the bottom.

1. Prvdr_id: varchar (8) lists the hospitals by their identification number.
2. PSI_4_SURG_COMP: varchar (38) lists the composite rating for the Death Among Surgical Inpatients with Serious Treatable Complications measure. The values are:
 - Better than U.S. National Rate
 - No Different than U.S. National Rate
 - Not Available
 - Number of Cases Too Small
 - Worse than U.S. National Rate
3. PSI_4_SURG_COMP_F: varchar (4) lists the footnote value when appropriate. See the Hospital Compare footnote values list at the beginning of this document for the values.
4. PSI_6_IAT_PTX: varchar (38) lists the composite rating for the Iatrogenic Pneumothorax measure. The values are:
 - Better than U.S. National Rate
 - No Different than U.S. National Rate
 - Not Available
 - Number of Cases Too Small
 - Worse than U.S. National Rate
5. PSI_6_IAT_PTX_F: varchar (4) lists the footnote value when appropriate. See the Hospital Compare footnote values list at the beginning of this document for the values.
6. PSI_11_POSTOP_RESPFAIL: varchar (41) lists the composite rating for the Postoperative Respiratory Failure measure. The values are:
 - Better than U.S. National Rate
 - No Different than U.S. National Rate
 - Not Available
 - Number of Cases Too Small
 - Worse than U.S. National Rate
7. PSI_11_POSTOP_RESPFAIL_F: varchar (4) lists the footnote value when appropriate. See the Hospital Compare footnote values list at the beginning of this document for the values.
8. PSI_12_POSTOP_PULMEMB_DVT: varchar (40) lists the composite rating for the Postoperative Pulmonary Embolism or Deep Vein Thrombosis measure. The values are:
 - Better than U.S. National Rate
 - No Different than U.S. National Rate
 - Not Available
 - Number of Cases Too Small
 - Worse than U.S. National Rate
9. PSI_12_POSTOP_PULMEMB_DVT_F: varchar (4) lists the footnote value when appropriate. See the Hospital Compare footnote values list at the beginning of this document for the values.
10. PSI_14_POSTOP_DEHIS: varchar (38) lists the composite rating for the Postoperative Wound Dehiscence measure. The values are:

- Better than U.S. National Rate
 - No Different than U.S. National Rate
 - Not Available
 - Number of Cases Too Small
 - Worse than U.S. National Rate
11. PSI_14_POSTOP_DEHIS_F: varchar (4) lists the footnote value when appropriate. See the Hospital Compare footnote values list at the beginning of this document for the values.
12. PSI_15_ACC_LAC: varchar (41) lists the composite rating for the Accidental Puncture or Laceration measure. The values are:
- Better than U.S. National Rate
 - No Different than U.S. National Rate
 - Not Available
 - Number of Cases Too Small
 - Worse than U.S. National Rate
13. PSI_15_ACC_LAC_F: varchar (4) lists the footnote value when appropriate. See the Hospital Compare footnote values list at the beginning of this document for the values.
14. PSI_90_SAFETY: varchar (38) lists the composite rating for the Patient Safety for Selected Indicators measure. The values are:
- Better than U.S. National Rate
 - No Different than U.S. National Rate
 - Not Available
 - Worse than U.S. National Rate
15. PSI_90_SAFETY_F: varchar (4) lists the footnote value when appropriate. See the Hospital Compare footnote values list at the beginning of this document for the values.
16. IQI_11_AAA: varchar (38) lists the composite rating for the Abdominal Aortic Aneurysm Repair Mortality measure. The values are:
- Better than U.S. National Rate
 - No Different than U.S. National Rate
 - Not Available
 - Number of Cases Too Small
 - Worse than U.S. National Rate
17. IQI_11_AAA_F: varchar (4) lists the footnote value when appropriate. See the Hospital Compare footnote values list at the beginning of this document for the values.
18. IQI_19_HIP_FX: varchar (38) lists the composite rating for the Hip Fracture Mortality measure. The values are:
- Better than U.S. National Rate
 - No Different than U.S. National Rate
 - Not Available
 - Number of Cases Too Small
 - Worse than U.S. National Rate
19. IQI_19_HIP_FX_F: varchar (7) lists the footnote value when appropriate. See the Hospital Compare footnote values list at the beginning of this document for the values.
20. IQI_91_CONDS: varchar (38) lists the composite rating for the Mortality for Selected Conditions measure. The values are:
- Better than U.S. National Rate
 - No Different than U.S. National Rate

