

Hospital Compare Data Release

[Hospital Compare](#) and [data.medicare.gov](#) provide consumers with information on how well hospitals and other facilities deliver care to patients and encourages health care facilities to make continued improvements in care quality. *Hospital Compare* reports information on more than 100 quality measures for over 4,000 hospitals nationwide, and allows consumers to compare hospital performance across many conditions. Data.medicare.gov displays information on other types of health care facilities, such as Ambulatory Surgical Centers, Inpatient Psychiatric Facilities, and certain cancer hospitals.

May 4, 2016 Measure Updates

Today's release includes several enhancements and updates to the information available on *Hospital Compare* including:

The **Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program** is updating data on existing measures, and reporting four new measures on data.medicare.gov:

- Follow-up After Hospitalization (FUH) for Mental Illnessⁱ
- Alcohol Use Screening (SUB-1)
- Use of an Electronic Health Record
- Assessment of Patient Experience of Care (PEoC)

The **Ambulatory Surgical Center Quality Reporting (ASCQR) Program** is publicly reporting eight new measures on data.medicare.gov:

- Patient Burn (ASC-1)
- Patient Fall (ASC-2)
- Wrong Site, Side, Patient, Procedure, Implant (ASC-3)
- All-Cause Hospital Transfer/Admission (ASC-4)
- Prophylactic Intravenous (IV) Antibiotic timing (ASC-5)
- Influenza Vaccination Coverage among Healthcare Personnel (ASC-8)
- Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (ASC-9)
- Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use (ASC-10)

The ASCQR Program also updated data for the following measures:

- Safe Surgery Checklist Use (ASC-6)
- Facility Volume Data on Selected ASC Surgical Procedures (ASC-7)

The **Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR) Program** data were updated on data.medicare.gov.

The Hospital **Inpatient Quality Reporting (IQR) Program/Hospital Outpatient Quality Reporting (OQR) Program** data were updated on Hospital Compare and data.medicare.gov for:

- Timely and Effective Care
- Children's Asthma Care
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
- Hospital-Acquired Infections (HAI)

The Hospital **OQR Program** data were updated for:

- Timely and Effective Care
- MRI Lumbar Spine for Low Back Pain (OP-8)

Beginning in December 2016, hospitals participating in the Hospital IQR Program are no longer required to report the following measures:

- Acute Myocardial Infarction Timing of Receipt of Primary Percutaneous Coronary Intervention (AMI-8a)
- Evaluation of Left Ventricular Systolic Function (HF-2)
- Initial Antibiotic Selection for CAP in Immunocompetent Patient (PN-6)
- Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision (SCIP-Inf-1)
- Prophylactic Antibiotic Selection for Surgical Patients - Overall Rate (SCIP-Inf-2)
- Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time (SCIP-Inf-3)
- Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) With Day of Surgery Being Day Zero (SCIP-Inf-9)
- Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period (SCIP-Card-2)
- Surgery Patients Who Received Appropriate Venous Thromboembolism (VTE) Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery End Time (SCIP-VTE-2)
- Discharged on Antithrombotic Therapy (STK-2)
- Anticoagulation Therapy for Atrial Fibrillation/Flutter (STK-3)
- Antithrombotic Therapy By End of Hospital Day 2 (STK-5)
- Assessed for Rehabilitation (STK-10)
- Venous Thromboembolism Patients Receiving Unfractionated Heparin With Dosages/Platelet Count Monitoring by Protocol or Nomogram (VTE-4).

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ⁱ The Follow-up After Hospitalization within 30 days of Discharge (FUH-30) and Follow-up After Hospitalization within 7 days of Discharge (FUH-7) measures were suppressed and will not be reported; because of problems with the coding and calculation of measure results.