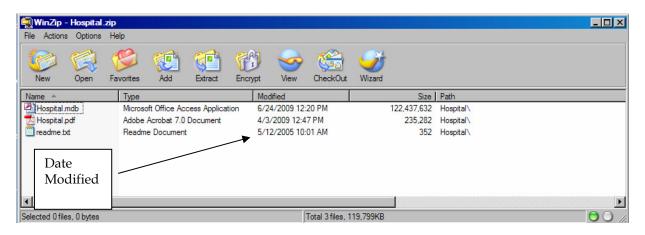**IMPORTANT NOTE: Summer 2008 CMS added a new clinical condition, Children's Asthma Care with two clinical measures to the Hospital Compare website. CMS also add Pneumonia Mortality measure and "Mortality Interval Estimate Graphs" to the Outcomes of Care (mortality) measures**

March 2008 CMS added the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey and Medicare Payment and Volume for 46 high use DRGs. The downloadable files have been revised to include the new information 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 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 in Hospital Compare.

Month Hospital Compare Refresh/Release	Process of Care Measure & HCAHPS Patient Survey Collection Dates	
	From	Through
June 2009	October 2007	September 2008
September 2009	January 2008	December 2008
December 2009	April 2008	March 2009

Data Collection Period for Mortality and Readmission Quality Measures

Page Last Updated: June 24, 2009

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	**Through**
June 2009	July 2005	June 2008
September 2009	July 2005	June 2008
December 2009	July 2005	June 2008

There are fourteen 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

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 DRG from October 2006 through September 2007. 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 DRG from October 2006 – September 2007.

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 a hospital provided care to patients with a condition, such as pneumonia, but the cases that the hospital submitted did not meet the specific criteria for being included in the calculation of the measure.

dbo_vwHQI_HOSP

The dbo_vwHQI_HOSP table contains thirteen (14) 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

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 seven (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   Surgical Care Improvement
    Heart Failure   Children's Asthma Care
     Pneumonia

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

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

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 four (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	Surgical Care Improvement
Heart Failure	Children's Asthma Care
Pneumonia	

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 (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*
   *Note: This is identified on the Compare Hospitals page with the text "See footnote i below".

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 (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*
    *Note: This is identified on the Compare Hospitals page with the text "See footnote i below".

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 (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 (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 then 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 (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 measures: char (100)Lists the HCAHPS survey measures.
3. HCAHPS measure code: varchar(255) Lists HCAHPS measure code related to specific question and answer.
4. HCAHPS response categories: char (50) Lists the response categories for HCAHPS measures. The values for the HCAPHS measures are listed in tables at the end of this document.
5. HCAHPS response category Percent: char (3) Lists the percentage for each HCAHPS measure.

dbo_vwHQI_US_NATIONAL_HCAHPS_MSR
The dbo_vwHQI_US_NATIONAL_HCAHPS_MSR table contains (4) fields. This table provides the total number of patient survey topics answered nationally.

1. HCAHPS Code: varchar(255) Lists HCAHPS code related to specific question and answer.
2. HCAHPS measures: char (100) Lists HCAHPS measures. The values for the HCAPHS measures are listed in tables at the end of this document.
3. HCAHPS response categories: char (50) Lists the HCAHPS response categories. The values for the HCAPHS response categories are listed in tables at the end of this document.
4. HCAHPS response category Percent: char (3) Lists the percentage for each HCAHPS measure.

dbo_vwHQI_HOSP_MPV_MSR
The dbo_vwHQI_HOSP_MPV_MSR table contains (6) fields. This table provides the average Medicare payment and number of cases for each hospital, for the top forty-six utilized 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. Diagnosis Related Group ID: varchar (3) Lists the Diagnosis Related Group ID.

4. Diagnosis Related Group Name: varchar (50) Lists the name of each Diagnosis Related Group.

5. Medicare Average Payment: varchar (5) Lists the average Medicare payment for each Diagnosis Related Group.

6. Number of Cases: varchar (4) Lists the number of cases for each Diagnosis Related Group where data is available (more than 11 cases).

dbo_vwHQI_STATE_MPV_MSR
The dbo_vwHQI_STATE_MPV_MSR table contains (5) fields. This table provides the state average Medicare payment and number of cases for the top forty-six utilized 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. Diagnosis Related Group ID: varchar (3) Lists the Diagnosis Related Group ID.