- Not Available
 - Worse than U.S. National Rate
21. IQI_91_CONDS_F: varchar (4) lists the footnote value when appropriate. See the Hospital Compare footnote values list at the beginning of this document for the values.
 22. PSI_4_SURG_COMP_NUM_DC: varchar (19) lists the number of patients surveyed for each hospital submitted.
 23. PSI_4_SURG_COMP_RATE: varchar (18) lists the hospital's rate of complication.
 24. PSI_4_SURG_COMP_LOW_EST: varchar (18) lists the lower limit of the hospital's 95% confidence interval.
 25. PSI_4_SURG_COMP_HIGH_EST: varchar (18) lists the upper limit of the hospital's 95% confidence interval.
 26. PSI_6_IAT_PTX_NUM_DC: varchar (19) lists the number of patients surveyed for each hospital submitted.
 27. PSI_6_IAT_PTX_RATE: varchar (18) lists the hospital's rate of complication.
 28. PSI_6_IAT_PTX_LOW_EST: varchar (18) lists the lower limit of the hospital's 95% confidence interval.
 29. PSI_6_IAT_PTX_HIGH_EST: varchar (18) lists the upper limit of the hospital's 95% confidence interval.
 30. PSI_11_POSTOP_RESPFAIL_NUM_DC: varchar (19) lists the number of patients surveyed for each hospital submitted.
 31. PSI_11_POSTOP_RESPFAIL_RATE: varchar (18) lists the hospital's rate of complication.
 32. PSI_11_POSTOP_RESPFAIL_LOW_EST: varchar (18) lists the lower limit of the hospital's 95% confidence interval.
 33. PSI_11_POSTOP_RESPFAIL_HIGH_EST: varchar (18) lists the upper limit of the hospital's 95% confidence interval.
 34. PSI_12_POSTOP_PULMEMB_DVT_NUM_DC: varchar (19) lists the number of patients surveyed for each hospital submitted.
 35. PSI_12_POSTOP_PULMEMB_DVT_RATE: varchar (18) lists the hospital's rate of complication.
 36. PSI_12_POSTOP_PULMEMB_DVT_LOW_EST: varchar (18) lists the lower limit of the hospital's 95% confidence interval.
 37. PSI_12_POSTOP_PULMEMB_DVT_HIGH_EST: varchar (18) lists the upper limit of the hospital's 95% confidence interval.
 38. PSI_14_POSTOP_DEHIS_NUM_DC: varchar (19) lists the number of patients surveyed for each hospital submitted.
 39. PSI_14_POSTOP_DEHIS_RATE: varchar (18) lists the hospital's rate of complication.
 40. PSI_14_POSTOP_DEHIS_LOW_EST: varchar (18) lists the lower limit of the hospital's 95% confidence interval.
 41. PSI_14_POSTOP_DEHIS_HIGH_EST: varchar (18) lists the upper limit of the hospital's 95% confidence interval.
 42. PSI_15_ACC_LAC_NUM_DC: varchar (19) lists the number of patients surveyed for each hospital submitted.
 43. PSI_15_ACC_LAC_RATE: varchar (18) lists the hospital's rate of complication.

44. PSI_15_ACC_LAC_LOW_EST: varchar (18) lists the lower limit of the hospital's 95% confidence interval.
45. PSI_15_ACC_LAC_HIGH_EST: varchar (18) lists the upper limit of the hospital's 95% confidence interval.
46. PSI_90_SAFETY_NUM_DC: varchar (15) lists the number of patients surveyed for each hospital submitted.
47. PSI_90_SAFETY_RATE: varchar (15) lists the hospital's rate of complication.
48. PSI_90_SAFETY_LOW_EST: varchar (15) lists the lower limit of the hospital's 95% confidence interval.
49. PSI_90_SAFETY_HIGH_EST: varchar (15) lists the upper limit of the hospital's 95% confidence interval.
50. IQI_11_AAA_NUM_DC: varchar (19) lists the number of patients surveyed for each hospital submitted.
51. IQI_11_AAA_RATE: varchar (18) lists the hospital's rate of complication.
52. IQI_11_AAA_LOW_EST: varchar (18) lists the lower limit of the hospital's 95% confidence interval.
53. IQI_11_AAA_HIGH_EST: varchar (18) lists the upper limit of the hospital's 95% confidence interval.
54. IQI_19_HIP_FX_NUM_DC: varchar (19) lists the number of patients surveyed for each hospital submitted.
55. IQI_19_HIP_FX_RATE: varchar (18) lists the hospital's rate of complication.
56. IQI_19_HIP_FX_LOW_EST: varchar (18) lists the lower limit of the hospital's 95% confidence interval.
57. IQI_19_HIP_FX_HIGH_EST: varchar (19) lists the upper limit of the hospital's 95% confidence interval.
58. IQI_91_CONDS_NUM_DC: varchar (15) lists the number of patients surveyed for each hospital submitted.
59. IQI_91_CONDS_RATE: varchar (15) lists the hospital's rate of complication.
60. IQI_91_CONDS_LOW_EST: varchar (15) lists the lower limit of the hospital's 95% confidence interval.
61. IQI_91_CONDS_HIGH_EST: varchar (15) lists the upper limit of the hospital's 95% confidence interval.

