IMPORTANT NOTE: June 21, 2007 CMS added three measures to the Hospital Compare Website. The downloadable files have been revised to include the new measures that are displayed on the website.

This functionality is primarily used by health policy researchers and the media. The data provided in the eight tables comes from the data that is displayed in the Hospital Compare Tool and includes additional information about the hospital ownership that is not displayed on the website. The date "Modified" in the zipped file indicates the date of the last refresh of the data. For information about hospitals in a particular geographical area, you should use the Hospital Compare tool instead of downloading the data.

Generally, the downloadable databases are refreshed within 24 hours after the data are refreshed on medicare.gov. The date "Modified" in the zipped file indicates the date of the last refresh of the downloadable database.
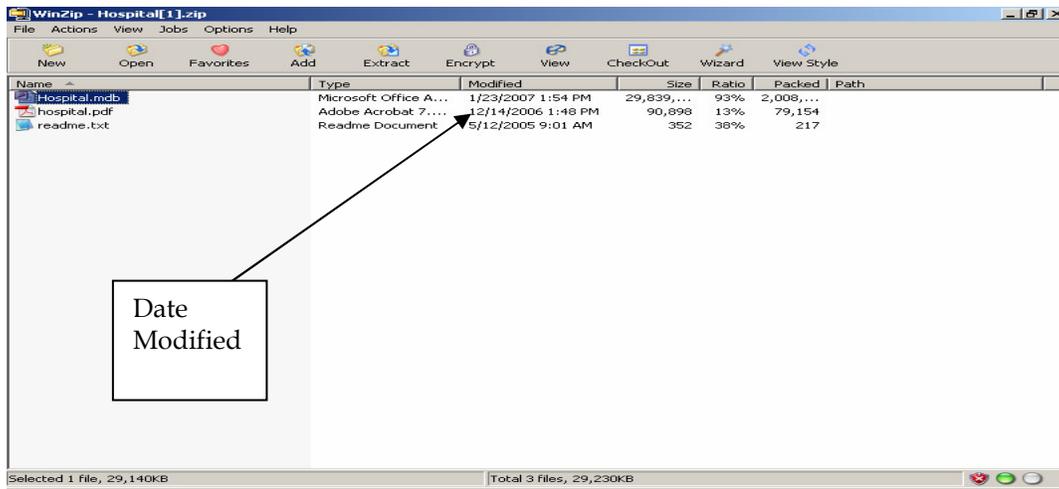
Data Collection Period for Process of Care Quality Measures
The collection period for the starter set measures is 12 months. The collection period for the additional measures varies by measure. Currently, the Hospital Compare quality measures are refreshed the third month of each quarter. The chart below provides the 12-month collection period for the starter set measures in Hospital Compare.

Month Hospital Compare Refresh/Release	Starter Set Measure Collection Dates	
	From	**Through**
June 2007	October 2005	September 2006
September 2007	January 2006	December 2006
December 2007	April 2006	March 2007
March 2008	July 2006	June 2007

Data Collection Period for Mortality Quality Measures
The collection period for the mortality measures is 12 months. The risk-adjusted 30-day risk-adjusted mortality measures for heart attack and heart failure are produced from Medicare claims and enrollment data. The mortality quality measures will be refreshed once annually. The chart below provides the 12-month collection period for the starter set measures in Hospital Compare.

Month Hospital Compare Refresh/Release	Mortality Quality Measure Dates	
	From	**Through**
June 2007	July 2005	June 2006
September 2007	July 2005	June 2006
December 2007	July 2005	June 2006
March 2008	July 2005	June 2006
June 2008	July 2006	June 2007

There are eight tables in the Hospital Compare database.
1) dbo_vwHQI_FTNT
2) dbo_vwHQI_HOSP
3) dbo_vwHQI_HOSP_MSR_XWLK
4) dbo_vwHQI_PCTL_MSR_XWLK
5) dbo_vwHQI_STATE_MSR_AVG
6) dbo_ vwHQI_HOSP_MORTALITY_XWLK
7) dbo_ vwHQI_STATE_US_MORTALITY_COUNTS
8) dbo_ vwHQI_NATIONAL_MORTALITY_RATE

The quality measures in the downloadable database are arranged to match the manner in which they are displayed in the Hospital Compare tool. See Quality Measure chart at the end of this document.

