Hospital Compare Downloadable Database

Generally, health policy researchers and the media download the Hospital Compare database as an easy way to obtain a large set of data. The data in the Downloadable Database come from the data that are displayed on Hospital Compare, but also include additional information about the hospital ownership that is not displayed on the website. If you want information about hospitals in a particular geographical area, you should use the Hospital Compare tool instead of downloading the data.

Note: Opening CSV files in Excel will remove leading zeros from data fields. Since some Hospital Provider Identification Numbers contain leading zeros, we recommend that you open CSV files using text editor programs such as Notepad to copy or view CSV file content.

Date Refreshes: Generally, the downloadable databases are refreshed at the same time as the data on Hospital Compare; however, there are times when it could take an additional 24 hours to update.
- You can tell when the Hospital Compare data has been updated by looking in the bottom left corner of the home page.
- The date the downloadable database is updated is also shown on the home page under "Additional Information" on the right side of the page.
- The date "Modified" in the zipped file only indicates the date the data was last manipulated, not the date it was posted to the site.

You can also find Hospital Compare data on data.medicare.gov. This website allows you to view the data files embedded on a webpage without downloading them. The data on data.medicare.gov can usually be viewed the same day it has been updated on Hospital Compare. Use data.medicare.gov to customize views and filter the Hospital Compare data.

Note: Beginning in July 2013, the platform for the Hospital Compare data sets will be data.medicare.gov. The downloadable databases will not be available after that time.

Learn how often the data are refreshed.

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

The collection period for the process of care quality measures is generally 12 months. As new measures are added, the collection period varies.

Data Collection Period for Mortality and Readmission Quality 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.

Data Collection Period for Structural Measures

Page Last Updated: July 19, 2012

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

Data Collection Period for Number of Medicare Patients

The collection period for the Number of Medicare Patients information is 12 months. The Number of Medicare Patients information is refreshed once annually.

Data Collection Period for Medicare Payment

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

Data Collection Period for Outpatient Imaging Efficiency

The collection period for the Outpatient Imaging Efficiency is 12 months. The Outpatient Imaging Efficiency Measures information is refreshed once annually.

Data Collection Period for Patient Safety Measures

The collection period for the Patient Safety Measures is 20 months. The Patient Safety Measures information is refreshed annually.

There are thirty tables in the Hospital Compare database.

1. Agency for Healthcare and Research Quality – National.csv
2. Agency for Healthcare Research and Quality – State.csv
3. Agency for Healthcare Research and Quality.csv
4. HCAHPS Measures – National.csv
5. HCAHPS Measures – State.csv
6. HCAHPS Measures.csv
7. Healthcare_Associated_Infections.csv
8. Healthcare_Associated_Infections_State.csv
9. Hospital Acquired Condition – National.csv
10. Hospital Acquired Condition.csv
11. Hospital_Data.csv
12. Measure Dates.csv
13. Medicare Payment and Volume Measures – National.csv
14. Medicare Payment and Volume Measures – State.csv
15. Medicare Payment and Volume Measures.csv
16. Medicare Spending per Patient.csv
17. Outcome of Care Measures – National.csv
18. Outcome of Care Measures – State.csv
19. Outcome of Care Measures.csv
20. Outpatient Imaging Efficiency Measures – National.csv
21. Outpatient Imaging Efficiency Measures – State.csv
22. Outpatient Imaging Efficiency Measures.csv
23. Process of Care Measures – Children.csv
24. Process of Care Measures – Heart Attack.csv
25. Process of Care Measures – Heart Failure.csv
26. Process of Care Measures – National.csv

1. Agency for Healthcare Research and Quality – National.csv

The Agency for Healthcare Research and Quality - National.csv table contains four
(4) fields. This table provides Agency for Healthcare Research and Quality (AHRQ)
information in response to a Hospital Compare search.

1. U.S. National Rate: varchar (50) Lists the national rate.
2. National Patient Safety Measure Performance: varchar (50) Lists the U.S. National rate
    for the measure.
3. National Inpatient Quality Indicators Measure Performance: varchar (50) Lists the U.S.
    National rate for the measure.
4. Measure Name: varchar (516) Lists the measure names.

2. Agency for Healthcare Research and Quality – State.csv

The Agency for Healthcare Research and Quality - State.csv table contains forty-
one (41) fields. This table provides Agency for Healthcare Research and Quality
(AHRQ) information in response to a Hospital Compare search.

1. State: char (2) Lists the 2 letter State code in which the hospital is located.
2. Worse - Deaths among Patients with Serious Treatable Complications after Surgery:
    varchar (50) Lists how many hospitals in each state had a rate worse than the U.S.
    National rate.
3. Same - Deaths among Patients with Serious Treatable Complications after Surgery:
    varchar (50) Lists how many hospitals in each state had a rate the same as the U.S.
    National rate.
4. Better - Deaths among Patients with Serious Treatable Complications after Surgery:
    varchar (50) Lists how many hospitals in each state had a rate better than the U.S.
    National rate.
5. Too few - Deaths among Patients with Serious Treatable Complications after Surgery:
    varchar (50) Lists how many hospitals in each state had too few results to compare.
6. Worse - Collapsed lung due to medical treatment: varchar (50) Lists how many hospitals
    in each state had a rate worse than the U.S. National rate.
7. Same - Collapsed lung due to medical treatment: varchar (50) Lists how many hospitals
    in each state had a rate the same as the U.S. National rate.
8. Better - Collapsed lung due to medical treatment: varchar (50) Lists how many hospitals
    in each state had a rate better than the U.S. National rate.
9. Too few - Collapsed lung due to medical treatment: varchar (50) Lists how many
    hospitals in each state had too few results to compare.
10. Worse - Breathing failure after surgery: varchar (50) Lists how many hospitals in each
    state had a rate worse than the U.S. National rate.

Page Last Updated: July 19, 2012

11. Same - Breathing failure after surgery: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.
12. Better - Breathing failure after surgery: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.
13. Too few - Breathing failure after surgery: varchar (50) Lists how many hospitals in each state had too few results to compare.
14. Worse - Serious blood clots after surgery: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.
15. Same - Serious blood clots after surgery: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.
16. Better - Serious blood clots after surgery: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.
17. Too few - Serious blood clots after surgery: varchar (50) Lists how many hospitals in each state had too few results to compare.
18. Worse - A wound that splits open after surgery: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.
19. Same - A wound that splits open after surgery: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.
20. Better - A wound that splits open after surgery: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.
21. Too few - A wound that splits open after surgery: varchar (50) Lists how many hospitals in each state had too few results to compare.
22. Worse - Accidental cuts and tears from medical treatment: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.
23. Same - Accidental cuts and tears from medical treatment: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.
24. Better - Accidental cuts and tears from medical treatment: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.
25. Too few - Accidental cuts and tears from medical treatment: varchar (50) Lists how many hospitals in each state had too few results to compare.
26. Worse - Serious Complications: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.
27. Same - Serious Complications: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.
28. Better - Serious Complications: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.
29. Too few - Serious Complications: varchar (50) Lists how many hospitals in each state had too few results to compare.
30. Worse - Death after surgery to repair a weakness in the abdominal aorta: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.
31. Same - Death after surgery to repair a weakness in the abdominal aorta: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.
32. Better - Death after surgery to repair a weakness in the abdominal aorta: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.