vwHQI_HOSP_AHRQ_NATIONAL

The vwHQI_HOSP_AHRQ_NATIONAL table contains four (4) fields. This table provides the national rates for each of the Agency for Healthcare Research and Quality (AHRQ) measures that are reported by Hospital Compare.

1. MSR_CD: varchar (42) lists the measures by their measure code.
2. NATIONAL: varchar (8) lists the U.S. National rate.
3. PSI_NATIONAL_SCR: varchar (7) lists the U.S. National rate for the measure.
4. IQI_NATIONAL_SCR: varchar (7) lists the U.S. National rate for the measure.

vwHQI_HOSP_AHRQ_STATE

The vwHQI_HOSP_AHRQ_STATE table contains forty-one (41) fields. This table gives you state-level rates of the AHRQ measures.

1. State: varchar (4) lists the two-letter state code used to identify each individual state. All fifty (50) states are listed, as well as:
 - AS = American Samoa
 - DC = Washington D.C.
 - GU = Guam
 - MP = Northern Mariana Islands
 - PR = Puerto Rico
 - VI = Virgin Islands
2. PSI_4_SURG_COMP_WORSE: varchar (6) lists how many hospitals in each state had a rate worse than the U.S. National rate.
3. PSI_4_SURG_COMP_SAME: varchar (6) lists how many hospitals in each state had a rate the same as the U.S. National rate.
4. PSI_4_SURG_COMP_BETTER: varchar (6) lists how many hospitals in each state had a rate better than the U.S. National rate.
5. PSI_4_SURG_COMP_TOOFEW: varchar (6) lists how many hospitals in each state had too few results to compare.
6. PSI_6_IAT_PTX_WORSE: varchar (6) lists how many hospitals in each state had a rate worse than the U.S. National rate.
7. PSI_6_IAT_PTX_SAME: varchar (6) lists how many hospitals in each state had a rate the same as the U.S. National rate.
8. PSI_6_IAT_PTX_BETTER: varchar (6) lists how many hospitals in each state had a rate better than the U.S. National rate.
9. PSI_6_IAT_PTX_TOOFEW: varchar (6) lists how many hospitals in each state had too few results to compare.
10. PSI_11_POSTOP_RESPFAIL_WORSE: varchar (6) lists how many hospitals in each state had a rate worse than the U.S. National rate.
11. PSI_11_POSTOP_RESPFAIL_SAME: varchar (6) lists how many hospitals in each state had a rate the same as the U.S. National rate.
12. PSI_11_POSTOP_RESPFAIL_BETTER: varchar (6) lists how many hospitals in each state had a rate better than the U.S. National rate.
13. PSI_11_POSTOP_RESPFAIL_TOOFEW: varchar (6) lists how many hospitals in each state had too few results to compare.
14. PSI_12_POSTOP_PULMEMB_DVT_WORSE: varchar (6) lists how many hospitals in each state had a rate worse than the U.S. National rate.
15. PSI_12_POSTOP_PULMEMB_DVT_SAME: varchar (6) lists how many hospitals in each state had a rate the same as the U.S. National rate.
16. PSI_12_POSTOP_PULMEMB_DVT_BETTER: varchar (6) lists how many hospitals in each state had a rate better than the U.S. National rate.
17. PSI_12_POSTOP_PULMEMB_DVT_TOOFEW: varchar (6) lists how many hospitals in each state had too few results to compare.
18. PSI_14_POSTOP_DEHIS_WORSE: varchar (6) lists how many hospitals in each state had a rate worse than the U.S. National rate.

