

FIELD LOCATION ON PDF REPORT



Sample Hospital
1234 Main Street
Anytown, IL 60000

Name, Address, City,
State, Zip Code

Measure Set Name

Heart Attack Care † Measure Set

Heart Attack Care †

Adult smoking cessation advice/counseling*

Measure Name

Aspirin at arrival*

Aspirin prescribed at discharge*

Fibrinolytic therapy received within 30 minutes of hospital arrival*

Pregnancy Care Measure Set

Pregnancy Care

Inpatient neonatal mortality

Number of Eligible Patients
Actual Rate
Expected Rate

Performance Measure Data Extract
Reporting Period: October 2005 - September 2006

Quarterly Measure Results

Report Begin - End Dates

Run Date: April 23, 2007

Organization ID

Org ID: 1234

Medicare Provider Number: XY1234

Medicare
Provider
Number

Q1 Begin /
End Dates

Q2 Begin /
End Dates

Q3 Begin / End
Dates

Q4 Begin /
End Dates

Oct - Dec 2005

Jan - Mar 2006

Apr - Jun 2006

Jul - Sep 2006

Q4 Rate
Footnote

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	---	5	---	---
Rate	---	80.00%	---	---
Nationwide Average	94.83%	95.44%	96.37%	
Number of Eligible Patients	21	16	7	8
Rate	100.00%	100.00%	100.00%	100.00%
Nationwide Average	96.09%	96.20%	96.55%	97.01%
Number of Eligible Patients	4	10	4	3
Rate	75.00%	100.00%	100.00%	100.00%
Nationwide Average	96.11%	96.19%	96.54%	96.89%
Number of Eligible Patients	---	---	---	---
Rate	---	---	---	---
Nationwide Average	38.63%	37.30%	38.83%	50.66%

Q1 Eligible Patients

Q1 Actual Rate

Q1 Nationwide Average

Q1 Expected Rate

Oct - Dec 2005

Jan - Mar 2006

Apr - Jun 2006

Jul - Sep 2006

Number of Eligible Patients
Actual Rate
Expected Rate

	Oct - Dec 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006
Number of Eligible Patients	148	1	---	108
Actual Rate	.68%	.00%	---	.00%
Expected Rate	.71%	.06%	.04%	.04%

FIELD NAME	FIELD DEFINITION
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 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 - [Not displayed on PDF report]	Categorizes the HealthCare Organization (HCO) as a hospital, critical access hospital, etc.
Measure SetId - [Not displayed on PDF report]	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).
Measure Set Name -	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.
Measure Id - [Not displayed on PDF report]	A unique identifier for measures.
Measure Subset Id - [Not displayed on PDF report]	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)
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 - [Not displayed on PDF report]	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.
Q1 Begin Date	The start date for the first quarter of the reporting period listed on the data file. Each data file reporting period is based on a rolling four quarters of data and is updated quarterly.
Q1 End Date	The end date for the first quarter of the reporting period listed on the data file. Each data file reporting period is based on a rolling four quarters of data and is updated quarterly.

FIELD NAME	FIELD DEFINITION
Q1 Actual Rate	The HCO's observed rate for the first quarter of the reporting period listed on the data file. 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.
Q1 Expected Rate	Expected rate has a different meaning depending on the measure type. There are two types of measures: process measures and outcome measures. The expected rate for process measures is defined as the comparative/national rate. The expected rate for outcome measures is defined as the hospital's expected rate after applying risk adjustment. This expected rate is for the first quarter of the reporting period listed on the data file.
Q1 Eligible Patients	Total number of patients treated in the particular measure for the first quarter of the reporting period listed on the data file.
Q1 Rate Footnote	Footnotes that accompany a hospital's rate to provide additional information on the rate when available or necessary. This rate footnote is for the first quarter of the reporting period listed on the data file.
Field Values and Explanations for Q1 Rate Footnote:	
	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.
	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.
	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.
	** 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.
	*** The measure was not in effect for this quarter.
	**** The measure results will be displayed after two quarters of data are available.
	---- 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) User's Guide for more details.
Q1 Nationwide Average	The average rate for all healthcare organizations in the nation that provided results for a measure during the first quarter of the reporting period listed on the data file. 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.
Q2 Begin Date	The start date for the second quarter of the reporting period listed on the data file. Each data file reporting period is based on a rolling four quarters of data and is updated quarterly.
Q2 End Date	The end date for the second quarter of the reporting period listed on the data file. Each data file reporting period is based on a rolling four quarters of data and is updated quarterly.

