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.
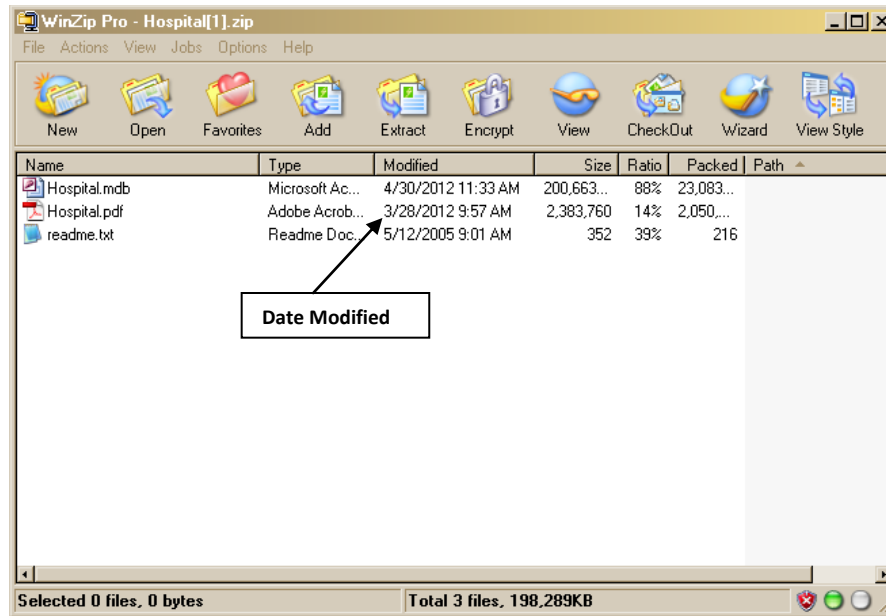
Date Refreshes: Generally, the downloadable databases are refreshed at the same time as the data on Hospital Compare; however, there are times when it could take an additional 24 hours to update.
- You can tell when the Hospital Compare data has been updated by looking in the bottom left corner of the 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.

WinZip Pro - Hospital[1].zip

File Actions View Jobs Options Help

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Name	Type	Modified	Size	Ratio	Packed	Path
Hospital.mdb	Microsoft Ac...	4/30/2012 11:33 AM	200,663...	88%	23,083...	
Hospital.pdf	Adobe Acrob...	3/28/2012 9:57 AM	2,383,760	14%	2,050,...	
readme.txt	Readme Doc...	5/12/2005 9:01 AM	352	39%	216	

Date Modified

Selected 0 files, 0 bytes   Total 3 files, 198,289KB

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

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 Medicare Payment and Volume 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 and Volume information is refreshed once annually.

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 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-five tables in the Hospital Compare downloadable database.
1) HQI_FTNT
2) HQI_HOSP
3) HQI_HOSP_AHRQ.csv
4) HQI_HOSP_AHRQ_NATIONAL.csv
5) HQI_HOSP_AHRQ_STATE.csv
6) HQI_HOSP_HAC
7) HQI_HOSP_HAC_NATIONAL
8) HQI_HOSP_HAI.csv
9) HQI_HOSP_HAI_State.csv
10) HQI_HOSP_HCAHPS_MSR.csv
11) HQI_HOSP_IMG_XWLK.csv
12) HQI_HOSP_MORTALITY_READM_XWLK.csv
13) HQI_HOSP_MPV_MSR.csv
14) HQI_HOSP_MSR_DT.csv
15) HQI_HOSP_MSR_XWLK.csv
16) HQI_HOSP_SPP.csv
17) HQI_HOSP_STUCTURAL.XWLK.csv
18) HQI_PCTL_MSR_XWLK.csv
19) HQI_STATE_HCAHPS_MSR.csv
20) HQI_STATE_IMG_AVG.csv
21) HQI_STATE_MORTALITY_READM_SCRE.csv
22) HQI_STATE_MPV_MSR.csv
23) HQI_STATE_MSR_AVG.csv
24) HQI_US_NATIONAL_HCAHPS_MSR.csv
25) HQI_US_NATIONAL_IMG_AVG.csv
26) HQI_US_NATIONAL_MORTALITY_READM_RATE.csv
27) HQI_US_NATIONAL_MPV_MSR.csv
28) HQI_US_National_MSR_AVG.csv
29) HQI_READM_REDUCTION.csv
30) HQI_HOSP_ED.csv
31) HQI_HOSP_IMM.csv
32) HQI_HOSP_IMM_State.csv
33) HQI_HOSP_IMM_National,csv
34) HQI_HOSP_ED_State.csv
35) HQI_HOSP_ED_National.csv

The quality measures in the downloadable database are arranged by condition, by date of initial publication in the Hospital Compare tool. See Quality Measure chart at the end of this document for measure titles.

1) Table HQI_FTNT
The HQI_FTNT table contains two (2) fields. This table provides the footnote and footnote text.
1. Footnote:varchar (5)
2. Footnote Text:varchar (300)

Hospital Compare Footnote values:

Letters a through g are associated with the Number of Medical Patients and Medical Payment data.

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Letters 'h' through 'i' are associated with the Outcome of Care measures data.

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 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 Process of Care Measures, Hospital Outcome of Care Measures and/or the Hospital Consumer Assessment of Health 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.

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

ID Footnote Text
1. *The number of cases is too small to reliably tell 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 the select the cases).

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3. *Data were collected during a shorter period (fewer quarters) than the maximum possible time for this measure.*
   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. 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.*
   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 or calculated incorrectly due to software issues.

5. *No data are 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.

6. *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.*
   This footnote is applied when 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 survey 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 or very few patients eligible to participate in the HCAHPS survey and thus has no survey results to report.