19. PSI_14_POSTOP_DEHIS_SAME: varchar (6) lists how many hospitals in each state had a rate the same as the U.S. National rate.
20. PSI_14_POSTOP_DEHIS_BETTER: varchar (6) lists how many hospitals in each state had a rate better than the U.S. National rate.
21. PSI_14_POSTOP_DEHIS_TOOFEW: varchar (6) lists how many hospitals in each state had too few results to compare.
22. PSI_15_ACC_LAC_WORSE: varchar (6) lists how many hospitals in each state had a rate worse than the U.S. National rate.
23. PSI_15_ACC_LAC_SAME: varchar (6) lists how many hospitals in each state had a rate the same as the U.S. National rate.
24. PSI_15_ACC_LAC_BETTER: varchar (6) lists how many hospitals in each state had a rate better than the U.S. National rate.
25. PSI_15_ACC_LAC_TOOFEW: varchar (6) lists how many hospitals in each state had too few results to compare.
26. PSI_90_SAFETY_WORSE: varchar (6) lists how many hospitals in each state had a rate worse than the U.S. National rate.
27. PSI_90_SAFETY_SAME: varchar (6) lists how many hospitals in each state had a rate the same as the U.S. National rate.
28. PSI_90_SAFETY_BETTER: varchar (6) lists how many hospitals in each state had a rate better than the U.S. National rate.
29. PSI_90_SAFETY_TOOFEW: varchar (5) lists how many hospitals in each state had too few results to compare.
30. IQI_11_AAA_WORSE: varchar (6) lists how many hospitals in each state had a rate worse than the U.S. National rate.
31. IQI_11_AAA_SAME: varchar (6) lists how many hospitals in each state had a rate the same as the U.S. National rate.
32. IQI_11_AAA_BETTER: varchar (6) lists how many hospitals in each state had a rate better than the U.S. National rate.
33. IQI_11_AAA_TOOFEW: varchar (6) lists how many hospitals in each state had too few results to compare.
34. IQI_19_HIP_FX_WORSE: varchar (6) lists how many hospitals in each state had a rate worse than the U.S. National rate.
35. IQI_19_HIP_FX_SAME: varchar (6) lists how many hospitals in each state had a rate the same as the U.S. National rate.
36. IQI_19_HIP_FX_BETTER: varchar (6) lists how many hospitals in each state had a rate better than the U.S. National rate.
37. IQI_19_HIP_FX_TOOFEW: varchar (6) lists how many hospitals in each state had too few results to compare.
38. IQI_91_CONDS_WORSE: varchar (6) lists how many hospitals in each state had a rate worse than the U.S. National rate.
39. IQI_91_CONDS_SAME: varchar (6) lists how many hospitals in each state had a rate the same as the U.S. National rate.
40. IQI_91_CONDS_BETTER: varchar (6) lists how many hospitals in each state had a rate better than the U.S. National rate.

41. IQI_91_CONDS_TOOFEW: varchar (5) lists how many hospitals in each state had to few results to compare.

vwMeasure_Dates

The vwMeasure_Dates table contains five (5) fields. This table provides current collection dates for available measures included in this downloadable database.

1. msr_cd: varchar (35) lists measures by their measure code.
2. msr_strt_qtr: varchar (7) lists the starting quarter for current collection dates.
3. msr_strt_dt: varchar (12) lists the starting date for current collection dates.
4. msr_end_qtr: varchar (7) lists the ending quarter for current collection dates.
5. msr_end_dt: varchar (12) lists the ending date for current collection dates.

Process of Care Quality Measures Chart Total Measures = 35

(For the complete measure specifications see the Specifications Manual for National Hospital Quality Measures at www.qualitynet.org)