3. Diagnosis Related Group Name: varchar (50) Lists the name of each Diagnosis Related Group.

4. Medicare Average Payment: varchar (20) Lists the Medicare payment range for each Diagnosis Related Group by state.

5. Number of Cases: varchar (4)Lists the number of cases for each Diagnosis Related Group by state.

dbo_vwHQI_US_NATIONAL_MPV_MSR
The dbo_vwHQI_UA_NATIONAL_MPV_MSR table contains (4) fields. This table provides the national total Medicare payment range and number of cases for the top forty-six utilized Diagnosis Related Groups.

1. Diagnosis Related Group ID: varchar (3) Lists the Diagnosis Related Group ID.

2. Diagnosis Related Group Name: varchar (50) Lists the name of each Diagnosis Related Group.

3. Medicare Average Payment: varchar (13)   Lists the Medicare payment range for each Diagnosis Related Group nationally.

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

Process of Care Quality Measures Chart Total Measures = 27
 (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 = 7		
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	

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 = 7		
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 Oxygenation Assessment	PN 1	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 = 7				
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

Children's Asthma Care		Total Measures = 2	
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

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

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

Q No.	HCAHPS Topic Text	HCAHPS Answer Description	HCAHPS Code	Add Date

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	Mar 08
1	How do patients rate the hospital overall?	Patients who gave a rating of 7 or 8 (medium)	H_HSP_RATING_7_8	Mar 08
1	How do patients rate the hospital overall?	Patients who gave a rating of 9 or 10 (high)	H_HSP_RATING_9_10	Mar 08
2	How often did doctors communicate well with patients?	Doctors always communicated well	H_COMP_2_A_P	Mar 08
2	How often did doctors communicate well with patients?	Doctors sometimes or never communicated well	H_COMP_2_SN_P	Mar 08
2	How often did doctors communicate well with patients?	Doctors usually communicated well	H_COMP_2_U_P	Mar 08
3	How often did nurses communicate well with patients?	Nurses always communicated well	H_COMP_1_A_P	Mar 08
3	How often did nurses communicate well with patients?	Nurses sometimes or never communicated well	H_COMP_1_SN_P	Mar 08
3	How often did nurses communicate well with patients?	Nurses usually communicated well	H_COMP_1_U_P	Mar 08
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	Mar 08
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	Mar 08
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	Mar 08
5	How often did staff explain about medicines before giving them to patients?	Staff always explained	H_COMP_5_A_P	Mar 08
5	How often did staff explain about medicines before giving them to patients?	Staff sometimes or never explained	H_COMP_5_SN_P	Mar 08
5	How often did staff explain about medicines before giving them to patients?	Staff usually explained	H_COMP_5_U_P	Mar 08
6	How often was patients' pain well controlled?	Pain was always well controlled	H_COMP_4_A_P	Mar 08
6	How often was patients' pain well controlled?	Pain was sometimes or never well controlled	H_COMP_4_SN_P	Mar 08
6	How often was patients' pain well controlled?	Pain was usually well controlled	H_COMP_4_U_P	Mar 08
7	How often was the area around patients' rooms kept quiet at night?	Always quiet at night	H_QUIET_HSP_A_P	Mar 08
7	How often was the area around patients' rooms kept quiet at night?	Sometimes or never quiet at night	H_QUIET_HSP_SN_P	Mar 08
7	How often was the area around patients' rooms kept quiet at night?	Usually quiet at night	H_QUIET_HSP_U_P	Mar 08

Q No.	HCAHPS Topic Text	HCAHPS Answer Description	HCAHPS Code	Add Date
8	How often were the patients' rooms and bathrooms kept clean?	Room was always clean	H_CLEAN_HSP_A_P	Mar 08
8	How often were the patients' rooms and bathrooms kept clean?	Room was sometimes or never clean	H_CLEAN_HSP_SN_P	Mar 08
8	How often were the patients' rooms and bathrooms kept clean?	Room was usually clean	H_CLEAN_HSP_U_P	Mar 08
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	Mar 08
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	Mar 08
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	Mar 08
10	Would patients recommend the hospital to friends and family?	YES, patients would definitely recommend the hospital	H_RECMND_DY	Mar 08
10	Would patients recommend the hospital to friends and family?	YES, patients would probably recommend the hospital	H_RECMND_PY	Mar 08