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.*

14. *No data are available for publication from the hospital for this measure because there were zero central line days.*

15. *No data are available for publication from the hospital for this measure because this hospital does not have ICU locations.*

16. *The number of cases is too small (fewer than 10) to reliably tell how well the hospital is performing.*

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

2) Table HQI_HOSP

The HQI_HOSP 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. Address1: varchar (50) Lists the first line of the street address of the hospital.

4. Address2: varchar (50) Lists the second line of the street address of the hospital.

5. Address3: 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 Type: char (25) Lists the type of hospital. The values are:
    Acute Care Hospital Critical Access Hospital Children's Hospital
    Acute Care – VA Medical Center

12. Hospital Ownership: varchar (44) Lists the type of ownership the Hospital falls under. The values are:

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- Government – Federal
- Government -Hospital District or Authority
  Government -Local
- Government – State
- Proprietary
- Voluntary non-profit -Church
- Voluntary non-profit -Other
- Voluntary non-profit -Private
- Not Available

13. Emergency Service: char (3) Returns "Yes" or "No" to specify whether or not the hospital provides emergency services.

3) Table HQI_HOSP_ARHQ.csv

The HQI_HOSP_AHRQ table contains fifty-one (51) 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, whether or not the measure is posted on Hospital Compare and the date added, see the Patient Safety Measures table at the bottom.

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

2. Deaths among Patients with Serious Treatable Complications after Surgery: varchar (50) Lists the composite rating for the measure.
   The values are:
   - Better than U.S. National Rate
   - Worse than U.S. National Rate
   - No Different than U.S. National Rate
   - Number of Cases Too Small

3. Iatrogenic Pneumothorax: varchar (50) Lists the composite rating for the measure.
   The values are:
   - Better than U.S. National Rate
   - Worse than U.S. National Rate
   - No Different than U.S. National Rate
   - Number of Cases Too Small

4. Postoperative Respiratory Failure: varchar (50) Lists the composite rating for the measure.
   The values are:
   - Better than U.S. National Rate
   - Worse than U.S. National Rate
   - No Different than U.S. National Rate
   - Number of Cases Too Small

5. Postoperative Pulmonary Embolism or Deep Vein Thrombosis: varchar (50) Lists the composite rating for the measure.
   The values are:
   - Better than U.S. National Rate
   - Worse than U.S. National Rate
   - No Different than U.S. National Rate
   - Number of Cases Too Small

6. Postoperative Wound Dehiscence: varchar (50) Lists the composite rating for the measure.
   The values are:
   - Better than U.S. National Rate
   - Worse than U.S. National Rate
   - No Different than U.S. National Rate
   - Number of Cases Too Small

7. Accidental Puncture or Laceration: varchar (50) Lists the composite rating for the measure.
   The values are:
   - Better than U.S. National Rate
   - Worse than U.S. National Rate
   - No Different than U.S. National Rate
   - Number of Cases Too Small

8. Patient Safety for Selected Indicators: varchar (50) Lists the composite rating for the measure.
   The values are:
   - Better than U.S. National Rate
   - Worse than U.S. National Rate
   - No Different than U.S. National Rate
   - Number of Cases Too Small

9. Abdominal Aortic Aneurysm Repair Mortality: varchar (50) Lists the composite rating for the measure.
   The values are:
   - Better than U.S. National Rate
   - Worse than U.S. National Rate
   - No Different than U.S. National Rate
   - Number of Cases Too Small

10. Hip Fracture Mortality: varchar (50) Lists the composite rating for the measure.
    The values are:
    - Better than U.S. National Rate

- Worse than U.S. National Rate
- No Different than U.S. National Rate
- Number of Cases Too Small

11. Mortality for Selected Conditions: varchar (50) Lists the composite rating for the measure.
    The values are:
    - Better than U.S. National Rate
    - Worse than U.S. National Rate
    - No Different than U.S. National Rate
    - Number of Cases Too Small

12. Deaths among Patients with Serious Treatable Complications after Surgery - Number of Patients: varchar (50) Lists the number of patients surveyed for each hospital submitted.

13. Deaths among Patients with Serious Treatable Complications after Surgery - Rate: varchar (50) Lists the hospital's rate of complication.

14. Deaths among Patients with Serious Treatable Complications after Surgery - Lower Estimate: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.

15. Deaths among Patients with Serious Treatable Complications after Surgery - Higher Estimate: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.

16. Iatrogenic Pneumothorax - Number of Patients: varchar (50) Lists the number of patients surveyed for each hospital submitted.

17. Iatrogenic Pneumothorax - Rate: varchar (50) Lists the hospital's rate of complication.

18. Iatrogenic Pneumothorax - Lower Estimate: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.

19. Iatrogenic Pneumothorax - Higher Estimate: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.
20. Postoperative Respiratory Failure - Number of Patients: varchar (50) Lists the number of patients surveyed for each hospital submitted.

21. Postoperative Respiratory Failure - Rate: varchar (50) Lists the hospital's rate of complication.

22. Postoperative Respiratory Failure - Lower Estimate: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.

23. Postoperative Respiratory Failure - Higher Estimate: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.

24. Postoperative Pulmonary Embolism or Deep Vein Thrombosis - Number of Patients: varchar (50) Lists the number of patients surveyed for each hospital submitted.

25. Postoperative Pulmonary Embolism or Deep Vein Thrombosis - Rate: varchar (50) Lists the hospital's rate of complication.

26. Postoperative Pulmonary Embolism or Deep Vein Thrombosis - Lower Estimate: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.

27. Postoperative Pulmonary Embolism or Deep Vein Thrombosis - Higher Estimate: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.

28. Postoperative Wound Dehiscence - Number of Patients: varchar (50) Lists the number of patients surveyed for each hospital submitted.