33. Too few - Death after surgery to repair a weakness in the abdominal aorta: varchar (50) Lists how many hospitals in each state had too few results to compare.
34. Worse - Deaths after admission for broken hip: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.
35. Same - Deaths after admission for broken hip: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.
36. Better - Deaths after admission for broken hip: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.
37. Too few - Deaths after admission for broken hip: varchar (50) Lists how many hospitals in each state had too few results to compare.
38. Worse - Deaths from Certain Conditions: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.
39. Same - Deaths from Certain Conditions: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.
40. Better - Deaths from Certain Conditions: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.
41. Too few - Deaths from Certain Conditions: varchar (50) Lists how many hospitals in each state had too few results to compare.

3. Agency for Healthcare Research and Quality.csv
The Agency for Healthcare Research and Quality.csv table contains sixty (60) fields. This table provides Agency for Healthcare Research and Quality (AHRQ) information in response to a Hospital Compare search.

1. Provider Number: varchar (50) Lists the hospitals by their provider identification number.
2. Hospital Name: varchar (500) Lists the name of the hospital.
3. Address 1: varchar (500) Lists the first line of the street address of the hospital.
4. Address 2: varchar (500) Lists the second line of the street address of the hospital.
5. Address 3: varchar (500) Lists the third line of the street address of the hospital.
6. City: varchar (500) Lists the city in which the hospital is located.
7. State: char (2) Lists the 2 letter State code in which the hospital is located.
8. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
9. County Name: varchar (25) Lists the county in which the hospital is located.
10. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.
11. Deaths among Patients with Serious Treatable Complications after Surgery: varchar (50) Lists the hospital's rate for the measure.
12. Collapsed lung due to medical treatment: varchar (50) Lists the hospital's rate for the measure.
13. Breathing failure after surgery: varchar (50) Lists the hospital's rate for the measure.
14. Serious blood clots after surgery: varchar (50) Lists the hospital's rate for the measure.
15. A wound that splits open after surgery: varchar (50) Lists the hospital's rate for the measure.
16. Accidental cuts and tears from medical treatment: varchar (50) Lists the hospital's rate for the measure.

17. Serious Complications: varchar (50) Lists the hospital's rate for the measure.
18. Death after surgery to repair a weakness in the abdominal aorta: varchar (50) Lists the hospital's rate for the measure.
19. Deaths after admission for broken hip: varchar (50) Lists the hospital's rate for the measure.
20. Deaths from Certain Conditions: varchar (50) Lists the hospital's rate for the measure.
21. Number of Patients - Deaths among Patients with Serious Treatable Complications after Surgery: varchar (50) Lists the patient sample size for each measure that the hospital submitted.
22. Rate - Deaths among Patients with Serious Treatable Complications after Surgery: varchar (50) Lists the rate for the measure corresponding to the hospital selected.
23. Lower Estimate - Deaths among Patients with Serious Treatable Complications after Surgery: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.
24. Higher Estimate - Deaths among Patients with Serious Treatable Complications after Surgery: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.
25. Number of Patients - Collapsed lung due to medical treatment: varchar (50) Lists the patient sample size for each measure that the hospital submitted.
26. Rate - Collapsed lung due to medical treatment: varchar (50) Lists the rate for the measure corresponding to the hospital selected.
27. Lower Estimate - Collapsed lung due to medical treatment: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.
28. Higher Estimate - Collapsed lung due to medical treatment: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.
29. Rate - Breathing failure after surgery: varchar (50) Lists the rate for the measure corresponding to the hospital selected.
30. Number of Patients - Breathing failure after surgery: varchar (50) Lists the patient sample size for each measure that the hospital submitted.
31. Lower Estimate - Breathing failure after surgery: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.
32. Higher Estimate - Breathing failure after surgery: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.
33. Number of Patients - Serious blood clots after surgery: varchar (50) Lists the patient sample size for each measure that the hospital submitted.
34. Rate - Serious blood clots after surgery: varchar (50) Lists the rate for the measure corresponding to the hospital selected.
35. Lower Estimate - Serious blood clots after surgery: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.
36. Higher Estimate - Serious blood clots after surgery: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.
37. Number of Patients - A wound that splits open after surgery: varchar (50) Lists the patient sample size for each measure that the hospital submitted.
38. Rate - A wound that splits open after surgery: varchar (50) Lists the rate for the measure corresponding to the hospital selected.

39. Lower Estimate - A wound that splits open after surgery: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.
40. Higher Estimate - A wound that splits open after surgery: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.
41. Number of Patients - Accidental cuts and tears from medical treatment: varchar (50) Lists the patient sample size for each measure that the hospital submitted.
42. Rate - Accidental cuts and tears from medical treatment: varchar (50) Lists the rate for the measure corresponding to the hospital selected.
43. Lower Estimate - Accidental cuts and tears from medical treatment: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.
44. Higher Estimate - Accidental cuts and tears from medical treatment: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.
45. Number of Patients - Serious Complications: varchar (50) Lists the patient sample size for each measure that the hospital submitted.
46. Rate - Serious Complications: varchar (50) Lists the rate for the measure corresponding to the hospital selected.
47. Lower Estimate - Serious Complications: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.
48. Higher Estimate - Serious Complications: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.
49. Number of Patients - Death after surgery to repair a weakness in the abdominal aorta: varchar (50) Lists the patient sample size for each measure that the hospital submitted.
50. Rate - Death after surgery to repair a weakness in the abdominal aorta: varchar (50) Lists the rate for the measure corresponding to the hospital selected.
51. Lower Estimate - Death after surgery to repair a weakness in the abdominal aorta: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.
52. Higher Estimate - Death after surgery to repair a weakness in the abdominal aorta: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.
53. Number of Patients - Deaths after admission for broken hip: varchar (50) Lists the patient sample size for each measure that the hospital submitted.
54. Rate - Deaths after admission for broken hip: varchar (50) Lists the rate for the measure corresponding to the hospital selected.
55. Lower Estimate - Deaths after admission for broken hip: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.
56. Higher Estimate - Deaths after admission for broken hip: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.
57. Number of Patients - Deaths from Certain Conditions: varchar (50) Lists the patient sample size for each measure that the hospital submitted.
58. Rate - Deaths from Certain Conditions: varchar (50) Lists the rate for the measure corresponding to the hospital selected.
59. Lower Estimate - Deaths from Certain Conditions: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.
60. Higher Estimate - Deaths from Certain Conditions: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.

4. HCAHPS Measures – National.csv
The HCAHPS Measures – National.csv table contains three (3) fields. This table provides the total number of patient survey topics answered nationally.

1. HCAHPS Question: char (100) Lists the survey topics about patients' hospital experiences. The values are listed in tables at the end of this document.
2. HCAHPS Answer Description: char (50) Lists the answers to the survey topics about patients' hospital experiences. The values are listed in tables at the end of this document.
3. HCAHPS Answer Percent: char (3) Lists the percentage for each patient survey topic answered.

5. HCAHPS Measures – State.csv
The HCAHPS Measures – State.csv table contains two (2) main fields. This table provides the state average for each of the patient survey topics answered.

1. State: (2) Lists the alphabetic postal 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
2. HCAHPS Survey Question/Answer Percent: char (100) Lists question topic about patients' hospital experiences in the columns with the Answer Percent as values in each column. Each of the following values are column titles:
   - Percent of patients who reported that their nurses "Sometimes" or "Never" communicated well.
   - Percent of patients who reported that their nurses "Usually" communicated well.
   - Percent of patients who reported that their nurses "Always" communicated well.
   - Percent of patients who reported that their doctors "Sometimes" or "Never" communicated well.
   - Percent of patients who reported that their doctors "Usually" communicated well.
   - Percent of patients who reported that their doctors "Always" communicated well.
   - Percent of patients who reported that they "Sometimes" or "Never" received help as soon as they wanted.
   - Percent of patients who reported that they "Usually" received help as soon as they wanted.
   - Percent of patients who reported that they "Always" received help as soon as they wanted.
   - Percent of patients who reported that their pain was "Sometimes" or "Never" well controlled.
   - Percent of patients who reported that their pain was "Usually" well controlled.
   - Percent of patients who reported that their pain was "Always" well controlled.

