

Medicare.gov | Hospital Compare

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Measures and current data collection periods

- Update frequencies and data collection periods for individual measures are subject to change. View [data updates](#) for changes.
- Get the [data collection periods for the measures included in the Hospital Compare overall rating](#).
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Measures and current data collection periods on Hospital Compare

Measure identifier	Technical measure title	Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through
General information- Structural measures					
SM-PART-NURSE	Participation in a systematic database for nursing sensitive care	Nursing Care Registry	Annually January	1/1/2016	12/31/2016
ACS-REGISTRY	Participation in a multispecialty surgical registry	Multispecialty Surgical Registry	Quarterly (January, April, July, October)	10/1/2016	9/30/2017
SM-PART-GEN-SURG	Participation in general surgery registry	General Surgery Registry	Annually January	1/1/2016	12/31/2016
OP-12	The ability for providers with health information technology (HIT) to receive laboratory data electronically directly into their qualified/certified EHR system as discrete searchable data	Able to receive lab results electronically	Annually January	1/1/2016	12/31/2016

Measure identifier	Technical measure title	Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through
OP-17	Tracking Clinical Results between Visits	Able to track patients' lab results, tests, and referrals electronically between visits	Annually January	1/1/2016	12/31/2016
OP-25	Safe surgery checklist use (outpatient)	Uses outpatient safe surgery checklist	Annually January	1/1/2016	12/31/2016
SM-SS-CHECK	Safe surgery checklist use (inpatient)	Uses inpatient safe surgery checklist	Annually January	1/1/2016	12/31/2016
SM-HS-PATIENT-SAF	Hospital Survey on Patient Safety Culture	Uses hospital survey on patient safety culture	Annually January	1/1/2016	12/31/2016
<i>Survey of patient's experiences- Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)</i>					
H-COMP-1-A-P	Communication with nurses (composite measure)	Patients who reported that their nurses "Always" communicated well	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-COMP-1-U-P	Communication with nurses (composite measure)	Patients who reported that their nurses "Usually" communicated well	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-COMP-1-SN-P	Communication with nurses (composite measure)	Patients who reported that their nurses "Sometimes" or "Never" communicated well	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-COMP-2-A-P	Communication with doctors (composite measure)	Patients who reported that their doctors "Always" communicated well	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-COMP-2-U-P	Communication with doctors (composite measure)	Patients who reported that their doctors "Usually" communicated well	Quarterly (January, April, July, October)	1/1/2017	12/31/2017

Measure identifier	Technical measure title	Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through
H-COMP-2-SN-P	Communication with doctors (composite measure)	Patients who reported that their doctors "Sometimes" or "Never" communicated well	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-COMP-3-A-P	Responsiveness of hospital staff (composite measure)	Patients who reported that they "Always" received help as soon as they wanted	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-COMP-3-U-P	Responsiveness of hospital staff (composite measure)	Patients who reported that they "Usually" received help as soon as they wanted	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-COMP-3-SN-P	Responsiveness of hospital staff (composite measure)	Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-COMP-5-A-P	Communication about medicines (composite measure)	Patients who reported that staff "Always" explained about medicines before giving it to them	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-COMP-5-U-P	Communication about medicines (composite measure)	Patients who reported that staff "Usually" explained about medicines before giving it to them	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-COMP-5-SN-P	Communication about medicines (composite measure)	Patients who reported that staff "Sometimes" or "Never" explained about medicines before giving it to them	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-CLEAN-HSP-A-P	Cleanliness of hospital environment (individual measure)	Patients who reported that their room and bathroom were "Always" clean	Quarterly (January, April, July, October)	1/1/2017	12/31/2017