Condition ~ Acute Myocardial Infarction (Heart Attack)			Total Measures = 13
Measure	Acronym	Add Date	Starter Set?
Patients Given Aspirin at Arrival	AMI 1	Nov 2004	Yes
Patients Given Aspirin at Discharge	AMI 2	Nov 2004	Yes
Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	AMI 3	Nov 2004	Yes
Patients Given Smoking Cessation Advice/Counseling	AMI 4	Apr 2005	No
Patients Given Beta Blocker at Discharge	AMI 5	Nov 2004	Yes
Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival	AMI 7a	Apr 2005	No
Patients Given PCI Within 90 Minutes Of Arrival	AMI 8a	Apr 2005	No
Average number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital (a lower number of minutes is better)	OP 3b	Jun 2010	No
Average number of minutes before outpatients with chest pain or possible heart attack got an ECG (a lower number of minutes is better)	OP 5	Jun 2010	No
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival (higher numbers are better)	OP 2	Jun 2010	No
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival (higher numbers are better)	OP 4	Jun 2010	No
Median Time to Fibrinolysis	OP 1	Jun 2010	No
Patients Given a Prescription for a Statin at Discharge	AMI 10	Jan 2012	No

Condition ~ Heart Failure			Total Measures = 4
Measure	Acronym	Add Date	Starter Set?
Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	HF 3	Nov 2004	Yes
Patients Given An Evaluation of Left Ventricular Systolic (LVS) Function	HF 2	Nov 2004	Yes
Patients Given Discharge Instructions	HF 1	Apr 2005	No
Patients Given Smoking Cessation Advice/Counseling	HF 4	Apr 2005	No

Condition ~ Pneumonia			Total Measures = 6
Measure	Acronym	Add Date	Starter Set?
Pneumonia Patients Assessed and Given Influenza Vaccination	PN 7	Dec 2006	No
Patients Assessed and Given Pneumococcal Vaccination	PN 2	Nov 2004	Yes
Patients Given Initial Antibiotic(s) within 6 Hours After Arrival	PN 5c	Nov 2004	Yes
Patients Given Smoking Cessation Advice/Counseling	PN 4	Apr 2005	No
Patients Given the Most Appropriate Initial Antibiotic(s)	PN 6	Sep 2005	No

Condition ~ Pneumonia			Total Measures = 6
Measure	Acronym	Add Date	Starter Set?
Patients Whose Initial Emergency Room Blood Culture Was Performed Prior to the Administration of the First Hospital Dose of Antibiotics	PN 3b	Apr 2005	No

Condition ~ Surgical Care Improvement (SCIP)			Total Measures = 12
Measure	Acronym	Add Date	Starter Set?
Surgery Patients Who Received Preventative Antibiotic(s) One Hour Before Incision	SCIP INF 1	Sep 2005	No
Percent of Surgery Patients who Received the Appropriate Preventative Antibiotic(s) for Their Surgery	SCIP INF 2	Jun 2007	No
Surgery Patients Whose Preventative Antibiotic(s) are Stopped Within 24 hours After Surgery	SCIP INF 3	Sep 2005	No
Surgery Patients Whose Doctors Ordered Treatments to Prevent Blood Clots (Venous Thromboembolism) For Certain Types of Surgeries	SCIP VTE 1	Dec 2007	No
Surgery Patients Who Received Treatment To Prevent Blood Clots Within 24 Hours Before or After Selected Surgeries to Prevent Blood Clots	SCIP VTE 2	Dec 2007	No
Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose	SCIP INF 4	Dec 2008	No
Surgery Patients with Appropriate Hair Removal	SCIP INF 6	Dec 2008	No
Percent of surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta blockers during the period just before and after their surgery	SCIP CARD 2	Dec 2009	No
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	OP 6	Jun 2010	No
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	OP 7	Jun 2010	No
Surgery patients whose urinary catheters were removed on the first or second day after surgery.	SCIP INF 9	Dec 2010	No
Surgery patients who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery	SCIP INF 10	Jan 2012	No

Children's Asthma Care			Total Measures = 3
Measure	Acronym	Add Date	Starter Set?
Percent of Children Who Received Reliever Medication While Hospitalized for Asthma	CAC 1	Aug 2008	No
Percent of Children Who Received Systemic Corticosteroid Medication (oral and IV Medication That Reduces Inflammation and Controls Symptoms) While Hospitalized for Asthma	CAC 2	Aug 2008	No
Percent of Children and their Caregivers Who Received a Home Management plan of Care Document While Hospitalized for Asthma	CAC 3	Sep 2009	No

Outcome Quality Measures Chart Total Measures = 6

Condition ~ Acute Myocardial Infarction (Heart Attack)		
Measure	Add Date	Starter Set?
Hospital 30-Day Death (Mortality) Rates for Heart Attack Compared to US Rate	Jun 2007	No
Hospital 30-Day Readmission Rates for Heart Attack Compared to US Rate	Jun 2009	No

