



Input your data. Output your website.

MONAHRQ® 7

Host User Guide

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CHAPTER 1. MONAHRQ® OVERVIEW

MONAHRQ—My Own Network, powered by AHRQ, is innovative and free website-generating software from the Agency for Healthcare Research and Quality (AHRQ). This desktop software enables any organization to quickly and easily create and host a health care reporting website with understandable, evidence-based health care performance reports for health care professionals, consumers, and others for use in improving health care quality.

Using MONAHRQ for public or private reporting supports AHRQ’s mission to improve the quality, accessibility, safety, efficiency, and cost transparency of health care for all Americans. Along with an organization’s own patient discharge data, MONAHRQ draws from local hospital inpatient and emergency department (ED) discharge data, evidence-based measures from the Centers for Medicare & Medicaid Services (CMS) Hospital Compare and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey measures, CMS Nursing Home Compare data, as well as precalculated AHRQ Quality Indicator™ (QI) results to produce health care reports.

AHRQ first conceived MONAHRQ in 2008 as a reporting tool for health care quality improvement. The project was born of two popular and widely used AHRQ data tools and products: the Healthcare Cost and Utilization Project (HCUP), the largest all-payer database in the United States with hospital discharge data; and the AHRQ QIs, a set of standardized, evidence-based health care quality measures that can be used with inpatient hospital discharge data. MONAHRQ has also been shaped by AHRQ’s extensive expertise in quality measurement and public reporting. Additional information on HCUP, AHRQ QIs, and the history of MONAHRQ can be found in [Appendix A](#).

1.1 Reports Available From MONAHRQ®

MONAHRQ-generated websites include reports that provide important information on a variety of topics and under various reporting paths. There are two categories of reports: those intended for “Consumers,” and those intended for “Health Care Professionals” (e.g., providers, policy leaders, and others). (Refer to [Section 1.3](#) for additional information about the relationship between report types and audiences and to assist in the decision-making process of defining your website.) Topics and reporting paths include—

- Quality of hospital care—Provides comparison ratings by hospital and health topic (e.g., heart failure) and more detailed quality statistics for a wide range of measures
- Inpatient hospital and ED utilization—Provides detailed information about discharges, estimated costs by hospital, and rates for conditions and procedures
- Potentially avoidable hospital stays and cost savings—Provides data on hospital stays and cost savings by county and health topic
- Discharge and cost rates—Provides hospital discharges, discharge rates, and estimated costs by county and region
- Hospital profile—Provides an overview of each hospital (e.g., location, number of beds, website address), affiliated physicians, quality ratings, and utilization data for each hospital
- Quality of nursing home care—Provides a comparison rating for each nursing home based on an overall summary rating and individual quality scores for each of three domains: quality measures, health inspections, and staffing
- Nursing home profile—Provides an overview of each nursing home (e.g., name, location, county, ZIP code), overall ratings, and individual measure scores by domain
- Physician profile—Provides an overview for each physician (e.g., name, gender, specialty, medical practice name and address, hospital affiliation, medical school name, and group practice or physician’s current location) and Physician quality ratings at the Medical Group level based on CG-CAHPS data

- Trending—A report added to the Utilization reports that includes inpatient hospital discharge utilization, ED utilization, utilization rates by county, and utilization rates by region
- Cost and Quality Report—Side-By-Side Display—A new hospital comparison report that displays the number of treated patients and the average cost to a hospital for a specific procedure alongside the hospital's quality ratings.
- Guided Education and Infographics Reports – Provides guided education, mapping capabilities, and many new options for generating consumer-friendly infographic reports addressing nursing home quality as well as a wide range of hospital quality of care topics. Each infographic report includes facts, tips and measure results.

These reporting options or paths are described in detail in [Chapter 11](#) and [Chapter 12](#).

1.2 Who Should Use MONAHRQ®?

MONAHRQ can be used by any organization that wants to create and host a website for public or private reporting on health care quality and cost performance. Organizations that download MONAHRQ and generate reports to help improve health care are referred to in this Guide as “Host Users.”

Examples of Host Users include—

- State and local health agencies and public health departments
- Hospital associations, individual hospitals, and hospital systems
- Accountable Care Organizations (ACOs)
- Community alliances and coalitions, such as Chartered Value Exchanges (CVEs)
- Smaller, regionally focused health plans
- Data organizations such as Regional Health Improvement Organizations (RHIOs) and Quality Improvement Organizations (QIOs)

MONAHRQ-generated reports and websites are intended for a range of individuals. These “End Users” are generally interested in information about quality of care, cost, the affordability of health care, and how hospitals compare to each other.

Examples of End Users include—

- Consumers and patients
- Researchers and analysts
- Providers (hospitals, physician groups, nursing homes)
- Policymakers

The general public has a growing interest in information about available health care options as well as information about patient experiences with different health care professionals. Having access to information about the quality and cost of care offered by different health care professionals and feedback from patients about their experiences with specific health care professionals or facilities may help consumers make informed health care decisions.

1.3 Deciding What Type of Website to Create

This section will help Host Users or organizations that download MONAHRQ and generate reports decide what type of reporting website to create. Further, it will guide Host Users to select, configure, and customize the measures and reports necessary to build a website most suited to their target audience or End User. The two types of End User audiences for MONAHRQ are—

1. “Consumers” of health care, which includes the general public, patients, and caretakers; and

2. “Health Care Professionals,” which includes providers (e.g., hospitals, physician groups, nursing homes); researchers and analysts; health plan purchasers and employers; and policymakers.

MONAHRQ-generated websites can serve a multitude of needs. One of the primary aims of the MONAHRQ project is to facilitate consumers’ access to local information about health care professionals and allow them to compare the quality and cost of health care professionals to make more informed health care decisions. Health care professionals can compare their own performance on quality measures to that of their competition or validate the data they submitted to reporting organizations. Researchers and policymakers might use reports to inform program initiatives and health care policies.

Because each End User’s needs are unique, they will require different measures and reports to meet those needs. Evidence-based research shows that consumers understand and use reports differently than other audiences. As such, the reports displayed and made available for End Users through MONAHRQ websites are audience-specific. [Table 1](#) shows which reports are recommended and available by audience.

Table 1: Report Type by Audience

Report Type	Consumers	Health Care Professionals, Health Plan Purchasers & Employers	Researchers and Analysts	Policymakers
Hospital Quality^a				
Ratings	●	●	●	●
Ratings—Detailed Tabular View		●	●	
Comparison	●	●	●	
Hospital Profile—Overview and quality ratings (no utilization data)	●			
Hospital Profile—Overview, quality ratings, and utilization data		●	●	
Surgical Safety Infographic	●	●	●	●
Health Topics Infographic	●			
Health Care Cost and Quality^b				
Cost and Quality Report—Side-by-Side Display	●			
Avoidable Stays^c				
Maps		●	●	●
By County		●	●	●
By County Profile		●	●	●
Utilization^d				
By County		●	●	●
By County—Stratified Report		●	●	●
By Custom Region		●	●	●
By Custom Region—Stratified Report		●	●	●
Inpatient Hospital Discharge		●	●	●
Inpatient Hospital Discharge—Detail		●	●	●
Emergency Department Treat-and-Release		●	●	●

Report Type	Consumers	Health Care Professionals, Health Plan Purchasers & Employers	Researchers and Analysts	Policymakers
Emergency Department Treat-and-Release—Stratified		●	●	●
Nursing Home^e				
Ratings	●	●	●	●
Nursing Home Profile	●	●	●	●
Comparison	●	●	●	●
Nursing Home Infographic	●			
Physician^f	●	●	●	●
Physician Profile—Overview and Medical Group quality ratings	●	●	●	●

- ^a Comparison ratings by hospital and health topic (e.g., heart failure) and more detailed quality statistics for a wide range of measures
- ^b Quality measure, number of procedures, and average cost to the hospital for hip replacement
- ^c Avoidable hospital stays and cost savings
- ^d Discharges, estimated costs, and rates for conditions and procedures and quarterly trending reports
- ^e Overall comparison and domain-level ratings by nursing home
- ^f Physician report to include general descriptive information and an option to add quality ratings for medical groups based on CAHPS Clinician & Group 2.0 Survey (CG-CAHPS) and HEDIS data.

1.3.1 Audience-Driven Decisions

Host Users must decide for which End User audience(s) to develop a website before using MONAHRQ. This decision will provide a pathway for selecting what quality, cost, and profile data to display to End Users, and how to display such data. There are five key questions that will help Host Users make audience-driven decisions when building their website(s):

1. Who is the intended audience or End User for the website?
2. Will the website be available publicly through the Internet or limited to those with a user name and password?
3. What data are available or obtainable for reporting?
4. What type(s) of reports are most useful for the End User?
5. What features can the website include to help End Users accomplish their goals on the website?

The following sections provide guidance based on your answers to these questions for each of four audiences: consumers; health care professionals, health plan purchasers, and employers; researchers and analysts; and policymakers.

1.3.1.1 Consumers

The consumer audience includes patients and the general public. Consumers will want to compare the quality and cost of health care professionals, see how a particular health care professional performs, assess the quality of care provided for a specific condition, and access profile data for specific hospitals and nursing homes in their area.

1. Will the website be available publicly through the Internet or limited to those with a user name and password?

Consider making the website public so that all potential users may access information that they can use to make decisions about and engage in their health care. A private site (that is, one that

requires logging in with a user name and password) may be appropriate for certain applications, but this limits the site’s accessibility to the general public.

2. What data do you have available or could you obtain for reporting?

MONAHRQ provides Host Users with AHRQ Quality Indicator™ results, CMS Hospital Compare data, CMS Nursing Home Compare data, Nursing Home CAHPS data, CMS Physician data, Medicare Provider Utilization and Payment Data, Clinician and Group 2.0 CAHPS data, and Physician HEDIS data. [Table 2](#) shows the types of data available and the measures that are relevant to consumers.

Table 2: Data and Measures Relevant to Consumers for Use Within MONAHRQ

Data	Types of Measures
AHRQ Quality Indicator Results	<ul style="list-style-type: none"> Prevention Quality Indicators (PQIs)—Hospital admission rates for the conditions that could be prevented through good outpatient care Inpatient Quality Indicators (IQIs)—Mortality rates for conditions and procedures; hospital- and area-level procedure rates; procedure volume Patient Safety Indicators (PSIs)—Potential complications and errors resulting from a hospital admission for adults Pediatric Quality Indicators (PDIs)—Potential complications and errors resulting from a hospital admission for children and adolescents
CMS Hospital Compare Data*	<ul style="list-style-type: none"> Timely and effective care Patient experience Use of medical imaging Readmissions, complications, and deaths
CMS Nursing Home Compare Data*	<ul style="list-style-type: none"> Overall Ratings—Scores based on the results of the three ratings below: the most recent overall health inspection surveys; the most recent quality measures; and the most recent staffing measures Overall Health Inspections—Results of the most recent health and safety inspections Overall Quality Measures—Potential complications and errors resulting from Nursing Home Stay, including pain management, pressure ulcers, administering proper vaccinations and medications, urinary tract infection (UTI) incidence, weight monitoring, and more Overall Staffing Measures—Number of staffing hours per resident per day for various health care professionals
Nursing Home CAHPS (NH-CAHPS) Data	<ul style="list-style-type: none"> Survey results from family members of nursing home residents about their experiences with nursing home care
CMS Physician Data*	<ul style="list-style-type: none"> Physician Data—General information such as: name, gender, specialty, medical practice name and address, hospital affiliation, medical school name, and group practice or individual’s current location
Medicare Provider Utilization and Payment Data*	<ul style="list-style-type: none"> Costs, charges, and payments for the top 25 Diagnosis Related Groups (DRGs) by volume
Clinician and Group 2.0 CAHPS (CG-CAHPS) Data	<ul style="list-style-type: none"> Survey results from patients about their experiences of care with clinicians reported at the medical group level
Physician HEDIS Data	<ul style="list-style-type: none"> HEDIS rates of physician effectiveness of care around key diagnoses reported at the medical group level

* Some data are publicly available and provided on the MONAHRQ website:
<http://www.ahrq.gov/professionals/systems/monahrq/data/index.html>

3. What type(s) of reports are most useful for consumers?

The following reports are likely to be the most useful and understandable for consumers:

- Hospital Quality Ratings
- Hospital Comparison Report
- Hospital Profile Report (without utilization data)
- Surgical Safety Infographic Report
- Health Topics Infographic Report
- Cost and Quality Report—Side-by-Side Display
- Avoidable Stays Maps
- Nursing Home Comparison and Quality Ratings
- Nursing Home Profile Report
- Nursing Home Infographic Report
- Physician Listing Report
- Physician Profile Report

Reports that are less appropriate for consumers include: Hospital Quality Ratings—Detailed tabular view, Hospital Profile Report (with utilization data), Inpatient Hospital Discharge (IP) Utilization Report, IP Utilization Detail Report, Emergency Department Treat-and Release (ED) Utilization Report, ED Utilization—Stratified Report, Avoidable Stays by County Report, Avoidable Stays by County Profile Report, Utilization by County Report, and the Utilization by County—Stratified Report.

4. What features can the website include to help consumers accomplish their goals on the website?

- Limit the amount of detail in comparative reports that appears on the page and provide or link to details elsewhere on the website.
- Highlight the differences in comparative scores. Sort scores and use word icons and graphics as visual cues to indicate which health care professionals are scoring better or worse than others.
- Provide context on why quality data in general and each measure in particular are important.
- Explain how a consumer can use the information.

1.3.1.2 Health Care Professionals, Health Plan Purchasers, and Employers

The health care professional audience includes administrative and clinical staff at hospitals and ambulatory care settings such as medical groups, physician offices, and nursing homes. Health care professionals often want to compare their performance against other health care professionals and to verify the accuracy of their internal data with that submitted for national public reporting. As payers, health plan purchasers and employers may want to compare the performance of health care professionals to one another to aid their decisions for selecting health plans and coverage levels.

1. Will the website be available publicly through the Internet or limited to those with a user name and password?

Health care professionals would benefit from a report that allows them to easily compare how well their hospital is doing compared to other hospitals, but they may not want this information to be publicly available. Health plan purchasers and employers may not want to publicly share the performance of health care professionals included in health plans they purchased or are considering purchasing. Host Users serving an audience with these purposes can make the website private so that they can control who accesses their site. The Host User makes a website private by supporting user names and passwords or other mechanisms that limit access to the website.

2. What data do you have available or could you obtain for reporting?

MONAHRQ provides Host Users with AHRQ Quality Indicator results, CMS Hospital Compare data, Medicare Provider Utilization and Payment Data, Inpatient Hospital Discharge data, Emergency Department Treat-and-Release data, CMS Nursing Home Compare data, Nursing Home CAHPS data, CMS Physician data, Clinician and Group 2.0 CAHPS data, and Physician HEDIS data. You may also have other data that would be relevant. [Table 3](#) shows the available types of data and the measures relevant to health care professionals, health plan purchasers, and employers.

Table 3: Data and Measures Relevant to Health Care Professionals, Health Plan Purchasers, and Employers for Use Within MONAHRQ

Data	Types of Measures
AHRQ Quality Indicator Results*	<ul style="list-style-type: none"> Prevention Quality Indicators (PQIs)—Hospital admission rates for the conditions that could be prevented through good outpatient care Inpatient Quality Indicators (IQIs)—Mortality rates for conditions and procedures; hospital- and area-level procedure rates; procedure volume Patient Safety Indicators (PSIs)—Potential complications and errors resulting from a hospital admission for adults Pediatric Quality Indicators (PDIs)—Potential complications and errors resulting from a hospital admission for children and adolescents
CMS Hospital Compare Data*	<ul style="list-style-type: none"> Timely and effective care Patient experience Use of medical imaging Readmissions, complications, and deaths
Medicare Provider Utilization and Payment Data*	<ul style="list-style-type: none"> Data include costs, charges, and payments for the top 25 Diagnosis Related Groups (DRGs) by volume
Inpatient Hospital Discharge Data	<ul style="list-style-type: none"> Organizations using MONAHRQ must supply these data. Data may include number and rate of specific conditions, procedures, or diagnoses
Emergency Department Treat-and-Release Data	<ul style="list-style-type: none"> Organizations using MONAHRQ must supply these data. Data may include number and rate of discharges, admissions, and diagnoses of patients seen in the Emergency Department
CMS Nursing Home Compare Data*	<ul style="list-style-type: none"> Overall Ratings—Scores based on the results of the three ratings below: the most recent overall health inspection surveys; the most recent quality measures; and the most recent staffing measures Overall Health Inspections—Results of the most recent health and safety inspections Overall Quality Measures—Potential complications and errors

Data	Types of Measures
	<p>resulting from Nursing Home Stay, including pain management, pressure ulcers, administering proper vaccinations and medications, UTI incidence, weight monitoring, and more</p> <ul style="list-style-type: none"> • Overall Staffing Measures—Number of staffing hours per resident per day for various health care professionals
Nursing Home CAHPS (NH-CAHPS) Data	<ul style="list-style-type: none"> • Survey results from family members of nursing home residents about their experiences with nursing home care
CMS Physician Data*	<ul style="list-style-type: none"> • Physician Data—General information such as: name, gender, specialty, medical practice name and address, hospital affiliation, medical school name, and group practice or individual’s current location
Clinician and Group 2.0 CAHPS (CG-CAHPS) Data	<ul style="list-style-type: none"> • Survey results from patients about their experiences of care with clinicians reported at the medical group level
Physician HEDIS Data	<ul style="list-style-type: none"> • HEDIS rates of physician effectiveness of care around key diagnoses reported at the medical group level

* Some data are publicly available and provided on the MONAHRQ website: <http://www.ahrq.gov/professionals/systems/monahrq/data/index.html>

3. What type(s) of reports are most useful for health care professionals, health plan purchasers, and employers?

- Hospital Quality Ratings
- Hospital Quality Ratings—Detailed tabular view
- Hospital Comparison Report (supports comparisons of up to five hospitals)
- Hospital Profile Report (with utilization data)
- Inpatient Hospital Discharge (IP) Utilization Report and Trending
- IP Utilization Detail Report and Trending
- Emergency Department Treat-and-Release (ED) Utilization Report and Trending
- ED Utilization—Stratified Report and Trending
- Avoidable Stays Maps
- Avoidable Stays by County Report
- Avoidable Stays by County Profile Report
- Utilization by County Report and Trending
- Utilization by County—Stratified Report and Trending
- Utilization by Custom Region and Trending
- Utilization by Custom Region—Stratified Report and Trending
- Nursing Home Comparison and Quality Ratings
- Nursing Home Profile Report
- Physician Listing Report
- Physician Profile Report

4. What features can the website include to help health care professionals, health plan purchasers, and employers accomplish their goals on the website?

- Show differences among health care professionals’ scores. Sort scores, compare the score(s) to a benchmark or average and use word icons and graphics as visual cues to indicate which health care professionals are scoring better or worse than others.

- Provide a means to access detailed statistics and scores for an individual health care professional; this is often done through a “drill-down”—a more detailed report derived from the comparative provider report.
- Link to information about the methodology and source of the data from the display of the data to instill trust in the report and the website.
- Provide context on why quality data in general and each measure in particular are important.
- Explain how a health care professional can use the information.

1.3.1.3 Researchers and Analysts

Researchers and analysts from many different types of organizations may want to review detailed statistical data for academic research, citations, program planning, or quality improvement purposes.

1. Will the website be available publicly through the Internet or limited to those with a user name and password?

The website could be either public or private, but should clearly indicate the audience for whom this information is targeted. Note: A private site allows better tracking of who is accessing your site, but it requires greater logistical management of the mechanism used to limit access to the website.

2. What data do you have available or could you obtain for reporting?

MONAHRQ provides Host Users with AHRQ Quality Indicator results, CMS Hospital Compare data, Medicare Provider Utilization and Payment Data, Inpatient Hospital Discharge Data, Emergency Department Treat-and-Release data, CMS Nursing Home Compare data, Nursing Home CAHPS data, CMS Physician data, Clinician and Group 2.0 CAHPS data, and Physician HEDIS data. [Table 4](#) shows the available types of data and measures relevant to researchers and analysts.

Table 4: Data and Measures Relevant to Researchers and Analysts for Use Within MONAHRQ

Data	Types of Measures
AHRQ Quality Indicator Results*	<ul style="list-style-type: none"> • Prevention Quality Indicators (PQIs)—Hospital admission rates for the conditions that could be prevented through good outpatient care • Inpatient Quality Indicators (PQIs)—Mortality rates for conditions and procedures; hospital- and area-level procedure rates; procedure volume • Patient Safety Indicators (PSIs)—Potential complications and errors resulting from a hospital admission for adults • Pediatric Quality Indicators (PDIs)—Potential complications and errors resulting from a hospital admission for children and adolescents
CMS Hospital Compare Data*	<ul style="list-style-type: none"> • Timely and effective care • Patient experience • Use of medical imaging • Readmissions, complications, and deaths
Medicare Provider Utilization and Payment Data*	<ul style="list-style-type: none"> • Data include costs, charges, and payments for the top 25 Diagnosis Related Groups (DRGs) by volume
Inpatient Hospital Discharge Data	<ul style="list-style-type: none"> • Organizations using MONAHRQ must supply these data. Data may include number and rate of specific conditions, procedures, or diagnoses

Data	Types of Measures
Emergency Department Treat-and-Release Data	<ul style="list-style-type: none"> Organizations using MONAHRQ must supply these data. Data may include number and rate of discharges, admissions, and diagnoses of patients seen in the Emergency Department
CMS Nursing Home Compare Data*	<ul style="list-style-type: none"> Overall Ratings—Scores based on the results of the three ratings below: the most recent overall health inspection surveys; the most recent quality measures; and the most recent staffing measures Overall Health Inspections—Results of the most recent health and safety inspections Overall Quality Measures—Potential complications and errors resulting from Nursing Home Stay, including pain management, pressure ulcers, administering proper vaccinations and medications, UTI incidence, weight monitoring, and more Overall Staffing Measures—Number of staffing hours per resident per day for various health care professionals
Nursing Home CAHPS (NH-CAHPS) Data	<ul style="list-style-type: none"> Survey results from family members of nursing home residents about their experiences with nursing home care
CMS Physician Data*	<ul style="list-style-type: none"> Physician Data—General information such as: name, gender, specialty, medical practice name and address, hospital affiliation, medical school name, and group practice or individual's current location
Clinician and Group 2.0 CAHPS (CG-CAHPS) Data	<ul style="list-style-type: none"> Survey results from patients about their experiences of care with clinicians reported at the medical group level
Physician HEDIS Data	<ul style="list-style-type: none"> HEDIS rates of physician effectiveness of care around key diagnoses reported at the medical group level

* Some data are publicly available and provided on the MONAHRQ website: <http://www.ahrq.gov/professionals/systems/monahrq/data/index.html>

3. What type(s) of reports are most useful for researchers and analysts?

- Hospital Quality Ratings
- Hospital Quality Ratings—Detailed tabular view
- Hospital Comparison Report (supports comparisons of up to five hospitals)
- Hospital Profile Report (with utilization data)
- Inpatient Hospital Discharge (IP) Utilization Report and Trending
- IP Utilization Detail Report and Trending
- Emergency Department (ED) Treat-and-Release Utilization Report and Trending
- ED Utilization—Stratified Report and Trending
- Avoidable Stays Maps
- Avoidable Stays by County Report
- Avoidable Stays by County Profile Report
- Utilization by County Report and Trending
- Utilization by County—Stratified Report and Trending
- Nursing Home Comparison and Quality Ratings
- Nursing Home Profile Report
- Physician Listing Report
- Physician Profile Report

4. What can you do to help researchers and analysts accomplish their goals on the website?

- Provide a clear pathway to detailed statistics at the individual organization level as well as across multiple organizations for comparison.
- Provide detailed data that informs the word icons. Researchers and analysts may want to look at the numerical scores for each organization or health care professional, so allowing access to these data is key. You can provide a link to more data on each health care professional or access to an entire dataset.
- Link to detailed information about the data source, measure, data collection timeframe, and any statistical adjustments made to the data to instill trust in the report and the website.
- Provide Trending Report(s) within the existing Utilization Reports for multiple periods.

1.3.1.4 Policymakers

Policymakers at the local, regional, and State level will benefit from population-level data that will likely be less relevant to consumers or health care professionals. In addition, utilization data may be particularly useful for planning and budgeting of health care and community resources.

1. Will the website be available publicly through the Internet or limited to those with a user name and password?

The website could be either public or private but should clearly indicate the audience for whom this information is targeted. Although population-level data that policymakers seek may not be actionable for other audiences, making it publicly available increases transparency. Note: A private site allows better tracking of who is accessing your site, but it requires greater logistical management of the mechanism used to limit access to the website and may limit the number of visitors using the site.

2. What data do you have available or could you obtain for reporting?

MONAHRQ provides Host Users with AHRQ Quality Indicator results, CMS Hospital Compare data, Medicare Provider Utilization and Payment Data, Inpatient Hospital Discharge data, Emergency Department Treat-and-Release data, CMS Nursing Home Compare data, Nursing Home CAHPS data, CMS Physician data, Clinician and Group 2.0 CAHPS data, and Physician HEDIS data. [Table 5](#) shows the available types of data and measures relevant to policymakers.

Table 5: Data and Measures Relevant to Policymakers for Use Within MONAHRQ

Data	Types of Measures
AHRQ Quality Indicator Results*	<ul style="list-style-type: none"> • Prevention Quality Indicators (PQIs)—Hospital admission rates for the conditions that could be prevented through good outpatient care • Inpatient Quality Indicators (IQIs)—Mortality rates for conditions and procedures; hospital- and area-level procedure rates; procedure volume • Patient Safety Indicators (PSIs)—Potential complications and errors resulting from a hospital admission for adults • Pediatric Quality Indicators (PDIs)—Potential complications and errors resulting from a hospital admission for children and adolescents
CMS Hospital Compare Data*	<ul style="list-style-type: none"> • Timely and effective care • Patient experience • Use of medical imaging • Readmissions, complications, and deaths

Data	Types of Measures
Medicare Provider Utilization and Payment Data*	<ul style="list-style-type: none"> Data include costs, charges, and payments for the top 25 Diagnosis Related Groups (DRGs) by volume
Inpatient Hospital Discharge Data	<ul style="list-style-type: none"> Organizations using MONAHRQ must supply these data. Data may include number and rate of specific conditions, procedures, or diagnoses.
Emergency Department Treat-and-Release Data	<ul style="list-style-type: none"> Organizations using MONAHRQ must supply these data. Data may include number and rate of discharges, admissions, and diagnoses of patients seen in the Emergency Department.
CMS Nursing Home Compare Data*	<ul style="list-style-type: none"> Overall Ratings—Scores based on the results of the three ratings below: the most recent overall health inspection surveys; the most recent quality measures; and the most recent staffing measures Overall Health inspections—Results of the most recent health and safety inspections Overall Quality Measures—Potential complications and errors resulting from Nursing Home Stay, including pain management, pressure ulcers, administering proper vaccinations and medications, UTI incidence, weight monitoring, and more Overall Staffing Measures—Number of staffing hours per resident per day for various health care professionals
Nursing Home CAHPS Data	<ul style="list-style-type: none"> Survey results from family members of nursing home residents about their experiences with nursing home care
CMS Physician Data*	<ul style="list-style-type: none"> Physician Data—General information such as: name, gender, specialty, medical practice name and address, hospital affiliation, medical school name, and group practice or individual's current location
Clinician and Group 2.0 CAHPS Data	<ul style="list-style-type: none"> Survey results from patients about their experiences of care with clinicians reported at the medical group level
Physician HEDIS Data	<ul style="list-style-type: none"> HEDIS rates of physician effectiveness of care around key diagnoses reported at the medical group level

* Some data are publicly available and provided on the MONAHRQ website: <http://www.ahrq.gov/professionals/systems/monahrq/data/index.html>

3. What type(s) of reports are most useful for policymakers?

- Hospital Quality Ratings
- Hospital Profile Report (with utilization data)
- Inpatient Hospital Discharge (IP) Utilization Report
- IP Utilization Detail Report and Trending
- Emergency Department (ED) Treat-and-Release Utilization Report and Trending
- ED Utilization—Stratified Report and Trending
- Avoidable Stays Maps
- Avoidable Stays by County Report
- Avoidable Stays by County Profile Report
- Utilization by County Report and Trending
- Utilization by County—Stratified Report and Trending
- Nursing Home Comparison and Quality Ratings
- Nursing Home Profile Report

- Physician Listing Report
- Physician Profile Report

4. What features can the website include to help policymakers accomplish their goals on the website?

- Show overall regional or State-level scores and trends by geographic areas.
- Highlight differences in comparative scores. Sort scores and use word icons and graphics as visual cues to indicate which health care professionals are scoring better or worse than others.
- Provide a means to access detailed statistics and scores; this is often done through a “drill-down”—a more detailed report deriving from the main report.
- Provide contextual information written for policymakers that provides an explanation of the importance of the measures and what they mean at the population level.
- Provide Trending Report within the existing Utilization Reports for multiple periods.

1.3.2 Summary

The information presented in this section is intended to help you make decisions as you build your MONAHRQ-generated website. Once you have considered your responses to these questions, you will be ready to create your MONAHRQ website using the step-by-step instructions in this *Host User Guide*.

1.4 Using the Host User Guide and MONAHRQ®

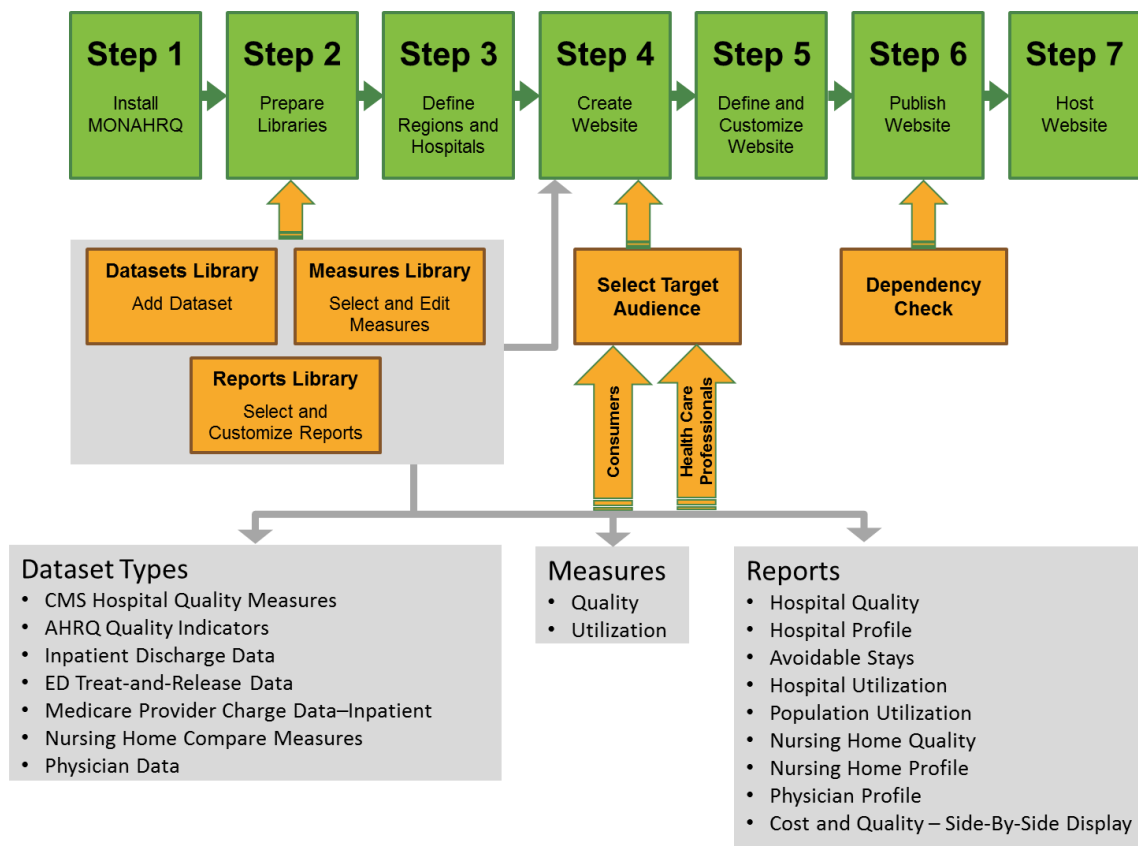
The *Host User Guide* provides step-by-step instructions for Host Users about how to best publish a MONAHRQ website. It includes an overview of the software requirements, installation processes, and the datasets needed for various reporting paths. It also provides information about how to prepare and load local hospital data, CMS Hospital Compare data, CMS Nursing Home Compare data, Physician data, and AHRQ Quality Indicator results (into MONAHRQ) and explains how to create and host a website with health care reports.

The *Host User Guide* includes screenshots to illustrate key steps in the process. Links to other MONAHRQ materials such as the *Quick Start Guide* are available in [Appendix B](#).

1.4.1 Overview of Step-by-Step Instructions

MONAHRQ provides a step-by-step process to guide organizations through loading their data and creating their website. The process to generate a MONAHRQ website is depicted in [Figure 1](#) and described below. Use this section to get started on preparing your computing environment in order to generate your website.

Figure 1: Process for Generating a MONAHRQ Website



Step 1: Prepare the computing environment and install MONAHRQ (See [Chapter 2](#) and [Appendix C](#), [Appendix D](#), and [Appendix E](#) for more information.). To install MONAHRQ, you will need the following:

- i. A MONAHRQ-compatible Windows® operating system.
- ii. The free Microsoft® .NET Framework 4.5.
- iii. Microsoft SQL Server® or the free SQL Server 2008 R2 Express.
- iv. Once the computing environment is ready, download and run the MONAHRQ installation package. You need administrative rights on your machine to run MONAHRQ.
- v. Create a new MONAHRQ database or connect to an existing one using the Settings > Database Connection screen (in MONAHRQ).

Step 2: Prepare the libraries. In this step, you will prepare the following libraries:

- i. **Datasets Library**—Load input data files into MONAHRQ (See [Chapter 3](#) and [Appendix F](#)). Refer to [Section 1.3](#) to determine which health care data files and/or quality measure results are needed (in order to include the corresponding reports in your MONAHRQ-generated website). Prepare the files with health care data and/or quality measure results to be imported into the MONAHRQ database. These may include one or more of the following:
 - **Inpatient Hospital Discharge data**—MONAHRQ allows Host Users to supply their own Inpatient Hospital Discharge data. MONAHRQ helps map these data to the appropriate format to support a MONAHRQ website. (For more information about format requirements, see [Chapter 3](#) and [Appendix F](#).)
 - **ED Treat-and-Release data**—MONAHRQ allows Host Users to supply their own ED Treat-and-Release data. MONAHRQ helps map these data to the appropriate format to

support a MONAHRQ website. (For more information about format requirements, see [Chapter 3](#) and [Appendix I](#).)

- **CMS Hospital Compare data**—These include the HCAHPS patient satisfaction survey measures, which can be obtained from the MONAHRQ website. CMS calculates the Hospital Compare data and makes the results publicly available in downloadable format on the CMS Hospital Compare website. The MONAHRQ project team obtains these downloadable data files, reformats them for import into MONAHRQ, and posts them on the MONAHRQ website. You can download these files from the MONAHRQ website at <http://www.ahrq.gov/professionals/systems/monahrq/data/index.html>.
 - **AHRQ Quality Indicators**—MONAHRQ allows you to calculate the AHRQ QI results using Inpatient Hospital Discharge data obtained locally. AHRQ provides two tools to calculate the AHRQ QI results: the QI Windows® software (WinQI) and the SAS® QI software. (More information about calculating AHRQ QIs can be found at <http://qualityindicators.ahrq.gov>.) After calculating the AHRQ QI results, follow the instructions in this Guide to save the results in a format that can be loaded into MONAHRQ. This format is discussed in [Appendix J](#).
 - **Medicare Provider Utilization and Payment data**—These include hospital-specific charges for the more than 3,000 U.S. hospitals that receive Medicare Inpatient Prospective Payment System (IPPS) payments for the top 100 most frequently billed discharges. The latest data file can be downloaded from the MONAHRQ website under the “Resources” section. It is available in CSV format at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Inpatient.html>. The downloaded file can be uploaded directly into MONAHRQ without making any adjustments.
 - **CMS Nursing Home Compare data**—MONAHRQ enables you to upload CMS Nursing Home Compare data, configure measures, and customize reports to include a Nursing Home reporting path in your MONAHRQ-generated website. The CMS Nursing Home Compare data are available to download from the CMS website at: <https://data.medicare.gov/data/nursing-home-compare>.
 - **Nursing Home Consumer Assessment of Healthcare Providers and Systems Data (NH-CAHPS)**—MONAHRQ supports the NH-CAHPS dataset to allow you to report on the survey results.
 - **CMS Physician data**—MONAHRQ supports reports with physicians’ general information such as: name, gender, specialty, medical practice name and address, hospital affiliation, medical school name, and group practice and physician’s current location. MONAHRQ can pull CMS Physician data from Application Programming Interface (API) services provided by the CMS Website (<https://data.medicare.gov/data/physician-compare>). Host Users can also manually upload the Physician Compare database and their own physician data using the CMS Physician Compare data format. The Host User has the ability to edit the physician profile information in the Data library.
 - **Healthcare Effectiveness Data and Information Set (HEDIS) Measures**—Augment the physician search results and physician profile pages with the addition of the HEDIS measures.
 - **Clinician and Group 2.0 Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) data**—MONAHRQ allows you to include ratings of medical practices for which the physicians are affiliated, based on CG-CAHPS survey results.
- ii. **Measures Library**—This library contains the measures supported by MONAHRQ and used for reporting. You can use out-of-the-box measure attributes provided by MONAHRQ or customize them to meet your local priorities for displaying measures. [Chapter 6](#) provides specific details on the Measures Library.

- iii. **Reports Library**—This library contains the reports supported by MONAHRQ. You can use out-of-the-box report attributes such as display name, columns to be included in the reports, and others, or customize them to meet your local priorities for displaying reports. [Chapter 7](#) has more details.

Step 3: Define regions and hospitals—Define the geographic location used by your website by choosing Dartmouth Atlas Hospital Referral Regions (HRRs) or Hospital Service Area (HSA) or use a custom region. You can add/upload your custom region data to MONAHRQ under the “Geographic Regions” tab. For those custom regions, population data can be imported to calculate the “Rate of Discharges” displayed in the Region Population Reports. MONAHRQ comes preloaded with the HRR and HSA region population data. MONAHRQ also comes preloaded with the hospitals extracted from the CMS Provider of Services (POS) file. You can use an intuitive, easy-to-use interface to enter a region and map your local hospitals manually or upload the configuration files. This removes the burden of entering data manually. The formats for these files are provided in [Appendix F](#) and [Section 5.15.6](#). Configuration files include—

- i. **Region definitions**—HRR, HSA, or Custom Region data
- ii. **Population Region definitions**—Region Population data
- iii. **Hospital definitions**—Hospital data

[Section 5.17](#) provides details on hospital definitions, including hospital categories. [Section 5.12](#) provides details on creating and organizing hospital geographic regions for datasets.

Step 4: Create a website—MONAHRQ 7 allows you to create and store multiple websites. Start creating a website by defining your website name, your target audience, and a reporting time period. Depending on the target audience selected, MONAHRQ will suggest which reports to include for the website according to evidence-based best practices in public reporting. More details are provided in [Section 1.3](#). Next—

- i. **Select datasets**—Select the health care datasets or quality measure results from the Datasets Library. These will be included in the website for reporting.
- ii. **Choose and customize measure attributes**—MONAHRQ shows all measures as selected by default. You can unselect measures based on your preferences; unselected measures will not be reported on your MONAHRQ-generated website.
- iii. **Select reports**—MONAHRQ makes suggestions regarding the reports to be included for a website based on the target audience selected. Choose out-of-the-box reports or customize reports based on your local priorities for reporting.

Step 5: Define and customize website—Define attributes such as website title, geographic description, logos, banners, and the website folder. In addition, customize your website by managing the content displayed on your website, or by selecting a different website theme or changing the branding color, including fonts. Preview your website design before you publish it.

Step 6: Publish website—This is the final step in producing your website. Before publishing your website, run the “dependency check” (see [Appendix N](#)). This function checks and reports on any missing pieces or inconsistencies that need to be fixed before the website is generated. Once the dependency check is done, MONAHRQ writes the website files to a directory specified by you.

Step 7: Host website—Host your website by uploading the generated website to a web server.

- i. Transfer the MONAHRQ-generated website to a web server/hosting environment: Compress the website files, transfer them, and extract them, preserving the directory structure. To host a MONAHRQ-generated website, only a web server is needed. No database connection, application server, or other special hosting environment is required.

- ii. Customize the generated website further, as needed. As noted above, MONAHRQ allows the customization of logos, fonts, and colors used throughout the website. Please refer to [Chapter 8](#) for a description of the directory structure and files in the MONAHRQ-generated website and information about how to customize the site after it is generated.

You can update your MONAHRQ-generated websites as new data versions become available. You may opt to generate a new website for each data year available. Or you may use an existing website to create a new website and retain all of the prior settings.

1.5 Technical Support

MONAHRQ brings with it a full range of technical assistance and advice. For questions or comments about using MONAHRQ, contact MONAHRQ Technical Assistance at MONAHRQ@ahrq.gov.

CHAPTER 2. INSTALLING MONAHRQ®

This chapter provides instructions for preparing the computing environment and installing MONAHRQ. Please note that the *Quick Start Guide* provides a distilled set of instructions for installing MONAHRQ and can be a great resource for those who do not need detailed instructions. If you have MONAHRQ 6.0 installed, you can skip to [Section 2.3](#) to upgrade to MONAHRQ 7. You are not required to uninstall the prior version of MONAHRQ to install MONAHRQ 7.

2.1 Preparing the Computing Environment

2.1.1 Permissions

Before beginning the MONAHRQ installation process, make sure your computer has the appropriate operating system and database permissions required to run the software. If a system administrator downloads the software on behalf of another user, the administrative access privileges must be granted to the other user. Administrator privileges or rights are also required during installation.

Please refer to [Appendix C](#) for information on verifying and setting operating system and database permissions.

2.1.2 System Requirements

MONAHRQ is supported on the following operating systems:

- Windows® XP 32- and 64-bit
- Windows Server 2003 or higher 32- and 64-bit
- Windows 7 32- and 64-bit
- Windows 8 32- and 64-bit
- Windows 10 32- and 64-bit

To verify the version of the operating system on your computer, right-click on the **My Computer** icon on the desktop and select **Properties**. A window will appear that lists the version of the operating system in use (see [Appendix D](#).)

The approximate disk space requirements for MONAHRQ and associated components are as follows:

- Microsoft® .NET Framework 4.5—850 MB for 32-bit systems, 2 GB for 64-bit systems ([http://msdn.microsoft.com/en-us/library/8z6watww\(v=vs.110\).aspx](http://msdn.microsoft.com/en-us/library/8z6watww(v=vs.110).aspx))
- Microsoft SQL Server® 2008 R2 Express—2 GB for 32-bit and 64-bit systems <http://social.technet.microsoft.com/wiki/contents/articles/993.install-sql-server-2008-r2-express.aspx>
- Microsoft SQL Server® 2012 Express—2 GB for 32-bit and 64-bit systems for Windows 10 <https://www.microsoft.com/en-us/download/details.aspx?id=29062>
- MONAHRQ application—674 MB
- MONAHRQ data—Requirements vary depending on the volume of data regarding hospital discharges and ED Treat-and-Release records. Approximately 100 MB is typical, but up to 4 GB may be required.
- It is recommended to user SQL Server standard edition if your combined datasets grow more than 5 million. This will help you improve the processing time.
- MONAHRQ-generated web pages—Typically 500 MB but up to 4 GB may be required

Although MONAHRQ can run on most desktop computers, the following specifications are recommended:

- 2 GHz processor speed or higher
- 4 GB or more of memory

2.1.3 Required Supporting Software

To install MONAHRQ, the following software must be on your system:

- Microsoft .NET Framework 4.5.
- Microsoft SQL Server, 2005 or higher. If the Express Edition is used, Microsoft SQL Server Express Edition 2008 R2 is recommended due to its larger database size limit. This software may reside on a remote server depending upon the need.

This software can be downloaded from the MONAHRQ website (<http://www.ahrq.gov/professionals/systems/monahrq/software/index.html>).

Before installing these tools, it is important to verify whether you have a 32-bit or 64-bit system. Please refer to [Appendix D](#) for instructions on how to verify this information.

2.1.3.1 Microsoft .NET Installation

Microsoft .NET is a set of standard software libraries provided by Microsoft and used by MONAHRQ. MONAHRQ 7 requires Microsoft .NET Framework 4.5.

Please refer to [Appendix E](#) for instructions about how to determine whether Microsoft .NET Framework 4.5 is already installed on your system and for installation instructions, if needed.

2.1.3.2 Microsoft SQL Server Installation

MONAHRQ is a single-user desktop application that requires a Microsoft SQL Server database to store data. Microsoft SQL Server has several editions, ranging from a free edition (Microsoft SQL Server Express Edition) to paid Enterprise Editions. Microsoft SQL Server can be installed on a PC or accessed over a network. Microsoft SQL Server Express Edition (the free edition) is the preferred version among many users. However, for SQL Server 2008 Express, the limit for the database size is 4 GB; for SQL Server 2008 R2 Express and SQL Server 2012 Express, the limit is 10 GB. If you expect your database size to be larger than or close to 10 GB, the paid Enterprise Edition of Microsoft SQL is recommended.

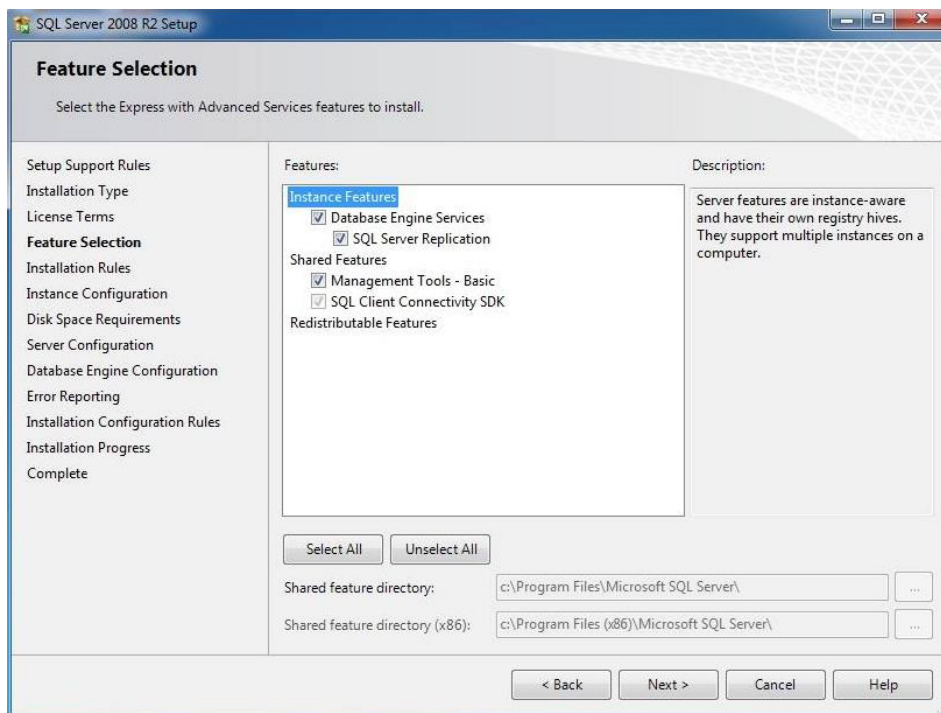
To create and use an SQL Server database on a desktop, download and install the software from the MONAHRQ website at <http://www.ahrq.gov/professionals/systems/monahrq/software/index.html>. To use an existing SQL Server database, the connection host name, login, and password are required to connect to that database.

When installing SQL Server, the installer will perform a “Setup Support Rules” check to identify any additional tools or updates that may be needed. You may be asked to install additional supporting software including a Windows Installer update or Windows PowerShell. These tools need to be installed before SQL Server can be installed.

Accept the default configuration settings provided by Microsoft, in addition to accepting the following options:

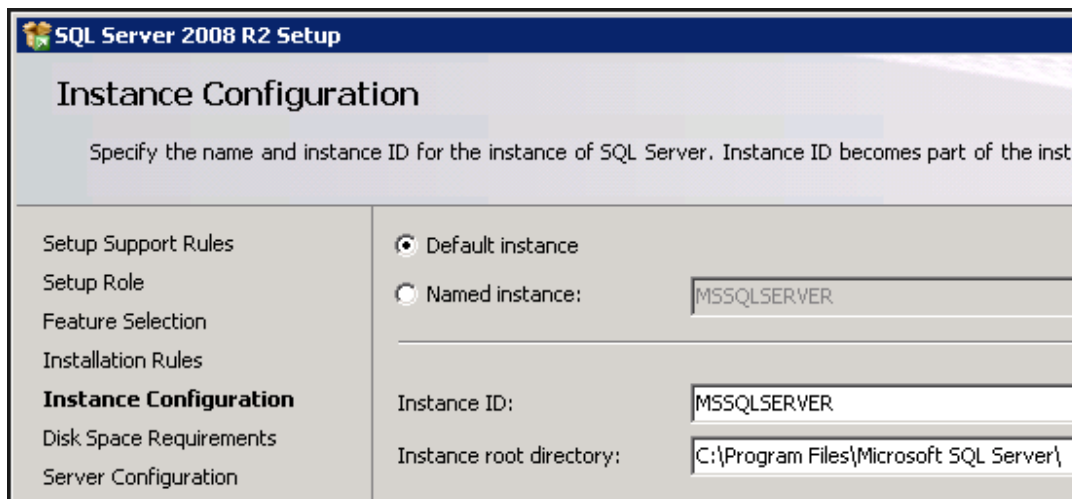
- **Feature Selection** ([Screenshot 1](#)). Install the Database Engine Services. The **Management Tools—Basic** feature is optional, but it is highly recommended because it provides tools for viewing and manipulating the databases. The other options are not used by MONAHRQ.

Screenshot 1: Feature Selection



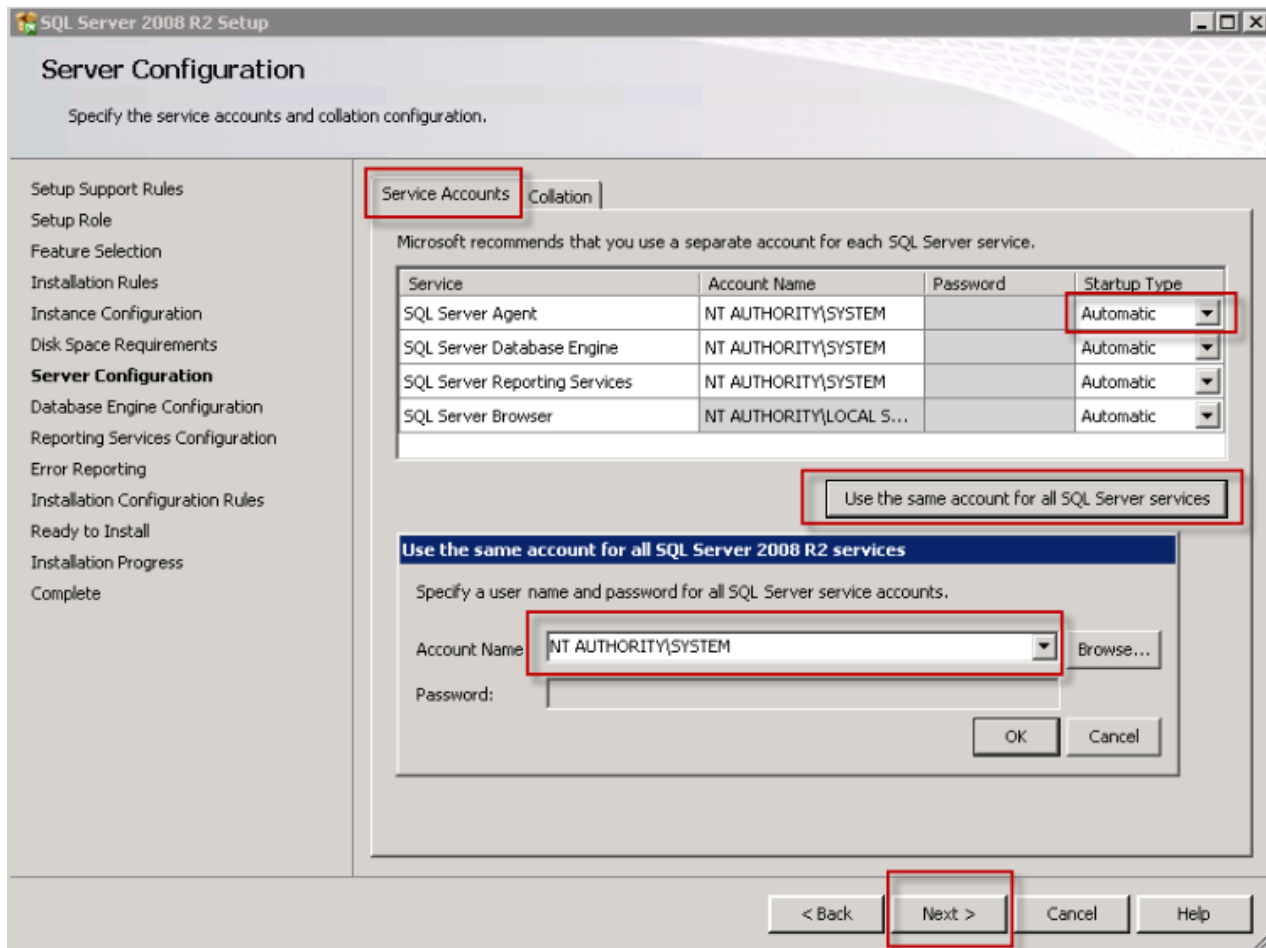
- **Instance Configuration** ([Screenshot 2](#)). As part of the installation for SQL Server 2008 R2, the wizard will ask you to choose between a default instance and a named instance. Select **Default Instance**. For example, for SQL Server Express, the default instance name is “SQLExpress” and for SQL Server Enterprise, the default instance name is “MSSQLServer.”

Screenshot 2: Instance Configuration



- **Server Configuration** ([Screenshot 3](#)). Under Service Accounts, go to SQL Server Database Engine, then Account Name, and select the Account Name with “System” in it.

Screenshot 3: Server Configuration



Select the default settings for the following steps:

- **Database Engine Configuration**—Use Windows authentication mode if the user’s administrative privilege is enabled on the computer. Click on “Next” to continue to the Reporting Services Configuration.
- **Reporting Services Configuration**—Accept the default setting, which will set up Reporting Services. Click on “Next” to continue on to Error Reporting.
- **Error Reporting**—No action is needed here. Click on “Next” to complete the wizard and begin the installation.

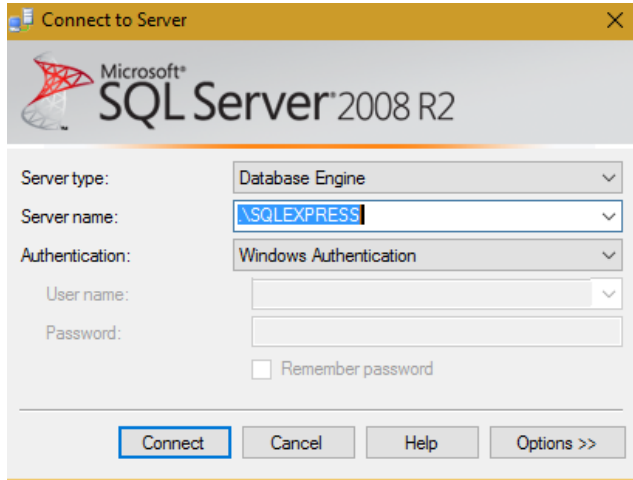
Once SQL Server is installed, which includes Management Tools, test the installation to determine whether you can connect to the database. To test the installation—

Step 1: Go to the “Start” menu on your computer.

Step 2: Select “All Programs.”

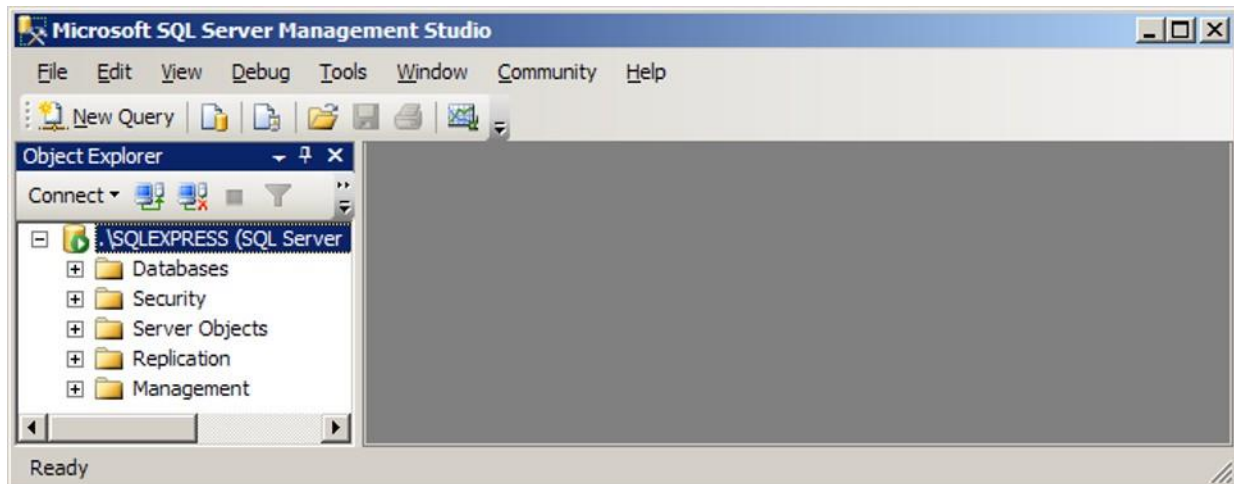
Step 3: Select Microsoft SQL Server 2008 R2 (or whichever version is downloaded), then SQL Server Management Studio. The Management Studio application will start. A login window will appear, as shown in [Screenshot 4](#).

Screenshot 4: SQL Server Management Login Window



Verify that authentication is set to Windows Authentication. Click on “Connect.” The login window will disappear. The connection is successful if there are no error messages and the window as seen in [Screenshot 5](#) appears.

Screenshot 5: Verify Database Connection



2.1.4 Optional Supporting Software

The following software is not required to run MONAHRQ but it may be necessary to calculate specific measures. (For more information on AHRQ Quality Indicator results, refer to [Appendix J](#).)

2.1.4.1 AHRQ Quality Indicators™ Software

Use AHRQ QI software to load precalculated measure results for the AHRQ Quality Indicators (QIs) into MONAHRQ. **Starting with MONAHRQ 4.0, MONAHRQ is separated from AHRQ QI and AHRQ QI**

software must be used separately. AHRQ provides two software tools to calculate AHRQ QIs and each will generate precalculated measures for use in MONAHRQ 7:

1. QI Windows® software (WinQI)
2. SAS QI® software

You can choose to use either software to calculate AHRQ Quality Indicator results. However, WinQI provides an intuitive, easy-to-use interface for calculating AHRQ Quality Indicator results. In addition to using AHRQ software for calculating AHRQ Quality Indicator results, if you choose to generate estimated cost savings for potentially avoidable hospital stays, you must install WinQI before generating the website; the SAS QI software does not work for this feature. MONAHRQ uses information from the AHRQ QI database to calculate the cost savings. For all other purposes, MONAHRQ 7 runs separately from the AHRQ QI software.

The SAS QI software uses SAS (<http://www.sas.com>) to calculate AHRQ Quality Indicator results. To load precalculated measure results using the SAS QI software, use SAS formatting utilities for the AHRQ QIs. Access and download these utilities from the MONAHRQ website:

<http://www.ahrq.gov/professionals/systems/monahrq/software/index.html>.

Refer to the AHRQ QI website for software and download information:

<http://qualityindicators.ahrq.gov/software/default.aspx>.

The following list shows AHRQ QI software compatibility with MONAHRQ:

- MONAHRQ 7 is compatible with AHRQ QI 5.0, AHRQ QI 4.6, AHRQ QI 4.5, AHRQ QI 4.4, or AHRQ QI 4.3a.
- MONAHRQ 6.0 Build 2 is compatible with AHRQ QI 5.0, AHRQ QI 4.6, AHRQ QI 4.5, AHRQ QI 4.4, or AHRQ QI 4.3a.
- MONAHRQ 5.0 is compatible with AHRQ QI 4.6, AHRQ QI 4.5, AHRQ QI 4.4, or AHRQ QI 4.3a.
- MONAHRQ 4.1 is compatible with AHRQ QI 4.5, AHRQ QI 4.4, or AHRQ QI 4.3a.
- MONAHRQ 4.0.1 is compatible with AHRQ QI 4.4 or AHRQ QI 4.3a.
- MONAHRQ 4.0 is compatible with AHRQ QI 4.4 or AHRQ QI 4.3a.
- MONAHRQ 3.0 is compatible with AHRQ QI 4.3.
- MONAHRQ 2.0 is compatible with AHRQ QI 4.2.
- MONAHRQ 1.1 is compatible with AHRQ QI 4.2.
- MONAHRQ 1.0 is compatible with AHRQ QI 4.2.

[Appendix J](#) includes instructions for installing and running the AHRQ QI software.

2.2 Uninstalling Previous Versions of MONAHRQ®

It is recommended that you uninstall previous versions of MONAHRQ before installing MONAHRQ 7; however, this is not required. To uninstall previous versions of MONAHRQ—

Step 1: From the Windows Start menu, select **Control Panel**.

Step 2: Select **Add or Remove Programs**.

Step 3: In the list of applications that appears select **MONAHRQ**.

Step 4: Select **Uninstall**.

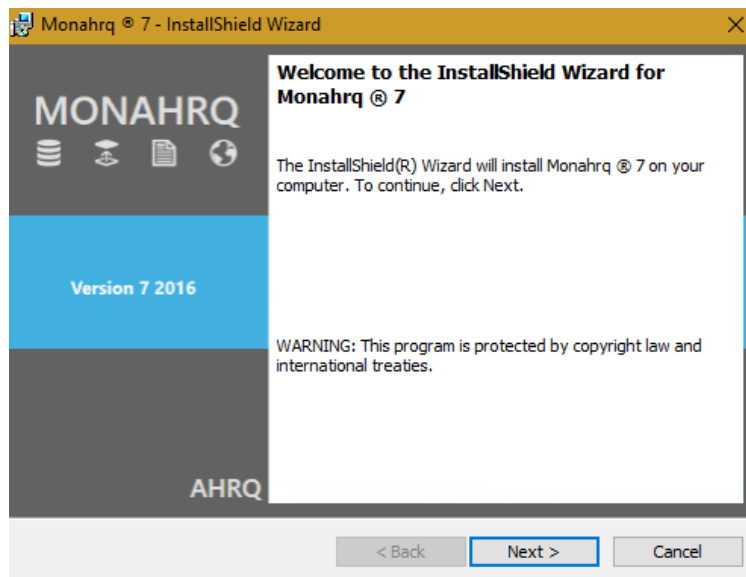
Step 5: Close the window when the removal process is complete.

2.3 Installing MONAHRQ®

To install MONAHRQ, run the installation package from the MONAHRQ website (<http://www.ahrq.gov/professionals/systems/monahrq/software/index.html>). When running the file, an install wizard will appear, as shown in [Screenshot 6](#).

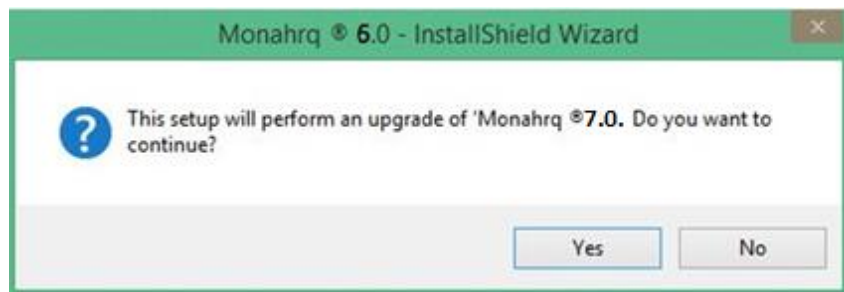
The install wizard will prompt you to **specify the directory** in which you would like MONAHRQ to be installed. The default installation directory is C:\Program Files\AHRQ\MONAHRQ. Progress meters will show the progress of the setup process. A window will appear to indicate that the installation has completed successfully.

Screenshot 6: New Installation Wizard Screen



If you are new to MONAHRQ 7, you will be prompted to complete the initial installation process as a first time Host User. Once MONAHRQ has been installed you will be prompted to upgrade to the latest version in future installation processes. If you are an existing MONAHRQ 6.0 Host User, you will be prompted to upgrade to the latest version of MONAHRQ 7 ([Screenshot 7](#)). You do not need to uninstall your current version of MONAHRQ when upgrading to a newer version. If you decide to upgrade from MONAHRQ 6.0 to MONAHRQ 7, your MONAHRQ 6.0 version will no longer exist.

Screenshot 7: Application Upgrade Screen



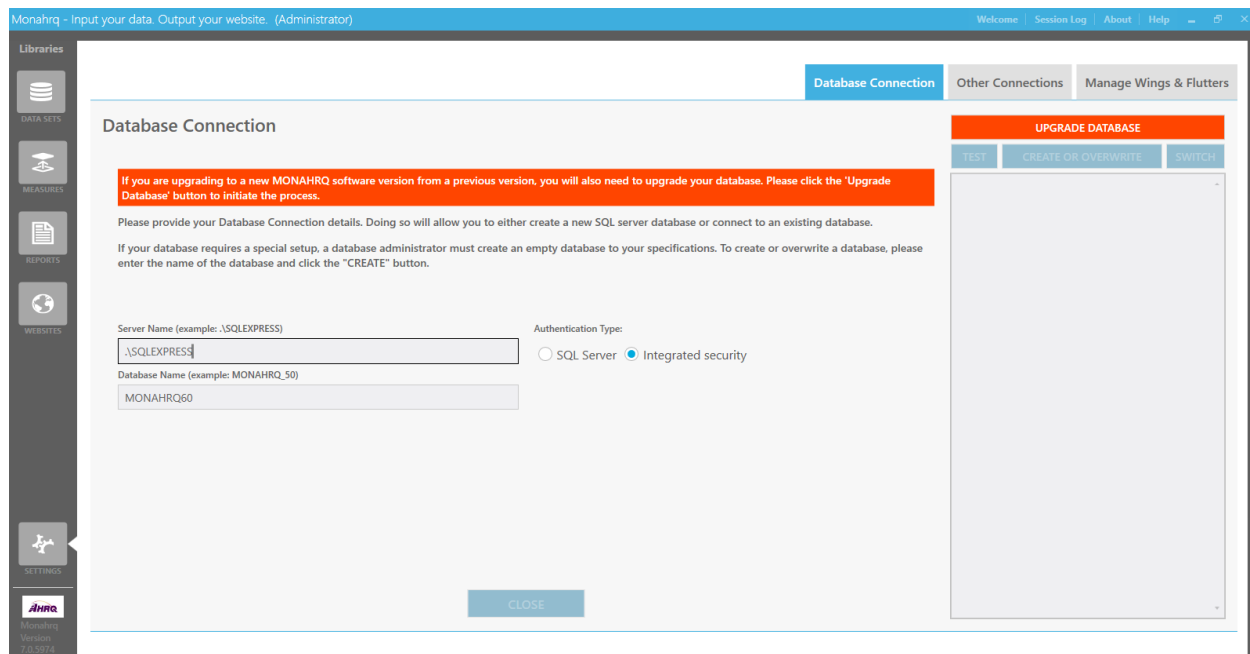
To upgrade to MONAHRQ 7, complete the following steps:

Step 1: Click on “MONAHRQ 7 Install.exe.” The Application Upgrade screen will open.

Step 2: Click on the “Yes” button.

Step 3: From the MONAHRQ application Database Connection screen ([Screenshot 8](#)), click on the “Upgrade Database” button.

Screenshot 8: Database Upgrade Screen



CHAPTER 3. OVERVIEW OF STANDARD DATA FILES

To generate health care reports, you must first load your data files into MONAHRQ. This chapter will provide information about which data and measures are needed for each reporting path. Refer to [Appendix F](#) which provides an overview of each type of data as well as detailed instructions surrounding how to prepare the data and measures to be loaded into MONAHRQ.

3.1 Data and Measures for MONAHRQ®

3.1.1 Reporting Paths and Their Associated Data and Measures

MONAHRQ provides several reporting paths. Each path requires different data. You only need to load data that will be used in the report of interest. Generating a website only requires one dataset but it is possible to add multiple datasets as you build your website. Data used in MONAHRQ include—

- Inpatient Hospital Discharge data
- Emergency Department (ED) Treat-and-Release data
- CMS Hospital Compare data
- AHRQ Quality Indicator™ results
- Medicare Provider Utilization and Payment Data
- CMS Nursing Home Compare data
- CMS Physician Compare data
- Region Information file
- Region Population Information file
- Hospital Information file
- CG-CAHPS Survey Results data
- NH-CAHPS Survey Results data
- Healthcare Effectiveness Data and Information Set (HEDIS) Measures

[Table 6](#) lists the MONAHRQ reporting paths and their required data. MONAHRQ allows you to import datasets to source the reporting paths and measures referenced in [Table 1](#). The Provider of Service (POS), Hospital Information, and Region Information files are embedded within MONAHRQ; therefore, you do not need to upload these base files.

Table 6: MONAHRQ Reporting Paths for Generated Websites

MONAHRQ Tab	Reporting Path (MONAHRQ-Generated Website)	Data and Measures (Host User-provided and MONAHRQ Data Types)	Source Data & Software Used to Generate Data
Doctor	Physician Profile Report	<ul style="list-style-type: none"> • CMS Physician data • Physician HEDIS Measures data • Medical Practice CG-CAHPS Survey Results data 	<ul style="list-style-type: none"> • Automatically downloaded using API service calls: http://data.medicare.gov/resource/s63f-csi6.json • CG-CAHPS data provided by Host User's organization
Hospitals	Hospital Profile Report	<ul style="list-style-type: none"> • CMS Hospital Compare data • Medicare Provider Utilization and Payment data • CMS Physician data 	<ul style="list-style-type: none"> • Downloaded from MONAHRQ website

MONAHRQ Tab	Reporting Path (MONAHRQ-Generated Website)	Data and Measures (Host User-provided and MONAHRQ Data Types)	Source Data & Software Used to Generate Data
	Quality Ratings	<ul style="list-style-type: none"> CMS Hospital Compare data Composite-level AHRQ QI results Provider-level AHRQ QI results 	<ul style="list-style-type: none"> AHRQ QI software (Using data from the Host User's organization) Downloaded from MONAHRQ website
	Service Use Rates > Avoidable Hospital Stays	<ul style="list-style-type: none"> Area-level AHRQ QI results 	<ul style="list-style-type: none"> AHRQ QI software Using data from the Host User
	Service Use Rates > Health Care Service Use > Utilization > Hospital > Inpatient	<ul style="list-style-type: none"> Inpatient Hospital Discharge data 	<ul style="list-style-type: none"> Host User's organization
	Service Use Rates > Health Care Service Use > Hospital > Emergency Department	Combination of: <ul style="list-style-type: none"> Inpatient Hospital Discharge data ED Treat-and-Release data 	<ul style="list-style-type: none"> Host User's organization
	Service Use Rates > Health Care Service Use > Population > County Rates of Hospital Use	<ul style="list-style-type: none"> Inpatient Hospital Discharge data 	<ul style="list-style-type: none"> Host User's organization
	Service Use Rates > Health Care Service Use > Population > Region Rate of Hospital Use	<ul style="list-style-type: none"> Inpatient Hospital Discharge data Population Region data 	<ul style="list-style-type: none"> Host User's organization
Nursing Homes	Nursing Home Quality	<ul style="list-style-type: none"> CMS Nursing Home Compare data NH-CAHPS Survey Results data 	<ul style="list-style-type: none"> Downloaded from the CMS Nursing Home Compare website: https://data.medicare.gov/data/nursing-home-compare NH-CAHPS data provided by the Host User's organization
	Nursing Home Profile Report	<ul style="list-style-type: none"> CMS Nursing Home Compare data NH-CAHPS Survey Results data 	<ul style="list-style-type: none"> Downloaded from the CMS Nursing Home Compare website: https://data.medicare.gov/data/nursing-home-compare NH-CAHPS data provided by the Host User's organization

CHAPTER 4. LAUNCHING MONAHRQ®

Prepared data and measures can now be loaded into the MONAHRQ database to create a website. This chapter describes the process of configuring a new MONAHRQ website using the Create a New Website wizard. It also includes information about the key features of the MONAHRQ Welcome screen, as well as choosing and defining datasets, importing and mapping data and measures, validating data, and managing hospital-level data.

4.1 Opening the MONAHRQ® Application

Below [Screenshot 9](#) are the steps required to provide SQL connection information when opening the MONAHRQ application for the first time. Once you have opened MONAHRQ for the first time, the SQL server connection information window will not display, as MONAHRQ uses the saved server connection information to display the Welcome screen ([Section 4.2](#)).