- Percent of patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them.
- Percent of patients who reported that staff "Usually" explained about medicines before giving it to them.
- Percent of patients who reported that staff "Always" explained about medicines before giving it to them.
- Percent of patients who reported that their room and bathroom were "Sometimes" or "Never" clean.
- Percent of patients who reported that their room and bathroom were "Usually" clean.
- Percent of patients who reported that their room and bathroom were "Always" clean.
- Percent of patients who reported that the area around their room was "Sometimes" or "Never" quiet at night.
- Percent of patients who reported that the area around their room was "Usually" quiet at night.
- Percent of patients who reported that the area around their room was "Always" quiet at night.
- Percent of patients who reported that YES, they were given information about what to do during their recovery at home.
- Percent of patients who reported that they were not given information about what to do during their recovery at home.
- Percent of patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest).
- Percent of patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest).
- Percent of patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).
- Percent of patients who reported NO, they would not recommend the hospital.
- Percent of patients who reported YES, they would probably recommend the hospital.
- Percent of patients who reported YES, they would definitely recommend the hospital.

6. HCAHPS Measures.csv
The HCAHPS Measures.csv table contains fourteen (14) main fields. This table provides the results for each of the HCAHPS measures for each hospital that reported information.
1. Provider Number: varchar (6) Lists the hospitals by their provider identification number.
2. Hospital Name: varchar (50) Lists the name of the hospital.
3. Address 1: varchar (50) Lists the first line of the street address of the hospital.
4. Address 2: varchar (50) Lists the second line of the street address of the hospital.
5. Address 3: varchar (50) Lists the third line of the street address of the hospital.
6. City: varchar (28) Lists the city in which the hospital is located.
7. State: varchar (2) Lists the 2 letter State code in which the hospital is located.
8. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
9. County Name: char (15) Lists the county in which the hospital is located.

10. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.

11. HCAHPS Survey Question/Answer Percent: char (100) Lists question topic about patients' hospital experiences in the columns with the Answer Percent as values in each column. Each of the following values are column titles:

- Percent of patients who reported that their nurses "Sometimes" or "Never" communicated well.
- Percent of patients who reported that their nurses "Usually" communicated well.
- Percent of patients who reported that their nurses "Always" communicated well.
- Percent of patients who reported that their doctors "Sometimes" or "Never" communicated well.
- Percent of patients who reported that their doctors "Usually" communicated well.
- Percent of patients who reported that their doctors "Always" communicated well.
- Percent of patients who reported that they "Sometimes" or "Never" received help as soon as they wanted.
- Percent of patients who reported that they "Usually" received help as soon as they wanted.
- Percent of patients who reported that they "Always" received help as soon as they wanted.
- Percent of patients who reported that their pain was "Sometimes" or "Never" well controlled.
- Percent of patients who reported that their pain was "Usually" well controlled.
- Percent of patients who reported that their pain was "Always" well controlled.
- Percent of patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them.
- Percent of patients who reported that staff "Usually" explained about medicines before giving it to them.
- Percent of patients who reported that staff "Always" explained about medicines before giving it to them.
- Percent of patients who reported that their room and bathroom were "Sometimes" or "Never" clean.
- Percent of patients who reported that their room and bathroom were "Usually" clean.
- Percent of patients who reported that their room and bathroom were "Always" clean.
- Percent of patients who reported that the area around their room was "Sometimes" or "Never" quiet at night.
- Percent of patients who reported that the area around their room was "Usually" quiet at night.
- Percent of patients who reported that the area around their room was "Always" quiet at night.
- Percent of patients who reported that YES, they were given information about what to do during their recovery at home.
- Percent of patients who reported that they were not given information about what to do during their recovery at home.
- Percent of patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest).
- Percent of patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest).
- Percent of patients who gave their hospital a rating of 9 or 10 on a scale from 0

(lowest) to 10 (highest).
- Percent of patients who reported NO, they would not recommend the hospital.
- Percent of patients who reported YES, they would probably recommend the hospital.
- Percent of patients who reported YES, they would definitely recommend the hospital.

12. Number of Completed Surveys: varchar (255) Lists the total number of patients who completed a survey. The values are:
- 300 or More
- Between 100 and 299
- Fewer than 100

13. Survey Response Rate Percent: char (3) Lists the percentage of patients who completed the survey.

14. Hospital Footnote: char (5)Lists the footnote value when appropriate, as related to the hospital. The values are:
- Fewer than 100 patients completed the HCAHPS survey. Use these rates with caution, as the number of surveys may be too low to reliably assess hospital performance.
- Survey results are based on less than 12 months of data.
- Survey results are not available for this period.
- No patients were eligible for the HCAHPS Survey.
- There were discrepancies in the data collection process.

7. Healthcare_Associated_Infections.csv
The Agency Healthcare_Associated_Infections.csv table contains thirteen (13)
fields. This table provides Healthcare Associated Infections (HAI) information in
response to a Hospital Compare search.

1. Provider ID: varchar (50) Lists the hospitals by their provider identification number.
2. Hospital Name: varchar (500) Lists the name of the hospital.
3. Address 1: varchar (500) Lists the first line of the street address of the hospital.
4. Address 2: varchar (500) Lists the second line of the street address of the hospital.
5. Address 3: varchar (500) Lists the third line of the street address of the hospital.
6. City: varchar (500) Lists the city in which the hospital is located.
7. State: char (2) Lists the 2 letter State code in which the hospital is located.
8. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
9. County Name: varchar (25) Lists the county in which the hospital is located.
10. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.
11. Measure: varchar (500) Lists the measure names.
12. Score: varchar (50) Lists the score for the measure.
13. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.

8. Healthcare_Associated_Infections_State.csv
The Agency Healthcare_Associated_Infections_State.csv table contains four (4)
fields. This table provides Healthcare Associated Infections (HAI) information in
response to a Hospital Compare search.

1. Provider ID: varchar (50) Lists the hospitals by their provider identification number.

2. Measure: varchar (500) Lists the measure names.
3. Score: varchar (50) Lists the score for the measure.
4. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.

9. Hospital Acquired Condition – National.csv

The Hospital Acquired Condition - National.csv table contains two (2) fields. This table provides Hospital Acquired Condition information in response to a Hospital Compare search.
1. Measure: varchar (500) Lists the measure names.
2. National: Rate (per 1,000 Discharges):varchar (1) Lists the national rate.

10. Hospital Acquired Condition.csv

The Hospital Acquired Condition.csv table contains twelve (12) fields. This table provides Hospital Acquired Condition information in response to a Hospital Compare search.
1. Provider Number: varchar (50) Lists the hospitals by their provider identification number.
2. Hospital Name: varchar (500) Lists the name of the hospital.
3. Address 1: varchar (500) Lists the first line of the street address of the hospital.
4. Address 2: varchar (500) Lists the second line of the street address of the hospital.
5. Address 3: varchar (500) Lists the third line of the street address of the hospital.
6. City: varchar (500) Lists the city in which the hospital is located.
7. State: char (2) Lists the 2 letter State code in which the hospital is located.
8. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
9. County Name: varchar (25) Lists the county in which the hospital is located.
10. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.
11. Measure: varchar (500) Lists the measure names.
12. Rate (per 1,000 Discharges): varchar (50) Lists the rate of Hospital Acquired Conditions for the hospital.

