Hospital Data Dictionary

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| **Note** | **Measure** | **Data Source** |
| **Insurance Representation** | | |
| (1) | **Medicaid Caseload:** | **CMS Cost Reports** |
| Percentage of discharges covered by only Medicaid. | |
| (1), (2) | **Disproportionate Share Percentage:** | **CMS Cost Reports** |
| **A close-up of a medical form  Description automatically generated**Measures the “proportion” of patients receiving some form of Government financial support. | |
| (1) | **CMS Caseload:** | **CMS Cost Reports** |
| Percentage of discharges covered by Medicare, or Medicaid. (Note: this does not include Veterans Affairs health coverage) |  |
| (3) | **Percentage of Service Area Under Public Insurance:** | **Census ACS** |
| Percentage of the population covered by Medicare, Medicaid, TRICARE (military health coverage), or Veteran’s Affairs health coverage.  (Note: a person can be covered under multiple plans, including a mix of public and private) | |
| **Percentage of Service Area Under Private Insurance:** | **Census ACS** |
| Percentage of the population covered under employer-based or direct-purchase health insurance.  (Note: a person can be covered under multiple plans, including a mix of public and private) | |
| **Service Area Characteristics** | | |
|  | **Percentage of Service Area Households Under the Federal Poverty Level:** | **Census ACS** |
| (3) | Percent of households with income below the minimum income that a person or family requires to meet their basic needs.  (Note: FPL varies by household size) | |
| **Percentage of Service Area (Over 16) in Labour Force but Unemployed:** | **Census ACS** |
| Percentage of population (over 16) who are currently not employed but are actively searching for work. | |
| **Percentage of Service Area (Over 16) Not Employed:** | **Census ACS** |
| Percentage of population (over 16) who are currently not employed (who may or may not be searching for work). | |
| **Percentage of Service Area that Commutes over 60 Minutes to Work:** | **Census ACS** |
| Percentage of the workers over 16 whose travel time to work is over 60 minutes. | |
| **Percentage of Service Area Households without Access to a Vehicle:** | **Census ACS** |
| Percentage of households without a vehicle. | |
| **Percentage of Service Area Households Renting Their Home:** | **Census ACS** |
| Percentage of households that rent their home. | |
| **Percentage of Service Area Living with more than 1 Person per Room:** | **Census ACS** |
| Percentage of households with more people than rooms. | |
| **Percentage of Service Area (Over 25) with a High School Diploma:** |  |
| Percentage of population (over 25) that has graduated from high school. | |
| **Percentage of Service Area Households without Home Access to a Computer with Internet:** | **Census ACS** |
| Percentage of households with either, no computer or a computer but no internet. | |
| **Percentage of Service Area (Over 18) Not Proficient in English:** | **Census ACS** |
| Percentage of population (over 18) who rate their ability to speak English as either “not well”, or “not at all.” | |
| **Percentage of Service Area Households with a Single Parent:** | **Census ACS** |
| Percentage of households with a single parent. | |
| **Percentage of Service Area who are Veterans:** | **Census ACS** |
| Percentage of US residents (not in active duty, over 18) that served in the military, naval, or air service and was discharged or released. | |
| **Patient Experience** | | |
|  | **Nurse Communication:** | **CMS HCAHPS Survey** |
|  | 1. During this hospital stay, how often did nurses treat you with courtesy and respect? 2. During this hospital stay, how often did nurses listen carefully to you? 3. During this hospital stay, how often did nurses explain things in a way you could understand? | |
|  | **Doctor Communication:** | **CMS HCAHPS Survey** |
|  | 1. During this hospital stay, how often did doctors treat you with courtesy and respect? 2. During this hospital stay, how often did doctors listen carefully to you? 3. During this hospital stay, how often did doctors explain things in a way you could understand? | |
|  | **Staff Responsiveness:** | **CMS HCAHPS Survey** |
|  | 1. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? 2. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? | |
|  | **Communication about Medicines:** | **CMS HCAHPS Survey** |