Screenshot 9: SQL Server Connection Window

The screenshot shows a dialog box titled "SQL SERVER CONNECTION". The main text reads "Please choose a SQL Server instance for MONAHRQ to use." Below this, there are four input fields: "Server Name (example: .\SQLEXPRESS)" containing ".\SQLEXPRESS", "Database Name" containing "MONAHRQ7", "User Name" (empty), and "Password" (empty). To the right of the "Server Name" field is a "TEST" button. To the right of the "Database Name" field are "CREATE" and "DELETE" buttons. Below the "Database Name" field is a checked checkbox labeled "Use Integrated Security". At the bottom of the dialog are "OK" and "CANCEL" buttons.

Step 1: Open MONAHRQ. First time users will see the SQL Server Connection window.

Step 2: Enter the Server Name. This is the name of the SQL server instance that is installed on your machine. If you used the default named instance during setup on SQL Express, then specify the Server Name as **.\SQLExpress** (see [Screenshot 9](#)).

Step 3: Enter the Database Name. This will be the name of the MONAHRQ database. Please note: When an existing MONAHRQ database name is provided, MONAHRQ will connect to that; if a new database name is entered, MONAHRQ will create a new database.

Step 4: Select the “Use Integrated Security” checkbox (used to access the SQL Server database) or provide the SQL Server database user name and password.

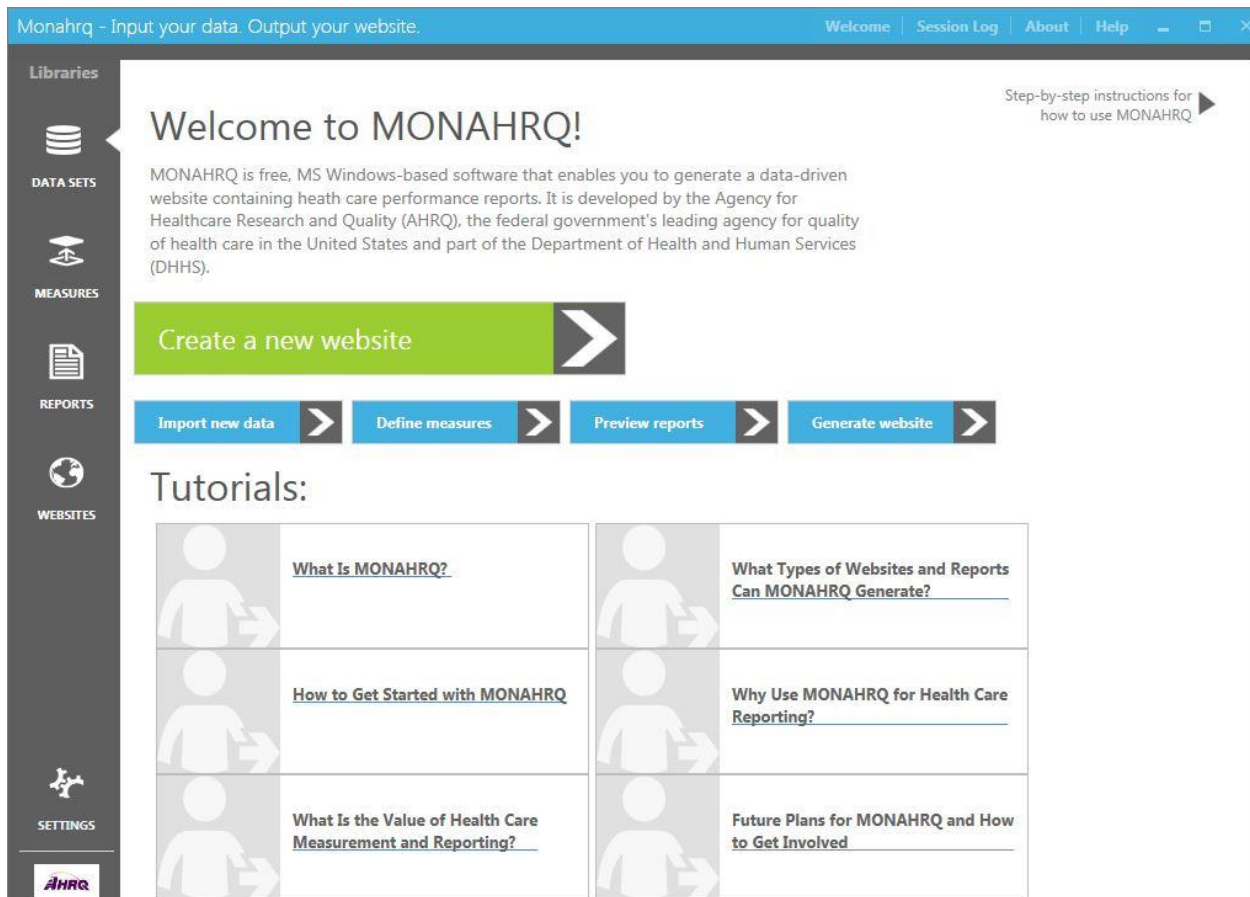
Step 5: Click on the “Create” button if you are creating your MONAHRQ database for the first time. If you want to connect to the existing database, click on the “Test” button to confirm it has connected successfully and then click on the “OK” button.

Step 6: Click on the “OK” button.

4.2 Navigating the MONAHRQ® Welcome Screen

The Welcome screen is displayed the first time you use MONAHRQ to build a website ([Screenshot 10](#)). (Note: If you have already created a website, you will be automatically directed to the current website screen). The easy-to-navigate Welcome screen allows you to import new data, define measures, preview reports, and generate your new MONAHRQ website through the Create a New Website Wizard.

Screenshot 10: MONAHRQ Welcome Screen



The Welcome screen includes the following components:

- **Global Libraries Panel**—The Global Library located on the left-side panel of the Welcome screen enables you to update and configure datasets, measures, reports, and websites at any time in the website creation and maintenance process. The library panel is composed of the following five core elements, which are required to generate health care performance reports:
 1. **Datasets**—The Datasets Library contains and displays all of the input files that you upload. MONAHRQ allows you to upload multiple input files for each dataset type.

2. **Measures**—The Measures Library displays all of the available measures, grouped by topic and subtopic. You can select a measure to edit its attributes, such as friendly display name, benchmark data, and so forth.
 3. **Reports**—The Reports Library displays all of the available reports within MONAHRQ.
 4. **Websites**—The Websites Library displays all of the existing websites you have created. This screen is outlined in [Chapter 8](#). The Website Wizard guides you through the five steps to create a MONAHRQ website.
 5. **Settings**—The settings feature includes the functional components that can be configured, including database settings, the AHRQ QI database connection, and Wings and Flutters (see [Chapter 9](#)).
- **Tutorials**—The Tutorials section contains presentations about MONAHRQ’s capabilities and features, including how to get started with MONAHRQ, what types of websites and reports can be generated with MONAHRQ, why Host Users should use MONAHRQ for health care reporting, the value of health care measurement and reporting, and future plans for MONAHRQ.

CHAPTER 5. MANAGING YOUR DATASETS LIBRARY

The Datasets Library contains all of the input files that were uploaded to MONAHRQ®. Host Users can upload multiple input files for each dataset type. Clicking on the Datasets icon in the Libraries menu will load the Manage Measures Data screen ([Screenshot 11](#)), which lists all of the existing dataset types supported in MONAHRQ.

Screenshot 11: Manage Measures Data Screen

Monahrq - Input your data. Output your website. (Administrator) Welcome | Session Log | About | Help

Libraries

Data Sets > Manage Measures Data

MANAGE YOUR DATA FILES
Import or delete data files.

Manage Measures Data | Manage Hospital Data | Nursing Home Data | Physician Data

NEW GEOGRAPHIC CONTEXT

DATA SETS

MEASURES

REPORTS

WEBSITES

SETTINGS

AHRQ
Monahrq
Version

Inpatient Discharge

Mapping target for importing Inpatient Discharge Data

Import new

Data record name	Reporti Year	DRG/ MDC Status	# of Rov Imp	Date Importe	
IP column	2012	Completed	405	5/17/2016 3	

The dataset files that were added to the Datasets Library can then be selected to create one or more websites. Once these dataset files are added to the library, any combination of datasets can be used to create a new website. This chapter describes the process for adding dataset files to the Datasets Library.

MONAHRQ 7 supports the following datasets:

- Inpatient Hospital Discharge data (See [Appendix H](#) for details on file structure)
- Emergency Department Treat-and-Release data (See [Appendix I](#) for details on file structure)
- Area QI—AHRQ Quality Indicator™ Results (See [Appendix J](#) for details on file structure)
- Provider QI—AHRQ Quality Indicator Results (See [Appendix J](#) for details on file structure)
- Composite QI—AHRQ Quality Indicator Results (See [Appendix J](#) for details on file structure)
- CMS Hospital Compare data (See CMS website <https://data.medicare.gov/data/hospital-compare>)

- CMS Nursing Home Compare data (See CMS website <https://data.medicare.gov/data/nursing-home-compare>)
- CMS Physician data (See CMS website <https://data.medicare.gov/data/physician-compare>)
- Medicare Provider Utilization and Payment data (See AHRQ website <http://www.ahrq.gov/professionals/systems/monahrq/data/index.html>)
- CG-CAHPS Survey Results data (See [Appendix P](#) for details on file structure.)
- NH-CAHPS Survey Results data (See [Appendix Q](#) for details on file structure.)
- Physician HEDIS Measures data (See [Appendix R](#) for details on file structure.)

5.1 Importing a New Inpatient Hospital Discharge Dataset

To import a new Inpatient Hospital Discharge dataset, select the “Inpatient Discharge” icon on the left side of the Inpatient Discharge data screen ([Screenshot 11](#)) and click on the “Import New” button. You will be required to enter basic information for the dataset being imported, such as title and report year before you can select the appropriate data file to upload. You can also select saved mapping and crosswalk information to be used with your new dataset ([Screenshot 12](#)).

Screenshot 12: Importing Inpatient Hospital Discharge Dataset

The screenshot displays the 'Inpatient Discharge' dataset import screen. The interface is divided into three main sections: 'Import Data', 'Data Mapping', and 'Complete'. The 'Import Data' section is currently active, indicated by a green progress bar. Below the progress bar, there are instructions: 'Use the Browse button to locate the data file you want to import. It may be a text file of comma separated values (.csv). Required fields are indicated by asterisks(*) and red border.' The form includes several input fields: a text box for 'Enter Title: (Maximum length is 200 characters)', a dropdown menu for 'Reported Year: Please Select Reporting Year', and a text box for 'Please browse for your input data file:' with a 'BROWSE' button. Below these fields is a section for 'Import Data Element and Element Value Mapping' with two radio buttons: 'Use existing mapping' (selected) and 'Import mapping file' (with a 'BROWSE' button). At the bottom of the form, there are 'CANCEL' and 'CONTINUE TO THE NEXT STEP' buttons. The left sidebar contains navigation icons for 'DATA SETS', 'MEASURES', 'REPORTS', 'WEBSITES', and 'SETTINGS'. The AHRQ logo and 'Monitoring Version 6.1.0.0' are visible in the bottom left corner.

Step 1: Click on the “Import New” button for the Inpatient Hospital Discharge data.

Step 2: Create a title for the dataset that identifies the data source and type. Enter the title in the “Enter Title” text box ([Screenshot 12](#)).

Step 3: Define the reporting period by selecting the reporting year. To do this, select a value in the single-select “Reported Year” dropdown box ([Screenshot 12](#)). The dropdown box is populated with a range of 5 years before the current year.

Step 4: Click on the “Browse” button to locate and then select the input data file. The file path will be displayed in the input data file field ([Screenshot 12](#)). The dataset file must comply with the file type and layout specifications defined in [Appendix F](#).

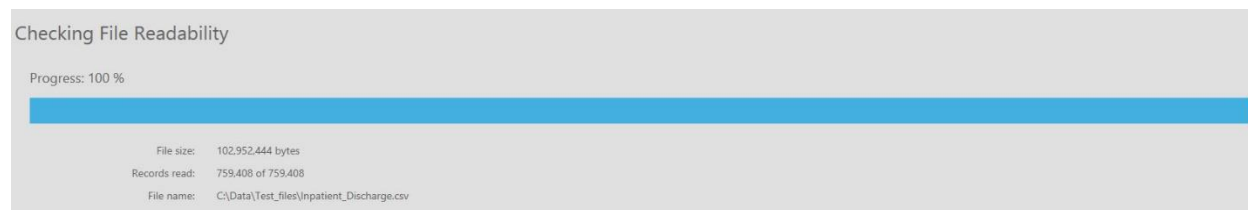
At this point in the dataset import process, if you do not wish to manually map the data elements for your imported dataset, you have the option to either use the mapping information for an existing dataset or you can import a mapping file that you have saved locally. Click on the “Use existing mapping” radio button to display a dropdown box populated with the system default mapping option as well as the mapping file for each dataset already imported ([Screenshot 12](#)). If you prefer to import a mapping file that you have already saved from a previous dataset import, click on the “Import mapping file” radio button ([Screenshot 12](#)). This enables the “Browse” button, which allows you to locate and then select your data mapping file.

Step 5: Complete the input file selection process by clicking on the “Continue to the Next Step” button ([Screenshot 12](#)).

Step 6: MONAHRQ will scan the dataset to check file readability and validate the size and attributes of the file ([Screenshot 13](#)). The file size, number of records read, file name, and location path will be displayed on the Check File Readability screen. An accepted file will result in a progress indicator of 100 percent.

Step 7: Click on the “Continue to the Next Step” button.

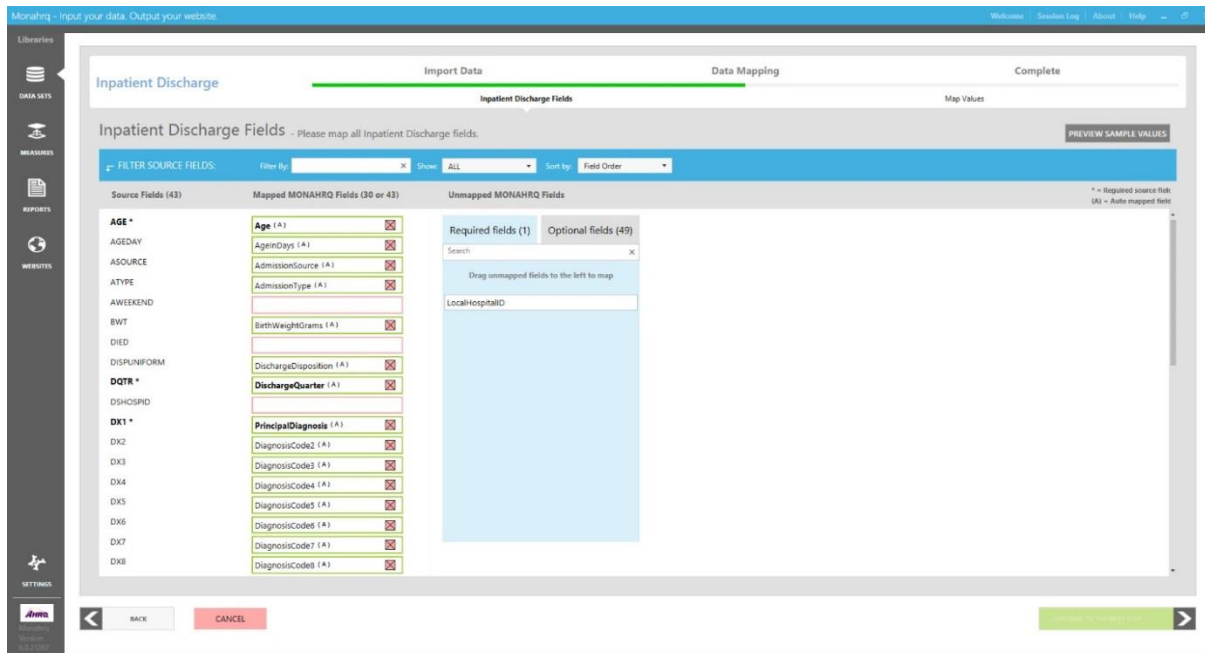
Screenshot 13: Check File Readability Display



5.1.1 Mapping the Datasets

Dataset mapping is the next phase of the file import process ([Screenshot 14](#)). MONAHRQ will automatically match as many of the data fields in the input file to the MONAHRQ data elements as possible. Additional information on the AHRQ QI results and the datasets prepared by your organization can be found in [Appendix H](#), [Appendix I](#), and [Appendix J](#). These appendices provide helpful information including the recommended file header names (data elements), a description of the purpose of each field, and definitions of the data values to include in your files. Applying the recommended data element names as the field names in your files will result in more fields to be mapped by MONAHRQ’s auto-mapper service. The auto-mapper attempts to conservatively map fields between MONAHRQ and your imported datasets to reduce the number of incorrectly mapped fields during the mapping process. Unmatched data fields will be identified by the system as “unmapped” and will need to be manually mapped. If the file structure of dataset types is standardized to MONAHRQ specifications, there will be no need to map the data fields and this step will be skipped. If you selected a saved mapping option or imported a mapping file, data elements will be automatically mapped accordingly.

Screenshot 14: Dataset Mapping Element Screen



The Dataset Mapping Element screen includes a mapping widget with three components:

1. **Source Fields**—This component lists the field names in your input file or imported dataset. If an input field was automatically mapped by the system, then this component will contain a text value (e.g., Age). However, if the source field is a blank red box, this indicates that the field was not mapped and needs to be manually mapped.
2. **Mapped MONAHRQ Fields**—This component displays the mapped MONAHRQ field names as defined in the system. The field name in your input file must be mapped to the required MONAHRQ field. Note: The MONAHRQ field names cannot be edited.
3. **Unmapped MONAHRQ Fields**—This component displays the unmapped MONAHRQ field names defined in the system. The input dataset was either missing these data elements, or they are optional fields that were not mapped.

The Unmapped MONAHRQ Fields component includes two tabs: Required Fields and Optional Fields, which list the required and optional MONAHRQ fields to be mapped to your input files. You will need to map all of the required fields listed in order to proceed to the next step in the import process. You are not required to map the optional fields.

Preview Sample Values—In order to confirm your element mapping, a sample value from the input dataset can be viewed by clicking on the “Preview Sample Values” button located on the right side of this screen.

The next step is to verify the auto-mapping results. Any required fields that were not mapped automatically will need to be identified and mapped manually in order to proceed. You can filter what is displayed on the screen so that it shows either mapped fields or unmapped fields. Follow the steps below [Screenshot 15](#) to verify the auto-mapping results.

Screenshot 15: Defining Field Values Screen

RACE		
<NULL>	REPRESENTS	0 - Missing
1	REPRESENTS	1 - White
2	REPRESENTS	2 - Black
3	REPRESENTS	3 - Hispanic
4	REPRESENTS	4 - Asian or Pacific Island
5	REPRESENTS	5 - Native American
6	REPRESENTS	6 - Other
A	REPRESENTS	

Step 1: Compare the values in the “Source Fields” and the “Mapped MONAHRQ Fields” row by row. Correlation between the two field values should be present. Sample data can be viewed in the “Preview Sample Values” screen to compare the values in the Source Fields and MONAHRQ Fields.

Step 2: If you determine that a different MONAHRQ field should be mapped to your input field, click on the trash can action icon (X) in the Mapped MONAHRQ Field box. This will result in the field being unmapped and the unmapped MONAHRQ value will be displayed in the right panel, either under the Required Field or Optional Field tabs. Once you have identified the correct data element value to map, click on the value and drag it to the corresponding “Mapped MONAHRQ field” to map the values.

Step 3: Continue to map “Required” and any desired “Optional” MONAHRQ fields to unmapped fields in your input dataset. Use the drag and drop process to complete the mapping process.

Step 4: Compare, verify, and map optional MONAHRQ fields and dataset fields by following the preceding steps.

Step 5: Click on the “Continue to the Next Step” button after all MONAHRQ fields and input dataset fields are mapped.

Step 6: Auto-mapping assigns a definition to field values ([Screenshot 15](#)). Review the look-up value and value definition for correctness. To assign a new value definition, click on the dropdown box in the field and select the appropriate value. The fields that are not completely assigned a valid crosswalk value appear in red and will change to green once they are assigned a value.

Step 7: Click on the “Continue to the Next Step” button after all field value definitions are verified.

5.1.2 Data Mapping Summary Report

MONAHRQ generates a Mapping Summary Report that displays results from the data mapping process. The report summarizes the data mapping between the input dataset files and the MONAHRQ dataset files ([Screenshot 16](#)).

Screenshot 16: Mapping Summary Report

Mapping Summary
This report summarizes the Data Mapping between the input file and the MONAHRQ Dataset that you have assigned on the previous screen. Certain variables are required to continue with the data analysis. See the Host User Guide for more detailed information.

Variables in Input File: 47
Input Variables Mapped to MONAHRQ Variables: 37
Unused Input Variables: 10
Unmapped Required MONAHRQ Variables: 0
Unmapped MONAHRQ Variable Warnings: 43

MONAHRQ data element	Input file data element	Element position in your file
Age	AGE	9
Sex	SEX	24
Local Hospital ID	DSHOSPID	9
Discharge Year	YEAR	48
Discharge Quarter	DQTR	8
Principal Diagnosis	DX1	10
Age in Days	AGEDAY	1
Admission Source	ASOURCE	2
Admission Type	ATYPE	3
Birth Weight Grams	BWT	5
Discharge Disposition	DISFURNIFORM	7
Diagnosis Code 2	DX2	11
Diagnosis Code 3	DX3	12
Diagnosis Code 4	DX4	13
Diagnosis Code 5	DX5	14
Diagnosis Code 6	DX6	15
Diagnosis Code 7	DX7	16
Diagnosis Code 8	DX8	17
Diagnosis Code 9	DX9	18
Length of Stay	LOS	25
Primary Payer	PAY1	27
Principal Procedure	PR1	28
Procedure Code 2	PR2	29
Procedure Code 3	PR3	30
Procedure Code 4	PR4	31
Procedure Code 5	PR5	32
Procedure Code 6	PR6	33
Point of Origin	PointOfOriginUB04	35
Patient State/County Code	PSTCO2	37

The Mapping Summary Report includes statistics on the number of variables in the input file, the number of input variables mapped to MONAHRQ variables, the number of unused input variables, and the number of unmapped MONAHRQ variables (both required and optional). The results are used to determine whether there are any unused or unmapped variables; if there are, this issue will need to be resolved by correcting or completing the field mappings. Sample Mapping Summary Report statistics from [Screenshot 16](#) are as follows:

- Variables in Input File: 47
- Input Variables Mapped to MONAHRQ Variables: 37
- Unused Input Variables: 10
- Unmapped Required MONAHRQ Variables: 0
- Unmapped MONAHRQ Variable Warnings: 43

After you have reviewed the Mapping Summary Report, follow the steps below to proceed with the data import process:

Step 1: Click on the “Continue to the Next Step” button.

Step 2: Review the Data Validation Summary report and then click on the “Done” button ([Screenshot 17](#)).

5.1.3 **Data Validation and Data Errors Report**

MONAHRQ includes a data validation step that identifies invalid records in the input dataset file ([Screenshot 17](#)). These invalid records contain data errors. The Data Validation Summary report includes the record number, MONAHRQ variable (or field name), the MONAHRQ variable involved (e.g., principal diagnosis), record status (i.e., “Validation Error” or “Warning”), and an error description/message. The information in this report can be used to correct the records in the input dataset file or to update mapping.

Screenshot 17: Data Validation Summary Report

The screenshot displays the 'Import Data' summary report for 'Inpatient Discharge'. The interface includes a navigation sidebar on the left with options like 'DATA SETS', 'MEASURES', 'REPORTS', 'WEBSITES', and 'SETTINGS'. The main content area shows a table of records with the following columns: Record #, MONAHRQ Variable, Status, and Message. A summary box on the right indicates: Total Records: 500, Valid Records: 365, and Invalid Records: 135. The table lists several records with 'Validation Error' status, including errors for Patient Zip Code and Row Level.

Record #	MONAHRQ Variable	Status	Message
6	Patient Zip Code	ValidationError	Value: 6531 Patient Zip Code The field Patient Zip Code must be a string with a minimum length of 5 and a maximum length of 5. value:6531
10	Row Level	ValidationError	Record deleted because it either contains a mix of ICD-9 and ICD-10 coded data or invalid codes.
11	Patient Zip Code	ValidationError	Value: 7111 Patient Zip Code The field Patient Zip Code must be a string with a minimum length of 5 and a maximum length of 5. value:7111
17	Row Level	ValidationError	Record deleted because it either contains a mix of ICD-9 and ICD-10 coded data or invalid codes.
25	Row Level	ValidationError	Record deleted because it either contains a mix of ICD-9 and ICD-10 coded data or invalid codes.
28	Patient Zip Code	ValidationError	Value: 4441 Patient Zip Code The field Patient Zip Code must be a string with a minimum length of 5 and a maximum length of 5. value:4441
30	Patient Zip Code	ValidationError	Value: 3442 Patient Zip Code The field Patient Zip Code must be a string with a minimum length of 5 and a maximum length of 5. value:3442
33	Patient Zip Code	ValidationError	Value: 4662 Patient Zip Code The field Patient Zip Code must be a string with a minimum length of 5 and a maximum length of 5. value:4662

5.1.4 Exporting a Dataset Mapping File

MONAHRQ includes an export dataset mapping feature that allows users to save the dataset columns mapping information as well as the crosswalk value mapping completed during the dataset import process. This enables you to reuse the data mapping file for a similar dataset during the “Import new” dataset process. Click on the “Export Data Mapping” button to save the file locally on your computer ([Screenshot 17](#)). The default folder location will be your “Documents” folder (for example: *C:\Users\[logged in User Name]\Documents\MONAHRQ6.0\Mapping*).

5.1.5 ICD 9-to ICD-10 Conversion Changes

On October 1, 2015, the U.S. health care system transitioned from ICD-9 to the next version, ICD-10, for coding patient visits. The file type and layout specifications defined in [Appendix F](#) are compatible with both ICD-9 and ICD-10 and allow you to import both ICD-9 and ICD-10 codes during the transition process.

During the data validation step (Section 5.1.3), MONAHRQ ensures that there is not a mix and match of ICD-9 and ICD-10 codes for any single row of data within your input dataset file. If MONAHRQ encounters this scenario, it will drop the erroneous record(s), provide a notification message and log the following new validation error ([Screenshot 17](#)) in the Data Validation Summary report: “Validation Error: Record deleted because it contains a mix of ICD-9 and ICD-10 coded data.”

There will not be any changes in the way the utilization reports and charts will be displayed on your generated website as a result of the conversion from ICD-9 to ICD-10. However, a cautionary note will be included on your report if it contains both ICD-9 and ICD-10 coded data.

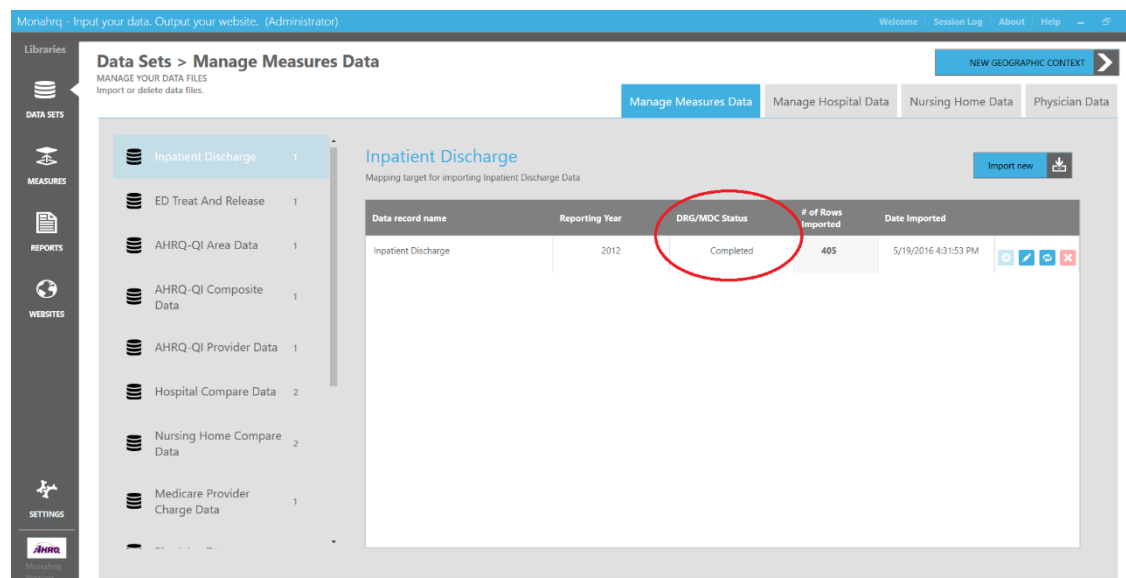
5.2 Diagnosis Related Groups and Major Diagnostic Category Data Import Process

MONAHRQ is embedded with Medicare Severity-Diagnosis Related Groups (MS-DRGs) and Major Diagnostic Category (MDC) grouper software, produced by the National Technical Information Service (<http://www.ntis.gov/products/grouper>). MONAHRQ also allows you to override the built-in DRG grouper

computation and load your own DRG and MDC assignments. The DRG and MDC data are used in the Inpatient Utilization reports.

The Datasets Library will display the status of the DRG grouper background process ([Screenshot 18](#)).

Screenshot 18: Inpatient Hospital Discharge Dataset DRG/MDC in Progress Status



After the Inpatient Hospital Discharge data file has been imported—

- If DRG and MDC values have been included and correctly mapped, then MONAHRQ will display “User Provided” in the DRG/MDC Status column.
- If you do not map the DRG and MDC values, then MONAHRQ calculates them automatically and runs in the background. Initially, this will be displayed in your taskbar on your desktop with a MONAHRQ icon; however, until finished, the DRG/MDC Mapping Status column will display “In Progress.”
- Once the DRG and MDC process completes, MONAHRQ will display “Completed.”

5.3 Editing Imported Dataset Files

MONAHRQ allows Host Users to edit the metadata (i.e., dataset attributes) associated with a dataset after the dataset has been imported. Additionally, if a dataset has changed, Host Users can re-import the data to overwrite an existing dataset.

5.3.1 Editing Dataset File Attributes

To edit the metadata for a dataset file, click on the “Edit the metadata for this dataset” icon for the specific dataset. This will open the “Edit Dataset” popup window, where the Host User can modify the dataset’s existing attribute values such as dataset title and reported year. Clicking on the “Save” button will close the popup window, and the updates to the metadata will be reflected under the specified dataset icon.

5.3.2 Re-Importing a Dataset File

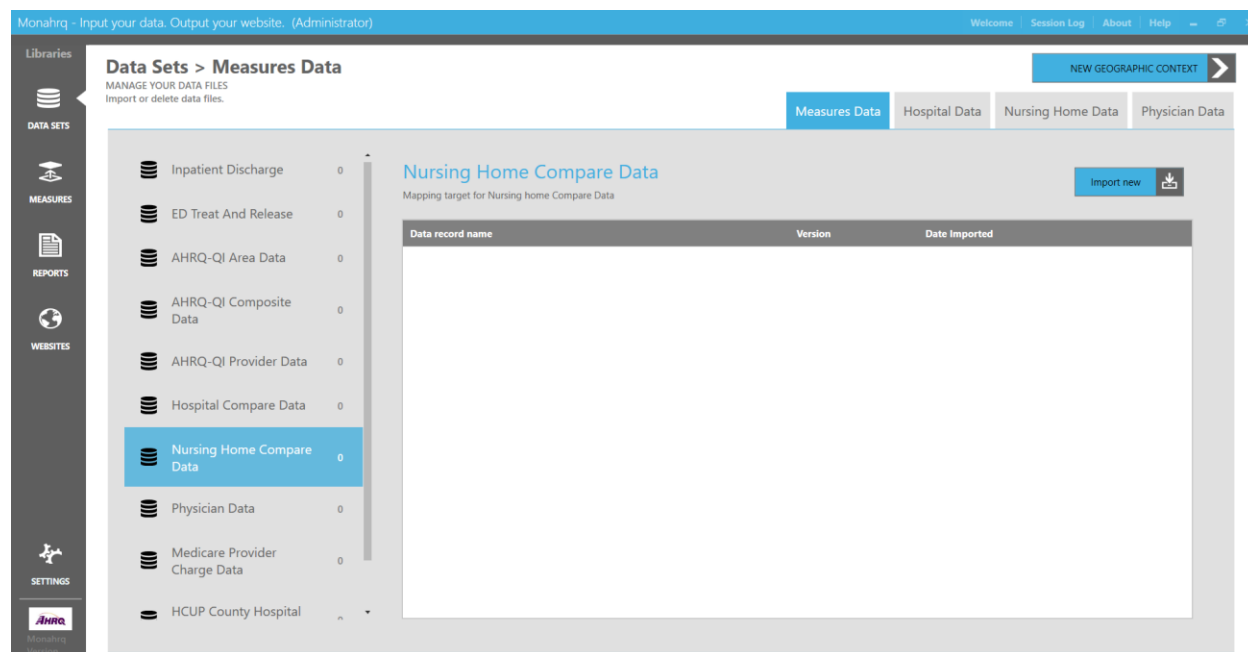
Dataset files can be re-imported so that Host Users can update them without having to complete the entire dataset import process again. Clicking on the “Re-Import Dataset” button launches the import wizard for the specified dataset file and allows the Host User to replace the dataset file. If an existing

MONAHRQ-generated website is already using a dataset file, the website will need to be republished in order to for the re-imported data to show up on the generated website.

5.4 CMS Nursing Home Compare Data Import Process

Starting with MONAHRQ 6.0, you have the ability to import and report on CMS Nursing Home Compare data. The Nursing Home Compare data import screen ([Screenshot 19](#)) will allow you to enter basic information about the dataset and upload the Microsoft Access version of the CMS Nursing Home Compare data downloaded from the CMS website (<https://data.medicare.gov/data/nursing-home-compare>). Follow the steps below [Screenshot 19](#) to import your CMS Nursing Home Compare data.

Screenshot 19: Measures Data Tab: Nursing Home Compare Data View



Step 1: Select “Nursing Home Compare Data” on the Measures Data tab.

Step 2: Click on the “Import New” button located under the Nursing Home Compare Data and Physician Data tabs.

Step 3: Click on the “Browse” button to locate and select the CMS Nursing Home Compare input dataset that you downloaded directly from the CMS website (<https://data.medicare.gov/data/nursing-home-compare>).

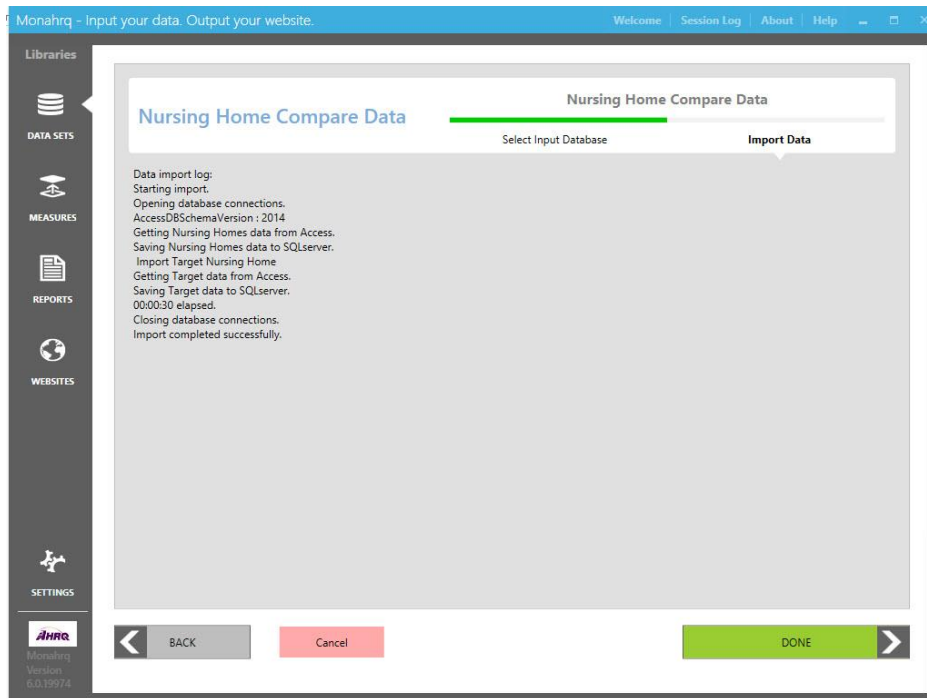
Note: Although there are two file formats available for download from the CMS website (CSV and Microsoft Access), MONAHRQ will only accept the Microsoft Access database format. Once the file is selected, the file path will be displayed in the Input Data File field.

Step 4: Complete the input file selection process by clicking on the “Continue to Next Step” button.

Step 5: MONAHRQ will scan the dataset(s) and validate the version, size, and attributes of the file ([Screenshot 20](#)). When the import process is completed, you will see an “Import completed successfully” message.

Step 6: Click on the “Done” button to complete the CMS Nursing Home Compare data import process ([Screenshot 20](#)).

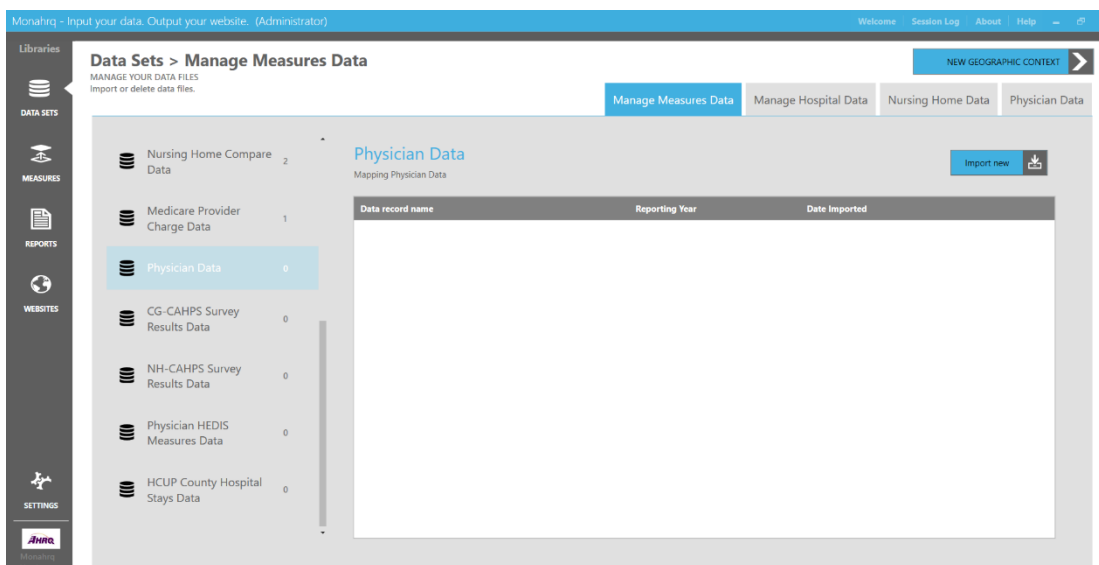
Screenshot 20: CMS Nursing Home Compare Data Import Screen



5.5 CMS Physician Data Import Process

The CMS Physician data import process ([Screenshot 21](#)) is similar to the import process for the other datasets in MONAHRQ; however, you will not upload data files for physicians. Instead, MONAHRQ pulls CMS Physician data from Application Programming Interface (API) services provided by the CMS Website (<https://data.medicare.gov/data/physician-compare>). Follow the steps below [Screenshot 21](#) to import CMS Physician data into MONAHRQ.

Screenshot 21: Manage Measures Data Tab: Physician Data



Step 1: On the Manage Measures Data tab, select “Physician Data” ([Screenshot 21](#)).

Step 2: Click on the “Import New” button ([Screenshot 21](#)).

Step 3: From the “Enter State(s)” dropdown menu, select the appropriate State(s) and then enter a title for the Physician data in the “Enter title” text box ([Screenshot 22](#)).

Step 4: Depending on your requirements, select either Radio Button 1 (“I want to include descriptive data about physicians in MONAHRQ”), or Radio Button 2 (“I want my generated website to get the most current version of CMS Physician data”).

- Radio Button 1 will enable MONAHRQ to download CMS Physician data for the States selected in Step 3 using API service calls available at <https://data.medicare.gov/data/physician-compare>. Before MONAHRQ connects with the API service, it will “ping” the service to determine whether MONAHRQ can actually connect to the API services over the Internet. If the Internet connection is not available or the API service URL is not functional, you will receive an error message. It is important that your machine remains connected to the Internet to complete the import process successfully.
Note: If CMS Physician data are re-imported, the information will be updated when it is determined that it is newer than the previously uploaded data.
- Selecting Radio Button 2 will prevent MONAHRQ from downloading any CMS Physician data. The MONAHRQ-generated website will pull the most current CMS Physician data using the API calls. In this mode, you will not be able to view or edit CMS Physician data in MONAHRQ.

Step 5: Complete the file selection process by clicking on the “Continue to the Next Step” button ([Screenshot 22](#)).

Step 6: Click on the “Done” button to complete the CMS Physician data import process ([Screenshot 23](#)). When the import process is completed, you will see an “Import completed successfully” message.

Screenshot 22: CMS Physician Data Import Screen

Physician Data

Physician Data

Select Input File Import Data

Enter State(s)

Virginia
Washington
West Virginia
Wisconsin
Wyoming

Enter Title: (Maximum length is 200 characters)

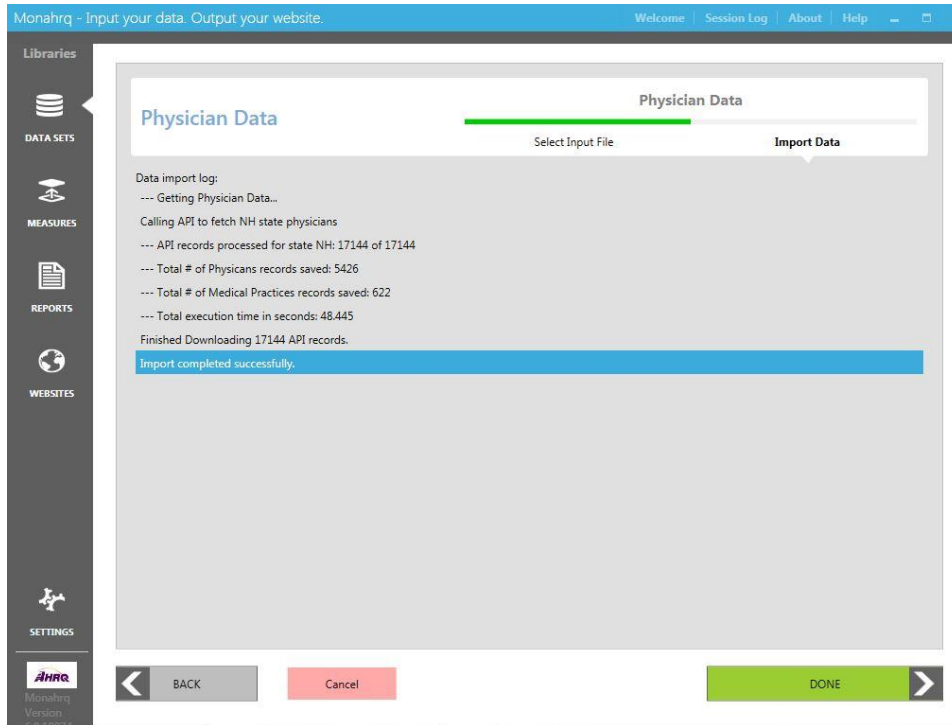
Physician WY Data

I want to include descriptive data about physicians in MONAHRQ

I want my generated website to get the most current version of Physician data.

BACK CANCEL CONTINUE TO THE NEXT STEP

Screenshot 23: CMS Physician Data Import Progress



5.6 Additional Datasets Supported in MONAHRQ®

5.6.1 NH-CAHPS

The NH-CAHPS dataset import process uses the same wizard as the Inpatient Hospital Discharge dataset. Please refer to [Section 5.1](#) for import instructions. For additional information on the dataset file layout, please see [Appendix Q](#).

5.6.2 CG-CAHPS

The CG-CAHPS dataset import process uses the same wizard as the Inpatient Hospital Discharge dataset. Please refer to [Section 5.1](#) for import instructions. For additional information on the dataset file layout, see [Appendix P](#).

5.6.3 HEDIS

The Physician HEDIS dataset import process uses the same wizard as the Nursing Home Compare dataset. Please refer to [Section 5.4](#) for import instructions. For additional information on the dataset file layout, see [Appendix R](#).

5.7 Managing CMS Nursing Home Compare Data

The Nursing Home Compare Data tab displays a list of all nursing homes included in your Datasets Library. This screen allows you to add, edit, and delete CMS Nursing Home Compare data based on your needs for reporting. This tab will only be available to you if you imported the CMS Nursing Home Compare data. See [Section 5.4](#) for a step-by-step guide to importing the CMS Nursing Home Compare data.

5.7.1 Editing and Managing Nursing Home Attributes











Nursing Home-specific attributes can be customized to determine how your CMS Nursing Home Compare data will appear on your MONAHRQ website. Follow the steps below to update your nursing home attributes.

Step 1: Select “Nursing Home Data” tab from the Measures Library.

Step 2: In the “Name” category on the Edit Nursing Home screen, click on the edit action icon (the pencil) to update nursing home attributes ([Screenshot 24](#)).

Step 3: Navigate through the screen and update nursing home attributes by adding or editing information in the appropriate fields (e.g., City, State, Phone Number, and CMS Provider ID).

Screenshot 24: Selecting a Nursing Home to Edit

	Name	City	State	Phone Number	CMS Provider ID
 	AMIE HOLT CARE CENTER	BUFFALO	WY	3076845521	53A002
 	BONNIE BLUEJACKET MEMORIAL NURSING HOME	BASIN	WY	3075683311	535019
 	CHEYENNE HEALTH CARE CENTER	CHEYENNE	WY	3076347986	535025
 	CHEYENNE REG MEDICAL CTR TRANSITIONAL CARE UNIT	CHEYENNE	WY	3076337365	535044
 	CROOK CO MEDICAL SERVICE DISTRICT LONG TERM CARE	SUNDANCE	WY	3072832725	535029

5.7.2 Adding a New Nursing Home

You can manually add a new nursing home to your Datasets Library by accessing the Add New Nursing Home screen ([Screenshot 25](#)). You will need to enter the Nursing Home attributes that would otherwise be provided by a dataset file (e.g., Name, CMS Provider Number, Address, and so forth).

Screenshot 25: Adding a Nursing Home

Nursing Home
Add New Nursing Home

NAME AND IDENTIFIERS	BASIC DESCRIPTIVE DATA
Name: Applewood Nursing Home	Description (1000 characters):
CMS Provider Number: 305065	
Ownership Type:	
Address:	
FIPS County: 33001 - Belknap County (NH)	Number of Certified Beds: 145
Street Address: 112 Applewood Street	Number of Residents in Certified Beds: 123
City: Bedford	Type: Medicare
FIPS State: NH	Legal Business Name:
Zip: 03301	Date 1 * Approved to Provide Medicare and Medicaid services:
Phone: 1234567895	With a Resident and Family Council: None
	Provider Changed Ownership in Last 12 Months: No
	Automatic Sprinkler Systems in All Required Areas: Data Not Available
	Accreditation: Not Available
	In the Hospital: Data Not Available
	Continuing Care Retirement Community: Data Not Available
	Special Focus Facility: Data Not Available

5.8 Managing CMS Physician Data

The Managing Physician Data screen displays a list of all physicians included in your Datasets Library within your Geographical Context (area). From here, you can add, edit, delete, and import CMS Physician data based on your reporting needs.

To manage the CMS Physician data in MONAHRQ, go to Datasets and click on the “Physician Data” tab.











Note: This tab will not be available when either of the following two conditions is present:

- The CMS Physician data have not been imported and therefore are not available. (For information about the CMS Physician data import process, see [Section 5.5.](#))
- Radio Button 2 (“I want my generated website to get the most current Physician data available.”) was selected when importing CMS Physician data.

5.8.1 Editing and Managing Physician Attributes

Host Users can edit physician-specific attributes ([Screenshot 26](#)) and End Users can customize how their Physician data are displayed in their MONAHRQ-generated websites. Follow the steps below [Screenshot 26](#) to customize your Physician attributes.

Screenshot 26: Selecting a Physician to Edit on the Edit Physician Screen

	Name	NPI	City	State	Primary Speciality
 	SANDRA HOPPE	1811149867	CASPER	WY	OCCUPATIONAL THERAPIST
 	JENNIFER DAVIS	1447572136			NURSE PRACTITIONER
 	BENJAMIN JACKSON	1972830313	TORRINGTON	WY	CHIROPRACTIC
 	NANCY THOMPSON	1235458977	GILLETTE	WY	CERTIFIED REGISTERED NURSE ANESTHETIST
 	TODD SHOLEY	1770570970	ROCK SPRINGS	WY	OPTOMETRY

Step 1: To the left of the “Name” column, click on the edit icon (pencil symbol) to launch the “Edit Physician” screen ([Screenshot 26](#)).

Step 2: Navigate through the screen and, where applicable, update physician attributes by adding or editing text in the appropriate attribute fields (e.g., NPI, City, State, and Primary Specialty).

5.9 Medical Practices Screen

The Medical Practices screen displays a list of all medical practices associated with the physicians within your Geographical Context (area) ([Screenshot 27](#)). This screen allows you to add, edit, and delete medical practices based on your reporting needs. This screen shows data elements attributed to a physician’s medical practice such as group practice Pac ID, organization legal name, and number of group practice members. You can see the list of addresses for a medical practice by switching to the Details View ([Screenshot 27](#)). In addition, the medical practices’ locations are assigned to any physicians associated with each location (see [Section 5.10.1](#)).

Screenshot 27: Medical Practices Screen

Data Sets > Physician Data
MANAGE YOUR DATA FILES
Import or delete data files. Edit Physician details and geographic data

NEW GEOGRAPHIC CONTEXT >

Manage Measures Data | Manage Hospital Data | Nursing Home Data | **Physician Data**

Physicians | **Medical Practices**

MEDICAL PRACTICES
Edit Medical Practice name and reference data.
Medical Practice: data is sourced from the Provider of Services (POS) file provided by Centers for Medicare and Medicaid Services (CMS)

ADD MEDICAL PRACTICE +

FILTER BY
Total Medical Practices: 1013

Group Practice Pac ID	Organization Legal Name	# of Group Practice Members	Address Count
9931361482	METTA	1	1
9931335833	VILLAGE HEALTHWORKS CHIRO, LLC	1	2
9931331659	CAROLINE TASSEY PLC	1	1
9931259967	ASSOCIATES IN GASTROENTEROLOGY, PLLC	4	2
9931250537	NORTH COUNTRY THORACIC AND VASCULA	1	1

5.9.1 Adding a Medical Groups

You can add a medical practice by clicking on the “Add Medical Groups” button. You will be required to enter the medical practice attributes, such as organization legal name, group practice PAC ID, practice locations, and so forth. Follow the steps below [Screenshot 28](#) to add a medical practice.

Screenshot 28: Adding a Medical Group

Medical Practice

Add New Medical Practice

Organization Legal Name:

Group Practice Pac ID:

of Group Practice Members:

Address

Street 1	Street 2	City	State	Zip Code
<input type="text" value="1401 Gateway Blvd"/>		<input type="text" value="Rock Springs"/>	<input type="text" value="NH"/>	<input type="text" value="03301"/>

ADD ADDRESS

CANCEL | SAVE CHANGES

Step 1: Type in text and values in the medical practice attribute fields. Note: Organization legal name and group practice Pac ID are required and must be entered in order to successfully add a medical practice. You can add one or more addresses for a medical practice by clicking on the “Add address” button ([Screenshot 29](#)).

Step 2: Click on the “Save Changes” button to save any text that has been entered. The medical practice will be added to the list of medical practices displayed on your MONAHRQ-generated website.

Screenshot 29: Adding Addresses to a Medical Practice

Medical Practice

Edit Medical Practice: ROCKY MOUNTAIN SPORTS MEDICINE AND REHABILITATION LLC

Organization Legal Name: ROCKY MOUNTAIN SPORTS MEDICINE AND REHABILITATION LLC

Group Practice Pac ID: 7517958564

of Group Practice Members: 4

Address

Street 1	Zip Code
1401 GATEWAY BLVD	829016786
1401 GATEWAY BLVD	829016786

Street Address 1: 25448 Schoolel Mill Terr

Street Address 2:

Address Line 2 Suppressed:

City: Rock Springs

State: WY

ZIP Code: 829016786

CANCEL OK

ADD ADDRESS

5.10 Adding a New Physician

You can add physicians to your Datasets Library via the Add New Physician screen ([Screenshot 30](#)). Follow the steps below to add a new physician.

Step 1: On the Add New Physician screen, enter information in the attribute fields listed under the following headings: Physician Identification, Hospital Affiliation, Medical Credentials, and Medicare Assignment/Participation. Ensure that all required fields are populated.

Step 2: Click on the “Save Changes” button to save any data you entered. Once saved, the physician will be added to the list of physicians displayed on your MONAHRQ-generated website.

Screenshot 30: Adding a Physician

Physician
Add New Physician

Physician Information | Hospital Affiliation and Locations

PHYSICIAN IDENTIFICATION

Last Name:

First Name:

Middle Name:

Suffix:

NPI:

Professional Enrollment ID:

PAC ID:

Gender:

Foreign Language:

MEDICAL CREDENTIALS

Credential:

Medical school:

Graduation Year:

Primary Speciality:

Secondary Speciality 1:

Secondary Speciality 2:

Secondary Speciality 3:

Secondary Speciality 4:

Council Board Certification

MEDICARE ASSIGNMENT/ PARTICIPATION

Physician accepts Medicare Assignment Y M

Participating in eRx

Participating in PQRS

Participating in EHR

CANCEL SAVE CHANGES

5.10.1 Adding Hospital Affiliations and Locations

You can add one or more hospital affiliations for a physician ([Screenshot 31](#)). Once added, the MONAHRQ-generated website will display these affiliations in the Physician Profile Report.

Screenshot 31: Adding Hospital Affiliations and Locations

Physician
Edit Physician: COLLINS, CHRISTOPHER

Physician Information | Hospital Affiliation and Locations

HOSPITALS

Please enter the hospital name or CMS provider ID ADD HOSPITAL

Medistar Washington Hospital Center - 090011 - DC

LOCATIONS

ADD LOCATION

	Name	Street 1	Street 2	City	State	Zip Code
<input checked="" type="checkbox"/>	WHC PHYSICIAN	test 2	test 2	washington	AL	21345
<input checked="" type="checkbox"/>	WHC PHYSICIAN	adda	edads	edased	AL	23445

CANCEL SAVE CHANGES

In addition to adding hospital affiliations, you can also edit and add medical practice locations for physicians. Follow the steps below to update hospital affiliations and medical practice locations.

Step 1: To add a hospital affiliation, type the first few letters of the hospital's name in the Hospitals search box. This will pull up any matching hospitals that are stored in MONAHRQ. Select the hospital you would like to add and click on the “Add Hospital” button. Add additional hospitals by repeating these steps.

Step 2: To remove a physician's affiliation with an existing location, simply click on the “Delete” icon (X) and the affiliation will be removed.

Step 3: To edit an existing location for a physician, deselect the location and click on “Save Changes.”

Step 4: To add a new location, click on the “Add Location” button. This will open a popup window where you can add locations ([Screenshot 32](#)).

Step 5: Once all changes have been made, click on the “Save Changes” button.

5.10.2 Adding and Editing Medical Practices and Individual Locations for Physicians

There are two options available for adding new locations for physicians:

1. Search on an existing medical practice and add one or more locations for the practice. Select the first radio button, “Search Medical Practice,” type the name of the medical practice, and click on the “Search” button. This will search the medical practices in your geographic context and display the results ([Screenshot 32](#)). Select one or more addresses to add these locations to a physician's profile and click on “OK.”
2. Add a new location without a medical practice ([Screenshot 33](#)). Select the second radio button, “Add New Address,” enter the address details, and click on “OK.” This will enter a new address for the physician.

Screenshot 32: Adding and Editing Locations—Search Medical Practice

Physician

Edit Physician: BEAUCHAMP, MAYRA

The screenshot shows the 'Hospital Affiliation and Locations' section of a physician's profile. A 'New Location' popup window is open, displaying search results for 'concord'. The popup has two radio buttons: 'Search Medical Practice' (selected) and 'Add New Address'. The search results table is as follows:

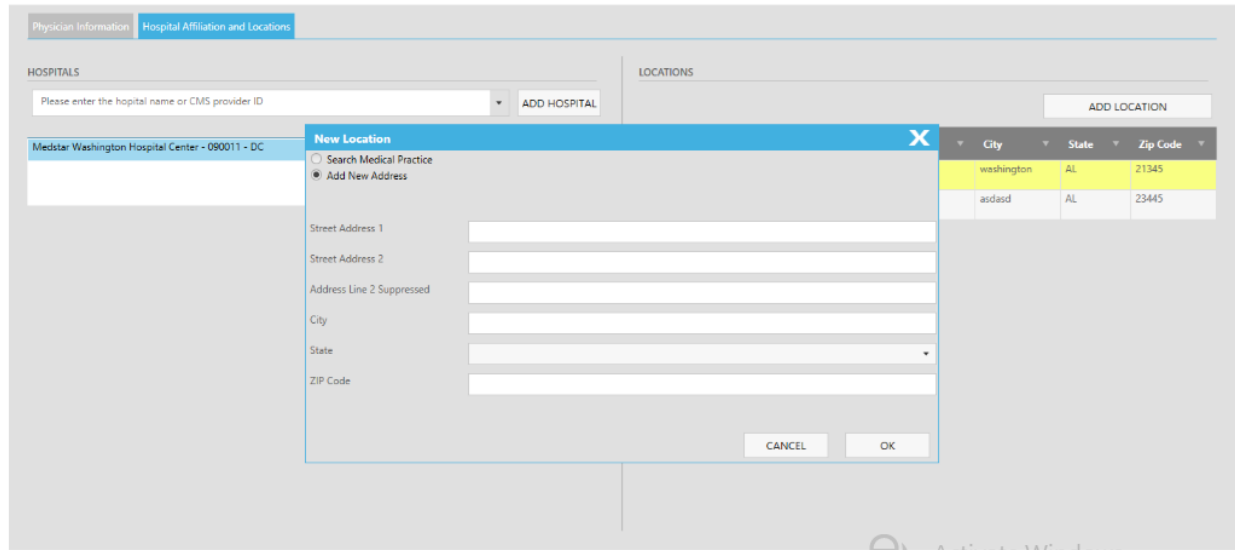
Name	Street 1	Street 2	City	State	Zip Code
<input checked="" type="checkbox"/> CONCORD EYE CARE PC			CONCORD	NH	033012588
<input type="checkbox"/> CONCORD GASTRO GASTR	60 COMMERCIAL !		CONCORD	NH	03301
<input type="checkbox"/> CONCORD HOSPIT	81 HALL ST		CONCORD	NH	033013488
<input type="checkbox"/> CONCORD IMAGING CENTER	248 PLEASANT ST		CONCORD	NH	033013488

Buttons for 'CANCEL' and 'OK' are at the bottom of the popup. In the background, the 'ADD LOCATION' button is visible.

Screenshot 33: Adding and Editing Locations—Add New Address

Physician

Edit Physician: COLLINS, CHRISTOPHER



5.11 Importing CMS Physician Data Input File

Custom CMS Physician data files can be imported into MONAHRQ to update or overwrite specific physician attributes that were originally provided by CMS Physician data. The CSV file layout (see [Table 7](#)) contains data field names and types. It is crucial that Host Users use the structure and naming conventions provided in [Table 7](#) when preparing their CMS Physician data file(s) for upload. Failure to do so will cause the data import to fail. Once successfully imported, MONAHRQ will add or override the existing CMS Physician data in the Datasets Library.

Click on the “Import Data” button to browse and select a file to import. A warning message will appear, indicating that the imported file will overwrite the existing values in the CMS Physician data in the Datasets Library for any physician that already exists in MONAHRQ.

When importing customized CMS Physician data through the “Import Physician” function, physicians are automatically added as new records if no record is found in MONAHRQ (when cross-checked with the physician’s NPI ID). Otherwise, physician information is updated with the information contained in the file being imported.

Table 7: CMS Physician Data File Layout

Field Name	Data Type	Supported in Version(s)	Required?
NPI	Digits	6.0, 7	Yes
PAC_ID	String	6.0, 7	No
Professional Enrollment ID	String	6.0, 7	No
Last Name	String	6.0, 7	Yes
First Name	String	6.0, 7	Yes

Field Name	Data Type	Supported in Version(s)	Required?
Middle Name	String	6.0, 7	No
Suffix	String	6.0, 7	No
Gender	M/F	6.0, 7	No
Credential	String	6.0, 7	No
Medical school name	String	6.0, 7	No
Graduation year	Digits	6.0, 7	No
Primary specialty	String	6.0, 7	No
Secondary specialty 1	String	6.0, 7	No
Secondary specialty 2	String	6.0, 7	No
Secondary specialty 3	String	6.0, 7	No
Secondary specialty 4	String	6.0, 7	No
All secondary specialties	String	6.0, 7	No
Organization legal name	String	6.0, 7	No
Organization DBA name	String	6.0	No
Group Practice PAC ID	String	6.0, 7	No
Number of Group Practice members	Digits	6.0, 7	No
Line 1 Street Address	String	6.0, 7	No
Line 2 Street Address	String	6.0, 7	No
Marker of address line 2 suppression	Y/Blank	6.0, 7	No
City	String	6.0, 7	No
State	String	6.0, 7	Yes
ZIP Code	Digits	6.0, 7	No
Claims based hospital affiliation CCN 1	Digits	6.0	No
Hospital affiliation CCN 1		7	
Claims based hospital affiliation LBN 1	String	6.0	No
Hospital affiliation LBN 1		7	
Claims based hospital affiliation CCN 2	Digits	6.0	No
Hospital affiliation CCN 2		7	
Claims based hospital affiliation LBN 2	String	6.0	No
Hospital affiliation LBN 2		7	
Claims based hospital affiliation CCN 3	Digits	6.0	No
Hospital affiliation CCN 3		7	
Claims based hospital affiliation LBN 3	String	6.0	No
Hospital affiliation LBN 3		7	
Claims based hospital affiliation CCN 4	Digits	6.0	No
Hospital affiliation CCN 4		7	
Claims based hospital affiliation LBN 4	String	6.0	No

Field Name	Data Type	Supported in Version(s)	Required?
Hospital affiliation LBN 4		7	
Claims based hospital affiliation CCN 5	Digits	6.0	No
Hospital affiliation CCN 5		7	
Claims based hospital affiliation LBN 5	String	6.0	No
Hospital affiliation LBN 5		7	
Professional accepts Medicare Assignment	Y/N		No
Participating in eRx	Y/Blank	6.0	No
Participating in PQRS	Y/Blank	6.0	No
Reported Quality Measure		7	
Participating in EHR	Y/Blank	6.0	No
Use electronic health records		7	
Received PQRS Maintenance of Certification Program Incentive	String	6.0, 7	No
Participated in Million Hearts	String	6.0, 7	No

5.12 Defining Geographic Context: Creating and Organizing Regions for Your MONAHRQ®-Generated Website

MONAHRQ allows you to globally manage the geographic context for your hospitals, nursing homes, and physicians. One or more States can be selected to define your geographic context. Once defined, hospitals, nursing homes, and physicians share the same geographic context in your generated website. From the Datasets Library, click on the “New Geographic Context” button to load the screen to define the geographic context ([Screenshot 34](#)). Follow the steps below to define your region types and select the States with which you will be working.

Step 1: Select the region type (e.g., Health Referral Region (HRR), Health Service Area (HSA), or Custom). Note: Region Rates reports only display data for one region type. Even if the Manage Hospital Data screen ([Screenshot 35](#)) displays hospitals for multiple region types (e.g. HSA and Custom), only data for the selected geographic region type will display in the reports.

Step 2: Select the States with whom you will be working. Click on the “Save” button to save your selections.

Screenshot 34: Defining Region Type and State(s)

Region and State Selection

SELECT REGION TYPE

SELECT STATES YOU WILL BE WORKING WITH

More than one state can be selected. Each state selected will appear below

** Region Type only applies for Hospital reports. If you switch between custom and HRR/HSA region types, previously assigned hospital regions will be lost. For more information on HRR/HSA click here: <http://www.dartmouthatlas.org/data/region/>*

5.13 Customizing Regions

The Geographic Regions tab on the Manage Hospital Data screen displays the regions you may assign to your hospitals ([Screenshot 35](#)). The regions displayed on the screen are based on the Region Type (e.g., HSA, HRR) you selected; however, you can edit the region name or create new custom regions.

To edit a geographic region, click on the edit icon (the pencil) and change the text in the appropriate field. To add a region, enter the Region ID, Region Name, State, and Region Type and then click on the “Add New Custom Region” button and upload your file ([Screenshot 35](#)).

Screenshot 35: Manage Hospital Data: Geographic Regions Tab

Monahrq - Input your data. Output your website. (Administrator)

Welcome | Session Log | About | Help

Libraries

Data Sets > Manage Hospital Data

MANAGE YOUR DATA FILES
Import or delete data files. Edit Manage Hospital details and geographic data

Manage Measures Data | **Manage Hospital Data** | Nursing Home Data | Physician Data

Hospitals | Hospital Categories | **Geographic Regions**

GEOGRAPHIC REGIONS
Automatically map and create geographic regions to organize the hospitals on your website

View Sample | | |

FILTER BY: Region Name Total Regions: 60

REGION ID	REGION NAME	STATE	REGION TYPE	HOSPITAL COUNT
30001	Berlin	NH	HSA	3
30002	Claremont	NH	HSA	2
30003	Colebrook	NH	HSA	2
30004	Concord	NH	HSA	6
30005	Derry	NH	HSA	4

Mapped Custom Regions: 4

MONAHRQ allows you to import a custom geographic region which can be assigned to any hospitals designated by you. The CSV file layout contains three required fields, which are shown in [Table 8](#). To import your custom region file, click on the “Import Regions” button ([Screenshot 35](#)), which will launch a popup window where you can browse and select the file you want to import. Once the import process has completed, a confirmation message will be displayed. A sample region template can be downloaded by clicking on the “View Sample” button next to the “Import Regions” button ([Screenshot 35](#)).

Table 8: Custom Geographic Region File Layout

Field Name	Data Type	Required?
REGION_ID	Numeric	Yes
REGION_NAME	Alphanumeric	Yes
STATE	Alphanumeric	Yes

5.14 Custom Region Population Reports

Three new MONAHRQ data elements have been added to the Inpatient Hospital Discharge (IP) dataset: “HRRRegionID,” “HSARRegionID,” and “CustomRegionID.” In addition, it is possible to add additional column(s) in your IP dataset and map to one or more new MONAHRQ data elements depending on the “Region Type” you select in the “Geographic Context” section. For example, when using the HSA region, you can include the “HSARRegionID” column in your IP file. If you map the “CustomRegionID” in addition to HRRRegionID” or “HSARRegionID” data elements, then the custom region will take precedence and will ignore the Region Type selected in the Geographic Context. Please refer to the data dictionary found in [Appendix H](#) for additional information about Inpatient Hospital Discharge data.

5.14.1 Importing Custom Region Population File

Upload your custom region population data to MONAHRQ under the “Geographic Regions” tab. The population data in the imported file is then used to calculate the “Rate of Discharges” displayed in the Region Population Reports. The data dictionary for Custom Region Populations can be found in [Table 9](#). Each data element is also explained below. All of the fields must contain a numerical value. **Null values are not accepted.** A sample region population template can be downloaded by clicking on the “View Sample” button next to the “Import Population” button ([Screenshot 35](#)).

1. **REGIONID**—The region ID you assign to your custom regions.
2. **SEX**—Acceptable values for this element are shown in [Appendix O, Table 27](#). For rows where both males and females are included, insert zero (0). For example, when reviewing a dataset that consists of all males and females (of all races) and the <18 age group population, the row should look like the following:

RegionID, Sex, AgeGroup, Race, Year, Population
234, 0, 1, 0, 2013, 8000
3. **AGEGROUP**—The acceptable values for this element are shown in [Appendix O, Table 28](#). For rows where all age groups are included, insert zero (0). For example, when reviewing a dataset that consists of all males (of all races) and all age group populations, the row should look like the following:

RegionID, Sex, AgeGroup, Race, Year, Population
234, 1, 0, 0, 2013, 2345
4. **RACE**—The acceptable values for this element are shown in [Appendix O, Table 29](#). For rows where all races are considered, insert zero (0). For example, for all white male and female population, the row should look like the following:

RegionID, Sex, AgeGroup, Race, Year, Population
234, 0, 0, 1, 2013, 1234
5. **YEAR**—The year for the population collection.
6. **POPULATION**—The total number of people represented in a given dataset.

The (stratified) MONAHRQ detailed reports are grouped by one dimension at a time and do not support granular stratification. For example, records such as “White males <18 years population” are not supported. Records like these in the custom region population data file will be rejected and will display an error.

Table 9: Custom Region Population File Layout

Field Name	Data Type	Required?
RegionID	Numeric	Yes
Sex	Numeric	Yes
AgeGroup	Numeric	Yes
Race	Numeric	Yes
Year	Numeric	Yes
Population	Numeric	Yes

Example:

Data not supported: RegionID, Sex, AgeGroup, Race, Year, Population
234, 1, 1, 1, 2013, 532

A detailed example for this file is in [Appendix O, Table 26](#).

5.14.2 Exporting Custom Region Population File

MONAHRQ geographic region population files can be exported to allow Host Users to modify the files and then re-import them as custom population files. Clicking on the “Export Population” button ([Screenshot 35](#)) exports the file in the CSV file layout shown in [Table 9](#). The default location where the file will be saved is the Documents > MONAHRQ [version] > Exported Data folder. The naming convention for the file will be: [Regions]_[GeoContext]_[Date].txt.” Once the Host User has modified the region population file, the file can be re-imported and the new custom population data can then be used to calculate the “Rate of Discharges” displayed in the Region Population Reports.

5.15 Managing and Importing Hospital-Level Data

MONAHRQ allows you to manage the hospital-level data available in your websites. From the Manage Hospital Data tab ([Screenshot 36](#)), you can edit hospital names and reference data, define category types, and assign geographic regions.

Screenshot 36: Manage Hospital Data Tab

Data Sets > Manage Hospital Data
 MANAGE YOUR DATA FILES
 Import or delete data files. Edit Manage Hospital details and geographic data

NEW GEOGRAPHIC CONTEXT >

Manage Measures Data **Manage Hospital Data** Nursing Home Data Physician Data

Hospitals Hospital Categories Geographic Regions

HOSPITALS
 Edit hospital name and reference data, define category types and assign geographic regions
 Hospital data is sourced from the Provider of Services (POS) file provided by Centers for Medicare and Medicaid Services (CMS)

ADD NEW HOSPITAL +
 View Sample IMPORT EXPORT
 ASSIGN HOSPITAL CATEGORIES >

FILTER BY
 Hospital Name x All Hospitals Total Hospitals: 78 | Total Selected: 0

	NAME	CATEGORY	REGION	STATE	ZIP CODE	LOCAL ID	CMS PROVIDER
<input type="checkbox"/>	Alaska Native Medical Center	General	Anchorage	AK	99508		020026
<input type="checkbox"/>	Alaska Psychiatric Institute	Psychiatric	Anchorage	AK	99508		024002
<input type="checkbox"/>	Alaska Regional Hospital	General	Anchorage	AK	99508		020017
<input type="checkbox"/>	Bartlett Regional Hospital	General	Juneau	AK	99801		020008
<input type="checkbox"/>	Central Peninsula General Hospital	General	Soldotna	AK	99669		020024
<input type="checkbox"/>	Cordova Community Medical Center	Medicaid Only Short-Term	Cordova	AK	99574		021307

5.15.1 Manage Hospital Data Tab

The Hospital Data tab displays a list of all hospitals included in your Datasets Library. The list is comprised of hospitals that were sourced from the CMS Provider of Services (POS) file. As mentioned above, the features on this tab allow you to edit and manage the hospitals in your Datasets Library, add or import new hospitals, assign categories, and assign geographic context to your MONAHRQ websites.

5.15.2 Mapping CMS Hospital Compare and Inpatient Hospital Discharge (IP) Datasets

The hospital-level data in your MONAHRQ websites and reports are sourced from the CMS Hospital Compare and Inpatient Hospital Discharge (IP) datasets. The hospital data records will need to be mapped across datasets accordingly. This mapping identifies the hospitals as unique entities for which there are two different data sources. The mapping can be completed by selecting a CMS Provider ID in the single-select dropdown box in the CMS Provider ID field for the given hospital record ([Screenshot 37](#)).

The measures contained in the CMS Hospital Compare data use “CMS Provider ID” as the hospital identifier, while measures contained in the AHRQ Quality Indicator (QI) results use the local “Hospital ID” number. Note: it is necessary to map your local Hospital ID with the CMS Provider ID because the local Hospital ID number (contained in the IP file) is not the same as the CMS Provider ID (contained in the CMS Hospital Compare data).

In addition, MONAHRQ uses cost-to-charge ratios (CCRs) for cost calculation. In order to use the built-in CCR values, the local Hospital ID number must be mapped to the CMS Provider ID number. Once you map the local Hospital ID with the CMS Provider ID, the CCR is automatically assigned to hospitals.