Condition ~ Heart Failure		
Measure	Add Date	Starter Set?
Hospital 30-Day Death (Mortality) Rates for Heart Failure Compared to US Rate	Jun 2007	No
Hospital 30-Day Readmission Rates for Heart Failure Compared to US Rate	Jun 2009	No

Condition ~ Pneumonia		
Measure	Add Date	Starter Set?
Hospital 30-Day Death (Mortality) Rates for Pneumonia Compared to US Rate	Aug 2008	No
Hospital 30-Day Readmission Rates for Pneumonia Compared to US Rate	Jun 2009	No

Structural Measures Chart Total Measure = 3

Measure	Acronym	Add Date
Cardiac Surgery Registry Participation	SM_PART_CARD	Dec 2009
Nursing Care Registry Participation	SM_PART_NURSE	Dec 2010
Stroke Care Registry Participation	SM_PART_STROKE	Dec 2010

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Measures Chart

Q No.	HCAHPS Topic Text	HCAHPS Answer Description	HCAHPS Code	Add Date
1	How do patients rate the hospital overall?	Patients who gave a rating of 6 or lower (low)	H_HSP_RATING_0_6	Mar 2008
1	How do patients rate the hospital overall?	Patients who gave a rating of 7 or 8 (medium)	H_HSP_RATING_7_8	Mar 2008
1	How do patients rate the hospital overall?	Patients who gave a rating of 9 or 10 (high)	H_HSP_RATING_9_10	Mar 2008
2	How often did doctors communicate well with patients?	Doctors always communicated well	H_COMP_2_A_P	Mar 2008
2	How often did doctors communicate well with patients?	Doctors sometimes or never communicated well	H_COMP_2_SN_P	Mar 2008
2	How often did doctors communicate well with patients?	Doctors usually communicated well	H_COMP_2_U_P	Mar 2008
3	How often did nurses communicate well with patients?	Nurses always communicated well	H_COMP_1_A_P	Mar 2008

Q No.	HCAHPS Topic Text	HCAHPS Answer Description	HCAHPS Code	Add Date
3	How often did nurses communicate well with patients?	Nurses sometimes or never communicated well	H_COMP_1_SN_P	Mar 2008
3	How often did nurses communicate well with patients?	Nurses usually communicated well	H_COMP_1_U_P	Mar 2008
4	How often did patients receive help quickly from hospital staff?	Patients always received help as soon as they wanted	H_COMP_3_A_P	Mar 2008
4	How often did patients receive help quickly from hospital staff?	Patients sometimes or never received help as soon as they wanted	H_COMP_3_SN_P	Mar 2008
4	How often did patients receive help quickly from hospital staff?	Patients usually received help as soon as they wanted	H_COMP_3_U_P	Mar 2008
5	How often did staff explain about medicines before giving them to patients?	Staff always explained	H_COMP_5_A_P	Mar 2008
5	How often did staff explain about medicines before giving them to patients?	Staff sometimes or never explained	H_COMP_5_SN_P	Mar 2008
5	How often did staff explain about medicines before giving them to patients?	Staff usually explained	H_COMP_5_U_P	Mar 2008
6	How often was patients' pain well controlled?	Pain was always well controlled	H_COMP_4_A_P	Mar 2008
6	How often was patients' pain well controlled?	Pain was sometimes or never well Controlled	H_COMP_4_SN_P	Mar 2008
6	How often was patients' pain well controlled?	Pain was usually well controlled	H_COMP_4_U_P	Mar 2008
7	How often was the area around patients' rooms kept quiet at night?	Always quiet at night	H_QUIET_HSP_A_P	Mar 2008
7	How often was the area around patients' rooms kept quiet at night?	Sometimes or never quiet at night	H_QUIET_HSP_SN_P	Mar 2008
7	How often was the area around patients' rooms kept quiet at night?	Usually quiet at night	H_QUIET_HSP_U_P	Mar 2008
8	How often were the patients' rooms and bathrooms kept clean?	Room was always clean	H_CLEAN_HSP_A_P	Mar 2008
8	How often were the patients' rooms and bathrooms kept clean?	Room was sometimes or never clean	H_CLEAN_HSP_SN_P	Mar 2008
8	How often were the patients' rooms and bathrooms kept clean?	Room was usually clean	H_CLEAN_HSP_U_P	Mar 2008