29. Postoperative Wound Dehiscence - Rate: varchar (50) Lists the hospital's rate of complication.

30. Postoperative Wound Dehiscence - Lower Estimate: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.

31. Postoperative Wound Dehiscence - Higher Estimate: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.

32. Accidental Puncture or Laceration - Number of Patients: varchar (50) Lists the number of patients surveyed for each hospital submitted.

33. Accidental Puncture or Laceration - Rate: varchar (50) Lists the hospital's rate of complication.

34. Accidental Puncture or Laceration - Lower Estimate: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.
35. Accidental Puncture or Laceration - Higher Estimate: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.

36. Patient Safety for Selected Indicators - Number of Patients: varchar (50) Lists the number of patients surveyed for each hospital submitted.

37. Patient Safety for Selected Indicators - Rate: varchar (50) Lists the hospital's rate of complication.

38. Patient Safety for Selected Indicators - Lower Estimate: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.

39. Patient Safety for Selected Indicators - Higher Estimate: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.

40. Abdominal Aortic Aneurysm Repair Mortality - Number of Patients: varchar (50) Lists the number of patients surveyed for each hospital submitted.

41. Abdominal Aortic Aneurysm Repair Mortality - Rate: varchar (50) Lists the hospital's rate of complication.

42. Abdominal Aortic Aneurysm Repair Mortality - Lower Estimate: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.

43. Abdominal Aortic Aneurysm Repair Mortality - Higher Estimate: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.

44. Hip Fracture Mortality - Number of Patients: varchar (50) Lists the number of patients surveyed for each hospital submitted.

45. Hip Fracture Mortality - Rate: varchar (50) Lists the hospital's rate of complication.

46. Hip Fracture Mortality - Lower Estimate: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.

47. Hip Fracture Mortality - Higher Estimate: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.

48. Mortality for Selected Conditions - Number of Patients: varchar (50) Lists the number of patients surveyed for each hospital submitted.

49. Mortality for Selected Conditions - Rate: varchar (50) Lists the hospital's rate of complication.

50. Mortality for Selected Conditions - Lower Estimate: varchar (50) Lists the lower limit of the hospital's 95% confidence interval.

51. Mortality for Selected Conditions - Higher Estimate: varchar (50) Lists the upper limit of the hospital's 95% confidence interval.

4)Table HQI_HOSP_AHRQ_NATIONAL.csv
The HQI_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. Measure Code: varchar (516) Lists the measures by their measure code.

2. U.S. National Rate: varchar (50) Lists the U.S. National rate.

3. National Patient Safety Measure Performance: varchar (50) Lists the U.S. National rate for the measure.

4. National Inpatient Quality Indicators Measure Performance: varchar (50) Lists the U.S. National rate for the measure.

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

1.   State: char (2) Lists the States by their abbreviations.

2.   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.   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.   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.   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.   Iatrogenic Pneumothorax: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.

7.   Iatrogenic Pneumothorax: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.

8.   Iatrogenic Pneumothorax: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.

9.   Iatrogenic Pneumothorax: varchar (50) Lists how many hospitals in each state had too few results to compare.

10.   Postoperative Respiratory Failure: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.

11.   Postoperative Respiratory Failure: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.

12.   Postoperative Respiratory Failure: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.

13.   Postoperative Respiratory Failure: varchar (50) Lists how many hospitals in each state had too few results to compare.

14.   Postoperative Pulmonary Embolism or Deep Vein Thrombosis: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.

15.   Postoperative Pulmonary Embolism or Deep Vein Thrombosis: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.

16.   Postoperative Pulmonary Embolism or Deep Vein Thrombosis: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.

17.   Postoperative Pulmonary Embolism or Deep Vein Thrombosis: varchar (50) Lists how many hospitals in each state had too few results to compare.

18.   Postoperative Wound Dehiscence: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.

19.   Postoperative Wound Dehiscence: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.

20.   Postoperative Wound Dehiscence: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.

21.   Postoperative Wound Dehiscence: varchar (50) Lists how many hospitals in each state had too few results to compare.

22.   Accidental Puncture or Laceration: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.

23.   Accidental Puncture or Laceration: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.

24.   Accidental Puncture or Laceration: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.

25.   Accidental Puncture or Laceration: varchar (50) Lists how many hospitals in each state had too few results to compare.

26.   Patient Safety for Selected Indicators: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.

27.   Patient Safety for Selected Indicators: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.

28.   Patient Safety for Selected Indicators: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.

29.   Patient Safety for Selected Indicators: varchar (50) Lists how many hospitals in each state had too few results to compare.

30.   Abdominal Aortic Aneurysm Repair Mortality: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.

31.   Abdominal Aortic Aneurysm Repair Mortality: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.

32.   Abdominal Aortic Aneurysm Repair Mortality: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.

33.   Abdominal Aortic Aneurysm Repair Mortality: varchar (50) Lists how many hospitals in each state had too few results to compare.

34.   Hip Fracture Mortality: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.

35.   Hip Fracture Mortality: varchar (50) Lists how many hospitals in each state had a rate

the same as the U.S. National rate.

36.   Hip Fracture Mortality: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.

37.   Hip Fracture Mortality: varchar (50) Lists how many hospitals in each state had too few results to compare.

38.   Mortality for Selected Conditions: varchar (50) Lists how many hospitals in each state had a rate worse than the U.S. National rate.

39.   Mortality for Selected Conditions: varchar (50) Lists how many hospitals in each state had a rate the same as the U.S. National rate.

40.   Mortality for Selected Conditions: varchar (50) Lists how many hospitals in each state had a rate better than the U.S. National rate.

41.   Mortality for Selected Conditions: varchar (50) Lists how many hospitals in each state had too few results to compare.

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

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

2. Measure Name: varchar (50) Lists the measure names, see chart at the end of this document.

3. Score: varchar (50) Lists the score for each measure that the hospital submitted.

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

1. Measure Name: varchar (50) Lists the measure names, see chart at the end of this document.

2. Score: varchar (50) Lists the national average score for each measures.

8) Table HQI_HOSP_HAI.csv
The HQI_HOSP_HAI table contains four (4) fields. This table lists the current provider data for the Healthcare Associated Infections measures.