5.15.3 Editing and Managing Hospital Attributes

Hospital-specific attributes can be edited to customize how hospitals are displayed in your MONAHRQ websites. Follow the steps below [Screenshot 37](#) for editing and managing hospital attributes.

Screenshot 37: Selecting Hospitals to Edit

	NAME	CATEGORY	REGION	STATE	ZIP CODE	LOCAL ID	CMS PROVIDER
<input type="checkbox"/>	Bridgeport Hospital	General	Bridgeport	CT	06610		070010
<input type="checkbox"/>	Bristol Hospital	General	Bristol	CT	06010		070029

Step 1: Click on the edit action icon (pencil icon) to launch the “Edit Hospitals” screen ([Screenshot 38](#)).

Step 2: Navigate through the Edit Hospitals screen and update the hospital attributes by adding and editing text in the attribute fields.

Screenshot 38: Edit Hospitals Screen

Monahq - Input your data. Output your website. (Administrator) | Welcome | Session Log | About | Help

Libraries

Hospital

Edit Hospital: Bridgeport Hospital

PREVIOUS NEXT

NAME AND IDENTIFIERS	BASIC DESCRIPTIVE DATA	GEOGRAPHIC REGION
* Name: Bridgeport Hospital	Description (1000 characters):	Region: Bridgeport (CT)
* Hospital ID:	Employees: 0	CATEGORIES
CMS Provider: 070010	Total Beds: 395	Define the category types for this hospital.
CCR: 03444	<input checked="" type="checkbox"/> Medicare/Medicaid	<input checked="" type="checkbox"/> General
Ownership:	<input checked="" type="checkbox"/> Emergency Service	<input type="checkbox"/> Long Stay
ADDRESS	<input checked="" type="checkbox"/> Trauma Service	<input type="checkbox"/> Religious Non-Medical Care Facility
* FIPS County: 09001 - Fairfield County (CT)	<input checked="" type="checkbox"/> Urgent Care Service	<input type="checkbox"/> Psychiatric
Street Address: 267 Grant Street	<input checked="" type="checkbox"/> Pediatric Service	<input type="checkbox"/> Rehabilitation
City: Bridgeport	<input checked="" type="checkbox"/> Pediatric ICU Service	<input type="checkbox"/> Children's
* FIPS State: CT	<input type="checkbox"/> Cardiac Catheterization Service	<input type="checkbox"/> Distinct Part Psychiatric
* Zip: 06610	<input checked="" type="checkbox"/> Pharmacy Service	<input type="checkbox"/> Medicaid Only Short-Term
Phone: 2033843000	<input type="checkbox"/> Diagnostic X-Ray Service	<input type="checkbox"/> Transplant
Fax:		<input type="checkbox"/> Medicaid Only General
		<input type="checkbox"/> Medicaid Only Children's Hospitals
		<input type="checkbox"/> Medicaid Only Children's Psychiatric
		<input type="checkbox"/> Medicaid Only Psychiatric
		<input type="checkbox"/> Medicaid Only Rehabilitation
		<input type="checkbox"/> Medicaid Only Long Stay

CANCEL SAVE CHANGES & GO NEXT SAVE CHANGES & EXIT

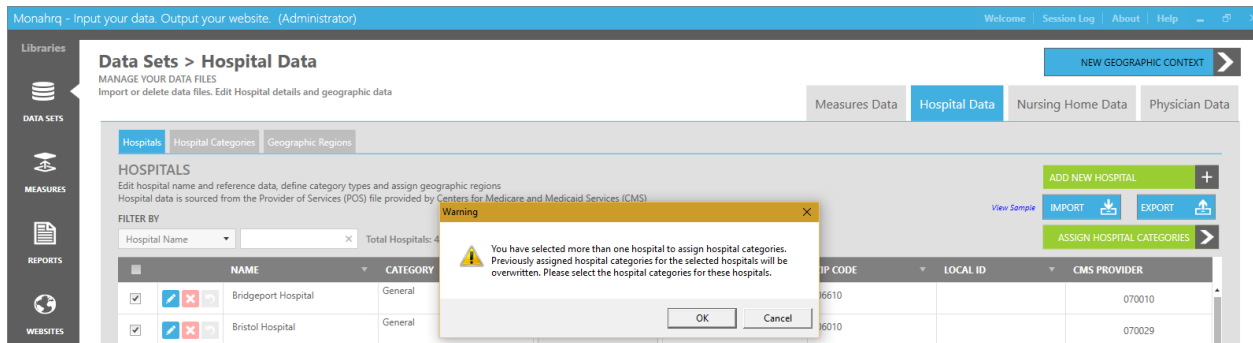
5.15.4 Editing Category Affiliation for a Single Hospital

The category affiliation for a hospital can be assigned from the “Hospitals” tab of the “Hospital Data” screen or from within the “Edit Hospitals” screen ([Screenshot 39](#)). To edit the hospital category affiliation for a single hospital from within the “Edit Hospitals” screen, follow the steps below. If you prefer to use the “Assign Hospital Categories” button from the “Hospitals” tab of the “Manage Hospital Data” screen, follow the steps below [Screenshot 39](#).

Step 1: Click on the edit action icon (pencil icon) for the desired hospital.

Step 2: Edit the category name and then click on the appropriate save button when finished. Clicking on the “Save Changes and Go Next” button will display the next hospital in the list of hospitals from the “Manage Hospital Data” tab. Clicking on the “Save Changes and Exit” button displays the “Manage Hospital Data” tab again.

Screenshot 39: Edit Category Affiliation for Multiple Hospitals



Step 1: To edit the category name for more than one hospital at a time, select the box next to the hospital that you want to edit. A check will display next to the hospital name.

Step 2: Click on the “Assign Hospital Categories” button. The following warning message will appear: “You have selected more than one hospital to assign hospital categories. Previously assigned hospital categories for the selected hospitals will be overwritten. Please select the hospital categories for these hospitals.”

Step 3: Click on “OK” to proceed with the edit or select “Cancel” to return to the Hospitals screen. If you click on the “OK” button, the “Choose Categories to be assigned to selected hospitals” popup window will ([Screenshot 40](#)) display the available category selections.

Step 4: Edit the category affiliation for the selected hospitals by selecting the boxes next to the desired category affiliations. A hospital can be affiliated with more than category.

Step 5: Click on the “Save” button. The main Hospitals list will be displayed again and the desired hospital category affiliation(s) will be reflected in the Category column.

Screenshot 40: Assign Category Affiliation for Multiple Hospitals Detail

Choose Categories to be assigned to selected hospitals

<input type="checkbox"/>	General
<input type="checkbox"/>	Long Stay
<input type="checkbox"/>	Religious Non-Medical Care Facility
<input type="checkbox"/>	Psychiatric
<input type="checkbox"/>	Rehabilitation
<input type="checkbox"/>	Children's
<input type="checkbox"/>	Distinct Part Psychiatric
<input type="checkbox"/>	Medicaid Only Short-Term
<input type="checkbox"/>	Transplant

CANCEL

SAVE

Note: When you follow the above steps to add a category affiliation to a hospital using the “Assign Categories” button for a single hospital, the hospital category is added to any other hospital category affiliation(s) that already exist for the selected hospital. If you assign categories using

the “Assign Categories” button for multiple hospitals using the multi-select checkbox option, the prior hospital category affiliation(s) will be overwritten by your new selection(s).

5.15.5 Adding a New Hospital

You can manually add hospitals to your Datasets Library by accessing the Add New Hospital screen. You will be required to enter the hospital attributes that would otherwise be sourced by a dataset file ([Screenshot 41](#)). Follow the steps below [Screenshot 41](#) for adding hospitals to your Datasets Library.

Screenshot 41: Adding Hospital Attributes

Step 1: Click on the “Add New Hospital” button ([Screenshot 36](#)).

Step 2: Type in text and values in the hospital attribute fields ([Screenshot 41](#)).

Step 3: Click on the “Save Changes & Exit” button to save the text entered. The hospital will be added to the list of hospitals displayed on your websites.

5.15.6 Exporting Hospital Datasets

A hospital data file can be exported from MONAHRQ in the CSV file layout and saved locally by the Host User. The layout for the exported file is shown in [Table 10](#). Exporting the hospital data file allows Host Users to manually edit specific hospital attributes so that the file can be re-imported back into MONAHRQ as a bulk update. To export a hospital data file, click on the “Export” button ([Screenshot 36](#)) to launch a “Save As” window. The default location where the file will be saved is your “Documents” folder (for example: *C:\Users\[logged in User Name]\Documents\MONAHRQ[version]\Exported Data*).

Table 10: Hospital Data File Layout

Field Name	Data Type	Supported in Version(s)	Required?
DSHOSPID	Numeric	5.0 and 6.0	Yes
FIPS	Alphanumeric	5.0 and 6.0	No
NAME	Alphanumeric	5.0 and 6.0	Yes
ZIP	Numeric	5.0 and 6.0	Yes
CCR	Numeric	5.0 and 6.0	No
REGION	Numeric	5.0 and 6.0	No
CMS Provider ID	Numeric	5.0 and 6.0	No
ADDRESS	Alphanumeric	6.0	No
CITY	Alphanumeric	6.0	No
DESCRIPTION	Alphanumeric	6.0	No
EMPLOYEES	Numeric	6.0	No
TOTALBEDS	Numeric	6.0	No
HOSPITALOWNERSHIP	Numeric	6.0	No
PHONENUMBER	Numeric	6.0	No
FAXNUMBER	Numeric	6.0	No
MEDICAREMEDICAIDPROVIDER	Numeric	6.0	No
EMERGENCYSERVICE	Numeric	6.0	No
TRAUMASERVICE	Numeric	6.0	No
URGENTCARESERVICE	Numeric	6.0	No
PEDIATRICSERVICE	Numeric	6.0	No
PEDIATRICICUSERVICE	Numeric	6.0	No
CARDIACCATHERIZATIONSERVICE	Numeric	6.0	No
PHARMACYSERVICE	Numeric	6.0	No
DIAGNOSTICXRAYSERVICE	Numeric	6.0	No
LATITUDE	Numeric	6.0	No
LONGITUDE	Numeric	6.0	No

Please note that in order to generate the reports listed in [Table 11](#), it is necessary to provide the values for the hospital ID field ([Table 11](#), last column) on the Hospital screen or import via your custom hospital file ([Table 10](#)). Hospital IDs are entered in the Edit Hospitals screen ([Screenshot 38](#)).

Table 11: CMS Provider ID and Local Hospital ID Required for Reports

Datasets	Reports	Hospital ID that Must be Populated for Reports To Be Generated
Inpatient Hospital Discharge	Inpatient Hospital Discharge and County Rates	Local Hospital ID
ED Treat-and-Release	Emergency Department (ED) Treat-and-Release	Local Hospital ID

Datasets	Reports	Hospital ID that Must be Populated for Reports To Be Generated
Provider QI	Quality Ratings	Local Hospital ID
Composite QI	Quality Ratings	Local Hospital ID
CMS Hospital Compare	Quality Ratings	CMS Provider ID

5.15.7 Importing Updated Hospital Datasets

A hospital data file can be imported into MONAHRQ to batch update and overwrite specific hospital attributes sourced by the CMS Hospital Compare or IP datasets. [Table 10](#) shows the fields included in the CSV file layout that are necessary to overwrite the existing values in the Datasets Library.

Note: A sample hospital template can be downloaded by clicking on the “View Sample” button next to the “Import Hospitals” button ([Screenshot 36](#)).

5.16 Selecting Hospitals for Reporting

By default, all hospitals in the database will be included in your generated website reports. However, you have the ability to refine and define the list of hospitals included in your generated website reports. A description of the process to define your hospital list specific to your website can be found in [Section 8.5.1.4](#).

5.17 Hospital Categories Tab

All hospitals can be designated with a preset or custom category type. MONAHRQ includes a preset list of category types to which your hospitals can be assigned. You can edit the name of a preset category or add your own custom category.

The category list includes the number of hospitals with the assigned category type. A hospital can be assigned more than one category type. Follow the steps below [Screenshot 42](#) to edit a hospital category type or add a custom category.

Screenshot 42: Hospital Categories Screen

The screenshot shows the 'Manage Hospital Data' interface with the 'Hospital Categories' tab selected. The page title is 'Data Sets > Manage Hospital Data'. Below the title, there are tabs for 'Manage Measures Data', 'Manage Hospital Data', 'Nursing Home Data', and 'Physician Data'. The main content area is titled 'HOSPITAL CATEGORIES' and includes a sub-header 'ADD A NEW CATEGORY'. A search bar is present with the text 'Filter by Hospital Category Name' and 'Total Hospital Categories: 15'. The list of categories is as follows:

Category Name	Count
Medicaid Only Long Stay	0 hospital(s)
Medicaid Only Rehabilitation	0 hospital(s)
Medicaid Only Psychiatric	0 hospital(s)
Medicaid Only Children's Psychiatric	0 hospital(s)
Medicaid Only Children's Hospitals	0 hospital(s)
Medicaid Only General	0 hospital(s)
Transplant	7 hospital(s)
Medicaid Only Short-Term	21 hospital(s)
District Short Psychiatric	0 hospital(s)
Children's	0 hospital(s)

Step 1: To edit a category name, click on the edit action icon (pencil icon) for the given category you want to edit. The row will convert into an editable field.

Step 2: Edit the category name and then click on the save action icon when finished.

Step 3: To add a new category, enter a new category title into the “Add a New Category” input field.

Step 4: Click on the “Add Category” button. The category will now be added to the list of categories. To edit the custom category, select the edit action icon and edit the name. You can remove your custom category by selecting the delete action icon.

CHAPTER 6. MANAGING YOUR MEASURES LIBRARY

6.1 Managing and Customizing Measures

The Measures Library allows you to manage the measures reported on your MONAHRQ® websites. The MONAHRQ 7 library contains a base set of standard, preassigned topics and measures for—

- CMS Hospital Compare data
- AHRQ Quality Indicator™ (QI) results (Area, Provider, and Composite measures)
- Inpatient Hospital Discharge data
- Emergency Department (ED) Treat-and-Release dataset
- CMS Nursing Home Compare data
- Medicare Provider Utilization and Payment data
- Clinician and Group 2.0 CAHPS (CG-CAHPS) Survey Results
- Nursing Home CAHPS Data (NH-CAHPS) Survey Results
- Healthcare Effectiveness Data and Information Set (HEDIS) Measures

As the Host User, you can customize your websites by updating existing measures to better meet your needs. The Manage Measures screen and the Manage Topics screen allow you to navigate, search, and filter the list of measures and topics. A link to the current MONAHRQ 7 list of measures can be found in [Appendix B](#).

The Manage Measures screen allows you to view all measures in the library that are available for use on your MONAHRQ websites ([Screenshot 43](#)). Attributes associated with each measure, such as the website name, topics and subtopics, and datasets are displayed for each measure in the list. If you need to edit measures or assign measures to topics, you can make those changes by using the features on this screen.

Screenshot 43: Manage Measures Screen

Monahrq - Input your data. Output your website. (Administrator) Welcome | Session Log | About | Help

Libraries

Measures > MANAGE YOUR MEASURES AND TOPICS

Manage Measures (272) Manage Topics (29)

Measures

Select measures to assign topics and sub-topics, edit the measure name and description, and modify measure attributes

Filter by: None filter text... x All Datasets RESET 50 of 272 Measures Measure Name Display: Plain Title Off

Measure Name	Code	Websites	Topics and Sub-Topics	Data Sets
<input checked="" type="checkbox"/> How often the hospitals do surgery to bypass blocked blood vessels in the heart	IQI 26		Avoidable Stays Maps > Procedure Rates	AHRQ-QI Area Data
<input checked="" type="checkbox"/> How often hospitals do procedures to open up blocked blood vessels in the heart (angioplasty)	IQI 27		Avoidable Stays Maps > Procedure Rates	AHRQ-QI Area Data
<input checked="" type="checkbox"/> How often hospitals do a procedure to remove a woman's uterus (hysterectomy)	IQI 28		Avoidable Stays Maps > Procedure Rates	AHRQ-QI Area Data
<input checked="" type="checkbox"/> How often hospitals do a procedure to remove part of a bone in the spine or join two or more bones in the spine	IQI 29		Avoidable Stays Maps > Procedure Rates	AHRQ-QI Area Data
<input checked="" type="checkbox"/> How often patients are admitted to a hospital for short-term problems related to diabetes care	PQI 01		Avoidable Stays Maps > Diabetes	AHRQ-QI Area Data
<input checked="" type="checkbox"/> How often patients are admitted to a hospital for because their appendix has burst	PQI 02		Avoidable Stays Maps > Other Conditions	AHRQ-QI Area Data
<input checked="" type="checkbox"/> How often patients are admitted to a hospital for long-term problems related to diabetes care	PQI 03		Avoidable Stays Maps > Diabetes	AHRQ-QI Area Data
<input checked="" type="checkbox"/> How often patients are admitted to a hospital for breathing problems caused by asthma or other lung conditions	PQI 05		Avoidable Stays Maps > Chronic Lung Conditions	AHRQ-QI Area Data
<input checked="" type="checkbox"/> How often patients are admitted to a hospital for problems related to high blood pressure	PQI 07		Avoidable Stays Maps > Heart Conditions	AHRQ-QI Area Data
<input checked="" type="checkbox"/> How often patients are admitted to a hospital for heart failure	PQI 08		Avoidable Stays Maps > Heart Conditions	AHRQ-QI Area Data

Page: 1 Page Size: 50

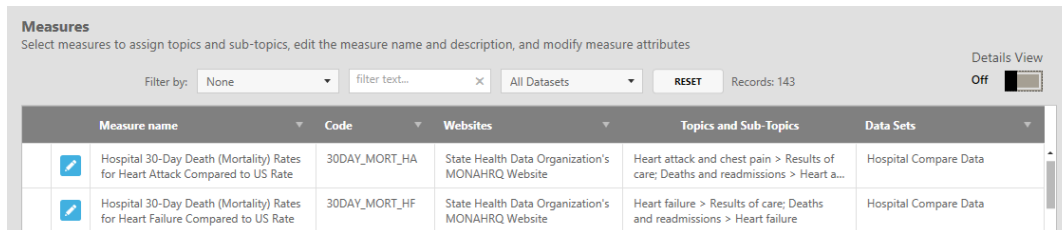
6.1.1 Filtering Measures

The “Filter by” feature allows you to view a refined list of targeted measures by filtering on the following criteria: Measure Code, Measure Name, Website Name, Topic and Subtopic Name, and All Datasets ([Screenshot 44](#)). Follow the steps below to filter your measures.

Step 1: Select a filter value in the single-select “Filter by” dropdown box.

Step 2: Enter a keyword or phrase in the search input box next to the dropdown box containing your “filter by” criteria. The measures list will filter the measures to match your search criteria.

Screenshot 44: Measure Filter by Attribute and Datasets



Measure name	Code	Websites	Topics and Sub-Topics	Data Sets
<input checked="" type="checkbox"/> Hospital 30-Day Death (Mortality) Rates for Heart Attack Compared to US Rate	30DAY_MORT_HA	State Health Data Organization's MONAHRQ Website	Heart attack and chest pain > Results of care; Deaths and readmissions > Heart a...	Hospital Compare Data
<input checked="" type="checkbox"/> Hospital 30-Day Death (Mortality) Rates for Heart Failure Compared to US Rate	30DAY_MORT_HF	State Health Data Organization's MONAHRQ Website	Heart failure > Results of care; Deaths and readmissions > Heart failure	Hospital Compare Data

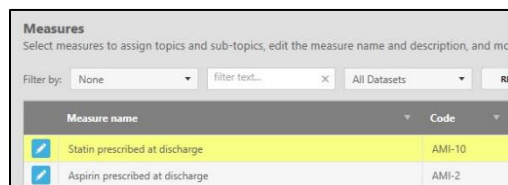
Measure details, attributes, and assigned topics can be updated to meet the specific objectives of your MONAHRQ website.

6.1.2 Updating Measure Details and Attributes

MONAHRQ contains standard predefined properties (metadata) for the new and existing data sources stored in the Datasets Library.

From the Measures Library, you can update the properties for a specific measure. This is accomplished by clicking on the “Edit” action icon as seen in [Screenshot 45](#), which will launch the Edit Measure Details and Attributes screen, as seen in [Screenshot 46](#) and [Screenshot 47](#). Updating the measure properties is optional. However, if you choose to edit the measure properties, instructions to do so are provided below.

Screenshot 45: Measures Edit Button



Measure name	Code
<input checked="" type="checkbox"/> Statin prescribed at discharge	AMI-10
<input checked="" type="checkbox"/> Aspirin prescribed at discharge	AMI-2

6.1.3 Measure Name and Description Screen

Measure descriptions can be edited in the “Health Care Professional Measure Description” and “Consumer Measure Description” free-text boxes. These text boxes are used to store the description for each measure and they allow the Host User to enter a health care professional description as well as a consumer-friendly description of the measure. The measure description will be displayed to the End User on the generated website based on the audience the Host User selects during the website generation process.

By default, the measure name and header come from the measure’s clinical title field, which can be found in the “Alternate Measure Names” block. For longer titles, the header will display two lines followed by

“...” Hovering over the shortened title will show you the full title. Follow the steps below [Screenshot 46](#) to edit measure names and descriptions for either the health care professional or consumer audience.

Screenshot 46: Edit Measure Details and Attributes Screen

< All Measures

Measure > Edit details
EDIT MEASURE DETAILS AND ATTRIBUTES

30-day hospital-wide all- cause unplanned readmission (HWR) (Code: READM-30-HOSP-WIDE)

Name and Description | Attributes | Reference

HEALTHCARE PROFESSIONAL MEASURE DESCRIPTION

Returning to the hospital for any unplanned reason within 30 days after being discharged.

CONSUMER MEASURE DESCRIPTION

Returning to the hospital for any unplanned reason within 30 days after being discharged.

ALTERNATE MEASURE NAMES

Plain Language (Professional): Returning to the hospital for any unplanned reason within 30 days after being discharged

Clinical: 30-day hospital-wide all- cause unplanned readmission (HWR)

Plain Language (Consumer): Returning to the hospital for any unplanned reason within 30 days after being discharged

CANCEL SAVE CHANGES

Step 1: Click inside the “Health Care Professional Measure Description” or “Consumer Measure Description” text box and enter an appropriate description for the measure in question.

Step 3: After verifying the desired text, click on the “Save Changes” button. A confirmation window will appear, confirming that your changes were saved.

6.1.4 Measure Attributes Tab

The Measure Attributes tab ([Screenshot 47](#)) is divided into three main components: “Measure Description,” where you can assign multiple topics/conditions and subtopics to the specific measure you are editing; “Display,” where you can configure the attributes to be displayed on your website; and “Calculations,” where you can modify the measure calculations—for example, you can choose to report and display State benchmark data based on your provided benchmark rather than the calculated mean value.

Screenshot 47: Measure Attributes Tab

Measure > Edit details
EDIT MEASURE DETAILS AND ATTRIBUTES

30-day hospital-wide all- cause unplanned readmission (HWR) (Code: READM-30-HOSP-WIDE)

Name and Description | **Attributes** | Reference

MEASURE DESCRIPTION
Assign topics and subtopics for this measure

- Recommended care
- Results of care

Patient safety

- Recommended care
- Results of care - Complications
- Results of care - Deaths
- Results of care - Deaths and Readmission

Patient survey results

- Communication
- Environment
- Satisfaction overall

Pneumonia

- Recommended care
- Results of care

Prevention of blood clots

DISPLAY
Attributes to be displayed on a website

Note: changing the score direction will change the report layout.

Higher scores are better

Lower scores are better

More information

URL Title

URL

Footnotes

0

CALCULATIONS
Modify the measure calculations

Note: changing these values will impact the analytics.

Scale By: 1

National Benchmark: 0

Upper Bound: 0

Lower Bound: 0

State/Peer Benchmark

Calculated: Mean

Provided: 0

Suppression Threshold

Numerator: 0

Denominator: 0

Perform Margin Suppression

CANCEL SAVE CHANGES

Measure Description: The topics/conditions and subtopics list contains all of the standard preassigned topics in MONAHRQ. MONAHRQ allows you to update the standard base set of measures by assigning different topics/conditions and subtopics to each measure. If needed, new topics/conditions and subtopics can be added to MONAHRQ. You can assign more than one topic or subtopic to a measure by selecting the checkboxes for the topics and subtopics that are appropriate for the specific measure you are editing.

Display: The following display attributes can be configured:

- **Score direction**—Select the radio button that is appropriate based on the structure of the measure. The two options are: (1) Higher scores are better, or (2) Lower scores are better (i.e., 10 is best and 1 is worst, or vice versa).
- **URL Title**—You can create a name for the external measure URL. Enter a title name that is descriptive and associated with the measure URL.
- **URL**—You can also create a custom external URL to link to the reported measure. Create a custom URL to define the reported measure by entering text into the text box.
- **Footnotes**—Reports provide space for footnotes, which are defined in this field. Footnotes are numbered and are displayed at the bottom of reports. Enter descriptive text in the footnotes box related to the specific measure.
- **Topics/Conditions & Subtopics**—Displays the topics or conditions with which the measures are associated. This information is only displayed for the hospital or nursing home measures.

Calculations: This block contains calculation input fields you can update in the system for measures you upload in the future. Note that the measure calculations in the CMS Hospital Compare and AHRQ QI Provider, Area, and Composite files cannot be edited. For other measures, MONAHRQ allows you to update the following fields:

- **Scale By**—You can customize the scale size of the analytic values displayed in the measures. The default scale size is 100 and indicates how the measure is represented. Enter a numeric value into the “Scale By” text box.
- **National Benchmark**—You can override the system by assigning a custom numeric National Benchmark value that is more in-line with your reporting needs. This value will be prepopulated, but it can be updated. Enter a numeric value into the National Benchmark box. (*Example: 0.8384*)
- **Upper and Lower Bounds**—Specific measures, including OP-9 (Mammography Follow-up Rates), require an upper and lower boundary to demine the caliber of the result. These values will be used in the methodology for comparing hospitals. Enter a numeric value for the upper and lower bounds in the associated text boxes (a numeric value only, up to 15 characters).
- **Peer, State, and Provided Benchmarks**—MONAHRQ allows you to define a method for using State benchmark values by using either a calculated value or a precalculated value. Select the radio button for the correct peer or State benchmarking method: “calculated mean” or “calculated median.” If you are using a precalculated value, enter the value in the “Provided” text box.
- **Suppression Threshold**—You can define the numerator and denominator threshold values by measure. Enter a numerator and/or denominator suppression value in the associated text boxes.

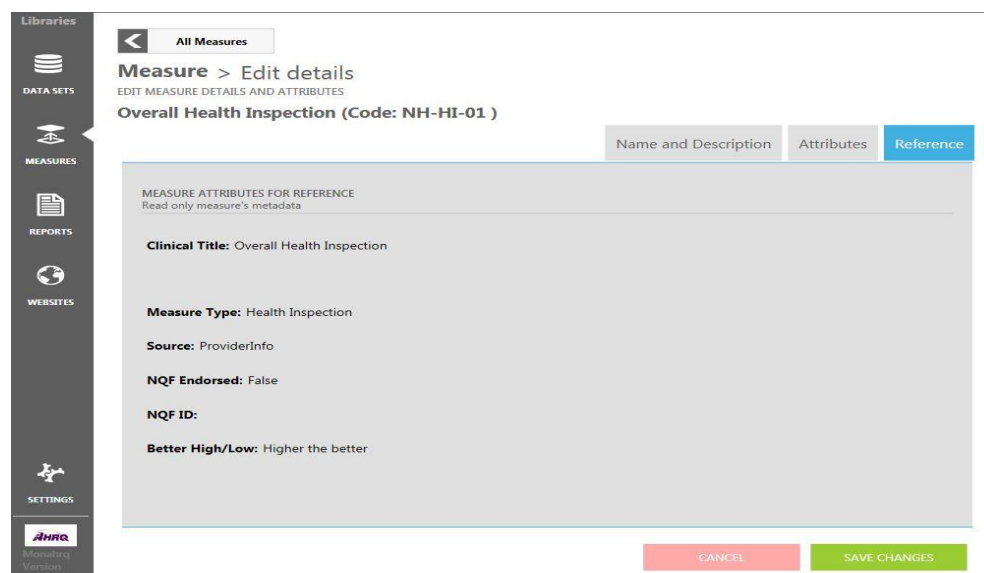
Once you have finished updating the fields, save your changes by selecting the “Save Changes” button.

6.1.5 Reference Tab

The Reference Tab displays a description of the attributes for the measure you edited ([Screenshot 48](#)). The information displayed allows you to verify the edited measure configurations and settings. The Reference Tab identifies the following attributes:

- Clinical Title (e.g., Hospital 30-Day Death (Mortality) Rates for Heart Attack Compared to U.S. Rate)
- Measure Type (e.g., Process, Structure, Outcome)
- Source (e.g., CMS, AHRQ QI)
- NQF Endorsed (e.g., Yes, No)
- NQF ID (e.g., 0359)
- Better High/Low (e.g., Higher rates are better, Lower rates are better)

Screenshot 48: Reference Tab

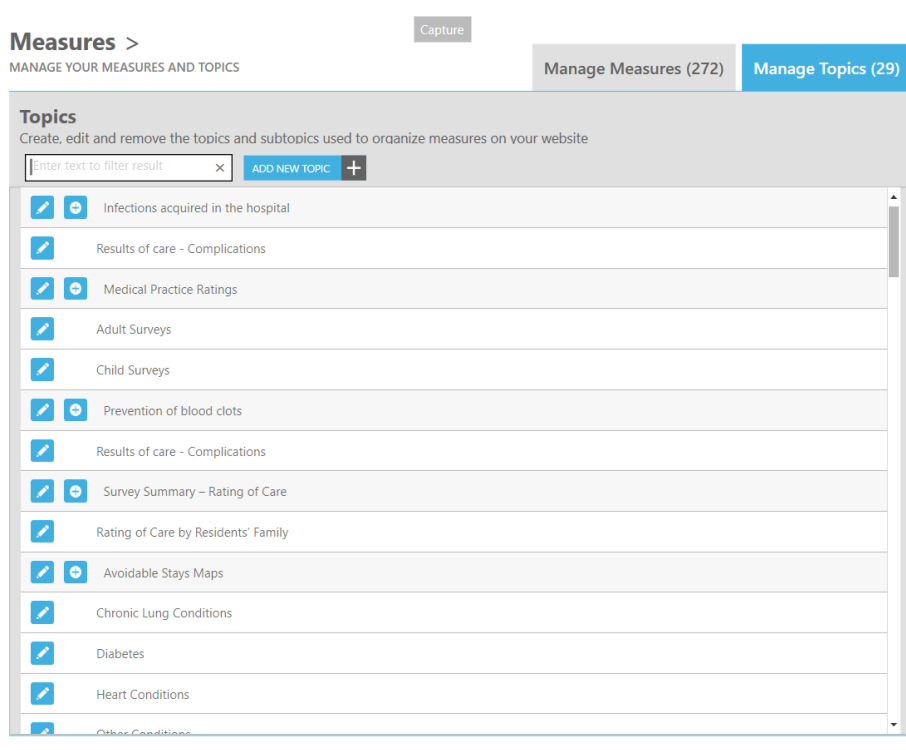


6.2 Add, Edit, or Remove Topics/Conditions and Subtopics

The Manage Topics tab allows you to add, edit, or remove the topics/conditions and subtopics used to organize the measures in your website.

The “Filter By” feature allows you to filter the information displayed on the screen by entering a keyword or phrase from the topic/condition or subtopic options from the dropdown menu in the “Filter by” text box ([Screenshot 49](#)). This feature uses an autocomplete filtering mechanism and will start filtering the topic/condition and subtopic list once you start typing.

Screenshot 49: Manage Topics Tab



6.2.1 Adding a New Topic/Subtopic

MONAHRQ requires that all measures are assigned a topic/condition or subtopic. You can add a new topic/condition if a predefined topic/condition does not sufficiently classify your measure. After you have created a new topic/condition, it will be added to the list of topics and subtopics.

Step 1: In the “Add New Topic” text box, enter a topic name that best classifies your measure.

Step 2: Click on the “Add Topic” button.

6.2.2 Editing a Topic Name, Assigning Subtopics to Parent Topics, and Deleting Topics

You may also edit topic attributes, attach or assign a subtopic to a parent topic, and delete topics available for your website’s measures. These actions can be performed by using the buttons and steps below ([Screenshot 50](#)).

Step 1: Click on the edit button to begin editing the topic name in the Topic Name field. Expand the Fact1 and Fact2 sections to edit the infographic report contents. When finished, click on the “Save” button.

Screenshot 50: Manage Topics Screen—Editing Topic Name Detail

The screenshot shows a modal window titled "ADD TOPIC" with a close button (X) in the top right corner. The form contains the following fields and sections:

- Topic Name:** A text input field containing "Emergency department (ED)".
- Fact1 Section:** A section header with an expand/collapse icon. It contains:
 - Text:** A text input field with the text "If you are not sure what to do, and you don't have one of the serious condit".
 - Image Source:** A text input field containing "themes/consumer/assets/infographic/facts-tips/EmergencyCare_Fact1.png" and a blue "BROWSE" button.
 - Citation:** A text input field containing "<a href='\"https://www.nlm.nih.gov/medlineplus/ency/patientinstructions/00".
- Fact2 Section:** A section header with an expand/collapse icon. It contains:
 - Text:** A text input field with the text "Once you arrive at an emergency room, you will be immediately evaluated. l".
 - Image Source:** A text input field containing "themes/consumer/assets/infographic/facts-tips/EmergencyCare_Fact2.png" and a blue "BROWSE" button.

At the bottom of the modal, there are two buttons: a red "CANCEL" button and a blue "SAVE" button.

Step 2: To add a subtopic and link it to a parent topic, click on the “Add New Subtopic” button. You will notice that a text box will appear to the left of the button where you can enter a subtopic name ([Screenshot 51](#)). After entering the name, click on the “Save” button. To delete the subtopic record, click on the “Delete” button.

Screenshot 51: Detail of the Manage Topics Screen—Adding a Subtopic

The screenshot shows the "Manage Topics" screen. At the top, there is a breadcrumb "Measures >" and a sub-header "MANAGE YOUR MEASURES AND TOPICS". On the right, there are two tabs: "Manage Measures (272)" and "Manage Topics (29)".

The main content area is titled "Topics" and includes the instruction "Create, edit and remove the topics and subtopics used to organize measures on your website". Below this, there is a search bar with the placeholder "Enter text to filter result" and an "ADD NEW TOPIC +" button.

A list of topics is displayed below the search bar. The first item is "Emergency department (ED)" with a blue checkmark icon to its left. Below it, there is a partially visible item "Throughput" with a blue checkmark icon.

CHAPTER 7. BUILDING AND USING YOUR REPORTS LIBRARY

The Reports Library allows you to manage the report templates used on your MONAHRQ® websites. The MONAHRQ 7 library contains a base set of standard preconfigured reports that are generated using the following datasets:

- CMS Hospital Compare data
- AHRQ Quality Indicator™ (QI) results (Area, Provider, and Composite results)
- Inpatient Hospital Discharge data
- Emergency Department (ED) Treat-and-Release data
- CMS Nursing Home Compare data
- CMS Physician data
- Medicare Provider Utilization and Payment data
- Clinician and Group 2.0 CAHPS (CG-CAHPS) Survey Results
- Nursing Home CAHPS Data (NH-CAHPS) Survey Results
- Healthcare Effectiveness Data and Information Set (HEDIS) Measures

You can further customize your website by creating new report descriptions and footnotes to better meet your website needs.

The Reports screen displays standard and custom report attributes. You can access the Reports screen at any time while creating your new MONAHRQ website or while maintaining an existing website by clicking on the “Reports” icon on the left-side panel ([Screenshot 52](#)).

Screenshot 52: Manage Reports Screen

Reports
MANAGE YOUR REPORTS

Reports:
Preview and edit report names, descriptions and attributes.

Filter by: Enter text to filter results Filter by Category: All Report Categories Total Reports: 36

Report	Websites	Type	Category	Custom?	Datasets	Recommended audience
Hospital Comparison Report - Bar Chart	N/A	Hospital Comparison Report - Bar Chart	Quality	No	Hospital Compare Data, AHRQ-QI Composite Data, AHRQ-QI Provider Data	Consumers, Healthcare Professionals
Hospital Comparison Report - Icons	N/A	Hospital Comparison Report - Icons	Quality	No	Hospital Compare Data, AHRQ-QI Composite Data, AHRQ-QI Provider Data	Consumers, Healthcare Professionals
Hospital Comparison Report - Icons and Confidence Intervals	N/A	Hospital Comparison Report - Icons and Confidence Intervals	Quality	No	Hospital Compare Data, AHRQ-QI Composite Data, AHRQ-QI Provider Data	Consumers, Healthcare Professionals
Hospital Profile Report	N/A	Hospital Profile Report	Quality	No	Hospital Compare Data, Inpatient Discharge, Medicare Provider Charge Data	Consumers, Healthcare Professionals
Hospitals listings based on the search from the home page	N/A	Hospitals listings based on the search from the home page	Quality	No	Hospital Compare Data	Consumers, Healthcare Professionals
Hospitals Quality Ratings - Bar Chart	N/A	Hospitals Quality Ratings - Bar Chart	Quality	No	Hospital Compare Data, AHRQ-QI Composite Data, AHRQ-QI Provider Data	Consumers, Healthcare Professionals
Hospitals Quality Ratings - Detail Tabular View	N/A	Hospitals Quality Ratings - Detail Tabular View	Quality	No	Hospital Compare Data, AHRQ-QI Composite Data, AHRQ-QI Provider Data	Healthcare Professionals
Hospitals Quality Ratings - Icons	N/A	Hospitals Quality Ratings - Icons	Quality	No	Hospital Compare Data, AHRQ-QI Composite Data, AHRQ-QI Provider Data	Consumers, Healthcare Professionals
Hospitals Quality Ratings - Icons with Rates and Confidence Intervals	N/A	Hospitals Quality Ratings - Icons with Rates and Confidence Intervals	Quality	No	Hospital Compare Data, AHRQ-QI Composite Data, AHRQ-QI Provider Data	Healthcare Professionals
New report based on Hospital	N/A	Hospital Comparison Report -	Quality	Yes	Hospital Compare Data, AHRQ-	Consumers, Healthcare Professionals

Reports can be used for one website or across all of your MONAHRQ sites. The reports are identified in the “Report” column and the associated website can be found in the “Websites” column. On the Reports screen, sort by attribute by clicking on the appropriate column header. The standard report templates are defined by report types—listed in the “Type” column—which are not editable. Multiple copies of any report template for a specific report type can be created and customized. The standard MONAHRQ report types can be found in [Table 14](#) in [Chapter 11](#).

The “Category” column indicates whether a particular report is categorized as a “Quality” report or a “Utilization” report. Reports are grouped under these two categories to determine where they appear on your MONAHRQ-generated website.

7.1 Managing and Customizing Reports

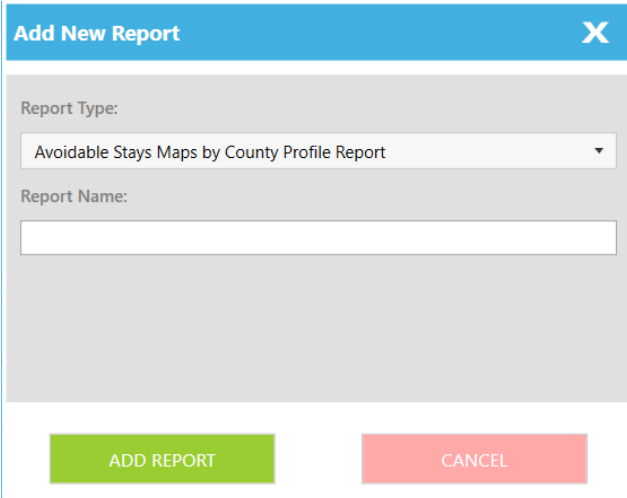
This section describes the process for customizing report templates for your MONAHRQ website. You can select a standard report template and use its predefined settings to create your customized report, or you can select a report template and modify it with your own settings.

7.1.1 Using the “Add New Report” Feature

You can generate a new report by selecting a report template that does not include predefined settings.

Step 1: Click on the “Add New Report” button on the Reports screen to launch the “Add New Report” popup window, as shown in [Screenshot 53](#).

Screenshot 53: Add New Report Detail



Step 2: Select the appropriate report type on the single-select “Report Type” dropdown menu. You will see a list of all available report templates.

Step 3: Enter a report name containing alphanumeric text in the “Report Name” text box. The report name should be descriptive of the report to be created.

Step 4: Click on the “Add Report” button. Your new report will be added to the list of available reports in the Reports screen, highlighted in yellow.

Step 5: Verify that your new report contains the attributes you assigned by reviewing the report record in the reports list. The “Custom?” field will contain a value of “Yes” for your new report. Standard reports will display a custom value of “No.”

7.2 Cloning and Editing a Standard Report

A simple way to create a custom report based on a standard report template is to clone an existing report and update the “Name and Description” content and configure the “Report Attributes.” Follow the steps below to clone and edit a standard report.

Step 1: Click on the standard report record you want to use as a base for your cloned report. The record will be highlighted in yellow and the edit action icons will be enabled ([Screenshot 54](#)).

Screenshot 54: Edit Standard Report Record Detail

The screenshot shows a web interface for managing reports. On the left is a sidebar with navigation icons for Libraries, DATA SETS, MEASURES, REPORTS, and WEBSITES. The main area is titled 'Reports' and includes a search bar and a filter dropdown set to 'All Report Categories'. Below this is a table with the following columns: Report, Websites, Type, Category, Custom?, Datasets, and Recommended audience. The table contains four rows, with the third row, 'Hospital Profile Report', highlighted in yellow. A context menu is open over this row, showing 'Edit' and 'Create new report from this template' options.

Report	Websites	Type	Category	Custom?	Datasets	Recommended audience
Hospital Comparison Report - Icons	N/A	Hospital Comparison Report - Icons	Quality	No	Hospital Compare Data, AHRQ-QI Composite Data, AHRQ-QI Provider Data	Consumers, Healthcare Professionals
Hospital Comparison Report - Icons and Confidence Intervals	N/A	Hospital Comparison Report - Icons and Confidence Intervals	Quality	No	Hospital Compare Data, AHRQ-QI Composite Data, AHRQ-QI Provider Data	Consumers, Healthcare Professionals
Hospital Profile Report	N/A	Hospital Profile Report	Quality	No	Hospital Compare Data, Inpatient Discharge, Medicare Provider Charge Data	Consumers, Healthcare Professionals
Hospitals listings based on the search from the home page		Hospitals listings based on the search from the home page	Quality	No	Hospital Compare Data	Consumers, Healthcare Professionals

Step 2: Once the report is highlighted, there are two ways to access the Report Template screen: you can either click on the edit action icon, which will launch the Report Template screen, or right click on the highlighted report and select the “Edit” option. The Report Template screen consists of three tabs: Name and Description, Report Attributes, and Preview Sample Template. These tabs contain editable fields and attributes ([Screenshot 55](#)). The report title, description, and attributes cannot be edited until you choose to create a new report template as described in Step 3 below.

Screenshot 55: Edit Standard Report Screen

The screenshot displays the 'Edit Standard Report Screen' for a 'Hospital Profile Report'. The interface includes a sidebar with navigation options: Libraries, DATA SETS, MEASURES, REPORTS, WEBSITES, and SETTINGS. The main content area is titled 'Quality' and 'Hospital Profile Report'. It features a 'REPORT TEMPLATE' header with a 'Create new report based on this template' button. Below this are three tabs: 'Name and Description' (selected), 'Report Attributes', and 'Preview Sample Template'. The 'Name and Description' tab contains a 'Report Title' field with 'Hospital Profile Report', a 'Report Description' text area, and a 'Footnotes' section with a 'Show how do I interpret content?' checkbox and a text area containing HTML-formatted text. At the bottom, there are 'CANCEL' and 'SAVE CHANGES' buttons.

Step 3: You can right click on any report in the Reports Library screen ([Screenshot 54](#)) and select the “Create new report from this template” option to activate the report template for cloning and editing. Alternatively, from the Edit Report screen, you can click on the “Create new report based on this template” button. The report title label will update the selected report title with the following prefix: “New report based on.” After completing this step, you can begin customizing your report.

Step 4: Select the “Name and Description” tab to edit these fields, select an audience type, and add a footnote. You must enter a report title in the given field.

Step 5: You can provide a description of the report to be used for your reference. This description will not be displayed on your MONAHRQ website.

Step 6: As the administrator and creator of your MONAHRQ website, you must also select an audience type. This will identify the main users of your website. The audience options are “Consumers,” which is defined as the general public, consumers, and patients; and “Health Care Professionals,” which is defined as the general public, clinical users, policymakers, and researchers and analysts.

Step 7: The footnote text area is used to store the footnotes for each report. You can edit the default footnotes, which will be displayed on your MONAHRQ-generated website. After entering in the required report name, audience, and optional description and footnotes, click on the “Save Changes” button to complete this step.

Next, you will need to review and configure your report settings. The “Report Attributes” tab is divided into subtabs that allow you to perform these configuration changes ([Screenshot 56](#)). Depending on the report type, the tabs and checkbox values may be hidden on the screen. For example, the hospital profile report will show just one subtab, “Display,” because other subtabs are not relevant to the hospital profile report.

Screenshot 56: Report Attributes Tab

Quality
Hospital Profile Report

USER CREATED REPORT
New report based on Hospital Profile Report

Name and Description | Report Attributes | Preview Sample Template

Filters

Select the filtering options for this report. Only the checked items will appear in your report, on your website.

Display

- All Payer Cost
- Basic Descriptive Data
- Cost and Charge Data (All Patients)
- Cost and Charge Data (Medicare)
- Map
- Overall Patient Experience Ratings

CANCEL SAVE CHANGES

Step 8: You can configure Hospital, DRG, and Discharge along with Conditions and Diagnosis filters by clicking on the “Filters” subtab. Here you will see three filtering groups, where you will need to select the checkbox for the associated attribute you would like to be included in your report:

1. **Hospital Filters:** Hospital Name, Category, ZIP Code, Region, All Hospitals
2. **DRGs and Discharges Filters:** Major Diagnostic Category (MDC), Diagnosis Related Group (DRG), Condition, Procedure, All Discharges Combined
3. **Conditions and Diagnosis:** Condition, All Diagnoses Combined

Step 9: Report columns can be configured for specific reports. Click on the checkbox associated with the columns you would like to be included in your reports. Examples of columns include “Number of Discharges” and “Mean Cost in Dollars.” Once you have finished configuring your report, select the Preview Sample Template tab as shown in [Screenshot 57](#).

Step 10: Based on the audience type you selected at the beginning of the website creation process, the Preview Sample Template tab will display a preview of the Health Care Professional, Consumer, or both versions of the report.

Screenshot 57: Preview Sample Template Tab

Libraries

DATA SETS

MEASURES

REPORTS

WEBSITES

SETTINGS

AHRQ
Hospitality
Version
6.0.5655

←

All Reports

REPORT TEMPLATE

Create new report based on this template +

Quality

Hospital Comparison Report - Icons and Confidence Intervals

Professional

Consumer

Name and Description

Report Attributes

Preview Sample Template

[Back to previous report](#)
 Compared To: National Average

Display Type: Symbols & Risk-Adjusted Rates

[Select Report to Copy](#)

Help

Childbirth

Practice patterns Measures	Facility 1	Facility 10	Facility 12
Percentage of births (delivered) that are C-sections	Not enough data to report	▲ Better than average 0	▲ Better than average 0
Uncomplicated vaginal births performed after C-section	Not enough data to report	▼ Below average 0	▼ Below average 0
First birth deliveries performed as C-section	Not enough data to report	▲ Better than average 0	▲ Better than average 0
Vaginal birth after a previous C-section	Not enough data to report	▼ Below average 0	▼ Below average 0
Results of care Measures	Facility 1	Facility 10	Facility 12
Newborns with a birth injury or infection	Not enough data to report	● Average 0	▲ Better than average 0
Obstetric injury after a vaginal delivery with medical instruments	Not enough data to report	● Average 0	● Average 0
Obstetric injury after vaginal delivery without medical instruments	Not enough data to report	● Average 0	● Average 0

Sample Report

CANCEL

SAVE CHANGES

CHAPTER 7: BUILDING AND USING YOUR REPORTS LIBRARY

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CHAPTER 8. CREATING, PUBLISHING, AND MANAGING YOUR WEBSITE

The process of creating, customizing, publishing, and managing a MONAHRQ® website is managed through the “Website Creation” component of the software.

8.1 Using the Website Wizard

The Website wizard will walk you through the five steps to create a MONAHRQ website after you have uploaded your datasets into the Datasets Library.

Step 1: Click on the “Start a new website” button to launch the website definition page ([Screenshot 58](#)).

The definition page will allow you to name your website project, select the target audience, define the reporting year, and add a brief description of the website ([Screenshot 58](#)).

Alternatively, you can import the settings for an existing website from an exported file or from any of the existing websites in the Websites Library. This allows you to import website settings such as included dataset files and measures with overwritten values, selected reports, and customization such as fonts, colors, or unique text. To import website settings, create a new website and click on the “Import Settings” button ([Screenshot 58](#)). There are two ways to import a website:

1. To import a website saved within the MONAHRQ application, click on the “Using Saved Settings” radio button and then choose the desired existing website from the dropdown list.
2. To import a website that has been exported and saved locally, click on the “Using Saved Settings File” radio button. Clicking on “Browse” will launch the file browse window so that you can choose your desired file ([Screenshot 58](#)).

Clicking on “Open” will allow MONAHRQ to read the imported file and create a new website pre-populated with the content from the already imported website. It will show the name of the website as “[Website Name] (From Imported [Date & Time]).” It will also prepopulate the target audience and description information of the original website. The website period will be left unpopulated as doing so will allow you to select an appropriate period.

Screenshot 58: Website Wizard


The screenshot displays the 'Website Wizard' interface. On the left is a vertical sidebar with icons for 'Libraries', 'DATA SETS', 'MEASURES', 'REPORTS', 'WEBSITES', and 'SETTINGS'. The main area has a 'WEBSITE:' header with a back arrow and 'ALL WEBSITES' text. Below this is a navigation bar with tabs: 'Overview' (active), 'Choose Data Sets', 'Modify Measures', 'Select Reports', 'Customize Site', and 'Publish Site'. The 'Overview' tab shows the 'Edit Name, Description for the Website' form. The form includes a 'Name' field, a 'Target Audience' section with checkboxes for 'Consumers' and 'Healthcare Professionals', a 'Reported Year' dropdown menu, and 'Region Context' and 'State Context' dropdown menus. An 'Import Settings' dialog box is overlaid on the form, with radio buttons for 'Using Saved Settings' (selected) and 'Using Saved Settings File', an 'Existing Website' dropdown, a file input field with a 'BROWSE' button, and an 'IMPORT' button. At the bottom of the form are 'CANCEL', 'SAVE', and 'Continue to next step' buttons.

- Step 2:** Establish a name for the website project and enter the selection in the “Name” field ([Screenshot 58](#)). The name entered will define the website project. It is not the name of your MONAHRQ-generated website. The name is limited to a maximum length of 200 characters.
- Step 3:** Select the target audience for your website. Selecting only one audience type will generate a website that is only for the selected target audience. Selecting both target audiences enables the “Default View” radio buttons, which allows you to choose the audience type that will initially display to the End User, but will also allow the End User to easily switch to the website geared toward the other audience type.
- Step 4:** Define the reporting period by selecting a value in the single-select “Reported Year” dropdown box. The dropdown box is populated with a range of five (5) before the current year.
- Step 5:** Add optional details about your website in the “Description” field. The description will be a reference for you only and will not be displayed on the final website for the End User. This optional field allows up to 500 characters.
- Step 6:** Defined region type and State(s) values are listed in the dropdown list. End Users can update the values for the website being published instead of going back to the Geographical Context section.
- Step 7:** Click on the “Continue to next step” button to proceed to the “Choose Datasets” tab.

8.2 Choosing Website Datasets

After defining your website, use the Choose Datasets tab to select datasets for your website ([Screenshot 59](#)). If you are unable to import a dataset file from this screen, click on the Datasets Library action icon to access the Datasets Library. You can import your files from the Datasets Library and return to the Websites.













Screenshot 59: Choose Datasets Screen


WEBSITE: Website 1 IMPORT SETTINGS 

← ALL WEBSITES

Overview **Choose Data Sets** Modify Measures Select Reports Customize Site Publish Site

Include Data Sets:
Based on the Data Sets you select at this step, MONAHRQ will filter the measures and reports for you to select from in the next steps. By default MONAHRQ selects all measures and reports. You will have option to define measures and Reports that can be created from Data Sets selected at this step

 Inpatient Discharge	Please select an imported file to add	
<small>Files included in website generation:</small>		
 ED Treat And Release	Please select an imported file to add	
<small>Files included in website generation:</small>		
 AHRQ-QI Area Data	Please select an imported file to add	
<small>Files included in website generation:</small>		
 AHRQ-QI Composite Data	Please select an imported file to add	
<small>Files included in website generation:</small>		
 AHRQ-QI Provider Data	Please select an imported file to add	
<small>Files included in website generation:</small>		
 Nursing Home Compare Data	Please select an imported file to add	
<small>Files included in website generation:</small>		

CANCEL SAVE Continue to next step 

You can add, manage, or delete datasets at any time throughout the life of the website. Datasets may be added to source a specific reporting path or add a newer version of the dataset for the specific website you are generating.

Step 1: On the “Choose Datasets” screen, select the dataset file type source from your Dataset Library (e.g., AHRQ QI Provider-Level results data, CMS Hospital Compare data). Once you have selected the dataset from the dropdown list, click on the “Add data file” button.

Step 2: If you have not imported any datasets, access the Datasets Library to import your files.


Step 3: Click on the “Save” button to save your changes or “Continue to next step” to proceed to the Modify Measures screen.

8.3 Modify Measures Screen

After choosing datasets, measures for those datasets will be automatically selected in the Modify Measures screen ([Screenshot 60](#)). The Host User will be allowed to include or exclude measures for their website. In addition to selecting measures for the website, Host Users will be allowed to update measure attributes within a website project.

Updating measure attributes within the website will make a copy of the measure for that website and saves the changes for that website only. Meanwhile, making changes in the Measures Library will make changes to those measures across multiple websites that are pulling them from the Measures Library. Because customizing the measures at the website level makes a copy of the measures for the website, it does not impact changes made in the Measures Library.

Screenshot 60: Modify Measures Screen


WEBSITE: Website 1 IMPORT SETTINGS 

← ALL WEBSITES

Overview Choose Data Sets **Modify Measures** Select Reports Customize Site Publish Site

Measures
The measures displayed here may not reflect all of the measures in your library. The measures displayed here are based on the data sets and reports that you selected for this website. Unchecking the measures will remove them from the generated website.

Filter by: None filter text... x All Datasets RESET Total Selected Measures: 196 / 201 Viewable Selected Measures: 196 / 201

Measure Name Display: Plain Title Batch Edit: 

<input type="checkbox"/>	Measure Name	Code	Websites	Topics and Sub-Topics	Data Sets	Is Customized?
<input checked="" type="checkbox"/>	Heart attack patients given a prescription for a cholesterol lowering drugs when they leave the hospital	AMI-10	May CMS 2016 and NH April 2016	Heart attack and chest pain > Recommended care - Inpatient	Hospital Compare Data	No
<input checked="" type="checkbox"/>	Heart attack patients prescribed aspirin before leaving the hospital	AMI-2	May CMS 2016 and NH April 2016	Heart attack and chest pain > Recommended care - Inpatient	Hospital Compare Data	No
<input checked="" type="checkbox"/>	Heart attack patients given medicine to reduce blood clots within 30 minutes of getting to the hospital	AMI-7a	May CMS 2016 and NH April 2016	Heart attack and chest pain > Recommended care - Inpatient	Hospital Compare Data	No
<input checked="" type="checkbox"/>	Heart attack patients given procedure to open blood vessels within 90 minutes of getting to the hospital	AMI-8a	May CMS 2016 and NH April 2016	Heart attack and chest pain > Recommended care - Inpatient	Hospital Compare Data	No
<input checked="" type="checkbox"/>	Complications after hip or knee replacement surgery	COMP-HIP-KNEE	May CMS 2016 and NH April 2016	Hip or knee replacement surgery > Results of care	Hospital Compare Data	No

CANCEL SAVE Continue to next step >

8.4 Select Reports Screen

Once the Host User finishes selecting measures for the website they will select which reports to include in their website using the Select Reports screen ([Screenshot 61](#)). The reports will be grouped into two categories: Quality and Utilization.

Reports that are standard out-of-the box reports within MONAHRQ will be categorized by the recommended target audience. These audiences include two categories: Consumers and Health Care Professionals. Based on the audience type selected and the datasets added, various reports will be automatically selected on this screen. For example, if the Host User selects “Consumers” as the target audience in the Website Overview tab and adds the CMS Hospital Compare and Inpatient Hospital Discharge datasets, the reports screen will only show the quality reports recommended for the “Consumers” audience. By default, other reports associated with the CMS Hospital Compare and Inpatient Hospital Discharge datasets will be shown as unselected. The Host User can select all of the reports in the Select Reports tab or they can update the audience type to “Health Care Professionals” and then click on the “Save” button in the Overview tab.

Screenshot 61: Select Reports Screen

WEBSITE: Website 1

ALL WEBSITES

Overview Choose Data Sets Modify Measures **Select Reports** Customize Site Publish Site

Reports
Choose reports to include in your website. Unchecking the reports will remove

Filter by:

Report
<input checked="" type="checkbox"/> Cost and Quality Report – Side By Side Display
<input checked="" type="checkbox"/> Hospital Profile Report
<input type="checkbox"/> New report based on Hospital Profile Report
<input checked="" type="checkbox"/> County Rates Detail Report
<input checked="" type="checkbox"/> County Rates Report
<input checked="" type="checkbox"/> County Rates Trending Report
<input checked="" type="checkbox"/> Inpatient Hospital Discharge Utilization Report

Choose Trending Period:

Enable Quarterly Trending

2012 (Default)

- Quarter 1
- Quarter 2
- Quarter 3
- Quarter 4

OK

Filter by Category: All Report Categories

Custom?	Datasets	Recommended Audience
No	Inpatient Discharge, AHRQ-QI Provider Data	Consumers
No	Hospital Compare Data, Inpatient Discharge, Medic...	Consumers, Healthcare Professionals
Yes	Hospital Compare Data, Inpatient Discharge, Medic...	Consumers, Healthcare Professionals
No	Inpatient Discharge	Healthcare Professionals
No	Inpatient Discharge	Healthcare Professionals
No	Inpatient Discharge	Healthcare Professionals
No	Inpatient Discharge	Healthcare Professionals

CANCEL SAVE Continue to next step >

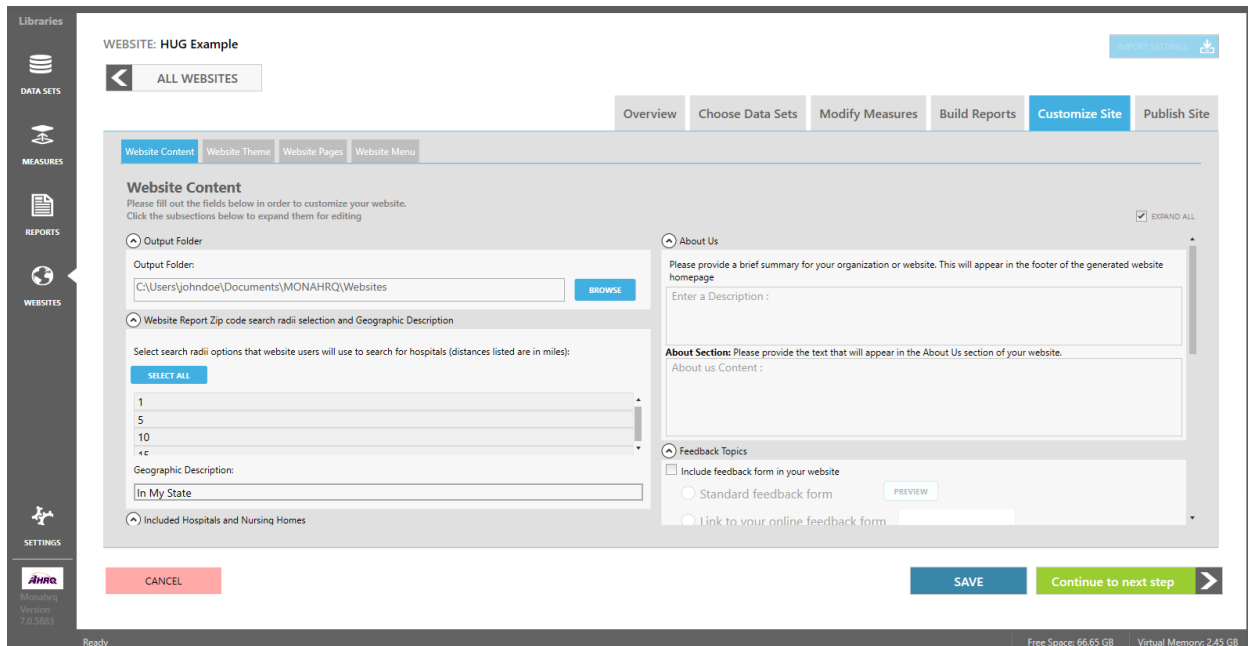
8.5 Customize Site Screen

The Customize Site screen ([Screenshot 62](#)) allows you to modify various aspects of your website, including the content, theme, color options, logos and images, fonts, and banners.

Using the tools on the Customize Site screen, you can input and tailor content for your MONAHRQ-generated website. The screen is divided into four main tabs: “Website Content,” “Website Theme,” “Website Pages,” and “Website Menu.”

At any time, you can select the “Overview” button to load the listing screen of all of the websites you have generated. You can also choose datasets, modify measures, and select reports by selecting the appropriate tab at the top of the screen.

Screenshot 62: Customize Site Screen



8.5.1 Customizing Your Website—Website Content Tab

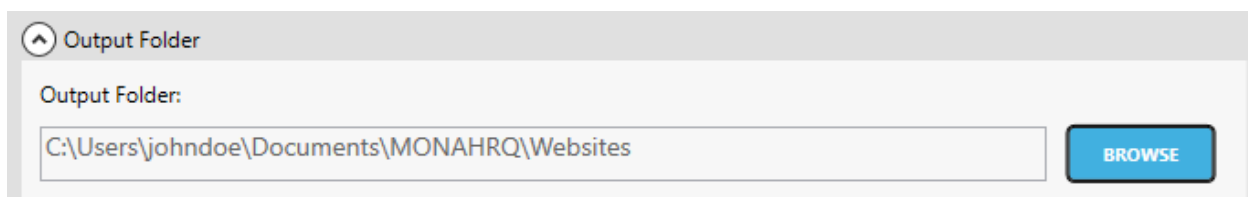
8.5.1.1 Select Reports

When accessing the Customize Site screen, all subsections on the first tab, Website Content, are expanded by default. To view a specific subsection, you can either uncheck the “Expand All” check box in the upper right corner of the screen and then expand your desired subsection or use the scroll bar to scroll down the pane to your desired subsection.

8.5.1.2 Output Folder

This subsection provides information about where your generated website files will be written and stored ([Screenshot 63](#)).

Screenshot 63: Output Folder Detail



The default folder location will be your “Documents” folder (for example: *C:\Users\logged in User Name\Documents*). You can select an alternate folder by clicking on the “Browse” button next to the Output Folder text box and selecting the folder you wish to use. Note: You will not be able to type directly into this text box.

8.5.1.3 Website Report ZIP Code Search Radii Selection and Geographic Description

In this subsection ([Screenshot 64](#)), you must identify a ZIP Code radius filter available for use by the End User when searching for hospitals. Hospitals and nursing homes within a specific distance (1 to 200 miles) from the ZIP Code can be searched in the generated website.

A geographic description must also be added for all generated websites such as the State(s) for which the website is reporting health measures. For example, default text may read: “In [My State].” The text entered will be used to populate the “Compare To” dropdown menu for Hospital Quality and Nursing Home reports. The screenshot below is an example of how it will show up on the generated websites’ Quality Reports screen ([Screenshot 64](#)).

Screenshot 64: Website Report ZIP Code Search Radii Selection and Adding Geographic Description Context

Website Report Zip code search radii selection and Geographic Description

Select search radii options that website users will use to search for hospitals (distances listed are in miles):

UNSELECT ALL

- 1
- 5
- 10
- 15

Geographic Description:

In My State

8.5.1.4 Included Hospitals and Nursing Homes

Within this stage of defining your generated website, you can select the hospitals and nursing homes to appear in your website and reports. By default, all hospitals in your MONAHRQ database will be included in your website and reports. To view and change the hospitals that will be included in your reports, click on the “View and Change Hospitals” button ([Screenshot 65](#)) to launch the “Included Hospitals” popup window ([Screenshot 66](#)) containing a list of all hospitals in your database that will be included in your reports by default.

Screenshot 65: View and Change Hospitals/Nursing Homes

Included Hospitals and Nursing Homes

VIEW AND CHANGE HOSPITALS **VIEW AND CHANGE NURSING HOMES**

To customize the list of hospitals to include in your website, deselect the hospitals you do not want to include to suppress them in the generated output and then select the hospitals you want to include. You can use the “Filter by” dropdown box to filter the hospitals by various conditions. You should also be able to override a hospital’s CCR values for the website on this screen.

Screenshot 66: Hospital Selection Popup Window Detail

<input checked="" type="checkbox"/>	HOSPITAL NAME	LOCAL ID	CMS ID	STATE	ZIP CODE	CCR
<input checked="" type="checkbox"/>	Facility 1	123477	300001	NH	03301	0.42
<input checked="" type="checkbox"/>	Facility 2	123475	300003	NH	03756	0.48
<input checked="" type="checkbox"/>	Facility 3	123494	300005	NH	03246	0.36
<input checked="" type="checkbox"/>	Facility 4	123464	300011	NH	03060	0.79
<input checked="" type="checkbox"/>	Facility 5	123456	300012	NH	03103	0.77
<input checked="" type="checkbox"/>	Facility 6	123504	300014	NH	03867	0.66
<input checked="" type="checkbox"/>	Facility 7	123485	300017	NH	03038	0.49
<input checked="" type="checkbox"/>	Facility 8	123486	300018	NH	03820	0.72

This function also allows you to select the nursing home(s) to appear in your website and reports. By default, all nursing homes stored in MONAHRQ are automatically included in your website and reports. To view or change which nursing homes are included in your reports, click on the “View and Change Nursing Homes” button ([Screenshot 65](#)) to open the “Included Nursing Homes” popup window ([Screenshot 67](#)). This screen will display a list of all nursing homes in your database that will (by default) be included in your website and reports.

To customize the list of nursing homes included in your website, you must manually deselect the nursing homes you do not want to include to suppress them in your generated site and reports. The nursing homes that are selected will be displayed upon creating your site. You can use the “Filter by” dropdown box to filter the nursing homes by various conditions, such as—

- Selected for reporting
- Unselected for reporting

Screenshot 67: Included Nursing Homes Window

Included Nursing Homes:

Select Nursing Homes to include in each reports.

FILTER BY: # of Nurinsg Homes: 113

<input checked="" type="checkbox"/>	NURSING NAME	CITY	STATE	PHONE	CMS PROVIDER ID
<input checked="" type="checkbox"/>	KINDRED TRANSITIONAL CARE & REHABILITATION-GREENBR	NASHUA	NH	6038881573	305005
<input checked="" type="checkbox"/>	HANOVER HILL HEALTH CARE CENTER	MANCHESTER	NH	6036273826	305009
<input checked="" type="checkbox"/>	HAVENWOOD-HERITAGE HEIGHTS	CONCORD	NH	6032245363	305016
<input checked="" type="checkbox"/>	DOVER CENTER FOR HEALTH & REHABILITATION	DOVER	NH	6037422676	305018
<input checked="" type="checkbox"/>	HANOVER TERRACE HEALTH & REHABILITATION CENTER	HANOVER	NH	6036432854	305020
<input checked="" type="checkbox"/>	WILLIAM P CLOUGH EXTENDED CARE CENTER	NEW LONDON	NH	6035265312	305021
<input checked="" type="checkbox"/>	EDGEWOOD CENTRE (THE)	PORTSMOUTH	NH	6034360099	305022
<input checked="" type="checkbox"/>	ROCHESTER MANOR	ROCHESTER	NH	6033327711	305024

8.5.1.5 Adding “About Us” Content

The “About Us” section allows you to provide content describing your organization in two places in your generated website ([Screenshot 68](#)): (1) a brief summary is displayed in the footer at the bottom of your generated website’s home page, and (2) a more detailed version of the content is displayed in the “About Us” section of your generated website. This only applies to generated websites targeted for Health Care Professionals. Consumer websites will only display summary detail content at the bottom of the generated website’s home page, as there is no predefined “About Us” section on a consumer website.

Screenshot 68: Create “About Us” Footer and “About Us” Section Content Detail

⬆ About Us

Please provide a brief summary for your organization or website. This will appear in the footer of the generated website homepage

Enter a Description :

About Section: Please provide the text that will appear in the About Us section of your website.

About us Content :

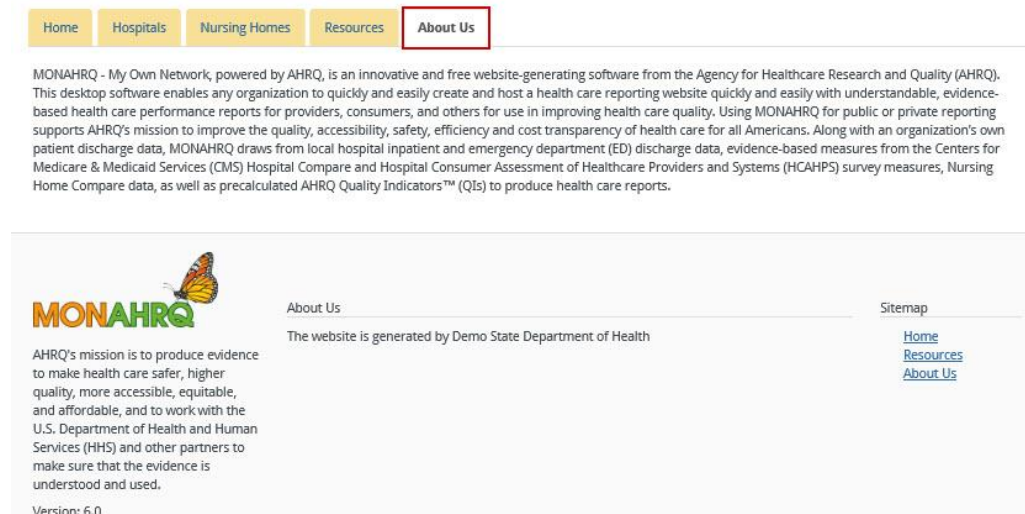
The “About Us” footer content can be entered in the top text box, which allows up to 500 characters. This content will appear as the footer of your MONAHRQ website’s home page ([Screenshot 69](#)). You are not required to provide any content in this field. If the field is left blank, the “About Us” footer section on the home page will not be displayed. During the dependency check of the website generation process, a warning message will alert you that the field is blank and you will have the option to update the field

Screenshot 69: Generated Website “About Us” Footer Detail



Similar to the “About Us” footer content, you can also enter text that will appear in the “About Us” section of your website. You can enter up to 4,000 characters in this text box to best describe your organization and website-related objectives ([Screenshot 70](#)). If this field is left blank, the “About Us” page and corresponding tab in the generated website will not be produced. As there is no predefined “About Us” section on a consumer website, this text will not display on a website generated for a consumer audience.

Screenshot 70: “About Us” Page

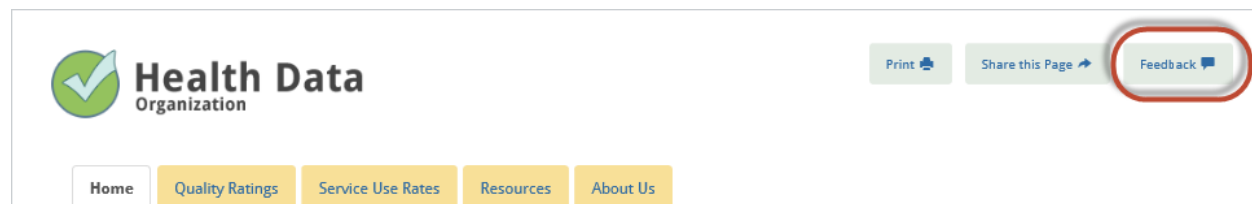


8.5.1.6 Setting up Feedback Topics

Within the generated website, End Users will be able to provide feedback on reporting topics and general website usability issues. End Users may either download a feedback survey (which you enable) or access an online survey created by your organization. The feedback topics and survey features can be found under the Feedback section of the website ([Screenshot 71](#)). MONAHRQ 7 includes out-of-the box feedback topics related to specific reports as well as general website usability issues, including—

- Quality Reports and Measure Details
- Utilization Reports
- Avoidable Stays Reports
- Data Accuracy
- Page Not Found Issue
- Other Website Issue

Screenshot 71: MONAHRQ-Generated Website Feedback Button Detail



It is also possible to add a help topic to the dropdown menu of feedback topics that are displayed on your MONAHRQ-generated website. When an End User clicks on the Feedback button in the generated website ([Screenshot 71](#)), a list of feedback topics will be provided. If you choose not to enter any feedback topics or delete all of the topics, the generated website will not show the dropdown box. Further, when the End User clicks on the Feedback button, the email client will provide a default subject line of “*MONAHRQ Website Help*” instead of feedback topic options.

