

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.

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.

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:

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

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.

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.

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 responses. 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