1. prvdr_id : varchar (50) Lists the hospitals by their identification number.

2. msr_cd : varchar (50) Lists measure code.

3. scr : varchar (50) Lists the hospitals CLABSI score.

4. footnote : varchar (1500) Lists the footnote value when appropriate. See the footnote table for

the values.

9) Table HQI_HOSP_HAI_State.csv
The HQI_HOSP_HAI table contains four (4) fields. This table provides the current state data for the Healthcare Associated Infections measures.

1. prvdr_id : varchar (50) Lists the hospitals by their identification number.

2. msr_cd : varchar (50) Lists measure code.

3. scr : varchar (50) Lists the state CLABSI averages.

4. ftnt_dscrptn : varchar (1500) Lists the footnote value when appropriate. See the footnote table for the values.

10) Table HQI_HOSP_HCAHPS_MSR.csv
The HQI_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 (6) Lists the hospitals by their provider identification number.

2. Hospital Name: varchar (50) Lists the name of the hospital.

3. HCAHPS Measure Code: varchar (255) Lists the HCAHPS measure code related to the specific question and answer.

4. HCAHPS Question: varchar (100) Lists the survey topics about patients' hospital experiences. The values are listed in tables at the end of this document.

5. HCAHPS Answer Description: char (100) Lists the answers to the survey topics about patients' hospital experiences. The values are listed in tables at the end of this document.

6. HCAHPS Answer Percent: char (3) Lists the percentage for each patient survey topic answered.

7. 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

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

the survey.

9. Survey Footnote: char (5) Lists the footnote value when appropriate, as related to the survey. 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.

10. 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.

11) Table HQI_HOSP_IMG_XWLK.csv
The HQI_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 (6) Lists the hospitals by their provider identification number.

2. Hospital Name: varchar (80) Lists the name of the hospital.

3. State: char (2) Lists the state where the hospital is located.

4. Condition: varchar (255) Lists the condition

5. Measure Code: char (15) Lists measure code.

6. Measure Name: varchar (255) Lists the measure names, see chart at the end of this document.

7. Score: varchar (4) Lists the score for each measure that the hospital submitted.

8. Sample: varchar (12) Lists the patient sample size for each measure that the hospital submitted.

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

12) Table HQI_HOSP_MORTALITY_READM_XWLK.csv
The HQI_HOSP_MORTALITY_READM_XWLK table contains ten (10) 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. Condition: varchar (25) Lists the clinical condition. The values are:
   Heart Attack   Heart Failure   Pneumonia

4. Measure Name: varchar (100) Lists the measure names. The values are:
   - 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

5. Category: varchar (50) Lists the mortality and readmission category in which the hospital falls. The values are:
   - Better than U.S. National Rate
   - No Different than U.S. National Rate
   - Worse than U.S. National Rate
   - Number of Cases Too Small*

6. Mortality_Readm Rate: Lists the risk adjusted rate (percentage) for each hospital.

7. Lower Mortality_Readm Estimate: Lists the lower bound (Interval Estimate) for each hospital's risk-adjusted rate.

8. Upper Mortality_Readm Estimate: varchar (6)
   Lists the upper bound (Interval Estimate) for each hospital's risk-adjusted rate.

9. Number of patients: varchar (5) Lists the number of Medicare patients treated for Heart Attack, Heart Failure or Pneumonia by the hospital.

10. Footnote: char (10) Lists the footnote value when appropriate. The value is:
    "5 No data is available from the hospital for this measure."

13) Table HQI_HOSP_MPV_MSR.csv

The HQI_HOSP_MPV_MSR table contains six (6) 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. MS-DRG ID: varchar (3) Lists the Medicare Severity-Diagnosis Related Group ID.

4. MS-DRG Group Name: varchar (50) Lists the name of each Medicare Severity-Diagnosis Related Group.

5. Median Medicare Payment: varchar (5) Lists the median Medicare payment for each Medicare Severity-Diagnosis Related Group.

6. 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) Table HQI_HOSP_MSR_DT.csv

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

1. msr_cd: varchar (50) Lists measures by their measure code.

2. msr_strt_qtr : varchar (10) Lists the starting quarter for current collection dates.

3. msr_strt_dt : varchar (50) Lists the starting date for current collection dates.

4. msr_end_qtr: varchar (10) Lists the ending quarter for current collection dates.

5. msr_end_dt : varchar (50) Lists the ending date for current collection dates.

15) Table HQI_HOSP_MSR_XWLK.csv

The HQI_HOSP_MSR_XWLK table contains eight (8) 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. Condition: varchar (29) Lists the clinical condition. The values
    are: Heart Attack

    Heart   Failure

    Pneumonia

Surgical Care Improvement

4. Measure Code: char (15) Lists measure code for each measure. See the chart as acronym for POC measures at the end of this document.

5. Measure Name: varchar (100) Lists the measure names, see chart at the end of this document.

6. Score: varchar (4) Lists the score (percentage) for each measure that the hospital submitted.

7. Sample: varchar (12) Lists the patient sample size for each measure that the hospital submitted.

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

16) Table HQI_HOSP_SPP.csv

The HQI_HOSP_SPP table contains four (4) fields. This table provides the Hospital scores for each hospital reporting Spending per Hospital Patient with Medicare information compared to the national average.

1. prvdr_id: varchar (6) Lists the hospitals by their provider identification number.

2. scr: varchar (3) Lists the score of the hospital for Spending per Hospital Patient with Medicare as a ratio to the national average.

3. msr_cd: char (15) Lists measure code.

4. ftnt_id: varchar (2) Lists footnote value when appropriate. See the footnote table for the values.