You have the ability to add multiple feedback topics. To add topics, enter the feedback topic in the text box and click on the “Add Topic” button ([Screenshot 72](#)). This will add the feedback topic below the text.

Screenshot 72: Feedback Topics Detail

Feedback Topics

Include feedback form in your website

Standard feedback form

Link to your online feedback form

Feedback Recipient Email address

Specify helpful topics that your users can contact you about?

You can add the email address of the person (or mailbox) that will receive the feedback in the “Feedback Recipient Email Address” input box ([Screenshot 72](#)). If this field is left blank, the “Feedback” button on will not appear on the generated website.

To launch the email client, End Users can choose a topic from the Feedback dropdown menu and click on the “Submit” button. The subject line in the email will include the selected topic. For example, it may read “[*Geographic Description Text*] MONAHRQ Website Help: Utilization Report.”

If you would like to include a feedback form on your website, click on the checkbox next to “Include feedback form in your website” ([Screenshot 73](#)). There are two options available for providing a feedback form to your End Users: (1) a standard downloadable feedback form and (2) an online survey. The first step is to determine which option to offer to End Users.

The downloadable form will be in Microsoft® Word format. The End User will complete and submit the feedback form via the contact information you provide on the form. The standard feedback form document file will be included in the MONAHRQ 77 software package and can be edited and customized based on your organization’s needs.

To customize the standard feedback form, follow the steps below:

Step1: Click “Preview,” which will open the survey in Microsoft Word format.

Step 2: Edit the survey and save it with the name “endusersurvey.doc” on your local machine. It is important to name this file as suggested here or else it will not be linked properly in your generated website.

Step 3: Once you have generated your website, replace this file by going to “%websiteRoot%\Data\Fedback\” folder on the generated website.

Alternatively, if you would like End Users to submit feedback via an online feedback form created by your organization, select “Link to your online feedback form” ([Screenshot 73](#)) and enter the URL for the online form in the text box to the right. A link to the online feedback form will be displayed in the Feedback section of your generated website.

Screenshot 73: Feedback Survey Configuration

Feedback Topics

Include feedback form in your website

Standard feedback form PREVIEW

Link to your online feedback form

Feedback Recipient Email address

Specify helpful topics that your users can contact you about?

8.5.1.7 Entering Keywords, Analytics, and Mapping Accounts

In an effort to help search engines find your MONAHRQ-generated site, MONAHRQ requires you to create a browser title ([Screenshot 74](#)). You have the option of entering keywords (to help search engines find your site) as well as including Google Analytics (see [Appendix M](#)) and Google Maps API keys.

Screenshot 74: Search Engine Optimization, Analytics, and Mapping Detail

SEO, Analytics and Mapping

Browser Title

Keywords: Help search engines find your site (separate using commas).

Analytics: If you have a Google Analytics account, enter your tracking ID.

Google Maps APIs: If you have an API key provide it here. If left blank, a free version of the API key will be used.

The “Browser Title” is a required field. Text entered here will be displayed in the browser’s title bar. The default value of “MONAHRQ Website” will be displayed in the box until you update this field with your own text.

The “Keywords” text box allows you to add specific keywords to help search engine users find your generated website. When entering keywords into the text box, you will need to separate the keywords by commas.

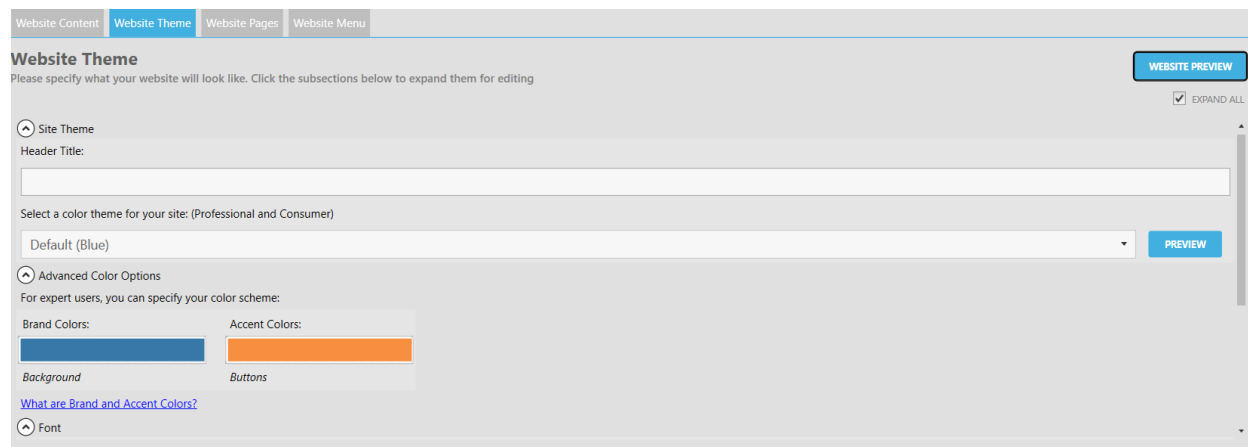
MONAHRQ allows you to use Google Analytics and Mapping appliances. If you have a Google Analytics account, you can enter your tracking ID into the “Analytics” text box. Your website will then be included in your Google Analytics reporting dashboard.

A Google Maps API key can be entered into the “Google Maps APIs” text box if you have access to an API account and key. Integrating MONAHRQ with your API will result in your website displaying Google Maps. An example API key is 345YTZ984GHDET.

8.5.2 Customizing Your Website—Website Theme Tab

You can use the “Website Theme” section of the Customize Site screen to configure your website’s theme, color schemes, fonts, logos, and home page images ([Screenshot 75](#)). This allows you to customize the look and feel of your generated website. By default, all subsections on the Website Theme tab are expanded when you access the tab. To view a specific subsection on the tab, you can either uncheck the “Expand All” check box in the upper right corner of the screen and then expand your desired subsection or use the scroll bar to scroll down the pane to your desired subsection.

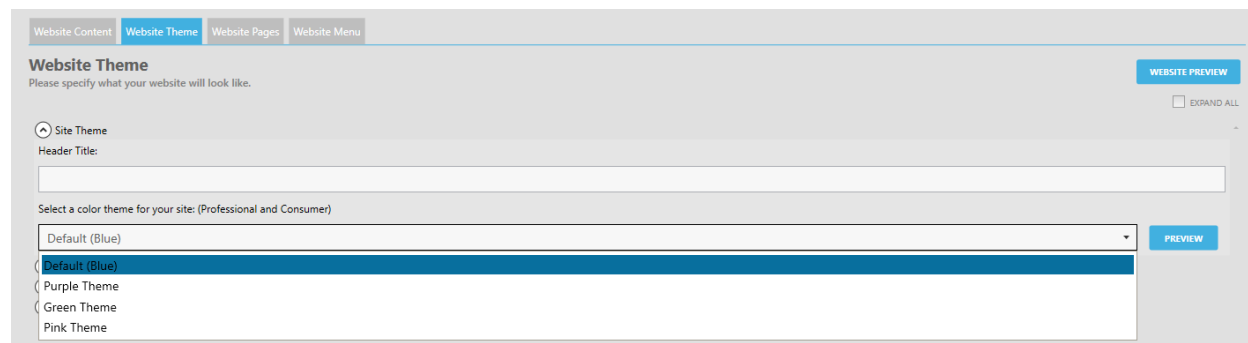
Screenshot 75: Customize Website Theme Detail



8.5.2.1 Entering Home Page Website Themes

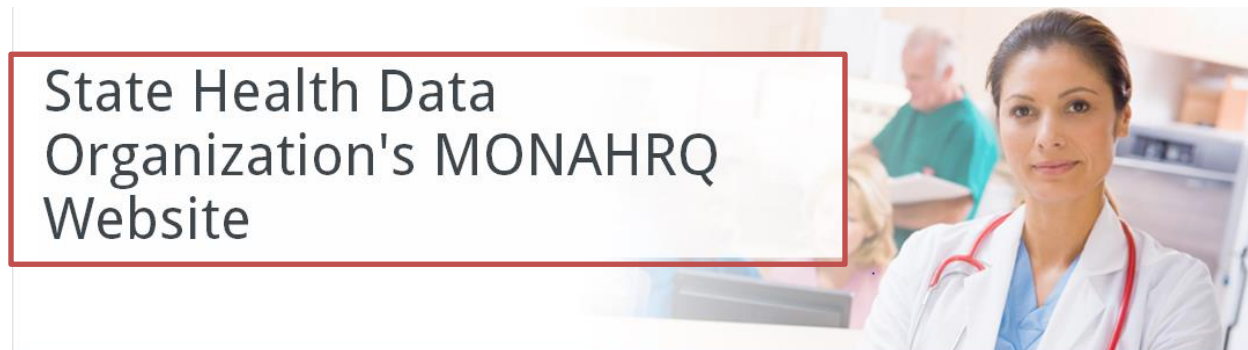
MONAHRQ offers four website color themes from which to choose. After selecting your website theme, you can click on the “Preview” button to launch a popup screen showing a sample home page with the color scheme of the theme you selected ([Screenshot 76](#)). You may choose to preview all four themes to determine the best fit for your website.

Screenshot 76: Selecting Website Theme Detail



MONAHRQ requires you to enter a header title that will be displayed on the home page of your generated website, as shown in [Screenshot 77](#). You can enter up to 100 characters in the text box provided. This only applies to generated websites targeted for health care professionals.

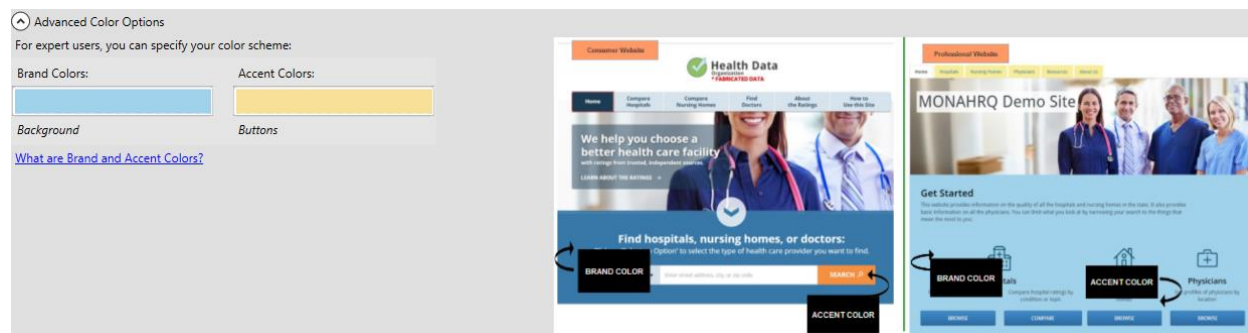
Screenshot 77: Generated Website Header Title Detail



8.5.2.2 Selecting Advanced Color Options

If you do not wish to use the standard colors provided in MONAHRQ, you may choose a custom color scheme for your website ([Screenshot 78](#)). (Note: The standard color schemes are Section 508 compliant.)

Screenshot 78: Advanced Color Options Detail

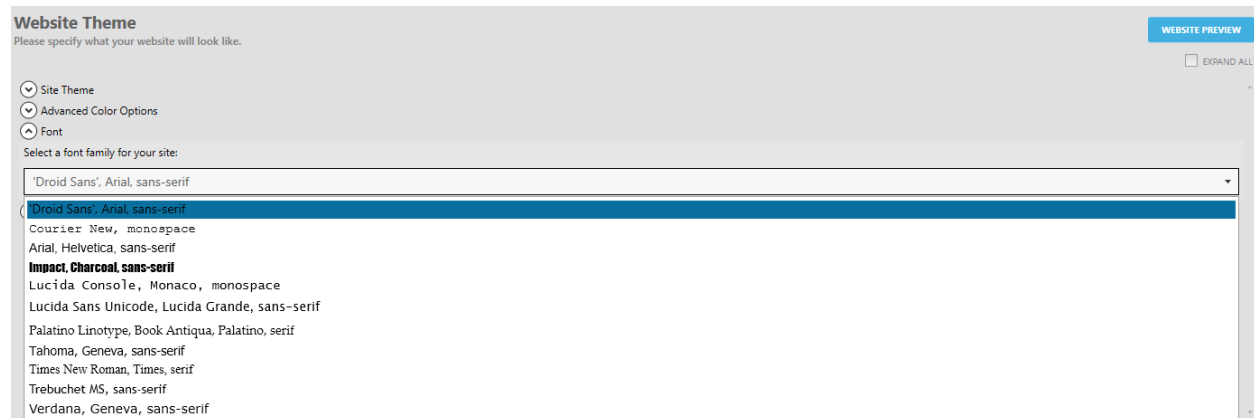


MONAHRQ will provide default brand and accent color schemes. The “Brand Colors” button displays the background color of the site theme you selected. The links, buttons, and tabs on your website are represented by the “Accent Colors.” Clicking on the “What are the Brand and Accent Colors?” link illustrates these options on a sample generated website ([Screenshot 78](#)). You have the option to change the “Brand Color” or “Accent Color,” which will override any color theme previously selected. When you click on either button, a color selection box will appear. Click on the desired color box, which will update the “Brand Color” or “Accent Color” box.

8.5.2.3 Selecting Fonts

MONAHRQ uses the Droid Sans, Arial, and Sans-Serif font family as the default font for generated websites. However, you may choose between 11 standard font families. To select a new font, click on the single-select “Select a font family for your site” dropdown menu to review the available fonts. After you select a font, click on the “Website Preview” button to launch a popup window displaying sample content in the selected font ([Screenshot 79](#)). This only applies to generated websites targeted for health care professionals.

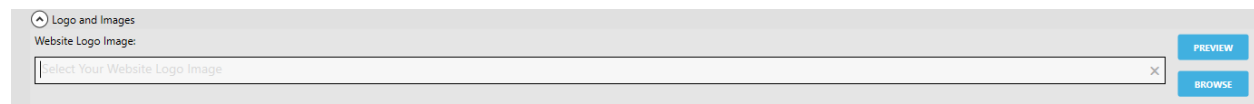
Screenshot 79: Website Font Selection Detail



8.5.2.4 Displaying Logos and Images

You can choose to display a logo and banner image on the home page of your organization's website ([Screenshot 80](#)).

Screenshot 80: Logo and Banner Images Detail



The website logo image is the image that displays above the reporting tabs, as shown in [Screenshot 81](#). The recommended image size is 450px wide and 200px tall. To upload your custom logo, click on the "Browse" button to select an image from your local hard drive or network. To preview your logo image before completing the website generation process, click on the "Preview" button that displays to the right of the "Website Logo Image" drop down menu.

Screenshot 81: Website Logo Detail



The website banner image is the main image displayed below the reporting tabs and header title ([Screenshot 82](#)). MONAHRQ provides you with a selection of five sample banner images to choose from in the "Website Banner Image" dropdown box. You can override the standard image with a custom image that represents your organization or audience by selecting the "Custom" option. Similar to the process for uploading a logo, you can click on the "Browse" button to select an image from your local hard drive or network ([Screenshot 83](#)). The recommended image size is 1080px wide and 300px tall. If no banner image is selected, the first banner will display by default on the generated website.

Screenshot 82: Website Banner Image Detail

State Health Data
Organization's MONAHRQ
Website



Screenshot 83: Custom Banner Detail

Website Banner Image - Recommended Size - 1080x300 pixels

Custom Image

- Healthcare Providers
- Nurse helping patient
- Patient with Doctor and family
- Patient with doctor 1
- Patient with doctor 2
- Custom Image

PREVIEW

BROWSE

8.5.3 Customizing Your Website—Website Pages Tab

You can use the “Website Pages” tab ([Screenshot 84](#)) to manage content that displays on pages within your generated website. The list of website pages that displays is dependent on the reports you selected on the “Select Reports” tab during the website generation process. For example, if you did not select the Physician Listing Report or Physician Profile Report, the Find Physicians/Find Doctors page will not display on the Website Pages tab.

Screenshot 84: Website Pages Tab

Website Content Website Theme Website Pages Website Menu

All Pages Consumer Pages Healthcare Professional Pages

Filter by: Page Name filter text... X RESET Pages with Reports Viewable Website Pages: 18 / 18

Manage Content	Page Name	Audience	Page Type	Is Customized?
	Cost and Quality Report – Side By Side Display	Consumers	Pages with Reports	No
	Compare - Quality Ratings [Bar Charts]	Healthcare Professionals	Pages with Reports	No
	Compare Hospitals, Compare - Quality Ratings [Symbols]	Consumers, Healthcare Professionals	Pages with Reports	No
	Compare - Quality Ratings [Symbols RAR]	Healthcare Professionals	Pages with Reports	No
	Compare Hospitals Search, Hospital - Quality Ratings [Symbols]	Consumers, Healthcare Professionals	Pages with Reports	No
	Condition or Topic - Quality Ratings [Bar Charts]	Healthcare Professionals	Pages with Reports	No
	Compare Hospitals by Condition, Condition or Topic - Quality Ratings [Symbols]	Consumers, Healthcare Professionals	Pages with Reports	No
	Condition or Topic - Quality Ratings [Symbols RAR]	Healthcare Professionals	Pages with Reports	No
	Compare Nursing Homes, Compare - Nursing Homes	Consumers, Healthcare Professionals	Pages with Reports	No
	Avoidable Stays [Topic Map]	Healthcare Professionals	Pages with Reports	No
	Avoidable Stays [County]	Healthcare Professionals	Pages with Reports	No

CANCEL SAVE Continue to next step >

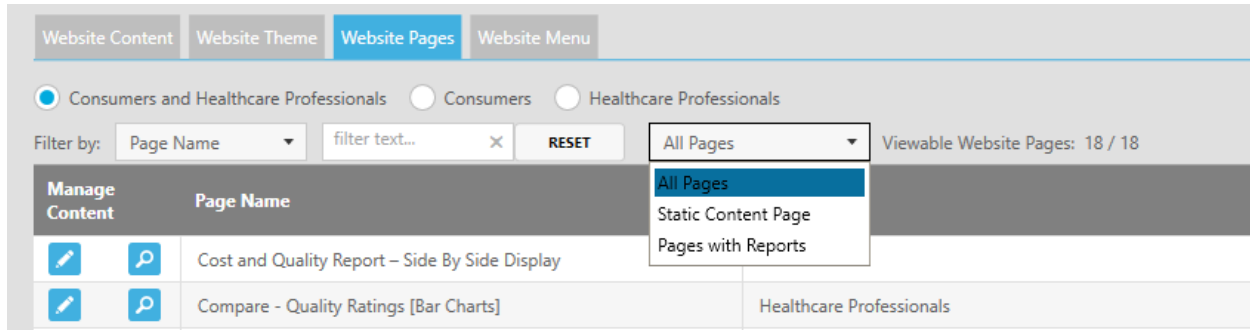
8.5.3.1 Filtering Pages

There are three features that allow you to filter the list of pages that display on the “Website Pages” tab:

- **Filter by Audience Type:** Allows you to filter the list of pages by the audience type so that you can manage the content for your consumer website separately from your professional website, if selected.

- Filter by Page Name: Allows you to enter a keyword or phrase in the search input box containing your “filter by” criteria. The pages list will filter the pages to match your search criteria.
- Filter by Page Type: Allows you to sort the list of pages by the following types: All Pages, Static Content Page, Pages with Reports ([Screenshot 85](#)).

Screenshot 85: Website Pages Filter By Detail



8.5.3.2 Updating Website Page Content

To launch the Edit Website Content Page for a specific website page, click on the “Edit” icon that displays in the “Manage Content” column next to the desired website page name ([Screenshot 86](#)).

Screenshot 86: Edit Content Button and Undo Button Detail

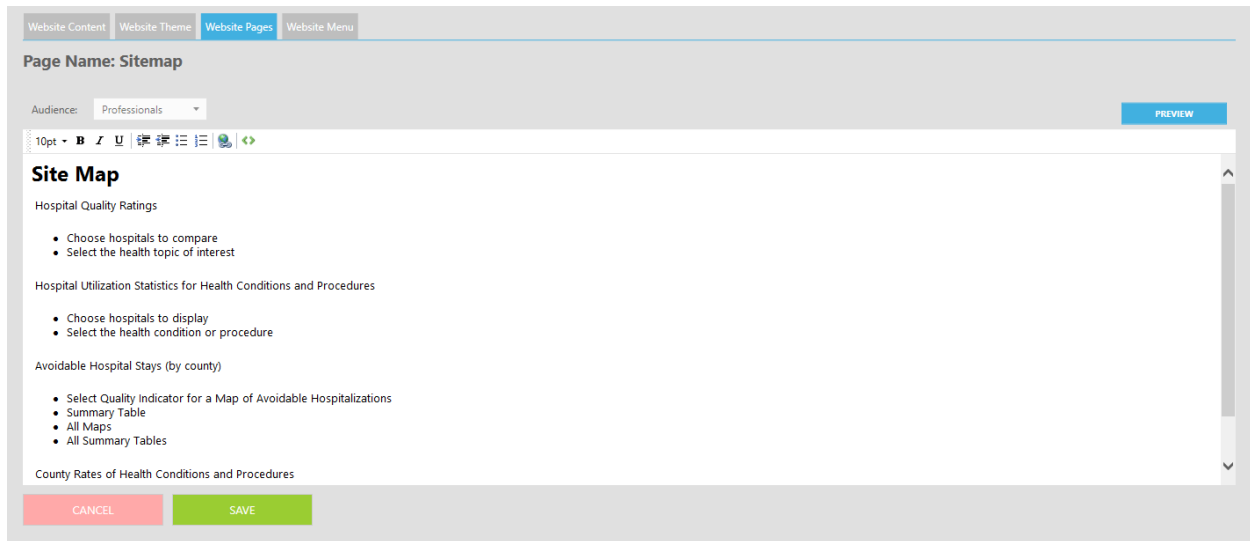


8.5.3.3 Editing Pages with Static Content

Once the Edit Website Content Page is loaded, you can make changes to the content in a rich-text editor ([Screenshot 87](#)). The font properties and formatting of the content can be customized using the toolbar that displays above the static page content. Additionally, if you click on the “Code Mode” button, you can view and make changes to the HTML source code for the static page content.

Once you have updated your desired content, you can preview your changes by clicking on the “Preview” button. This will launch a popup window that enables you to view your changes before completing the website generation process.

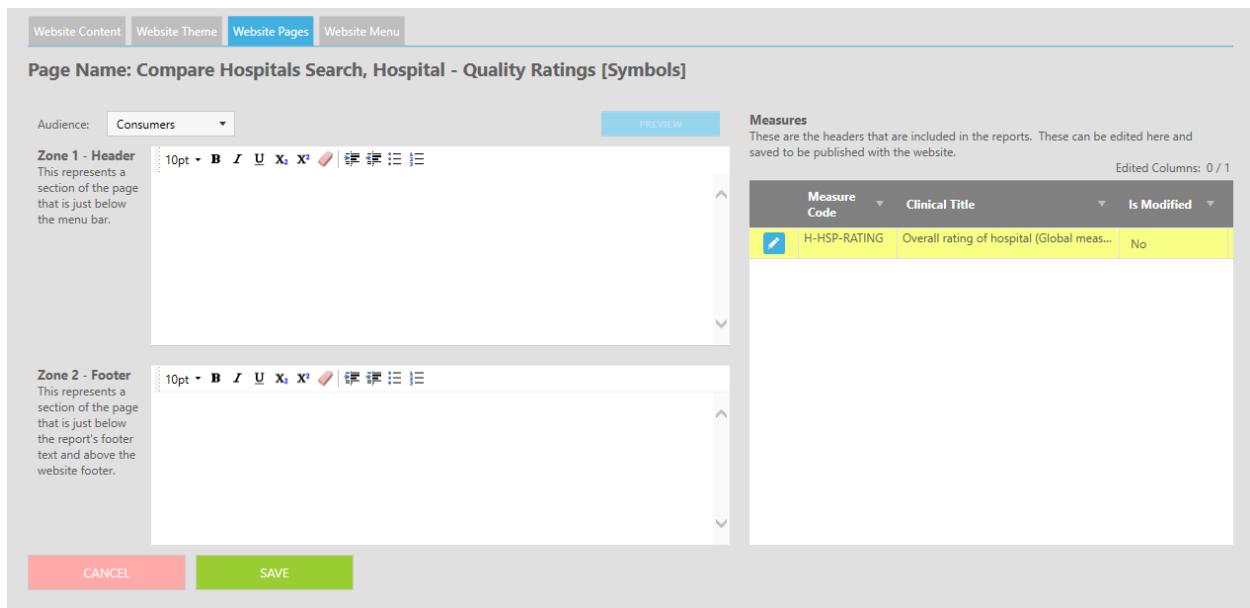
Screenshot 87: Edit Static Content Page Screen



8.5.3.4 Editing Content for Pages with Reports

The Edit Report Page screen ([Screenshot 88](#)) allows you to edit content within two sections of your selected page.

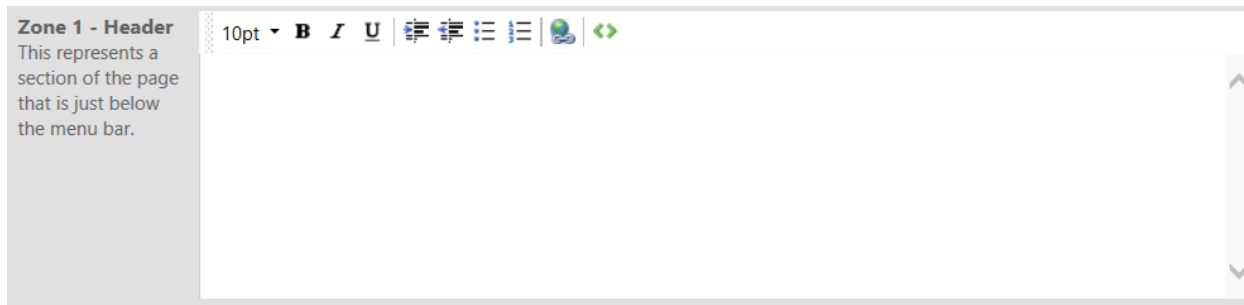
Screenshot 88: Edit Report Page Screen



You can manage the following two sections on the pages that display reports on your generated website:

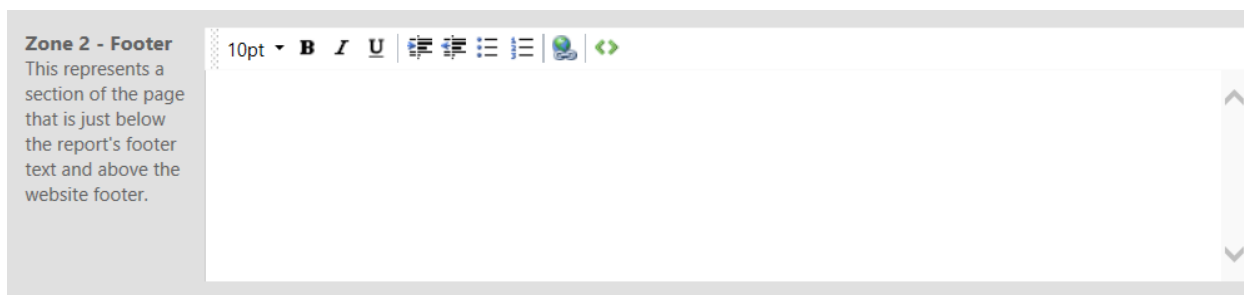
Header: This section displays just below the top menu bar on your generated website ([Screenshot 89](#)).

Screenshot 89: Report Page Header Detail



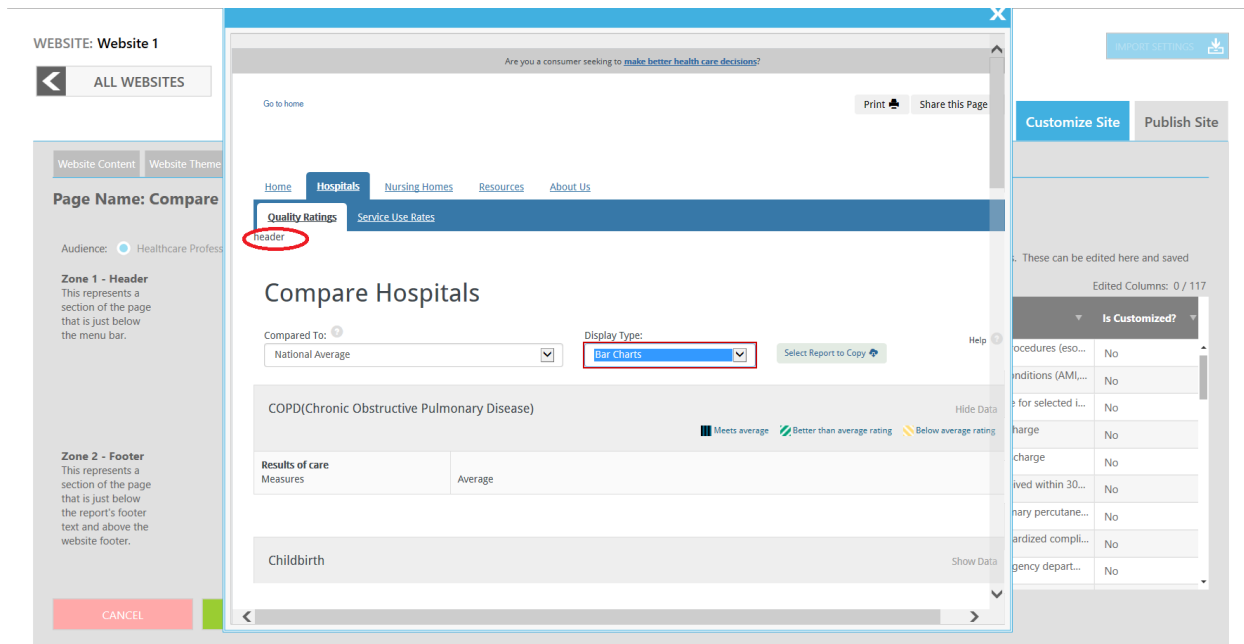
Footer: This section displays just below the report’s footer text and above the website footer on your generated website ([Screenshot 90](#)).

Screenshot 90: Report Page Footer Detail



Additionally, the report headers that are stored as measures can be edited from the “Edit Report Page” screen ([Screenshot 91](#)). The list of measures ([Screenshot 92](#)) that displays is dependent on the measures you selected on the “Modify Measures” tab during the website generation process.




Screenshot 91: Edit Report Page Preview



Screenshot 92: Edit Measure aAction Icon

Measures
These are the headers that are included in the reports. These can be edited here and saved to be published with the website.

Edited Columns: 0 / 103

Measure Code	Clinical Title	Is Customized?
 IQI 90	Mortality for selected procedures (eso...	No
 IQI 91	Mortality for selected conditions (AMI,...	No
 PSI 90	Patient safety composite for selected i...	No

Clicking on the “Edit” icon for a measure displayed in the “Measures” list ([Screenshot 92](#)) will launch the “Edit Measure Name and Description” screen ([Screenshot 93](#)).

Measure descriptions can be edited in the “Plain Language (Professional)” and “Plain Language (Consumer)” free-text boxes. These text boxes are used to store the description for each measure and allow you to enter a health care professional description as well as a consumer-friendly description of the measure. The measure description that will be displayed on your generated website is based on the audience you selected during the website generation process.

Screenshot 93: Edit Measure Name and Description Screen

Name and Description

NAME: The survey asked patients to rate the hospital on a scale of 0 to 10
CODE: H-HSP-RATING
ALTERNATE MEASURE NAMES

HEALTHCARE PROFESSIONAL MEASURE DESCRIPTION

The survey asked patients to rate the hospital on a scale of 0 to 10 (a 10 is the best score). This rating is the number of patients who rated the hospital a 9 or 10.

CONSUMER MEASURE DESCRIPTION

The survey asked patients to rate the hospital on a scale of 0 to 10 (a 10 is the best score). This rating is the number of patients who rated the hospital a 9 or 10.

Plain Language (Professional): How do patients rate the hospital overall?

Plain Language (Consumer): How do patients rate the hospital overall?

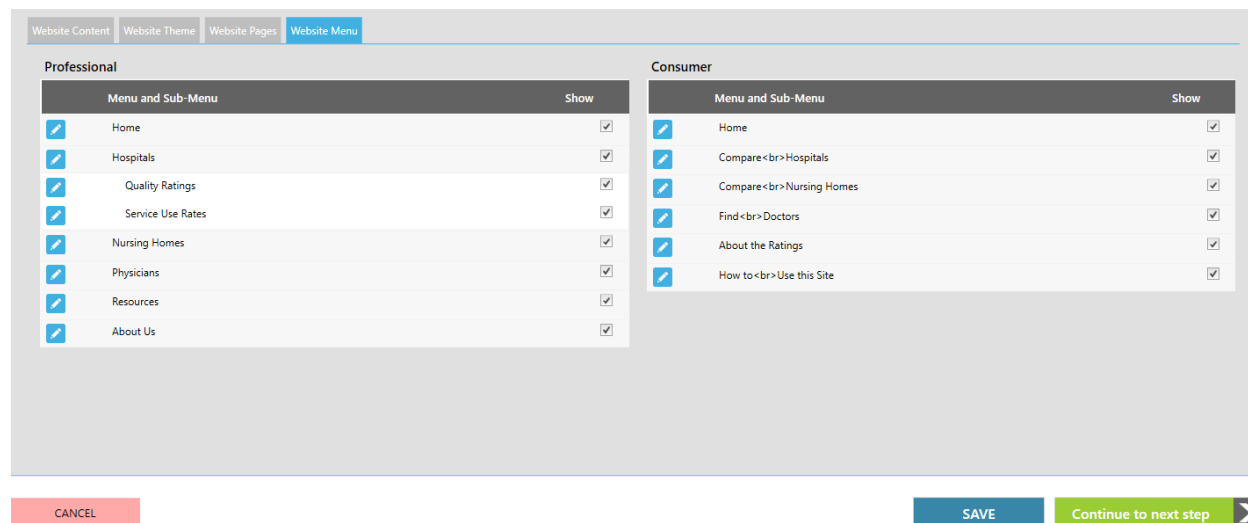
Overall rating of hospital (Global measure)

8.5.4 Customizing Your Website—Website Menu Tab

The Website Menu Tab ([Screenshot 94](#)) allows you to update the text of the menu items that display on your generated website. The website menu list that displays is dependent on the reports you selected on the “Select Reports” tab during the website generation process. For example, if you did not select the

Physician Listing Report or Physician Profile Report, the Physicians menu page (for health care professionals) or the Find Doctors menu page (for consumers) will not display on the Website Menu tab.

Screenshot 94: Website Menu Tab

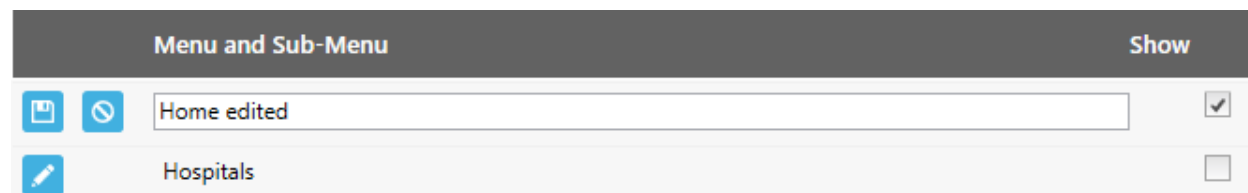


To enable edit mode so that you can customize the text for a menu page, click on the “Edit” icon that displays next to the desired menu selection ([Screenshot 94](#)). Once you have modified the text for your selected menu, the “Edit” icon will change to a “Save” icon. Clicking on the “Save” icon will save the changes you have made to the menu. Clicking on the “Cancel” icon will return you to the read only view of your menu item list.

Additionally, you can choose to include or exclude certain menu items from your generated website. By default, all available menu items will display on your generated website unless you choose to hide them. To hide a menu item, uncheck the “Show” checkbox next to the desired menu item ([Screenshot 95](#))’

It is important to note that the saved changes will not be saved to your generated website until you click the blue “Save” button that displays on the Website Menu tab ([Screenshot 95](#)).

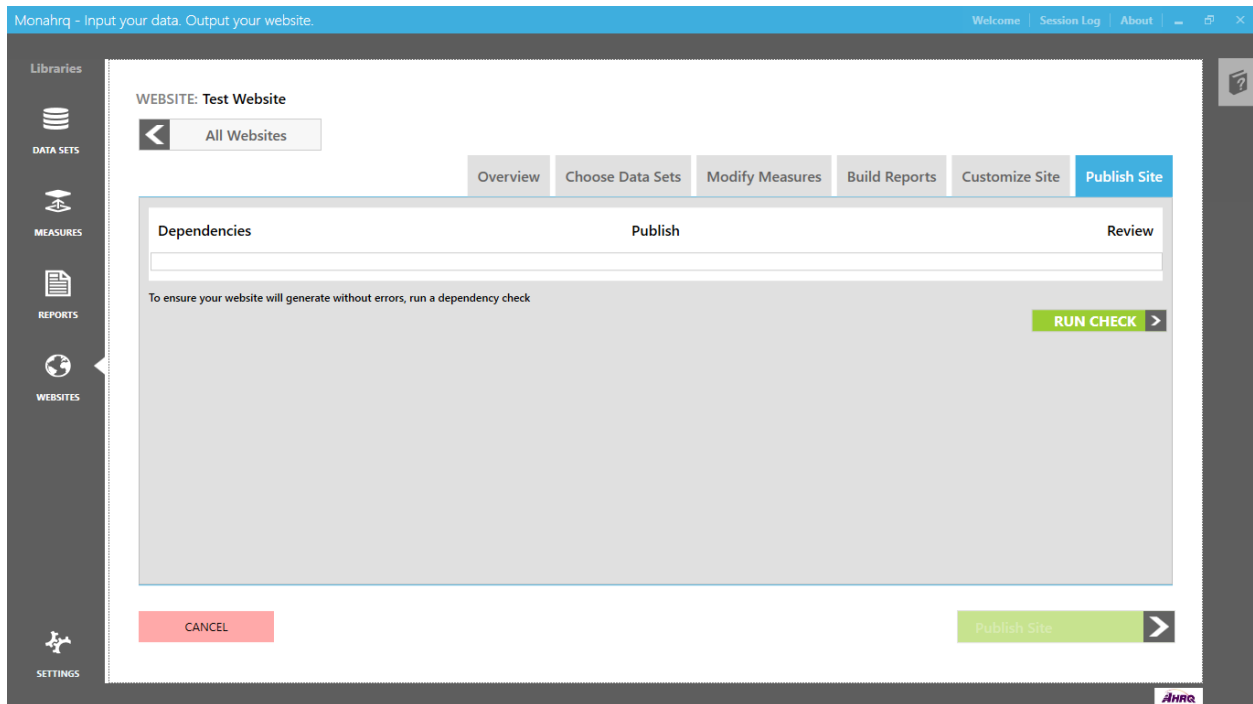
Screenshot 95: Website Menu Edit Mode Detail



8.6 Publishing Your Website

Once you are finished customizing and configuring your website content and color theme you can complete the website generation process through the “Publish Site” wizard ([Screenshot 96](#)). During this process, you will complete three steps, which include running a dependency check, publishing your site, and reviewing the site.

Screenshot 96: Publish Website Screen



The first step in publishing a new website or regenerating an existing website is the dependency check. Dependency checks identify errors or warnings that may affect how your website has been configured. At this point in the process, the progress bar will be highlighted green. To begin the dependency check, click on the “Run Check” button.

A Dependency Check Results Log will be displayed, identifying any errors and notifying Host Users of any warnings that were detected, as shown in [Screenshot 97](#). Warnings are shown with a yellow icon that includes an “!” Errors are shown with a red icon that includes an “X”. The “Publish Site” button will be disabled until all “Error” items are resolved. A full list of errors and warnings can be found in [Appendix N](#). After you have resolved all of the errors, click on the “Re-Run Check” button to run the dependency check again.

Screenshot 97: Dependency Check and Log Detail Screen

WEBSITE: Website 1

ALL WEBSITES

Overview Choose Data Sets Modify Measures Select Reports Customize Site Publish Site

Dependencies Publish Review

Website Publishing Options

- iFrame Version (Lets you generate a website without the header and footer to easily embed the generated pages in your existing website)
- Compress & Optimize Utilization Reports

To ensure your website will generate without errors, run a dependency check **RE-RUN CHECK**

Error	Fix
<p>⚠ No text for the About Us is provided. The generated website will show it as blank.</p>	Click here for more information
<p>To generate Utilization and cost savings reports, Cost-to-Charge-Ratios must be defined for all hospitals or else the cost data will not be included in "Cost and Quality Report - Side By Side Display, Hospital Profile Report, County Rates Detail Report, County Rates Report, County Rates Trending Report, Inpatient Hospital Discharge Utilization Report, Inpatient Hospital Discharge Utilization Trending Report, Inpatient Utilization Detail Report, IP Utilization detailed Report (stratified report) - Trending Report, Region Rates Detail Report, Region Rates Report, Region Rates Trending Report, Utilization Rates by County, Detail Report (Population) - Trending Report, Utilization Rates by Region, Detail Report (Population) - Trending Report, ED Utilization Detailed Report, Emergency Department Treat-and-Release (ED) Utilization Report,</p>	Click here for more information
<p>⚠ Avoidable Stays Maps, Avoidable Stays Maps by County Profile Report, Avoidable Stays Maps by County Report, Generic Infographic Templates for Topics, Hospital Comparison Report - Bar Chart, Hospital Comparison Report - Icons, Hospital Comparison Report - Icons and Confidence Intervals, Hospitals Quality Ratings - Bar Chart, Hospitals Quality Ratings - Detail Tabular View, Hospitals Quality Ratings - Icons, Hospitals Quality Ratings - Icons with Rates and Confidence Intervals, Infographics Report - Surgical Safety, Find nursing home with overall and domain level summary ratings report, Nursing home comparison report (up to five nursing homes) with individual measure scores by domains, Nursing Home Infographic Report, Nursing home profile report with summary and individual measure score by domain, Hospitals listings based on the search from the home page".</p>	Click here for more information
<p>⚠ You have selected "Hospital Profile Report" report that requires you to map all local hospital IDs with the appropriate CMS Provider IDs. If you leave it unmapped, Medicare Provider Charge data will not appear in</p>	Click here for more information

CANCEL Publish Site

Once all errors identified in the dependency check log have been resolved, the “Publish Site” button will be enabled. The progress bar will reflect that the dependency step is complete and you are now in the “Publish” stage, as shown in [Screenshot 98](#).

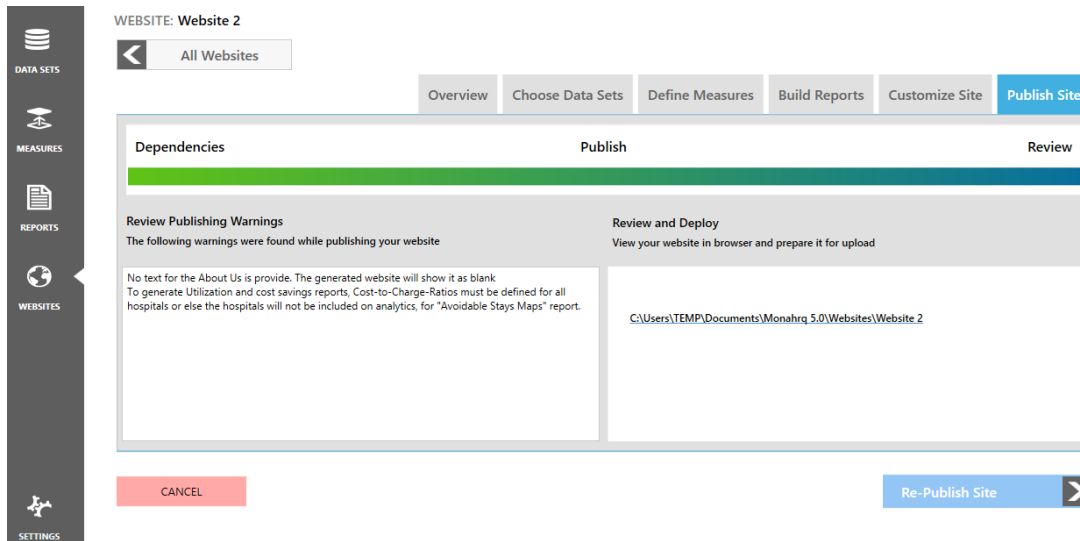
Screenshot 98: Dependency Check Progress Bar Detail

You can now move on to publishing your website. This process will write your website files to the output folder you selected earlier in the “Website Content” section of the Customize Site screen. If the output folder already contains existing content, the software will display a warning message. If you choose to continue to publish your site in the output folder, all existing content files will be overwritten.

8.7 Publish Site Screen

The final step in the process for publishing your website involves reviewing any publishing errors and then reviewing the website you published ([Screenshot 99](#)). The progress bar in the Publish Site screen indicates that you are in the final step in the process. The Publish Site screen is divided into two sections: “Review Publishing Warnings” and “Review and Deploy.”

Screenshot 99: Review Published Site Screen



MONAHRQ generates a list of unresolved warnings for your review. They are displayed in the “Review Publishing Warnings” section. You must resolve all identified errors prior to publishing your website. However, resolving warnings is not mandatory; depending on the nature of the warnings, you may or may not choose to resolve them. MONAHRQ will generate warning messages related to library- and website-level updates.

The “Review and Deploy” section of the Publish Site screen allows you to preview your website in a browser prior to publishing it. A link will be displayed in the “Review and Deploy” section with the path to your current website folder. If you make any changes to an existing published website, a warning message will appear, notifying you that changes have been made to your data, configurations, or file path since you last published your website.

Your newly created or existing website can be re-published after any dataset, measure, reporting, or site customization changes are made. To re-publish your website and produce a new set of content files in your output folder, click on the “Re-Publish Site” button. A warning message will appear and you will need to confirm whether to re-publish the site. If you decide to re-publish the website and click “Yes,” the dependency check process will be initiated. At this point, the dependency check window will be loaded and you will be required to complete the three steps in the “Publish Site” process, as discussed above.

8.8 Exporting a Website

Your website settings can be exported, saved, and imported later for a different website. The website settings include dataset selection, measure selection and customization, reports selection, and website customization, which includes the logo, banner, fonts, and colors selections. To export a website, navigate to the Websites Library and click on the “Export Settings” button ([Screenshot 100](#)). This will launch a “Save As” window with the default location to be saved set as Documents > MONAHRQ [version] > Websites Exports folder. The naming convention for the file will be: “[WebsiteName]_Settings_[Date].txt.”

Screenshot 100: Exporting a Website

Monahq - Input your data. Output your website. (Administrator) Welcome Session Log About Help

Libraries

- DATA SETS
- MEASURES
- REPORTS

Current Websites

Sort by:

[Create a New Website](#)

Website 1 Complete Activity Log

Target Audience: Consumers, Healthcare Professionals Reported Period: 2012

[DELETE](#) [EXPORT SETTINGS](#) [MANAGE](#)

Activity Log

Measures selected and/or updated	05/19/16 @ 11:16 PM
Website reports added and/or m...	05/19/16 @ 11:24 PM
Settings have been saved and/or u...	05/19/16 @ 11:34 PM
Website reports added and/or m...	05/19/16 @ 11:34 PM

CHAPTER 9. MONAHRQ® SETTINGS

9.1 Database Manager Settings

To change the database manager settings in MONAHRQ®, access the “Database Connection” input screen ([Screenshot 101](#)) by clicking on the “Settings” button on the Global Libraries panel. Within this input screen, enter valid database information to complete the connection setup process and launch the application. If valid database information is not entered, the MONAHRQ application will not launch. Once your database connection inputs are saved, the fields on the screen will be prepopulated when accessing the “Database Connection” screen in the future.

If the database connection has already been established, the “Process Log” text area will show the recent database creation logs. If no database has been created, the section on the right side of the screen will be blank. This section will also display the process log in real time when you create your database.

Screenshot 101: Database Connection Screen

Monahrq - Input your data. Output your website. Welcome | Session Log | About | Help

Libraries

DATA SETS

MEASURES

REPORTS

WEBSITES

SETTINGS

Monahrq
Version
6.0.19974

Database Connection | Other Connections | Manage Wings & Flutters

Database Connection

TEST | CREATE OR OVERWRITE | SWITCH

Please provide your Database Connection details. Doing so will allow you to either create a new SQL server database or connect to an existing database.

If your database requires a special setup, a database administrator must create an empty database to your specifications. To create or overwrite a database, please enter the name of the database and click the “CREATE” button.

Server Name (example: .\SQLEXPRESS) Authentication Type:

\SQLEXPRESS2008 SQL Server Integrated security

Database Name (example: MONAHRQ_5C)

MONAHRQ60

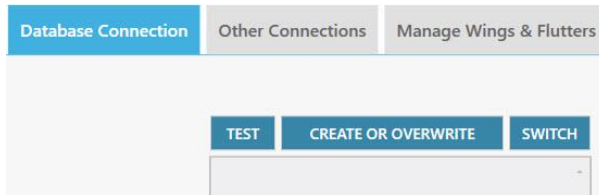
CLOSE

The “Server Name” field captures the name of the server to which you are connecting the application. If connecting to a network server, input \\[Server Name]. This is a required field and you will receive a validation message if the field is blank.

The “Database Name” field captures the name of the database being created or updated. Again, this is a required field and you will receive a validation message if the field is blank.

Next, select one of the two “Authentication Type” radio button options: “SQL Server” or “Integrated Security” ([Screenshot 101](#)). If “SQL Server” is selected, the “User Name” and “Password” input boxes will be enabled and these credentials must be established. If “Integrated Security” is selected, you will not be required to create a user name and password and these fields will remain disabled.

Screenshot 102: Test, Create or Overwrite, and Switch Function Button Details



Once the required information has been entered into the text input boxes shown in [Screenshot 102](#), the next step is to test the database connection. This will confirm that the SQL Server instance name, the name of your database, and the authentication type is valid and there is a connection between MONAHRQ and the database. To execute this test, click on the “Test” button ([Screenshot 102](#)). If the connection fails, an error message will be displayed, identifying what input needs to be corrected.

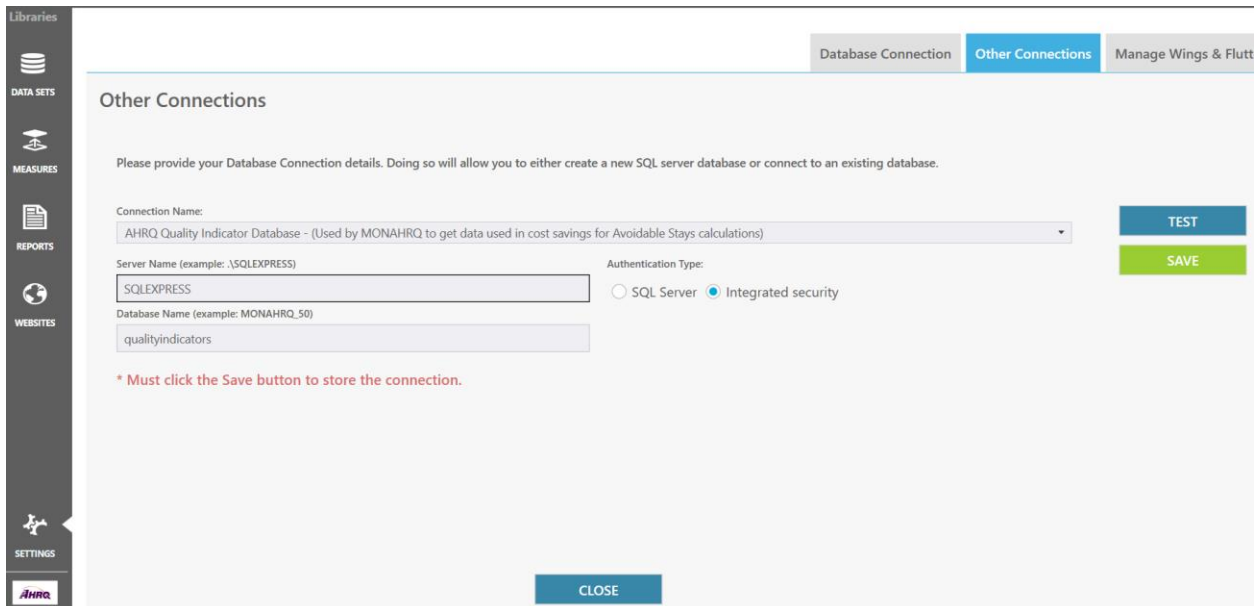
When creating a new database, MONAHRQ validates whether there is an existing database with the same name. To execute this step, click on the “Create or Overwrite” button ([Screenshot 102](#)). If a database with the same name is identified, you will receive a message prompting you to either click on “OK” to overwrite the existing database or to click on “Cancel” and not overwrite the database.

If all required conditions are met, you will receive a message notifying you that the database can be created. Clicking on the “Yes” button will initiate the database creation process. Once the database creation process is completed, click “Done” to save the input information to the database.

You can switch to an existing database, which will connect MONAHRQ to that database. To switch to an existing database, click on the “Switch” button.

To establish a connection to the AHRQ QI database, click on the “Other Connections” tab to launch the database connection screen ([Screenshot 103](#)). Input the appropriate information in the required server and database name fields and then save and close the screen to establish the connection.

Screenshot 103: Other Connections



9.2 Wings & Flutters

The Wings and Flutters framework allows you to add one or more new dataset types, define measures and report types, and customize report layouts in your MONAHRQ-generated websites. The framework is divided into two main components: Wings and Flutters. A Wing is a MONAHRQ-compatible data structure template to be used when integrating new datasets. A Flutter is the mechanism for defining and customizing reports for your new dataset within the MONAHRQ-generated website. You can install (add) new Wings and Flutters by going to “Settings > Manage Wings and Flutters” screen. This function assumes that developers have already developed the Wings and Flutters files outside of MONAHRQ using framework information that is available at <https://github.com/AHRQ/MONAHRQ-Framework>. The section below explains the functionality of wings and flutters in more detail.

9.2.1 Manage Wings

The Manage Wings & Flutters Screen ([Screenshot 104](#)) allows you to install (add) your open source Wing to MONAHRQ. Once added, it will appear in the Datasets Library for you to import your input file.

Step 1: Click on the “Wings” subtab.

Step 2: Click on the “Install New Wing” button. This opens a popup screen.

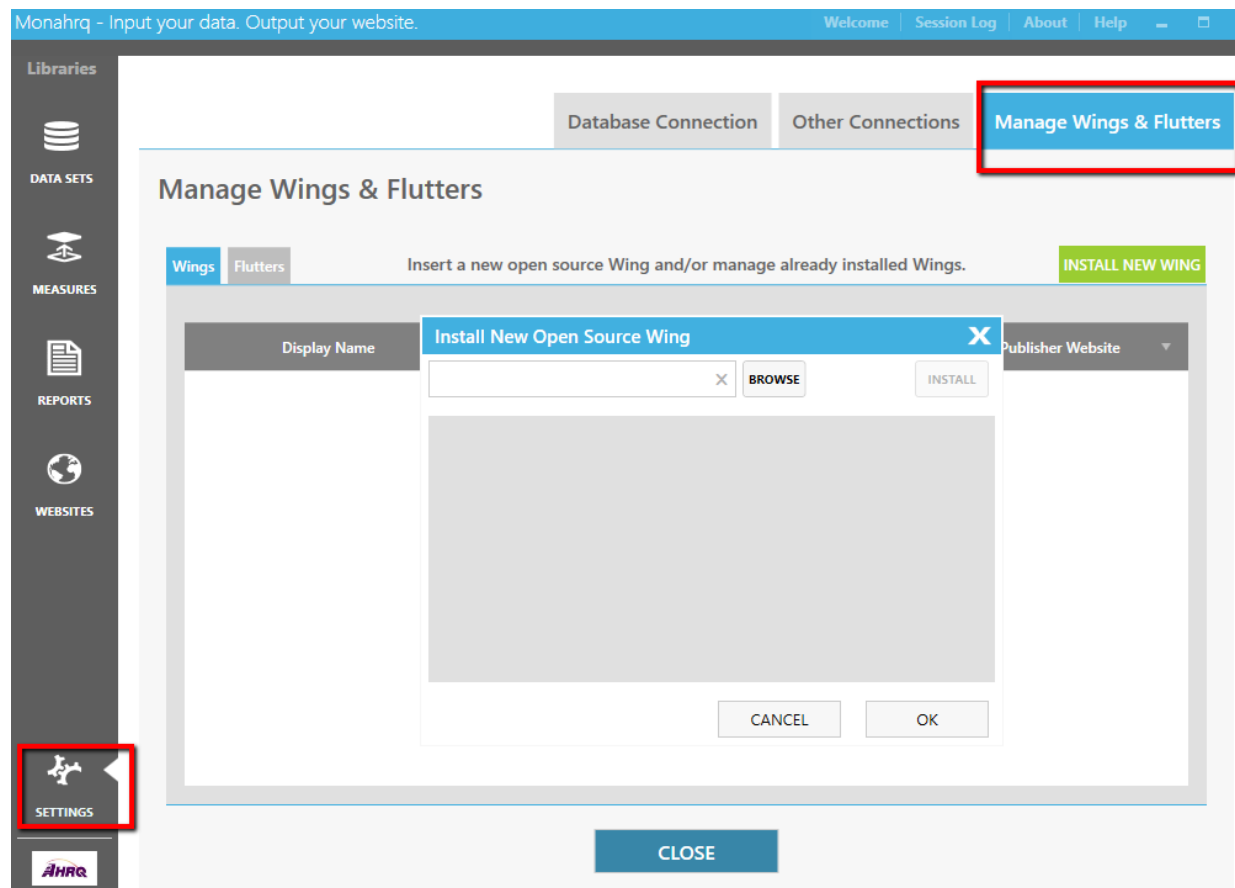
Step 3: On the popup screen, click on the “Browse” button to select the Wing file. The file can be either in “.XML” or “.ZIP” format only.

Step 4: Click on the “Install” button. This will start the upload process and show the process log. Once completed, the “Installation Successful” message will be displayed. Click on “Ok” to close the popup screen.

Step 5: Your new Wing will be added and listed in the Open Source Wing Library screen.

Step 6: To uninstall a Wing, click on one of the installed Wings and then click on the “Uninstall” button. You will be asked for confirmation before uninstalling. Once uninstalled, the Wing will be removed from the Open Source Wing Library as well as the Datasets Library. Along with the Wing in the Dataset Library, associated measures and reports will also be removed from their respective libraries.

Screenshot 104: Manage Wings & Flutters: Wings Tab



9.2.2 Manage Flutters

The Manage Flutters screen ([Screenshot 105](#)) allows you to install (add) your open source Flutter to MONAHRQ.

Step 1: Click on the “Flutters” subtab.

Step 2: Click on the “Install New Flutter” button. This will open a popup screen.

Step 3: On the popup screen, click on the “Browse” button to select the Flutter file. The file must be in “.ZIP” format.

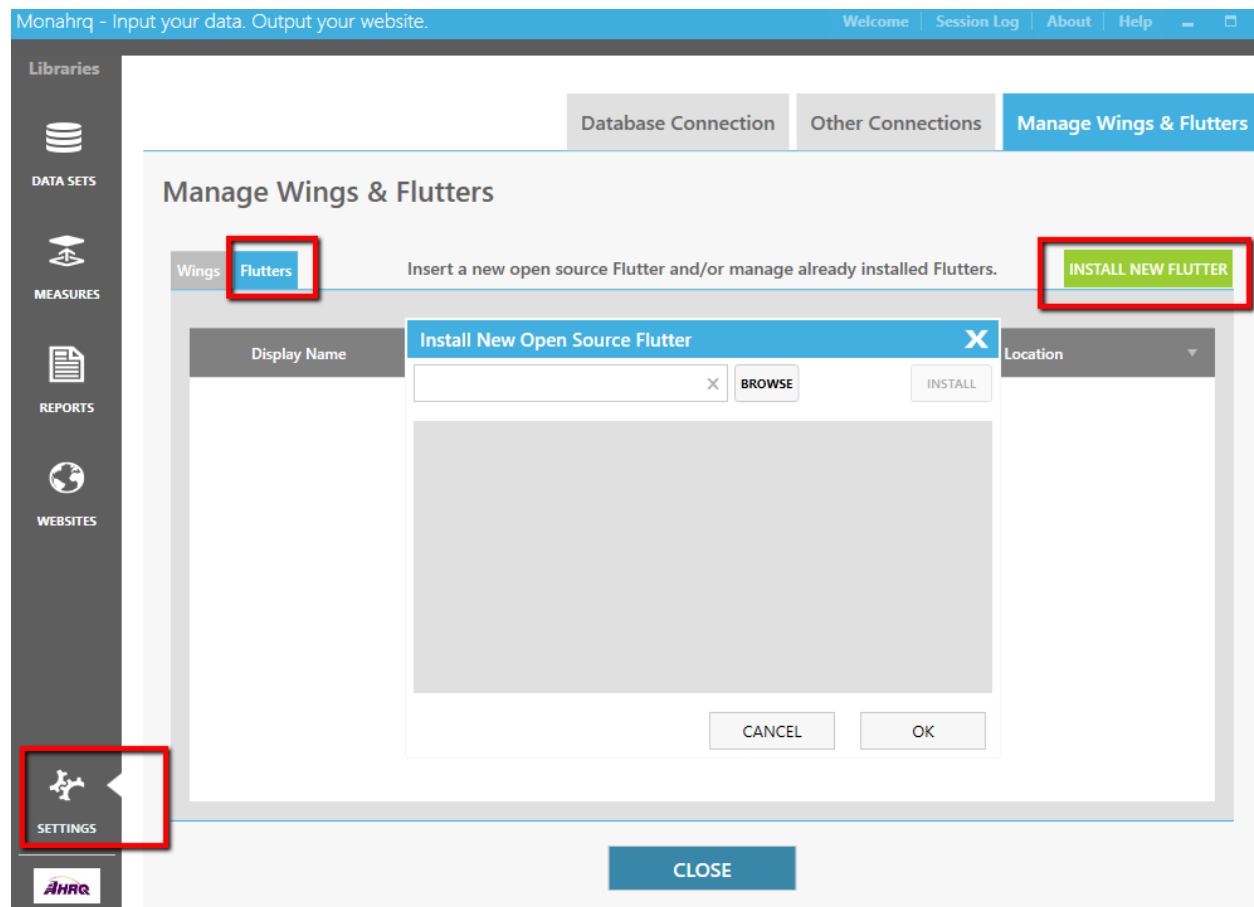
Step 4: Click on the “Install” button. This will start the upload process and show the process log. Once completed, the “Installation Successful” message will be displayed. Click on “Ok” to close the popup screen.

Step 5: Your new Flutter is now added and listed in the Open Source Wing Library screen.

Step 6: To uninstall a Flutter, click on one of the installed Flutters and click on the “Uninstall” button. You will be asked for confirmation before uninstalling. Once uninstalled, the Flutter will be removed from the Open Source Flutter Library.

This is one of the methods to install Flutters in MONAHRQ. Another option is to upload a Flutter to an existing MONAHRQ-generated website under a predesignated folder. Further documentation is available at <https://github.com/AHRQ/MONAHRQ-Framework>. If the Flutter is installed in MONAHRQ prior to producing the website, the new reports will be included in the generated website.

Screenshot 105: Manage Wings & Flutters: Flutters Tab



9.3 Database Creation Process Log

Within the Database Connection screen, you can access the database creation log, which provides information for each base data file, including the number of rows loaded and processing times.

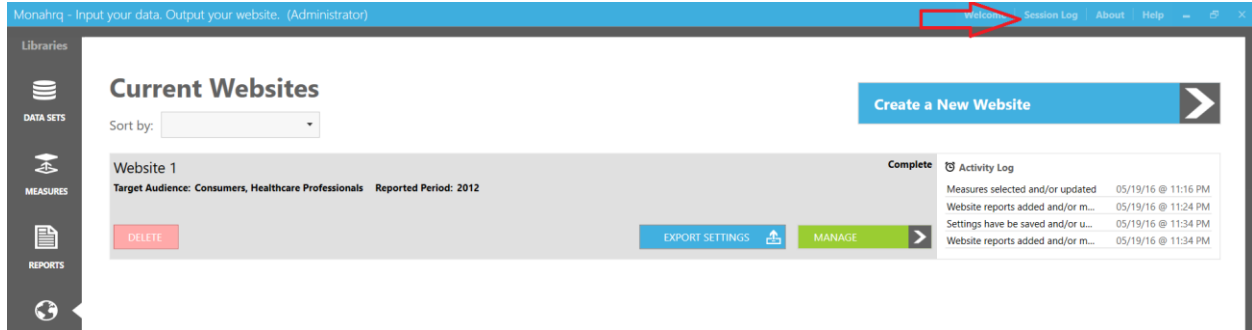
9.4 Session Logs

In order to troubleshoot technical issues effectively, you can review session logs that capture errors related to general operations and publishing. These errors will display in red text within the session log. The individual session logs can be stored by date on your machine in the Documents folder or in another repository within your organization. The session log can be accessed by clicking on the “Session Log” menu item on the top right corner from within MONAHRQ ([Screenshot 106](#)) and can be located at *C:\Users\[logged in User Name]\Documents\MONAHRQ\Logs*. The Session Log menu does not maintain a history of logs, however it is recommended that you maintain a ten (10) day history of your session logs in your local directory. MONAHRQ manages the size of the session log by deleting any session log that is older than two days from the current date and bigger than 10 MB. The following session logs are generated by MONAHRQ:

- Operating system and version
- Total hard drive space and free space available
- Database server name and version
- Name of the database used with MONAHRQ application

- Environment, such as permission or network related issues
- Website and website publishing

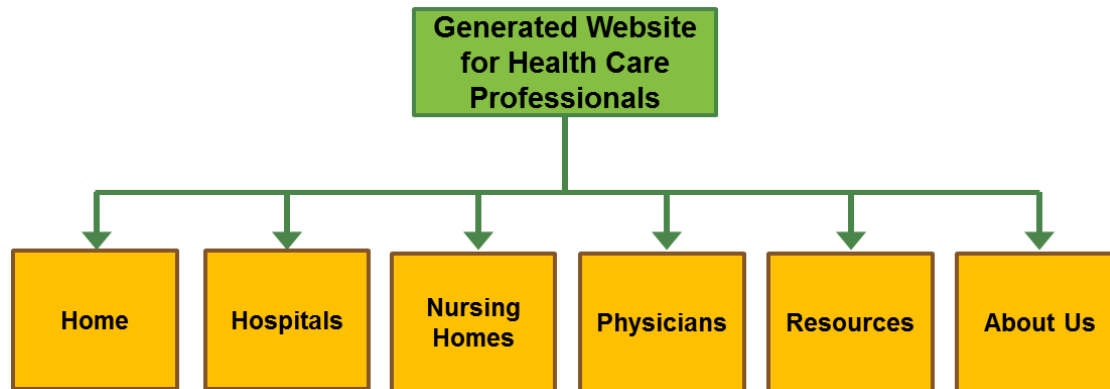
Screenshot 106: Session Log



CHAPTER 10. WEBSITE ORGANIZATION

All MONAHRQ®-generated websites share a similar structure regardless of the targeted website audience. End Users can view high-level information on quality and health measures and select reporting paths to generate their desired reports on the home page. Your generated websites can vary based on the data, measure, report, and website attributes selected during the website creation and publishing processes. The general structure of the generated websites for the health care professional audience is shown in [Figure 2](#). For more information on the structure of the generated consumer website refer to [Chapter 12](#).

Figure 2: MONAHRQ-Generated Website Site Map for Health Care Professionals



The first page End Users will see when accessing a MONAHRQ-generated website is the home page ([Screenshot 107](#)). In addition to searching for hospitals, health conditions, or topics, End Users can learn what quality is and why it is important and navigate to additional pages of the website.

Screenshot 107: MONAHRQ-Generated (Professional Audience) Website Home Page

Health Data Organization
* FABRICATED DATA

Print | Share this Page

Home | Hospitals | Nursing Homes | Physicians | Resources | About Us

Get Started

This website provides information on the quality of all the hospitals and nursing homes in the state. It also provides basic information on all the physicians. You can limit what you look at by narrowing your search to the things that mean the most to you:

- Hospitals**
browse by location
Browse hospitals by location
- Nursing Homes**
compare by condition or topic
Compare hospital ratings for your particular needs.
- Physicians**
browse by location
Find physicians by location

BROWSE | COMPARE | BROWSE | BROWSE

The generated website will reflect the settings, theme, font styles, image, and text content selected on the Customize Site screen in MONAHRQ before publishing your site. The website theme, color selections, and fonts are used consistently across all pages of the generated website.

The home page layout contains four main areas: (1) a navigation menu to access reporting paths; (2) a feature to browse and search hospitals, nursing homes, and physicians; (3) a section with links to educational content and a new infographics report; and (4) a section to display content related to health measures, quality, or a topic supporting your objectives.

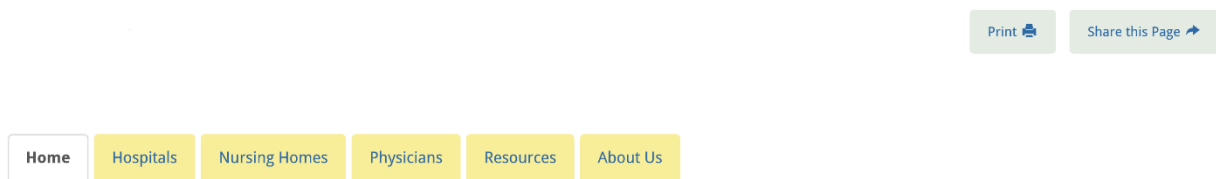
10.1 Website Header and Footer Sections

As a part of the website theme, the header and footer sections will be the same on all pages of the website and will reflect the configurations and content added when completing the “Customize Site” step of the website generation process in MONAHRQ.

10.1.1 Website Header

The header contains a logo and the navigation menu tabs, which are Home, Hospitals, Nursing Homes, Resources, and About Us. The End User can use these tabs to view reports or learn more about your organization or topics related to quality and measures.

Screenshot 108: MONAHRQ-Generated Website Header



The top right corner of the home page includes “Share this page” and “Feedback” buttons ([Screenshot 108](#)). When an End User clicks on the “Share this Page” button, the End User’s email program will open, allowing them to easily send a link to the content they were viewing on a given page. The email recipient will receive a direct link to the specific content the sender was viewing.

The “Feedback” feature allows End Users to submit feedback to the website’s hosting organization. When an End User clicks on the “Feedback” button, a dropdown menu with various feedback topics will appear. These topics reflect the selections you made on the Customize Site screen in MONAHRQ when completing the website generation process. Upon selecting a feedback topic from the dropdown menu and clicking on “Continue,” the End User’s default email application will be launched. The subject line of the email will be the feedback topic selected from the dropdown menu. After an email is drafted, it can be sent to the appropriate contact configured on the Customize Site screen in MONAHRQ. If an End User does not have a default email application on his or her computer, he or she can send feedback directly to the Host User’s organization. It is recommended that Host Users include contact information in the “About Us” section to allow End Users to contact their organization.

10.1.2 Website Footer

The footer is a global feature that appears at the bottom of all website pages and includes the MONAHRQ logo, an “About AHRQ” section, an “About Us” section with a brief description of your organization, and a site map ([Screenshot 109](#)). The site map provides End Users with another means of navigating to the primary web pages by clicking on the provided links. Although the content for “About AHRQ” will be static, the “About Us” content will be specific to your organization and will reflect the text entered on the “Customize Site” screen in MONAHRQ.

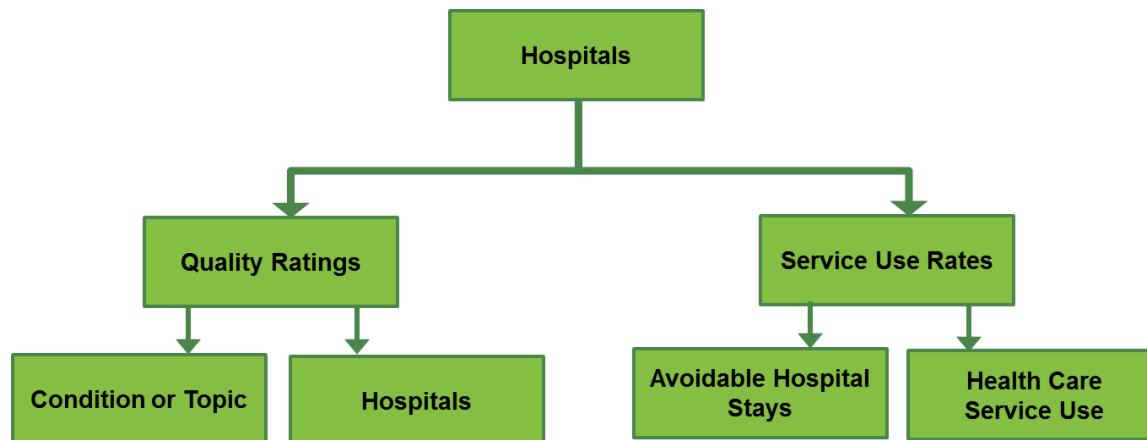
Screenshot 109: MONAHRQ-Generated Website Footer



10.2 Hospital Quality Ratings

From the Hospital > Quality Ratings tab in the primary navigation menu, End Users are directed to the Quality Ratings landing page (Figure 3, Screenshot 110). From here End Users can search for hospitals, read about what hospital quality ratings are, or choose a health condition or topic to view hospital quality ratings.