Measure identifier	Technical measure title	Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through
H-CLEAN-HSP-U-P	Cleanliness of hospital environment (individual measure)	Patients who reported that their room and bathroom were "Usually" clean	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-CLEAN-HSP-SN-P	Cleanliness of hospital environment (individual measure)	Patients who reported that their room and bathroom were "Sometimes" or "Never" clean	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-QUIET-HSP-A-P	Quietness of hospital environment (individual measure)	Patients who reported that the area around their room was "Always" quiet at night	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-QUIET-HSP-U-P	Quietness of hospital environment (individual measure)	Patients who reported that the area around their room was "Usually" quiet at night	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-QUIET-HSP-SN-P	Quietness of hospital environment (individual measure)	Patients who reported that the area around their room was "Sometimes" or "Never" quiet at night	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-COMP-6-Y-P	Discharge information (composite measure)	Patients who reported that YES, they were given information about what to do during their recovery at home	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-COMP-6-N-P	Discharge information (composite measure)	Patients who reported that NO, they were not given information about what to do during their recovery at home	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-COMP-7-SA	Care Transition (composite measure)	Patients who "Strongly Agree" they understood their care when they left the hospital	Quarterly (January, April, July, October)	1/1/2017	12/31/2017

Measure identifier	Technical measure title	Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through
H-COMP-7-A	Care Transition (composite measure)	Patients who "Agree" they understood their care when they left the hospital	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-COMP-7-D-SD	Care Transition (composite measure)	Patients who "Disagree" or "Strongly Disagree" they understood their care when they left the hospital	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-HSP-RATING-9-10	Overall rating of hospital (global measure)	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-HSP-RATING-7-8	Overall rating of hospital (global measure)	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-HSP-RATING-0-6	Overall rating of hospital (global measure)	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-RECMND-DY	Willingness to recommend the hospital (global measure)	Patients who reported YES, they would definitely recommend the hospital	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-RECMND-PY	Willingness to recommend the hospital (global measure)	Patients who reported YES, they would probably recommend the hospital	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
H-RECMND-DN	Willingness to recommend the hospital (global measure)	Patients who reported NO, they would probably not or definitely not	Quarterly (January, April, July, October)	1/1/2017	12/31/2017

Measure identifier	Technical measure title	recommend the Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through
<i>Timely & effective care- Sepsis care</i>					
SEP-1	Early Management Bundle, Severe Sepsis/Septic Shock	Percentage of patients who received appropriate care for severe sepsis and septic shock	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
<i>Timely & effective care- Cataract surgery outcome</i>					
OP-31	Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery	Annually January	1/1/2016	12/31/2016
<i>Timely & effective care- Colonoscopy follow-up</i>					
OP-29	Endoscopy/polyp surveillance: appropriate follow-up interval for normal colonoscopy in average risk patients	Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy	Annually January	1/1/2016	12/31/2016
OP-30	Endoscopy/polyp surveillance: colonoscopy interval for patients with a history of adenomatous polyps - avoidance of inappropriate use	Percentage of patients with history of polyps receiving follow-up colonoscopy in the appropriate timeframe	Annually January	1/1/2016	12/31/2016
<i>Timely & effective care- Heart attack</i>					
OP-3b	Median time to transfer to another facility for acute coronary intervention	Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital	Quarterly (January, April, July, October)	1/1/2017	12/31/2017

Measure identifier	Technical measure title	Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through
OP-5	Median time to ECG	Average (median) number of minutes before outpatients with chest pain or possible heart attack got an ECG	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
OP-2	Fibrinolytic therapy received within 30 minutes of emergency department arrival	Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
OP-4	Aspirin on arrival	Outpatients with chest pain or possible heart attack who received aspirin within 24 hours of arrival or before transferring from the emergency department	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
<i>Timely & effective care- Emergency department (ED) throughput</i>					
EDV	Emergency department volume	Emergency department volume	Annually January	1/1/2016	12/31/2016
ED-1b	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the hospital	Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
ED-2b	Median time from admit decision to time of departure from the emergency department for patients admitted to inpatient status	Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency	Quarterly (January, April, July, October)	1/1/2017	12/31/2017