17) Table HQI_HOSP_STUCTURAL.XWLK.csv

The HQI_HOSP_STRUCTURAL_XWLK table contains five (5) fields. This table provides the Structural measure Cardiac Surgery participation responses for each hospital that reported information.

1. Provider Number: varchar (6) Lists the hospitals by their provider identification number.

2. Hospital Name: varchar (80) Lists the name of the hospital.

3. Measure Code: char (15) Lists measure code.

4. Measure Name: varchar (255) Lists the measure names, see chart at the end of this document.

5. Measure Response: varchar (50) Lists the cardiac surgery registry participation responses. The values are:
   - Yes
   - No
   - Does not have a Cardiac Surgery Program
   - Not Available

18) Table HQI_PCTL_MSR_XWLK.csv

The HQI_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 (100) Lists the measure names, see chart at the end of this document.

2. Condition: (29) Lists the clinical condition. The values are:
   Heart Attack
   Heart Failure
   Pneumonia
   Surgical Care Improvement
   Children's Asthma Care

3. Measure Code: char (15) Lists measure code for each measure. See the chart as acronym for POC measures at the end of this document.

4. Percentile: Identifies which score is listed. The values are:
   Top 10% of Hospitals submitting data scored equal to or higher than:
   National Average of Hospitals submitting data:

5. Score: (4) Lists the top 10% and national score for each measure.

19) Table HQI_STATE_HCAHPS_MSR.csv

The HQI_STATE_HCAHPS_MSR table contains five (5) 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

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

2. HCAHPS Question: char (100) Lists the survey topics about patients' hospital experiences. The values are listed in tables at the end of this document.

3. HCAHPS Measure Code: varchar(255) Lists HCAHPS measure code related to specific question and answer.

4. 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.

5. HCAHPS Answer Percent: char (3) Lists the percentage for each patient survey topic answered.

20) Table HQI_STATE_IMG_AVG.csv

The HQI_HOSP_STATE_IMG_XWLK 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: char (2) Lists the state

2. Condition: varchar (255) Lists the condition

3. Measure Code: char (15) Lists measure code.

4. Measure Name: varchar (255) Lists the measure names, see chart at the end of this document.

5. Score: varchar (4) Lists the score for each measure that the hospital submitted.

21) Table HQI_STATE_MORTALITY_READM_SCRE.csv

The HQI_STATE_MORTALITY_READM_SCRE 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 tell how reliably tell how well the hospital is performing.

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. Condition: varchar (55) Lists the clinical condition. The values are:
   - Heart Attack
   - Heart Failure
   - Pneumonia

3. Measure Name: varchar (100) Lists the mortality and readmission 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

4. Category: varchar (50) Lists the comparison category in which the hospital falls. The values are:
   - Better than U.S. National Rate
   - No Different than U.S. National
   - Rate Worse than U.S. National Rate
   - Number of Cases Too Small*

5. Number of Hospital: integer Lists the number of hospitals for each measure/category combination.

22) Table HQI_STATE_MPV_MSR.csv

The HQI_STATE_MPV_MSR table contains five (5) 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. MS-DRG ID: varchar (3) Lists the Medicare Severity-Diagnosis Related Group ID.

3. MS-DRG Name: varchar (50) Lists the name of each Medicare Severity-Diagnosis Related Group.

4. Medicare Payment Range: varchar (20) Lists the Medicare payment range 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.

23) Table HQI_STATE_MSR_AVG.csv

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

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. Condition: (29) Lists the clinical condition. The values are:
   Heart Attack
   Heart
   Failure
   Pneumonia
   Surgical Care Improvement
   Children's Asthma Care
3. Measure Code: char (15) Lists measure code for each measure. See the chart as an acronym for POC measures at the end this document.

4. Measure Name: varchar (100) Lists the measure names, chart at the end of this document.

5. State Average: char (3) Lists the measure average for each State

24) Table HQI_US_NATIONAL_HCAHPS_MSR.csv

The HQI_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(255) Lists HCAHPS code related to specific question and answer.

2. HCAHPS Question: char (100) Lists the survey topics about patients' hospital experiences. The values are listed in tables at the end of this document.

3. 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.

4. HCAHPS Answer Percent: char (3) Lists the percentage for each patient survey topic answered.

25) Table HQI_US_NATIONAL_IMG_AVG.csv

The HQI_US_NATIONAL_IMG_XWLK 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 (255) Lists the condition

2. Measure Code: char (15) Lists measure code.

3. Measure Name: varchar (255) Lists the measure names, see chart at the end of this document.

4. Score: varchar (4) Lists the score for each measure that the hospital submitted.

26) Table HQI_US_NATIONAL_MORTALITY_READM_RATE.csv

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

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_Readm Rate: integer (2) The national risk-adjusted 30-Day Death (mortality) rate.

27) Table HQI_US_NATIONAL_MPV_MSR.csv

The HQI_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 utilized Medicare Severity-Diagnosis Related Groups.

1. State: char(2) Lists the state where the hospital is located.

2. MS-DRG ID: varchar (3) Lists the Medicare Severity-Diagnosis Related Group ID.

3. MS-DRG Name: varchar (50) Lists the name of each Medicare Severity-Diagnosis Related Group.

4. Medicare Payment Range: varchar (13) Lists the Medicare payment range for each Medicare Severity-Diagnosis Related Group nationally.

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

28) Table HQI_US_National_MSR_AVG.csv
The HQI_US_National_MSR_AVG table contains four (4) fields. This table provides the national averages for the top seventy utilized Medicare Severity-Diagnosis Related Groups.