Figure 3: MONAHRQ-Generated Website Hospital Quality Reporting Site Map



Screenshot 110: MONAHRQ-Generated Website Hospital Quality Ratings Landing Page



Health Data
Organization

Print

Share this Page

Feedback

Home

Hospitals

Nursing Homes

Resources

About Us

Quality Ratings

Service Use Rates

Find Hospitals

that provide high quality care in areas that matter most to you:

Condition or Topic

Choose the health condition or topic that's most important to you, and then compare hospital ratings for your particular needs.

VIEW RATINGS

Hospital

Browse a list of hospitals by location or type and compare them, or find a specific hospital and see how it rates.

VIEW RATINGS

What is Health Care Quality?

Health care quality means that patients, doctors, and health care facilities aim to achieve the best possible results by:

- Doing the right thing (getting you the medicines, tests, and counseling you need)
- Doing it at the right time (when you need them)
- Doing it in the right way (your health care providers using the appropriate test or procedure safely, with no mistakes)

Quality Ratings

Quality ratings are based on data from hospitals about how well they provide care and patient survey results about their experience in the hospital. There are

Health Conditions & Topics:

Quality ratings are organized into topics by health conditions or by different aspects of health care quality, such as patient safety or patient experiences.

Childbirth
Deaths or returns to the hospital
Emergency department (ED)
Heart attack and chest pain
Heart failure
Heart surgeries and procedures

10.2.1 Hospital Condition or Topic Reporting Path

Clicking on the “View Ratings” button under “Condition or Topic” ([Screenshot 110](#)) will direct End Users to the Quality Ratings by Condition or Topic page. End Users can build their report by selecting a topic and subtopic from the dropdown menus or refine the report results by selecting the hospital type and geographic parameters by ZIP Code or region ([Screenshot 111](#)).

Screenshot 111: MONAHRQ-Generated Website Choosing a Topic Landing Page

[Home](#)
[Hospitals](#)
[Nursing Homes](#)
[Resources](#)
[About Us](#)

[Quality Ratings](#)
[Service Use Rates](#)

[Condition or Topic](#)
[Hospital](#)

1 Select Topic **2 Select Sub Topic** **3 Refine Results**

Childbirth Practice patterns Search Type

Childbirth [?]

Practice patterns [?]

Sort by: Hospital Name
 Compared To: [?] National Average
 Display Type: Symbols

Select hospitals to compare	Hospital Name	Percentage of births (deliveries) that are C-sections	How often there are no complications for mothers who gave birth vaginally when the mother has had a C-section in the past	Percent of women having their first time C-section	How often babies are born vaginally when the mother has had a C-section in the past
<input type="checkbox"/>	Facility 1	Better than average	Below average	Better than average	Below average
<input type="checkbox"/>	Facility 10	Better than average	Better than average	Better than average	Better than average

Selecting Topics and Subtopics will display a set of quality rating results comparing hospitals within a defined geographic location and comparing hospital type by defined topic ([Screenshot 112](#)).

Screenshot 112: MONAHRQ-Generated Website Choosing a Hospital Topic Landing Page: Filter Detail

1 Select Topic

Childbirth ▼

2 Select Sub Topic

Practice patterns ▼

3 Refine Results

Search Type ▼

Childbirth ?

Practice patterns ?

Sort by: Hospital Name Compared To: National Average Display Type: Symbols Help ?

[Select Report to Copy](#)

Select hospitals to compare	Hospital Name	Percentage of births (deliveries) that are C-sections	How often there are no complications for mothers who gave birth vaginally when the mother has had a C-section in the past	Percent of women having their first time C-section	How often babies are born vaginally when the mother has had a C-section in the past
<input type="checkbox"/>	Facility 1	▲ Better than average	▼ Below average	▲ Better than average	▼ Below average
<input type="checkbox"/>	Facility 10	▲ Better than average	▲ Better than average	▲ Better than average	▲ Better than average

On the right side of the screen, an End User can review patient experience results and all other quality ratings available for the hospital. By clicking on a health condition or topic, the End User will be directed to a report page displaying quality rating symbols for the hospital. There are four quality rating score types: (1) The hospital scored better than average; (2) The hospital scored average; (3) The hospital scored below average; and (4) The hospital did not have enough data to report. The quality rating scores are defined below:

- **Better than average**—This quality rating score category uses a green upright triangle symbol to indicate that the hospital scored better than average. The symbols will automatically update if the default in the compare dropdown menu is changed from the statewide average to the national average.
- **Average**—This quality rating score category uses a blue circle symbol to indicate that a hospital scored average. The symbols will automatically update if the default in the compare dropdown menu is changed from the statewide average to the national average.
- **Below average**—This quality rating score category uses a yellow downright triangle symbol to indicate that a hospital scored below average. The symbols will automatically update if the default in the compare dropdown menu is changed from the statewide average to the national average.
- **Not enough data to report**—This quality rating score category uses a text symbol to indicate that a hospital did not have enough information to report. The symbols will automatically update if the default in the compare dropdown menu is changed from the statewide average to the national average.

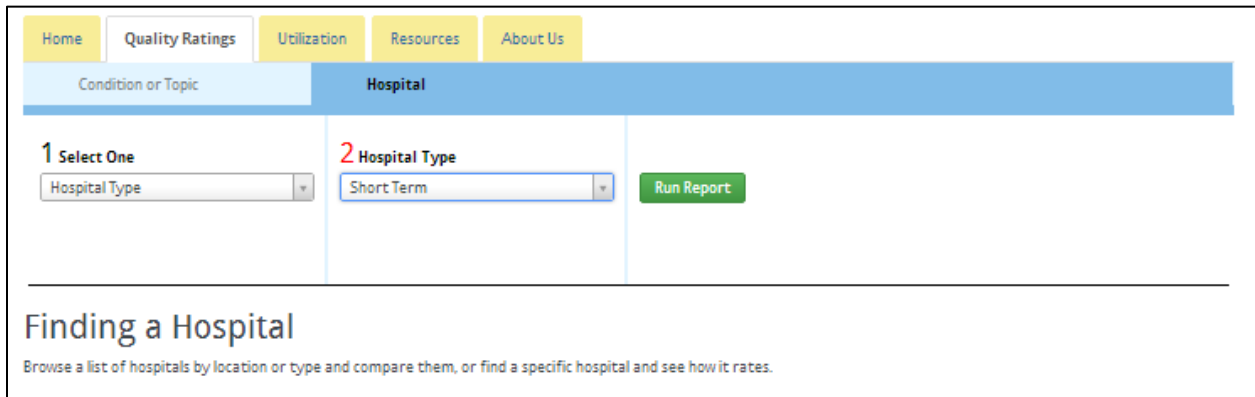
From the Hospital Quality Ratings page, the End User can select a specific hospital to review by selecting the institution name in the “Find a Specific Hospital” dropdown menu or clicking on the name of the institution. Selecting a specific hospital will display the Hospital Profile page, as described in [Section 10.2.2.2](#).

The End User can also generate a report containing a side-by-side comparison of hospitals by condition type by clicking on the checkboxes for the hospitals listed in the report.

10.2.2 Hospital Reporting Path

Similar to the Condition or Topic reporting path, the End User can choose a different path to search hospitals based on criteria, including the hospital type and geographic location, using a ZIP Code and region filter ([Screenshot 113](#)).

Screenshot 113: MONAHRQ-Generated Website Finding a Hospital Landing Page: Filter Detail



Home Quality Ratings Utilization Resources About Us

Condition or Topic Hospital

1 Select One
Hospital Type

2 Hospital Type
Short Term

Run Report

Finding a Hospital

Browse a list of hospitals by location or type and compare them, or find a specific hospital and see how it rates.

The quality ratings report can be further refined by choosing a health topic. After selecting the search and reporting criteria, clicking on the “Search” button will create a hospital profile page.

10.2.2.1 Hospital Quality Reports Views

Within the report results table, the End User can sort the report by hospital name, patient ratings, and measure type ([Screenshot 114](#)).

Screenshot 114: MONAHRQ-Generated Website Hospital Quality Ratings Results Detail

Emergency department (ED) [?]

Throughput [?]

Sort by: Compared To: Display Type:

Select hospitals to compare	Hospital Name	How long patients spent in the emergency department before leaving for their hospital room	How long patients spent in the emergency department after the doctor decided the patient would stay in the hospital before leaving for their hospital room	How long patients spent in the emergency department before being sent home	How long patients spent in the emergency department before they were seen by a healthcare professional	How long patients who came to the emergency department with broken bones had to wait before receiving pain medication	Patients who left the emergency department without being seen
<input type="checkbox"/>	Facility 1	BELOW AVERAGE	BELOW AVERAGE	BELOW AVERAGE	BELOW AVERAGE	BELOW AVERAGE	AVERAGE
<input type="checkbox"/>	Facility 10	AVERAGE	BELOW AVERAGE	BELOW AVERAGE	BELOW AVERAGE	BELOW AVERAGE	AVERAGE
<input type="checkbox"/>	Facility 11	BELOW AVERAGE	AVERAGE	BELOW AVERAGE	BELOW AVERAGE	AVERAGE	BELOW AVERAGE

The “Hospital Name” column identifies all of the hospitals found within the ZIP Code or region filter applied. The “How patients rate this hospital overall” column is a composite measure to indicate which hospital performed the best. The “Measures” columns list the names of measures available from the selected condition or topic and within a subtopic. An End User may click on the measure name, which will open a popup window, and then define the measure and detail the methodology.

The End User can choose to view the quality ratings in the form of a bar chart or in raw data format ([Screenshot 115](#)). If the End User selects another data display, the legend text will automatically refresh to reflect the type of data display selected.

Screenshot 115: MONAHRQ-Generated Website Hospital Quality Ratings Raw Data Results Detail

Select hospitals to compare	Hospital Name	Numerator	Denominator	Observed Rate	Observed Lower-bound CI	Observed Upper-bound CI	Expected Rate	Risk-Adjusted Rate	Risk-Adjusted Lower-bound CI	Risk-Adjusted Upper-bound CI
<input type="checkbox"/>	Hospital Name	9	1,415	8.5	2.6	13.3	10.6	6.6	2.6	10.7
<input type="checkbox"/>	Hospital Name	9	1,415	8.5	2.6	13.3	10.6	6.6	2.6	10.7
<input type="checkbox"/>	Hospital Name	9	1,415	8.5	2.6	13.3	10.6	6.6	2.6	10.7

The “raw data” report contains fields of generated results for each hospital, including the numerator and denominator, observed rate, observed lower- and upper-bound confidence interval (CI) values, expected

rate, risk-adjusted rate, and risk-adjusted lower- and upper-bound CI rates for each measure ([Screenshot 115](#)).

The reports can also be refined so that End Users can compare the results for up to five hospitals. End Users can also compare hospital results against statewide and national average levels by selecting the hospital checkbox in the “Compare to” dropdown menu ([Screenshot 116](#)).

Screenshot 116: MONAHRQ-Generated Website Hospital Quality Ratings Hospital Comparison

Compare Hospitals

[Back to previous report](#)

Compared To: Display Type: [Select Report to Copy](#) [Help](#)

COPD(Chronic Obstructive Pulmonary Disease) Hide Data

Results of care Measures	Facility 1	Facility 10	Facility 11	Facility 12	Facility 13
Dying within 30-days after getting care in the hospital for chronic obstructive pulmonary disease (COPD)	AVERAGE	AVERAGE	AVERAGE	AVERAGE	BETTER THAN AVERAGE
Returning to the hospital after getting care for chronic obstructive pulmonary disease (COPD)	AVERAGE	AVERAGE	AVERAGE	AVERAGE	AVERAGE

The Hospital Comparison report will display the selected topic and measure values as compared against all hospitals selected. The End User can also view the quality ratings in the form of bar charts or raw data.

10.2.2.2 Hospital Profile Report

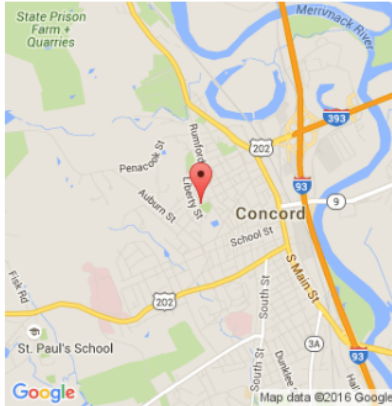
The hospital profile report is available for all hospitals in your datasets. The report contains key attributes for each hospital, including the institution name, address, hospital description, and a location map using Google maps ([Screenshot 117](#)).

Screenshot 117: MONAHRQ-Generated Website Hospital Profile Report

Summary of Hospital Information: Facility 1

Facility 1

1234 Main Street
Any City, NH 03301



Total Beds: 555

Employees: 555

Phone Number: 555-555-5555

Fax Number: 555-555-5555

Hospital Type: General

Provides Emergency Department Services: Yes

Participates in Medicare or Medicaid: Yes

Provides Trauma Center Services: No

Provides Urgent Care Center Services: No

Are pediatric services provided? Yes

Are pediatric ICU services provided? No

Is cardiac catheterization lab service provided? No

[Quality Ratings](#)

[Utilization](#)

[Physicians with Admitting Privileges](#)

Compared To:

In My State Average

Ratings for Health Conditions and Topics

[COPD\(Chronic Obstructive Pulmonary Disease\)](#)

[Childbirth](#)

[Emergency department \(ED\)](#)

[Health Care Cost and Quality](#)

[Heart attack and chest pain](#)

[Heart failure](#)

[Heart surgeries and procedures](#)

[Hip or knee replacement surgery](#)

[Imaging](#)

[Infections acquired in the hospital](#)

[Other surgeries](#)

[Patient safety](#)

[Patient survey results](#)

[Pneumonia](#)

[Prevention of blood clots](#)

[Stroke](#)

[Summary Scores](#)

From the right pane, the End User can view the overall patient experience quality ratings for the hospital and a comprehensive list of ratings for health conditions and topics for the specific hospital under the Quality Ratings tab. A detailed ratings report will be generated when a link for a specific health condition or topic is selected, as shown in [Screenshot 118](#).







Screenshot 118: MONAHRQ Hospital Quality Ratings Hospital Profile Report–Ratings for Health Conditions and Topics

[Quality Ratings](#) [Utilization](#) [Physicians with Admitting Privileges](#)

Compared To:
 In My State Average ▾

Ratings for Health Conditions and Topics

- [COPD\(Chronic Obstructive Pulmonary Disease\) ?](#) ▶
- [Childbirth ?](#) ▶
- [Emergency department \(ED\) ?](#) ▼**

Throughput ?	Rating	Risk-Adjusted Rates
How long patients spent in the emergency department before leaving for their hospital room	 BELOW AVERAGE	312.0
How long patients spent in the emergency department after the doctor decided the patient would stay in the hospital before leaving for their hospital room	 BELOW AVERAGE	147.0
How long patients spent in the emergency department before being sent home	 BELOW AVERAGE	174.0
How long patients spent in the emergency department before they were seen by a healthcare professional	 BELOW AVERAGE	35.0
How long patients who came to the emergency department with broken bones had to wait before receiving pain medication	 BELOW AVERAGE	61.0
Patients who left the emergency department without being seen	 BELOW AVERAGE	2%

- [Health Care Cost and Quality ?](#) ▶
- [Heart attack and chest pain ?](#) ▶

The ratings report lists the measures available for the hospital for all conditions and topic areas. The hospital is scored by measure, using the appropriate Quality Ratings symbol. The risk-adjusted rate appears to the right of the quality rating symbol.

The End User can view the Top 25 Diagnosis Related Group (DRG) discharge rates by clicking on the Service Use Rates tab within the right pane of the Hospital Profile Report ([Screenshot 119](#)). The DRG results are sourced by the Medicare Provider Utilization and Payment dataset by default. [Table 12](#) shows the measures included in the report if you use the Medicare Provider Utilization and Payment dataset.

Table 12: Measures Sourced by Medicare Provider Utilization and Payment Data

Measures	Hospital Rate
Number of Discharges	
Mean Charges in Dollars	
Mean Cost in Dollars	
Mean Total Payments in Dollars	

Screenshot 119: Medicare Charge Data in Hospital Profile Report

Summary of Hospital Information: Facility 11

5 Alumni Drive
Exeter, NH 03833



Quality Ratings

Utilization

Physicians with Admitting Privileges

Medicare Charge Data for the Top 25 Diagnosis Related Groups (DRGs) [?]

[Cardiac arrhythmia & conduction disorders w CC](#)

Measure	Hospital Rates
Number of discharges	50
Mean Charges in dollars	\$14,440
Mean Cost in dollars	\$12,392
Mean Total Payments in dollars	\$5,381

[Cardiac arrhythmia & conduction disorders w MCC](#)

Alternatively, you can choose to use the IP dataset to generate the top 25 DRGs report on the Hospital Profile page ([Screenshot 120](#)). (See [Section 5.1](#) for details on how to use your IP dataset.) By default, the Top 25 DRGs Utilization report in the Hospital Profile page uses the Medicare Provider Utilization and Payment dataset. If you would like to use the IP dataset to generate the top 25 DRGs report on the Hospital Profile page ([Screenshot 120](#), follow the steps below. This will generate the utilization tab with “All Patients” charge and cost data in the Hospital Profile Report Utilization tab. [Table 13](#) shows the measures that will be included in the Top 25 DRGs report if you use the IP dataset.

Step 1: In MONAHRQ, go to the Reports Library.

Step 2: Create a new report template from the Hospital Profile Report.

Step 3: In the Report Attributes tab, select “Cost and Charge Data (All Patients)” and unselect “Cost and Charge Data (Medicare).”

Step 4: During the website creation process, select the new report and unselect the “Hospital Profile Report.”

Step 5: Generate your website.

Table 13: Report Results Sourced by IP Dataset

Measures	Hospital Rate
Number of Discharges	
Mean Charges in Dollars	
Mean Cost in Dollars	
Mean Length of Stay in Days	

Screenshot 120: All Patients Charge Data in Hospital Profile Report

Utilization

Charge Data for the Top 25 Diagnosis Related Groups (DRGs) ²

[Cesarean section w CC/MCC](#)

Measure	Hospital Rates
Number of discharges	1
Mean charges in dollars	\$14,846
Mean costs in dollars	\$0
Mean length of stay in days	1

[Chest pain](#) ▶

[Complicated peptic ulcer w/o CC/MCC](#) ▶

[Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC](#) ▶

[Neonates, died or transferred to another acute care facility](#) ▶

[Normal newborn](#) ▶

[Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC](#) ▶

[Prematurity w/o major problems](#) ▶

[Simple pneumonia & pleurisy w/o CC/MCC](#) ▶

Physicians with Admitting Privileges tab: With the addition of CMS Physician data in MONAHRQ 7, the Hospital Profile Report now includes another tab, “**Physicians with Admitting Privileges**” ([Screenshot 121](#)). This tab will list physician names by specialties.

Screenshot 121: Physicians with Admitting Privileges in Hospital Profile Report

[Quality Ratings](#)

[Utilization](#)

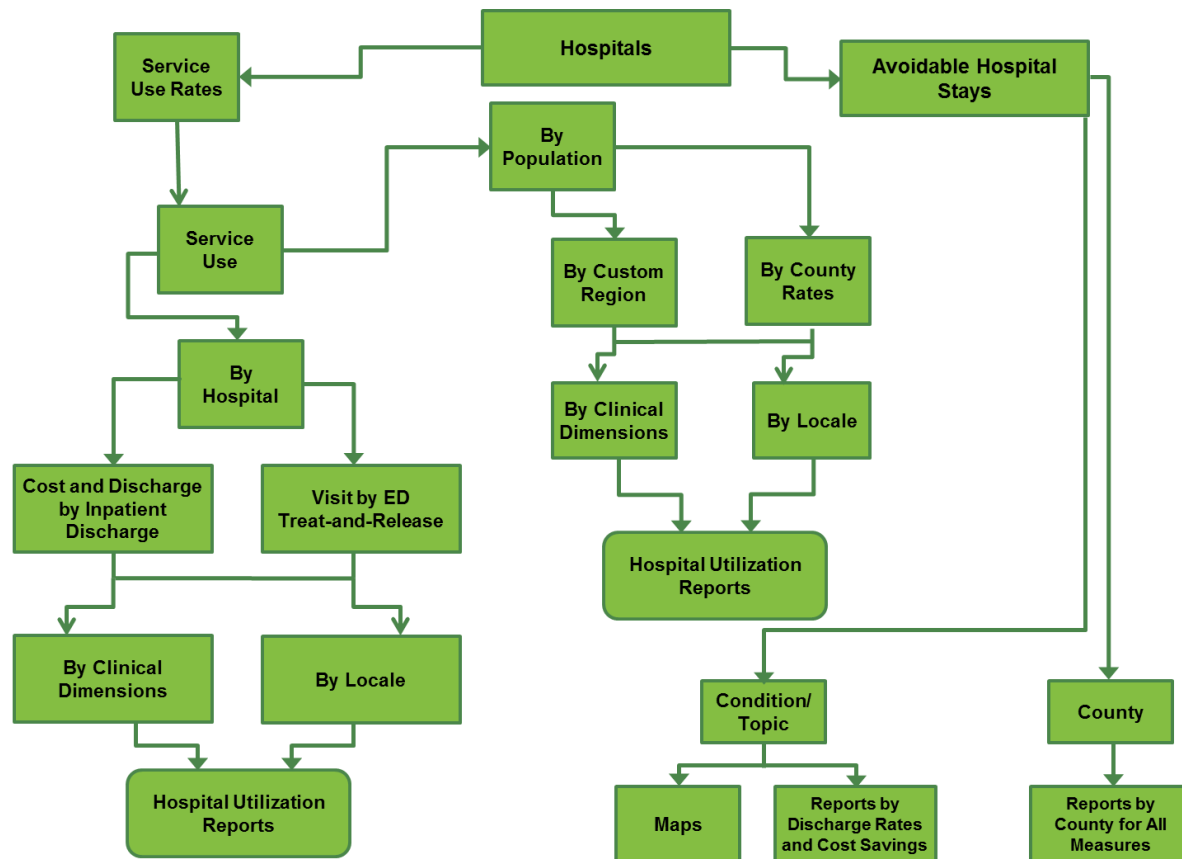
[Physicians with Admitting Privileges](#)

DERMATOLOGY ▼	
Physician	
MAYRA BEAUCHAMP BRUNO	
ANTHONY AVERSA	
PETER SANDS	
STEPHEN DELGIUDICE	
PASCAL FERZLI	
<hr/>	
NEUROLOGY	▶
EMERGENCY MEDICINE	▶
DIAGNOSTIC RADIOLOGY	▶
OBSTETRICS/GYNECOLOGY	▶

10.2.3 **Hospital Service Use Rates**

When an End User clicks on the Hospital > Service Use Rates tab in the primary navigation pane, they will be taken to a landing page where they can learn what usage data are, why usage data are important, and how to use usage data ([Screenshot 122](#)). End Users can also choose to view usage data by searching for information about Avoidable Hospital Stays or Service Use Rates. The Service Use Rates reporting pathways are defined in [Figure 4](#).

Figure 4: MONAHRQ-Generated Website Hospital Service Use Rates Reporting Path



Screenshot 122: MONAHRQ-Generated Website Hospital Usage Data Landing Page

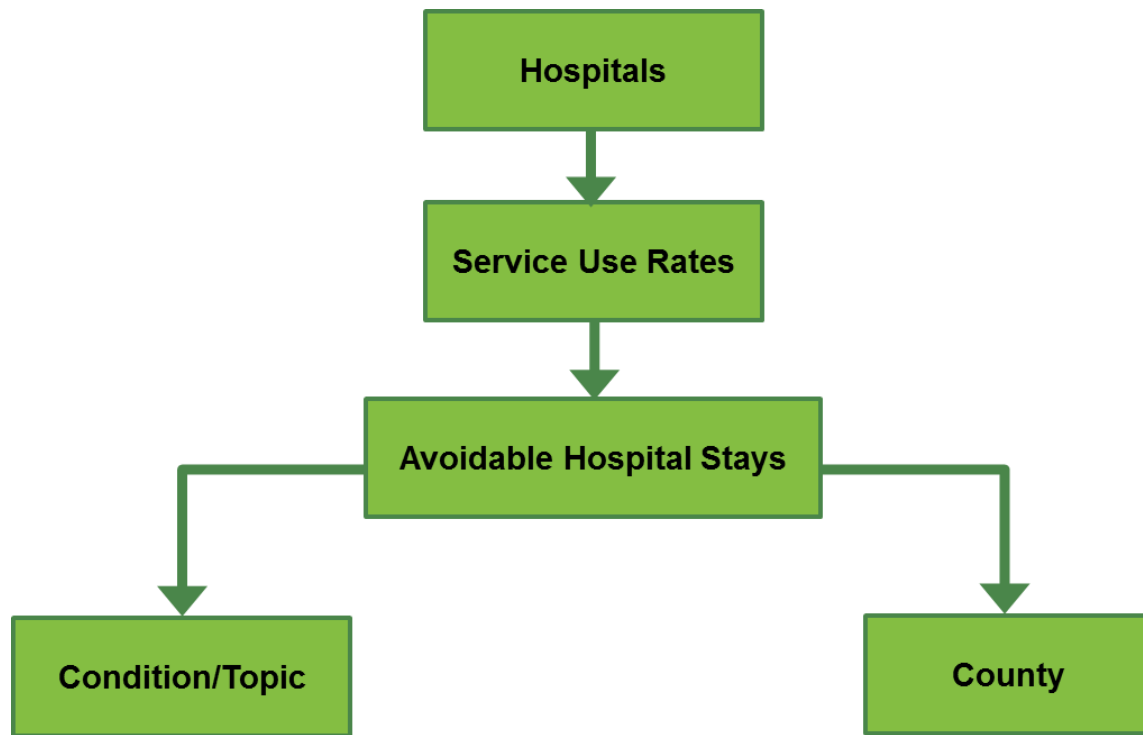


10.2.3.1 Avoidable Hospital Stays Tab

From the Avoidable Hospital Stays landing page, the End User can search by a specific condition/topic or by a specific county or region (Figure 5). If the End User selects the topic option, a dropdown menu allows the End User to review a list of health conditions or topics (Screenshot 123). Once a condition or topic has been selected, the End User must also use the radio buttons to select the measure for which they would

like to view data. After the End User clicks on the “Search” button, the data display will populate with the appropriate results.

Figure 5: Flowchart of MONAHRQ-Generated Website Avoidable Hospital Stays Reporting Path



Screenshot 123: MONAHRQ-Generated Website Avoidable Hospital Stays Landing Page

1 Find By:
 Condition/Topic
 Specific County

2 Choose Condition
 Heart Conditions

3 Choose a measure
 How often patients are admitted to a hospital for problems related to high

Avoidable Hospital Stays

An avoidable hospital stay is one that might have been avoided with better medical care outside of the hospital. For example, a diabetes patient who receives good care from her primary care physician might not need a hospital stay for diabetes complications. Hospital stays like these are not always avoidable, but they are potentially avoidable with good quality health care.

View Rates
View Map

Sort by:

Select Report to Copy

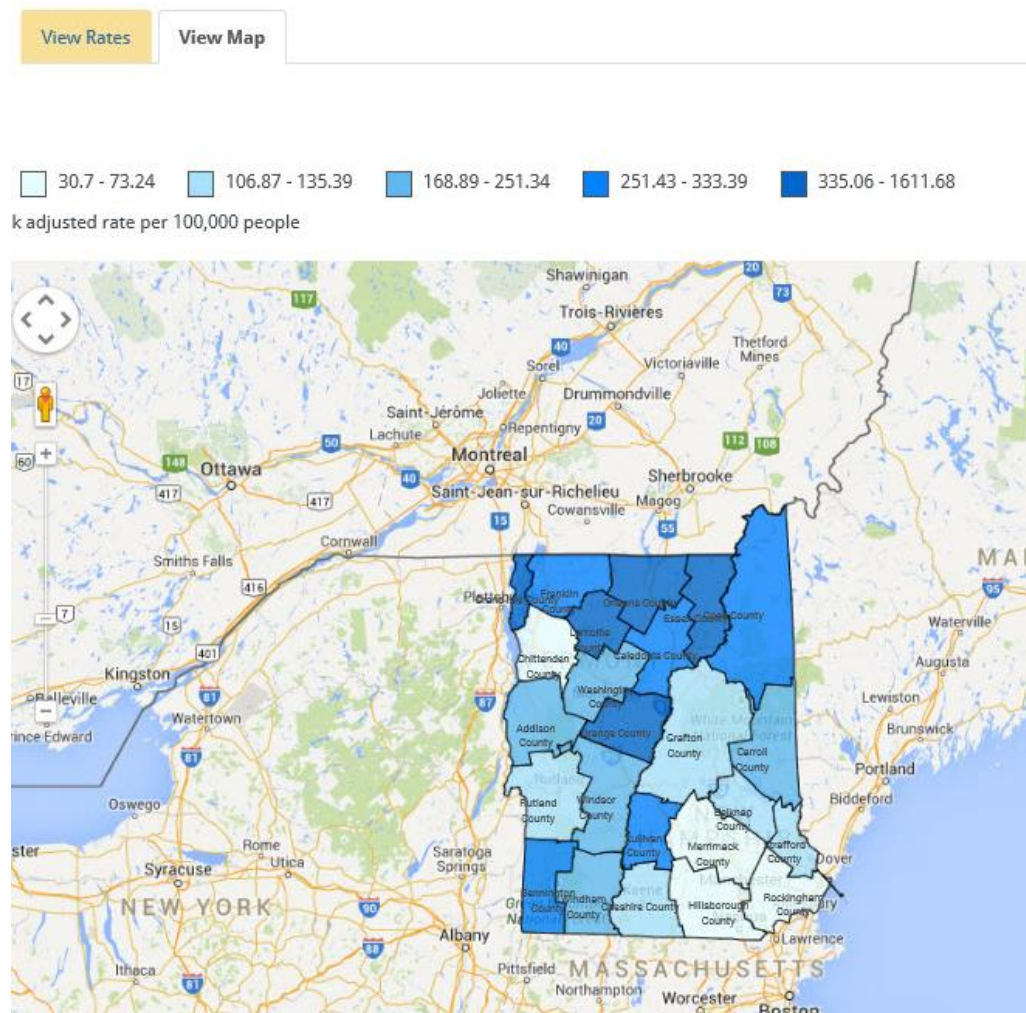
Help

County	Yearly Rates of Hospital Stays				Yearly Cost Savings per Percentage Reduction in Number of Avoidable Stays.					
	Number of Hospital Stays	Number of County Residents	Observed Rate per 100,000 Residents	Risk-Adjusted Rate per 100,000 Residents	10%	20%	30%	40%	50%	Custom Percentage
Addison County	68	28,369	239.70	251.34	\$96,208.78	\$192,417.56	\$288,626.34	\$384,835.12	\$481,043.90	\$
Bellmap County	65	47,704	136.26	126.38	\$98,939.30	\$197,878.59	\$296,817.88	\$395,757.18	\$494,696.48	\$
Bennington County	85	28,851	294.62	261.91	\$117,716.58	\$235,433.17	\$353,149.76	\$470,866.34	\$588,582.92	\$

To search for a specific county, an End User must select a county from the County Name dropdown menu; they may also select the conditions for which they would like to view ratings. If no conditions are selected and an End User clicks the “Search” button, all conditions for the specific county will appear in the data display.

Within the report table, the End User can view the rates for the specified county (i.e., the observed rate and the risk-adjusted rate), as well as the total cost savings on a percentage basis. The report table provides a set of preset calculated percentage values of 10, 20, 30, 40, and 50 percent. The End User can also enter a custom percentage value to calculate the total cost savings ([Screenshot 123](#)).

Screenshot 124: MONAHRQ-Generated Website Avoidable Stays Report Map View

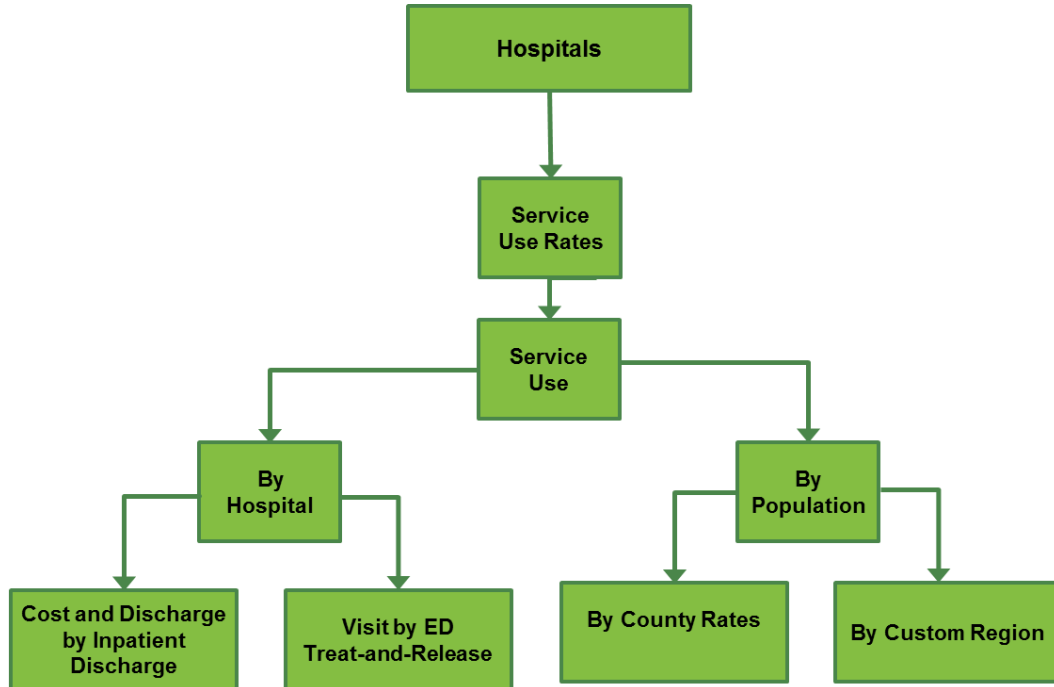


The default Usage Data Report view displays rates and cost savings by county. The End User can view results in a map of the geographic region, where the selected counties are shaded in blue hues. Lighter shades of blue represent lower rates ([Screenshot 124](#)).

10.2.3.2 Service Use Rates Tab

The Service Use reporting path allows the End User to generate reports displaying utilization data on a hospital or population level ([Figure 6](#) and [Screenshot 125](#)).

Figure 6: MONAHRQ-Generated Website Hospital Service Use Reporting Path



Screenshot 125: MONAHRQ-Generated Website Service Use Report

Inpatient Hospital Utilization Data

Hospital utilization means use of hospital services, such as the number and length of hospital stays for different health conditions or procedures.

Narrowing display results by one of the categories listed below will show fewer hospitals. For instance, narrowing by County will show use of hospital services by the county selected.

Clicking 'View Trends' will display changes in data over time for the selected category, such as a utilization measure or hospital.

[View Rates](#)

View All

Narrow by:

Hospital County

Geographic Region

ZIP Code

Hospital Name

Type of Hospital

This report contains both ICD 9 and ICD 10 coded data.

Sort by: View by: [Select Report to Copy](#) [Help](#)

By All Major Diagnostic Category 2015

Hospital	Number of discharges	Mean charges in dollars	Mean costs in dollars	Mean length of stay in days
	View Trends	View Trends	View Trends	View Trends
TOTAL U.S. in 2015	35,575,340	\$47,005		5.225
ALL COMBINED View combined report	97,230	\$360,662	\$111,152	4.771
All Children's Hospital	70	\$1,000	\$0	5
All Children's Hospital Inc	140	\$1,750	\$647	3.5
Anne Bates Leach Eye Hospital	210	\$3,000	\$0	3.333
Atlantic Shores Hospital	280	\$4,750	\$1,852	5.25

To generate a Service Use Report, the End User will follow the multistep process described below to define the specific attributes for the data results.

Step 1: Select the hospital.

Step 2: Select the data type: "Inpatient" or "Emergency Department." If the End User selects "Inpatient" data, utilization rates will be displayed by Inpatient Hospital Discharge data. If the End User selects "Emergency Department" data, utilization rates will be displayed by ED data.

Step 3: Select "Clinical Dimensions" or "Locale." If the End User selects "Clinical Dimensions," Steps 4 and 5 will not appear. Selecting Clinical Dimensions allows the End User to search by all diagnoses or health conditions or topics. For more information about the report generation steps, see [Table 15](#) in [Section 11.5.1](#).

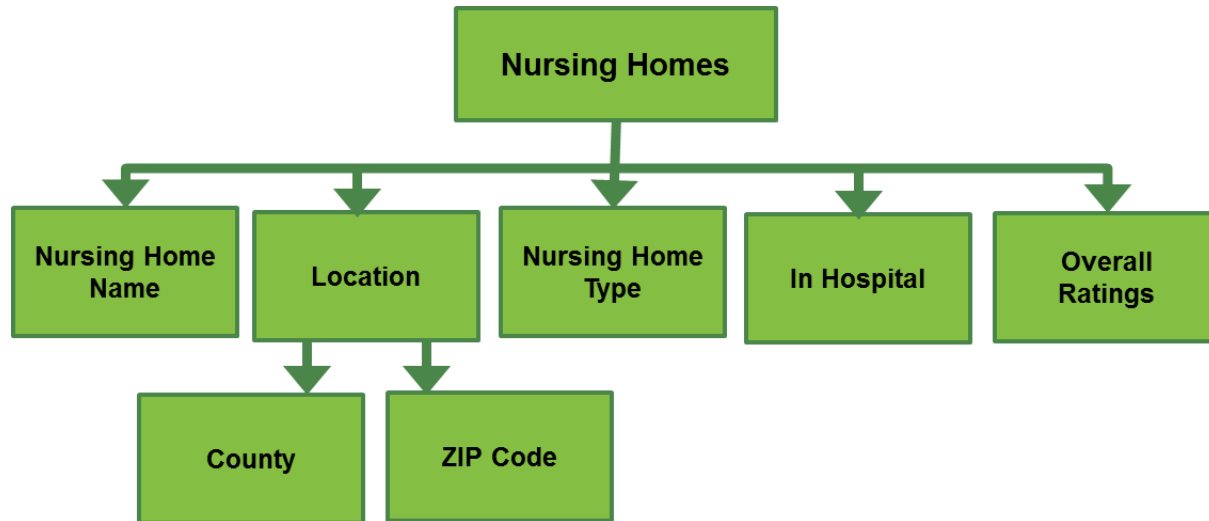
Step 4: Select from Hospital Name, Hospital Type, Region, or County.

For additional information on report dimensions, see [Table 15](#) in [Section 11.5.1](#).

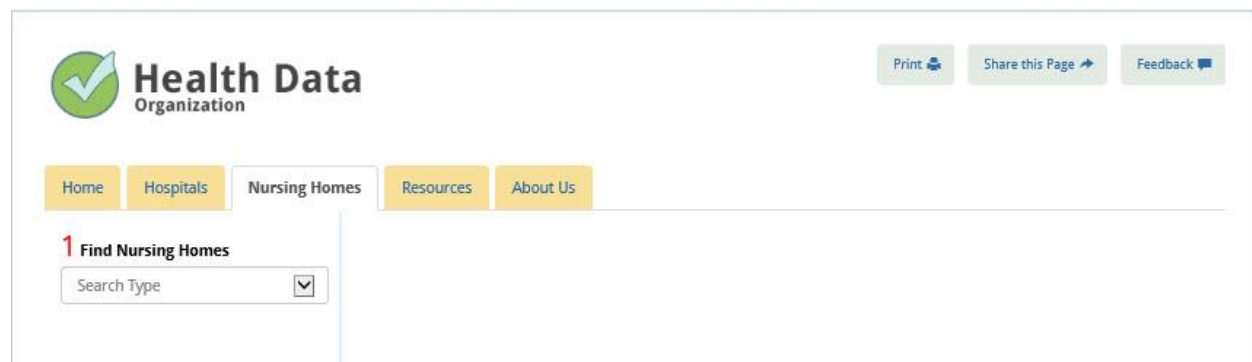
10.2.4 Nursing Home Quality Ratings

From the Nursing Home > Quality Ratings tab in the primary navigation menu, the End User can navigate to the Find Nursing Home page ([Figure 7](#)) where they can search for nursing homes to view overall quality and health inspection ratings and staff locations ([Screenshot 126](#)).

Figure 7: MONAHRQ-Generated Website Nursing Home Quality Reporting Site Map



Screenshot 126: MONAHRQ-Generated Website: Nursing Home Quality Ratings Landing Page

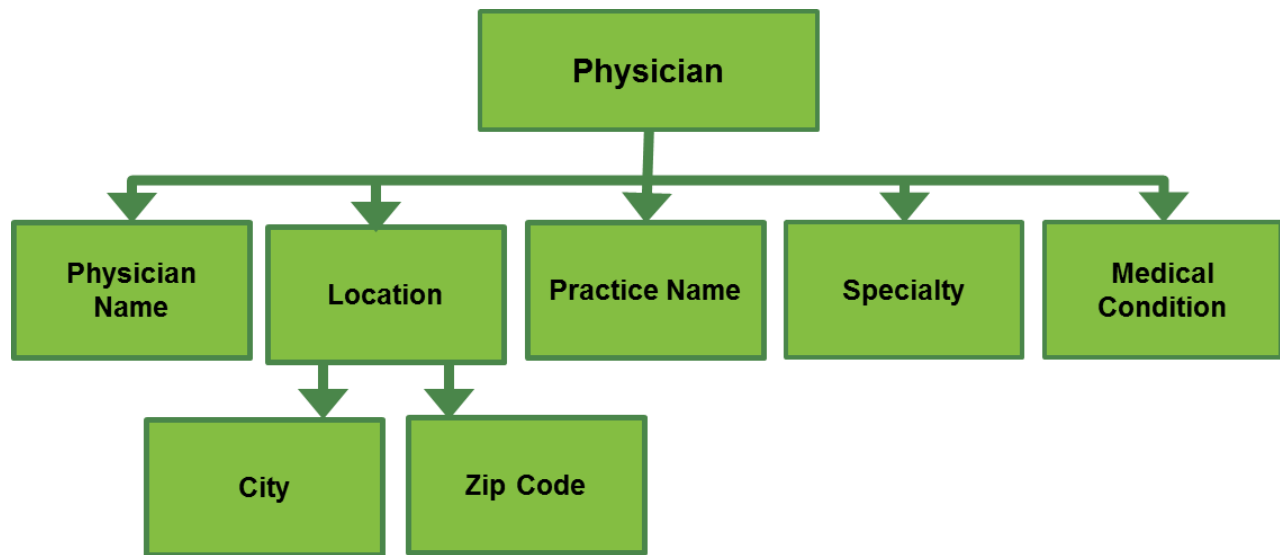


The search results are shown in a list and on a map. The End User can select up to five (5) nursing homes and compare them side by side nationally, by peer group, or at the county level.

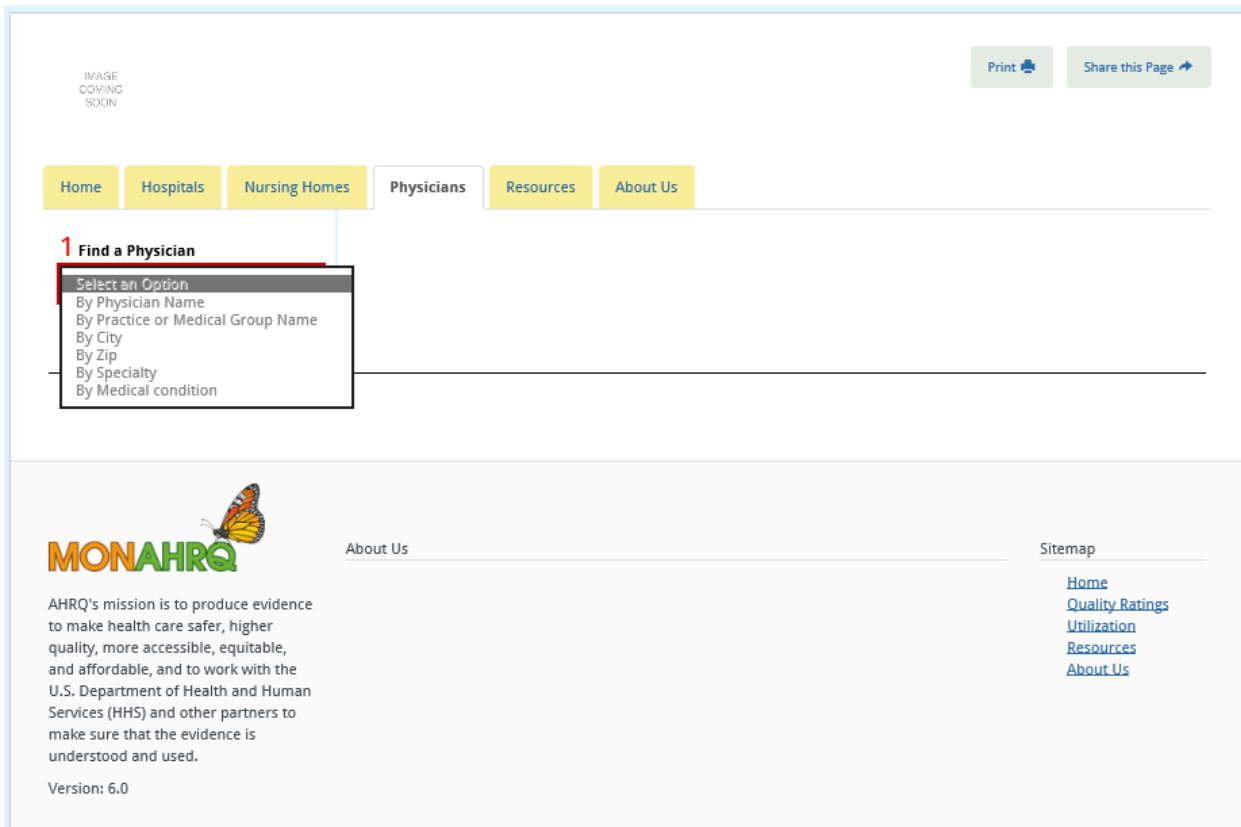
10.2.5 Physician Reporting Path

The End User can access Physician Reports by following the Physician reporting path ([Figure 8](#)). From the home page, the End User will click on the “Browse Physician” link. The End User will then be directed to the “Find Physician” page ([Screenshot 127](#)), where they can search for physicians and view their profile reports.

Figure 8: MONAHRQ-Generated Website Physician Reporting Site Map



Screenshot 127: MONAHRQ-Generated Website: Find Physician



10.2.6 Resources Section

Selecting the Resources tab ([Screenshot 128](#)) takes the End User to the Hospital Quality landing page where they can access information about: hospital quality, utilization, avoidable hospital stays, county rates of hospital use, quality ratings, and other health conditions or topics.

Screenshot 128: MONAHRQ-Generated Website Resources Tab

[Home](#) [Hospitals](#) [Nursing Homes](#) [Physicians](#) [Resources](#) [About Us](#)

About Health Care Quality
Hospital Quality
About the Methodology
About the Quality Ratings
Nursing Home Quality
About the Methodology
About the Quality Ratings
Find a Physician
About Physician Information
Avoiding safety problems when you have surgery
Definitions
AHRQ Website for Quality Indicators
Medical Dictionary
Quality of Care Improvement
Site Map

About Health Care Quality

What is health care quality?

Health care quality means that patients, doctors, and health care facilities aim to achieve the best possible results by:

- Doing the right thing (getting you the medicines, tests, and counseling you need)
- Doing it at the right time (when you need them)
- Doing it in the right way (your health care providers using the appropriate test or procedure safely, with no mistakes)

The Institute of Medicine defines high quality health care as:

- **Effective:** Treatment uses scientific knowledge and medical experience to increase the chances of getting the best results, and decrease the chance of getting bad results, including death.
- **Safe:** Treatment does not result in medical complications or cause harm to the patient that can be prevented.
- **Patient-centered:** Doctors, nurses, and other medical staff treat patients with respect, dignity and compassion, and are responsive to patients' needs, values, and preferences.
- **Timely:** Patients get the care they need without harmful delays.
- **Efficient:** Treatment does not waste doctors' or patients' time or money.
- **Equitable:** The same level of care is available to everyone, including men, women and children of all cultures, incomes, education level, social status or any other characteristic.

Why should I look at health care quality information?

Don't people get good care from every medical facility? Here are the facts:

- Not all providers offer the same quality of care. Some are better than others.
- Even good providers may not be good at everything. A hospital or nursing home might do a good job caring for people with some health problems but a poorer job caring for people with other health problems. Hospital and nursing home stays can be risky. Whenever you go to the hospital for an existing health problem, or spend time in a nursing home, you risk getting a new health problem. Hospitals and nursing homes vary in how well they protect patients from this risk.
- Good quality health care means more than what your physician does. Your own doctor may be highly skilled. But health care quality in hospitals and nursing homes also depends on many other staff, such as nurses and physical therapists, and also on how well the hospital is organized.

You want to get the very best quality possible when you or a loved one needs care. This means making good decisions about your health care. Health care quality information can help you understand the care that is right for you and where you can go to get it.

What can I do with information about health care quality? How can it help me?


The Resources landing page also contains a left-side navigation box where the End User can click on defined resource topics (e.g., About the Methodology, About the Quality Ratings, Definitions, etc.). Clicking on the links in the left-side navigation box will display the selected topic content in the pane on the right side of the page.

10.2.7 “About Us” Section

Clicking on the “About Us” tab ([Screenshot 129](#)) allows the End User to view content related to your organization. This content reflects the text you entered in the “About Us” section of the “Customize Site” screen prior to publishing your site. This section uses the same layout design as the Resources section, where the End User can select a topic in the left-side navigation box and view the topic content in the pane on the right side of the screen.

Screenshot 129: MONAHRQ-Generated Website “About Us” Tab



Print  Share this Page  Feedback 

[Home](#) [Hospitals](#) [Nursing Homes](#) [Physicians](#) [Resources](#) **[About Us](#)**

MONAHRQ® is a desktop software tool that enables organizations - such as state and local data organizations, regional reporting collaborations, hospitals and hospital systems, nursing homes and nursing home organizations, and health plans - to quickly and easily generate a health care reporting Website. MONAHRQ® analyzes, summarizes, and presents the following information in a format ready for use by consumers and other health care decision makers on



AHRQ's mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work with the U.S. Department of Health and Human

About Us

MONAHRQ® is a desktop software tool that enables organizations - such as state and local data organizations, regional reporting collaborations, hospitals and hospital systems, nursing homes and nursing home organizations, and health plans - to quickly and easily generate a health care reporting Website. MONAHRQ® analyzes, summarizes, and presents the following information in a format ready for use by consumers and other health care decision makers on.

Sitemap

[Home](#)
[Hospitals](#)
[Nursing Homes](#)
[Physicians](#)
[Resources](#)
[About Us](#)

CHAPTER 11. MONAHRQ® Reporting Options

During the website generation process, you will select the reporting paths to display in your website; the paths will be sourced by the datasets you chose to generate your website in MONAHRQ®. Once your website is generated, the End User can follow four main paths for reporting data on the MONAHRQ-generated website: (1) Hospital > Quality Ratings, (2) Hospital > Utilization, (3) Nursing Home > Quality Ratings and (4) Physician Profile ([Screenshot 130](#)). Within the main pathways, the End User can further refine and customize their hospital and nursing home quality reports by expanding into topic areas, selecting county-level and region-level reporting within geographic parameters, and selecting usage rates on inpatient medical conditions and procedures for hospitals.

Screenshot 130: MONAHRQ-Generated Website Reporting Paths

The screenshot displays the homepage of the Health Data Organization website. At the top left is the logo, which includes a green checkmark icon and the text "Health Data Organization" with a red asterisk and the phrase "FABRICATED DATA" below it. To the right of the logo are two buttons: "Print" and "Share this Page". Below the logo is a horizontal navigation menu with tabs for "Home", "Hospitals", "Nursing Homes", "Physicians", "Resources", and "About Us". The main content area features a large background image of a doctor in a white coat with a stethoscope, looking towards the camera. Below the image is a blue section titled "Get Started" with the following text: "This website provides information on the quality of all the hospitals and nursing homes in the state. It also provides basic information on all the physicians. You can limit what you look at by narrowing your search to the things that mean the most to you:". Below this text are three columns, each with an icon and a title: "Hospitals" (with a hospital icon), "Nursing Homes" (with a house icon), and "Physicians" (with a medical bag icon). Under each title are two lines of text: "browse by location" and "compare by condition or topic" (for Hospitals) or "browse by location" (for Nursing Homes and Physicians). Below these are four blue buttons labeled "BROWSE": one under "Hospitals" (corresponding to "browse by location"), one under "Hospitals" (corresponding to "compare by condition or topic"), one under "Nursing Homes" (corresponding to "browse by location"), and one under "Physicians" (corresponding to "browse by location").

11.1 Reporting Paths and Audience Selection

The reports displayed on your MONAHRQ-generated website will be managed within your Reports Library ([Screenshot 131](#)). Within the library, your selections will result in the design of the reporting pathways presented in your website. As you define the reports to be displayed on your MONAHRQ-generated website, you will also need to define the website audience. The audience type defines the type of End User who will use the report tools. Depending on the reports that will be displayed on the website, the appropriate audience must be selected to trigger the desired output. Once you have selected the audience, MONAHRQ will return audience-based, defined reports accordingly, as shown in [Table 14](#).

Screenshot 131: MONAHRQ Reports Library

Report	Websites	Type	Category	Custom?	Datasets	Recommended Audience
Generic Infographic Templates for Topics	AllDatasetUpdate, Fullsite1...	Generic Infographic Templates for Topics	Quality	No	Hospital Compare Data, AHRQ-QI Provider Data, AHRQ-QI Composite Data	Consumers
Nursing Home Infographic Report	AllDatasetUpdate, Fullsite1...	Nursing Home Infographic Report	Quality	No	Nursing Home Compare Data	Consumers
Cost and Quality Report – Side By Side Display	AllDatasetUpdate, BeforeU...	Cost and Quality Report – Side By Side Display	Quality	No	Inpatient Discharge, AHRQ-QI Provider Data	Consumers
Find nursing home with overall and domain level summary ratings report	AllDatasetUpdate, Fullsite1...	Find nursing home with overall and domain level summary ratings report	Quality	No	Nursing Home Compare Data, NH-CAHPS Survey Results Data, Nursing Home Deficiency Matrix Data	Consumers, Healthcare Professionals
Hospital Comparison Report - Bar Chart	AllDatasetUpdate, Fullsite1...	Hospital Comparison Report - Bar Chart	Quality	No	Hospital Compare Data, AHRQ-QI Composite Data, AHRQ-QI Provider Data	Healthcare Professionals
Hospital Comparison Report - Bar Chart	AllDatasetUpdate, Fullsite1...	Hospital Comparison Report - Bar Chart	Quality	No	Hospital Compare Data, AHRQ-QI Composite Data, AHRQ-QI Provider Data	Consumers, Healthcare Professionals

Table 14: Reporting Paths by Audience and Category

#	Report Type	Recommended Audience	Report Category
1	Hospital listings based on the search from the home page	Consumers, Health Care Professionals	Quality
1	Hospital Quality Ratings—Symbols only	Consumers, Health Care Professionals	Quality
2	Hospital Quality Ratings—Symbols with rates	Health Care Professionals	Quality
3	Hospital Quality Ratings—Bar chart	Health Care Professionals	Quality
4	Hospital Quality Ratings—Detailed tabular view	Health Care Professionals	Quality
5	Hospital Comparison Report (up to five (5) hospitals)	Consumers, Health Care Professionals	Quality
6	Hospital Profile Report	Consumers, Health Care Professionals	Quality
7	Inpatient Hospital Discharge (IP) Utilization Report	Health Care Professionals	Utilization

#	Report Type	Recommended Audience	Report Category
8	IP Utilization—Stratified Report	Health Care Professionals	Utilization
9	Emergency Department Treat-and-Release (ED) Utilization Report	Health Care Professionals	Utilization
10	ED Utilization—Stratified Report	Health Care Professionals	Utilization
11	Avoidable Hospital Stays Maps	Health Care Professionals	Utilization
12	Avoidable Hospital Stays by County Report	Health Care Professionals	Utilization
13	Avoidable Hospital Stays by County Profile Report	Health Care Professionals	Utilization
14	Utilization by County or Custom Region Report	Health Care Professionals	Utilization
15	Utilization by County or Custom Region—Stratified Report	Health Care Professionals	Utilization
20	Find nursing home with overall and domain-level summary ratings report	Consumers, Health Care Professionals	Quality
21	Nursing home profile report with summary and individual measure score by domain	Consumers, Health Care Professionals	Quality
22	Nursing home comparison report (compares up to five (5) nursing homes) with individual measure scores by domains	Consumers, Health Care Professionals	Quality
23	Find Physician Report	Consumers, Health Care Professionals	Quality
24	Physician Profile	Consumers, Health Care Professionals	Quality
25	Inpatient Hospital Discharge (IP) Utilization report—Trends Report	Health Care Professionals	Utilization
26	IP Utilization Detailed Report (Stratified Report)—Trends Report	Health Care Professionals	Utilization
27	Emergency Department Treat-and-Release (ED) Utilization Report—Trends Report	Health Care Professionals	Utilization
28	ED Utilization detailed report (stratified report)—Trends Report	Health Care Professionals	Utilization
29	County Rates Report (Population)—Trends Report	Health Care Professionals	Utilization
30	County Rates Detail Report (Population)—Trends Report	Health Care Professionals	Utilization
31	Region Rates Report (Population)—Trends Report	Health Care Professionals	Utilization
32	Region Rates Detail Report (Population)—Trends Report	Health Care Professionals	Utilization
33	Cost and Quality Report—Side-by-Side Display	Consumers	Health Care Cost and Quality

11.2 Hospital Quality Ratings Reporting

The Quality Ratings reporting path allows the End User to generate reports from two subpaths: (1) Conditions and Topics and (2) Hospitals. The reports made available to the End User will be dependent on the audience type you selected, as defined in [Figure 9](#) and [Table 14](#).

Figure 9: MONAHRQ Quality Report Audience Type Selection



Within each of these reporting paths, End Users can compare the Hospital Quality Ratings by "Hospital" or by "Condition or Topic." The "Hospital" path allows End Users to search for hospitals or health care professionals based on geographic parameters such as ZIP Code or hospital type. The "Condition or Topic" path will graphically show quality ratings by topic and subtopic for each indicator and hospital selected. End users can opt to view the information as a bar chart, in a detailed table, or as detailed statistics in tabular form. [Screenshot 132](#) shows the Quality Ratings reporting path. Information about generating a Hospital Quality Ratings Report can be found in [Section 11.2.1.1](#).

Screenshot 132: MONAHRQ Hospital Quality Ratings Reporting Path Navigation

The screenshot shows a navigation menu with five items: Home, Hospitals, Nursing Homes, Resources, and About Us. Below the menu is a header with two tabs: Quality Ratings (selected) and Service Use Rates. The main content area is a light blue box with the heading "Find Hospitals" and a sub-heading "that provide high quality care in areas that matter most to you:". There are two columns of options. The first column is titled "Condition or Topic" and includes the text "Choose the health condition or topic that's most important to you, and then compare hospital ratings for your particular needs." and a blue button labeled "VIEW RATINGS". The second column is titled "Hospital" and includes the text "Browse a list of hospitals by location or type and compare them, or find a specific hospital and see how it rates." and a blue button labeled "VIEW RATINGS".

11.2.1 Find by Condition or Topic

When the End User selects the Condition or Topic path, the End User will be directed to a landing page to further filter and select criteria for their generated reports ([Screenshot 133](#)).

Screenshot 133: MONAHRQ Quality Ratings Condition or Topic Report Criteria Detail

The screenshot shows a form with four columns of criteria and a "Refine Report" button. The first column is labeled "1 Select Topic" and has a dropdown menu with "Childbirth" selected. The second column is labeled "2 Select Sub Topic" and has a dropdown menu with "Practice patterns" selected. The third column is labeled "3 Refine Results" and has a dropdown menu with "Hospital Name" selected. The fourth column is labeled "4 Hospital Name" and has a text input field with "Facility 48" entered. A green button labeled "Refine Report" is located to the right of the fourth column.

11.2.1.1 Hospital Quality Report

The End User will first select the type of hospital from the Hospital Type dropdown box. Then, the End User will select either ZIP Code or Region for the geographic parameters and then will select a health condition or topic and subtopic. Clicking on the "Search" button will return a report containing all hospitals in the selected geographic region and the hospitals that match the end user's selection in the hospital type dropdown box. The report will contain quality rating symbols, identifying how patients rate the hospitals overall ([Screenshot 134](#)).

Screenshot 134: MONAHRQ-Generated Website Hospital Quality Ratings—Rating Symbols

Heart failure [?]

Recommended care [?]

Sort by: Compared To: Display Type: [Select Report to Copy](#) [Help](#)

Select hospitals to compare	Hospital Name	Heart failure patients given instructions for follow-up care before leaving the hospital	Test of how well the heart is able to pump blood	Heart failure patients given medicine to make the heart work better
<input type="checkbox"/>	Facility 1	Average	Better than average	Average
<input type="checkbox"/>	Facility 10	Better than average	Better than average	Better than average
<input type="checkbox"/>	Facility 11	Better than average	Better than average	Below average
<input type="checkbox"/>	Facility 12	Better than average	Better than average	Better than average
<input type="checkbox"/>	Facility 13	Better than average	Better than average	Better than average
<input type="checkbox"/>	Facility 14	Better than average	Below average	Not enough data to report

Within the Quality Ratings screen, the End User can create variations of the report by comparing the results against the national or State average results, or change the display type from the default symbol to the following displays:

- Symbols and risk-adjusted rates ([Screenshot 135](#))

Screenshot 135: MONAHRQ-Generated Website Hospital Quality Ratings—Symbols and Risk-Adjusted Rates

Select hospitals to compare	Hospital Name	Patients who come to the hospital with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival	How long patients with chest pain or possible heart attack waited to be transferred to another hospital for a procedure	Patients with a heart attack who received aspirin on arrival to the hospital	How long patients who come to the hospital with chest pain or possible heart attack waited to get a test that detects heart damage after a heart attack
<input type="checkbox"/>	Facility 33	Not enough data to report	BELOW AVERAGE	AVERAGE	BELOW AVERAGE
<input type="checkbox"/>	Facility 3	Not enough data to report	BELOW AVERAGE	AVERAGE	BELOW AVERAGE
<input type="checkbox"/>	Facility 18	Not enough data to report	BELOW AVERAGE	AVERAGE	BELOW AVERAGE

- Bar charts ([Screenshot 136](#))

Screenshot 136: MONAHRQ-Generated Website Hospital Quality Ratings—Bar Charts

Select hospitals to compare <input type="checkbox"/> Compare	Hospital Name	Patients who come to the hospital with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival	How long patients with chest pain or possible heart attack waited to be transferred to another hospital for a procedure	Patients with a heart attack who received aspirin on arrival to the hospital	How long patients who come to the hospital with chest pain or possible heart attack waited to get a test that detects heart damage after a heart attack
<input type="checkbox"/>	Facility 3	Not enough data to report	42.0	97.0	8.0
<input type="checkbox"/>	Facility 18	Not enough data to report	38.0	97.0	6.0
<input type="checkbox"/>	Vermont Psychiatric Care Hospital	Not enough data to report	Not enough data to report	Not enough data to report	Not enough data to report
<input type="checkbox"/>	Facility 9	Not enough data to report	Not enough data to report	93.0	7.0
<input type="checkbox"/>	Facility 8	Not enough data to report	Not enough data to report	Not enough data to report	Not enough data to report
<input type="checkbox"/>	Facility 7	Not enough data to report	Not enough data to report	Not enough data to report	Not enough data to report
<input type="checkbox"/>	Facility 6	Not enough data to report	Not enough data to report	100.0	4.0

- Raw data ([Screenshot 137](#))

Screenshot 137: MONAHRQ-Generated Website Hospital Quality Ratings—Raw Data

Select hospitals to compare <input type="checkbox"/> Compare	Hospital Name	Numerator	Denominator	Observed Rate	Observed Lower-bound CI	Observed Upper-bound CI	Expected Rate	Risk-Adjusted Rate	Risk-Adjusted Lower-bound CI	Risk-Adjusted Upper-bound CI
	Nationwide Mean			3.2800						
	State Mean			0.0000						
<input type="checkbox"/>	Facility 1	0	23	0.0000	-	-	2.8566	0.0000	0.0000	8.5359
<input type="checkbox"/>	Facility 10	0	13	0.0000	-	-	4.3962	0.0000	0.0000	8.9329
<input type="checkbox"/>	Facility 11	-	-	-	-	-	-	-	-	-
<input type="checkbox"/>	Facility 12	-	-	-	-	-	-	-	-	-
<input type="checkbox"/>	Facility 13	-	-	-	-	-	-	-	-	-
<input type="checkbox"/>	Facility 14	0	1	0.0000	-	-	9.7215	0.0000	0.0000	21.8619

11.2.2 Find Hospital Report

The End User can generate a Hospital Comparison report by following the Hospital reporting path. Clicking on the Hospital “View Ratings” button will direct the End User to a Hospital landing page ([Screenshot 138](#)). Within this page, the End User will select a hospital type and a geographic parameter (either ZIP Code or region) to refine the hospital list.

Screenshot 138: MONAHRQ Quality Ratings Finding a Hospital Landing Page

11.2.2.1 Hospital Listings Page

After refining the hospital search parameters, the Hospital Listings page displays a list of hospitals that matches your search criteria along with the name of the hospital name, type of the hospital, and its overall rating. The “View Rates” tab displays the hospitals and their associated ratings in a list form ([Screenshot 139](#)).

Screenshot 139: MONAHRQ Summary Quality Ratings Hospital Listing—View Rates Detail

Select hospitals to compare	Hospital Name	Type of Hospital	How do patients rate the hospital overall?
<input type="checkbox"/>	Facility 1	General	BETTER THAN AVERAGE
<input type="checkbox"/>	Facility 10	General	BELOW AVERAGE
<input type="checkbox"/>	Facility 11	General	BELOW AVERAGE

The “View Map” tab displays the hospitals and their associated ratings in a map form ([Screenshot 140](#)). Clicking on the rating indicator associated with a hospital displays the following details about the hospital: hospital name, hospital address, and overall rating. Additionally, you can access the Hospital Profile Report by clicking on the “View Profile” link.

Screenshot 140: MONAHRQ Summary Quality Ratings Hospital Listing—View Map Detail


Quality Ratings

1 Find Hospitals
Hospital Type

2 Hospital Type
All [Run Report](#)

[View Rates](#) [View Map](#)

Map Satellite

Facility 8
1241 Main Street Any City, NH 03820
How do patients rate the hospital overall?  BETTER THAN AVERAGE
[View Profile](#)

Map data ©2016 Google | Terms of Use

11.2.2.2 Hospital Comparison Report










After generating the Hospital Comparison Report, the End User can select up to five hospitals to compare side-by-side, by selecting the checkboxes in the column to the left of the hospital names. The Hospital Comparison Report will then be displayed, providing quality ratings symbols for all conditions and topics available for the hospitals being compared. The End User can change the results display from symbols to symbols and risk-adjusted rates or bar charts, as shown in [Screenshot 141](#).

Screenshot 141: MONAHRQ Quality Ratings Hospital Comparison Report

Compare Hospitals

[Back to previous report](#)

Compared To: Display Type: [Select Report to Copy](#) [Help](#)

COPD(Chronic Obstructive Pulmonary Disease) Hide Data					
Results of care Measures	Facility 18	Facility 19	Facility 2	Facility 20	Facility 21
Dying within 30-days after getting care in the hospital for chronic obstructive pulmonary disease (COPD)	 AVERAGE	Not enough data to report	 AVERAGE	 AVERAGE	 AVERAGE
Returning to the hospital after getting care for chronic obstructive pulmonary disease (COPD)	 AVERAGE	 AVERAGE	 AVERAGE	 AVERAGE	 AVERAGE

11.2.2.3 Hospital Profile Report

The End User can view a detailed Hospital Profile Report on any of the hospitals identified in the reports ([Screenshot 142](#)). From the Hospital search landing page, the End User can select all hospitals contained within the datasets imported into the Dataset Library from the “Find a Specific Hospital” dropdown menu. The End User can also click on the hospital name within any of the reports. The hospital name value links to the associated Hospital Profile Report.

The hospital profile report is available for all hospitals in your datasets. The report contains key attributes for each hospital, including the institution name and address, a map of the hospital location, and descriptive statistics including the facility type and total number of beds ([Screenshot 142](#)).


Screenshot 142: MONAHRQ Quality Ratings Hospital Profile Report

[Home](#) [Hospitals](#) [Nursing Homes](#) [Physicians](#) [Resources](#) [About Us](#)

[Quality Ratings](#) [Service Use Rates](#)

Summary of Hospital Information: Facility 18

Facility 18
1251 Main Street
Any City, NH 03257



[Quality Ratings](#) [Utilization](#) [Physicians with Admitting Privileges](#)

Compared To:
My NH VT Average

Ratings for Health Conditions and Topics	
COPD(Chronic Obstructive Pulmonary Disease)	▶
Childbirth	▶
Emergency department (ED)	▶
Health Care Cost and Quality	▶
Heart attack and chest pain	▶
Heart failure	▶
Heart surgeries and procedures test Ritche	▶
Hip or knee replacement surgery	▶
Imaging	▶
Infections acquired in the hospital test	▶
Other surgeries	▶
Patient safety	▶
Patient survey results	▶

Total Beds: 555
Employees: 555
Phone Number: 555-555-5555
Fax Number: 555-555-5555
Hospital Type: Medicaid Only Short-Term
Provides Emergency Department Services: Yes
Participates in Medicare or Medicaid: Yes
Provides Trauma Center Services: No
Provides Urgent Care Center Services: No

From the right pane of the report, the End User can view a comprehensive list of ratings for health conditions and topics for specific hospitals. When the End User selects a specific health condition or topic link, a detailed Quality Ratings Report will be shown ([Screenshot 143](#)).

Screenshot 143: MONAHRQ Quality Ratings Hospital Profile Report—Ratings for Health Conditions and Topics

[Quality Ratings](#) [Utilization](#) [Physicians with Admitting Privileges](#)

Compared To: North Carolina Average

Ratings for Health Conditions and Topics

[COPD\(Chronic Obstructive Pulmonary Disease\)](#)

Results of care	Rating	Risk-Adjusted Rates
Dying within 30-days after getting care in the hospital for chronic obstructive pulmonary disease (COPD)	AVERAGE	7.0 (5.2 - 9.2)
Returning to the hospital after getting care for chronic obstructive pulmonary disease (COPD)	AVERAGE	21.8 (19.0 - 24.8)

[Childbirth](#)

Practice patterns	Rating	Risk-Adjusted Rates
Percentage of births (deliveries) that are C-sections	Not compared	Not enough data to report
How often babies in the hospital are delivered vaginally when the mother previously delivered by cesarean section (no complications)	Not compared	Not enough data to report
How often babies in the hospital are delivered using cesarean section when this is the mother's first birth.	Not compared	Not enough data to report
How often babies are born vaginally when the	Not compared	Not enough data

Clicking on the Utilization tab on the Hospital Profile Report will show the discharge, charge or cost, and payment information for the top 25 DRGs by discharge volume. This report will be available to health care professionals but not to the consumer target audience. The report is shown in [Screenshot 144](#).

Screenshot 144: MONAHRQ Quality Ratings Hospital Profile Report—Utilization Tab

[Quality Ratings](#) [Utilization](#) [Physicians with Admitting Privileges](#)

Medicare Charge Data for the Top 25 Diagnosis Related Groups (DRGs) <small>PDF</small>	
Cardiac arrhythmia & conduction disorders w CC	▶
Cardiac arrhythmia & conduction disorders w/o CC/MCC	▶
Cellulitis w/o MCC	▶
Chronic obstructive pulmonary disease w CC	▶
Chronic obstructive pulmonary disease w MCC	▶
Chronic obstructive pulmonary disease w/o CC/MCC	▶
G.I. hemorrhage w CC	▶
Heart failure & shock w CC	▶
Heart failure & shock w MCC	▶
Heart failure & shock w/o CC/MCC	▶
Hip & femur procedures except major joint w CC	▶
Intracranial hemorrhage or cerebral infarction w CC	▶
Kidney & urinary tract infections w/o MCC	▶

11.3 Nursing Home Reports

From the MONAHRQ home page, the End User will click on the “Nursing Homes” tab to access nursing home reports. In addition to displaying national-level comparison reports (e.g., CMS ratings), MONAHRQ-generated websites display peer-level comparative reports for Nursing Homes. MONAHRQ uses the same underlying data that the CMS Nursing Home Compare site utilizes, but the principal difference between the CMS Nursing Home Compare site and MONAHRQ is that MONAHRQ-generated websites also compare nursing homes locally in peer groups, and the website content is customized and augmented by you to meet your local needs.

