

FIELD NAME	FIELD DEFINITION
<b>ORG ID</b>	The unique identification number the Joint Commission assigns to each accredited health care organization for tracking purposes. This identification number can represent a single health care provider accredited under a single accreditation program, i.e. a community hospital that is accredited under the hospital accreditation program, or a complex health care provider accredited under multiple accreditation programs, i.e. a community hospital that is accredited under the hospital, home care and long-term programs.
<b>Medicare Provider Number</b>	The number that Medicare uses to identify healthcare organizations.
<b>Name</b>	The accredited health care organization's name.
<b>Address</b>	The accredited health care organization's address.
<b>City</b>	The accredited health care organization's city.
<b>State</b>	The accredited health care organization's state.
<b>Zip</b>	The accredited health care organization's zip code.
<b>Report Begin Date</b>	The report is based on a rolling for quarters of data. The report begin date identifies the first day / date of the reporting period.
<b>Report End Date</b>	The report is based on a rolling for quarters of data. The report end date identifies the last day / date of the reporting period.
<b>Program Name</b>	Categorizes the HealthCare Organization (HCO) as a hospital, critical access hospital, etc.
<b>Measure SetId</b>	Identifies which measure set is being assessed. There are currently 5 measure sets. An organization must select 3 of the 5 measure sets to report. The individual measure sets are identified as follows: a value of (1) represents the Heart Attack Care (or AMI) measure set; a value of (2) represents the Heart Failure Care measure set; a value of (3) represents the Pneumonia Care measure set; a value of (4) represents the Pregnancy and Related Conditions measure set and a value of (5) represents the Surgical Care Improvement Project measure set (or SCIP).
<b>Measure Set Name</b>	The category of standardized performance measures, which are part of the Joint Commission's National Quality Improvement Goals that assess the overall quality of care specific to that condition. There are five measure sets reported for hospitals: Heart Attack Care, Heart Failure Care, Pneumonia Care, Pregnancy Care, and Surgical Care Improvement Project.
<b>Nationwide Symbol</b>	This symbol indicates a hospital's level of performance compared to the results of all other Joint Commission accredited-hospitals in the nation that have reported on the same condition and related requirements. The nationwide symbol in this field pertains to the measure set roll-up. See "Field Values and Explanations for ALL Symbol Fields" below.
<b>Nationwide Footnote</b>	Footnotes that accompany the measure set and measure results and symbols are intended to provide information when the symbol N/D for Not Displayed is shown. The footnote is displayed in the spreadsheet, text file, PDF report and on the Quality Report. See "Field Values and Explanations for ALL Footnote Fields" below.
<b>Statewide Symbol</b>	This symbol represents the comparison of the hospital's performance for all measures in the measure set to the results of all other Joint Commission-accredited hospitals in that hospital's specific state that have reported on the same condition and related requirements. The symbols are the same symbols used throughout the data. The statewide symbol in this field pertains to the measure set roll-up. See "Field Values and Explanations for ALL Symbol Fields" below.
<b>Statewide Footnote</b>	Footnotes that accompany the measure set and measure results and symbols are intended to provide information when the symbol N/D for Not Displayed is shown. The footnote number is displayed in the report file. See "Field Values and Explanations for ALL Footnote Fields" below.
<b>Measure Id</b>	A unique identifier for measures.
<b>Measure Subset Id</b>	A unique identifier which distinguishes measure subsets from measures and measure sets. Measure subsets are currently used in Measure Set 5 (Surgical Care Improvement Project for Infection Prevention)

