Hospital Compare Downloadable Database

This functionality is primarily used by health policy researchers and the media. The data provided in the fifteen 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.
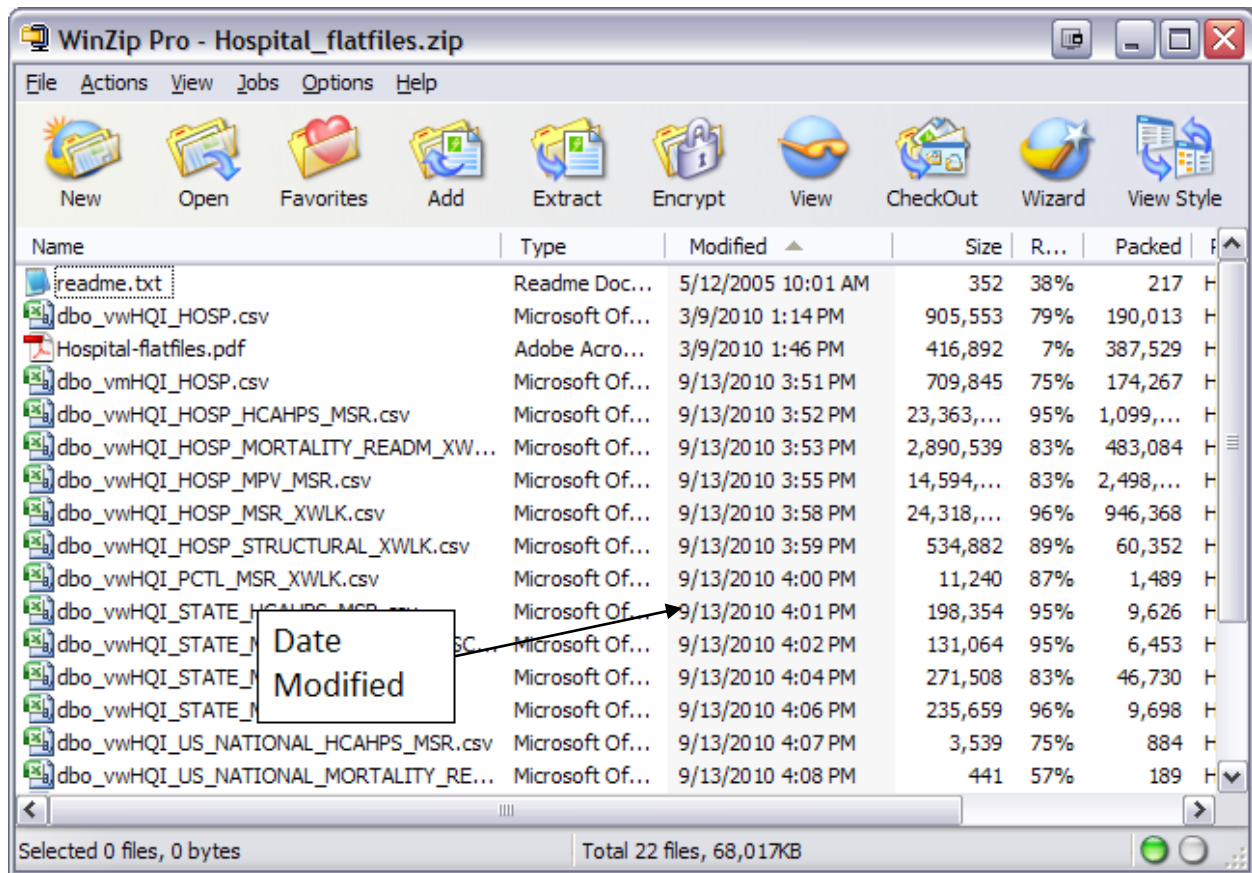
Data Collection Period for Process of Care Quality Measures and HCAHPS Patient Survey
The collection period for the process of care quality measures is generally 12 months. As new measures are added, the collection period varies. Currently, the Hospital Compare quality measures are refreshed the third month of each quarter. The chart below provides the 12-month collection period for the process of care measures and HCAHPS in Hospital Compare.

Month Hospital Compare Refresh/Release	Process of Care Measure & HCAHPS Patient Survey Collection Dates	
	From	To
September 2010	January 2009	December 2009

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December 2010	April 2009	March 2010
March 2011	July 2009	June 2010
June 2011	October 2009	September 2010

Data Collection Period for Mortality and Readmission Quality Measures

The collection period for the mortality and readmission measures is 36 months. The risk-adjusted 30-day risk-adjusted mortality and readmission measures for heart attack, heart failure and pneumonia are produced from Medicare claims and enrollment data. The mortality and readmission quality measures will be refreshed once annually. The chart below provides the 36-month collection period for the mortality and readmission measures in Hospital Compare.

Month Hospital Compare Refresh/Release	Mortality and Readmission Quality Measure Dates	
	From	To
September 2010	July 2006	June 2009
December 2010	July 2006	June 2009
March 2011	July 2006	June 2009
June 2011	July 2007	June 2010

Data Collection Period for Structural Measures

The collection period for the Structural Measures is 6 months. The Structural Measures are refreshed once annually. The chart below provides the 6-month collection period for the Structural Measures in Hospital Compare.

Month Hospital Compare Refresh/Release	Structural Measures Dates	
	From	To
September 2010	January 2010	June 2010
December 2010	January 2010	June 2010
March 2011	January 2010	June 2010
June 2011	January 2010	June 2010

Data Collection Period for Medicare Payment and Volume

The collection period for the Medicare Payment and Volume information is 12 months. The Medicare Payment and Volume information is refreshed once annually. The chart below provides the 12-month collection period for the Medicare Payment and Volume information in Hospital Compare.