1. Provider Number: varchar (6) Lists the National ID.

2. Condition: varchar (50) Lists the condition of each Medicare Severity-Diagnosis Related Group.

3. Measure Name: varchar (50) Lists the Measure Name for each Medicare Severity-Diagnosis Related Group nationally.

4. Score: varchar (4) Lists the score for each Medicare Severity-Diagnosis Related Group nationally.

29) Table HQI_READM_REDUCTION.csv
The HQI_READM_REDUCTION table contains twelve (12) fields. This table provides the readmission reduction measures for each hospital.

1. Hospital Name: varchar (255) Lists the name of the hospital.

2. Provider Number: varchar (6) Lists the hospitals by their provider identification number.

3. State: varchar (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

4. Measure Name: varchar (255) Lists the name of the readmission reduction measure.

5. Number of Discharges: varchar (5) Lists the number of discharges.

6. Footnote: varchar (2) Lists the footnote associated with the measure name.

7. Excess Readmission Ratio: varchar (10) Lists the excess readmission ratio.

8. Predicted Readmission Rate: varchar (5) Lists the predicted readmission rate.

9. Expected Readmission Rate: varchar (5) Lists the expected readmission rate.

10. Number of Readmissions: varchar (4) Lists the number of readmissions.

11. Start Date: varchar (10) Lists the start date.

12. End Date: varchar (10) Lists the end date.

30) Table HQI_HOSP_ED.csv

The HQI_HOSP_ED.csv table contains Five (5) fields. This table provides the Emergency Department Care and Outpatient Care measures for each hospital.

1. Provider ID: varchar (6) Lists the hospitals by their provider identification number

2. Measure Code: char (15) Lists measure code for each measure. See the chart as an acronym for Emergency Department and Preventive Care measures at the end this document.

3. Score: varchar (4) Lists the score for each Emergency Department and Preventive Care measures

4.

5. Sample: varchar (22) lists the patient sample size for each measure that the hospital submitted.

6. Footnote: varchar (2) Lists the footnote associated with the measure name.

31) Table HQI_HOSP_IMM.csv

The HQI_HOSP_IMM.csv table contains five (5) fields. This table provides the Immunization measures for each hospital.

1. Provider ID: varchar (6) Lists the hospitals by their provider identification number

2. Measure Code: char (15) Lists measure code for each measure. See the chart as an acronym for Immunization measures at the end this document.

3. Score: varchar (4) Lists the score for each Immunization measure.

4. Sample: varchar (22) lists the patient sample size for each measure that the hospital submitted.

5. Footnote: varchar (2) Lists the footnote associated with the measure name.

32) Table HQI_HOSP_IMM_State .csv

The HQI_HOSP_IMM_State.csv table contains four (4) fields. This table provides the Emergency Department Care and Outpatient Care measures for each hospital.

1. Provider ID: varchar (6) Lists the hospitals by their provider identification number

2. Measure Code: char (15) Lists measure code for each measure. See the chart as an acronym for Emergency Department and Preventive Care measures at the end this

document.

3. Score: varchar (4) Lists the score for each Emergency Department and Preventive Care measures

4. Footnote: varchar (2) Lists the footnote associated with the measure name.

33) Table HQI_HOSP_IMM_US.csv
The HQI_HOSP_IMM_US.csv table contains four (4) fields. This table provides the Emergency Department Care and Outpatient Care measures for each hospital.

1. Provider ID: varchar (6) Lists the hospitals by their provider identification number

2. Measure Code: char (15) Lists measure code for each measure. See the chart as an acronym for Emergency Department and Preventive Care measures at the end this document.

3. Score: varchar (4) Lists the score for each Emergency Department and Preventive Care measures

4. Footnote: varchar (2) Lists the footnote associated with the measure name.

34) Table HQI_HOSP_ED_State .csv
The HQI_HOSP_ED_State.csv table contains four (4) fields. This table provides the Emergency Department Care and Outpatient Care measures for each hospital.

1. Provider ID: varchar (6) Lists the hospitals by their provider identification number

2. Measure Code: char (15) Lists measure code for each measure. See the chart as an acronym for Emergency Department and Preventive Care measures at the end this document.

3. Score: varchar (4) Lists the score for each Emergency Department and Preventive Care measures

4. Footnote: varchar (2) Lists the footnote associated with the measure name.

35) Table HQI_HOSP_ED_US.csv
The HQI_HOSP_ED_US.csv table contains four (4) fields. This table provides the Emergency Department Care and Outpatient Care measures for each hospital.

1. Provider ID: varchar (6) Lists the hospitals by their provider identification number

2. Measure Code: char (15) Lists measure code for each measure. See the chart as an acronym for Emergency Department and Preventive Care measures at the end this document.

3. Score: varchar (4) Lists the score for each Emergency Department and Preventive Care measures

4. Footnote: varchar (2) Lists the footnote associated with the measure name.

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 = 9	
Measure	Acronym	Add Date	Starter Set?
Patients Given Aspirin at Discharge	AMI 2	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
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	June 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	June 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	June 2010	No
Outpatients with chest pain or possible heart attack who got aspirin within 24 hours of arrival (higher numbers are better)	OP_4	June 2010	No
Median Time to Fibrinolysis	OP_1	June 2010	No
Heart Attack Patients Given a Prescription for a Statin at Discharge	AMI 10	Jan 2012	No

Condition ~ Heart Failure		Total Measures = 3	
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

Condition ~ Pneumonia			Total Measures = 2
Measure	Acronym	Add Date	Starter Set?
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 = 10
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
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

Measure	Acronym	Add Date	Starter Set?
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
Outpatients having surgery who got an antibiotic at the right time - within one hour before surgery (higher numbers are better)	OP_6	June 2010	No
Outpatients having surgery who got the right kind of antibiotic (higher numbers are better)	OP_7	June 2010	No