Q No.	HCAHPS Topic Text	HCAHPS Answer Description	HCAHPS Code	Add Date
9	Were patients given information about what to do during their recovery at home?	No, staff did not give patients this information	H_COMP_6_N_P	Mar 2008
9	Were patients given information about what to do during their recovery at home?	Yes, staff did give patients this information	H_COMP_6_Y_P	Mar 2008
10	Would patients recommend the hospital to friends and family?	NO, patients would not recommend the hospital (they probably would not or definitely would not recommend it)	H_RECMND_DN	Mar 2008
10	Would patients recommend the hospital to friends and family?	YES, patients would definitely recommend the hospital	H_RECMND_DY	Mar 2008
10	Would patients recommend the hospital to friends and family?	YES, patients would probably recommend the hospital	H_RECMND_PY	Mar 2008

Outpatient Imaging Efficiency Measures Chart

Measure	Acronym	Add Date
Outpatients with low back pain who had an MRI without trying recommended treatments first such as physical therapy	OP 8	Jun 2010
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram	OP 9	Jun 2010
Outpatient CT scans of the abdomen that were "combination" (double) scans	OP 10	Jun 2010
Outpatient CT scans of the chest that were "combination" (double) scans	OP 11	Jun 2010

Patient Safety Measures Plain-Text Chart

Patient Safety Indicator (PSI)	Plain-text Measure Name	Add Date
PSI 4	Death from serious treatable complications after surgery	Oct 2011
PSI 6	Collapsed lung due to medical treatment	Oct 2011
PSI 11	Breathing failure after surgery	Oct 2011
PSI 12	Serious blood clots after surgery	Oct 2011
PSI 14	A wound that splits open after surgery	Oct 2011
PSI 15	Accidental cuts and tears from medical treatment	Oct 2011
PSI 90	Serious Complications	Oct 2011
IQI 11	Death after surgery to repair a weakness in the abdominal aorta	Oct 2011
IQI 91	Deaths from Certain Conditions	Oct 2011

Hospital Acquired Conditions Chart

Hospital Acquired Condition Measure Name	Add Date
1. Foreign object retained after surgery (per 1,000 surgical discharges)	Oct 2011
2. Air embolism (per 1,000 medical and surgical discharges)	Oct 2011
3. Blood incompatibility (per 1,000 medical and surgical discharges)	Oct 2011
4. Pressure ulcer stages III and IV (per 1,000 medical and surgical discharges)	Oct 2011
5. Falls and trauma (per 1,000 medical and surgical discharges)	Oct 2011
6. Vascular catheter-associated infection (per 1,000 medical and surgical discharges)	Oct 2011
7. Catheter-associated urinary tract infection (per 1,000 medical and surgical discharges)	Oct 2011
8. Manifestations of poor glycemic control (per 1,000 medical and surgical discharges)	Oct 2011

Hospital Associated Infections Chart

Hospital Associated Infection (HAI)	Measure Name	Add Date
CLABSI	Central Line Associated Bloodstream Infection	Jan 2012

Top Seventy Medicare Severity-Diagnosis Related Group Chart

	Medicare Severity-Diagnosis Related Group (MS-DRG) Name	MS-DRG ID	Add Date
1	Extracranial procedures w CC	038	Sep 2009
2	Extracranial procedures w/o CC/MCC	039	Sep 2009
3	Chronic obstructive pulmonary disease w MCC	190	Sep 2009
4	Chronic obstructive pulmonary disease w CC	191	Sep 2009
5	Chronic obstructive pulmonary disease w/o CC/MCC	192	Sep 2009
6	Simple pneumonia & pleurisy w MCC	193	Sep 2009
7	Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC	219	Sep 2009
8	Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC	220	Sep 2009
9	Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC	221	Sep 2009
10	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC	224	Sep 2009
11	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC	225	Sep 2009
12	Cardiac defibrillator implant w/o cardiac cath w MCC	226	Sep 2009
13	Cardiac defibrillator implant w/o cardiac cath w/o MCC	227	Sep 2009
14	Coronary bypass w/o cardiac cath w MCC	235	Sep 2009
15	Coronary bypass w/o cardiac cath w/o MCC	236	Sep 2009
16	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair	237	Sep 2009
17	Permanent cardiac pacemaker implant w CC	243	Sep 2009
18	Permanent cardiac pacemaker implant w/o CC/MCC	244	Sep 2009
19	Perc cardiovasc proc w drug-eluting stent w/o MCC	247	Sep 2009
20	Acute myocardial infarction, discharged alive w MCC	280	Sep 2009
21	Acute myocardial infarction, discharged alive w CC	281	Sep 2009
22	Acute myocardial infarction, discharged alive w/o CC/MCC	282	Sep 2009
23	Heart failure & shock w MCC	291	Sep 2009
24	Heart failure & shock w CC	292	Sep 2009
25	Heart failure & shock w/o CC/MCC	293	Sep 2009
26	Chest Pain	313	Sep 2009
27	Stomach, esophageal & duodenal proc w/o CC/MCC	328	Sep 2009