Measure identifier	Technical measure title	department for their Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through
OP-18b	Median time from emergency department arrival to emergency department departure for discharged patients	Average (median) time patients spent in the emergency department before leaving from the visit	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
OP-20	Door to diagnostic evaluation by a qualified medical professional	Average (median) time patients spent in the emergency department before they were seen by a healthcare professional	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
OP-21	Median time to pain management for long bone fracture	Average (median) time patients who came to the emergency department with broken bones had to wait before getting pain medication	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
OP-22	Left without being seen	Percentage of patients who left the emergency department before being seen	Annually January	1/1/2016	12/31/2016
OP-23	Head CT scan results for acute ischemic stroke or hemorrhagic stroke who received head CT scan interpretation within 45 minutes of arrival	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
<i>Timely & effective care- Preventive care</i>					
IMM-2	Influenza Immunization	Patients assessed and given influenza vaccination	Annually January	10/1/2016	3/31/2017
IMM-3-OP-27-EAC	Influenza Vaccination	Healthcare workers	Annually	10/1/2017	3/31/2018

ADIPCT Measure identifier	Coverage among Technical measure title	given influenza Measure as posted on Hospital Compare	October Update frequency	Current data collection period	
				From	Through

<i>Timely & effective care- Blood clot prevention & treatment</i>					
VTE-6	Incidence of potentially preventable venous thromboembolism	Patients who developed a blood clot while in the hospital who <i>did not</i> get treatment that could have prevented it	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
<i>Timely & effective care- Pregnancy & delivery care</i>					
PC-01	Elective delivery prior to 39 completed weeks of gestation	Percent of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery was not medically necessary	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
<i>Timely and Effective Care - Cancer care</i>					
OP-33	External beam radiotherapy for bone metastases	Percentage of patients receiving appropriate radiation therapy for cancer that has spread to the bone	Annually January	1/1/2016	12/31/2016
<i>Complications & deaths- Surgical complications</i>					
COMP-HIP-KNEE	Hospital level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)	Rate of complications for hip/knee replacement patients	Annually July	4/1/2014	3/31/2017
PSI-90-SAFETY	Patient safety and adverse events composite	Serious complications	Annually July*	10/1/2015	6/30/2017

Measure identifier	Technical measure title	Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through
PSI-3-ULCER	Pressure ulcers (Data will not be posted on Hospital Compare but will be available on Data.Medicare.Gov)	Pressure sores	Annually July*	10/1/2015	6/30/2017
PSI-4-SURG-COMP	Death rate among surgical inpatients with serious treatable complications	Deaths among patients with serious treatable complications after surgery	Annually July*	10/1/2015	6/30/2017
PSI-6-IAT-PTX	Iatrogenic pneumothorax (Data will not be posted on Hospital Compare but will be available on Data.Medicare.Gov)	Collapsed lung due to medical treatment	Annually July*	10/1/2015	6/30/2017
PSI-8-POST-HIP	In hospital fall with hip fracture (Data will not be posted on Hospital Compare but will be available on Data.Medicare.Gov)	Broken hip from a fall after surgery	Annually July*	10/1/2015	6/30/2017
PSI-9-POST-HEM	Perioperative hemorrhage or hematoma (Data will not be posted on Hospital Compare but will be available on Data.Medicare.Gov)	Bleeding or bruising during surgery	Annually July*	10/1/2015	6/30/2017
PSI-10-POST-KIDNEY	Postoperative acute kidney injury requiring dialysis (Data will not be posted on Hospital Compare but will be available on Data.Medicare.Gov)	Kidney and diabetic complications after surgery	Annually July*	10/1/2015	6/30/2017
PSI-11-POST-RESP	Postoperative respiratory failure (Data will not be posted on Hospital Compare but will be	Respiratory failure after surgery	Annually July*	10/1/2015	6/30/2017

Measure identifier	available on Technical measure title	Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through