Condition ~ Emergency Department Care		Total Measures = 7	
Measure	Acronym	Add Date	Starter Set?
Average (median) time patients spent in the ED, before they were admitted to the hospital as an inpatient	ED-1B	Nov 2012	
Average (median) time patients spent in the ED, after the doctor decided to admit them as an inpatient before leaving the ED for their inpatient room	ED-2B	Nov 2012	
Average time patients spent in the emergency department before being sent home	OP-18	Nov 2012	
Average time patients spent in the emergency department before they were seen by a healthcare professional	OP-20	Nov 2012	
Average time patients who came to the emergency department with broken bones had to wait before receiving pain medication.	OP-21	Nov 2012	
Percentage of patients who left the emergency department before being seen	OP_22	Nov 2012	
Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival.	OP_23	Nov 2012	

Condition ~ Preventive Care			Total Measures = 2
Measure	Acronym	Add Date	Starter Set?
Patients assessed and given influenza vaccination	IMM-1	Nov 2012	
Patients assessed and given pneumonia vaccination	IMM-2	Nov 2012	

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 = 5

Measure	Acronym	Add Date
Cardiac Surgery Registry Participation	SM_PART_CARD	Dec 2009
Stroke Care Registry Participation		
Nursing Care Registry Participation		
Surgical Care Registry Participation		
Able to receive lab results electronically	OP-12	Nov 2012
Able to track patients' lab results, tests, and referrals electronically between visits	OP-17	Nov 2012

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measures

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	Mar08
1	How do patients rate the hospital overall?	Patients who gave a rating of 7 or 8 (medium)	H_HSP_RATING_7_8	Mar08
1	How do patients rate the	Patients who gave a rating	H_HSP_RATING_9_10	Mar08

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Q No.	HCAHPS Topic Text	HCAHPS Answer Description	HCAHPS Code	Add Date
	hospital overall?	of 9 or 10 (high)		
2	How often did doctors communicate well with patients?	Doctors always communicated well	H_COMP_2_A_P	Mar08
2	How often did doctors communicate well with patients?	Doctors sometimes or never communicated well	H_COMP_2_SN_P	Mar08
2	How often did doctors communicate well with patients?	Doctors usually communicated well	H_COMP_2_U_P	Mar08
3	How often did nurses communicate well with patients?	Nurses always communicated well	H_COMP_1_A_P	Mar08
3	How often did nurses communicate well with patients?	Nurses sometimes or never communicated well	H_COMP_1_SN_P	Mar08
3	How often did nurses communicate well with patients?	Nurses usually communicated well	H_COMP_1_U_P	Mar08
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	Mar08
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	Mar08
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	Mar08
5	How often did staff explain about medicines before giving them to patients?	Staff always explained	H_COMP_5_A_P	Mar08
5	How often did staff explain about medicines before giving them to patients?	Staff sometimes or never explained	H_COMP_5_SN_P	Mar08
5	How often did staff explain about medicines before giving them to patients?	Staff usually explained	H_COMP_5_U_P	Mar08
6	How often was patients' pain well controlled?	Pain was always well controlled	H_COMP_4_A_P	Mar08
6	How often was patients' pain well controlled?	Pain was sometimes or never well Controlled	H_COMP_4_SN_P	Mar08
6	How often was patients' pain well controlled?	Pain was usually well controlled	H_COMP_4_U_P	Mar08
7	How often was the area around patients' rooms kept quiet at	Always quiet at night	H_QUIET_HSP_A_P	Mar08

Q No.	HCAHPS Topic Text	HCAHPS Answer Description	HCAHPS Code	Add Date
	night?			
7	How often was the area around patients' rooms kept quiet at night?	Sometimes or never quiet at night	H_QUIET_HSP_SN_P	Mar08
7	How often was the area around patients' rooms kept quiet at night?	Usually quiet at night	H_QUIET_HSP_U_P	Mar08
8	How often were the patients' rooms and bathrooms kept clean?	Room was always clean	H_CLEAN_HSP_A_P	Mar08
8	How often were the patients' rooms and bathrooms kept clean?	Room was sometimes or never clean	H_CLEAN_HSP_SN_P	Mar08
8	How often were the patients' rooms and bathrooms kept clean?	Room was usually clean	H_CLEAN_HSP_U_P	Mar08
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	Mar08
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	Mar08
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	Mar08
10	Would patients recommend the hospital to friends and family?	YES, patients would definitely recommend the hospital	H_RECMND_DY	Mar08
10	Would patients recommend the hospital to friends and family?	YES, patients would probably recommend the hospital	H_RECMND_PY	Mar08

Patient Safety Measures Plain-Text Chart

Patient Safety Indicator (PSI)	Plain-text Measure Name	Add Date

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PSI 4	Deaths among Patients with Serious Treatable Complications after Surgery	Oct-11
PSI 6	Collapsed lung due to medical treatment	Oct-11
PSI 11	Breathing failure after surgery	Oct-11
PSI 12	Serious blood clots after surgery	Oct-11
PSI 14	A wound that splits open after surgery	Oct-11
PSI 15	Accidental cuts and tears from medical treatment	Oct-11
PSI 90	Serious Complications	Oct-11
IQI 11	Death after surgery to repair a weakness in the abdominal aorta	Oct-11
IQI 91	Deaths from Certain Conditions	Oct-11

Hospital Acquired Conditions Chart

Hospital Acquired Condition Measure Name	Add Date
1. Foreign object retained after surgery (per 1,000 surgical discharges)	Oct-11
2. Air embolism (per 1,000 medical and surgical discharges)	Oct-11
3. Blood incompatibility (per 1,000 medical and surgical discharges)	Oct-11
4. Pressure ulcer stages III and IV (per 1,000 medical and surgical discharges)	Oct-11
5. Falls and trauma (per 1,000 medical and surgical discharges)	Oct-11
6. Vascular catheter-associated infection (per 1,000 medical and surgical discharges)	Oct-11
7. Catheter-associated urinary tract infection (per 1,000 medical and surgical discharges)	Oct-11
8. Manifestations of poor glycemic control (per 1,000 medical and surgical discharges)	Oct-11