FIELD NAME	FIELD DEFINITION
Q2 Actual Rate	The HCO's observed rate for the second quarter of the reporting period listed on the data file. 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.
Q2 Expected Rate	Expected rate has a different meaning depending on the measure type. There are two types of measures: process measures and outcome measures. The expected rate for process measures is defined as the comparative/national rate. The expected rate for outcome measures is defined as the hospital's expected rate after applying risk adjustment. This expected rate is for the second quarter of the reporting period listed on the data file.
Q2 Eligible Patients	Total number of patients treated in the particular measure for the second quarter of the reporting period listed on the data file.
Q2 Rate Footnote	Footnotes that accompany a hospital's rate to provide additional information on the rate when available or necessary. This rate footnote is for the second quarter of the reporting period listed on the data file.
Field Values and Explanations for Q2 Rate Footnote:	
	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.
	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.
	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.
	** 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.
	*** The measure was not in effect for this quarter.
	**** The measure results will be displayed after two quarters of data are available.
	---- 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) User's Guide for more details.
Q2 Nationwide Average	The average rate for all healthcare organizations in the nation that provided results for a measure during the second quarter of the reporting period listed on the data file. 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.
Q3 Begin Date	The start date for the third quarter of the reporting period listed on the data file. Each data file reporting period is based on a rolling four quarters of data and is updated quarterly.
Q3 End Date	The end date for the third quarter of the reporting period listed on the data file. Each data file reporting period is based on a rolling four quarters of data and is updated quarterly.

FIELD NAME	FIELD DEFINITION
Q3 Actual Rate	The HCO's observed rate for the third quarter of the reporting period listed on the data file. 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.
Q3 Expected Rate	Expected rate has a different meaning depending on the measure type. There are two types of measures: process measures and outcome measures. The expected rate for process measures is defined as the comparative/national rate. The expected rate for outcome measures is defined as the hospital's expected rate after applying risk adjustment. This expected rate is for the third quarter of the reporting period listed on the data file.
Q3 Eligible Patients	Total number of patients treated in the particular measure for the third quarter of the reporting period listed on the data file.
Q3 Rate Footnote	Footnotes that accompany a hospital's rate to provide additional information on the rate when available or necessary. This rate footnote is for the third quarter of the reporting period listed on the data file.
Field Values and Explanations for Q3 Rate Footnote:	
	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.
	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.
	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.
	** 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.
	*** The measure was not in effect for this quarter.
	**** The measure results will be displayed after two quarters of data are available.
	---- 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) User's Guide for more details.
Q3 Nationwide Average	The average rate for all healthcare organizations in the nation that provided results for a measure during the third quarter of the reporting period listed on the data file. 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.
Q4 Begin Date	The start date for the fourth quarter of the reporting period listed on the data file. Each data file reporting period is based on a rolling four quarters of data and is updated quarterly.
Q4 End Date	The end date for the fourth quarter of the reporting period listed on the data file. Each data file reporting period is based on a rolling four quarters of data and is updated quarterly.

FIELD NAME	FIELD DEFINITION
Q4 Actual Rate	The HCO's observed rate for the fourth quarter of the reporting period listed on the data file. 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.
Q4 Expected Rate	Expected rate has a different meaning depending on the measure type. There are two types of measures: process measures and outcome measures. The expected rate for process measures is defined as the comparative/national rate. The expected rate for outcome measures is defined as the hospital's expected rate after applying risk adjustment. This expected rate is for the fourth quarter of the reporting period listed on the data file.
Q4 Eligible Patients	Total number of patients treated in the particular measure for the fourth quarter of the reporting period listed on the data file.
Q4 Rate Footnote	Footnotes that accompany a hospital's rate to provide additional information on the rate when available or necessary. This rate footnote is for the fourth quarter of the reporting period listed on the data file.
Field Values and Explanations for Q4 Rate Footnote:	
	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.
	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.
	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.
	** 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.
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	† 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) User's Guide for more details.
Q4 Nationwide Average	The average rate for all healthcare organizations in the nation that provided results for a measure during the fourth quarter of the reporting period listed on the data file. 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.