11.3.1 Find Nursing Homes Report

In order to find nursing homes, the End User will first select the search criteria from the Find Nursing Homes dropdown menu. The search criteria include: Nursing Home Name, Location (County, ZIP), Nursing Home Type (Medicare/Medicaid/Both), In Hospital (Yes/No), and Overall Ratings. Once the End User has selected the nursing home search criteria, they will click on the “Run Report” button to generate a report containing all matching nursing homes. The report’s View Rates tab will contain the following columns: Name, Address, Overall Ratings, Overall Health Inspection, Overall Quality, and Overall Staffing ([Screenshot 145](#)). Clicking on the Nursing Home names will load the Nursing Home Profile page ([Section 11.3.3](#)).

Screenshot 145: MONAHRQ-Generated Website Nursing Homes Reporting Path—Find Nursing Homes with Overall and Domain-Level Summary Ratings —View Rates Tab

1 Find Nursing Homes 2 Location 3 county

By Location County All Run Report

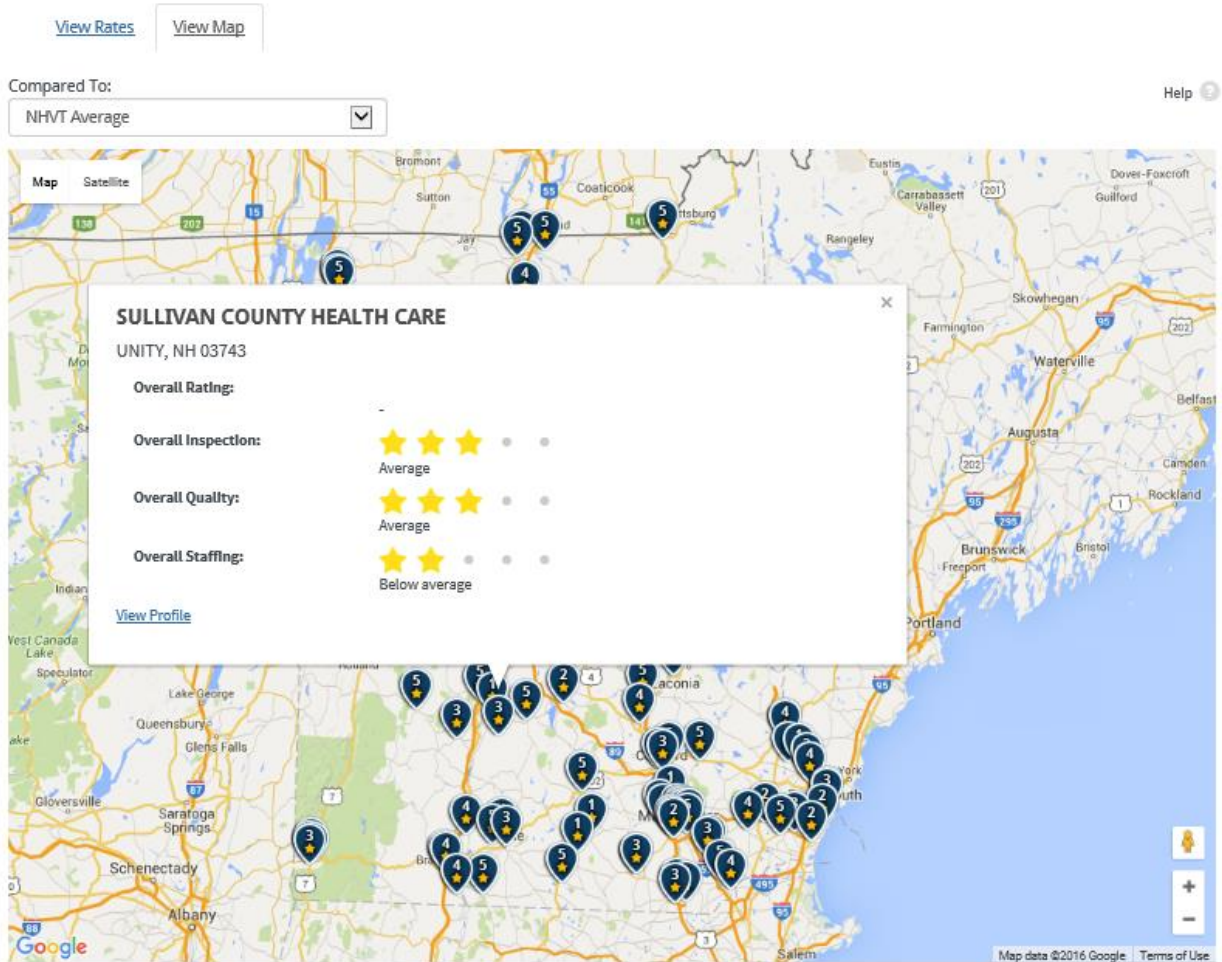
[View Rates](#) [View Map](#)

Compared To: In My State Average Sort By: Nursing Home (A to Z) Help □

Select nursing homes to compare	Nursing Home Name	Overall Rating	Overall Quality	Overall Staff Available	Overall Health Inspection	Overall NH-CAHPS Measures
<input type="checkbox"/>	Nursing Home Facility 13098 Any Cty, ST	-	★ ★ ● ● ● ● Below average	★ ★ ● ● ● ● Below average	★ ● ● ● ● ● Much below average	★ ★ ★ ● ● ● Average
<input type="checkbox"/>	Nursing Home Facility 13099 Any Cty, ST	-	★ ★ ★ ● ● ● Average	★ ★ ★ ● ● ● Average	★ ★ ● ● ● ● Below average	★ ★ ★ ★ ★ ● Much better than average
<input type="checkbox"/>	Nursing Home Facility 13100 Any Cty, ST	-	★ ★ ★ ★ ● ● Much better than average	★ ★ ★ ● ● ● Average	★ ★ ● ● ● ● Below average	★ ★ ● ● ● ● Below average
<input type="checkbox"/>	Nursing Home Facility 13101 Any Cty, ST	-	★ ★ ● ● ● ● Below average	★ ★ ★ ● ● ● Average	★ ★ ★ ● ● ● Average	★ ★ ● ● ● ● Below average

The View Map tab of the report displays the nursing home and their associated ratings in a mapped view ([Screenshot 146](#)). Clicking on the rating indicator associated with a nursing home displays the following details about the nursing home: Name, Address, Overall Rating, Overall Health Inspection, Overall Quality, and Overall Staffing. Additionally, you can access the Nursing Home Profile Report by clicking on the “View Profile” link.

Screenshot 146: MONAHRQ-Generated Website Nursing Homes Reporting Path—Find Nursing Homes with Overall and Domain-Level Summary Ratings —View Map Tab



11.3.2 Nursing Home Comparison Report

The End User can select up to five (5) nursing homes to compare side-by-side. By selecting the checkboxes in the column to the left of the nursing home names, End Users can change their view and switch from the CMS Ratings to Peer/State and County-Level Ratings. Clicking on the measure names will display a description of the measure in a popup window ([Screenshot 147](#)).

Screenshot 147: MONAHRQ-Generated Website Nursing Homes Tab—Nursing Home Comparison Report

Compare Nursing Homes



[Back to previous report](#)



Compared To:

National Average

Select Report to Copy

Help

Overall Rating		
	Nursing Home Facility13098	Nursing Home Facility13099
Overall Rating	 Below average	 Better than average

Health Inspection		
	Nursing Home Facility13098	Nursing Home Facility13099
Overall Health Inspection	 Much below average	 Better than average

11.3.3 **Nursing Home Profile Report**

The End User can view a nursing home profile by clicking on its name when viewing the nursing home search results or comparison report page. The End User can also find a specific nursing home by searching by “Nursing Home Name.”

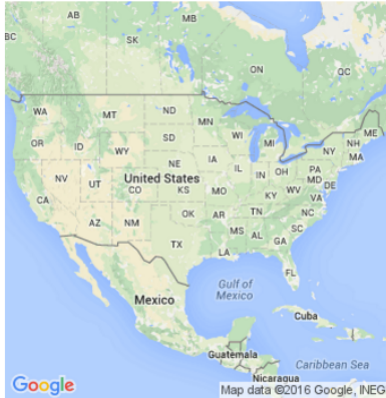
The Nursing Home Profile Report ([Screenshot 148](#)) contains useful information for each nursing home including the address, a description (if provided by you), and a map of its location. The End User will also be able to see the overall measure ratings and the scores for the individual measures in all three domains: Quality, Health Inspections, and Staffing. This also includes a ratings based on NH-CAHPS survey results.

Screenshot 148: MONAHRQ-Generated Website: Nursing Homes Tab—Nursing Home Profile Report

Summary of Nursing Home Facility13098

Help

Nursing Home Facility 13098
 1234 Main Street
 Any City, ST 00000



Compared To:

In My State Average

[Overall Rating](#)

Nursing Home Measures

[Health Inspection](#)

[Quality Measures](#)

[Staffing](#)

Survey Summary - Overall Rating of Care

[Meeting Basic Needs: Help with Eating, Drinking, and Toileting](#)

[Nurses/Aides' Kindness/Respect Towards Resident](#)

[Nursing Home Provides Information/Encourages Resident Involvement](#)

[Nursing Home Staffing, Care of Belongings, and Cleanliness](#)

GENERAL INFORMATION

Phone Number: 555-555-5555

County Name: County 2810

Ownership Type: For profit - Corporation

Number of Certified Beds: 555

Number of Residents in Certified Beds: 555

11.4 Physician Reports

From the MONAHRQ home page, the End User will click on the “Browse” button under the “Physicians” tab to access Physician reports.

11.4.1 Find Physician Report

End Users will be able to access the Physician search page from the MONAHRQ home page ([Screenshot 149](#)). End Users can search for physicians using various criteria such as physician name (example: Murphy, if you are searching for Dr. Ann Murphy), geographic location, practice or medical group name, ZIP Code, specialty, and medical condition, (e.g., childbirth, blood pressure, etc.). This will find the matching physicians and show the results in a list on the page.

End Users can access the Physician Profile Report by clicking on the physician name.

Screenshot 149: MONAHRQ-Generated Website Physicians Tab—Find Physician Report

Home Hospitals Nursing Homes **Physicians** Resources About Us

1 Find a Physician
By Specialty ▾

2 specialty
Anesthesiology ▾

Search

Sort By:
Physician Name (Ascending) ▾ Help □

Physician Name	Practice Name	Overall Practice Rating	City	ZIP Code	State	Primary Specialty
Charles Brooks	Medical Group 721	★ ★ ★ Average	Any City	00000	ST	FAMILY PRACTICE
Darnell Copeland	Medical Group 315	★ ★ ★ Average	Any City	00000	ST	MAXILLOFACIAL SURGERY
Joshua Cunningham	Medical Group 144	★ ★ ★ Average	Any City	00000	ST	CLINICAL PSYCHOLOGIST

11.4.2 Physician Profile Report

The Physician Profile Report includes general information for each physician including: physician name, gender, language spoken, degrees and education, primary and secondary specialty, and Medicare assignment/participation. It also includes a map of the location of the physician's practice and a list of hospital affiliations ([Screenshot 150](#)). The Physician Profile report can be expanded to include quality ratings at medical groups if you import CG-CAHPS data.


Screenshot 150: MONAHRQ-Generated Website Physicians Tab—Physician Profile Report

[Home](#) [Hospitals](#) [Nursing Homes](#) **Physicians** [Resources](#) [About Us](#)

Charles A Brooks

Help

123 Main Street
Any City, ST 00000



[General Information](#) [Hospital Affiliations](#) [Practice Ratings](#)

Charles A Brooks

Gender: Female
NPI ID: 0000000000
PAC ID: 981826781
Professional Enrollment ID: 919046343
Graduated: 1979
Medical School: Medical School 6779
Primary Specialty: FAMILY PRACTICE

Practices

Medical Group 721 [Show Ratings](#)

123 Main Street
Any City, ST 00000

Medicare Assignment/Participation

GENERAL INFORMATION

Accepts Medicare Assignment Professional accepts Medicare approved amount as payment in full.

Participation in PQRS Yes

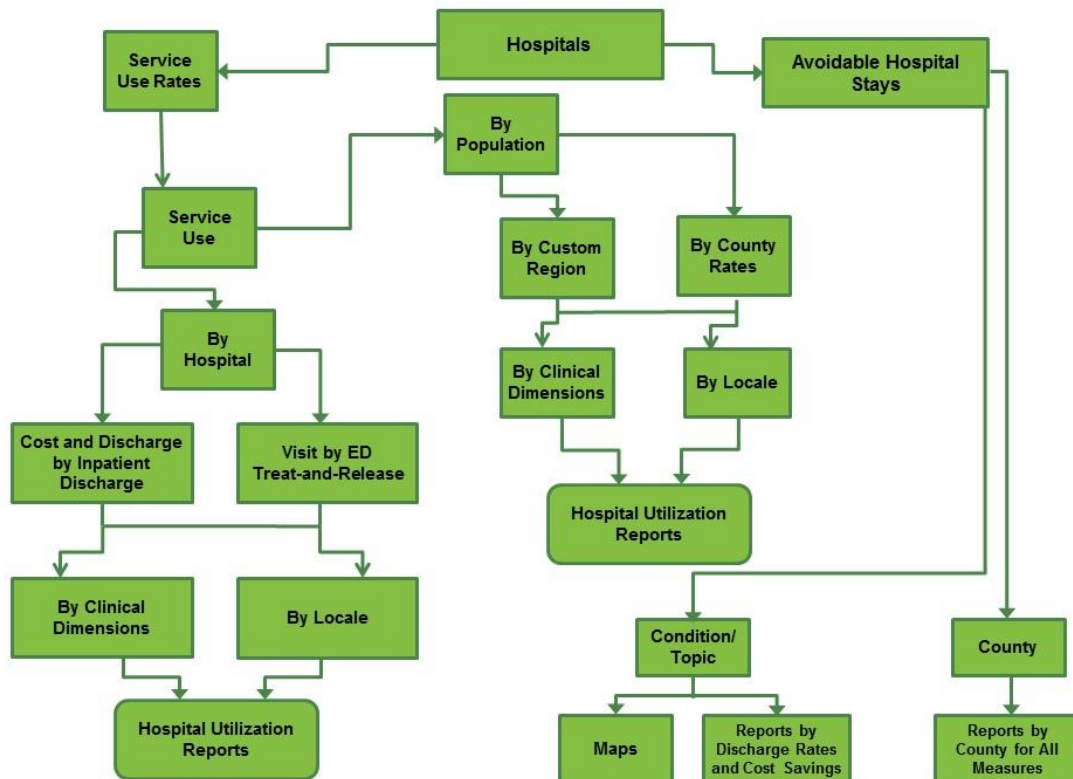
Data Sources:

Physician Data (10/02/2015)
Medical Practice HEDIS Measures Data (07/04/2016)
CG-CAHPS Survey Results Data (07/04/2016)

11.5 Hospital Utilization Reporting Path

The “Utilization” path allows the End User to view reports under two subpaths: “Service Use Rates” and “Avoidable Hospital Stays.” Within these subpaths, an End User can generate reports with county- and region-level data and cost data based on clinical dimensions such as CSS, MS-DRG, MDC, and Procedure Code. End Users can also group results by geographical dimensions ([Screenshot 151](#) and [Figure 10](#)).

Figure 10: Utilization Reporting User Flowchart: Service Use Reports



11.5.1 Service Use and Avoidable Hospital Stays Reporting Subpaths

An End User can generate utilization reports using Inpatient Hospital Discharge data or Emergency Department (ED) Treat-and-Release data. When stepping through the report generation process, the End User will have the option to select Hospital-, Population-, or Region-level report types.

To generate a report, the End User must complete all of the steps involved in the report building and filtering process. The selections made in this multistep process will result in a custom report based on the criteria selected.

Step one of the report building and filtering process for the Avoidable Hospital Stays and Service Use Rates subpaths requires the End User to select a “Find By” or “View By” option, respectively. For the Avoidable Hospital Stays subpath, the “Find By” options are “Condition/Topic” or “County.” For the Service Use Rates subpath, the “View By” selections are “Hospital” or “Population.” Depending on the “View” type selected, the filtering categories in the remaining steps will dynamically change. [Table 15](#) identifies the possible report selection categories for each reporting path.

Table 15: Service Use and Avoidable Hospital Stays Multistep Report Selection Process

Reporting Path	Step 1	Step 2	Step 3	Step 4	Step 5
Avoidable Hospital Stays	Condition/Topic	Choose Condition	Choose a Measure		
	County	Choose County	Choose a Condition		
Service Use Rates	Hospital	Inpatient	By Locale Clinical	Select a Dimension	Specify Value
	Hospital	ED	By Locale Clinical	Select a Dimension	Specify Value
	Population	County	By Locale Clinical	Select a Dimension	Specify Value
	Population	Region	By Locale Clinical	Select a Dimension	Specify Value

11.5.1.1 Inpatient Utilization Report

During the report generation process, the End User can select the “Hospital” dimension to generate the Inpatient Hospital Utilization Report, which will generate statistics using the clinical dimensions based on Major Diagnostic Category (MDC) and Diagnosis Related Group (DRG) for diagnoses, or Clinical Classifications Software (CCS) for procedures (for more information see: <http://www.hcup-us.ahrq.gov/toolsoftware/ccs/ccs.jsp>).

Screenshot 151: Service Use Inpatient Utilization Report

The “Inpatient Hospital Discharge” data path shows detailed information about hospital discharges, charges, estimated costs, and length of stay ([Screenshots 151](#) and [Screenshot 152](#)). The “Emergency Department” path shows detailed information about ED discharges such as number of ED visits, percentage of patients admitted to the hospital from the ED, percentage of patients who died during the ED visit, and percentage of patients who died during the hospital stay following an ED visit.

Screenshot 152: Inpatient Utilization Report

[View Rates](#)

View All

Narrowby:

Hospital County

Geographic Region

ZIP Code

Hospital Name

Select a Hospital

Type of Hospital

Sort by: Hospital (A to Z) | View by: Hospital | [Select Report to Copy](#) | Help

By All Major Diagnostic Category **2015**

Hospital	Number of discharges	Mean charges in dollars	Mean costs in dollars	Mean length of stay in days
	View Trends	View Trends	View Trends	View Trends
TOTAL U.S. in 2015	35,575,340	\$47,005		5.225
ALL COMBINED View combined report	404	\$30,578	\$18,883	3.869
Facility 1	19	\$9,974	\$4,103	3.895
Facility 10	18	\$44,130	\$31,765	3.611

The Inpatient Hospital Utilization Report displays the number of discharges, median charges, median cost, and the median length of stay by selected clinical groups for each selected hospital ([Screenshot 152](#)). End Users can select a condition or procedure group to access the stratified utilization statistics by demographic groups (e.g., age group, gender, payer, and race/ethnicity) for the selected hospital.

A description of the columns listed in the Inpatient Hospital Utilization Report ([Screenshot 152](#)) is below:

- **Number of discharges:** The number of hospital stays (or discharges) for the selected condition or procedure is provided for each hospital. Principal diagnosis means this is the condition chiefly responsible for admission to the hospital for care. The principal procedure is the procedure that was done to address the principal diagnosis.
- **Mean charges in dollars:** The mean or average charge is sometimes reported for each hospital. This is the amount the hospital asked to be paid for services. This does not include professional (doctor) fees. Charges are not necessarily how much was paid.
- **Mean costs in dollars:** The mean or average cost is sometimes reported for each hospital. Costs are the actual value of services performed (while charges represent the amount the hospital asked to be paid for services). Total charges were converted to costs using cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services (CMS). In general, costs are less than charges. AHRQ adjusts the cost-to-charge ratios to work with this type of hospital data.
- **Mean length of stay in days:** The average or mean length of stay (LOS) is reported for each hospital. This is the average number of nights the patient remained in the hospital. When a patient is admitted and discharged on the same day, he or she has a length of stay of zero. A longer length of stay does not necessarily mean better or more care is given to patients.

Note: Cost is based on charges that have been adjusted to estimate costs, using hospital-specific cost-to-charge ratios. Cost will not be reported if you choose not to show charge information. In addition to reports in the Inpatient Hospital Utilization subpath, your decision to not show charge information will suppress the cost information in other reports, such as the report on Avoidable Hospital Stays—Cost Savings.

To generate the stratification version of the reports ([Screenshot 153](#)), select the “View Combined Report” link, as shown in [Screenshot 154](#).

Screenshot 153: Inpatient Utilization Stratification Report

View Rates
Help

View All

Narrow by:

Hospital County

Geographic Region

ZIP Code

Hospital Name

Select a Hospital

Type of Hospital

Select Report to Copy

By All Major Diagnostic Category for Facility 1 Hospital **2015**

[Back to summary](#)

Hospital	Number of discharges	Mean charges in dollars	Mean costs in dollars	Mean length of stay in days
TOTAL U.S. in 2015	35,575,340	\$47,005		5.225
Age Group				
<18	11	\$2,084	\$857	4.636
18-44	3	\$9,140	\$3,760	3
45-64	1	\$13,709	\$5,639	2
65+	4	\$31,365	\$12,903	3
Gender				
Missing	7	\$4,278	\$1,760	4.714
Male	12	\$13,297	\$5,470	3.417
Payer				
Medicare	3	\$2,146	\$883	3.333

11.5.1.2 Emergency Department Treat-and-Release Utilization Report

The Emergency Department (ED) Treat-and-Release Utilization Report allows End Users to select regions and choose conditions or diagnoses to further refine the reports ([Screenshot 154](#)). End Users can generate reports that show statistics using common clinical groupers based on the International Classification of Diseases, Clinical Modification (ICD–9–CM) codes, including Clinical Classifications Software (CCS) for diagnoses.

Screenshot 154: Emergency Department Treat-and-Release Utilization Report

[View Rates](#)

View All

Narrow by:

Hospital County

Geographic Region

ZIP Code

Hospital Name

Type of Hospital

Sort by:

View by:

[Select Report to Copy](#)

Help

2012

By All CCS Diagnosis

Hospital	Number of ED Visits	Number Admitted to Hospital Following ED Visit	Number of Deaths During ED Visit	Number of Deaths Post-Admission Following ED Visit
TOTAL U.S. in 2011	123,574,363	18,403,103	194,904	522,263
ALL COMBINED View combined report	574	90	2	1
Facility 1	25	3	0	0
Facility 10	6	6	0	0
Facility 14	1	1	0	0
Facility 17	28	4	0	0
Facility 19	27	1	0	0
Facility 2	22	5	0	0
Facility 21	3	3	0	0
Facility 23	14	0	0	0
Facility 24	2	2	0	0
Facility 25	29	1	0	0

End Users can generate many different summary reports in the Utilization path using data that are a combination of ED Treat-and-Release data and ED visits that resulted in admission. The visits that resulted in admission are contained in the Inpatient Hospital Discharge data file.

If End Users select all hospitals and a single condition, the summary report will display statistics by the list of hospitals for the selected condition. For each selected hospital and condition, the report displays the hospital name, county, number of ED visits, number admitted to the hospital following the ED visit, number of deaths during the ED visit, and deaths post-admission following the ED visit. From the summary report, End Users can select a health care professional to access statistics reported by various dimensions, much the same as selecting a single hospital and a condition from the ED Utilization main navigation screen. A description of the columns in the ED Treat-and-Release Utilization report is below:

- **Number of ED visits:** This is the total number of emergency department visits to the hospital.
- **Number admitted to hospital following ED visit:** This is the number of patients admitted to the hospital following an emergency department visit (percent of all ED visits).
- **Number of deaths during ED visit:** This is the number of patients who died during an ED visit (percent of all ED visits that resulted in patient's death).
- **Number of deaths post-admission following ED visit:** This is the number of patients who died after they were admitted following an emergency department visit (percent of all ED visits that resulted in patient's death post-admission).

To generate the stratification version of the report ([Screenshot 155](#)), select the “View Combined Report” link, as shown in [Screenshot 154](#).

Screenshot 155: ED Treat-and-Release Utilization Stratification Report

[View Rates](#)

This report contains both ICD 9 and ICD 10 coded data.

[Select Report to Copy](#) [Help](#)

By All CCS Diagnosis for Hospital **2012**
[Back to summary](#)

Hospital	Number of ED Visits	Number Admitted to Hospital Following ED Visit	Number of Deaths During ED Visit	Number of Deaths Post-Admission Following ED Visit
TOTAL U.S. in 2011	123,574,363	18,403,103	194,904	522,263
Age Group				
<18	5	0	0	0
View Trends				
18-44	15	0	0	0
View Trends				
45-64	6	0	0	0
View Trends				
65+	9	0	1	0
View Trends				
Gender				
Male	12	0	0	0
View Trends				
Female	23	0	1	0
View Trends				
Payer				
Medicare	10	0	1	0
View Trends				
Medicaid	9	0	0	0
View Trends				
Private				

11.5.1.3 Utilization by Population Report

Within the Utilization reporting path, the End User can run reports on utilization rates related to specific measures on a county- or region-level basis. From the multistep report generation process, the End User will select the “Population” report view to generate either a county- or region-level report, which will allow the End User to select from one of two dimension types: locale or clinical ([Screenshot 156](#)). The region-level report types will allow the End User to view the same metrics reported as the county-level reports ([Screenshot 157](#)).

Screenshot 156: Utilization Report by County: Multistep Report Generation Process

1 Hospital Population

2 County Region

3 Locale Clinical

4 Major Diagnosis Category

5 All

Screenshot 157: Utilization Report by Region: Multistep Report Generation Process

1 Hospital Population 2 County Region 3 Locale Clinical 4 Major Diagnosis Category 5 All

If the End User selects the locale dimension shown in Step 3 of [Screenshot 158](#), they must also select a specific county or all counties as shown in Step 4. After completing all of the steps, a county report will be displayed (9).

Screenshot 158: Utilization Report by County

1 View By Hospital Population 2 Report Type County Region 3 Group By Locale Clinical 4 Select Locale All

County Rates

County rates show use of hospital services by county, such as the number and length of hospital stays for different health conditions or procedures. These rates are based on where patients live, not where the hospitals they visit are located.

[View Rates](#)

All Diagnoses

Narrow by:

Condition or Topic

This report contains both ICD 9 and ICD 10 coded data.

Sort by: Condition or Topic (A1) View by: Condition or Topic [Select Report to Copy](#) Help

By All Counties for Condition or Topic 2015

Condition or Topic	County Number of discharges	County Mean costs in dollars	County Rate of Discharges (Per 1,000 Persons)
	View Trends	View Trends	View Trends
TOTAL U.S. in 2015	35,577,660		
ALL COMBINED View combined report	91,140	\$110,746	6.565
Abdominal hernia View Trends	4,200	\$114,252	0.303
Acute cerebrovascular disease View Trends	7,980	\$106,512	0.575
Alcohol-related disorders View Trends	2,310	\$127,128	0.166
Biliary tract disease View Trends	3,780	\$120,859	0.272
Cancer of other GI organs, peritoneum View Trends	1,890	\$113,355	0.136

In the County and Region Rates reporting path, End Users can choose to see results by individual counties or combined counties or regions, with common groupings provided for ICD–9–CM codes (MDC, DRG, CCS for conditions, or CCS for procedures). To access maps of the data, End Users can select the “View Map” tab and select a specific condition or procedure.

The County and Region Rates reporting path is only available when local inpatient hospital discharge data are loaded. When setting up your MONAHRQ-generated website, you can select the denominator used in the county rates pathway as 1,000, 10,000, or 100,000 people or discharges. It may be more appropriate

to use larger denominators for larger datasets. Note that the AHRQ QIs use a per population denominator of 100,000. To generate a report on a Major Diagnostic Category and diseases and disorders by all counties, the End User should select the “Clinical” radio button in Step 3, with the option of selecting the Major Diagnostic Category and diseases and disorders.

Screenshot 159: Utilization County Report—Stratified

[View Rates](#)

All Diagnoses

Narrow by:

Condition or Topic

Select a Condition or Topic

This report contains both ICD 9 and ICD 10 coded data.

Select Report to Copy

Help

By All Counties for Condition or Topic **2015**

[Back to summary](#)

Condition or Topic	County Number of discharges	County Mean costs in dollars	County Rate of Discharges (Per 1,000 Persons)
TOTAL U.S. in 2015	35,577,660		
Age Group			
<18 View Trends	4,970	\$99,551	1.673
18-44 View Trends	22,890	\$114,958	4.829
45-64 View Trends	20,440	\$104,075	5.301
65+ View Trends	42,840	\$112,977	18.489
Gender			
Male View Trends	42,280	\$112,079	6.223
Female View Trends	48,860	\$109,592	6.893
Race/Ethnicity			
Missing View Trends	91,140	\$110,746	-

Data Sources:
Inpatient Discharge (2015)

* Weighted national estimates from HCUP Nationwide Inpatient Sample (NIS), 2009, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States. Total number

To generate the stratification version of the Major Diagnostic Category report, select the “View Combined Report” link, as shown in [Screenshot 160](#).

Screenshot 160: Utilization Region Report

View Rates

All Diagnoses

Narrowby:

Condition or Topic

Select a Condition or Topic

Sort by: Condition or Topic (A)

View by: Condition or Topic

Select Report to Copy

Help □

Region 1, NH

2015

Condition or Topic	Number of Discharges for Region	Mean costs in dollars for Region	Rate of Discharges for Region (Per 1,000 Persons)
	View Trends	View Trends	View Trends
TOTAL U.S. in 2015	35,577,660		
ALL COMBINED View combined report	33	\$24,556	330
Abdominal hernia	1	\$38,604	10
Benign neoplasm of uterus	1	\$4,937	10
Biliary tract disease	2	\$7,955	20
Blindness and vision defects	1	\$18,664	10
Cancer of rectum and anus	1	\$11,507	10

11.6 Trending Reports

You can generate trending information with the current utilization reports if you add multiple data files from different periods to your website. This will allow trending for the following reports:

- Inpatient Hospital Discharge Utilization Reports
- Emergency Department Reports
- Utilization Rates by County
- Utilization Rates by Region

Please note the following facts regarding trending reports:

1. Trending reports display trend data for a single hospital for one clinical dimension (e.g., MDC, DRG, Procedure Code, or CCS). These clinical dimensions can represent all values combined (e.g., MDC) or can be narrowed down to a specific clinical dimension (e.g., Procedure Code). Trending is displayed at both the summary and stratification levels.
2. Trending reports are not shown to compare multiple hospitals or clinical dimensions.
3. To consider inflation adjustments in cost reports, the CPI (Consumer Price Index) is used.
4. In MONAHRQ 7, trending reports support both yearly and quarterly trends. There is no limit to how many years of data you can trend.
5. The default year is the most current year of your datasets and provides a retrospective trend of your data.

You can click on the “View Trends” link (as shown in [Screenshot 161](#)) to access the Inpatient Hospital Discharge (IP) Utilization Report—Trends Report.

Screenshot 161: Inpatient Hospital Discharge (IP) Utilization Report—Trends Report

[View Rates](#)

This report contains both ICD 9 and ICD 10 coded data.

Sort by: Hospital (A to Z) | View by: Hospital | [Select Report to Copy](#) | [Help](#)

By All Major Diagnostic Category 2015

Hospital	Number of discharges	Mean charges in dollars	Mean costs in dollars	Mean length of stay in days
	View Trends	View Trends	View Trends	View Trends
TOTAL U.S. in 2015	36,484,850	\$36,701		4.510
ALL COMBINED View combined report	92	\$32,819	\$8,789	4.815
View Trends				
Facility 1	1	\$2,606	\$0	5
View Trends				
Facility 10	2	\$56,845	\$23,306	7
View Trends				

You can select a specific hospital to access the stratified utilization statistics by demographic groups (e.g., sex, gender, and race) ([Screenshot 162](#)).

Screenshot 162: IP Utilization Detailed Report (Stratified Report)—Trends Report

[View Rates](#)

View All

Narrow by:

Hospital County

Geographic Region

ZIP Code

Hospital Name

Select a Hospital

Type of Hospital

Facility 49

This report contains both ICD 9 and ICD 10 coded data.

[Back](#) Toggle Quarters

Year	Number of discharges	Mean charges in dollars	Mean costs in dollars	Mean length of stay in days
2015	2	\$6,020	\$4,996	7
	Show Chart	Show Chart	Show Chart	Show Chart

Data Sources:
Inpatient Discharge (2015)

You can choose to view the quarterly utilization statistics by selecting the “Toggle Quarters” ([Screenshot 163](#)) check box within the Inpatient Hospital Discharge (IP) Utilization Report—Trends Report. By default, all quarters will be included in the Inpatient Hospital Discharge (IP) Utilization Report.

Screenshot 163: Inpatient Hospital Discharge (IP) Utilization—Quarterly Trends Report

[View Rates](#)

View All

Narrow by:

Hospital County

Geographic Region

ZIP Code

Hospital Name

Select a Hospital

Type of Hospital

Facility 49

This report contains both ICD 9 and ICD 10 coded data.

[Back](#) Toggle Quarters

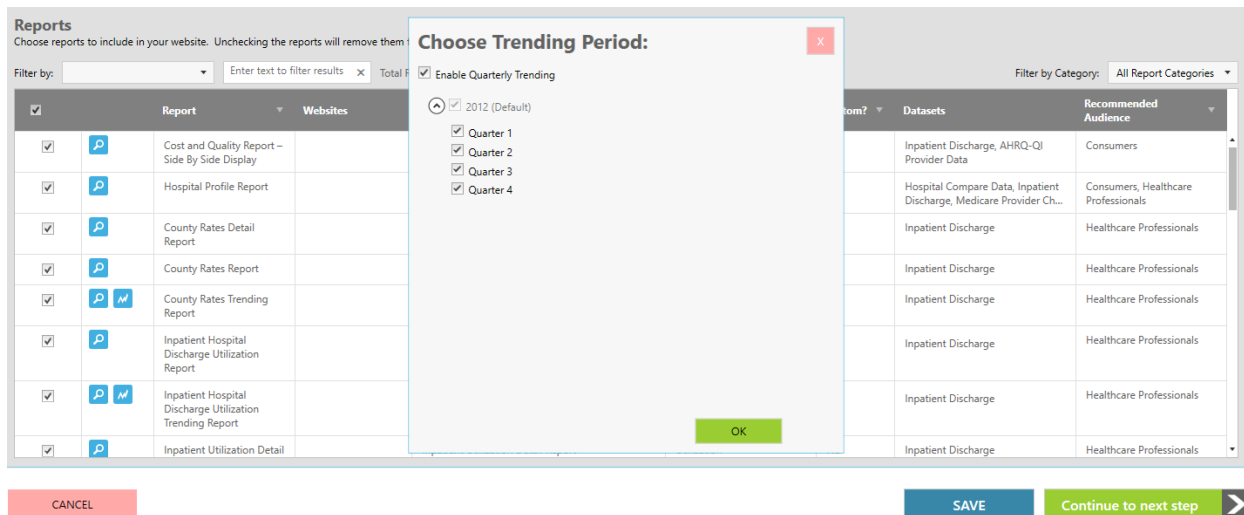
Year	Quarter	Number of discharges	Mean charges in dollars	Mean costs in dollars	Mean length of stay in days
2015	Total	2	\$6,020	\$4,996	7
	Q1	0	-	-	-
	Q2	0	-	-	-
	Q3	0	-	-	-
	Q4	2	\$6,020	\$4,996	7
		Show Chart	Show Chart	Show Chart	Show Chart

Data Sources:
Inpatient Discharge (2015)

If you would prefer to exclude certain quarters from your report, you can configure the trending reports by

deselecting the desired quarters from the “Choose Trending Period” popup window ([Screenshot 164](#)) that can be accessed from the Select Reports screen within the MONAHRQ application.

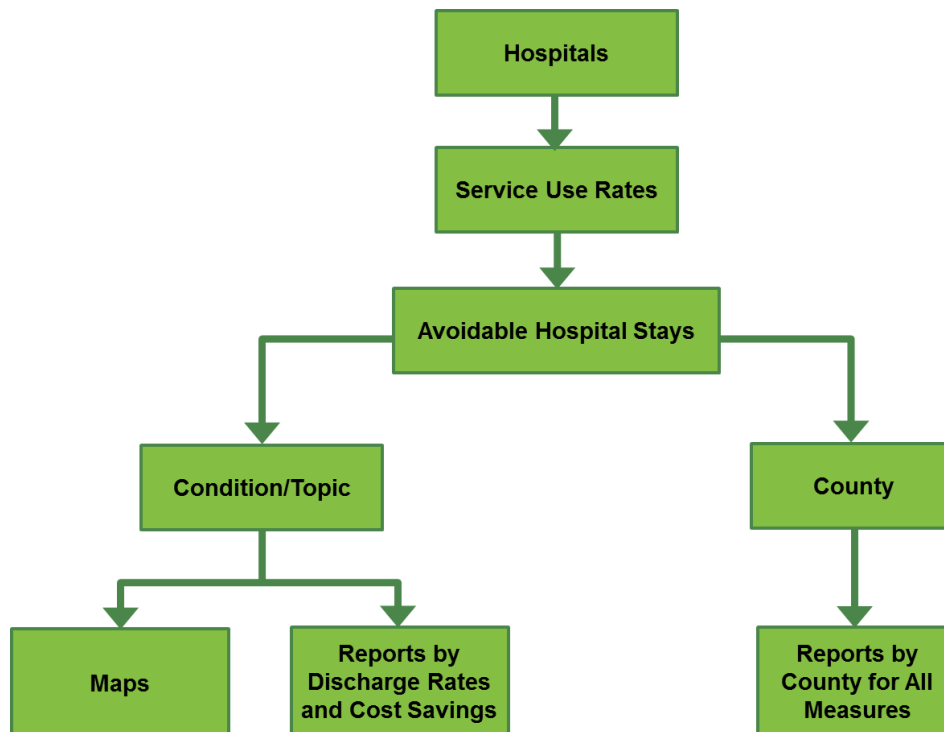
Screenshot 164: Inpatient Hospital Discharge (IP) Utilization Report—Quarterly Trends Report



11.7 Avoidable Hospital Stays Reporting Path

The End User can generate reports utilizing two subpaths under “Avoidable Hospital Stays:” the County subpath and the Condition/Topic subpath. The County subtopic reports on the avoidable hospital stays for selected conditions, for all counties (see [Figure 11](#)). The Health Condition/Topic subpath shows the rates of avoidable hospital stays across a selected county for each of the conditions included in MONAHRQ.

Figure 11: Avoidable Hospital Stays Reporting Path



11.7.1 Avoidable Hospital Stays County Report

By default, the Avoidable Hospital Stays reporting path displays results for avoidable hospital stays by county ([Screenshot 165](#)).

The “Maps” and “By Rates” views are only available when AHRQ QI™ area-level data are loaded. The “By Cost Saving” view is only available when AHRQ QI area-level data include costs.

Screenshot 165: Avoidable Hospital Stays Reporting Subpaths: County or Condition

Avoidable Hospital Stays

An avoidable hospital stay is one that might have been avoided with better medical care outside of the hospital. For example, a diabetes patient who receives good care from her primary care physician might not need a hospital stay for diabetes complications. Hospital stays like these are not always avoidable, but they are potentially avoidable with good quality health care.

Heart Conditions

How often patients are admitted to a hospital for problems related to high blood pressure

[View Rates](#) [View Map](#)

Sort by:

County Name (A to Z) ▾

Help □

[Select Report to Copy](#) □

County	Yearly Rates of Hospital Stays				Yearly Cost Savings per Percentage Reduction in Number of Avoidable Stays					Custom Percentage Go
	Number of Hospital Stays	Number of County Residents	Observed Rate per 100,000 Residents	Risk-Adjusted Rate per 100,000 Residents	10%	20%	30%	40%	50%	
County 1765, NH	65	47,704	136.26	126.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
County 1766, NH	76	38,020	199.89	173.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
County 1767, NH	75	61,181	122.59	124.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
County 1768, NH	78	25,891	301.26	258.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
County 1769, NH	73	68,698	106.26	107.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
County 1770, NH	88	302,015	29.14	30.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
County 1771, NH	83	114,117	72.73	73.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

11.7.2 Avoidable Hospital Stays County Profile Report

The Avoidable Hospital Stays County Profile Report displays detailed statistics by county for any or all of the selected measures, including risk-adjusted rates and cost savings ([Screenshot 166](#)).

Screenshot 166: Avoidable Hospital Stays County Profile Report

[Home](#)
[Hospitals](#)
[Nursing Homes](#)
[Physicians](#)
[Resources](#)
[About Us](#)

[Quality Ratings](#)
[Service Use Rates](#)

1 Find By:
 Condition/Topic
 Specific County

2 Choose County

3 Choose Condition(s)
 Choose the conditions you would like to compare from the table below. You may select one or many. When you are finished click 'Search'.

Procedure Rates
 Diabetes
 Other Conditions
 Chronic Lung Conditions
 Heart Conditions
 Summary scores
 Patient Safety
 Results of care

Avoidable Hospital Stays

An avoidable hospital stay is one that might have been avoided with better medical care outside of the hospital. For example, a diabetes patient who receives good care from her primary care physician might not need a hospital stay for diabetes complications. Hospital stays like these are not always avoidable, but they are potentially avoidable with good quality health care.

Heart Conditions

How often patients are admitted to a hospital for problems related to high blood pressure

County	Yearly Rates of Hospital Stays				Yearly Cost Savings per Percentage Reduction in Number of Avoidable Stays					Custom Percentage <input type="text"/>
	Number of Hospital Stays	Number of County Residents	Observed Rate per 100,000 Residents	Risk-Adjusted Rate per 100,000 Residents	10%	20%	30%	40%	50%	
County 1765, NH	65	47,704	136.26	126.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="button" value="Go"/>
County 1766, NH	76	38,020	199.88	173.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
County 1767, NH	75	61,181	122.58	124.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
County 1768, NH	78	25,891	301.26	258.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

11.7.3 Avoidable Hospital Stays Map Report

End Users can view the Avoidable Hospital Stays Map Report by selecting the “View Map” tab. A map will display the geographic region, shading the selected counties in a blue hue. The map will show the rate of avoidable hospital stays per 100,000 or 1,000 people or discharges, depending on the measures for each county; lighter shades of blue indicate a lower rate ([Screenshot 167](#)).

Screenshot 167: Avoidable Hospital Stays Map Report

Avoidable Hospital Stays

An avoidable hospital stay is one that might have been avoided with better medical care outside of the hospital. For example, a diabetes patient who receives good care from her primary care physician might not need a hospital stay for diabetes complications. Hospital stays like these are not always avoidable, but they are potentially avoidable with good quality health care.

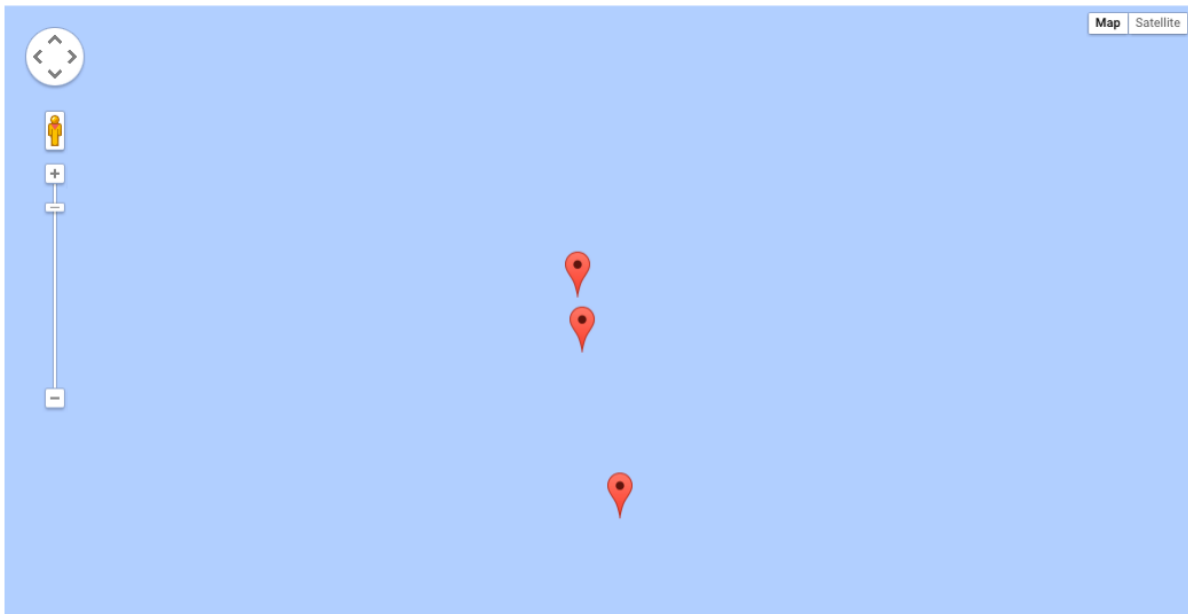
Heart Conditions

How often patients are admitted to a hospital for problems related to high blood pressure

[View Rates](#)

[View Map](#)

Help



CHAPTER 12. CONSUMER WEBSITE OVERVIEW

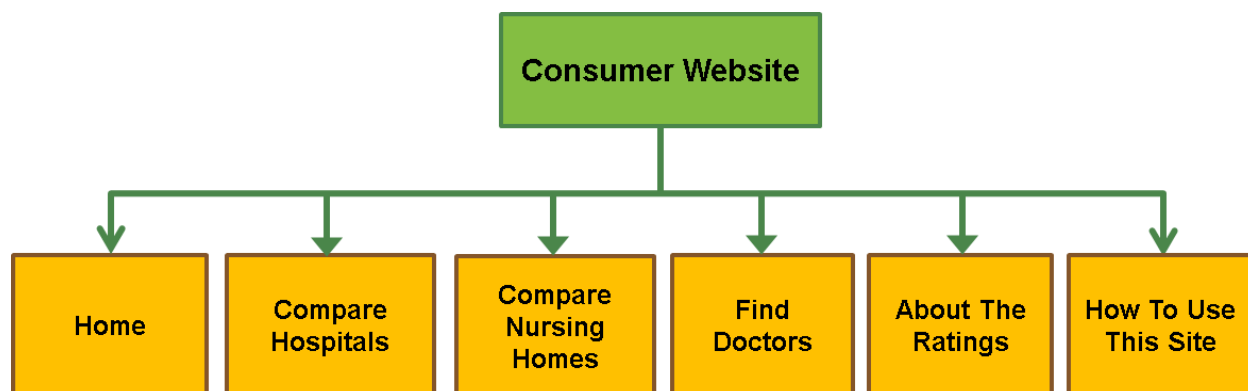
As detailed in [Section 1.3](#), MONAHRQ-generated websites can be created with two different audiences in mind: health care professionals or consumers. This chapter provides a detailed description of the features and functions included in a website generated for a consumer audience. The consumer audience includes the general public, patients, and caretakers. End Users visiting your website are likely to want to compare the quality and cost of health care professionals, see how a particular health care professional performs, assess the quality of care provided for a specific condition, or access profile data for specific hospitals, nursing homes, or doctors in your area. MONAHRQ-generated consumer websites allow End Users to access information about local health care professionals and compare the cost and quality of health care professionals to make more informed health care decisions.

12.1 Consumer Website Organization

12.1.1 Website Layout It

Depending on the data included during the website generation process, the consumer website can be organized into six distinct pages, each with its own specific features and functionality: Home, Compare Hospitals, Compare Nursing Homes, Find Doctors, About The Ratings, and How To Use This Site ([Figure 12](#)).

Figure 12: Consumer Website Site Map



12.1.2 Website Header and Footer Sections

To maintain consistency on the consumer website, the header and footer sections display the same content and links on each page.

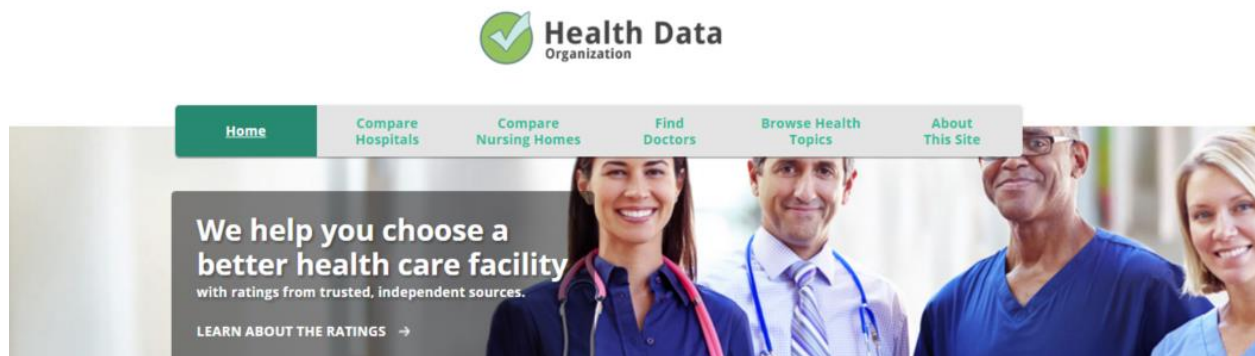
12.1.2.1 Website Header

The website header ([Screenshot 168](#)) includes the navigation menu tabs, which are Home, Compare Hospitals, Compare Nursing Homes, Find Doctors, About The Ratings, and How To Use This Site. The End User can use these tabs to navigate to pages that will allow them to view specific reports or learn more about topics related to health care quality.

Some host organizations may allow End Users to switch between the two audience orientations of the website. If this option is available, a link to the hosting organization's health care professional website will display at the top of the consumer website's header. Clicking on the "Are you a health care professional looking for Service Use Rates? Find them here." link will display a website that is oriented more toward a health care professional audience. (More information regarding the health care professional website can

be found in [Chapter 10](#).) If the End User would prefer to view only the consumer-oriented website, they can close this bar by clicking on the “X” button at the top right of the screen.

Screenshot 168: Consumer Website Header



The top right corner of the website header includes “Print,” “Share This Page,” and “Feedback” buttons. There may be times when an End User will want a paper copy of the information that displays on the website. Clicking on the “Print” button allows an End User to print information directly from the website. After clicking on the “Print” button, the End User can preview the selected information and adjust the print settings as needed and then click on the “Print” button on the preview page to print the selected information.

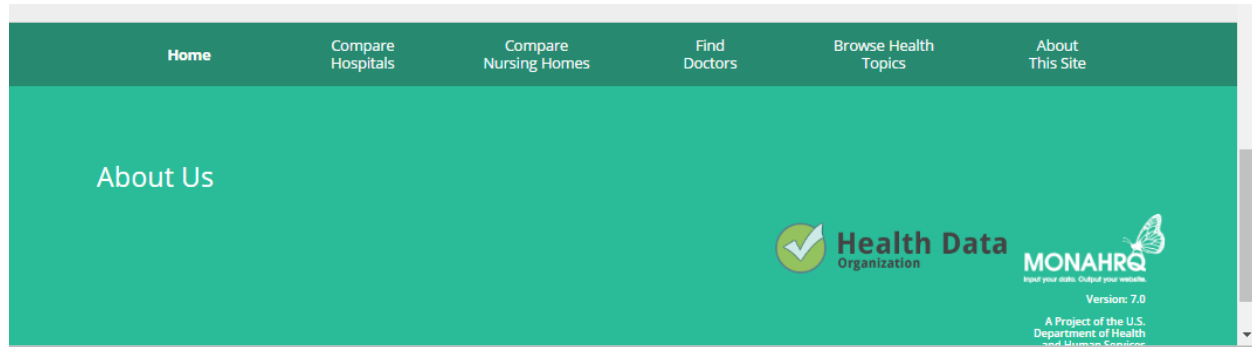
The “Share This Page” feature allows an End User to share website content with another person. When they click on the “Share this Page” button, their default email program will open, allowing them to easily send a direct link to the specific content they were viewing to an email recipient of their choosing.

The “Feedback” feature allows an End User to submit feedback to the website’s hosting organization. When an End User clicks on the “Feedback” button, a dropdown menu with various feedback topics will appear. Once they select a feedback topic from the dropdown menu and click on “Continue,” their email application will launch. The subject line of the email will be the topic the End User selected from the dropdown menu. After the End User drafts an email, they can then send it to the hosting organization.

12.1.2.2 Website Footer

The consumer website footer ([Screenshot 169](#)) displays the same information on the bottom of each page. The footer contains the following sections: (1) a navigation menu that mirrors the top navigation menu, which will help End Users quickly access specific pages without having to scroll back up to the top menu bar; (2) an “About Us” section that provides a brief description of the hosting organization; (3) the consumer client logo; (4) the MONAHRQ® logo; (5) the website terms and conditions; and (6) a disclaimer.

Screenshot 169: Consumer Website Footer



12.1.3 Getting Started

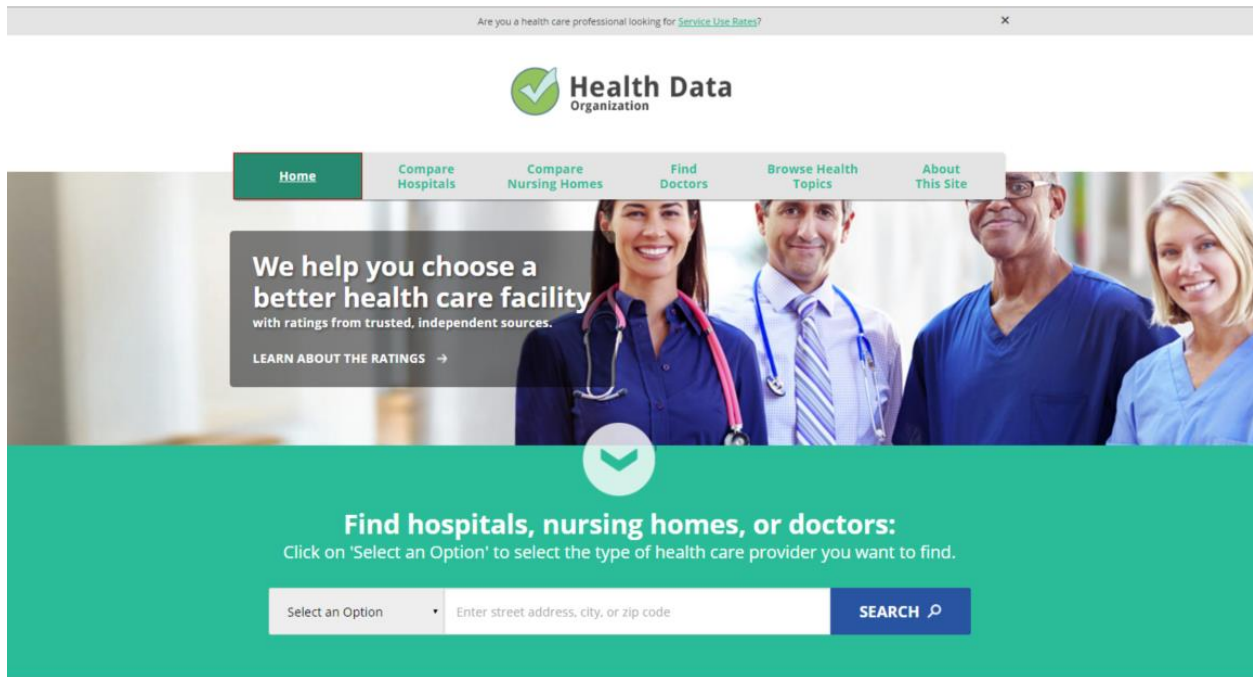
The “How to Use This Site” and “About the Ratings” pages provide educational content to help new End Users easily navigate through the website and understand the information displayed within its pages. Additionally, most pages provide links to more descriptive context, if detailed information for that entity exists. For example, a small informational icon displays throughout the website, and clicking on it will display a popup window that provides educational content.

12.2 Home Page

12.2.1 Home Page Layout

When an End User accesses the consumer website, the first page they will see is the home page ([Screenshot 170](#)). The home page allows an End User to quickly search for hospital ratings, nursing home ratings, and doctors. Additionally, an End User can learn about quality and why it should be important to them by either reviewing the educational content on the page or by watching a short video. The home page also provides links to more detailed information regarding hospital quality ratings, nursing home quality ratings, and how to compare doctors.

Screenshot 170: Consumer Website Home Page



12.2.2 Home Page Quick Search

The home page includes a quick search feature that allows an End User to search for hospitals, nursing homes, or doctors by location. To begin, an End User must first select the type of search they would like to run from the “Select an Option” dropdown menu ([Screenshot 171](#)).

Screenshot 171: Consumer Website Home Page Quick Search Dropdown Menu



Once an End User has selected the type of search they would like to run, they must enter location search criteria (i.e., street address, city, or ZIP Code). Searches for hospitals, nursing homes, or doctors are all based on location, so you must enter either a street address (e.g., 1234 Main Street), a city (e.g., Any City), or a ZIP Code (e.g., 02020). Clicking on the “Search” button will then run the search. The search results page will display a list of results based on the criteria entered. By default, the distance range that is included in the home page search for hospitals or nursing homes is 25 miles. The home page search for doctors uses an exact match for the ZIP Code or city and does not include a distance range component.

12.3 Compare Hospitals

Clicking on the “Compare Hospitals” button on the top navigation menu displays the Hospital Quality Ratings Search Page ([Screenshot 172](#)).

Screenshot 172: Hospital Quality Ratings Search Page

The screenshot shows the Health Data Organization website. At the top left is the logo with a green checkmark and the text 'Health Data Organization'. To the right are 'PRINT' and 'SHARE THIS PAGE' buttons. Below is a navigation bar with 'Home', 'Compare Hospitals' (highlighted), 'Compare Nursing Homes', 'Find Doctors', 'Browse Health Topics', and 'About This Site'. The main content area is green and contains the heading 'Find hospitals in your area:'. Below this are two input fields: 'ENTER LOCATION:' with a placeholder 'Enter address, city or zip code' and 'SELECT DISTANCE RANGE:' with a dropdown menu showing '200 Mile(s)'. To the right of these fields is a blue button labeled 'SHOW RESULTS BELOW'.

From this page, there are two reporting paths an End User can follow to build a Hospital Quality Ratings Report ([Figure 13](#)):

1. Hospital Quality Ratings Report by Geographic Location
2. Hospital Quality Ratings Report by Condition or Health Topic

Figure 13: Hospital Quality Ratings Reporting Paths



12.3.1 Generating a Hospital Quality Ratings Report by Geographic Location

Because an End User’s proximity to a hospital may be a critical component of their hospital search, all searches for hospital ratings can be based on geographic location. To generate a Hospital Quality Ratings Report based only on geographic location, there are three main search criteria you can enter to narrow down the list of hospitals in your search results: street address (e.g., 1234 Main Street), city (e.g., Any City), or ZIP Code (e.g., 02020).


An End User must also include a distance range component in their search. The “Select Distance Range” dropdown feature allows an End User to see the ratings for hospitals within a certain search area. For example, if an End User does not want to travel more than 60 miles for a hospital visit, they would include the “60 Mile(s)” selection from the dropdown menu after entering their specified location.





After entering geographic location search criteria, clicking on the “Show Results Below” button will return a list of hospitals that match the criteria entered ([Screenshot 173](#)).

Screenshot 173: Hospital Quality Ratings Report for Geographic Location Search

Compare Your Results To The: National Average State Average Help

There are 10 hospitals in your area.
 Select up to 5 hospitals from the list below to compare hospital ratings.
 If you want to view ratings for only one hospital, click on the hospital name.

[View these results on a map](#)
 Hospitals within 200 miles of 03106 

Select: (To Compare)	Hospital Name:	General Information:	How well did this hospital rate on whether patients would recommend it to family and friends: 
<input type="checkbox"/>	Facility 1 Any City, ST (0 Miles)	Total Beds: 555 Phone Number: 555-555-5555 Hospital Type: General	 BETTER THAN AVERAGE
<input type="checkbox"/>	Facility 10 Any City, ST (0 Miles)	Total Beds: 555 Phone Number: 555-555-5555 Hospital Type: General	 BELOW AVERAGE
<input type="checkbox"/>	Facility 11 Any City, ST (0 Miles)	Total Beds: 555 Phone Number: 555-555-5555 Hospital Type: General	 AVERAGE

The Hospital Quality Ratings Report displays the hospital name, general information, and patient experience results for the hospitals that match an End User’s search criteria. The “Select” column allows an End User to select specific hospitals to compare side-by-side for various conditions and health topics. The “Hospital Name” column identifies all of the hospitals found within the specified geographic location. The “General Information” column displays hospital metadata to allow an End User to quickly compare basic information between the listed hospitals. The “How well did this hospital rate on whether patients would recommend it to family and friends” column displays the overall rating for each hospital.

There are four quality rating scores: (1) The hospital scored better than average, (2) The hospital scored average, (3) The hospital scored below average, and (4) The hospital did not have enough data to report. The quality rating scores are defined below.

- **Better than average**—This quality rating score category uses a green upright triangle symbol to indicate that the hospital scored better than average.
- **Average**—This quality rating score category uses a blue circle symbol to indicate that a hospital scored average.
- **Below average**—This quality rating score category uses a yellow downward triangle symbol to indicate that a hospital scored below average.
- **Not enough data to report**—This quality rating score category uses a text symbol to indicate that a hospital did not have enough information to report.

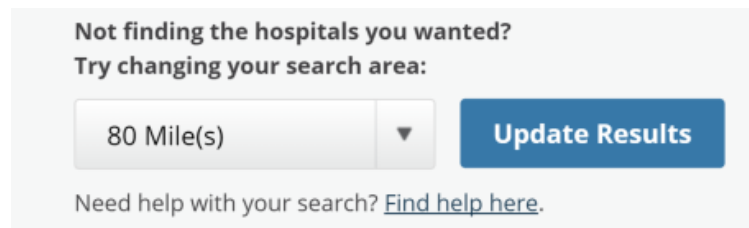
By default, the quality ratings report displays ratings as compared to the statewide average, as shown in the “Compare Your Results To The:” dropdown menu that displays at the top of the report ([Screenshot 174](#)). If an End User would prefer to view the hospital quality ratings report as compared to the national average, simply change the selection and the report will automatically update the End User’s list of results.

Screenshot 174: Update Hospital Quality Ratings Results Based on State or National Average

Compare Your Results To The: National Average | State Average

The list of hospitals returned by an End User’s original search may be either too small or too big. An End User can easily update the distance range option for their search by changing the search area. The “Not finding the hospitals you wanted? Try changing your search area” dropdown menu at the bottom of the Hospital Quality Ratings Report allows an End User to update their list of results ([Screenshot 175](#)). To include more hospitals in their report, End Users can expand the search area by changing the distance range to a higher number; to decrease the number of hospitals returned in their report, End Users can change the distance range to a lower number.

Screenshot 175: Update Hospital Quality Ratings Report Results



12.3.2 Generating a Hospital Side-by-Side Comparison Report

The Hospital Quality Ratings Report can also be refined so that an End User can compare the quality ratings for up to five hospitals in more detail. Clicking on the checkboxes next to two or more hospitals enables the “Compare” button that displays in the first column of the Hospital Quality Ratings Report. Clicking on more than five hospitals will disable the “Compare” button ([Screenshot 176](#)) because the report can only compare two to five hospitals.

Screenshot 176: Hospital Quality Ratings Compare Button

Compare Your Results To The: National Average | State Average

[Help](#)

There are 10 hospitals in your area.

Select up to 5 hospitals from the list below to compare hospital ratings. If you want to view ratings for only one hospital, click on the hospital name.

[View these results on a map](#)
Hospitals within 200 miles of 03106



Select: (To Compare)	Hospital Name:	General Information:	How well did this hospital rate on whether patients would recommend it to family and friends: <input type="radio"/>
<input checked="" type="checkbox"/>	Facility 1 Any City, ST (0 Miles)	Total Beds: 555 Phone Number: 555-555-5555 Hospital Type: General	BETTER THAN AVERAGE
<input checked="" type="checkbox"/>	Facility 10 Any City, ST (0 Miles)	Total Beds: 555 Phone Number: 555-555-5555 Hospital Type: General	BELOW AVERAGE
<input type="checkbox"/>	Facility 11 Any City, ST (0 Miles)	Total Beds: 555 Phone Number: 555-555-5555 Hospital Type: General	AVERAGE

Clicking on the “Compare” button will display a page that only includes the hospitals selected for the comparison report. On this page, an End User can also select conditions or health topics. An End User can run their comparison report based on the state or nationwide average ([Screenshot 177](#)).

Screenshot 177: Hospital Side-by-Side Comparison Report

Hospitals you selected:	Facility 1	Facility 28
Select different hospitals		
Select conditions and/or topics you are interested in: Hide Topics		
<input type="checkbox"/> Childbirth	<input type="checkbox"/> Heart surgeries and procedures	<input type="checkbox"/> Patient survey results
<input type="checkbox"/> COPD(Chronic Obstructive Pulmonary Disease)	<input type="checkbox"/> Hip or knee replacement surgery	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Emergency department (ED)	<input type="checkbox"/> Imaging	<input type="checkbox"/> Prevention of blood clots
<input type="checkbox"/> Health Care Cost and Quality	<input type="checkbox"/> Infections acquired in the hospital	<input type="checkbox"/> Stroke
<input type="checkbox"/> Heart attack and chest pain	<input type="checkbox"/> Other surgeries	<input type="checkbox"/> Summary Scores
<input type="checkbox"/> Heart failure	<input type="checkbox"/> Patient safety	<input type="checkbox"/> Surgical patient safety

Once an End User has selected conditions and/or health topics, the Side-by-Side Hospital Quality Ratings Report ([Screenshot 178](#)) will display.

Screenshot 178: Side-by-Side Hospital Quality Ratings Report

Hospitals you selected: [Select different hospitals](#) Facility 1 Facility 28

Select conditions and/or topics you are interested in: [Show Topics](#)

Hip or knee replacement surgery [Hide Ratings](#)

Results of care [Hide](#)

Returning to the hospital after getting hip or knee replacement surgery	AVERAGE	NOT ENOUGH DATA TO REPORT
Complications after hip or knee replacement surgery	BETTER THAN AVERAGE	NOT ENOUGH DATA TO REPORT

The report will include quality ratings for the selected hospitals on the measures included in the conditions and/or health topics. There are four quality rating scores: (1) The hospital scored better than average, (2) The hospital scored average, (3) The hospital scored below average, and (4) The hospital did not have enough data to report. The quality rating scores are defined below.

- **Better than average**—This quality rating score category uses a green upright triangle symbol to indicate that the hospital scored better than average.
- **Average**—This quality rating score category uses a blue circle symbol to indicate that a hospital scored average.
- **Below average**—This quality rating score category uses a yellow downward triangle symbol to indicate that a hospital scored below average.
- **Not enough data to report**—This quality rating score category uses a text symbol to indicate that a hospital did not have enough information to report.

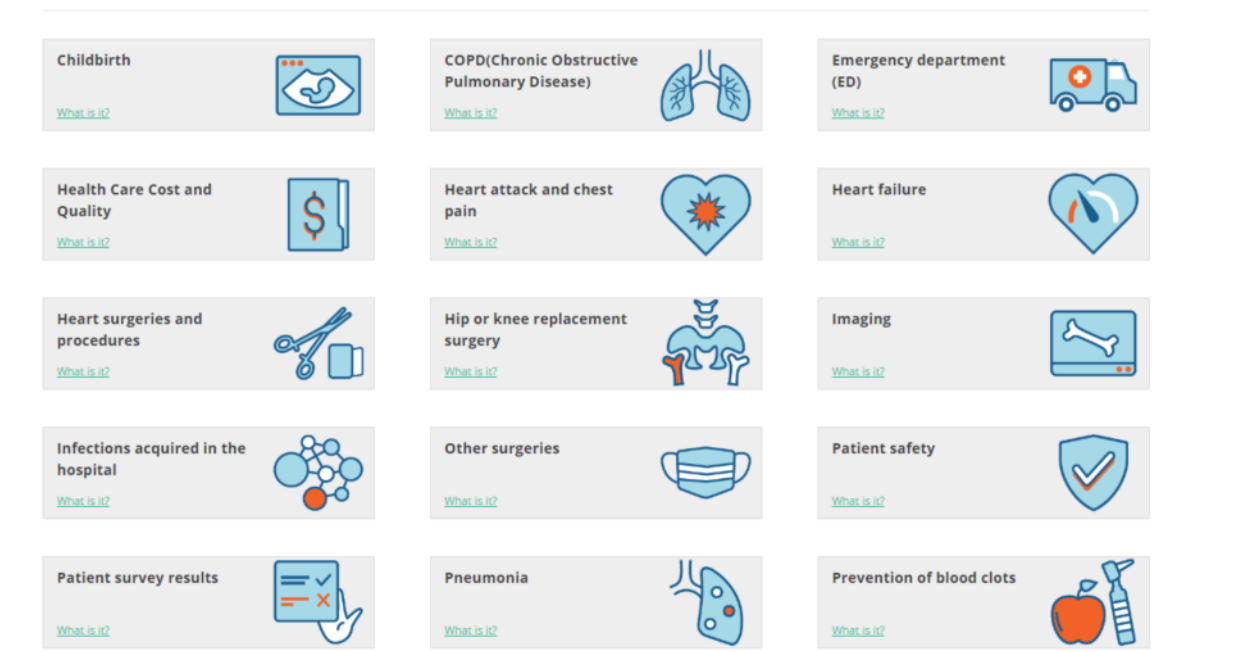
By default, the rating report is based on an End User’s state average, as shown by the “Compare Your Results To The:” option that displays at the top of the report. If an End User would prefer to view the hospital ratings report as compared to the national average, they can simply change the selection and the report will automatically update the list of results.

12.3.3 Generating a Hospital Quality Ratings Report by Condition or Health Topic

An End User may already be aware of a specific condition or health topic that they would like to research with respect to hospital ratings. If that is the case, an End User can add this criteria to their initial hospital search. To select a specific condition or health topic, click on the “Or compare by condition below” link that displays on the main Compare Hospitals page ([Screenshot 172](#)). An End User can also access this list of conditions and health topics by scrolling to the bottom of the Compare Hospitals page ([Screenshot 179](#)).

Screenshot 179: Conditions and Health Topics List

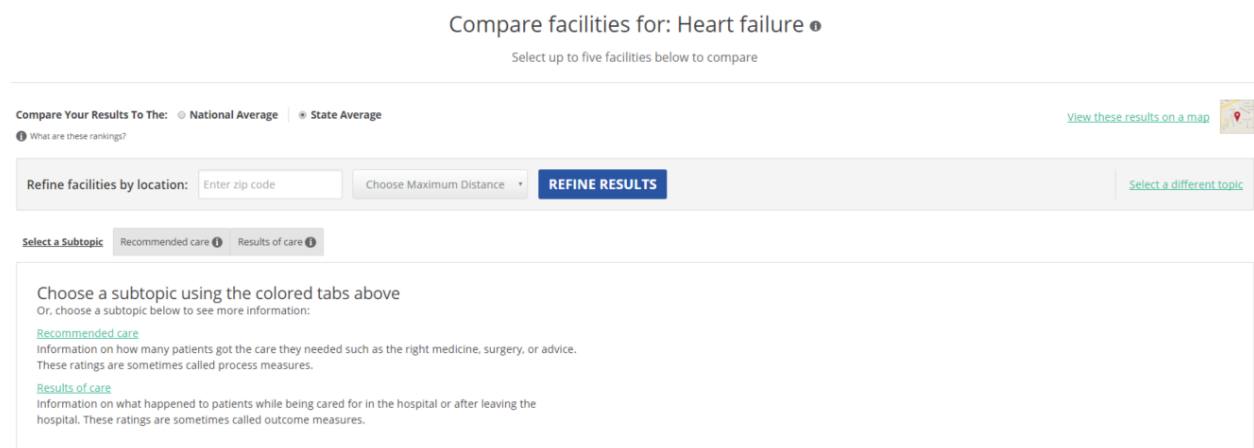
Health Topics



To display more details about any specific condition or health topic, click on the blue information button to the right of each health topic or condition.

Clicking on a condition or health topic displays the Hospital Quality Ratings Report for that condition or health topic. All available subtopics within the condition or health topic display in both a list and tabbed format which allows an End User to easily navigate between the subtopic(s) associated with their selected condition or health topic. For example, for the Heart Failure condition ([Screenshot 180](#)), there are two subtopics: Recommended Care and Results of Care.

Screenshot 180: Hospital Quality Ratings by Condition or Health Topic—Subtopics Display



Clicking on either of the links for the associated subtopics displays the Hospital Quality Ratings Report by Condition or Health Topic Displayed By Subtopic ([Screenshot 181](#)).

Screenshot 181: Hospital Quality Ratings Report by Condition or Health Topic Displayed by Subtopic

Compare facilities for: Heart failure ●
Select up to five facilities below to compare

Compare Your Results To The: National Average State Average [View these results on a map](#)

What are these rankings?

Refine facilities by location: Choose Maximum Distance [Select a different topic](#)

Select a Subtopic: Recommended care **Results of care**

Sort By: Name, a to z

Select: (To Compare)	Hospital Name:	Dying within 30-days after getting care in the hospital for heart failure	Returning to the hospital after getting care for heart failure	How often patients die in the hospital after heart failure
<input type="checkbox"/>	Facility 3 Any City, NH	State Mean 12.5 ● AVERAGE	State Mean 22.2 ● AVERAGE	State Mean 0.0000 ● AVERAGE
<input type="checkbox"/>	Facility 10 Any City, NH	● AVERAGE	▲ BETTER THAN AVERAGE	● AVERAGE
<input type="checkbox"/>	Facility 11 Any City, NH	● AVERAGE	● AVERAGE	NOT ENOUGH DATA TO REPORT

The Hospital Quality Ratings Report by Condition or Health Topic Displayed by Subtopic will display the hospital name and the measures associated with the selected subtopic. There are four quality rating scores: (1) The hospital scored better than average, (2) The hospital scored average, (3) The hospital scored below average, and (4) The hospital did not have enough data to report. The quality rating scores are defined below.