Table one
The first table, dbo_vwHQI_FTNT, contains two (2) fields. This table provides the footnote text.
 1. Footnote (1)
 2. Footnote Text (varies)

Hospital Compare Footnote values:
Footnote   Footnote Text
    1   The number of cases is too small (n<25) for purposes of reliably predicting
             hospital's performance.

2	Measure reflects the hospital's indication that its submission was based on a sample of its relevant discharges.
3	Rate reflects fewer than the maximum possible quarters of data for the measure.
4	Inaccurate information submitted and suppressed for one or more quarters.
5	No data is available from the hospital for this measure.

Table two

The second table, dbo_vwHQI_HOSP, contains fourteen (14) fields. This table provides general Hospital information in response to a Hospital Compare search.

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

2. HospitalName: 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 Hospitals
    - Critical Access Hospitals

12. Hospital Ownership: varchar (44)

Lists the type of ownership the Hospital falls under. The values are:
- Government – Federal
- Government - Hospital District or Authority
- Government - Local
- Government – State

- Proprietary
- Voluntary non-profit - Church
- Voluntary non-profit - Other
- Voluntary non-profit - Private
- Not Available

13. Accreditation: varchar(3)
Returns "Yes" or "No" to specify whether or not the hospital is accredited.

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

Table three
The third table, dbo_vwHQI_HOSP_MSR_XWLK, contains seven (7) fields. This table provides the quality measure scores for each hospital that reported information.

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

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

3. Condition: varchar (29)
Lists the clinical condition. The values are:

Heart Attack	Pneumonia
Heart Failure	Surgical Infection Prevention

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

The quality measures in the downloadable database are arranged to match the manner in which they are displayed in the Hospital Compare tool. See Quality Measure Chart at the end of this document.

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

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

7. Footnote: (1) Lists the footnote value when appropriate. The values are:
   1 The number of cases is too small (n<25) for purposes of reliably predicting hospital's performance.
   2 Measure reflects the hospital's indication that its submission was based on a sample of its relevant discharges.

3 Rate reflects fewer than the maximum possible quarters of data for the measure.
4 Inaccurate information submitted and suppressed for one or more quarters.
5 No data is available from the hospital for this measure.

Table Four
The fourth table, dbo_vwHQI_PCTL_MSR_XWLK, contains four (4) 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.

The quality measures in the downloadable database are arranged to match the manner in which they are displayed in the Hospital Compare tool. See Quality Measure Chart at the end of this document.

2. Condition: (29) Lists the clinical condition. The values are:
    Heart Attack   Pneumonia
    Heart Failure   Surgical Infection Prevention

3. 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:

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

Table five
The fifth table, dbo_vwHQI_STATE_MSR_AVG, contains (4) fields. This table provides the State average for each **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.   • PR = Puerto Rico
    • GU = Guam   • VI = Virgin Islands
    • MP = Northern Mariana Islands

2. Condition: (29) Lists the clinical condition. The values are:
    Heart Attack   Pneumonia
    Heart Failure   Surgical Infection Prevention

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

The quality measures in the downloadable database are arranged to match the manner in which they are displayed in the Hospital Compare tool. See Quality Measure Chart at the end of this document.

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

Table Six
The sixth table, dbo_vwHQI_HOSP_MORTALITY_XWLK, contains (6) fields. This table provides each hospital's risk-adjusted 30-Day Death (mortality) category.