11. Hospital_Data.csv

The Hospital_Data.csv table contains thirteen (13) fields. This table provides general Hospital information in response to a Hospital Compare search.
1. Provider Number: varchar (6) Lists the hospitals by their provider identification number.
2. Hospital Name: varchar (50) Lists the name of the hospital.
3. Address 1: varchar (50) Lists the first line of the street address of the hospital.
4. Address 2: varchar (50) Lists the second line of the street address of the hospital.
5. Address 3: varchar (50) Lists the third line of the street address of the hospital.
6. City: varchar (28) Lists the city in which the hospital is located.
7. State: varchar (2) Lists the 2 letter State code in which the hospital is located.
8. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
9. County Name: char (15) Lists the county in which the hospital is located.
10. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.

Page Last Updated: July 19, 2012

11. Hospital Type: char (25) Lists the type of hospital. The values are:
    a. Acute Care Hospital
    b. Acute Care – VA Medical Center
    c. Critical Access Hospital
    d. Children's Hospital
12. Hospital Owner: varchar (44) Lists the type of ownership the Hospital falls under. The values are:
    a. Government – Federal
    b. Government – Hospital District or Authority
    c. Government – Local
    d. Government – State
    e. Proprietary
    f. Voluntary non-profit – Church
    g. Voluntary non-profit – Other
    h. Voluntary non-profit – Private
    i. Not Available
13. Emergency Services: char (3) Returns "Yes" or "No" to specify whether or not the hospital provides emergency services.

12. Measure Dates.csv

The Measure Dates.csv table contains four (5) fields. This table provides current collection dates for available measures included in this downloadable database.

1. Measure Name: varchar (50) Lists measures by their measure code.
2. Measure Start Quarter: varchar (10) Lists the starting quarter for current collection dates.
3. Measure Start Date: varchar (50) Lists the starting date for current collection dates.
4. Measure End Quarter: varchar (10) Lists the ending quarter for current collection dates.
5. Measure End Date: varchar (50) Lists the ending date for current collection dates.

13. Medicare Payment and Volume Measures – National.csv

The Medicare Payment and Volume Measures – National.csv contains four (4) fields.
This table provides the national Medicare payment range and number of cases for the
top seventy utilized Medicare Severity-Diagnosis Related Groups.

1. Diagnosis Related Group: varchar (50) Lists the name of each Medicare Severity-Diagnosis Related Group.

2. Medicare Average Payment Minimum: varchar (20) Lists the Medicare payment minimum for each Medicare Severity-Diagnosis Related group nationally.

3. Medicare Average Payment Maximum varchar (20) Lists the Medicare payment maximum for each Medicare Severity-Diagnosis Related group nationally.

4. Number Of Cases: varchar (4) Lists the number of cases for each Medicare Severity-Diagnosis Related Group nationally.

14. Medicare Payment and Volume Measures – State.csv

The Medicare Payment and Volume Measures – State.csv table contains six (6) fields. This table provides the state Medicare payment range and number of cases for the top seventy utilized Medicare Severity-Diagnosis Related Groups.

1. State: char (2) Lists the alphabetic postal 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
2. Diagnosis Related Group: varchar (50) Lists the name of each Medicare Severity-Diagnosis Related Group.
3. Medicare Average Payment Minimum: varchar (20) Lists the Medicare payment minimum for each Medicare Severity-Diagnosis Related group by state.
4. Medicare Average Payment Maximum: varchar (20) Lists the Medicare payment maximum for each Medicare Severity-Diagnosis Related group by state.
5. Number Of Cases: varchar (4)Lists the number of cases for each Medicare Severity-Diagnosis Related Group by state.
6. Footnote: varchar (5) Lists the footnote value when appropriate, as related to the Average Payment by state.

15. Medicare Payment and Volume Measures.csv
The Medicare Payment and Volume Measures.csv table contains fourteen (14) fields. This table provides the median Medicare payment and number of cases for each hospital, for the top seventy utilized Medicare Severity-Diagnosis Related Groups.

1. Provider Number: varchar (6) Lists the hospitals by their provider identification number.
2. Hospital Name: varchar (50) Lists the name of the hospital.
3. Address 1: varchar (50) Lists the first line of the street address of the hospital.
4. Address 2: varchar (50) Lists the second line of the street address of the hospital.
5. Address 3: varchar (50) Lists the third line of the street address of the hospital.
6. City: varchar (28) Lists the city in which the hospital is located.
7. State: varchar (2) Lists the 2 letter State code in which the hospital is located.
8. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
9. County Name: char (15) Lists the county in which the hospital is located.
10. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.
11. Diagnosis Related Group: varchar (50) Lists the name of each Medicare Severity-Diagnosis Related Group.
12. Medicare Average Payment: varchar (5) Lists the median Medicare payment for each Medicare Severity-Diagnosis Related Group.
13. 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).
14. Footnote: varchar (5) Lists the footnote value when appropriate, as related to the Average Payment.

16. Medicare Spending per Patient.csv
The Medicare Spending per Patient.csv table contains twelve (12) fields. This table

provides the Medicare Spending per Patient ratio of hospitals compared to the national average.

1. Hospital Name: varchar (5) lists the name of the hospital.
2. Address 1: varchar (50) Lists the first line of the street address of the hospital.
3. Address 2: varchar (50) Lists the second line of the street address of the hospital.
4. Address 3: varchar (50) Lists the third line of the street address of the hospital.
5. City: varchar (28) Lists the city in which the hospital is located.
6. State: varchar (2) Lists the 2 letter State code in which the hospital is located.
7. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
8. County Name: char (15) Lists the county in which the hospital is located.
9. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.
10. Measure: varchar (45) lists measure title Spending per Hospital Patient with Medicare.
11. Spending per Hospital Patient with Medicare: varchar (3)
12. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.

17. Outcome of Care Measures – National.csv
The Outcome of Care Measures – National.csv table contains three (3) fields

1. Condition: varchar (255) Lists the clinical condition. The values are:
    * Heart Attack
    * Heart Failure
    * Pneumonia
2. Measure Name: varchar (100) Lists the measure names.
    * Hospital 30-Day Death (Mortality) Rates for Heart Attack
    * Hospital 30-Day Death (Mortality) Rates for Heart Failure
    * Hospital 30-Day Death (Mortality) Rates for Pneumonia
    * Hospital 30-Day Readmission Rates for Heart Attack
    * Hospital 30-Day Readmission Rates for Heart Failure
    * Hospital 30-Day Readmission Rates for Pneumonia
3. National Mortality/Readmission Rate: integer (2) The national risk-adjusted 30-Day Death (mortality) rate.

18. Outcome of Care Measures – State.csv
The Outcome of Care Measures – State.csv table contains twenty-five (25) fields. This table provides the total number of Hospitals in each state 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 "Number of Cases is Too Small" to tell how well the hospital is performing.

1. State: char (2) Lists the alphabetic postal code used to identify each individual state. All fifty (50) states are listed, as well as:
    a. DC = Washington, D.C.
    b. GU = Guam
    c. MP = Northern Mariana Islands
    d. PR = Puerto Rico
    e. VI = Virgin Islands
2. Number of Hospitals whose 30-day Death (Mortality) Rates from Heart Attack are Better

than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

3. Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Attack are No different than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

4. Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Attack are Worse than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

5. Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Attack are Number of Cases Too Small: integer Lists the number of hospitals for each measure/category combination.

6. Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Failure are Better than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

7. Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Failure are No different than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

8. Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Failure are Worse than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

9. Number of Hospitals whose 30-Day Death (Mortality) Rates from Heart Failure are Number of Cases Too Small: integer Lists the number of hospitals for each measure/category combination.

10. Number of Hospitals whose 30-Day Death (Mortality) Rates from Pneumonia are Better than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

11. Number of Hospitals whose 30-Day Death (Mortality) Rates from Pneumonia are No different than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

12. Number of Hospitals whose 30-Day Death (Mortality) Rates from Pneumonia are Worse than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

13. Number of Hospitals whose 30-Day Death (Mortality) Rates from Pneumonia are Number of Cases Too Small: integer Lists the number of hospitals for each measure/category combination.

14. Number of Hospitals whose 30-Day Readmission Rates from Heart Attack are Better than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

15. Number of Hospitals whose 30-Day Readmission Rates from Heart Attack are No different than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

16. Number of Hospitals whose 30-Day Readmission Rates from Heart Attack are Worse than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

17. Number of Hospitals whose 30-Day Readmission Rates from Heart Attack are Number of Cases Too Small: integer Lists the number of hospitals for each measure/category combination.

18. Number of Hospitals whose 30-Day Readmission Rates from Heart Failure are Better than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

19. Number of Hospitals whose 30-Day Readmission Rates from Heart Failure are No different than U.S.: National Rate: integer Lists the number of hospitals for each measure/category combination.

20. Number of Hospitals whose 30-Day Readmission Rates from Heart Failure are Worse than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

21. Number of Hospitals whose 30-Day Readmission Rates from Heart Failure are Number of Cases Too Small: integer Lists the number of hospitals for each measure/category combination.

22. Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are Better than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

23. Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are No different than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

24. Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are Worse than U.S. National Rate: integer Lists the number of hospitals for each measure/category combination.

25. Number of Hospitals whose 30-Day Readmission Rates from Pneumonia are Number of Cases Too Small: integer Lists the number of hospitals for each measure/category combination.

19. Outcome of Care Measures.csv
The Outcome of Care Measures.csv table contains forty seven (47) fields. This table provides each hospital's risk-adjusted 30-Day Death (mortality) and 30-Day Readmission category and rate.

1. Provider Number: varchar (6) Lists the hospitals by their provider identification number.
2. Hospital Name: varchar (50) Lists the name of the hospital.
3. Address 1: varchar (50) Lists the first line of the street address of the hospital.
4. Address 2: varchar (50) Lists the second line of the street address of the hospital.
5. Address 3: varchar (50) Lists the third line of the street address of the hospital.
6. City: varchar (28) Lists the city in which the hospital is located.
7. State: varchar (2) Lists the 2 letter State code in which the hospital is located.
8. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
9. County Name: char (15) Lists the county in which the hospital is located.
10. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.
11. Hospital 30-Day Death (Mortality) Rates from Heart Attack: Lists the risk adjusted rate (percentage) for each hospital.
12. Comparison to U.S. Rate - Hospital 30-Day Death (Mortality) Rates from Heart

Attack: varchar (50) Lists the mortality and readmission category in which the hospital falls. The values are:

- Better than U.S. National Average
- No Different than U.S. National Average
- Worse than U.S. National Average
- Number of Cases too Small*

13. Lower Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Attack: Lists the lower bound (Interval Estimate) for each hospital's risk-adjusted rate.

14. Upper Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Attack: Lists the upper bound (Interval Estimate) for each hospital's risk-adjusted rate.

15. Number of Patients - Hospital 30-Day Death (Mortality) Rates from Heart Attack: varchar (5) Lists the number of Medicare patients treated for Heart Attack by the Hospital.

16. Footnote - Hospital 30-Day Death (Mortality) Rates from Heart Attack: Lists the footnote value when appropriate, as related to the Heart Attack Outcome of Care at the hospital.

17. Hospital 30-Day Death (Mortality) Rates from Heart Failure: Lists the risk adjusted rate (percentage) for each hospital.

18. Comparison to U.S. Rate - Hospital 30-Day Death (Mortality) Rates from Heart Failure: varchar (50) Lists the mortality and readmission category in which the hospital falls. The values are:
    a. Better than U.S. National Average
    b. No Different than U.S. National Average
    c. Worse than U.S. National Average
    d. Number of Cases too Small*

19. Lower Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Failure: Lists the lower bound (Interval Estimate) for each hospital's risk-adjusted rate.

20. Upper Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Heart Failure: Lists the upper bound (Interval Estimate) for each hospital's risk-adjusted rate.

21. Number of Patients - Hospital 30-Day Death (Mortality) Rates from Heart Failure: varchar (5) Lists the number of Medicare patients treated for Heart Failure by the Hospital.

22. Footnote - Hospital 30-Day Death (Mortality) Rates from Heart Failure: Lists the footnote value when appropriate, as related to the Heart Failure Outcome of Care at the hospital.

23. Hospital 30-Day Death (Mortality) Rates from Pneumonia: Lists the risk adjusted rate (percentage) for each hospital.

24. Comparison to U.S. Rate - Hospital 30-Day Death (Mortality) Rates from Pneumonia: varchar (50) Lists the mortality and readmission category in which the hospital falls. The values are:

- Better than U.S. National Average
- No Different than U.S. National Average
- Worse than U.S. National Average
- Number of Cases too Small*

25. Lower Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Pneumonia: Lists the lower bound (Interval Estimate) for each hospital's risk-adjusted rate.

26. Upper Mortality Estimate - Hospital 30-Day Death (Mortality) Rates from Pneumonia: Lists the upper bound (Interval Estimate) for each hospital's risk-adjusted rate.

27. Number of Patients - Hospital 30-Day Death (Mortality) Rates from Pneumonia: varchar (5) Lists the number of Medicare patients treated for Pneumonia by the Hospital.

28. Footnote - Hospital 30-Day Death (Mortality) Rates from Pneumonia: Lists the footnote value when appropriate, as related to the Pneumonia Outcome of Care at the hospital.

29. Hospital 30-Day Readmission Rates from Heart Attack: Lists the risk adjusted rate (percentage) for each hospital.

30. Comparison to U.S. Rate - Hospital 30-Day Readmission Rates from Heart Attack: varchar (50) Lists the mortality and readmission category in which the hospital falls. The values are:
    - Better than U.S. National Average
    - No Different than U.S. National Average
    - Worse than U.S. National Average
    - Number of Cases too Small*

32. Lower Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Attack: Lists the lower bound (Interval Estimate) for each hospital's risk-adjusted rate.

33. Upper Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Attack: Lists the upper bound (Interval Estimate) for each hospital's risk-adjusted rate.

34. Number of Patients - Hospital 30-Day Readmission Rates from Heart Attack: varchar (5) Lists the number of Medicare patients treated for Heart Attack.

35. Footnote - Hospital 30-Day Readmission Rates from Heart Attack: Lists the footnote value when appropriate, as related to the Heart Attack Outcome of Care at the hospital.

36. Hospital 30-Day Readmission Rates from Heart Failure: Lists the risk adjusted rate (percentage) for each hospital.

37. Comparison to U.S. Rate - Hospital 30-Day Readmission Rates from Heart Failure: varchar (50) Lists the mortality and readmission category in which the hospital falls. The values are:
    - Better than U.S. National Average
    - No Different than U.S. National Average
    - Worse than U.S. National Average
    - Number of Cases too Small*

38. Lower Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Failure: Lists the lower bound (Interval Estimate) for each hospital's risk-adjusted rate.