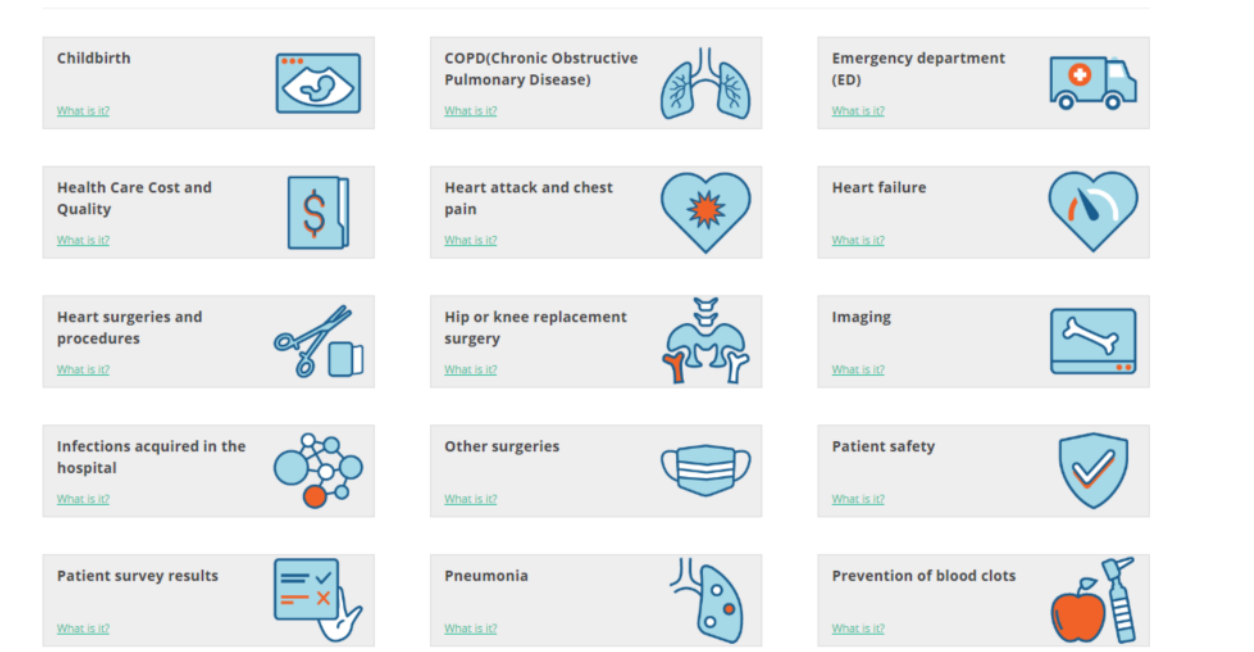
- **Better than average**—This quality rating score category uses a green upright triangle symbol to indicate that a hospital scored better than average.
- **Average**—This quality rating score category uses a blue circle symbol to indicate that a hospital scored average.
- **Below average**—This quality rating score category uses a yellow downward triangle symbol to indicate that a hospital scored below average.
- **Not enough data to report**—This quality rating score category uses a text symbol to indicate that a hospital did not have enough information to report.

By default, the rating report is compared to an End User’s state average, as shown by the “Compare Your Results to The:” option that displays at the top of the report. If an End User would prefer to view the hospital ratings report as compared to the national average, they can simply change the selection and the report will automatically update the list of results.

An End User may find that the list of hospitals returned by their original search is too big. If that is the case, the End User can add location criteria to their condition or health topics search. The search criteria section at the top of the page allows an End User to update their Hospital Quality Ratings Report to include a ZIP Code and related distance range. Clicking on the “Refine Results” button will reduce the search area for the condition or health topic search and modify the list of results in the Hospital Quality Ratings Report by Condition or Health Topic ([Screenshot 182](#)).

Screenshot 182: Hospital Quality Ratings Search Page—Compare by Health Topic or Condition

Health Topics



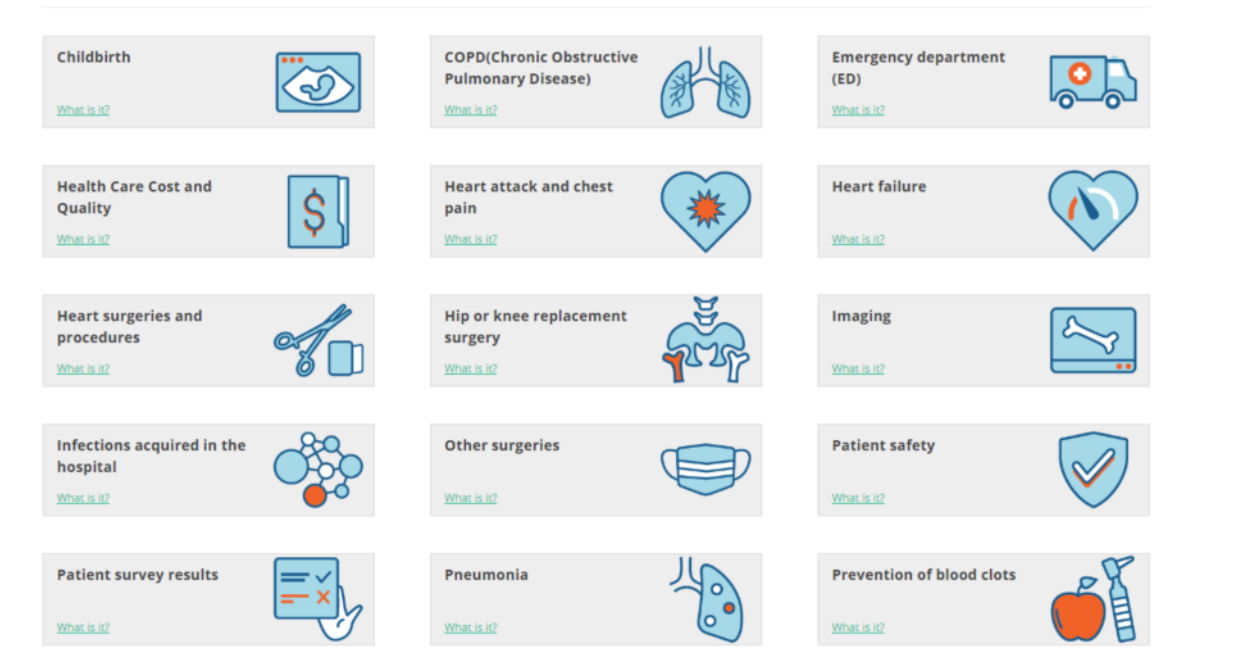
Once an End User has narrowed down their list of results, they may find it helpful to compare a short list of hospitals side-by-side. Specific instructions on how to generate a Hospital Side-by-Side Comparison Report are detailed in [Section 12.3.2](#).

12.3.4 **Generating a Cost and Quality Report—Side-by-Side Display**

The Cost and Quality Report—Side-by-Side Display ([Screenshot 186](#)) is a hospital comparison report that displays the number of treated patients and the average cost to a hospital for a procedure alongside the hospital's quality ratings. The report can be accessed in two ways. The first way is from the Health Care Cost and Quality Ratings Report ([Screenshot 184](#)). An End User can access this report from the Compare Hospitals page by clicking on the "Health Care Cost and Quality" topic from the Health Topics list ([Screenshot 183](#)).

Screenshot 183: Cost and Quality Report—Side-by-Side Display Accessed By Health Care Cost and Quality Search Step 1

Health Topics



Clicking on the Health Care Cost and Quality health topic displays a hospital quality ratings report for all hospitals that have data available for the subtopic. To view the Cost and Quality Report—Side-By-Side Display, an End User must first choose at least two and no more than five hospitals for comparison. This enables the “View Cost for Care” button ([Screenshot 184](#)).

Screenshot 184: Cost and Quality Report—Side-by-Side Display Accessed By Health Care Cost and Quality Search Step 2

Compare Your Results To The: National Average State Average

What are these rankings?

Refine facilities by location:

Select a Subtopic: Heart Surgeries and Procedures Hip replacement surgery

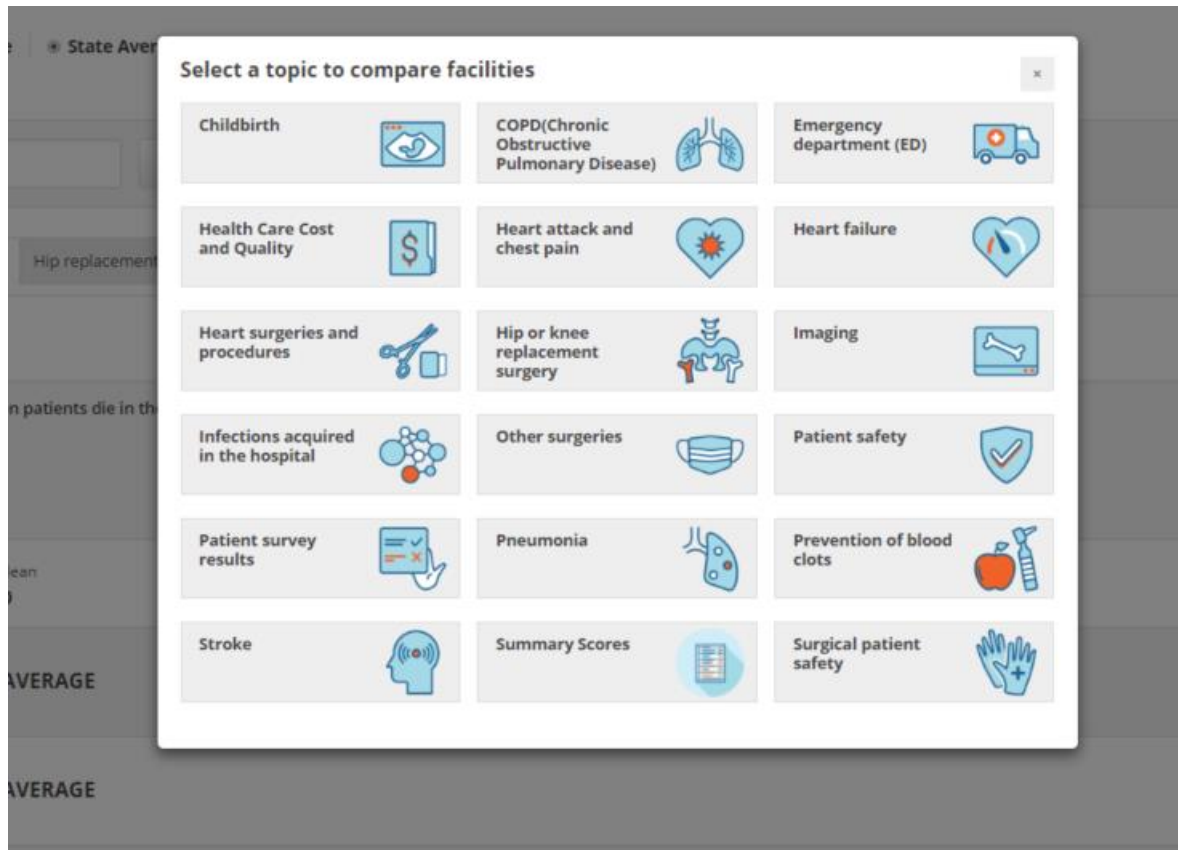
Sort By:

Select: Hospital Name: How often patients die in the hospital during or after having a surgery to bypass a blocked blood vessel in the heart

		State Mean 0.0000
<input checked="" type="checkbox"/>	Facility 1 Any City, NH	AVERAGE
<input checked="" type="checkbox"/>	Facility 10 Any City, NH	AVERAGE
<input type="checkbox"/>	Facility 11 Any City, NH	NOT ENOUGH DATA TO REPORT
<input type="checkbox"/>	Facility 12 Any City, NH	NOT ENOUGH DATA TO REPORT

The second way to access the Cost and Quality Report—Side-by-Side Display is from a Hospital Quality Ratings Report ([Screenshot 176](#)). Selecting between two and five hospitals to compare and then choosing the Health Care Cost and Quality health topic will enable the “View Cost for Care” button ([Screenshot 185](#)).

Screenshot 185: Cost and Quality Report—Side-by-Side Display Accessed From Hospital Quality Ratings Report



Clicking on the “View Cost for Care” button from either report will display the Cost and Quality Report—Side-by-Side Display ([Screenshot 186](#)) for subtopics that have the data necessary to generate this report.

Screenshot 186: Cost and Quality Report—Side-by-Side Display

Compare Quality Ratings To The: National Average State Average Help

Heart Surgeries and Procedures

This displays shows information about how well hospitals perform on Heart Surgeries and Procedures for three topics:

- > (1) hospital quality, shown by how often patients die in the hospital after getting this surgery;
- > (2) hospital cost, shown by the dollars the hospital usually spends on this surgery; and
- > (3) how many surgeries are performed each year.

	State Average	Facility 1	Facility 10
Quality Rating How often patients die in the hospital during or after having a surgery to bypass a blocked vessel in the heart. How often patients die in the hospital during or after having a surgery to bypass a blocked blood vessel in the heart ⓘ (Rates show the number of deaths per 100 surgeries)	(0.0000)	AVERAGE (0.0000)	AVERAGE (0.0000)
Number of Surgeries These numbers show the number of times a surgery to bypass a blocked blood vessel in the heart was performed in each hospital. These numbers show the number of times a surgery was performed in each hospital. A higher number of surgeries at the hospital often means that a hospital provides better quality care. Number of bypass a blocked blood vessel in the heart surgeries performed ⓘ	C	-	-
Average Surgery Cost These dollar amounts show the average cost to the hospital for a blocked blood vessel bypass surgery. A higher average cost to the hospital does not always mean a hospital provides better quality care. Your costs (what you pay yourself) will also depend on details of your surgery, and insurance coverage. Remember, higher cost do not always mean higher quality. Average cost to the hospital for a surgery to bypass blocked blood vessels in the heart ⓘ	0	-	-

By default, the rating report is compared to your state average, as shown in the “Compare Quality Ratings To The:” option that displays at the top of the report. If an End User would prefer to view the hospital ratings report as compared to the national average, they can simply change the selection and the report will automatically update the list of results.

12.3.5 Hospital Profile Report

An End User can view detailed hospital information via the Hospital Profile Report throughout the website by clicking on a hospital’s name. This report contains the overall quality rating, average number of patients treated per year, and key attributes for each hospital, including the institution name, address, hospital description, and a location map ([Screenshot 187](#)).

Screenshot 187: Hospital Profile Report

Facility 1 Help me understand this report

How patients recommend this facility overall **BETTER THAN AVERAGE**

1234 Main Street
Any City, NH 03301
(2 miles away from zip code 03301)

1234 Main Street
Any City, NH 03301
(2 miles away from zip code 03301)

Phone Number: 555-555-5555
Total Beds: 555

Compare to hospitals within: Choose Maximum Distance **Go**

QUALITY RATINGS **DOCTORS THAT CAN ADMIT YOU TO THIS HOSPITAL**

Select a topic from the list below to see how well this hospital takes care of their patients

Compare Results To: National Average State Average **Show Ratings**

Health Topics

COPD(Chronic Obstructive Pulmonary Disease)	Show Ratings
Childbirth	Show Ratings
Emergency department (ED)	Show Ratings
Health Care Cost and Quality	Show Ratings
Heart attack and chest pain	Show Ratings
Heart failure	Show Ratings
Heart surgeries and procedures	Show Ratings
Hip or knee replacement surgery	Show Ratings
Imaging	Show Ratings
Infections acquired in the hospital	Show Ratings

Additionally, the right lower pane displays two tabs: Quality Ratings and Doctors That Can Admit You to This Hospital.

Quality Ratings ([Screenshot 188](#)): This tab displays a list of all conditions and health topics for which quality data are available. Clicking on a specific condition or health topic will display a detailed ratings report for the specified hospital.

Screenshot 188: Hospital Quality Ratings Hospital Profile Report—Ratings for Conditions and Health Topics

The screenshot shows a web interface for hospital quality ratings. At the top, there are two tabs: 'QUALITY RATINGS' (active) and 'DOCTORS THAT CAN ADMIT YOU TO THIS HOSPITAL'. Below the tabs, there is a heading 'Select a topic from the list below to see how well this hospital takes care of their patients'. Underneath, there are radio buttons for 'Compare Results To: National Average' (selected) and 'State Average'. A green 'Show Ratings' button is on the right. The main content is a table with 13 rows, each representing a health topic and a 'Show Ratings' link.

Health Topics	
COPD(Chronic Obstructive Pulmonary Disease) ⓘ	Show Ratings
Childbirth ⓘ	Show Ratings
Emergency department (ED) ⓘ	Show Ratings
Health Care Cost and Quality ⓘ	Show Ratings
Heart attack and chest pain ⓘ	Show Ratings
Heart failure ⓘ	Show Ratings
Heart surgeries and procedures ⓘ	Show Ratings
Hip or knee replacement surgery ⓘ	Show Ratings
Imaging ⓘ	Show Ratings
Infections acquired in the hospital ⓘ	Show Ratings
Other surgeries ⓘ	Show Ratings
Patient safety ⓘ	Show Ratings

Doctors That Can Admit You to This Hospital ([Screenshot 189](#)): This tab displays a list of all doctors that have admitting privileges to a hospital as displayed by their specialty. Clicking on a specialty will display all of the doctors who practice that specialty and have admitting privileges to the hospital. Clicking on a specific doctor name will display the Doctor Profile Report, which is described in [Section 12.5.3](#).

Screenshot 189: Hospital Quality Ratings Hospital Profile Report—Doctors That Can Admit You to This Hospital

QUALITY RATINGS DOCTORS THAT CAN ADMIT YOU TO THIS HOSPITAL

Select a topic from the list below to see which physicians specialize in that topic

DERMATOLOGY	Show Physicians Hide Physicians
MAYRA BEAUCHAMP	
ANTHONY AVERSA	
PETER SANDS	
STEPHEN DELGIUDICE	
PASCAL FERZLI	
EMERGENCY MEDICINE	Show Physicians
OBSTETRICS/GYNECOLOGY	Show Physicians
FAMILY PRACTICE	Show Physicians
NURSE PRACTITIONER	Show Physicians
RHEUMATOLOGY	Show Physicians
CARDIOVASCULAR DISEASE (CARDIOLOGY)	Show Physicians
DIAGNOSTIC RADIOLOGY	Show Physicians
INTERNAL MEDICINE	Show Physicians

12.4 Compare Nursing Homes

12.4.1 Nursing Home Search Page

Clicking on the “Compare Nursing Homes” tab on the top navigation menu displays the Nursing Homes Search Page ([Screenshot 190](#)).

Screenshot 190: Nursing Homes Search Page

Health Data Organization

PRINT SHARE THIS PAGE

Home Compare Hospitals **Compare Nursing Homes** Find Doctors Browse Health Topics About This Site

Compare nursing homes by location:

ENTER LOCATION: SELECT DISTANCE RANGE:

Enter address, city or zip code 200 Mile(s) **SHOW RESULTS BELOW**

12.4.2 Generating a Nursing Home Ratings Report by Geographic Location

Because the location of a nursing home is likely to be a critical component of an End User’s search, all searches for nursing home ratings are based on geographic location. To generate a nursing home ratings report, there are three main search criteria that an End User can enter to narrow down the list of nursing homes returned in their report: street address (e.g., 1234 Main Street), city (e.g., Any City), and ZIP Code (e.g., 02020).


For each of the three location criterion, an End User must also include a distance range in their search. The “Select Distance Range” dropdown feature allows an End User to narrow down their results within a certain search area. For example, if an End User is only interested in nursing homes within 30 miles of your ZIP Code, they would include the “30 Mile(s)” selection from the dropdown menu after entering their specified ZIP Code.

After entering geographic location search criteria, clicking on the “Show Results Below” button will return a list of nursing homes that match the criteria entered ([Screenshot 191](#)).

To produce Nursing Home reports, the CMS Nursing Home Compare dataset is required. All Nursing Home reports will display the “Rating of Care by Residents’ Family” column and five-star rating if the NH-CAHPS dataset is imported and selected during the website generation phase.

Screenshot 191: Nursing Home Quality Ratings Report by Geographic Location

Compare Results To: National Average State Average County Average Help -> understand this report

To compare detailed ratings, select up to five nursing homes below. [View these results on a map](#)
Nursing homes within 200 miles of 03743 

Sort By:

Select: <input type="checkbox"/>	Nursing Home Name:	Overall Rating ¹	Overall Quality ²	Overall Staff Available ³	Overall Health Inspection ⁴	Rating of Care by Residents' Family ⁵
<input type="checkbox"/>	Nursing Home Facility 13098 Any City, ST (0 Miles)	☆☆☆☆ BELOW AVERAGE	☆☆☆☆ BELOW AVERAGE	☆☆☆☆ BETTER THAN AVERAGE	☆☆☆☆ MUCH BELOW AVERAGE	-
<input type="checkbox"/>	Nursing Home Facility 13099 Any City, ST (0 Miles)	☆☆☆☆ BETTER THAN AVERAGE	☆☆☆☆ AVERAGE	☆☆☆☆ BETTER THAN AVERAGE	☆☆☆☆ BETTER THAN AVERAGE	-
<input type="checkbox"/>	Nursing Home Facility 13100 Any City, ST (0 Miles)	☆☆☆☆ MUCH BETTER THAN AVERAGE	☆☆☆☆ MUCH BETTER THAN AVERAGE	☆☆☆☆ BETTER THAN AVERAGE	☆☆☆☆ BETTER THAN AVERAGE	-
<input type="checkbox"/>	Nursing Home Facility 13101 Any City, ST (0 Miles)	☆☆☆☆ BETTER THAN AVERAGE	☆☆☆☆ AVERAGE	☆☆☆☆ BETTER THAN AVERAGE	☆☆☆☆ BETTER THAN AVERAGE	-
<input type="checkbox"/>	Nursing Home Facility 13102 Any City, ST (0 Miles)	☆☆☆☆ MUCH BELOW AVERAGE	☆☆☆☆ MUCH BELOW AVERAGE	☆☆☆☆ AVERAGE	☆☆☆☆ BELOW AVERAGE	-

The rating methodology for comparing nursing homes is based on the Five-Star Quality Rating System developed by the Centers for Medicare and Medicaid Services (CMS) and the NH-CAHPS Top Box Scoring methodology used in comparing Nursing Homes locally using NH-CAHPS survey measures. Nursing homes with five stars are considered to have quality that is much better than average while nursing homes with one star are considered to have quality that is well below average.

The Nursing Home Quality Ratings Report displays the nursing home name along with starred ratings for overall rating, overall quality measures, overall staffing, and overall health inspection, as provided by CMS Nursing Home Compare data. The Quality Ratings Report may display the “Rating of Care by Residents’ Family” score if NH-CAHPS data are used.

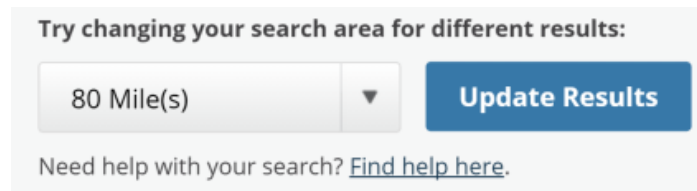
By default, the rating report is compared to the national average, as shown in the “Compare Results To” dropdown selection that displays at the top of the report ([Screenshot 192](#)). If an End User would prefer to view the nursing homes ratings report as compared to the county or state average, they can simply change the selection and the report will automatically update the nursing home ratings.

Screenshot 192: Update Nursing Home Quality Ratings Results Based On National, County, or State Averages

Compare Results To: National Average | State Average | County Average

An End User may find that the list of nursing homes returned by their original search is either too small or too big. An End User can easily update the distance range option for their search by changing the search area. The “Try changing your search area for different results” dropdown menu at the bottom of the Nursing Home Quality Ratings Report allows an End User to quickly update their list of results ([Screenshot 193](#)). To include more nursing homes in a ratings report, the End User can expand the search area by changing the distance range to a higher number; to decrease the number of nursing homes returned in a report, the End User can change the distance range to a lower number.

Screenshot 193: Update Nursing Home Quality Ratings Report Results



12.4.3 Generating a Nursing Home Side-by-Side Comparison Report

The Nursing Home Quality Ratings Report can also be refined so that an End User can compare the quality rating results for up to five nursing homes in more detail. Clicking on the checkboxes next to two or more nursing homes enables the “Compare” button in the first column of the report ([Screenshot 194](#)).

Screenshot 194: Nursing Home Quality Ratings Compare Button

Compare Results To: National Average | State Average | County Average Help me understand this report

To compare detailed ratings, select up to five nursing homes below. [View these results on a map](#)
Nursing homes within 200 miles of 03743

Sort By: Name, a to z

Select: <input type="checkbox"/>	Nursing Home Name:	Overall Rating	Overall Quality	Overall Staff Available	Overall Health Inspection	Rating of Care by Residents Family
<input checked="" type="checkbox"/>	Nursing Home Facility 13098 Any City, ST (0 Miles)	BELOW AVERAGE ★ ★ ★ ● ● ● ● ●	BELOW AVERAGE ★ ★ ★ ● ● ● ● ●	BETTER THAN AVERAGE ★ ★ ★ ★ ● ● ● ●	MUCH BELOW AVERAGE ★ ● ● ● ● ● ● ●	-
<input checked="" type="checkbox"/>	Nursing Home Facility 13099 Any City, ST (0 Miles)	BETTER THAN AVERAGE ★ ★ ★ ★ ● ● ● ●	AVERAGE ★ ★ ★ ● ● ● ● ●	BETTER THAN AVERAGE ★ ★ ★ ★ ● ● ● ●	BETTER THAN AVERAGE ★ ★ ★ ★ ● ● ● ●	-

Clicking on the “Compare” button will display the Nursing Home Side-by-Side Comparison Report ([Screenshot 195](#)). This report displays the ratings for the nursing homes selected. In addition to showing the ratings for quality measures, staffing, health inspections, and a combined overall rating, this page also allows you to see the ratings for the individual measures that make up the overall ratings. Clicking on “Show All Ratings” expands each ratings section to display each measure that is used to calculate the overall score.

An End User can also choose to run their comparison report based on the national, state, or county average. By default, the rating report is compared to the national average, as shown by the “Compare Results To” option that displays at the top of the report. If an End User would prefer to view the nursing home ratings report as compared to the county or state average, they can simply change the selection and the report will automatically update the nursing home ratings.

Screenshot 195: Nursing Home Side-by-Side Comparison Report

Compare Results To: National Average | State Average | County Average Help me understand this report

Nursing homes you selected: Select different nursing homes | BEDFORD HILLS CENTER | BEL-AIR NURSING AND REHAB CENTER INC Show All Ratings

Overall Rating
The overall rating is based on selected scores a nursing home receives on health inspections, quality measures, and staffing measures.
Overall rating is not available at the state or county level

Overall Rating	★★★★☆ AVERAGE	★★★★★ MUCH BETTER <small>THINK AVERAGE</small>
----------------	------------------	------------------------------------------------------

Health Inspection
This data is based on the results of the three most recent annual and complaint-related health inspection surveys. Scores are calculated based on the number, scope, and severity of minimum standards that are not met and the number of revisits needed to confirm compliance. Stars are assigned based on performance within a State - for instance, only the top ten percent of performers in a State receive a five star rating.

Overall Health Inspection	★★★★☆ AVERAGE	★★★★★ MUCH BETTER <small>THINK AVERAGE</small>
---------------------------	------------------	------------------------------------------------------

Quality Measures
This is an overall score based on 7 of the 13 individual scores.

Overall Quality	★★★★☆ BETTER <small>THINK AVERAGE</small>	★★★★★ BETTER <small>THINK AVERAGE</small>
-----------------	-------------------------------------------------	-------------------------------------------------

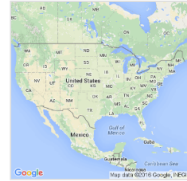
12.4.4 Nursing Home Profile Report

The Nursing Home Profile Report is available for all nursing homes in your search results. From the Nursing Home Quality Ratings Report page, click on a nursing home name to select a specific nursing home to review. The report contains quality ratings and key attributes for each nursing home, including the nursing home name, address, and a location map ([Screenshot 196](#)).

Screenshot 196: Nursing Home Profile Report

Nursing Home Facility13098

1234 Main Street
Any City, ST 00000



GENERAL INFORMATION

Phone Number: 555-555-5555
Ownership Type: For profit - Corporation
Total number of beds for residents with Medicare/Medicaid: 555
Total number of occupied beds for residents with Medicare/Medicaid: 555

OTHER INFORMATION

Provider ID: 475003
Is the nursing home located in Hospital:
Date First Approved to Provide Medicare and Medicaid services: 1/01/1900
Provider Changed Ownership in Last 12 Months:
Does the nursing home have a Resident and Family Council: Both

MEASURES

Compare Results To: National Average State Average County Average

Compare to nursing homes within: Choose Maximum Distance

Overall Rating
★ ★ ★ ★ ★
BELOW AVERAGE

Nursing Home Ratings

Health Inspection

	Rating	Rate	National Rate	Peer Rate
Overall Health Inspection <input type="button" value="Help"/>	★ ★ ★ ★ ★ MUCH BELOW AVERAGE		N/A	N/A

Quality Measures

	Rating	Rate	National Rate	Peer Rate
Overall Quality <input type="button" value="Help"/>	★ ★ ★ ★ ★ BELOW AVERAGE		N/A	N/A

Staffing

	Rating	Rate	National Rate	Peer Rate
Overall Staff Available <input type="button" value="Help"/>	★ ★ ★ ★ ★ BETTER THAN AVERAGE		N/A	N/A

Additionally, if an End User would like to review the measure ratings that contribute to the overall star ratings, they can expand the Quality Measures, Staffing, and Health Inspection sections.

12.5 Find Doctors

12.5.1 Find Doctors Reporting Paths

Clicking on the “Find Doctors” tab on the top navigation menu will direct an End User to the “Find a Doctor” page ([Screenshot 197](#)), where they can search for doctors and view their profile information.

Screenshot 197: Find Doctors Page

Health Data Organization

PRINT SHARE THIS PAGE

Home Compare Hospitals Compare Nursing Homes **Find Doctors** Browse Health Topics About This Site

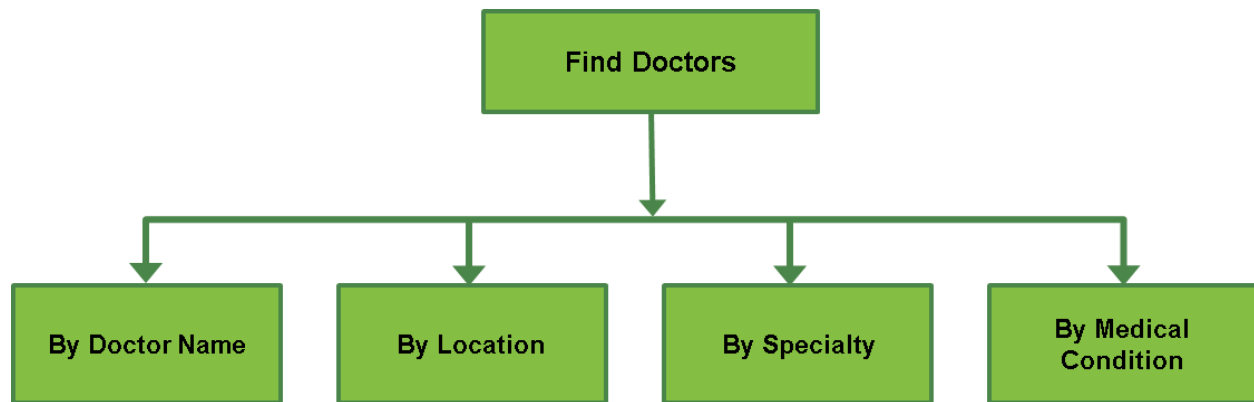
Find a Doctor:

SELECT A SEARCH TYPE

Select an Option

There are four reporting paths an End User can follow to search for a doctor ([Figure 14](#)): by physician name, by location, by specialty, and by medical condition.

Figure 14: Find Doctors Reporting Paths



Once an End User has entered the required information in the “Select a Search Type” dropdown menu, the “Show Results Below” buttons displays. Clicking on the “Show Results Below” button will generate the list of doctors that matches the search criteria entered ([Screenshot 198](#)).

12.5.2 Doctor Search Results

Screenshot 198: Doctor Search Results Page

Sort By:

Doctor Name	Practice Name	Overall Practice Rating	City	ZIP Code	State	Primary Specialty
Audrey Stern	PINEWOOD PROFESSIONALS LLC	-	SOMERSWORTH	03878-1639	NH	ADDICTION MEDICINE
Clifton Lord	CONNECTICUT VALLEY RECOVERY SERVICES, INC.	-	WINDSOR	05089-1201	VT	ADDICTION MEDICINE
Carol Bilione	PINEWOOD PROFESSIONALS LLC	-	SOMERSWORTH	03878-1639	NH	ADDICTION MEDICINE
Hil Bivot	PINEWOOD PROFESSIONALS LLC	-	SOMERSWORTH	03878-1639	NH	ADDICTION MEDICINE
Susan White	NORTHWESTERN MEDICAL CENTER	-	SAINT ALBANS	05478-6058	VT	ADDICTION MEDICINE

Data Source:

By default, the list of doctors is sorted by the specified search criteria. If an End User would like to change the order of the list of doctors, they can change the sort order using the “Select to Sort” dropdown menu under each column header (e.g., Doctor Name, Practice Name, City, ZIP Code, State, and Primary Specialty).

The report will include a star rating next to the practice name if you choose to import and select the CG-CAHPS dataset during the website generation phase.

12.5.3 View a Doctor’s Profile Report

Clicking on the doctor’s name will display the Doctor Profile Report for that doctor. This report includes the doctor’s name, address, and a location map ([Screenshot 199](#)). The report is separated into two tabs by default: (1) General Information and (2) Hospital Affiliations. The report may contain a tab labeled “Medical Practice” if you uploaded and selected the CG-CAHPS dataset during the website generation phase. If you import your HEDIS measure dataset and enable the reports and data source during the website generation phase, a tab labeled “Ratings” will be displayed.

Screenshot 199: Doctor Profile Page—General Information Tab

Charles A Brooks

123 Main Street
Any City, ST 00000



MEDICARE ASSIGNMENT / PARTICIPATION IN IMPROVEMENT PROGRAMS

Professional accepts Medicare approved amount as payment in full.

Participation in Physician Quality Reporting System: ✓

Participation in Electronic Health Records program: ✓

GENERAL INFORMATION

HOSPITAL AFFILIATIONS

MEDICAL GROUP RATINGS

Charles A Brooks

Gender: Female
Graduated: 1979
Medical School: Medical School 6779
Primary specialty: FAMILY PRACTICE

Practices

Medical Group 721

123 Main Street
Any City, ST 00000

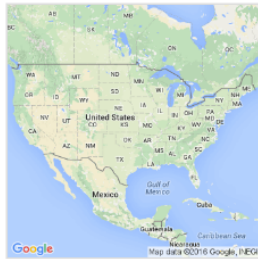
Data Sources:
Physician Data (10/02/2015)
Medical Practice HEDIS Measures Data (07/04/2016)
CG-CAHPS Survey Results Data (07/04/2016)

The General Information tab ([Screenshot 200](#)) displays detailed information about a doctor and includes any practices with which the doctor is associated.

Screenshot 200: Doctor Profile Page—Hospital Affiliations Tab

Charles A Brooks

123 Main Street
Any City, ST 00000



MEDICARE ASSIGNMENT / PARTICIPATION IN IMPROVEMENT PROGRAMS

Professional accepts Medicare approved amount as payment in full.

Participation in Physician Quality Reporting System: ✔

Participation in Electronic Health Records program: ✔

GENERAL INFORMATION **HOSPITAL AFFILIATIONS** MEDICAL GROUP RATINGS

Facility 2

1235 Main Street
Any City, ST 00000
555-555-5555

[More Information](#)

Facility 22

1255 Main Street
Any City, ST 00000
555-555-5555

[More Information](#)

Facility 41

1273 Main Street
Any City, ST 00000
555-555-5555

[More Information](#)

Data Sources:
Physician Data (10/02/2015)
Medical Practice HEDIS Measures Data (07/04/2016)
CG-CAHPS Survey Results Data (07/04/2016)

The Hospital Affiliations tab ([Screenshot 200](#)) displays all hospitals where a doctor can practice and admit patients. A doctor can be affiliated with several hospitals. As an End User compares doctors, they may also want to consider the quality ratings for the hospitals where the doctor works.

Screenshot 201: Doctor Profile Page—Medical Practice Tab

Charles A Brooks

123 Main Street
Any City, ST 00000



MEDICARE ASSIGNMENT / PARTICIPATION IN IMPROVEMENT PROGRAMS

Professional accepts Medicare approved amount as payment in full.

Participation in Physician Quality Reporting System: ✔

Participation in Electronic Health Records program: ✔

GENERAL INFORMATION HOSPITAL AFFILIATIONS **MEDICAL GROUP RATINGS**

Medical group ratings for Medical Group 721

> The ratings shown are for the entire medical group, combining results for each provider.
> Medical groups can range from small groups with several doctors to very large organizations with hundreds of doctors.
> Some medical groups offer their patients a better experience than others.

Medical Group Patient Survey Results

Adult Surveys ⓘ

[Hide Ratings](#)

	Rating	Rate	In My State Rate
Getting Timely Appointments, Care, and Information ⓘ	★★★★* BETTER THAN AVERAGE	43.00%	30.00%
How Well Providers Communicate with Patients ⓘ	★★★ AVERAGE	28.00%	31.00%
Helpful, Courteous, and Respectful Office Staff ⓘ	★★ BELOW AVERAGE	25.00%	31.00%

The Medical Practice tab ([Screenshot 201](#)) displays all medical practices where a doctor can practice. A doctor can be affiliated with several medical practices. The tab also displays all CG-CAHPS measures grouped by subtopic. Each composite measure shows their ratings and rates and will appear as collapsed

by default. Expanding each composite measure will show the individual measure and respective response type.

12.6 About the Ratings

Selecting the “About the Ratings” tab from the top navigation menu ([Screenshot 203](#)) displays detailed educational content on hospital quality ratings, nursing home quality ratings, and finding a doctor. Additionally, using the left navigation menu, an End User can learn more about what health care quality is, why it should be important to them, and where they can find more reference information. The page also includes detailed educational content regarding surgical safety. Clicking on a topic in the left-side navigation box displays the selected topic content in a question and answer format on the right side of the page. The page also provides links to other websites that might provide more information.

Screenshot 203: About the Ratings Page

Home	Compare Hospitals	Compare Nursing Homes	Find Doctors	Browse Health Topics	About This Site
------	-------------------	-----------------------	--------------	----------------------	-----------------

About This Site

Information about the ratings and how to use this site.

Overview	<h3>What is health care quality?</h3> <p>To achieve the best possible results, health care quality is:</p> <ul style="list-style-type: none">› Doing the right thing (getting the medicines, tests, and help you need),› Doing it at the right time (when you need them), and› Doing it in the right way (with your health care providers using the methods known to work best). <p>Researchers measure health care quality in many ways, from how often people having surgery get an infection to how patients rate their experience. Depending on your needs, you may want to look at some or all of these scores when looking for a hospital or nursing home.</p>
What is health care quality?	
Why should I look at health care quality information?	
Where can I learn more about health care quality?	
Avoiding safety problems when you have surgery	
About the Ratings	
Hospital Quality	
Nursing Home Quality	
Find a Doctor	

12.7 How To Use This Site

Clicking on the “How To Use This Site” tab from the top navigation menu displays information about how to use the quality ratings and lists the information you can find on the Compare Hospitals, Compare Nursing Homes, and Find Doctors pages ([Screenshot 204](#)). The page also provides detailed educational content that describes how to improve an End User’s health care experience.

Screenshot 204: How To Use This Site Page

The screenshot shows a website navigation menu with the following items: Home, Compare Hospitals, Compare Nursing Homes, Find Doctors, Browse Health Topics, and About This Site (which is highlighted). Below the menu is a blue header section with the title 'About This Site' and the subtitle 'Information about the ratings and how to use this site.' Below this is a sidebar with 'Overview' and 'About the Ratings' sections. The 'About the Ratings' section includes links for 'Hospital Quality', 'Nursing Home Quality', and 'Find a Doctor'. The main content area is titled 'Hospital Quality' and contains a list of eight links, each with a right-pointing arrow icon:

- [What are the hospital quality ratings?](#)
- [How do I select hospitals to compare?](#)
- [What topics are available under Conditions and Topics?](#)
- [What types of ratings are in the health topics?](#)
- [How did we analyze this information?](#)
- [How are the quality ratings assigned?](#)
- [What are the hospital comparison groups?](#)
- [How do I interpret the hospital quality ratings tables?](#)
- [What is cost?](#)

CHAPTER 13. TROUBLESHOOTING

This chapter identifies common questions asked by both new and experienced MONAHRQ® Host Users. The questions and answers should be used as a reference while you are setting up and maintaining your MONAHRQ desktop application and generated websites.

13.1 Software Installation and Database Creation

Question: How do I create a database?

Answer: When you launch the MONAHRQ application for the first time, you will be directed to the “Welcome” screen. At this time, you will need to establish a connection between the MONAHRQ application and your SQL Server® database. Click on the “Settings” action icon to access the Database Manager screen. Within this screen, you will need to input your server name, create a database name, and select the authentication type to be used. After the required information is entered and selected, you can click on the “Create” button to establish the connection between your MONAHRQ application and database and create the database. A popup message will confirm the connection has been established. You can also change your database on the Database Manager screen. For additional information about creating your database, refer to [Section 9.1](#), “Database Manager Settings.”

Question: What are the system requirements for SQL Server and Microsoft® .NET?

Answer: To run MONAHRQ, your computing environment must have the proper SQL Server and .NET software versions installed. For additional information about the proper software versions, including links to download the software, refer to [Section 2.1](#), “Preparing the Computing Environment.”

13.2 Data and Datasets Library

Question: What types of data do I need to use MONAHRQ to generate my reports?

Answer: MONAHRQ provides several reporting paths that require different data sources. You will only need to load the data that will be used in the reporting paths of interest. [Section 1.3](#) of this document provides useful information about how reports can be used based on the datasets you have available.

Question: Where can I access the latest CMS Hospital Compare and Medicare Provider Utilization and Payment data files?

Answer: If you are planning to display the costs, charges, and payments for the top 25 Diagnosis Related Groups by volume in the Hospital Profile Reports in your MONAHRQ-generated website, download the file containing the most recent data from:

<http://www.ahrq.gov/professionals/systems/monahrq/data/index.html>.

If you are planning to display CMS Hospital Compare quality measures in your MONAHRQ-generated website, download the file containing the most recent data from:

<http://www.ahrq.gov/professionals/systems/monahrq/data/index.html>. You should download these data here, not from the CMS Hospital Compare website. It is the same data; however, it is reformatted for use in MONAHRQ. Updated files are available quarterly.

Question: I am creating Inpatient Hospital Discharge and ED Treat-and-Release input files to import into MONAHRQ. Where can I find information about the file layout and variables to map to my MONAHRQ database?

Answer: Useful information about the file layout, required fields, and other data preparation tips are provided in the Appendix section of this document. Specifically, [Appendix H](#) includes information about the Inpatient Hospital Discharge file and [Appendix I](#) includes information about the ED Treat-and-Release file.

During the dataset import process, MONAHRQ will execute an auto-mapping process that will map the field data element names in your input file to the expected values in your MONAHRQ database tables. Utilizing the recommended variable names in the “Supported Data Element Names” column in the tables found in [Appendix H](#) and [Appendix I](#) will reduce the number of fields that you will need to manually map during the dataset import process. Additional information about mapping datasets can be found in [Section 5.1.1](#).

13.3 Measures and Measures Library

Question: What is the Measures Library and how does it work?

Answer: The Measures Library is a repository that includes a base set of standard, preassigned topics and measures for the CMS Hospital Compare data, AHRQ Quality Indicator™ (QI) results (Area, Provider, and Composite results), Inpatient Hospital Discharge data, and Emergency Department (ED) Treat-and-Release data. Within this library, you can manage the measures reported on your MONAHRQ websites. The library screen displays attributes associated with each measure, such as the website name to which you have assigned the measure, topics and subtopics, and the dataset source. If you need to edit measures or assign measures to topics, you can make those changes by using the features on this screen. For additional information about how to manage and use your Measures Library, refer to [Section 6.1](#), “Managing and Customizing Measures.”

Question: How do I select measures for my generated website and reports?

Answer: When you are creating your website using the “Create a Website” feature, you will be able to select the datasets, measures, and reports to include in your website. The measures that will be available on your website are dependent on the datasets that you select to use and the reporting paths you select to display. MONAHRQ will automatically filter out any measures that are not associated with the datasets and reports that you have selected. Thus, your generated website will only contain the measures and reports that you have selected during the “Create a Website” process.

Question: Where can I find information on measures available in MONAHRQ?

Answer: A list of all measures available in MONAHRQ 7 can be found on the MONAHRQ website (http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/monahrq/resources/MONAHRQ_6_build2_Measures_List.xlsx). The link can also be found in [Appendix B](#) of this document.

13.4 Reports and Reports Library

Question: What kind of reports will be displayed in my generated website?

Answer: As the administrator of the MONAHRQ application, you have the ability to select the types of reports to be displayed on your generated website. During the report selection process, you should consider the audience type, datasets available, and the overall goal of your website and organization. For additional information about this decision making process, refer to [Section 1.3](#). This section provides useful information about the report types available, the required datasets to source the reports, and recommendations on the types of reports your audience may be interested in seeing on your website. For

additional information about establishing and managing your Reports Library, refer to [Chapter 7](#), “Building and Using Your Reports Library.”

Question: I do not see the expected measures in my reports. How can I figure out what measures will be included?

Answer: To confirm what measures will be included in your website, refer to the “Define Measures” tab in the website creation page for the associated website. Within the display, the “Websites” column will identify the website for which the measure will be displayed. If the website name is not displayed in this column for the desired measure, select the checkbox for the measure and click on the “Save” button. The website name will then be displayed in the “Website” column and the measure should be reflected in your website after you re-publish it.

Question: I would like to provide quality- and utilization-related information on my website to users for specific hospitals in their region. How do I create this report?

Answer: The Hospital Profile Report provides quality and utilization metrics, as well as useful information about the hospital’s characteristics and a map of the hospital’s location. This report is available for both “consumer” and “health care professional” audience types. The Medicare Provider Utilization and Payment data are required to produce this report. For additional information about the Hospital Profile Report, refer to [Section 11.2.2.3](#).

13.5 Create and Customize Website

Question: What is the difference between a home page and a banner image?

Answer: Within the “Customize Website” screen, you have the option to customize the look and feel of your website theme by uploading a custom banner and home page image. The website banner image is the main image displayed below the reporting tabs and header title. The home page content image is smaller than the website banner image and the subject matter can be related to information you are displaying on your website. For additional information and examples of the placement of the image types on your website, refer to [Section 8.5.2.4](#), “Displaying Logos and Images.”

Question: Do I need to resolve all of the warnings and errors identified by the dependency check?

Answer: The dependency check reports any errors and warnings that may require resolution before your generated website can be published. The warnings are used to alert you to improvements that can be made to your website by resolving or updating your selections. Resolving *warnings* is not required to publish your website. However, all *errors* must be resolved before MONAHRQ will allow you to publish your website. Within the dependency check log, a link will be provided directing you to the screen where the error(s) will need to be resolved. After resolving the errors and any warnings, re-run the dependency check to confirm that you can proceed with publishing your website. For additional information about the dependency check process, refer to [Section 8.6](#), “Publishing Your Website.”

Question: Can I make changes to my generated website after I publish it?

Answer: Yes, as the administrator of your generated website, you have the ability to update, add, or remove reports, measures, and customizations selected for your website. Within the libraries, you can add or remove datasets and edit measures and report attributes. Within the “Create a Website” feature, you can further select and filter the datasets, reports, and measures on a site-by-site basis. After any updates and changes are made, you will need to re-run the dependency check and repeat the publishing steps. After completing all of the steps, your generated website will reflect the changes you made.

APPENDIX A: HISTORY OF THE MONAHRQ® PROJECT

The MONAHRQ project, first conceived in 2008, was based on two popular and widely used AHRQ data tools and products: the Healthcare Cost and Utilization Project (HCUP) and the AHRQ Quality Indicators™ (QIs). MONAHRQ was also shaped by AHRQ’s extensive expertise in quality measurement and public reporting.

Healthcare Cost and Utilization Project: HCUP is the largest all-payer database in the United States. HCUP collects voluntarily submitted all-payer hospital administrative data from 47 States and includes 97 percent of all hospital discharges in the country (<http://www.hcup-us.ahrq.gov>). The HCUP project uses these data to create three nationwide datasets (Nationwide Inpatient Sample, Kids’ Inpatient Database, and Nationwide Emergency Department Sample) and enriched State datasets (State Inpatient Databases, State Emergency Department Databases, and State Ambulatory Surgery and Services Databases) that are used by researchers around the country. Parts of MONAHRQ-generated websites are modeled after HCUPnet, HCUP’s online aggregate data query system. Although HCUP data were used in the development of MONAHRQ, HCUP data are not used to create MONAHRQ-generated websites. For information about restrictions on the use of each HCUP database, go to <http://www.hcup-us.ahrq.gov/databases.jsp>.

AHRQ Quality Indicators™: AHRQ QIs are a set of standardized, evidence-based health care quality measures that can be used with Inpatient Hospital Discharge data (<http://www.qualityindicators.ahrq.gov>). Approximately half of the AHRQ QIs are endorsed by the National Quality Forum (NQF). To support the use of AHRQ QIs, AHRQ makes the technical specifications available, in addition to two software tools for calculating indicators directly from data. The first tool is the QI Windows® software (WinQI), which provides an intuitive, easy-to-use interface to calculate AHRQ Quality Indicator results. The second tool is the SAS QI® software, which consists of SAS statistical analysis programs (SAS Institute Inc., Cary, NC) to calculate AHRQ Quality Indicator results.

The first three releases of MONAHRQ included WinQI as an embedded function. Starting with MONAHRQ 4.0, WinQI was separated from MONAHRQ to allow more flexibility. Now organizations using MONAHRQ can import their own precalculated measure results, including those generated separately from any version of WinQI or the SAS QI software. If an organization does not have its own data, or chooses not to publish those data, it can use MONAHRQ to generate websites using only CMS Hospital Compare data.

The release history of MONAHRQ and the features of each release are summarized in [Table 16](#).

Table 16: Versions of MONAHRQ

Version of MONAHRQ	Features/Enhancements
MONAHRQ 1.0	The ability to load local inpatient hospital discharge data to generate a website that— <ul style="list-style-type: none"> • Reports on utilization, costs, and rates • Can calculate and report on AHRQ Inpatient Quality Indicators (IQIs), Prevention Quality Indicators (PQIs), Pediatric Quality Indicators (PDIs), and Patient Safety Indicators (PSIs)
MONAHRQ 2.0	The preceding features, plus the following: <ul style="list-style-type: none"> • The ability to report CMS Hospital Compare data • Additional IQI, PQI, and PSI indicators • Streamlined web page design to facilitate use

Version of MONAHRQ	Features/Enhancements
MONAHRQ 3.0	<p>The preceding features, plus the following:</p> <ul style="list-style-type: none"> • An updated, embedded version of WinQI • Updated cost-to-charge ratio data • AHRQ QI composite indicators • CMS Hospital Compare data for surgical patient safety, imaging, and outpatient measures • A health topic on nursing-sensitive care • Enhanced suppression logic, including the ability to suppress results based on denominator size • The ability for MONAHRQ Host Users to define their own Diagnosis Related Group (DRG) and Major Diagnostic Category groupings • The ability to save and reload hospital information • The ability for Host Users to save and reload the customization and configuration options they have selected
MONAHRQ 4.0	<p>The preceding features, plus the following:</p> <ul style="list-style-type: none"> • The ability for Host Users to employ multiple years of cost-to-charge ratio data to calculate and report costs • Redesigned software <p>The following features were removed:</p> <ul style="list-style-type: none"> • Embedded WinQI software (including estimated cost savings calculation tool), enabling organizations to determine which version of WinQI they want to use with MONAHRQ
MONAHRQ 4.0.1	<p>The preceding features, plus the following:</p> <ul style="list-style-type: none"> • The ability to report estimated cost savings by using a standalone software program • Updated ZIP Code data embedded into MONAHRQ • The ability to create customized footnotes in the Hospital Utilization and County Rates paths

Version of MONAHRQ	Features/Enhancements
MONAHRQ 4.1	<p>The preceding features, plus the following:</p> <ul style="list-style-type: none"> • Enhanced cost reporting that includes the following: <ul style="list-style-type: none"> – Embedded cost savings calculator to facilitate reporting of cost savings estimates – Elevated visibility of estimated cost savings reports • The ability to report on Emergency Department (ED) utilization if MONAHRQ Host Users import an ED Treat-and-Release data file • The use of an optional “ED Services” data element in Inpatient Hospital Discharge data to indicate which inpatient stays began in the ED • New CMS Hospital Compare data related to imaging • New reports showing the following: <ul style="list-style-type: none"> – Summary pages by hospital – Side-by-side comparisons of up to five hospitals – A summary of hospital utilization by county or region • The ability to hide links to “MyQI” quality improvement materials • The ability to include search engine optimization elements in a MONAHRQ-generated website • The ability to include a feedback form in a MONAHRQ-generated website • The ability for End Users to save, print, share, and email reports from within a MONAHRQ-generated website • The ability for Host Users to modify the Section 508 compliance elements of their MONAHRQ-generated website • A refined data upload process enabling the use of the Medicare Severity-Diagnosis Related Groups (MS-DRGs) Grouper from the National Technical Information Service
MONAHRQ 5.0	<p>The preceding features, plus the following:</p> <ul style="list-style-type: none"> • A new architecture and a redesigned application interface • New layout and design for the application with four new libraries to manage datasets, measures, reports, and websites • Datasets Library <ul style="list-style-type: none"> – Allows Host Users to import multiple datasets – Allow users to delete datasets • Measures Library <ul style="list-style-type: none"> – Allows users to edit measure attributes and manage topics and subtopics • Reports Library <ul style="list-style-type: none"> – Allows users to add, edit, and delete custom reports • Websites Library <ul style="list-style-type: none"> – Allows users to create and customize multiple websites and manage any existing websites • Geographic Context <ul style="list-style-type: none"> – Allows user to define regions and hospitals, edit existing regions, and add and delete custom regions – Allows users to add, edit, and delete hospitals – Allow users to add, edit, and delete custom hospital categories • Allow users to create new MONAHRQ databases from within the application • New reports including the following: <ul style="list-style-type: none"> – Population Region Rates Report – Population Region Detailed Rates Report
MONAHRQ 6.0	<p>The preceding features, plus the following:</p>

Version of MONAHRQ	Features/Enhancements
	<ul style="list-style-type: none"> • Expansion to accept new data sources—Nursing Home Compare and Physician Compare • New Utilization Trend reports • New Nursing Home quality care reports and Physician Profile and Listing reports • New Surgical Safety infographic report • Guided Education Video: Health care quality • Guided Education: Surgical Safety • Open Source Framework “Wings & Flutters”
MONAHRQ 6.0 build 2	<p>The preceding features, plus the following:</p> <ul style="list-style-type: none"> • Consumer-Oriented MONAHRQ-Generated Website • Side-by-Side Display of Cost and Quality for a Condition • Updated CMS Hospital Compare/AHRQ QI Measures • Website Export and Import • Edit Imported Datasets • Export and Import Dataset Element Mapping File • Improvements Based on User Feedback for MONAHRQ 6.0 • New CMS Measures
MONAHRQ 7	<p>The preceding features, plus the following:</p> <ul style="list-style-type: none"> • ICD-10 Compatibility • Expanded Nursing Home and Physician reports • New Utilization Quarterly Trending reports • Expanded Side-by-Side Display of Cost and Quality • Improved Guided Education and Additional Infographics • Nursing Home Infographic • Expanded Publishing Features • Enhanced Google Analytics

APPENDIX B: RESOURCES

The following updated resources for MONAHRQ 7 are available on the Resources page on the MONAHRQ website at <http://www.ahrq.gov/professionals/systems/monahrq/resources/index.html> to complement the *MONAHRQ 77 Host User Guide*:

- **MONAHRQ 7 Fact Sheet:**
(http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/monahrq/resources/MONAHRQ_7Fact_Sheet.pdf) Provides an overview of the capabilities of MONAHRQ 7.
- **MONAHRQ 7 Quick Start Guide:**
(http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/monahrq/resources/MONAHRQ_7_Quick_Start_Guide.pdf) Highlights what is new in MONAHRQ 7 and guides experienced Host Users in quickly upgrading to the MONAHRQ 77 release.
- **MONAHRQ 7 Decision Guide:** (http://monahrq.ahrq.gov/MONAHRQ_v7_DecisionGuide.pdf) Helps Host Users decide which type of MONAHRQ-generated website to produce.
- **MONAHRQ 7 Release Notes:**
(http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/monahrq/resources/MONAHRQ_v7_ReleaseNotes.pdf) Documents the new features and changes in MONAHRQ 7 as compared to earlier versions.
- **MONAHRQ 7 Measure List:**
(http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/monahrq/resources/MONAHRQ_7_Measures_List.xlsx) Lists all of the measures available in MONAHRQ 7 in a spreadsheet format. The Measure List includes the default measure description information provided in MONAHRQ 7.
- **MONAHRQ 7 Informational Presentations:**
(<http://www.ahrq.gov/professionals/systems/monahrq/resources/index.html>) These seven slide sets are related to MONAHRQ 7 and highlight its capabilities and provide helpful information related to health care measurement and reporting. The slide sets are as follows:
 - What Is the Value of Health Care Measurement and Reporting?
(http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/monahrq/resources/Value_of_HealthCare_Measurement_Reporting.pptx)
 - What Is MONAHRQ?
(http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/monahrq/resources/What_Is_MONAHRQ.pptx)
 - Why Use MONAHRQ for Health Care Reporting?
(http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/monahrq/resources/MONAHRQ_Health_Care_Reporting.pptx)
 - How To Get Started With MONAHRQ
(http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/monahrq/resources/MONAHRQ_Get_Started.pptx)
 - What Types of Websites and Reports Can MONAHRQ Generate?
(http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/monahrq/resources/MONAHRQ_Website_Report_Types.pptx)
 - Who Can Use MONAHRQ?
(http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/monahrq/resources/Who_Can_Use_MONAHRQ.pptx)

- Using MONAHRQ's Open Source Framework
(http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/monahrq/resources/Open_Source_Framework.pptx)
- Future Plans for MONAHRQ and How To Get Involved
(http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/monahrq/resources/MONAHRQ_Future_Releases.pptx)

APPENDIX C: SETTING MONAHRQ® PERMISSIONS

To run MONAHRQ, it is important to set the proper permissions for your Windows® Operating System and Microsoft® SQL Server®. This process often requires working closely with a system administrator or other technical personnel in your organization.

Verifying and Setting Folder Permissions in the Windows Operating System

You must have **full control permissions** for the installed MONAHRQ folder in order to run MONAHRQ. With MONAHRQ 7, the software installer automatically assigns permissions to the relevant Host Users at the time of MONAHRQ installation, so there is no need to manually set **full control permissions**.

Depending on the system settings, it is possible that the automatic permissions assignment may not complete properly. If you receive a system error when running MONAHRQ, make sure that the permissions are assigned properly. If they are not properly assigned, certain directory permissions must be granted to you or other Host Users who will be running MONAHRQ. These permissions apply only to the files and directories used by MONAHRQ.

The following instructions explain how to verify and, if needed, set the appropriate permissions in your Windows Operating System.

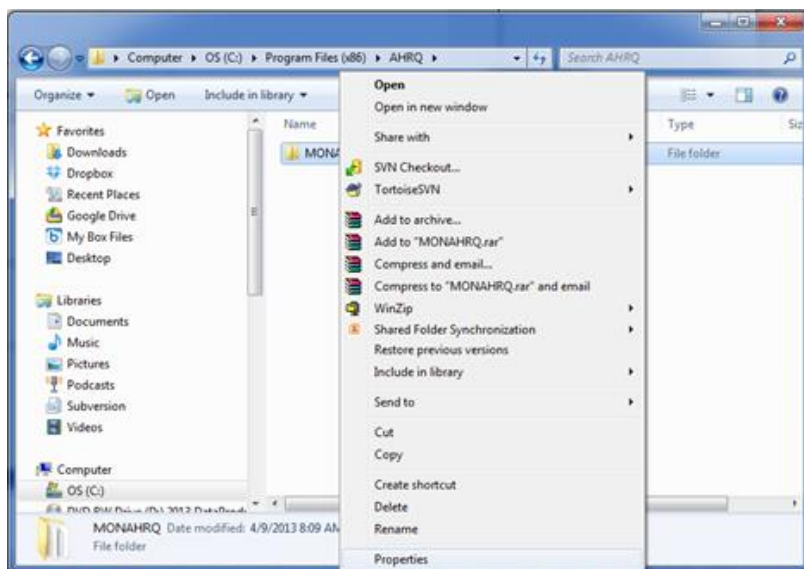
Step 1: Find the Installation Directory.

A standard MONAHRQ installation places the software in the directory “C:\Program Files\AHRQ\MONAHRQ\.” To use an alternative installation directory location, you will need to modify the permissions for that directory. The following instructions apply in either case; however, you will need to substitute the name of the alternative installation directory location where the name “MONAHRQ” appears.

Step 2: Open the Security Tab.

Right click on the MONAHRQ directory to open the context menu ([Screenshot 205](#)).

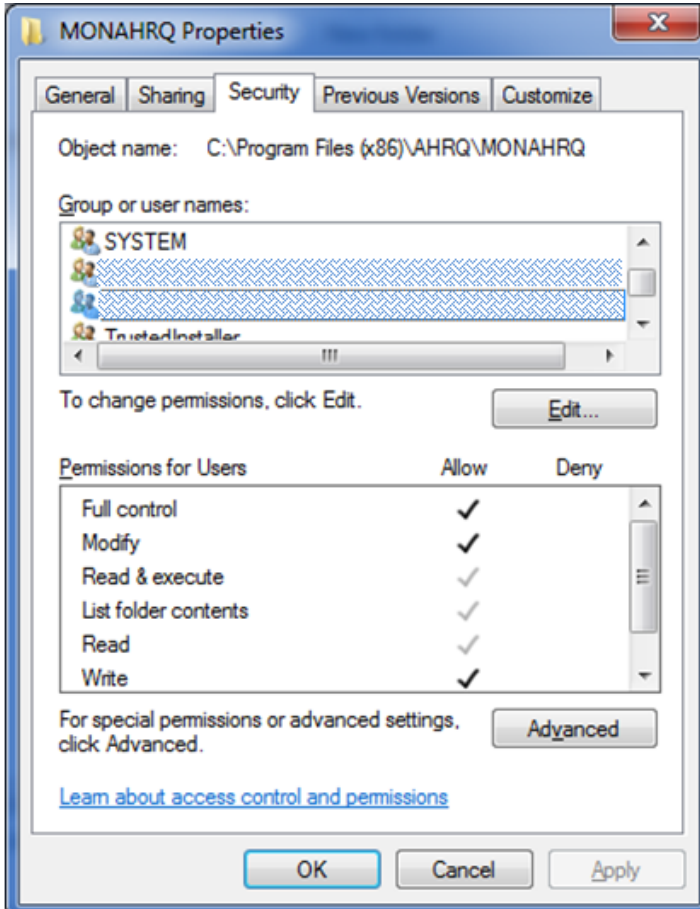
Screenshot 205: Context Menu



Select **Properties**.

A new window will pop up, titled **MONAHRQ Properties** ([Screenshot 206](#)).

Screenshot 206: MONAHRQ Properties Popup Window



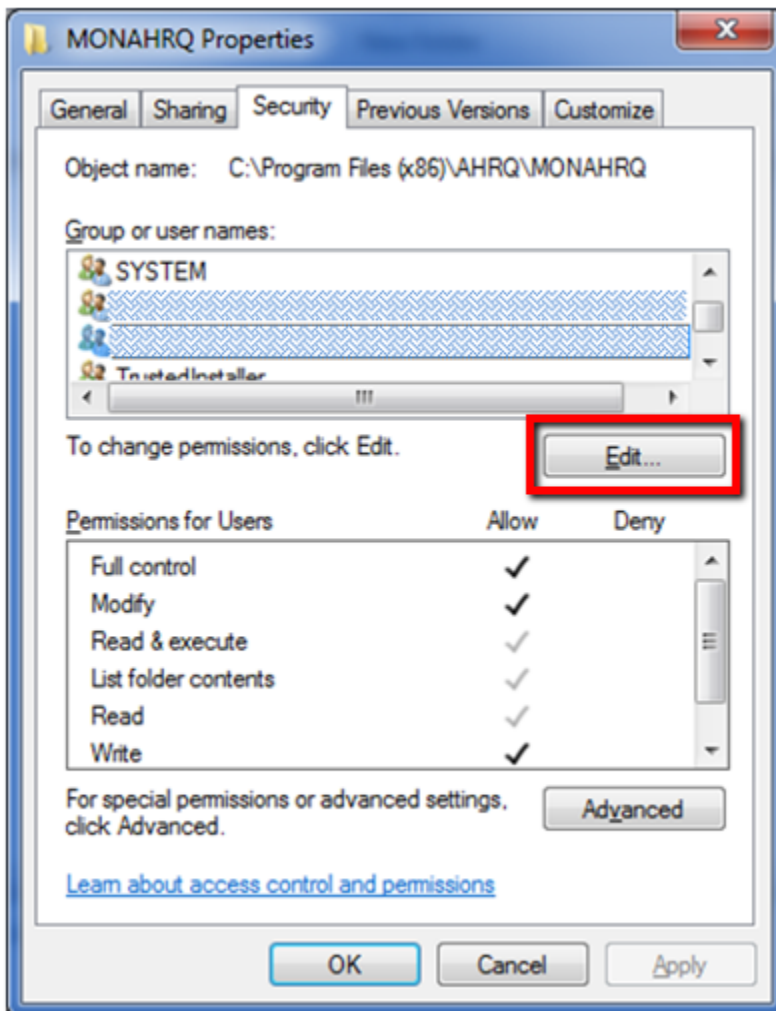
Select the **Security** tab, find the entry that lists your user name in the “Group or user names” window, and single click to select and highlight the user. The **Permissions for Users** window should have a check mark in the “Allow” column. If there is no check mark in this column, it means the installer failed to assign the **full control** privileges to you in the MONAHRQ folder. In this case, you will need to set up the permissions manually. Click on the **Advanced** button to set up those permissions.

NOTE: If the security tab is not present, you will need to contact your information technology (IT) administrator for further assistance.

Step 3 is required only if you need to manually set up the folder permissions. (This will occur if the automatic permissions were not correctly set up by the MONAHRQ installer.)

Step 3: Manually configure security permissions ([Screenshot 207](#)).

Screenshot 207: Security Settings Popup Window

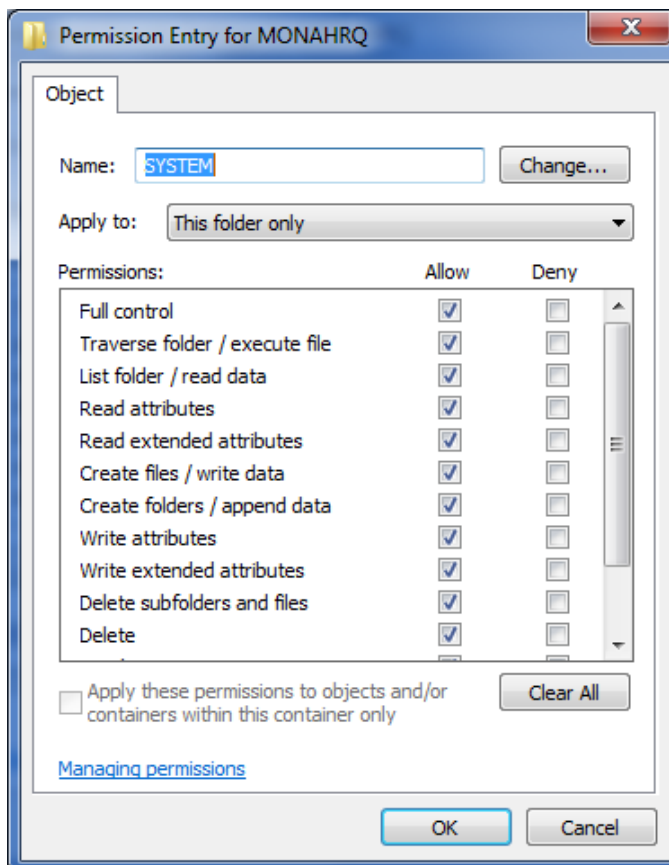


As shown in [Screenshot 207](#), find the entry that lists your user name in the “MONAHRQ Properties” window.

Single click to highlight the entry. Click on the **Edit** button.

A new popup window titled **Permission Entry for MONAHRQ** will appear ([Screenshot 208](#)).

Screenshot 208: Permission Entry Popup Window



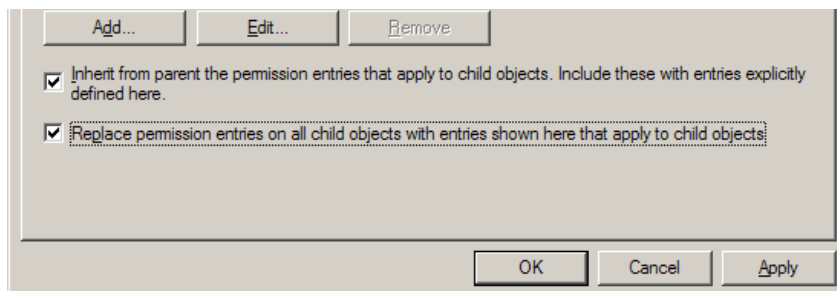
In the “Permissions” window, find the row entry called “Full Control.”

Select the **checkbox** under the column labeled “Allow.” Click on the **OK** button to close this popup window.

NOTE: If you are unable to select “Full Control,” your IT administrator will need to provide the necessary permissions.

This will return you to the permission settings window ([Screenshot 209](#)).

Screenshot 209: Advanced Security Settings Popup Window



Select the checkbox labeled “**Replace permission entries on all child objects...**” and click on the **Apply** button. Click on the **OK** button to close this popup window.

You have now successfully set the permissions in your Microsoft Windows Operating System to run MONAHRQ.

Allow MONAHRQ to run as Administrator

Once MONAHRQ is installed on your machine, it requires you to allow MONAHRQ run with administrator credentials. If you have administrator permissions on your machine, there is no need to take any action. Just double-click on MONAHRQ icon to launch MONAHRQ. If you don't have administrator permissions, MONAHRQ will ask you to provide administrative credentials to launch. You may require to have one of your machine administrators / IT support personnel use an administrator account (local or network) to add admin credentials to MONAHRQ executable (exe). This can be done by right-clicking on MONAHRQ.exe (standard location: "C:\Program Files\AHRQ\MONAHRQ.") and providing the credentials for the admin user. Once the credentials are saved, MONAHRQ will use the administrator credentials when launching it the next time.

Setting Permissions in Microsoft SQL Server

MONAHRQ has been tested with the following versions of Microsoft SQL Server (Note: Other versions of SQL Server may not perform as expected):

- SQL Server 2008
- SQL Server 2008 Express
- SQL Server 2008 R2 Express
- SQL Server 2012 Express
- SQL Server 2012 Standard

Proper installation of MONAHRQ requires that certain permissions be established during initial setup of the Microsoft SQL Server or SQL Server Express database. These permissions include the ability to create and delete databases.

Please follow the instructions below to set permissions in your SQL Server database for proper operation of MONAHRQ. These instructions apply to both SQL Server and SQL Server Express.

Step 1: Connect to the SQL Server instance using SQL Server Management Studio (SSMS).

Microsoft SQL Server Management Studio (SSMS) is the primary tool for interfacing with the SQL Server. You may download it from Microsoft at the following URL:

http://download.microsoft.com/download/6/7/4/674A281B-84BF-4B49-848C-14873B22F977/SQLManagementStudio_x86_ENU.exe

You may need the assistance of your IT administrator to install and use this software.

Open the SQL SSMS application and connect to the database server that was specified during installation. The default database name is "\SQLEXPRESS" ([Screenshot 210](#)). If you specified a server different from the default, use the server name that you specified.