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<b>Measure Name</b>	Identifies which measure is being assessed. A National Quality Improvement Goal measure is a quantitative assessment of adherence to evidence-based guidelines for optimal patient care and outcomes.
<b>Measure Type</b>	The Joint Commission uses two types of measures to report National Quality Improvement Goal results, process measures and outcome measures. Process measures are denoted with a (1) and describe the how often a series of activities, actions, or steps are carried out (for example, a treatment such as aspirin at arrival) in a patient population over a set time period. Process measures are expressed in terms of a percentage, or rate. Outcome measures are denoted with a (3) and describe the results of the performance of a function or process (for example, vaginal tears during delivery patient population over a set period of time. Outcome measures are expressed in terms of a percentage or rate.
<b>Nationwide Hospital Result Symbol</b>	These symbols represent the hospital's performance for the individual measure. The symbols are the same symbols used throughout the data. See "Field Values and Explanations for ALL Symbol Fields" below.
<b>Nationwide Hospital Result Footnote</b>	These footnotes are used for the individual measure. Footnotes that accompany the measure results and symbols are intended to provide information when the symbol N/D for Not Displayed is shown. The footnote number is displayed in report file. See "Field Values and Explanations for ALL Footnote Fields" below.
<b>Actual Rate</b>	The HCO's observed rate. The number of times as a percentage the hospital performed the measure during the time period being reported. The results of some measures may also be reported as an average number of minutes.
<b>Expected Rate</b>	1. The comparative/national rate for process measures. 2. The hospital's expected rate after applying risk adjustment for outcome measures.
<b>Eligible Patients Rate Footnote</b>	Total number of patients treated in the particular measur Footnotes that accompany a hospital's rate to provide additional information on the rate when available or necessary. See "Field Values and Explanations for ALL Footnote Fields" below.
<b>Nationwide Top 10 %</b>	Number of times, as a percentage, the top 10 percent of all Joint Commission-accredited hospitals in the nation followed the recommended procedure during the time period being reported. The results of some measures may also be reported as an average number of minutes.
<b>Nationwide Average</b>	The average rate for all healthcare organizations in the nation that provide results for a measure. The average rate is calculated by dividing the total number of patients who had the recommended care provided for a measure by the total number of patients who met the inclusion and exclusion criteria for that measure in the nation for the timeframe being reported.
<b>Statewide Top 10 %</b>	The number of times, as a percentage, the top 10 percent of all Joint Commission-accredited hospitals in the state followed the recommended procedure during the time period being reported. The results of some measures may also be reported as an average number of minutes.
<b>Statewide Average</b>	The average rate for all healthcare organizations in the state that provide results for a measure. The average rate is calculated by dividing the total number of patients who had the recommended care provided for a measure by the total number of patients who met the inclusion and exclusion criteria for that measure in the state for the timeframe being reported.
<b>Statewide Footnote</b>	Footnotes that accompany the measure set and measure results and symbols are intended to provide information when the symbol N/D for Not Displayed is shown. The footnote number is displayed in the spreadsheet. See "Field Values and Explanations for All Footnote Fields" below.

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<p><b>Field Values and Explanations for All SYMBOL Fields:</b>  <i>Field Values</i> on XLS and TXT file formats.</p> <p>B = The hospital has met the National Quality Improvement Goal 100% of the time. This is the best possible achievement.            F = The hospital has performed better than the national average.            N = The hospital has performed the same as the national average.            U = The hospital has met the National Quality Improvement Goal less often than the national average.            ND = Not Displayed. See footnote for explanation.</p>	
<p><b>Field Values and Explanations for All FOOTNOTE Fields:</b></p> <p>1 The measure or measure set was not reported. Some hospitals may not provide a service or specific procedure reported by a measure. If the hospital does not provide the service or procedure, the measure information is not collected and this footnote will be provided.</p> <p>2 The measure set does not have an overall result. Some measure sets such as Pregnancy Care have results that are not included when reporting the overall result for the measure set.</p> <p>3 The number of patients is not enough for comparison purposes. To fairly compare one organization's performance to that of others, the organization has to have enough patients to provide a valid track record of the level of care provided. A small number of patients may not represent the organization's performance over time. When the number of patients is small, comparisons are not made.</p> <p>4 The measure meets the Privacy Disclosure Threshold rule. The Privacy Disclosure Threshold is used to limit the possibility of disclosing identifying information about patients.</p> <p>5 The organization scored above 90% but was below most other organizations. The results of some measures are very high. For example, all hospitals are very good at providing aspirin at arrival for heart attack patients. Very high overall scores for a measure can result in a hospital having a "minus" for the measure even though its measure result is above 90%.</p> <p>6 The measure results are not statistically valid. The Joint Commission reviews the National Quality Improvement Goal measure results provided by the accredited hospitals. If the results are potentially in error due to the range of values submitted, the measure results are not used.</p> <p>7 The measure results are based on a sample of patients. Hospitals with a very large number of patients do not have to submit information on every patient treated. The hospital can submit a sample of the patients to represent the result for that measure.</p> <p>8 The number of months with measure data is below the reporting requirement. Hospitals must have nine months of data in order for a comparative symbol (plus, check or minus) to be displayed.</p> <p>* This information is part of the Hospital Quality Alliance. This information can also be viewed at <a href="http://www.hospitalcompare.hhs.gov">www.hospitalcompare.hhs.gov</a>.</p> <p>** Pneumonia inpatients for Oct 2006 - Nov 2006 are not publicly reported due to delays in vaccine distribution to many hospitals; Dec 2006 rates will be included in the next report.</p> <p>---- Null value or data not displayed. Value is "Null" when a corresponding footnote is not displayed.</p>	