Month Hospital Compare	Medicare Payment and Volume Dates

Hospital Compare Downloadable Database

Refresh/Release		
	From	To
September 2010	October 2007	September 2008
December 2010	October 2008	September 2009
March 2011	October 2008	September 2009
June 2011	October 2008	September 2009

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. The chart below provides the 12-month collection period.

Month Hospital Compare Refresh/Release	Outpatient Imaging Efficiency Dates	
	From	To
September 2010	January 2009	December 2010
December 2010	January 2009	December 2010
March 2011	January 2009	December 2010
June 2011	January 2009	December 2010

There are fifteen 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_READM_XWLK
7) dbo_vwHQI_STATE_MORTALITY_READM_SCRE
8) dbo_vwHQI_NATIONAL_MORTALITY_READM_RATE
9) dbo_vwHQI_HOSP_HCAHPS_MSR
10) dbo_vwHQI_STATE_HCAHPS_MSR
11) dbo_vwHQI_US_NATIONAL_HCAHPS_MSR
12) dbo_vwHQI_HOSP_MPV_MSR
13) dbo_vwHQI_STATE_MPV_MSR
14) dbo_vwHQI_UA_NATIONAL_MPV_MSR
15) dbo.vwHQI_HOSP_STRUCTURAL_XWLK
16) vwHQI_IMG_XWLK
17) vwHQI_IMG_AVG
18) vwHQI_US_NATIONAL_IMG_AVG

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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 and publication dates.

Table dbo_vwHQI_FTNT
The dbo_vwHQI_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 Medicare payment and volume data and h through i are associated with 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 MSDRG from October 2007 through September 2008. 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 from October 2007 – September 2008.
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.

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

ID Footnote Text
1. *The number of cases is too small (<25) 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).

3. *Data was collected during a shorter time period (fewer quarters) than the maximum possible time for this measure (One quarter equals three months.).*
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. For example, for the ten measures in the "Starter Set", the maximum number of quarters for which a hospital could have provided data is four quarters. For measures added more recently, the maximum will be fewer than four quarters. 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. *Inaccurate information submitted and suppressed for one or more quarters*.
Hospitals are required to submit accurate, reportable data to the Centers for Medicare and Medicaid Services (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.

5. *No data is 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 or if they suppressed their data from public reporting.

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.*
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 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 patients were eligible for the HCAHPS Survey.*
This footnote is applied when a hospital has no patients eligible to participate in the HCAHPS survey.

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.

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

dbo_vwHQI_HOSP
The dbo_vwHQI_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:
    • 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.

dbo_vwHQI_HOSP_MSR_XWLK
The dbo_vwHQI_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. Children's Asthma CareMeasure 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.

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 and publication dates.

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.

dbo_vwHQI_PCTL_MSR_XWLK
The dbo_vwHQI_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.

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 and publication dates.

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.

dbo_vwHQI_STATE_MSR_AVG
The dbo_vwHQI_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.

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 and publication dates.

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

dbo_vwHQI_HOSP_MORTALITY_READM_XWLK
The dbo_vwHQI_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 isk-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."

dbo_vwHQI_STATE_MORTALITY_READM_SCRE
The dbo_vwHQI_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.

dbo_vwHQI_US_NATIONAL_MORTALITY_READM_RATE

The dbo_vwHQI_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.

dbo_vwHQI_HOSP_HCAHPS_MSR
The dbo_vwHQI_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.

dbo_vwHQI_STATE_HCAHPS_MSR
The dbo_vwHQI_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.

dbo_vwHQI_US_NATIONAL_HCAHPS_MSR
The dbo_vwHQI_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.

dbo_vwHQI_HOSP_MPV_MSR
The dbo_vwHQI_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).

dbo_vwHQI_STATE_MPV_MSR
The dbo_vwHQI_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.

dbo_vwHQI_US_NATIONAL_MPV_MSR
The dbo_vwHQI_UA_NATIONAL_MPV_MSR table 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. MS-DRG ID: varchar (3) Lists the Medicare Severity-Diagnosis Related Group ID.

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

3. Medicare Payment Range: varchar (13) Lists the Medicare payment range 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.

dbo.vwHQI_HOSP_STRUCTURAL_XWLK
The dbo.vwHQI_HOSP_STRUCTURAL_XWLK table contains five (5) fields. This table provides the Structural measure Cardiac Surgery participation reponses 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 reponses. The values are:
    - Yes
    - No
    - Does not have a Cardiac Surgery Program
    - Not Available

vwHQI_HOSP_IMG_XWLK
The vwHQI_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.

vwHQI_HOSP_STATE_IMG_AVG
The dbo.vwHQI_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.

vwHQI_US_NATIONAL_IMG_AVG
The dbo.vwHQI_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.

Process of Care Quality Measures Chart Total Measures = 35

(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 = 12	
Measure	Acronym	Add Date	Starter Set?
Patients Given Aspirin at Arrival	AMI 1	Nov 2004	Yes
Patients Given Aspirin at Dischage	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
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

Hospital Compare Downloadable Database

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	HF 2	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 = 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
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	SCIP CARD 2	Dec 2009	No

blockers during the period just before and after their surgery			
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_&	June 2010	No

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 = 1

Measure	Acronym	Add Date

| Cardiac Surgery Registry Participation | SM_PART_CARD | Dec 2009 |

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 hospital overall?	Patients who gave a rating of 9 or 10 (high)	H_HSP_RATING_9_10	Mar08
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

Q No.	HCAHPS Topic Text	HCAHPS Answer Description	HCAHPS Code	Add Date
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 night?	Always quiet at night	H_QUIET_HSP_A_P	Mar08
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

Top Seventy Medicare Severity-Diagnosis Related Group Chart

Page Last Updated: October 8, 2010

	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
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