|  | 1. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? 2. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand? | |
|  | **Discharge Information:** | **CMS HCAHPS Survey** |
|  | 1. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital? 2. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? | |
|  | **Care Transition:** | **CMS HCAHPS Survey** |
|  | 1. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my healthcare needs would be when I left. 2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.   When I left the hospital, I clearly understood the purpose of taking each of my medications. | |
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|  | **Cleanliness:** | **CMS HCAHPS Survey** |
|  | 1. During this hospital stay, how often were your room and bathroom kept clean? | |
| (4) | **Quietness:** | **CMS HCAHPS Survey** |
| 1. During this hospital stay, how often was the area around your room quiet at night? | |
|  | **Overall:** | **CMS HCAHPS Survey** |
| 1. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay? | |
|  | **Recommend the Hospital:** | **CMS HCAHPS Survey** |
| 1. Would you recommend this hospital to your friends and family? | |
| **Cost Measures** | | |
|  | **Percentage of Total Operating Cost Attributed to Charity Care:** | **CMS Cost Reports** |
| Percentage of total operational cost attributed to medically necessary healthcare services provided to patients who satisfy the hospital’s charity care policy.  The hospital does not expect future payment for this care. | |
|  | **Percentage of Total Operating Cost Attributed to Bad Debt:** | **CMS Cost Reports** |
| Percentage of total operational cost attributed to write-offs for care provided but no payment is expected.  The hospital did at one point expect future payment for this care. | |
|  | **Percentage of Total Operating Cost Attributed to Salaries:** | **CMS Cost Reports** |
| Percentage of total operational cost attributed to salaries. This includes salaries for all medical professionals as well as administrative, maintenance, operational, etc. work. | |
|  | **Total Cost per Inpatient Day** | **CMS Cost Reports** |
| The total operating cost per recorded inpatient day. This cost includes all operational activities, not only costs directly attributable to providing care. | |
|  | **Salary Cost per Inpatient Day:** | **CMS Cost Reports** |
| The cost of salaries per inpatient day. | |
|  | **Non-salary cost per Inpatient Day** | **CMS Cost Reports** |
| Total cost of operations besides paying workers per inpatient day. | |
|  | **Cost of Medical Record Library per Inpatient Day:** | **CMS Cost Reports** |
| Direct costs of the medical records cost center including the medical records library. The general library and the medical library are not included in this. | |
|  | **Cost of Social Services per Inpatient Day:** | **CMS Cost Reports** |
|  | Cost attributable to explaining health care resources and policies to patients, family and professional staff; assistance in planning for post-hospital patient needs; assisting patients and families receive needed follow-up care by referral to health care resources and providing advocacy through appropriate organizations. | |
|  | **Cost of Malpractice Premiums per Inpatient Day:** | **CMS Cost Reports** |
|  | Cost per inpatient day of either:   * Malpractice premiums paid to an external insurer to protect the provider against potential negligence claims made by patients/clients,   Money paid to an internal fund in the case where the provider acts as its own insurer. | |
| **Patient Safety Indicators** | | |
|  | **PSI 03 – Pressure Ulcer Rate:** | **CMS Complications and Death Data** |
| The rate of stage 3 and stage 4 pressure ulcers per 1,000 discharges among surgical or medical patients 18 years or older. | |
| **PSI 04 – Death Rate among Surgical Inpatients with Serious Treatable Complications:** | **CMS Complications and Death Data** |
| Rate of deaths per 1,000 surgical discharges when patients were diagnosed with a serious but treatable condition. Some conditions include deep vein thrombosis, pneumonia, and sepsis. | |
| **PSI 06 – Iatrogenic Pneumothorax Rate:** | **CMS Complications and Death Data** |
| The rate of iatrogenic pneumothorax per 1,000 discharges among surgical or medical patients 18 years or older. | |
| **PSI 08 – In-Hospital Fall with Hip Fracture Rate:** | **CMS Complications and Death Data** |