39. Upper Readmission Estimate - Hospital 30-Day Readmission Rates from Heart Failure: Lists the upper bound (Interval Estimate) for each hospital's risk-adjusted rate.

40. Number of Patients - Hospital 30-Day Readmission Rates from Heart Failure: varchar (5) Lists the number of Medicare patients treated for Heart Failure.

41. Footnote - Hospital 30-Day Readmission Rates from Heart Failure: Lists the footnote value when appropriate, as related to the Heart Failure Outcome of Care at the hospital.

42. Hospital 30-Day Readmission Rates from Pneumonia: Lists the risk adjusted rate (percentage) for each hospital.

43. Comparison to U.S. Rate - Hospital 30-Day Readmission Rates from Pneumonia: varchar (50) Lists the mortality and readmission category in which the hospital falls. The values are:

44. Lower Readmission Estimate - Hospital 30-Day Readmission Rates from Pneumonia: Lists the lower bound (Interval Estimate) for each hospital's risk-adjusted rate.

45. Upper Readmission Estimate - Hospital 30-Day Readmission Rates from Pneumonia: Lists the upper bound (Interval Estimate) for each hospital's risk-adjusted rate.

46. Number of Patients - Hospital 30-Day Readmission Rates from Pneumonia: varchar (5) Lists the number of Medicare patients treated for Pneumonia.

47. Footnote - Hospital 30-Day Readmission Rates from Pneumonia: Lists the footnote value when appropriate, as related to the Pneumonia Outcome of Care at the hospital.

20. Outpatient Imaging Efficiency Measures – National.csv

The Outpatient Imaging Efficiency Measures.csv table contains two (2) fields. This table provides the quality measure scores for each hospital that reported information.

1. Measure Name: varchar (100) Lists the measure names
2. Score varchar (4) Lists the score for the measure.

21. Outpatient Imaging Efficiency Measures – State.csv

The Outpatient Imaging Efficiency Measures.csv table contains seven (7) fields. This table provides the quality measure scores for each state.

1. State: char (2) Lists the alphabetic postal code used to identify each individual state. All fifty (50) states are listed, as well as:
   a. DC = Washington, D.C.
   b. GU = Guam
   c. MP = Northern Mariana Islands
   d. PR = Puerto Rico
   e. VI = Virgin Islands
2. Outpatients with low back pain who had an MRI without trying recommended treatments first such as physical therapy.: varchar (4) Lists the score for the measure corresponding to each state.
3. Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram.: varchar (4) Lists the score for the measure corresponding to each state.
4. Outpatient CT scans of the abdomen that were combination (double) scans.: varchar (4) Lists the score for the measure corresponding to each state.
5. Outpatient CT scans of the chest that were combination (double) scans..: varchar (4) Lists the score for the measure corresponding to each state.
6. Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery…: varchar (4) Lists the score for the measure corresponding to each state
7. Outpatients with brain CT scans who got a sinus CT scan at the same time…: varchar (4) Lists the score for the measure corresponding to each state

22. Outpatient Imaging Efficiency Measures.csv

The Outpatient Imaging Efficiency Measures.csv table contains twenty-six (26) fields. This table

provides the quality measure scores for each hospital that reported information.

1. Provider Number: varchar (6) Lists the hospitals by their provider identification number.
2. Hospital Name: varchar (50) Lists the name of the hospital.
3. Address 1: varchar (50) Lists the first line of the street address of the hospital.
4. Address 2: varchar (50) Lists the second line of the street address of the hospital.
5. Address 3: varchar (50) Lists the third line of the street address of the hospital.
6. City: varchar (28) Lists the city in which the hospital is located.
7. State: varchar (2) Lists the 2 letter State code in which the hospital is located.
8. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
9. County Name: char (15) Lists the county in which the hospital is located.
10. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.
11. Outpatients with low back pain who had an MRI without trying recommended treatments first such as physical therapy.: varchar (4) Lists the score for the measure corresponding to the hospital selected.
12. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
13. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
14. Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram.: varchar (4) Lists the score for the measure corresponding to the hospital selected.
15. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
16. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
17. Outpatient CT scans of the abdomen that were combination (double) scans.: varchar (4) Lists the score for the measure corresponding to the hospital selected.
18. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
19. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
20. Outpatient CT scans of the chest that were combination (double) scans..: varchar (4) Lists the score for the measure corresponding to the hospital selected.
21. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
22. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
23. Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery…: varchar (4) Lists the score for the measure corresponding to each state
24. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
25. Outpatients with brain CT scans who got a sinus CT scan at the same time…: varchar (4) Lists the score for the measure corresponding to each state
26. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values

23. Process of Care Measures – Children.csv

The Process of Care Measures – Children.csv table contains nineteen (19) fields. This table provides the quality measure scores for each hospital that reported information.

1. Provider Number: varchar (6) Lists the hospitals by their provider identification number.
2. Hospital Name: varchar (50) Lists the name of the hospital.
3. Address 1: varchar (50) Lists the first line of the street address of the hospital.
4. Address 2: varchar (50) Lists the second line of the street address of the hospital.
5. Address 3: varchar (50) Lists the third line of the street address of the hospital.
6. City: varchar (28) Lists the city in which the hospital is located.
7. State: varchar (2) Lists the 2 letter State code in which the hospital is located.
8. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
9. County Name: char (15) Lists the county in which the hospital is located.
10. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.
11. Percent of Children Who Received Reliever Medication While Hospitalized for Asthma: varchar (4) Lists the score (percentage) for the measure corresponding to the hospital selected.
12. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
13. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
14. Percent of Children Who Received Systemic Corticosteroid Medication While Hospitalized for Asthma: varchar (4) Lists the score (percentage) for the measure corresponding to the hospital selected.
15. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
16. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
17. Percent of Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma: varchar (4) Lists the score (percentage) for the measure corresponding to the hospital selected.
18. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
19. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.

24. Process of Care Measures – Heart Attack.csv

The Process of Care Measures – Heart Attack.csv table contains forty-nine (49) fields. This table provides the quality measure scores for each hospital that reported information.

1. Provider Number: varchar (6) Lists the hospitals by their provider identification number.
2. Hospital Name: varchar (50) Lists the name of the hospital.
3. Address 1: varchar (50) Lists the first line of the street address of the hospital.
4. Address 2: varchar (50) Lists the second line of the street address of the hospital.
5. Address 3: varchar (50) Lists the third line of the street address of the hospital.
6. City: varchar (28) Lists the city in which the hospital is located.
7. State: varchar (2) Lists the 2 letter State code in which the hospital is located.

8. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
9. County Name: char (15) Lists the county in which the hospital is located.
10. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.
11. Percent of Heart Attack Patients Given Aspirin at Arrival: Lists the score (percentage) for the measure corresponding to the hospital selected.
12. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
13. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
14. Percent of Heart Attack Patients Given Aspirin at Discharge: Lists the score (percentage) for the measure corresponding to the hospital selected.
15. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
16. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
17. Percent of Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD): Lists the score (percentage) for the measure corresponding to the hospital selected.
18. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
19. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
20. Percent of Heart Attack Patients Given Beta Blocker at Discharge: Lists the score (percentage) for the measure corresponding to the hospital selected.
21. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
22. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
23. Percent of Heart Attack Patients Given Smoking Cessation Advice/Counseling: Lists the score (percentage) for the measure corresponding to the hospital selected.
24. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
25. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
26. Percent of Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival: Lists the score (percentage) for the measure corresponding to the hospital selected.
27. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
28. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
29. Percent of Heart Attack Patients Given PCI Within 90 Minutes Of Arrival: Lists the score (percentage) for the measure corresponding to the hospital selected.
30. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
31. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the

values.