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

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

3. Condition: varchar(255) (29?)
    Lists the clinical condition. The values are:
    Heart Attack   Heart Failure

4. Measure Name: varchar (100)
    Lists the measure names. The values are:
    Hospital 30-Day Death (Mortality) Rates from Heart Attack
    Hospital 30-Day Death (Mortality) Rates from Heart Failure

5. Category: varchar (50)
    Lists the mortality category in which the hospital falls. The values are:
    - Better than Expected
    - No Different than Expected
    - Worse than Expected

6. Footnote: char(10)
    Lists the footnote value when appropriate. The value is:

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

Table seven
The seventh table, dbo_vwHQI_STATE_MORTALITY_SCRE, contains (5) fields. This table provides that 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.

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

3. Measure Name: varchar (100)
   Lists the mortality measure names:
   Hospital 30-Day Death (Mortality) Rates from Heart Attack
   Hospital 30-Day Death (Mortality) Rates from Heart Failure

4. Category: varchar (50)
   Lists the comparison category in which the hospital falls. The values are:
   Better than Expected   No Different than Expected   Worse than Expected

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

Table eight
The eighth table, dbo_vwHQI_U.S. National MORTALITY_RATE, contains (3) fields. This table provides the total number nationally rate for each Mortality measure.

1. Condition: varchar(255)
   Lists the clinical condition. The values are:
   Heart Attack   Heart Failure

2. Measure Name: varchar (100)
   Lists the measure names.
   Hospital 30-Day Death (Mortality) Rates from Heart Attack
   Hospital 30-Day Death (Mortality) Rates from Heart Failure

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

Process of Care Quality Measures Chart

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

	Condition ~ Acute Myocardial Infarction (Heart Attack)		
	Measure	Add Date	Starter Set
1	Patients Given ACE Inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD)	Nov 2004	Yes AMI 3
2	Patients Given Aspirin at Arrival	Nov 2004	Yes AMI 1
3	Patients Given Aspirin at Discharge	Nov 2004	Yes AMI 2
4	Patients Given Beta Blocker at Arrival	Nov 2004	Yes AMI 6
5	Patients Given Beta Blocker at Discharge	Nov 2004	Yes AMI 5
6	Patients Given PCI Within 120 Minutes Of Arrival	Apr 2005	No AMI 8
7	Patients Given Smoking Cessation Advice/Counseling	Apr 2005	No AMI 4
8	Patients Given Thrombolytic Medication Within 30 Minutes Of Arrival	Apr 2005	No AMI 7

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

	Condition ~ Pneumonia		
	Measure	Add Date	Starter Set
13	Pneumonia Patients Assessed and Given Influenza Vaccination	Dec 2006	No PN 7
14	Patients Assessed and Given Pneumococcal Vaccination	Nov 2004	Yes PN 2
15	Patients Given Initial Antibiotic(s) within 4 Hours After Arrival	Nov 2004	Yes PN 5
16	Patients Given Oxygenation Assessment	Nov 2004	Yes PN 1
17	Patients Given Smoking Cessation Advice/Counseling	Apr 2005	No PN 4
18	Patients Given the Most Appropriate Initial Antibiotic(s)	Sep 2005	No PN 6
19	Patients Whose Initial Emergency Room Blood Culture Was Performed Prior to the Administration of the First Hospital Dose of Antibiotics	Apr 2005	No PN 3

	Condition ~ Surgical Care Improvement/Surgical Infection Prevention (SCIP)		
	Measure	Add Date	Starter Set
20	Surgery Patients Who Received Preventative Antibiotic(s) One Hour Before Incision	Sep 2005	No SCIP 1
21	**Percent of Surgery Patients who Received the Appropriate Preventative Antibiotic(s) for Their Surgery**	Jun 2007	No SCIP 2
22	Surgery Patients Whose Preventative Antibiotic(s) are Stopped Within 24 hours After Surgery	Sep 2005	No SCIP 3

Outcome Quality Measures Chart

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

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