| The rate of hip fractures as a result of falls per 1,000 discharges among surgical or medical patients 18 years or older. Excludes patients who have been diagnosed with a condition that makes them more susceptible to falling, like seizure disorder, stroke, and cardiac arrest. It also excludes patients with metastatic cancer or other conditions associated with fragile bones. | |
| **PSI 09 – Perioperative Hemorrhage and Hematoma Rate:** | **CMS Complications and Death Data** |
| The rate of perioperative hemorrhage or hematoma per 1,000 discharges among surgical or medical patients 18 years or older. | |
| **PSI 10 – Postoperative Acute Kidney Injury Rate:** | **CMS Complications and Death Data** |
| The rate of acute kidney failure or dialysis use per 1,000 discharges among elective surgical patients 18 years or older. | |
| **PSI 11 – Postoperative Respiratory Failure Rate:** | **CMS Complications and Death Data** |
| The rate of acute respiratory failure, mechanical ventilation use following an operating room procedure, or reintubation per 1,000 discharges among elective surgical patients 18 years or older. | |
| **PSI 12 – Perioperative Pulmonary Embolism and Deep Vein Thrombosis Rate:** | **CMS Complications and Death Data** |
| The rate of pulmonary embolism or proximal deep vein thrombosis per 1,000 discharges among surgical patients 18 years or older. | |
| **PSI 13 – Postoperative Sepsis Rate:** | **CMS Complications and Death Data** |
| The rate of sepsis per 1,000 discharges among elective surgical patients 18 years or older. | |
| **PSI 14 – Postoperative Wound Dehiscence Rate:** | **CMS Complications and Death Data** |
| The rate of abdominal repair and disruption of internal surgical wound per 1,000 discharges among abdominopelvic surgical patients 18 years or older. | |
| **PSI 15 – Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate:** | **CMS Complications and Death Data** |
| The rate of accidental puncture or laceration during a procedure and subsequent abdominopelvic procedure per 1,000 discharges among abdominopelvic surgical patients 18 years or older. | |
| **PSI 90 – Composite Patient Safety Measure:** | **CMS Complications and Death Data** |
| A weighted average of the PSI measures (except PSI 04). (I’m not sure how it’s weighted). | |
| **Hospital Associated Infections** | | |
|  | **Central Line-Associated Bloodstream Infection:** | **CMS HAI Data** |
|  | Rate of central line-associated bloodstream infections per 1,000 device days. | |
|  | **Catheter-Associated Urinary Tract Infections:** | **CMS HAI Data** |
|  | Rate of catheter-associated urinary tract infections per 1,000 device days. | |
|  | **Surgical Site Infection - Colon Surgery:** | **CMS HAI Data** |
|  | Rate of surgical site infections per 1,000 colon surgery procedures. | |
|  | **Surgical Site Infection - Abdominal Hysterectomy:** | **CMS HAI Data** |
|  | Rate of surgical site infections per 1,000 abdominal hysterectomy procedures. | |
|  | **Methicillin-Resistant Staphylococcus Aureus (MRSA):** | **CMS HAI Data** |
|  | Rate of MRSA infections per 1,000 patient days. | |
|  | **Clostridium Difficile (C. Diff):** | **CMS HAI Data** |
|  | Rate of C. Diff infections per 1,000 patient days. | |
|  | **Air Embolism Rate:** | **CMS HAC Data** |
|  | Rate of air embolism per 1,000 discharges among surgical or medical patients 18 years or older. | |
|  | **Foreign Object Retained Rate:** | **CMS HAC Data** |
|  | The rate of foreign objects accidentally left during a procedure per 1,000 discharges among surgical patients 18 years or older. | |
|  | **Falls and Trauma Rate:** | **CMS HAC Data** |
|  | The rate of falls and trauma in hospital (including fractures, dislocations, intracranial injuries, crushing injuries, burns, and other injuries) per 1,000 discharges among surgical or medical patients 18 years or older. | |
| **Safe Practices** | | |
|  | **Computerized Physician Order Entry Score:** | **Leapfrog Hospital Survey** |
|  | The score given by the Leapfrog CPOE Evaluation tool tests a hospital’s decision support software used to reduce prescribing errors. The test is comprised of a set of test patients and test orders. The test taker then records the advice and information they receive from the hospital’s CPOE.  Source: https://www.leapfroggroup.org/survey-materials/prepare-cpoe-tool | |
|  | **Bar Code Medication Administration Score:** | **Leapfrog Hospital Survey** |