32. Average number of minutes before outpatients with chest pain or possible heart attack got an ECG: Lists the score (minutes) for the measure corresponding to the hospital selected.
33. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
34. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
35. Average number of minutes before outpatients with chest pain or possible heart attack were transferred to another hospital: Lists the score (minutes) for the measure corresponding to the hospital selected.
36. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
37. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
38. Median Time to Fibrinolysis: Lists the score (minutes) for the measure corresponding to the hospital selected.
39. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
40. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
41. Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival: Lists the score for the measure corresponding to the hospital selected.
42. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
43. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
44. Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival: Lists the score for the measure corresponding to the hospital selected.
45. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
46. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
47. Heart Attack Patients Given a Prescription for a Statin at Discharge: Lists the number (percent) of patients that received a Statin upon discharge from the hospital.
48. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
49. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.

25. Process of Care Measures – Heart Failure.csv

The Process of Care Measures – Heart Failure.csv table contains twenty-two (22) fields. This table provides the quality measure scores for each hospital that reported information.
1. Provider Number: varchar (6) Lists the hospitals by their provider identification number.
2. Hospital Name: varchar (50) Lists the name of the hospital.
3. Address 1: varchar (50) Lists the first line of the street address of the hospital.

4. Address 2: varchar (50) Lists the second line of the street address of the hospital.
5. Address 3: varchar (50) Lists the third line of the street address of the hospital.
6. City: varchar (28) Lists the city in which the hospital is located.
7. State: varchar (2) Lists the 2 letter State code in which the hospital is located.
8. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
9. County Name: char (15) Lists the county in which the hospital is located.
10. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.
11. Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function: Lists the score (percentage) for the measure corresponding to the hospital selected.
12. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
13. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
14. Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD): Lists the score (percentage) for the measure corresponding to the hospital selected.
15. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
16. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
17. Percent of Heart Failure Patients Given Discharge Instructions: Lists the score (percentage) for the measure corresponding to the hospital selected.
18. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
19. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
20. Percent of Heart Failure Patients Given Smoking Cessation Advice/Counseling: Lists the score (percentage) for the measure corresponding to the hospital selected.
21. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
22. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.

26. Process of Care Measures – National.csv
1. Condition: (29) Lists the clinical condition. The values are:
   - Heart Attack
   - Heart Failure
   - Pneumonia
   - Surgical Care Improvement
   - Children's Asthma Care
2. Category
   - Children's Asthma Care
   - Heart Attack
   - Heart Failure

- Pneumonia
- Surgical Infection Prevention
4. Measure Name:
   - Top 10% of Hospitals submitting data scored equal to or higher than:
   - National Average of Hospitals submitting data:
5. National Mortality/Readmission Rate: (4) Lists the top 10% and national score for each measure.

27. Process of Care Measures – Pneumonia.csv
The Process of Care Measures – Pneumonia.csv table contains twenty-eight (28) fields. This table provides the quality measure scores for each hospital that reported information.
1. Provider Number: varchar (6) Lists the hospitals by their provider identification number.
2. Hospital Name: varchar (50) Lists the name of the hospital.
3. Address 1: varchar (50) Lists the first line of the street address of the hospital.
4. Address 2: varchar (50) Lists the second line of the street address of the hospital.
5. Address 3: varchar (50) Lists the third line of the street address of the hospital.
6. City: varchar (28) Lists the city in which the hospital is located.
7. State: varchar (2) Lists the 2 letter State code in which the hospital is located.
8. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
9. County Name: char (15) Lists the county in which the hospital is located.
10. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.
11. Percent of Pneumonia Patients Assessed and Given Pneumococcal Vaccination: Lists the score (percentage) for the measure corresponding to the hospital selected.
12. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
13. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
14. Percent of Pneumonia Patients Given Initial Antibiotic(s) within 6 Hours After Arrival: Lists the score (percentage) for the measure corresponding to the hospital selected.
15. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
16. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
17. Percent of Pneumonia Patients Whose Initial ER Blood Culture Was Performed Prior To Administration Of First Dose Of Antibiotics: Lists the score (percentage) for the measure corresponding to the hospital selected.
18. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
19. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
20. Percent of Pneumonia Patients Given Smoking Cessation Advice/Counseling: Lists the score (percentage) for the measure corresponding to the hospital selected.
21. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
22. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the

values.

23. Percent of Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s): Lists the score (percentage) for the measure corresponding to the hospital selected.
24. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
25. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
26. Percent of Pneumonia Patients Assessed and Given Influenza Vaccination: Lists the score (percentage) for the measure corresponding to the hospital selected.
27. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
28. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.

28. Process of Care Measures – SCIP.csv

The Process of Care Measures – Surgery.csv table contains thirty-seven (37) fields. This table provides the quality measure scores for each hospital that reported information.

1. Provider Number: varchar (6) Lists the hospitals by their provider identification number.
2. Hospital Name: varchar (50) Lists the name of the hospital.
3. Address 1: varchar (50) Lists the first line of the street address of the hospital.
4. Address 2: varchar (50) Lists the second line of the street address of the hospital.
5. Address 3: varchar (50) Lists the third line of the street address of the hospital.
6. City: varchar (28) Lists the city in which the hospital is located.
7. State: varchar (2) Lists the 2 letter State code in which the hospital is located.
8. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
9. County Name: char (15) Lists the county in which the hospital is located.
10. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.
11. Percent of Surgery Patients given an antibiotic at the right time (within one hour before surgery) to help prevent infection: Lists the score (percentage) for the measure corresponding to the hospital selected.
12. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
13. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
14. Percent of Surgery Patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery): Lists the score (percentage) for the measure corresponding to the hospital selected.
15. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.
16. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.
17. Percent of Surgery Patients who were given the right kind of antibiotic to help prevent infection: Lists the score (percentage) for the measure corresponding to the hospital selected.
18. Number of Patients: varchar (12) Lists the patient sample size for each measure that the

hospital submitted.

19. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.

20. Percent of Surgery Patients who got treatment at right time (within 24 hours before or after surgery) to help prevent blood clot: Lists the score (percentage) for the measure corresponding to the hospital selected.

21. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.

22. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.

23. Percent of Surgery Patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries: Lists the score (percentage) for the measure corresponding to the hospital selected.

24. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.

25. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.

26. Percent of all Heart Surgery Patients whose blood sugar is kept under good control in the days right after surgery: Lists the score (percentage) for the measure corresponding to the hospital selected.

27. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.

28. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.

29. Percent of Surgery Patients needing hair removed from the surgical area before surgery who had hair removed using a safer method: Lists the score (percentage) for the measure corresponding to the hospital selected.

30. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.

31. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.

32. Percent of Surgery Patients who were taking beta blockers before coming to the hospital, who were kept on the beta blockers: Lists the score (percentage) for the measure corresponding to the hospital selected.

33. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.

34. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.

35. Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery: Lists the score (percentage) for the measure corresponding to the hospital selected.

36. Number of Patients: varchar (12) Lists the patient sample size for each measure that the hospital submitted.

37. Footnote: (1) Lists the footnote value when appropriate. See the footnote table for the values.

29. Process of Care Measures – State.csv
The Process of Care Measures – State.csv table contains thirty-six (36) fields. This table provides the State average for each hospital process of care quality measure.

