

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	Categorizes the HealthCare Organization (HCO) as a hospital, critical access hospital, etc.
Measure SetId	Identifies which measure set is being assessed. There are currently 6 measure sets. An organization must select 4 of the 6 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 (or HF) measure set; a value of (3) represents the Pneumonia Care (or PN) measure set; a value of (4) represents the Pregnancy and Related Conditions (or PR) measure set, a value of (5) represents the Surgical Care Improvement Project measure set (or SCIP) and a value of (12) represents the Children's Asthma Care (or CAC) measure set.
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 six measure sets reported for hospitals: Heart Attack Care, Heart Failure Care, Pneumonia Care, Pregnancy Care, Surgical Care Improvement Project and Children's Asthma Care.
Measure Id	A unique identifier for measures.
Measure Subset Id	A unique identifier which distinguishes measure subsets from measures and measure sets. Measure subsets are currently used in Measure Sets 5 and 12 (Surgical Care Improvement Project for Infection Prevention and Children's Asthma Care.)
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.

FIELD NAME	FIELD DEFINITION
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.
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.
	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.
	*** 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.
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.

FIELD NAME	FIELD DEFINITION
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.
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.
	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.
	*** 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.
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.

FIELD NAME	FIELD DEFINITION
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.
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.
	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.
	*** 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.
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.

FIELD NAME	FIELD DEFINITION
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.
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.
	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.
	*** 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.
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.

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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>Influenza Vaccination Q3 and Q4 Begin and End Dates</p>	<p>The Seasonal Influenza Vaccination measure was added to the pneumonia care measure set for National Quality Improvement Goals (NQIG) for hospitals. The current Seasonal Influenza Vaccination reporting period is October 2007 to March 2008.</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 Surgical Care Improvement Project (SCIP) and Children's Asthma Care (CAC) 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 the sampling fraction times the numerator divided by the sum of the sampling fraction times the denominator.</p> <p>Let:</p> <p>n_i = the denominator for month i x_i = the numerator for month i N_i = the ICD-9-CM population for month i $f_i = n_i/N_i$ $p_i = x_i/n_i$</p> $\text{Rate} = \frac{\sum_i f_i * x_i}{\sum_i f_i * n_i}$ $\text{Variance} = \frac{\sum_i f_i^2 * n_i^2 * p_i * (1 - p_i)}{(\sum_i f_i * n_i)^2}$

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.