Top Forty-Six Diagnosis Related Group Chart

	Diagnosis Related Group DRG Name	DRG ID	Add Date
1	Heart Attack without Complications	122	Mar 08
2	Heart Attack with Major Complications	121	Mar 08
3	Heart Failure	127	Mar 08
4	Chronic Lung Disease	088	Mar 08
5	Pneumonia and Pleurisy in Adults With Complications or Preexisting Conditions	089	Mar 08
6	Diabetes in Adults	294	Mar 08
7	Chest Pain	143	Mar 08
8	Angioplasty Procedures and Insertion of Drug Coated Stent into Heart Artery	558	Mar 08
9	Heart Bypass Surgery	550	Mar 08
10	Heart Bypass Surgery with Complications or Preexisting Conditions	549	Mar 08
11	Heart Valve Operations	105	Mar 08
12	Insertion of Heart Defibrillator	515	Mar 08
13	Insertion of Heart Defibrillator with Examination of Heart through a Catheter	536	Mar 08
14	Pacemaker Implant	552	Mar 08
15	Major Heart and Blood Vessel Procedures with Complications or Preexisting Conditions	110	Mar 08
16	Head and Neck Blood Vessel Operations	534	Mar 08
17	Gallbladder Removal By Laparoscope	494	Mar 08
18	Gallbladder Removal by Laparoscope with Complications or Preexisting Conditions	493	Mar 08
19	Gallbladder Removal Except By (non) Laparoscope with Complications or	197	Mar 08

	Preexisting Conditions		
20	Hernia Operations in Adults	160	Mar 08
21	Hernia Operations in Adults with Complications or Preexisting Conditions	159	Mar 08
22	Major Small & Large Intestine Operations	149	Mar 08
23	Stomach and Esophagus Operations In Adults With Complications or Preexisting Conditions with Major Gastrointestinal Condition	567	Mar 08
24	Stomach and Esophagus Operations In Adults With Complications or Preexisting Conditions without Major Gastrointestinal Condition	568	Mar 08
25	Major Small and Large Intestine Operations with Complications or Preexisting Conditions with Major Gastrointestinal Condition	569	Mar 08
26	Major Small and Large Intestine Operations with Complications or Preexisting Conditions without Major Gastrointestinal Condition	570	Mar 08
27	Back Fusion to Join Spine Bones, not Neck	498	Mar 08
28	Back Fusion to Join Spine Bones, not Neck, with Complications or Preexisting Conditions	497	Mar 08
29	Neck Fusion to Join Neck Bones	520	Mar 08
30	Neck Fusion to Join Bones with Complications or Preexisting Conditions	519	Mar 08
31	Back & Neck Operations Except Back or Neck Fusion	500	Mar 08
32	Back & Neck Operations Except Back or Neck Fusion with Complications or Preexisting Conditions	499	Mar 08
33	Major Arm & Shoulder Operations with Complications or Preexisting Conditions	223	Mar 08
34	Replacement of Hip, Knee or Ankle or Reattachment of Thigh, Foot or Ankle	544	Mar 08
35	Repair of Previous Hip or Knee Replacement	545	Mar 08
36	Two or More Hip, Knee or Ankle Operations	471	Mar 08
37	Other Bone, Joint & Organ Operations with Complications or Preexisting Conditions	233	Mar 08
38	Sample of Bone Removed for Evaluation of Cancer, Infections or Other Bone Disorders	216	Mar 08
39	Kidney and Bladder Operations for Cancer	303	Mar 08
40	Kidney and Bladder Operations with Complications or Preexisting Conditions	304	Mar 08
41	Other Kidney & Urinary Tract Operations	315	Mar 08
42	Other Bladder Operations Via the Urethra with Complications or Preexisting Conditions	310	Mar 08
43	Removal of Prostate Via Urethra	337	Mar 08
44	Removal of Prostate Via Urethra with Complications or Preexisting Conditions	336	Mar 08
45	Female Reproductive System Reconstructive Operations	356	Mar 08
46	Uterus & Ovary Operations	359	Mar 08