Page Last Updated: July 19, 2012

1. State: char (2) Lists the alphabetic postal 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
2. Percent of Heart Attack Patients Given Aspirin at Arrival: char (3) Lists the measure average for each State.
3. Percent of Heart Attack Patients Given Aspirin at Discharge: char (3) Lists the measure average for each State.
4. Percent of Heart Attack Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD) : char (3) Lists the measure average for each State.
5. Percent of Heart Attack Patients Given Beta Blocker at Discharge: char (3) Lists the measure average for each State.
6. Percent of Heart Attack Patients Given Smoking Cessation Advice/Counseling: char (3) Lists the measure average for each State.
7. Percent of Heart Attack Patients Given Fibrinolytic Medication Within 30 Minutes Of Arrival: char (3) Lists the measure average for each State.
8. Percent of Heart Attack Patients Given PCI Within 90 Minutes Of Arrival: char (3) Lists the measure average for each State.
9. Percent of Heart Failure Patients Given an Evaluation of Left Ventricular Systolic (LVS) Function: char (3) Lists the measure average for each State.
10. Percent of Heart Failure Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD): char (3) Lists the measure average for each State.
11. Percent of Heart Failure Patients Given Discharge Instructions: char (3) Lists the measure average for each State.
12. Percent of Heart Failure Patients Given Smoking Cessation Advice/Counseling: char (3) Lists the measure average for each State.
13. Percent of Pneumonia Patients Assessed and Given Pneumococcal Vaccination: char (3) Lists the measure average for each State.
14. Percent of Pneumonia Patients Given Initial Antibiotic(s) within 6 Hours After Arrival: char (3) Lists the measure average for each State.
15. Percent of Pneumonia Patients Whose Initial ER Blood Culture Was Performed Prior To Administration Of First Dose Of Antibiotics: char (3) Lists the measure average for each State.
16. Percent of Pneumonia Patients Given Smoking Cessation Advice/Counseling: char (3) Lists the measure average for each State.
17. Percent of Pneumonia Patients Given the Most Appropriate Initial Antibiotic(s) : char (3) Lists the measure average for each State.
18. Percent of Pneumonia Patients Assessed and Given Influenza Vaccination: char (3) Lists the measure average for each State.
19. Percent of Surgery Patients given an antibiotic at the right time (within one hour before surgery) to help prevent infection: char (3) Lists the measure average for each State.
20. Percent of Surgery Patients whose preventive antibiotics were stopped at the right time

(within
24 hours after surgery) : char (3) Lists the measure average for each State.

21. Percent of Surgery Patients who were given the right kind of antibiotic to help prevent infection: char (3) Lists the measure average for each State.

22. Percent of Surgery Patients who got treatment at right time (within 24 hours before or after surgery) to help prevent blood clot: char (3) Lists the measure average for each State.

23. Percent of Surgery Patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries: char (3) Lists the measure average for each State.

24. Percent of all Heart Surgery Patients whose blood sugar is kept under good control in the days right after surgery: char (3) Lists the measure average for each State.

25. Percent of Surgery Patients needing hair removed from the surgical area before surgery who had hair removed using a safer method: char (3) Lists the measure average for each State.

26. Percent of Surgery Patients who were taking beta blockers before coming to the hospital, who were kept on the beta blockers: char (3) Lists the measure average for each State.

27. Percent of Children Who Received Reliever Medication While Hospitalized for Asthma: char (3) Lists the measure average for each State.

28. Percent of Children Who Received Systemic Corticosteroid Medication While Hospitalized for Asthma: char (3) Lists the measure average for each State.

29. Percent of Children and their Caregivers Who Received a Home Management Plan of Care Document While Hospitalized for Asthma: char (3) Lists the measure average for each State.

30. Average number of minutes before outpatients with chest pain or possible heart attack got an ECG: char (3) Lists the measure average for each State.

31. Average number of minutes before outpatients with chest pain or possible heart attack were transferred to another hospital: char (3) Lists the measure average for each State.

32. Median Time to Fibrinolysis: char (3) Lists the measure average for each State.

33. Median Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival: char (3) Lists the measure average for each State.

34. Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival: char (3) Lists the measure average for each State.

35. Heart Attack Patients Given a Prescription for a Statin at Discharge: char (3) Lists the measure average for each state.

36. Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal: char (3) Lists the measure average for each state.

29. Structural Measures.csv
The Structural Measures.csv table contains twelve (12) fields.
1. Provider Number: varchar (6) Lists the hospitals by their provider identification number.
2. Hospital Name: varchar (50) Lists the name of the hospital.
3. Address 1: varchar (50) Lists the first line of the street address of the hospital.
4. Address 2: varchar (50) Lists the second line of the street address of the hospital.

5. Address 3: varchar (50) Lists the third line of the street address of the hospital.
6. City: varchar (28) Lists the city in which the hospital is located.
7. State: varchar (2) Lists the 2 letter State code in which the hospital is located.
8. ZIP Code: char (5) Lists the 5 digit numeric ZIP for the hospital.
9. County Name: char (15) Lists the county in which the hospital is located.
10. Phone Number: char (10) Lists the 10-digit numeric telephone number, including area code, for the Hospital.
11. Measure Name: varchar (255) Lists the measure names, see chart at the end of this document.
12. Measure Response: varchar (50) Lists the cardiac surgery registry participation reponses. The values are:
   - Yes
   - No
   - Does not have a Cardiac Surgery Program
   - Not Available

Process of Care Quality Measures Chart Total Measures = 37

(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 7	Apr 2005	No
Patients Given PCI Within 90 Minutes Of Arrival	AMI 8	Apr 2005	No
Median Time to Fibrinolysis	OP_1	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
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_3	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
Average number of minutes before outpatients	OP_5	Jun 2010	No

with chest pain or possible heart attack got an ECG (a lower number of minutes is better)			
Heart Attack 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	HF2	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 5	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
Patients Whose Initial Emergency Room Blood Culture Was Performed Prior to the Administration of the First Hospital Dose of Antibiotics	PN 3	Apr 2005	No

Condition – Surgical Care Improvement (SCIP) Total Measures = 11			
Measure	Acronym	Add Date	Starter Set
Surgery Patients Who Received Preventative Antibiotic(s) One Hour Before Incision	SCIP 1	Sep 2005	No
Percent of Surgery Patients who Received the Appropriate Preventative Antibiotic(s) for Their Surgery	SCIP 2	Jun 2007	No
Surgery Patients Whose Preventative Antibiotic(s) are Stopped Within 24 hours After Surgery	SCIP 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 4	Dec 2008	No
Surgery Patients with Appropriate Hair Removal	SCIP 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
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery.	SCIP 10	Jan 2012	No

Condition – 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

Use of Medical Imaging		Total Measures = 6	
Measure	Acronym	Add Date	Starter Set?
Outpatients with low back pain who had an MRI without trying recommended treatments first, such as physical therapy. (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low back pain.)	OP_8	June 2010	No
Outpatients who had a follow-up mammogram or ultrasound within 45 days after a screening mammogram. (A number that is much lower than 8% may mean there's not enough follow-up. A number much higher than 14% may mean there's too much unnecessary follow-up.)	OP_9	June 2010	No

Outpatient CT scans of the chest that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	OP_11	June 2010	No
Outpatient CT scans of the abdomen that were "combination" (double) scans. (The range for this measure is 0 to 1. A number very close to 1 may mean that too many patients are being given a double scan when a single scan is all they need.)	OP_10	June 2010	No
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery.	OP_13	July 2012	No
Outpatients with brain CT scans who got a sinus CT scan at the same time.	OP_14	July 2012	No