|  | Measures the level of implementation of BCMA by asking questions concerning:   * The extent of the implementation throughout the hospital. * The hospital’s compliance with bedside scans. * The types of decisions that support the BCMA system offers. * The hospital’s structures to monitor and reduce workarounds.   Source: https://ratings.leapfroggroup.org/sites/default/files/2020-08/2020-BCMA-Fact-Sheet.pdf | |
|  | **ICU Physician Staffing Score:** | **Leapfrog Hospital Survey** |
|  | Measures the extent to which the care of critical care patients is managed by board-certified physicians who are additionally certified in the subspecialty of critical care medicine.  Source: https://ratings.leapfroggroup.org/sites/default/files/inline-files/2022%20IPS%20Fact%20Sheet\_0.pdf | |
|  | **SP1 - Leadership Structures and Systems Score:** | **Leapfrog Hospital Survey** |
|  | Measures the hospital’s progress toward establishing a culture of safety by assessing:   * Awareness of board members about safety issues; including patients and their families in safety and quality committees; and reporting events to the community and to staff. * Appointing safety-specific leadership, and incorporating safety system performance .into performance reviews and compensation. * Investing in patient safety programs. * Including senior leadership in patient safety meetings.   Source: https://ratings.leapfroggroup.org/measure/hospital/2024/effective-leadership-prevent-errors | |
|  | **SP2 – Culture Measurement Feedback and Intervention Score:** | **Leapfrog Hospital Survey** |
|  | Measures whether the hospital has taken action to measure patient safety culture and what interventions are undertaken to reduce patient harm. It considers:   * Staff awareness of safety practices. * Accountability of leadership for survey response rates. * Whether staff education programs are in place. * The development and deployment of procedures to measure culture and identify performance improvement interventions.   Source: https://ratings.leapfroggroup.org/measure/hospital/2024/staff-work-together-prevent-errors | |
|  | **SP9 - Nursing Workforce Score:** | **Leapfrog Hospital Survey** |
|  | Measures the extent to which the hospital has enough nurses and the appropriate mix of nurses to care for patients. This measure considers:   * The number of nursing hours per patient, * The percentage of nurses who are RNs, and * The percentage of RNs with a bachelor’s degree.   Source: https://ratings.leapfroggroup.org/measure/hospital/2024/nursing-workforce | |
|  | **SP19 - Hand Hygiene Score:** | **Leapfrog Hospital Survey** |
|  | Measures a hospital’s adherence to hand hygiene best practices by assessing:   * Monitoring the use of proper hand hygiene techniques. * The use of compliance data. * The training measures employed to ensure proper hand hygiene technique. * Infrastructure, and the availability of hand hygiene stations. * Leadership buy-in to proper hand hygiene.   Source: https://ratings.leapfroggroup.org/measure/hospital/2024/handwashing | |
|  | **Leapfrog Hospital Score** | **Leapfrog Safety Grade** |
|  | Composite score of PSI rates, HAI and HAC rates, and safety practice progress. | |
|  | **Percentage of Inpatient Days that are Special Care:** | **CMS Cost Reports** |
|  | Percentage of total inpatient days recorded as special care (Intensive Care, Burn Intensive Care, Coronary Care, Surgical Intensive Care) | |
| **Readmission Rates** | | |
|  | **Acute Myocardial Infarction 30-Day Readmission Rate:** | **CMS Readmission Rate Data** |
|  | 30-day readmission rate per 1,000 heart attack patients. | |
|  | **Coronary Artery Bypass Grafting 30-Day Readmission Rate:** | **CMS Readmission Rate Data** |
|  | 30-day readmission rate per 1,000 CABG patients. | |
|  | **Chronic Obstructive Pulmonary Disease 30-Day Readmission Rate:** | **CMS Readmission Rate Data** |
|  | 30-day readmission rate per 1,000 COPD patients. | |
|  | **Heart Failure 30-Day Readmission Rate:** | **CMS Readmission Rate Data** |
|  | 30-day readmission rate per 1,000 heart failure patients. | |
|  | **Hip or Knee Replacement 30-Day Readmission Rate:** | **CMS Readmission Rate Data** |
|  | 30-day readmission rate per 1,000 hip/knee surgery patients. | |
|  | **Pneumonia 30-Day Readmission Rate:** | **CMS Readmission Rate Data** |
|  | 30-day readmission rate per 1,000 pneumonia patients. | |
|  | **Hospital Wide 30-Day Readmission Rate:** | **CMS Readmission Rate Data** |
|  | 30-day hospital-wide readmission rate per 1,000 patients. | |