

| FIELD NAME | FIELD DEFINITION |
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| ORG ID | 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 care programs. |
| Medicare Provider Number | The number that Medicare uses to identify healthcare organizations. |
| Name | The accredited health care organization's name. |
| Address | The accredited health care organization's address. |
| City | The accredited health care organization's city. |
| State | The accredited health care organization's state. |
| Zip | The accredited health care organization's zip code. |
| Report Begin Date | The report is based on a rolling for quarters of data. The report begin date identifies the first day / date of the reporting period. |
| Report End Date | The report is based on a rolling for quarters of data. The report end date identifies the last day / date of the reporting period. |
| Program Name | Categorizes the HealthCare Organization (HCO) as a hospital, critical access hospital, etc. |
| Measure Set Id | A unique alpha-numeric identifier assigned to a measure. Information associated with a measure is identified by this unique alpha-numeric number. |
| Measure Set Name | A unique grouping of performance measures carefully selected to provide, when viewed together, a robust picture of the care provided in a given area (e.g., cardiovascular care, pregnancy). |
| Nationwide Symbol | 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. |
| Nationwide Footnote | 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. |
| Statewide Symbol | 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. |
| Statewide Footnote | 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. |

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| Measure Id | A unique identifier for measures. |
| Measure Name | 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. |
| Measure Type | 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) in a patient population over a set period of time. Outcome measures are expressed in terms of a percentage or rate. |
| Nationwide Hospital Result Symbol | 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. |
| Nationwide Hospital Result Footnote | 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. |
| Actual Rate | 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. |
| Expected Rate | 1. The comparative/national rate for process measures. 2. The hospital's expected rate after applying risk adjustment for outcome measures. |
| Eligible Patients | Total number of patients treated in the particular measure |
| Rate Footnote | 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. |
| Top Performer Threshold | Top Performer Threshold is the 90th percentile for rates where the Direction of Improvement is 'Higher is better' and the 10th percentile where the Direction of Improvement is 'Lower is Better'. |
| Nationwide Average | 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 patient 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. |
| Statewide Average | 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. |
| Statewide Footnote | 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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| Field Values and Explanations for All SYMBOL Fields: | |
| <i>Field Values</i> on XLS and TXT file formats. | |
| | 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. |
| Field Values and Explanations for All FOOTNOTE Fields: | |
| | 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. |
| | 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. |
| | 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. |
| | 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. |
| | 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%. |
| | 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. |
| | 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. |
| | 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. |
| | 9 The measure results are temporarily suppressed pending resubmission of updated data. The measure results are being suppressed temporarily pending resubmission of updated measure values that will be reflected in the next quarterly posting of the National Quality Improvement Goals. |
| | 10 New Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement. |
| | 11 There were no eligible patients that met the denominator criteria. |
| | 12 The measure rate is within optimal range. |
| | * This information is part of the Hospital Quality Alliance. This information can also be viewed at www.hospitalcompare.hhs.gov . |
| | ---- Null value or data not displayed. Value is "Null" when a corresponding footnote is not displayed. |
| | † Beginning with patients discharged in July 2006 the Heart Attack and Heart Failure measures were changed to remove patients receiving only comfort care (support For the dying patient). See Hospital (For Health Care Professionals) Users Guide for more details. |

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| <p>NOTE: Discrepancies Between Yearly Rates and Quarterly Rates</p> | <p>Hospitals select measure sets and measures within a measure set based on services provided. For example, a hospital selects the SCIP measure set which includes three measures that address selected procedures. A hospital will only collect and transmit data for those specific procedures provided. It may also be that a hospital adds or no longer provides specific services during a quarter for a particular reporting period. This may cause discrepancies between the yearly rates and the quarterly rates</p> |
| <p>Outcome Measure and Small Sample Size</p> | <p>If the number of eligible patients multiplied by the expected rate is less than 5, it is considered a small sample.</p> |
| <p>Calculation of Sampled Rates for Measure Sets</p> | <p>When patient populations are sampled, exact rates must be estimated in order to reduce any bias. Each estimate will be adjusted with a sampling fraction. The sampling fraction is the ratio of the size of the sample (n) to that of the size of their ICD-9-CM population (N). The sampling fraction is n/N. The sampled rates will be the sum of sampling fraction times the numerator divided by the sum of the sampling fraction times the denominator.</p> <p>Let:</p> <ul style="list-style-type: none"> n_i = the denominator for month i x_i = the numerator for month i N_i = the ICD-9-CM population for month i $f_i = n_i/N_i$ $p_i = x_i/n_i$ $\text{Rate} = \frac{\sum_i f_i * x_i}{\sum_i f_i * n_i}$ $\text{Variance} = \frac{\sum_i f_i^2 * n_i^2 * p_i * (1 - p_i)}{(\sum_i f_i * n_i)^2}$ |
| <p>DISCLAIMER: The Joint Commission obtains information about accredited organizations not only through direct observations by its employees but also through direct communications from those accredited organizations and from measurement companies hired by accredited organizations and accepted by the Joint Commission as sources for performance measure data. Thus, the Joint Commission can provide no warranties or guarantees, express or implied, as to the complete accuracy of the information displayed on its Quality Check, and cannot be responsible for any errors or omissions in that information. Also, the Joint Commission's accreditation standards and National Patient Safety Goals compliance information is based on findings or acceptance of corrective action at particular points in time, and the hospital performance measure ratings depicted are a reflection of performance data that are submitted on a quarterly basis and are considered current given best available knowledge at the time of posting. This means, the information reflected in this Quality Report, current at a particular time, could change without The Joint Commission knowledge. The information and data provided should be useful, but are not recommendations to utilize any particular organizations services and do not constitute medical advice. Individuals using this site are responsible for obtaining the additional information necessary to make informed decisions about the choice of health care providers.</p> | |