Healthcare Associated Infections Chart

	Plain-text Measure Name	Add Date
1	Central Line Associated Blood Stream Infections (CLABSI)	Jan-12
2	Catheter Associated Urinary Tract Infection (CAUTI)	Nov-1
3	Surgical site infection from colon surgery (SSI: Colon)	Nov-1
4	Surgical site infection from abdominal hysterectomy (SSI: Abdominal)	Nov-1

Use of Medical Imaging

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

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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

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-09
2	Extracranial procedures w/o CC/MCC	039	Sep-09
3	Chronic obstructive pulmonary disease w MCC	190	Sep-09
4	Chronic obstructive pulmonary disease w CC	191	Sep-09
5	Chronic obstructive pulmonary disease w/o CC/MCC	192	Sep-09
6	Simple pneumonia & pleurisy w MCC	193	Sep-09
7	Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC	219	Sep-09
8	Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC	220	Sep-09
9	Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC	221	Sep-09
10	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC	224	Sep-09
11	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC	225	Sep-09
12	Cardiac defibrillator implant w/o cardiac cath w MCC	226	Sep-09
13	Cardiac defibrillator implant w/o cardiac cath w/o MCC	227	Sep-09
14	Coronary bypass w/o cardiac cath w MCC	235	Sep-09
15	Coronary bypass w/o cardiac cath w/o MCC	236	Sep-09
16	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair	237	Sep-09
17	Permanent cardiac pacemaker implant w CC	243	Sep-09
18	Permanent cardiac pacemaker implant w/o CC/MCC	244	Sep-09
19	Perc cardiovasc proc w drug-eluting stent w/o MCC	247	Sep-09
20	Acute myocardial infarction, discharged alive w MCC	280	Sep-09
21	Acute myocardial infarction, discharged alive w CC	281	Sep-09
22	Acute myocardial infarction, discharged alive w/o CC/MCC	282	Sep-09
23	Heart failure & shock w MCC	291	Sep-09
24	Heart failure & shock w CC	292	Sep-09
25	Heart failure & shock w/o CC/MCC	293	Sep-09
26	Chest Pain	313	Sep-09

	Medicare Severity-Diagnosis Related Group (MS-DRG) Name	MS-DRG ID	Add Date
27	Stomach, esophageal & duodenal proc w/o CC/MCC	328	Sep-09
28	Major small & large bowel procedures w MCC	329	Sep-09
29	Major small & large bowel procedures w CC	330	Sep-09
30	Major small & large bowel procedures w/o CC/MCC	331	Sep-09
31	Hernia procedures except inguinal & femoral w MCC	353	Sep-09
32	Hernia procedures except inguinal & femoral w CC	354	Sep-09
33	Hernia procedures except inguinal & femoral w/o CC/MCC	355	Sep-09
34	Cholecystectomy except by laparoscope w/o c.d.e. w MCC	414	Sep-09
35	Laparoscopic cholecystectomy w/o c.d.e. w MCC	417	Sep-09
36	Laparoscopic cholecystectomy w/o c.d.e. w CC	418	Sep-09
37	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC	419	Sep-09
38	Spinal fusion except cervical w MCC	459	Sep-09
39	Spinal fusion except cervical w/o MCC	460	Sep-09
40	Bilateral or multiple major joint procs of lower extremity w MCC	461	Sep-09
41	Bilateral or multiple major joint procs of lower extremity w/o MCC	462	Sep-09
42	Revision of hip or knee replacement w MCC	466	Sep-09
43	Revision of hip or knee replacement w CC	467	Sep-09
44	Revision of hip or knee replacement w/o CC/MCC	468	Sep-09
45	Major joint replacement or reattachment of lower extremity w MCC	469	Sep-09
46	Major joint replacement or reattachment of lower extremity w/o MCC	470	Sep-09
47	Cervical spinal fusion w MCC	471	Sep-09
48	Cervical spinal fusion w CC	472	Sep-09
49	Cervical spinal fusion w/o CC/MCC	473	Sep-09
50	Biopsies of musculoskeletal system & connective tissue w MCC	477	Sep-09
51	Biopsies of musculoskeletal system & connective tissue w CC	478	Sep-09
52	Biopsies of musculoskeletal system & connective tissue w/o CC/MCC	479	Sep-09
53	Back & neck proc exc spinal fusion w CC/MCC or disc device/neurostim	490	Sep-09
54	Back & neck proc exc spinal fusion w/o CC/MCC	491	Sep-09
55	Major shoulder or elbow joint procedures w CC/MCC	507	Sep-09
56	Major shoulder or elbow joint procedures w/o CC/MCC	508	Sep-09
57	Other musculoskelet sys & conn tiss O.R. proc w MCC	515	Sep-09
58	Diabetes w MCC	637	Sep-09
59	Kidney & ureter procedures for neoplasm w MCC	656	Sep-09
60	Kidney & ureter procedures for neoplasm w CC	657	Sep-09
61	Kidney & ureter procedures for neoplasm w/o CC/MCC	658	Sep-09
62	Kidney & ureter procedures for non-neoplasm w MCC	659	Sep-09
63	Transurethral procedures w MCC	668	Sep-09
64	Other kidney & urinary tract procedures w MCC	673	Sep-09
65	Other kidney & urinary tract procedures w CC	674	Sep-09
66	Other kidney & urinary tract procedures w/o CC/MCC	675	Sep-09
67	Transurethral prostatectomy w CC/MCC	713	Sep-09
68	Transurethral prostatectomy w/o CC/MCC	714	Sep-09
69	Uterine & adnexa proc for non-malignancy w/o CC/MCC	743	Sep-09
70	Female reproductive system reconstructive procedures	748	Sep-09

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