PSI-12	Perioperative pulmonary embolism or deep vein thrombosis (Data will not be posted on Hospital Compare but will be available on Data.Medicare.Gov)	Serious blood clots after surgery	Annually July*	10/1/2015	6/30/2017
PSI-13- POST- SEPSIS	Postoperative sepsis (Data will not be posted on Hospital Compare but will be available on Data.Medicare.Gov)	Blood stream infection after surgery	Annually July*	10/1/2015	6/30/2017
PSI-14	Postoperative wound dehiscence (Data will not be posted on Hospital Compare but will be available on Data.Medicare.Gov)	A wound that splits open after surgery on the abdomen or pelvis	Annually July*	10/1/2015	6/30/2017
PSI-15	Unrecognized abdominopelvic accidental puncture/laceration (Data will not be posted on Hospital Compare but will be available on Data.Medicare.Gov)	Accidental cuts and tears from medical treatment	Annually July*	10/1/2015	6/30/2017
<i>Complications & deaths- Infections</i>					
HAI-1	Central line-associated bloodstream infections (CLABSI) in ICUs and select wards	Central line-associated bloodstream infections (CLABSI) in ICUs and select wards	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
HAI-2	Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards	Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
HAI-3	Surgical site infections	Surgical site infections	Quarterly	1/1/2017	12/31/2017

Measure identifier	Technical measure title	Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through

HAI-4	Surgical site infections from abdominal hysterectomy (SSI: Hysterectomy)	Surgical site infections (SSI) from abdominal hysterectomy	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
HAI-5	Methicillin-resistant Staphylococcus Aureus (MRSA) Blood Laboratory-identified Events (Bloodstream infections)	Methicillin-resistant Staphylococcus Aureus (MRSA) blood infections	Quarterly (January, April, July, October)	1/1/2017	12/31/2017
HAI-6	<i>Clostridium difficile</i> (C.diff.) Laboratory-identified Events (Intestinal infections)	<i>Clostridium difficile</i> (C.diff.) intestinal infections	Quarterly (January, April, July, October)	1/1/2017	12/31/2017

Complications & deaths- 30-day death rates

MORT-30-COPD	COPD 30-day mortality rate	Death rate for COPD patients	Annually July	7/1/2014	6/30/2017
MORT-30-AMI	Acute myocardial infarction (AMI) 30-day mortality rate	Death rate for heart attack patients	Annually July	7/1/2014	6/30/2017
MORT-30-HF	Heart failure (HF) 30-day mortality rate	Death rate for heart failure patients	Annually July	7/1/2014	6/30/2017
MORT-30-PN	Pneumonia (PN) 30-day mortality rate	Death rate for pneumonia patients	Annually July	7/1/2014	6/30/2017
MORT-30-STK	Stroke 30-day mortality rate	Death rate for stroke patients	Annually July	7/1/2014	6/30/2017
MORT-30-CABG	Coronary artery bypass graft (CABG) surgery 30-day mortality rate	Death rate for CABG surgery patients	Annually July	7/1/2014	6/30/2017