	Medicare Severity-Diagnosis Related Group (MS-DRG) Name	MS-DRG ID	Add Date
28	Major small & large bowel procedures w MCC	329	Sep 2009
29	Major small & large bowel procedures w CC	330	Sep 2009
30	Major small & large bowel procedures w/o CC/MCC	331	Sep 2009
31	Hernia procedures except inguinal & femoral w MCC	353	Sep 2009
32	Hernia procedures except inguinal & femoral w CC	354	Sep 2009
33	Hernia procedures except inguinal & femoral w/o CC/MCC	355	Sep 2009
34	Cholecystectomy except by laparoscope w/o c.d.e. w MCC	414	Sep 2009
35	Laparoscopic cholecystectomy w/o c.d.e. w MCC	417	Sep 2009
36	Laparoscopic cholecystectomy w/o c.d.e. w CC	418	Sep 2009
37	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC	419	Sep 2009
38	Spinal fusion except cervical w MCC	459	Sep 2009
39	Spinal fusion except cervical w/o MCC	460	Sep 2009
40	Bilateral or multiple major joint procs of lower extremity w MCC	461	Sep 2009
41	Bilateral or multiple major joint procs of lower extremity w/o MCC	462	Sep 2009
42	Revision of hip or knee replacement w MCC	466	Sep 2009
43	Revision of hip or knee replacement w CC	467	Sep 2009
44	Revision of hip or knee replacement w/o CC/MCC	468	Sep 2009
45	Major joint replacement or reattachment of lower extremity w MCC	469	Sep 2009
46	Major joint replacement or reattachment of lower extremity w/o MCC	470	Sep 2009
47	Cervical spinal fusion w MCC	471	Sep 2009
48	Cervical spinal fusion w CC	472	Sep 2009
49	Cervical spinal fusion w/o CC/MCC	473	Sep 2009
50	Biopsies of musculoskeletal system & connective tissue w MCC	477	Sep 2009
51	Biopsies of musculoskeletal system & connective tissue w CC	478	Sep 2009
52	Biopsies of musculoskeletal system & connective tissue w/o CC/MCC	479	Sep 2009
53	Back & neck proc exc spinal fusion w CC/MCC or disc device/neurostim	490	Sep 2009
54	Back & neck proc exc spinal fusion w/o CC/MCC	491	Sep 2009
55	Major shoulder or elbow joint procedures w CC/MCC	507	Sep 2009
56	Major shoulder or elbow joint procedures w/o CC/MCC	508	Sep 2009
57	Other musculoskelet sys & conn tiss O.R. proc w MCC	515	Sep 2009
58	Diabetes w MCC	637	Sep 2009
59	Kidney & ureter procedures for neoplasm w MCC	656	Sep 2009
60	Kidney & ureter procedures for neoplasm w CC	657	Sep 2009
61	Kidney & ureter procedures for neoplasm w/o CC/MCC	658	Sep 2009
62	Kidney & ureter procedures for non-neoplasm w MCC	659	Sep 2009
63	Transurethral procedures w MCC	668	Sep 2009
64	Other kidney & urinary tract procedures w MCC	673	Sep 2009
65	Other kidney & urinary tract procedures w CC	674	Sep 2009
66	Other kidney & urinary tract procedures w/o CC/MCC	675	Sep 2009
67	Transurethral prostatectomy w CC/MCC	713	Sep 2009
68	Transurethral prostatectomy w/o CC/MCC	714	Sep 2009
69	Uterine & adnexa proc for non-malignancy w/o CC/MCC	743	Sep 2009
70	Female reproductive system reconstructive procedures	748	Sep 2009