Unplanned hospital visits

Measure identifier	Technical measure title	Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through
OP-32	Facility 7-day risk standardized hospital visit rate after outpatient colonoscopy	Rate of unplanned hospital visits after an outpatient colonoscopy	Annually January	1/1/2016	12/31/2016
EDAC-30-AMI	AMI excess days in acute care (EDAC)	Hospital return days for heart attack patients	Annually July	7/1/2014	6/30/2017
EDAC-30-HF	HF excess days in acute care (EDAC)	Hospital return days for heart failure patients	Annually July	7/1/2014	6/30/2017
EDAC-30-PN	PN Excess Days in Acute Care (EDAC)	Hospital return days for pneumonia patients	Annually July	7/1/2014	6/30/2017
READM-30-COPD	Chronic obstructive pulmonary disease (COPD) 30-day readmission rate	Rate of readmission for chronic obstructive pulmonary disease (COPD) patients	Annually July	7/1/2014	6/30/2017
READM-30-AMI	Acute myocardial infarction (AMI) 30-day readmission rate	Rate of readmission for heart attack patients	Annually July	7/1/2014	6/30/2017
READM-30-HF	Heart failure (HF) 30-day readmission rate	Rate of readmission for heart failure patients	Annually July	7/1/2014	6/30/2017
READM-30-PN	Pneumonia (PN) 30-day readmission rate	Rate of readmission for pneumonia patients	Annually July	7/1/2014	6/30/2017
READM-30-STK	Stroke 30-day readmission rate	Rate of readmission for stroke patients	Annually July	7/1/2014	6/30/2017
READM-30-CABG	Coronary artery bypass graft (CABG) surgery 30-day readmission rate	Rate of readmission for coronary artery bypass graft (CABG) surgery patients	Annually July	7/1/2014	6/30/2017

READM-30-APPRE-KNEE	30-day readmission rate for hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	Rate of readmission Measure as posted on Hospital Compare	Annually Update frequency	7/1/2014 6/30/2017	
				Current data collection period	
				From	Through

READM-30-HOSP-WIDE	30-day hospital-wide all-cause unplanned readmission (HWR)	Rate of readmission after discharge from hospital (hospital-wide)	Annually July	7/1/2016	6/30/2017
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Use of medical imaging- Outpatient imaging efficiency

OP-8	MRI Lumbar Spine for Low Back Pain	Outpatients with low-back pain who had an MRI without trying recommended treatments (such as physical therapy) first (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low-back pain.)	Annually July	7/1/2016	6/30/2017
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OP-9	Mammography Follow-Up Rates	Outpatients who had a follow-up mammogram, breast ultrasound, or breast MRI within the 45 days after a screening mammogram (A follow-up rate near 0% may indicate missed cancer; a rate higher than 14% may mean there is unnecessary follow-up.)	Annually July	7/1/2016	6/30/2017
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OP-10	Abdomen CT - Use of Contrast Material	Outpatient CT scans of the abdomen that were "combination" (double) scans (If a number is high, it may mean that too many patients have a	Annually July	7/1/2016	6/30/2017
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Measure identifier	Technical measure title	Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through
OP-11	Thorax CT - Use of Contrast Material	Outpatient CT scans of the chest that were "combination" (double) scans (if a number is high, it may mean that too many patients have a double scan when a single scan is all they need)	Annually July	7/1/2016	6/30/2017
OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery (If a number is high, it may mean that too many cardiac scans were done prior to low-risk surgeries.)	Annually July	7/1/2016	6/30/2017
OP-14	Simultaneous Use of Brain Computed Tomography (CT) and Sinus CT	Outpatients with brain CT scans who got a sinus CT scan at the same time (If a number is high, it may mean that too many patients have both a brain and sinus scan, when a single scan is all they need.)	Annually July	7/1/2016	6/30/2017
Payment & value of care					
MSPB-1	Medicare hospital spending per patient	Medicare Spending Per Beneficiary	Annually January	1/1/2016	12/31/2016
PAYM-30-AMI	Heart attack payment	Payment for heart attack patients	Annually July	7/1/2014	6/30/2017

PAYM-30- HF	Heart failure payment Technical measure title	Payment for heart failure patients Measure as posted on Hospital Compare	Update frequency	Current data collection period	
				From	Through

PAYM-30- PN	Pneumonia payment	Payment for pneumonia patients	Annually July	7/1/2014	6/30/2017
PAYM-90- HIP-KNEE	Hip/knee replacement payment	Payment for hip/knee replacement patients	Annually July	4/1/2014	3/31/2017

* Diagnosis coding switched from ICD-9 to ICD-10 in 2015. Data for the FY 2019 CMS PSI measures only represent the 21-month performance period of ICD-10 claims (10/1/2015 to 6/30/2017).