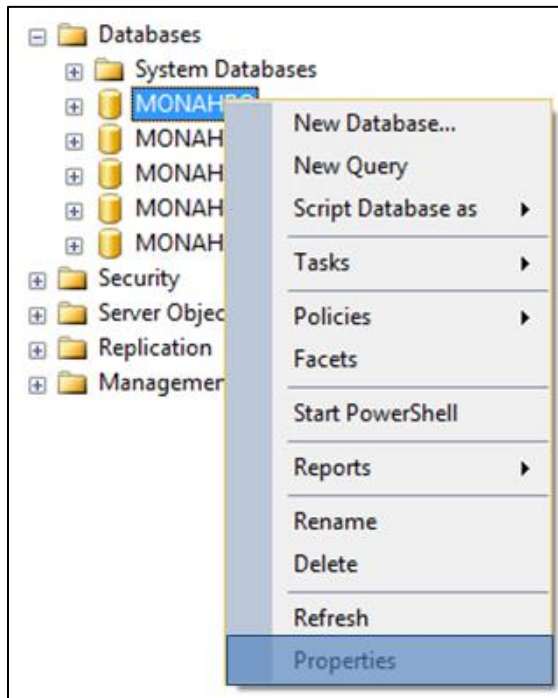
Screenshot 210: SQL EXPRESS Default Server



Step 2: Set database creation permissions.

You will see a popup window titled **Microsoft Server Management Studio** ([Screenshot 211](#)).

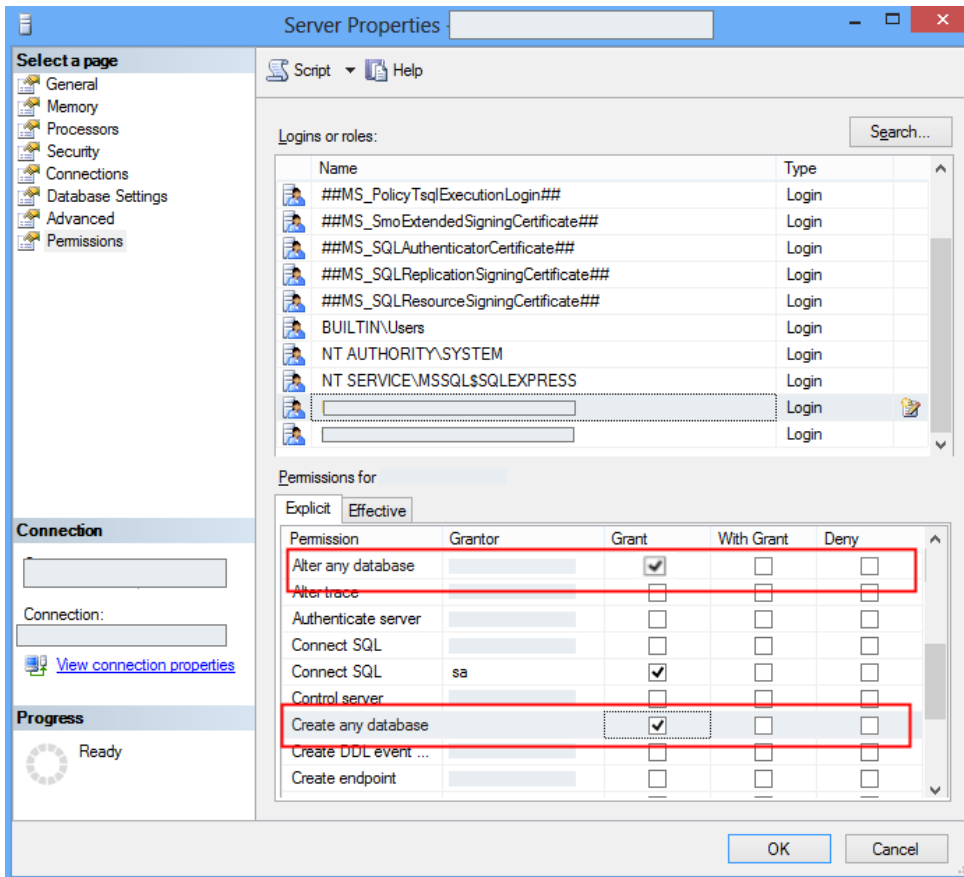
Screenshot 211: Microsoft Server Management Studio Popup Window



Right click on the name of the database server to which you are connected in order to open the context menu.

Select **Properties**.

Screenshot 213: Database Permissions Popup Window



Locate the “Permissions” list in the lower right portion of the popup window as shown in [Screenshot 213](#). Select the **Explicit** tab. Then find the following two rows in the list:

1. “Alter any database”
2. “Create any database”

Select the **checkbox** under the column labeled “Grant” in each of these two rows. Click on the **OK** button to save the changes and close the popup window.

NOTE: If you are unable to change the permissions, please contact your IT administrator for assistance.

You have now successfully set the necessary permissions in your SQL Server database to run MONAHRQ.

Additional Information

If the person installing MONAHRQ is *not* the person who will be using MONAHRQ, or if there will be more than one person using MONAHRQ on a single computer, then the **System Administrator** will need to add users to the "MONAHRQ" database. This can be done with a remote SQL Server Manager or by installing a local copy of the SQL Server Management Studio Express Edition and using it to add the required users.

APPENDIX D: DETERMINING YOUR SYSTEM TYPE

To determine if you have a 32-bit or 64-bit operating system in your personal computer (PC), go to **My Computer** from the Start Menu, right click, and select Properties. A popup box displaying your version of Windows® will appear. Under “System” or “System type,” if it says 64-bit or x64, then your system is 64-bit. [Screenshot 214](#) shows an example of the Properties dialog box for a system that uses the 64-bit version.

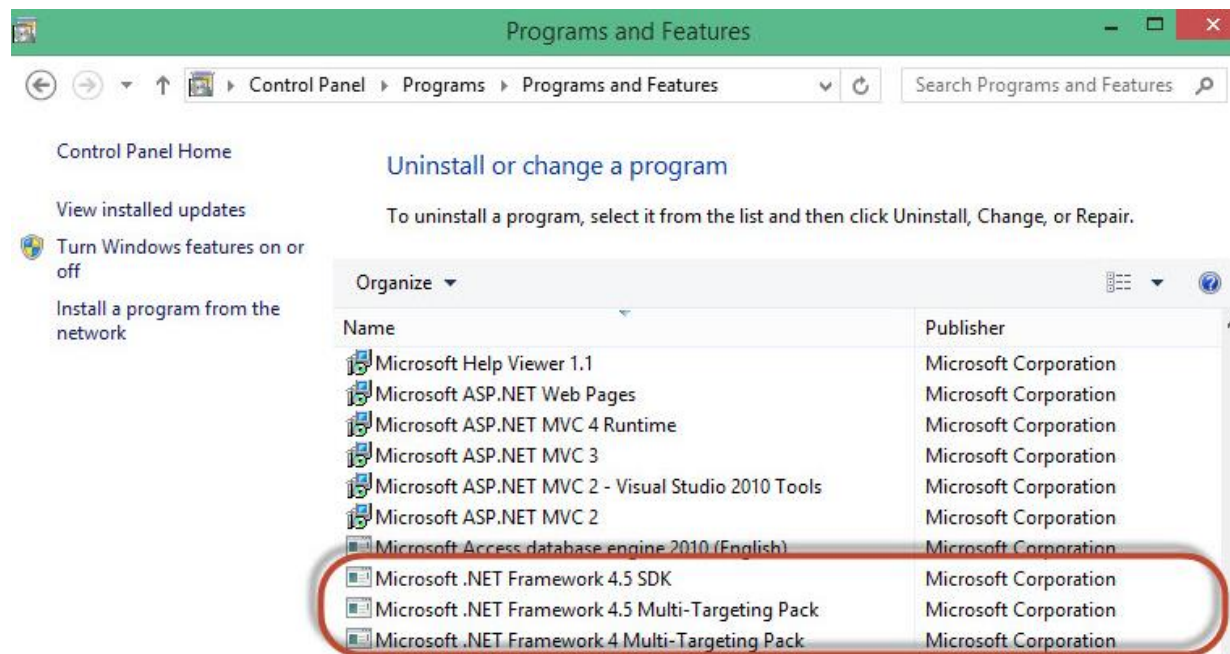
Screenshot 214: Properties Dialog Box for 64-Bit Version



APPENDIX E: INSTALLING MICROSOFT® .NET

To check that Microsoft .NET Framework 4.5 is installed on your personal computer (PC), open the **Windows® Control Panel** and use the Programs utility to view a list of software programs installed on your PC. You can access the Control Panel by clicking on the Windows “Start” Button and then selecting the “Settings” option. Scroll down the alphabetical list of programs until you reach Microsoft .NET Framework 4.5 Client Profile and Microsoft .NET Framework 4.5 Extended ([Screenshot 215](#)). There may be several entries for the Microsoft .NET Framework. For MONAHRQ® to work properly, you will need the full installation of .NET Framework 4.5 that includes .NET Framework 4 Client Profile and .NET Framework 4.5 Extended.

Screenshot 215: Microsoft .NET Framework



If you do not have the Microsoft .NET Framework 4.5 installed, you can download the installation package for the Microsoft .NET Framework from the MONAHRQ website (<http://www.ahrq.gov/professionals/systems/monahrq/software/index.html>) or the Microsoft website. Note that the same installation package works for 32-bit and 64-bit systems. Select and save the appropriate version of the .NET Framework, then run the file. Restart your computer after installing the .NET Framework.

APPENDIX F: PREPARING STANDARD DATA FILES

This appendix provides detailed instructions about how to prepare standard data files, including the Inpatient Hospital Discharge data, Emergency Department (ED) Treat-and-Release data, Centers for Medicare & Medical Services (CMS) Nursing Home Compare data, CMS Physician data, CMS Hospital Compare data, AHRQ Quality Indicator™ results, and Medicare Provider Utilization and Payment data, to be loaded into MONAHRQ®. It also includes an overview of each type of data.

Inpatient Hospital Discharge Data

MONAHRQ uses Inpatient Hospital Discharge data, which includes information about patient and hospital demographics, diagnosis codes, procedure codes, and information about the admission, payer(s), and discharge. These data are used to populate three MONAHRQ paths: (1) Inpatient Utilization, (2) County-Level Rates of Hospital Use, and (3) Region-Level Rates for Hospital Use. The software is designed for processing one *calendar year* of data at a time. The software enables you to load local data through a simple “point and click” process for mapping your local data elements and value codes to MONAHRQ formats.

The local Inpatient Hospital Discharge data file should be in the following format for use within MONAHRQ:

- Text (comma-separated values [CSV])

Two key formatting issues are—

- Each row of data represents a separate discharge record.
- Each column of data represents a single data element for all discharges.

CSV files use commas to separate the data values. If there are commas within any data values (for example, “Private, incl. HMO”), you will need to insert double quotes around each data element. An exception is the data element “Total Charge.” Many data elements in Inpatient Hospital Discharge data have leading zeros and applications handle those leading zeros differently. For Excel files, for example, it is recommended that all appropriate fields or cells be formatted as text to ensure full conversion of the data.

A local Inpatient Hospital Discharge data file contains data element-specific names, meanings, and formats according to the coding conventions in a given organization. The data need to be mapped to the specific names, meanings, and format of data elements used by MONAHRQ. The data elements in MONAHRQ are similar but not identical to the Uniform Bill (UB-04). MONAHRQ’s Defining Field Values screen provides the opportunity to map local data element values to the values used in MONAHRQ.

In order to generate the Emergency Department (ED) Utilization path under the Utilization tab, an additional data element, **ED Indicator**, is required in the Inpatient Hospital Discharge file to indicate that the inpatient stay began in the ED. There are different options for populating the values for the ED Indicator element. Some Inpatient Hospital Discharge files will contain the “Point of Origin” field with a value of “7” representing an ED visit that resulted in admission to the hospital. Beginning in July 2010, the National Uniform Billing Committee (NUBC) removed the option of “emergency room” as a response to “Point of Origin” and instead used a Condition Code value of “P7.” The condition code field alone, however, may not be reliable to determine if the hospital stay began in the ED. You may also use additional fields, such as line item detailed charges, revenue codes, and procedure codes to verify the value for the **ED Indicator** data element. The values for this data element can be set to 1 or 0 to represent stays that began in ED or did not begin in the ED, respectively. This data element must be

supplied with the Inpatient Hospital Discharge data and is required in order to generate ED Utilization Reports.

Evidence of ED services may include—

- Emergency department revenue code of 450–459 on record
- Positive emergency department charge, when revenue center codes are not available
- Condition Code of P7 (NUBC preferred coding for public reporting as of July 1, 2010)
- Point of origin of ED (NUBC preferred coding from October 1, 2007 to June 30, 2010)
- Admission source of ED (NUBC preferred coding prior to October 1, 2007)

Please review [Table 20a](#) and [Table 20b](#) (located in [Appendix H](#)) to ensure that the local Inpatient Hospital Discharge data are mapped correctly. If possible, you may consider preparing the local dataset in advance by using names and codes that match those in MONAHRQ so that the software will automatically recognize data element names and value codes.

When preparing local Inpatient Hospital Discharge data, you will not need to create “dummy” data elements or fill in missing values. The input file may contain extra data that are not required in MONAHRQ. Any data elements that are not used will not be imported. However, there is a **limit of 200 data elements in the Inpatient Hospital Discharge file; only the first 200 MONAHRQ data elements will be imported** and any MONAHRQ data elements beyond the 200 count will not be imported. To ensure that all of the necessary MONAHRQ data elements are imported, sort the order of data elements in the local Inpatient Hospital Discharge data file so that the needed data elements appear within the first 200 columns.

Emergency Department Data

MONAHRQ uses emergency department (ED) data that provide patient demographics, hospital information such as trauma designation and region, diagnosis codes, payer(s), and information about the patient disposition upon release for ED visits that do not result in admission to the same hospital. These data are used to populate the ED reports under the Utilization path. The reports under the ED Utilization path use data from both the local Inpatient Hospital Discharge file and the ED Treat-and-Release file. These data files are connected by a common identifier, **Hospital_ID**.

The local ED Treat-and-Release data file should be in the following format for use within MONAHRQ:

- Text (comma-separated values [CSV])

Two key formatting issues are—

- Each row of data represents a separate ED Treat-and-Release record.
- Each column of data represents a single data element for all ED Treat-and-Release visits.

Please review [Table 20a](#) and [Table 20c](#) (located in [Appendix H](#)) to ensure that the local data are coded correctly. You may consider preparing the local dataset in advance by using names and codes that match those in MONAHRQ so that the software will automatically recognize data element names and value codes.

When preparing the local ED Treat-and-Release data, you will not need to create “dummy” data elements or to fill in missing values. The input file may contain extra data that are not required in MONAHRQ. Any data elements that are not used will not be imported and therefore do not need to be removed. However,

there is a **limit of 200 data elements in the ED Treat-and-Release file; only the first 200 MONAHRQ data elements will be imported** and any MONAHRQ data elements beyond the 200 count will not be imported. To ensure that all of the necessary MONAHRQ data elements are imported, you may sort the order of data elements in the local ED Treat-and-Release data file so that the needed data elements appear within the first 200 columns.

MONAHRQ processes one **calendar year** of data at a time. Use MONAHRQ's "point and click" process for mapping the local data elements and value codes to MONAHRQ.

Medicare Provider Utilization and Payment Data

MONAHRQ supports reporting capabilities using the Medicare Provider Utilization and Payment data: Inpatient file. This file is publically available in CSV format and includes hospital-specific charges for more than 3,000 U.S. hospitals. The hospitals provided in the Medicare Provider Utilization and Payment data may only represent a subset of the total number of hospitals in your database.

A copy of the Medicare Provider Utilization and Payment data file formatted to be compatible with MONAHRQ is available on the MONAHRQ website (<http://www.ahrq.gov/professionals/systems/monahrq/software/index.html>). It is important to use the version posted on the MONAHRQ website specific to the MONAHRQ version of interest because structural alterations have been made to the original Medicare Provider Utilization and Payment data files to ensure compatibility with MONAHRQ. The downloaded file can be uploaded directly to MONAHRQ without making any adjustments.

CMS Nursing Home Compare Data

MONAHRQ supports reporting capabilities using the CMS Nursing Home Compare dataset. The Nursing Home Compare data are available to download in Microsoft Access and CSV file formats from the CMS website (<https://data.medicare.gov/data/nursing-home-compare>). The downloaded file can be uploaded directly to MONAHRQ without making any adjustments. Although there are two file formats available for download from the CMS website, MONAHRQ accepts only the Microsoft Access database format. The data contained in this database come from two sources¹:

- CMS's Health Inspection database—This includes data on nursing home characteristics and health deficiencies issued during the three most recent State inspections as well as recent complaint investigations. Data about staffing and penalties levied against nursing homes also come from this database.
- Minimum Data Set (MDS)—Data for quality measures come from the Minimum Data Set Repository. The MDS is an assessment conducted by nursing homes at regular intervals for every resident in a Medicare- or Medicaid-certified nursing home. Information is collected about each resident's health, physical functioning, mental status, and general well-being. These data are used by the nursing home to assess each resident's needs and develop a plan of care.

CMS Physician Data

MONAHRQ uses CMS Physician data that include general information such as: name, gender, specialty, medical practice name and address, hospital affiliation, medical school name, and group practice or individual's current location. These data are used to populate two MONAHRQ paths: (1) Physician Profile

¹ <http://www.medicare.gov/nursinghomecompare/Data/Data-Sources.html>

and (2) Find Physician. The Physician reports will include: Provider/Physician search, Physician Profile Report, and their hospital affiliations.

PECOS (Provider Enrollment, Chain, and Ownership System) is the primary data source for the CMS Physician Compare Database. CMS now uses Medicare claims data to verify the information in PECOS. This helps to ensure that the information on Physician data is as accurate and up-to-date as possible. Including Medicare claims data limits the results so that only active physicians and other health care professionals are included. This also ensures that only addresses where a professional is currently billing (within the last 12 months) are included on the website².

Because the physician data in the CMS Physician Compare Database are based on Medicare only, MONAHRQ physician data will be limited to those physicians who participate in the Medicare program.

MONAHRQ pulls physician information using free and open Application Programming Interface (API) services provided by <http://data.medicare.gov>. The CMS API service URL is: <http://data.medicare.gov/resource/s63f-csi6.json>.

CMS Hospital Compare Data

MONAHRQ supports reporting capabilities using the CMS Hospital Compare data. CMS currently reports these data on the CMS Hospital Compare website (<http://www.hospitalcompare.hhs.gov/>) and makes them publicly available. The CMS Hospital Compare data provide information on performance ratings for hospitals.

You can find recent copies of the CMS Hospital Compare data formatted to be compatible with MONAHRQ on MONAHRQ's Data webpage (<http://www.ahrq.gov/professionals/systems/monahrq/data/index.html>). It is important to use the version posted on the MONAHRQ Data webpage as it contains structural modifications that have been made to ensure compatibility with MONAHRQ.

The CMS Hospital Compare data report on topics such as heart attack, heart failure, pneumonia, surgical care, and imaging. To learn more about the CMS Hospital Compare data, visit the CMS Hospital Compare website at <http://www.hospitalcompare.hhs.gov/>.

AHRQ Quality Indicators™

The AHRQ Quality Indicators (QIs) use inpatient hospital discharge data to highlight potential quality concerns, identify areas that need further study and investigation, and track changes over time. The AHRQ QIs are comprised of the Prevention Quality Indicators (PQIs), Inpatient Quality Indicators (IQIs), Patient Safety Indicators (PSIs), and Pediatric Quality Indicators (PDIs) (results of the first three modules are reportable in MONAHRQ). More information about the AHRQ QIs, including technical specifications and analytic methods, can be found at <http://www.qualityindicators.ahrq.gov/>.

For MONAHRQ 7, AHRQ QIs must be calculated separately and then the results must be imported into MONAHRQ. To do this, AHRQ provides Windows® and SAS® versions of the AHRQ QI software. Reports generated from the QI Windows® software (WinQI) can be loaded directly into MONAHRQ. Reports generated from the SAS QI® software require additional formatting for use with MONAHRQ. Information

² <http://www.medicare.gov/physiciancompare/staticpages/data/pqrs.html>

and instructions for preparing data using the AHRQ QI software for Windows or SAS can be found in [Appendix J](#).

AHRQ Nursing Home CAHPS (NH-CAHPS) Data

MONAHRQ supports reporting capabilities using the AHRQ Nursing Home CAHPS survey data. You can find additional information on the measure data on the NH-CAHPS website at <http://www.ahrq.gov/cahps/surveys-guidance/nh/index.html>,

AHRQ Clinician and Groups CAHPS (CG-CAHPS) Data

MONAHRQ supports reporting capabilities using the AHRQ Clinician and Group CAHPS survey data. You can find additional information on the measure data on the NH-CAHPS website at <http://www.ahrq.gov/cahps/surveys-guidance/cg/index.html>.

HEDIS Data

MONAHRQ supports reporting capabilities using the HEDIS measures. You can find additional information on the measure data on the HEDIS website at <http://www.ncqa.org/hedis-quality-measurement/hedis-measures>.

Other Files

Region Information File

MONAHRQ supports searching and reporting data at the intrastate regional level. The Host User may define regions, with specific hospitals assigned to each region, in order to reflect the unique geography of the area. A CSV file format can be used to load customized regions into MONAHRQ. The CSV file must have three fields on each line (see [Table 17](#)) in addition to a header row to ensure readability. The fields in the file must be in the following order: (1) a number that is the region ID; (2) the region name, which must be enclosed in double quotes if commas appear in this field; and (3) the two-letter State code.

Table 17: Region Information File Format

Field Name	Description	Notes
REGION_ID	Numeric region identifier	Required field
REGION_NAME	Region name	Required field
STATE	Two-letter State identifier	Required field

An example region file is shown below:

RegionID,RegionName,State

1,NorthEast,MD
2,Central,MD
3,South,MD
4,NorthWest,MD
5,MidCentral,MD

Hospital Information File

MONAHRQ enables Host Users to customize how hospital information is displayed. For example, it allows Host Users to associate regions with hospitals for reporting purposes (see [Table 18](#)). You may load hospital data from a previously created external file or a file exported from MONAHRQ. The file maps the hospital identifier in the data to hospital demographic data. Although the titles in the header row are ignored, the file should contain a header row, and the order of the fields in the file must be consistent. The external CSV file must list the fields in this order: (1) Hospital ID; (2) Federal Information Processing Standards (FIPS) State-county code; (3) hospital name; (4) ZIP Code; (5) cost-to-charge ratio (if desired); (6) region (if desired); and (7) CMS Provider ID (if desired).

If a hospital name contains commas, the name must be enclosed in double quotation marks. For the FIPS State-county codes, MONAHRQ will automatically determine the correct county and region using the Dartmouth Atlas Hospital Service Areas (HSAs). If the regions have been customized as described above, the region ID associated with each hospital must match one of the newly customized region IDs.

Table 18: Hospital Information File Format

Field Name	Data Type	Supported in Version(s)	Required?
DSHOSPID	Numeric	5.0, 6.0, and 7	Yes
FIPS	Alphanumeric	5.0, 6.0, and 7	No
NAME	Alphanumeric	5.0, 6.0, and 7	Yes
ZIP	Numeric	5.0, 6.0, and 7	Yes
CCR	Numeric	5.0, 6.0, and 7	No
REGION	Numeric	5.0, 6.0, and 7	No
CMS Provider ID	Numeric	5.0, 6.0, and 7	No
ADDRESS	Alphanumeric	6.0 and 7	No
CITY	Alphanumeric	6.0 and 7	No
DESCRIPTION	Alphanumeric	6.0 and 7	No
EMPLOYEES	Numeric	6.0 and 7	No
TOTALBEDS	Numeric	6.0 and 7	No
HOSPITALOWNERSHIP	Numeric	6.0 and 7	No
PHONENUMBER	Numeric	6.0 and 7	No
FAXNUMBER	Numeric	6.0 and 7	No
MEDICAREMEDICAIDPROVIDER	Numeric	6.0 and 7	No
EMERGENCYSERVICE	Numeric	6.0 and 7	No
TRAUMASERVICE	Numeric	6.0 and 7	No
URGENTCARESERVICE	Numeric	6.0 and 7	No
PEDIATRICSERVICE	Numeric	6.0 and 7	No
PEDIATRICICUSERVICE	Numeric	6.0 and 7	No
CARDIACCATHERIZATIONSERVICE	Numeric	6.0 and 7	No
PHARMACYSERVICE	Numeric	6.0 and 7	No
DIAGNOSTICXRAYSERVICE	Numeric	6.0 and 7	No
LATITUDE	Numeric	6.0 and 7	No
LONGITUDE	Numeric	6.0 and 7	No

An example hospital file is shown below:

DSHOSPID,FIPS,Name,ZIP,CCR,REGION,CMS_Provdr_Num

123477,24005,Facility 46,21201,0.8,3,210001
 123475,24005,Facility 34,21133,0.8,3,210002
 123494,24003,Facility 2,21401,0.8,4,210003
 123464,24033,Facility 36,20785,1,1,210004
 123456,24017,Facility 10,20646,1,1,210005
 123504,24045,Facility 21,21804,1,5,210006

APPENDIX G: MONAHRQ® SUPPLEMENTAL FILES

There are several supplemental data files embedded in MONAHRQ. [Table 19](#) provides a summary of these files, explains how the files are used in the software, and includes links for additional information.

Table 19: MONAHRQ Supplemental Files

File	Where Used in MONAHRQ-Generated Website	Purpose	Source
Cost-to-Charge Ratio files	Hospital Utilization—Avoidable Hospital Stays	Estimates hospital costs based on charges.	AHRQ Healthcare Cost and Utilization project (HCUP) (http://www.hcup-us.ahrq.gov/db/state/costtocharge.jsp)
Provider of Services (POS) file	Hospitals Database	Pre-loads hospitals for your State(s) in MONAHRQ and used for constructing the Hospital Profile page.	http://www.cms.gov/Research-Statistics-Data-and-Systems/Files-for-Order/NonIdentifiableDataFiles/ProviderofServicesFile.html
Diagnosis Related Groups (DRGs)	Hospital Utilization, County Rates	Assigns Medicare Severity-Diagnosis Related Group (MS-DRG) and Major Diagnostic Category (MDC) groupings to each hospital discharge record. DRG and MS-DRG groupings are assigned based on discharge date.	Innovative Resources for Payors (IRP) DRG Grouper (through Fiscal Year 2011)
Census population data	Avoidable Hospital Stays, County Rates	Provides denominators for area-level calculations.	Included in the AHRQ QI software for Windows; originally obtained by AHRQ from the U.S. Census Bureau (http://www.census.gov/popest/data)
Map Shape Files	Avoidable Hospital Stays, County Rates	Provides Census boundary files for mapping software	Obtained from the U.S. Census Bureau (2010 files used; http://www.census.gov/geo/maps-data/)
Benchmarks for AHRQ QIs	Hospital Quality Ratings	Provides two types of precalculated benchmarks for the AHRQ QIs: <ul style="list-style-type: none"> Nationwide U.S. Census regions (Northeast, Midwest, South, West) 	Included in the AHRQ QI software for Windows; originally calculated by AHRQ using 2009 AHRQ Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS) (http://www.hcup-us.ahrq.gov/). For more information refer to: http://www.qualityindicators.ahrq.gov/FAQs_Support/FAQ_QI_Overview.aspx#benchmarkdata

File	Where Used in MONAHRQ-Generated Website	Purpose	Source
Benchmarks for hospital utilization and county rates	Hospital Utilization, County Rates	Provides two types of precalculated regional and national benchmarks for hospital and county rates and utilization: <ul style="list-style-type: none"> • Nationwide • U.S. Census regions (Northeast, Midwest, South, West) 	Calculated by AHRQ using AHRQ Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS) and Nationwide Emergency Department Sample (NEDS) data (http://www.hcup-us.ahrq.gov/).
Dartmouth Atlas Hospital Referral Region (HRR) and Hospital Service Area (HSA) files	Hospital Quality Ratings, Hospital Utilization	Maps hospitals to HRR or HSA regions. These are optionally used in the website to select hospitals by region.	Dartmouth Atlas HRR and HSA files (http://www.dartmouthatlas.org/).
MS-DRG, Clinical Classifications Software (CCS) Label, and MDC Label files	Hospital Utilization, County Rates	Groups ICD–9–CM diagnosis and procedure codes into meaningful clinical categories. These are used in the website to select conditions or procedures.	HCUP (http://hcup-us.ahrq.gov/)

APPENDIX H: MONAHRQ® DATA ELEMENT MAPPING FOR INPATIENT HOSPITAL DISCHARGE DATA

Tables 20a through 20g comprise the data dictionary for Inpatient Hospital Discharge data.

Table 20a: Preparing Your Local Inpatient Hospital Discharge Data: Data Element Mapping—Required for MONAHRQ Basic Functions

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Age	AGE	Age in years at admission	Required	If this data element is missing, the discharge record will not be loaded and the data import process will not complete.	Source value	Numeric. Convert to years; if age <365 days, set value to 0. If data element does not exist, it should be calculated from Admission Date and Date of Birth.
Sex	SEX	Sex of patient: male/female	Required	If this data element is missing, the discharge record will not be loaded and the data import process will not complete.	1: Male 2: Female <Exclude from dataset>	No data preparation needed. Source values, alpha or numeric, will be mapped to accepted numeric value (1, 2) or excluded during data load.
Hospital ID	HOSPID	Data source hospital number	Required	Data element used to facilitate data exploration and reporting at the hospital level. If this data element is missing, the discharge record will be not be loaded and the data import process will not complete.	Source value	No data preparation needed. Source values, alpha or numeric, accepted.
Discharge Year	YEAR	Calendar year of patient's discharge	Required	Data element used to apply the proper fiscal year coding (e.g., ICD-9-CM, CPT) and to assign the MS-DRG Grouper version used. If this data element is missing, the discharge record will be not be loaded	Source value, YYYY	Numeric: YYYY Discharge year should be within the range of 1997 to present year.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
				and the data import process will not complete.		
Discharge Quarter	DQTR	Calendar quarter of the patient's discharge	Required	Data element used to apply the proper fiscal year coding (e.g., ICD-9-CM, CPT) and to assign the MS-DRG Grouper version used. If this data element is missing, the discharge record will not be loaded and the data import process will not complete.	1: January–March 2: April–June 3: July–September 4: October–December	If data element does not exist, it should be calculated from discharge date. Value must be numeric (1, 2, 3, 4) with no leading alpha characters.
Principal/Primary Diagnosis	DX1	ICD-9-CM diagnosis codes, without decimal points	Required	If this data element is missing, the discharge record will not be loaded and the data import process will not complete.	Source value. String value more than five characters will be shortened.	Diagnosis Code 1 is the principal/primary diagnosis. Decimal points, if any, must be removed before loading data. Do not remove leading or trailing zeros. Similarly, you should not include additional digits when they are not required. Diagnosis codes are always 3–7 characters long. For example, a diagnosis code of 005.89 would be input as 00589.

Table 20b: Preparing Your Local Inpatient Hospital Discharge Data: Data Element Mapping—Required for MONAHRQ-Embedded MDC, DRG, and CCS Assignment

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Diagnosis Code, 2–35	DX2–DX31	ICD–9–CM diagnosis codes, without decimal points	Required—if available	Used in assigning MDC, DRG, and Clinical Classifications Software (CCS). Required for preparing precalculated AHRQ QI rates. Only a primary diagnosis is required at a minimum. Tertiary diagnoses are optional.	Source value. String value more than five characters will be shortened.	Diagnosis Codes 2–35 are secondary diagnoses and would include any External Cause of Injury codes (E-codes). Decimal points, if any, must be removed before loading data. Do not remove leading or trailing zeros. Similarly, you should not include additional digits when these are not required. Diagnosis codes are always 3, 4, or 5 characters long. Secondary diagnosis codes may include External Cause of Injury codes (E-codes).
Principal Procedure	PR1	ICD–9–CM procedure codes without decimals	Required	Used in assigning MDC, DRG, and CCS. Required for preparing precalculated AHRQ QIs rates.	Source value. String value more than four characters will be shortened.	Procedure Code 1 is the principal procedure. As with diagnosis codes, you should remove any decimal points; retain leading or trailing zeros; do not include additional digits when these are not required. Procedure codes are always 3 or 4 characters long.
Procedure Code, 2–30	PR2–PR30	ICD–9–CM procedure codes without decimals	Required—if available	Used in assigning MDC, DRG, and CCS. Required for preparing precalculated AHRQ QI rates. Only a principal procedure code is required. Tertiary procedures are optional.	Source value. String value more than four characters will be shortened.	Procedure Codes 2–30 are secondary procedures. As with diagnosis codes, you should remove any decimal points and retain leading or trailing zeros; do not include additional digits when these are not required. Procedure codes are always 3 or 4 characters long.

Table 20c: Preparing Your Local Inpatient Hospital Discharge Data: Data Element Mapping—Required for Generating ED Utilization Subpath

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
ED Services	ED	Hospital admission or ED treat-and-release	Required if ED utilization subpath is being generated	None	0: Records that do not include evidence of ED services 1: ED visits that result in admission to the hospital 9: Missing	This element needs to be created in the data file (see the paragraph below for details). Source values, alpha or numeric, will be mapped to accepted numeric value or excluded during data load. This field may be derived from revenue codes on the admission claim. Stays with evidence of admission through the ED will carry a revenue code 45x.

Table 20d: Preparing Your Local Inpatient Hospital Discharge Data: Data Element Mapping—Optional: Allows Host User to Import Own DRG and MDC

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
DRG Import	DRG	User-defined Diagnosis Related Group (DRG)	Optional	<p>The embedded Innovative Resources for Payors (IRP) Grouper will assign DRG codes in effect on discharge date (year and quarter).</p> <p>If this field is missing, the embedded DRG Grouper will complete these data.</p>		<p>No error checking will be performed on the imported DRG values. If a DRG is assigned, an MDC must also be assigned.</p> <p>MS-DRGs are assigned using the principal diagnosis and additional diagnoses, the principal procedure and additional procedures, sex, and discharge status.</p>
MDC Import	MDC	User-defined Major Diagnostic Category (MDC)	Optional	<p>This field is optional. If not populated, the embedded MDC grouper will complete these data.</p> <p>The embedded IRP Grouper will assign MDC value in effect on discharge date (year and quarter).</p>		<p>No error checking will be performed on the imported MDC values. If an MDC is assigned, a DRG must also be assigned.</p>

Table 20e: Preparing Your Local Inpatient Hospital Discharge Data: Data Element Mapping—Optional: Supports Additional MONAHRQ Functions

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Length of Stay	LOS	Number of days from admission to discharge	Optional	Statistics by length of stay will be excluded if this data element is missing.	Source value	Calculate if needed, from discharge data and admission date. Same-day stay should be set to 0.
Patient State/County Code	HOSPSTCO/ PSTCO	FIPS State/county code of patient's residence	Optional	<p>If this data element is missing, the discharge record will be excluded from area rate calculations and the Website wizard cannot create maps by showing rates of preventable hospitalization by area. We recommend analyzing the area rates at the State- or metro-area level. Otherwise, patients who reside outside the same county as the hospital will be included in the numerator but not the denominator. The larger the geographic unit of analysis, the less likely it is that this situation will occur.</p> <p>If patient codes are not available, the hospital's codes can be loaded.</p> <p>If the hospital FIPS codes are used instead of the patient FIPS codes, the area rates must be interpreted with caution.</p>	Source value	<p>We recommend using the patient FIPS State/county code. The Federal Information Processing Standards (FIPS) codes may be obtained at http://www.census.gov/popest/about/geo/codes.html.</p>

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Race	RACE	Race/ethnicity of patient	Optional	Records with this data element missing will be retained and the value set to "Other." The rates and utilization paths will not be stratified by race/ethnicity if the data element is completely missing.	1: White 2: Black 3: Hispanic 4: Asian or Pacific Islander 5: Native American 6: Other 0: Missing 99: Retain value <Exclude from dataset >	Source values, alpha or numeric, can be mapped to accepted numeric value (0–6, 99) or excluded during data value mapping.
Total Charge	TOTCHG	Total charge associated with hospital stay	Optional	This data element is optional, but if missing it will not include any cost column in any of the analysis. This results in incomplete reports in the generated website. If this data element is not available, costs and charges will be excluded from the Utilization path/Inpatient Hospital Utilization subpath, cost will be excluded from the County Rates path, and cost savings associated with reducing the level of potentially avoidable hospitalizations will not be included in summary report.	Source value. Must be an integer (i.e., whole numbers only).	Must be an integer: remove dollar signs and decimals (i.e., whole numbers only).

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Age in Days	AGEDAY	Age in days at admission (coded only when the age in years is less than 1)	Optional	Used in the inclusion and exclusion criteria for indicators addressing neonates or neonatal conditions and in the Pediatric Quality Indicators (PDI 16 and PDI 18). If this data element is missing (and age is 0), generally, an alternative specification applies.	Age in days only applies for age <1 year. If value is greater than 365, it will be changed to "Missing."	Numeric: 0–364
Admission Type	ATYPE	Admission type	Optional	Used in the inclusion and exclusion criteria for several PSIs and PDIs. For indicators that rely on this field, records with this data element missing will be excluded from the denominator.	1: Emergency 2: Urgent 3: Elective 4: Newborn 5: Trauma center 6: Other 0: Missing <Exclude from dataset>	No data preparation needed. If loading discharge data into MONAHRQ, source values, alpha or numeric, will be mapped to accepted numeric values (0–6) or excluded during data load.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Admission Source	ASOURCE	Admission source	Optional	Used in the inclusion and exclusion criteria for several PQIs, PDIs, PSIs, and IQIs. These indicators include: PQI: 1, 2, 3, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16 IQI: 32 PSI: 3 PDI: 2, 14, 15, 16, 17, 18 For indicators that rely on this field, records with this data element missing will be excluded from the denominator.	1: Emergency room 2: Another hospital 3: Another health facility, including long-term care 4: Court/law enforcement 5: Routine/birth/other 0: Missing	No data preparation needed. If loading discharge data into MONAHRQ, source values, alpha or numeric, will be mapped to accepted numeric values (0–5) or excluded during data load. Note: Admission Source uses HCUP uniform coding, which is a collapsed version of the UB-92 specifications, effective through September 2007. The UB-92 Admission Source codes must be mapped to HCUP uniform categories. This field is also used to establish the ED Services flag.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Point of Origin	POINTOFORIGIN04	Original source of admission	Optional	Used in the inclusion and exclusion criteria for several PQIs, PSIs, and IQIs. For indicators that rely on this field, records with this data element missing will be excluded from the denominator.	When Admission Type is not "newborn": 1: Non-health care facility 2: Clinic or Physician's office 4: Transfer from a hospital 5: Transfer from a nursing facility 6: Transfer from another health care facility 7: Emergency Room 8: Court/law enforcement 11: Transfer from another home health agency 12: Readmission to same home health agency 13: Transfer from one distinct unit to another unit in same hospital 14: Transfer from ambulatory surgery center 15: Transfer from hospice When Admission Type is "newborn": 5: Born inside this hospital 6: Born outside of this hospital	No data preparation needed. If loading discharge data into MONAHRQ, source values, alpha or numeric, will be mapped to accepted numeric values (0–8, 11–15) or excluded during data load. Note: Point of Origin coding matches the UB-04 specifications, effective beginning October 2007.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/ Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Birth weight in Grams	BIRTHWEIG HT	Birth weight for newborns	Optional	Optional data element that is passed directly to the APR-DRG Grouper in the AHRQ QI software. If this data element is not available, value will be set to default in the grouper software. This field is not used as stratification criteria; ICD-9-CM diagnosis codes are used to indicate birth weight.	Source value	If value is greater than 7,000, value will be changed to "Missing" because higher values are considered invalid birth weights.
Days on Mechanical Ventilator	DMV	Number of days the patient spent on a mechanical ventilator	Optional	Optional data element is passed directly to the APR-DRG Grouper in the AHRQ QI software. If this data element is not available, value will be set to default in the grouper software.	Source value	No data preparation needed.
Discharge Disposition	DISP	Disposition of patient	Optional	Used in the inclusion and exclusion criteria for several PQIs, PDIs, PSIs, and IQIs. For indicators that rely on this field, records with this data element missing will be excluded from the denominator.	1: Routine 2: Short-term hospital 3: Skilled nursing facility 4: Intermediate care 5: Another type of facility 6: Home health care 7: Against medical advice 20: Died in the hospital 0: Missing 99: Discharged alive, destination unknown <Exclude from dataset>	No data preparation needed. If loading discharge data into MONAHRQ, source values, alpha or numeric, will be mapped to accepted numeric values (0-7, 20, 99) or excluded during data load. Note: Discharge Disposition uses HCUP uniform coding, which is a collapsed version of the UB-04 (or UB-92) specifications. The UB Discharge Disposition codes must be mapped to HCUP uniform categories.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Custom Stratifier, 1–3	CUSTOM1–3	Custom stratification values	Optional	Custom stratifiers can be used in the reports section of the software (e.g., stratify by type of hospital—teaching or non-teaching). This data element has no effect on the generated HTML pages.		May be used with the AHRQ QI software for Windows.

Table 20f: Preparing Your Local Inpatient Hospital Discharge Data: Data Element Mapping—Optional: Not Recommended For Use (For Patient Identification With External Analysis)

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Key	KEY	Unique case identifier	Optional	If this data element is not available, you cannot link the discharge records in the Patient-Level Report back to the input data file.	Source value	Maximum length: 20 characters
Admission Date	ADMIT_DATE	Date of patient admission for identification purposes only	Optional	None	It is recommended that you DO NOT USE this field unless required for external analysis.	MM/DD/YYYY
Date of Birth	BIRTH_DATE	Patient date of birth for identification purposes only	Optional	None	It is recommended that you DO NOT USE this field unless required for external analysis.	MM/DD/YYYY
Discharge Date	DISCHARGE_DATE	Date of patient discharge for identification purposes only	Optional	None	It is recommended that you DO NOT USE this field unless required for external analysis.	MM/DD/YYYY

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/ Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Patient ID	PATIENT_ID	Patient ID or medical record number for identification purposes only	Optional	None	It is recommended that you DO NOT USE this field unless required for external analysis	No data preparation needed.
PAY1	PAY1	Expected primary payer, uniform	Optional	Statistics by payer will be excluded if this data element is missing. Records with this data element missing will be retained and the value set to "Other."	1: Medicare 2: Medicaid 3: Private/HMO (Health Maintenance Organization) 4: Self-Pay 5: No Charge 6: Other 0: Missing 99: Retain Value	Source values, alpha or numeric, can be mapped to accepted numeric value (0-6, 99) or excluded during data value mapping.

Table 20g: Preparing Your Local Inpatient Hospital Discharge Data: Data Element Mapping—Optional: Not Recommended For Use (For Custom Region Reports)

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
HRR	HRR	HRR Region ID	Optional, required for HRR region reporting	If this data element is missing, the HRR reports cannot be completed	It is recommended that you DO NOT USE this field unless you are generating HRR region reports.	Numeric, 6 characters
HSA	HSA	HSA Region ID	Optional, required for HSA region reporting	If this data element is missing, the HSA reports cannot be completed.	It is recommended that you DO NOT USE this field unless you are generating HSA region reports.	Numeric, 6 characters
Patient Region ID	PATIENT_REGION_ID	Patient Region identifier	Required for Custom Regions reporting	If this data element is missing, the custom region reports cannot be completed.	It is recommended that you DO NOT USE this field unless you are generating custom region reports.	Numeric, 6 characters
ZIP	ZIP	ZIP Code value in Region	Required for custom regions reporting	If this data element is missing, the custom regions report cannot be generated.	It is recommended that you DO NOT USE this field unless generating custom region reports.	Numeric, 5 characters

APPENDIX I: MONAHRQ® DATA ELEMENT MAPPING FOR EMERGENCY DEPARTMENT TREAT-AND-RELEASE DATA

Table 21a: Preparing Your Local Emergency Department Treat-and-Release Data: Data Element Mapping—Required for MONAHRQ Basic Functions

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
AGE	AGE	Patient age at time of service	Required	If this data element is missing, the discharge record will not be loaded.	Source value	Numeric. Converts to years; if age <365 days, set value to 0. If variable does not exist, it should be calculated from Admission Date and Date of Birth.
DISP_ED	DISP_ED	Disposition Code	Required	If this data element is missing, the discharge record will not be loaded.	1: Routine 2: Transfer to short-term hospital 5: Transfer other: includes Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), and another type of facility 6: Home Health Care (HHC) 7: Against medical advice (AMA) 20: Died in ED 21: Discharged/transferred to court/law enforcement 98: Not admitted to this hospital, destination unknown 99: Not admitted to this hospital, discharged alive, destination unknown, Missing	No data preparation needed. Source values, alpha or numeric, will be mapped to accepted numeric value or excluded during data load. The standard UB-04 claim record contains a "Disposition Code" field which may be used to perform this mapping.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
DX1	DX1	Primary ICD–9 Diagnosis	Required	If this data element is missing, the discharge record will not be loaded.	Source value; string value more than five characters will be shortened.	Diagnosis Code 1 is the first-listed diagnosis. Decimal points, if any, must be removed before loading data. Do not remove leading or trailing zeros. Similarly, you should not include additional digits when they are not required. Diagnosis codes are always 3, 4, or 5 characters long. For example, a diagnosis code of 005.89 would be input as 00589.
SEX	GENDER	Indicator of sex	Required	If this data element is missing, the discharge record will not be loaded.	1: Male 2: Female	No data preparation needed. Source values, alpha or numeric, will be mapped to accepted numeric value (1, 2) or excluded during data load.
HOSPITAL_ID	HOSPITAL_ID	Hospital identifier	Required	If this data element is missing, the discharge record will not be loaded.	Source value	No data preparation needed. Source values, alpha or numeric, accepted.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Discharge Quarter	DQTR	Calendar quarter of the patient's discharge	Optional	Data element used to apply the proper fiscal year coding (e.g., ICD-9-CM, CPT) and to assign the MS-DRG Grouper version used. If this data element is missing, the discharge record will be not be loaded and the data import process will not complete.	1: January–March 2: April–June 3: July–September 4: October–December	If data element does not exist, it should be calculated from discharge date. Value must be numeric (1, 2, 3, 4) with no leading alpha characters.

Table 21b: Preparing Your Local Emergency Department Treat-and-Release Data: Data Element Mapping—Optional for MONAHRQ Basic Functions

MONAHRQ Data Element Name	Supported Data Elements Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
DX2-DXn	DX2-DX20 or, DXCSS2-20	Secondary ICD-9 Diagnosis	Optional	None	Source value; string value more than five characters will be shortened.	Diagnosis Codes 2–35 are secondary diagnoses and would include any External Cause of

MONAHRQ Data Element Name	Supported Data Elements Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
						Injury codes (E-codes). While up to 35 diagnosis codes are available, in practice only 18 (including the primary diagnosis) would be coded. Decimal points, if any, must be removed before loading data. Do not remove leading or trailing zeros. Similarly, you should not include additional digits when they are not required. Diagnosis codes are always 3, 4, or 5 characters long.
KEY_ED	KEY_ED	Visit-level record identifier (primary key)	Optional	If this data element is not available, users cannot link the discharge records in the Patient-Level Report back to the input data file.	Source value	No data preparation needed.
NDX	NDX	Number of diagnoses on this discharge	Optional	None	Calculated value	No data preparation needed. This element will be used for future reporting flexibility.

MONAHRQ Data Element Name	Supported Data Elements Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
PAY1	PAY1	Expected primary payer, uniform	Optional	Statistics by payer will be excluded if this data element is missing. Records with this data element missing will be retained and the value set to "Other."	1: Medicare 2: Medicaid 3: Private/HMO (Health Maintenance Organization) 4: Self-pay 5: No charge 6: Other 0: Missing 99: Retain value	Source values, alpha or numeric, can be mapped to accepted numeric value (0–6, 99) or excluded during data value mapping.
RACE	RACE	Race	Optional	Records with this data element missing will be retained and the value set to "Other." The rates and utilization paths will not be stratified by race/ethnicity if the data element is completely missing.	1: White 2: Black 3: Hispanic 4: Asian or Pacific Islander 5: Native American 6: Other 0: Missing 99: Retain value	Source values, alpha or numeric, can be mapped to accepted numeric value (0–6, 99) or excluded during data value mapping.

MONAHRQ Data Element Name	Supported Data Elements Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
COUNTY	COUNTY	Hospital modified FIPS State/county code	Optional	If this data element is missing, the discharge record will be excluded from area rate calculations and the Website wizard cannot create maps by showing rates of preventable hospitalization by area. We recommend analyzing the area rates at the State- or metro-area level. Otherwise, patients who reside outside the same county as the hospital will be included in the numerator but not the denominator. The larger the geographic unit of analysis, the less likely it is that this situation will occur. If patient codes are not available, the hospital's codes can be loaded. If the hospital FIPS codes are used instead of the patient FIPS codes, the area rates must be interpreted with caution.	Source value	We recommend using the patient FIPS State/county code. The Federal Information Processing Standards (FIPS) codes may be obtained at http://www.census.gov/popest/about/geo/codes.html .

MONAHRQ Data Element Name	Supported Data Elements Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
HOSP_TRAUMA	HOSP_TRAUMA	Hospital trauma-level designation	Optional	None. This data element is not currently utilized, but added here to be used in a future version of MONAHRQ.	0: Not a trauma center 1: Level 1 2: Level 2 3: Level 3 8: Level 1 or 2 9: Level 1, 2, or 3	No data preparation needed. Source values, alpha or numeric, will be mapped to accepted numeric value or excluded during data load. This element will be used for future reporting flexibility.
YEAR	YEAR	Admission year	Required	Data element used to apply the proper fiscal year coding (e.g., ICD-9-CM, CPT). Discharge year should be within the range of 1997 to present year. If this data element is missing, the discharge record will be not be loaded.	Source value, YYYY	Numeric: YYYY. Discharge year should be within the range of 1997 to present year.

APPENDIX J: PREPARING DATA USING THE AHRQ QUALITY INDICATORS™ SOFTWARE FOR WINDOWS® AND SAS®

MONAHRQ® can import externally calculated results for the AHRQ Quality Indicators (QIs). The results must be calculated using AHRQ QI software and supplied using a specific file format (see specified file formats in [Table 22](#), [Table 23](#), and [Table 24](#)). The AHRQ QI software runs statistical analysis on local inpatient hospital discharge data to calculate the measure results. Detailed instructions for running the software can be found at: <http://qualityindicators.ahrq.gov/software/default.aspx>.

The AHRQ QI software is provided in Windows (see more information under [Part 1](#)) and SAS versions (see more information under [Part 2](#)). Each version calculates the AHRQ QI rates.

Part 1: Using the AHRQ QI Windows® Software (WinQI)

When running the QI Windows software (WinQI), the following reports provide measure results in the correct format:

- Provider-level reports
- Area-level reports
- Provider-level composite measure reports

When running WinQI, the following set of reports is provided for each separate module: Inpatient Quality Indicators (IQIs), Patient Safety Indicators (PSIs), Prevention Quality Indicators (PQIs), and Pediatric Quality Indicators Overview (PDIs). The available sets of reports for each module are as follows:

- IQI—Provider, Area, and Composite
- PSI—Provider, Area, and Composite
- PQI—Area
- PDI—Provider (for PSI-17), Area (for PQI-09).

The provider-level and composite measure reports provide data for the Hospital Quality path of MONAHRQ. The area-level report provides data for the Avoidable Hospital Stays path of MONAHRQ. Composite measure data at the area level are included within the area-level reports.

NOTE: If you wish to use the *cost savings estimate* feature of the Avoidable Hospital Stays path, it is **very important that you include “total charges” in your discharge data** when you import it into WinQI. Because “total charges” is not a standard field used by the AHRQ QI software, you must map this field to the “Custom Stratifier 1” field, which is a character field in WinQI. Thus, when preparing your discharge data, you must represent the total charges for each discharge as a whole or decimal number that can be stored in a character field.

By default, MONAHRQ reports results for the following AHRQ QI modules: Inpatient Quality Indicators (IQIs), Patient Safety Indicators (PSIs), and Prevention Quality Indicators (PQIs). For more information, see the Measure List

(http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/monahrq/resources/MONAHRQ_6_build2_Measures_List.xlsx), an easy-to-reference spreadsheet listing all of the measures available in MONAHRQ 7.

Provider-Level and Composite Measures

You may obtain data for provider-level measures through the AHRQ QI provider reports. To generate the appropriate report, follow the steps below.

Step 1: Select the Provider Report wizard within the AHRQ QI application.

Step 2: Select the indicators to use. As mentioned, MONAHRQ supports the IQIs and PSIs for provider-level reporting.

Step 3: After selecting your desired measures, on subsequent screens, select the hospitals to include, along with the date range for reporting.

Step 4: On the screen titled “Select Stratifiers for Use with Provider Indicators,” drag the Hospital ID from the right hand list of stratifiers over to the box on the left (if it is not already present). Hospital ID should be selected by default. MONAHRQ supports only stratification by Hospital ID for provider-level measures.

Step 5: The next screen ([Screenshot 216](#)) will provide you with the option to select composite measures and update their weighting.

Step 6: The final screen titled “Additional Options for Data Analysis” allows for the selection of more report options. Under the Report Layout section of the screen, select the options “Show Indicators in Rows” and “Include Title in Exported Files” to ensure that the report will be saved in a format that can be read by MONAHRQ.

[Screenshot 216](#) shows the appropriate options to select.

Screenshot 216: AHRQ QI Software Analysis Options for Provider-Level Reports

Selecting **Next** on the screen will run the report ([Screenshot 217](#)). MONAHRQ relies on the file format from the AHRQ QIs to import calculated measure results. The file format is documented below in [Table 22](#).

Screenshot 217: AHRQ QI Software Provider-Level Report

Indicator	Hospital ID	Observed Numerator	Observed Denominator	Observed Rate	Expected Rate	O/E Ratio	Reference Pop. Rate
IQI 19	128	0	5	0.000000	0.008856	0.000000	0.025824
IQI 19	129	1	5	0.200000	0.043914	4.554333	0.025824
IQI 19	130	0	3	0.000000	0.008682	0.000000	0.025824

Select the **Export All** button, as seen in [Screenshot 217](#) and save the results to a file.

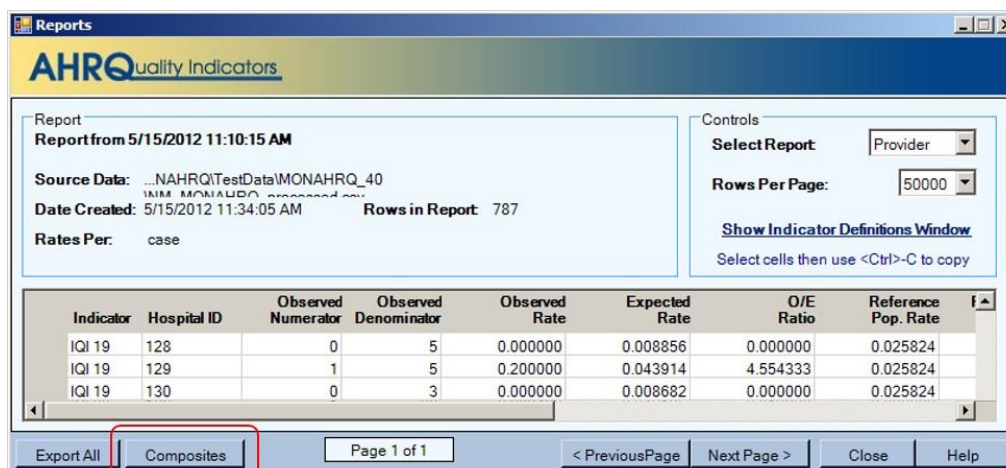
Table 22: Provider-Level Indicator Input File Format

Field Name	Description	Sequence
Module	Measure module such as IQI, PSI	1
Indicator Number	Measure identifier code	2
Hospital ID	Provider identifier	3
Observed Numerator	Numerator	4
Observed Denominator	Denominator	5
Observed Rate	Observed rate	6
Observed Conf Int. Low <i>(Not supported in AHRQ QI 5.0)</i>	Lower bound of the observed rate confidence interval	7
Observed Conf Int. High <i>Not supported in AHRQ QI 5.0)</i>	Upper bound of the observed rate confidence interval	8
Expected Rate	Expected rate	9
O-E Ratio	Ratio of the observed and expected rates	10
Reference Pop Rate	Rate for reference population	11
Risk-Adjusted Rate	Risk-adjusted rate	12
Risk Adj Conf Int. Low	Lower bound of the risk-adjusted rate confidence interval	13
Risk Adj Conf Int. High	Upper bound of the risk-adjusted rate confidence interval	14
Smoothed Rate	Smoothed rate	15

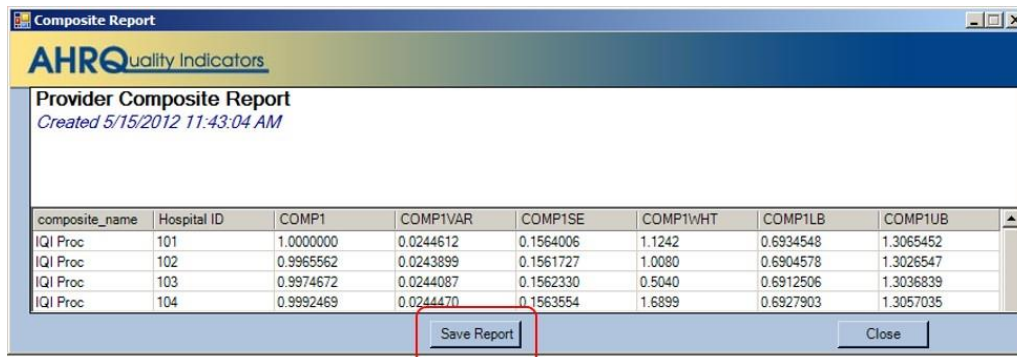
Composite Measures

The composite measure report is generated by selecting the **Composites** button at the bottom of the Provider-Level Report Results screen ([Screenshot 218](#)).

Screenshot 218: AHRQ QI Software Provider-Level Report—Composite Selection



Screenshot 219: AHRQ QI Software Provider-Level Composite Report



Select the **Save Report** button to generate the composite provider-level report ([Screenshot 219](#)).

MONAHRQ accepts the file format generated by WinQI. The file format is documented in [Table 23](#).

Table 23: Composite Indicator Input File Format

Field Name	Description	Sequence
composite_name	Measure name	1
Hospital ID	Provider identifier	2
COMP1	Composite rate/ratio	3
COMP1SE	Standard error	4
COMP1WHT	Weight	5
COMP1LIB	Lower bound of the rate/ratio confidence interval	6
COMP1UB	Upper bound of the rate/ratio confidence interval	7

Area-Level Measures

Data for area-level measures are obtained through the AHRQ QI area-level reports. To generate the appropriate reports, follow the steps below.

Step 1: Select the Area Report wizard within the AHRQ QI application ([Screenshot 220](#)).

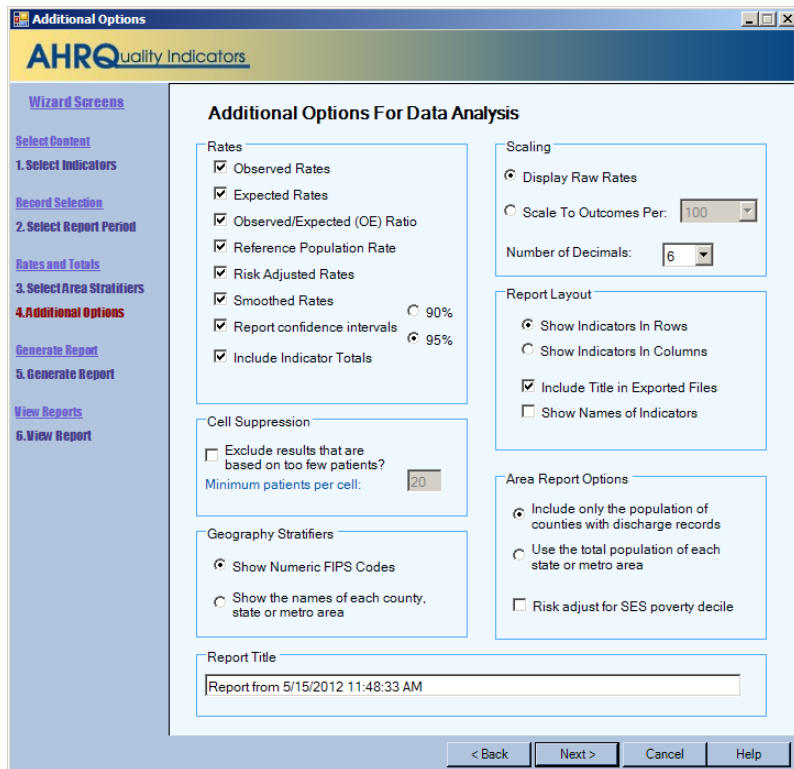
Step 2: After choosing the desired measures, select the desired hospitals and date range for reporting on the subsequent screen.

Step 3: On the screen titled “Select Stratifiers for Use With Area Indicators,” drag “County” from the right hand list of stratifiers over to the box on the left (if it is not already present). “County” should be selected by default. MONAHRQ supports only stratification by county for area-level measures.

Step 4: The final screen titled **Additional Options for Data Analysis** allows for the selection of more report options. Under the **Report Layout** section of the screen, select the options **Show Indicators in Rows** and **Include Title in Exported Files** to ensure that the report will be saved in a format that can be read by MONAHRQ.

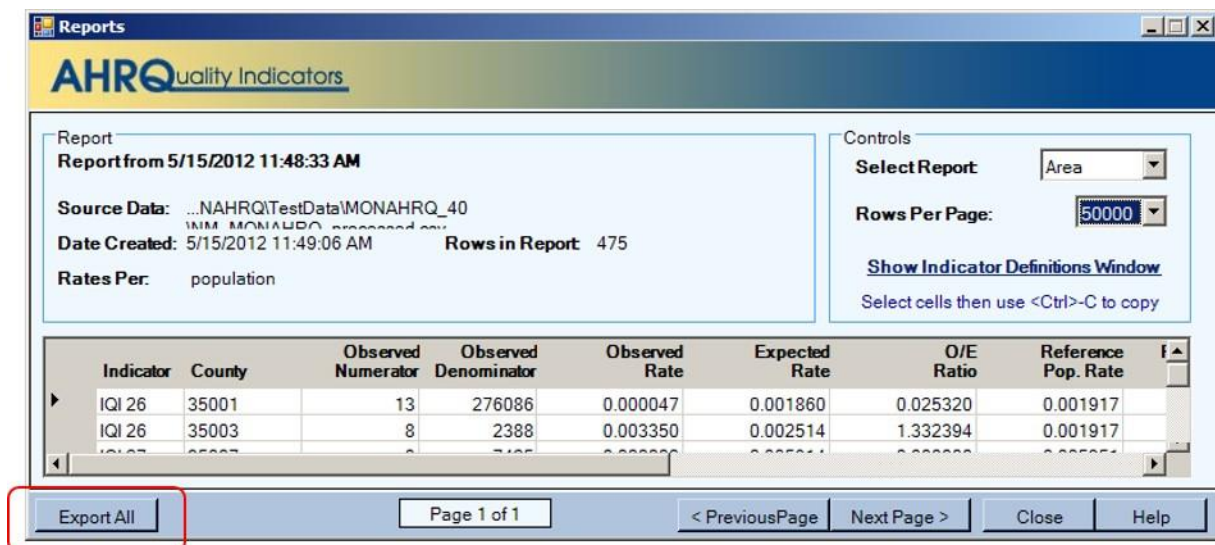
With MONAHRQ 7, the total cost saving data calculation is embedded within MONAHRQ and you will not need to run the cost calculator to calculate total cost saving. Area-level QI files can be directly uploaded into MONAHRQ. However, MONAHRQ still requires reading information from the AHRQ QI database in order to calculate cost. More information about this is provided in [Appendix K](#).

Screenshot 220: AHRQ QI Software Analysis Options for Area-Level Reports



[Screenshot 220](#) displays the default export setting for the AHRQ QI area-level reports. Selecting **Next** as shown in [Screenshot 220](#) will run the report. MONAHRQ relies on the file format from the AHRQ QIs to import calculated measure results. The file format is documented below in [Table 24](#).

Screenshot 221: AHRQ QI Software for Area-Level Reports



Select the **Export All** button to save the results in a CSV file ([Screenshot 221](#)).

Table 24: Area-Level Indicator Input File Format

Field Name	Description	Sequence
Module	Measure module such as IQI, PSI	1
Indicator Number	Measure identifier code	2
County	Federal Information Processing Standards (FIPS) code	3
Observed Numerator	Numerator	4
Observed Denominator	Denominator	5
Observed Rate	Observed rate	6
Observed Conf Int. Low (Not supported in AHRQ QI 5.0)	Lower bound of the observed rate confidence interval	7
Observed Conf Int. High (Not supported in AHRQ QI 5.0)	Upper bound of the observed rate confidence interval	8
Expected Rate	Expected rate	9
O-E Ratio	Ratio of the observed and expected rates	10
Reference Pop Rate	Rate for reference population	11
Risk-Adjusted Rate	Risk-adjusted rate	12
Risk Adj Conf Int. Low	Lower bound of the risk-adjusted rate confidence interval	13
Risk Adj Conf Int. High	Upper bound of the risk-adjusted rate confidence interval	14
Smoothed Rate	Smoothed rate	15

Part 2: Preparing Data Using the AHRQ SAS® QI Software

MONAHRQ can display externally calculated quality measures from the AHRQ SAS® QI software. The AHRQ Quality Indicator results must be exported from the SAS QI software using a specific file format. These file formats are described in detail in [Table 22](#), [Table 23](#), and [Table 24](#).

The SAS QI software provides a set of reports for each separate module: Inpatient Quality Indicators (IQIs), Prevention Quality Indicators (PQIs), and Patient Safety Indicators (PSIs). Although MONAHRQ does not specifically support the Pediatric Quality Indicators (PDIs), two measures—Low Birth Weight Rate (PQI-09) and Injury to Neonate (PSI-17)—are calculated by the SAS QI software through the PDI module. The available sets of reports for each module are as follows:

- IQI—Provider, Area, and Composite
- PSI—Provider, Area, and Composite
- PQI—Area
- PDI—Provider (for PSI-17), Area (for PQI-09) (standalone SAS programs for PSI-17 and PQI-09 are available beginning in AHRQ QI version 4.5)

The AHRQ SAS QI software and documentation can be found at:
<http://www.qualityindicators.ahrq.gov/software/SAS.aspx>

After running the desired AHRQ SAS QI modules using your inpatient hospital data, you will need to reformat the data for use with MONAHRQ.

Several SAS utilities have been developed to convert the output from the SAS QI software to a format suitable for MONAHRQ. There is an SAS formatting utility for each module and available sets of reports, and each SAS formatting utility is QI module-specific. For input, each requires the SAS output files produced by the AHRQ QI module. The SAS output files must be available as permanent SAS datasets—as opposed to temporary “work” datasets—including output from the composite runs for the IQI and PSI modules. The utilities will format the SAS files into a CSV file that can then be loaded into MONAHRQ. The final CSV file is identical to those used to import data from the AHRQ QI software.

Currently, MONAHRQ supports these levels of reporting: overall and at the hospital-level for provider runs; overall and county- or State-level Federal Information Processing Standards (FIPS) code for area runs; and aggregate composite runs, as selected in the control file for the SAS “production” runs.

The following information describes the necessary steps to create the CSV files using the AHRQ SAS QI modules.

IQI Module

After completing the IQI module, download and modify the IQI-specific SAS Formatting Utilities for the AHRQ QIs from the **Resources** page on the MONAHRQ website. The provider-, composite-, and area-level utility files for the IQIs are as follows:

1. IQI_Prov_V1_1.SAS
2. IQI_Comp_V1_1.SAS
3. IQI_Area_v1_1.SAS

You must copy these utility files to the same production directory where the AHRQ IQI module SAS jobs are stored. The SAS formatting utilities for the AHRQ IQIs depend on the IQI module control file. You must modify the section of code (provided below) in the IQI_Prov_V1_1.SAS, IQI_Comp_V1_1.SAS and IQI_Area_V1_1.SAS files in order for the SAS jobs to be able to use the IQI module control file:

```
FILENAME CONTROL 'C:\PATHWAY \CONTROL_IQI.SAS'; *<===USER MUST modify;
```

Once the pathway has been assigned, run the three SAS formatting utilities for the AHRQ IQIs. They should produce three separate files in the production directory:

1. IQI_Prov_V1_1_IQI_P3.csv
2. IQI_Comp_V1_1_IQI_C3.csv
3. IQI_Area_V1_1_IQI_A3.csv

All three files can be then be loaded into MONAHRQ.

PSI Module

After completing the PSI module, download and modify the PSI-specific SAS formatting utilities for the AHRQ QIs from the **Resources** page on the MONAHRQ website. The provider-, composite-, and area-level utility files for the PSIs are as follows:

1. PSI_Prov_V1_1.SAS
2. PSI_Comp_V1_1.SAS
3. PSI_Area_V1_1.SAS

The utility files must be copied to the same production directory containing the AHRQ PSI module SAS jobs. The SAS formatting utilities for the AHRQ PSIs depend on the PSI module control file. You must modify the section of code (provided below) in the PSI_Prov_V1_1.SAS, PSI_Comp_V1_1.SAS and PSI_Area_V1_1.SAS files in order for the SAS jobs to be able to use the PSI module control file:

```
FILENAME CONTROL 'C:\PATHWAY \CONTROL_PSI.SAS'; *<===USER MUST modify;
```

Once the pathway has been assigned, run the three SAS formatting utilities for the AHRQ PSIs. That process should produce three separate files in the production directory:

1. PSI_Prov_V1_1_PSI_P3.csv
2. PSI_Comp_V1_1_PSI_C3.csv
3. PSI_Area_V1_1_PSI_a2.csv

All three files can then be loaded into MONAHRQ.

PQI Module

After completing the PQI module, download and modify the PQI-specific SAS formatting utilities for the AHRQ QIs from the **Resources** page on the MONAHRQ website. The Area-level utility file for the PQIs is

PQI_Area_V1_1.SAS

The utility file must be copied to the same production directory where the AHRQ PQI module SAS jobs are stored. The SAS formatting utilities for the AHRQ PQIs depends on the PQI module control file. You must modify the section of code (provided below) in the PQI_Area_V1_1.SAS file in order for the SAS job to be able to use the PQI module control file:

```
FILENAME CONTROL 'C:\PATHWAY \CONTROL_PQI.SAS'; *<===USER MUST modify;
```

If the Area QI cost calculator for SAS ([Appendix K](#)) has been run, you must specify the name of the modified rate file in the following section of PQI_Area_V1_1.SAS:

```
*=====*
```

```
CHOOSE NAME OF INCOMING RATE FILE, WITH COST;*
```

```
OR THE STANDARD RATE FILE PRODUCED BY SASQI*
```

```
*=====*
```

```
%*let Ratefile_=pqa3_cost; *<===USER MUST MODIFY, eg: pqa3 or pqa3_cost;
```

```
%let Ratefile_=pqa3; *<===USER MUST MODIFY, eg: pqa3 or pqa3_cost;
```

Once the pathway has been assigned, run the SAS formatting utilities for the AHRQ PQIs. This should produce one file in the production directory:

1. PQI_Area_V1_1_PQI_A3.csv

This file can then be loaded into MONAHRQ.

PDI Module

After completing the PDI module, download and modify the PDI-specific SAS formatting utilities for the AHRQ QIs from the **Resources** page on the MONAHRQ website. The provider- and area-level utility files for the PDIs are as follows:

1. PDI_Prov_V1_1.SAS
2. PDI_Area_V1_1.SAS

The utility files must be copied to the same production directory containing the AHRQ PDI module SAS jobs. The SAS formatting utilities for the AHRQ PDIs depend on the PDI module control file. You must modify the section of code (provided below) in the PDI_Prov_V1_1.SAS and PDI_Area_V1_1.SAS files in order for the SAS jobs to be able to use the PDI module control file:

```
FILENAME CONTROL 'C:\PATHWAY \CONTROL_PDI.SAS'; *<===USER MUST modify;
```

If the Area QI cost calculator for SAS ([Appendix K](#)) has been run, you must specify the name of the modified rate file in the following section of PDI_Area_V1_1.SAS:

```
*=====*
```

```
CHOOSE NAME OF INCOMING RATE FILE, WITH COST; *
```

```
OR THE STANDARD RATE FILE PRODUCED BY SASQI*
```

```
*=====*
```

```
%*let Ratefile_=PDA3_cost; *<===USER MAY MODIFY, eg: PDA3;
```

```
%let Ratefile_=PDA3; *<===USER MAY MODIFY, eg: PDA3_cost;
```

Once the pathway has been assigned, run the two SAS formatting utilities for the AHRQ PDIs. This process should produce two separate files in the production directory:

1. PDI_Prov_V1_1_PDI_P3.csv
2. PDI_Area_V1_1_PDI_A3.csv

Once all SAS formatting utilities for the AHRQ QIs have been used to create the desired CSV files, the CSV files are ready to be loaded into MONAHRQ under the Import AHRQ QI Data section.

APPENDIX K: AREA QI COST SAVINGS CALCULATION FOR AVOIDABLE HOSPITAL STAYS REPORTS

To report the estimated cost savings for potentially avoidable hospital stays, MONAHRQ® needs to calculate the cost. This calculation occurs during the website publishing process only if the “Avoidable Hospital Stays” report checkbox is selected.

Area-Level QI Report

The cost calculation process appends a total cost to the **AHRQ QI Area-Level Report** generated by the AHRQ QI software for Windows® (WinQI) and uploaded to MONAHRQ. Costs reflect the estimated costs to a hospital for services performed, while charges represent what the hospital billed for the inpatient stay. Total charges are converted to estimated costs using hospital-level cost-to-charge ratios (CCRs) based on hospital accounting reports from the CMS (AHRQ Healthcare Cost and Utilization project (HCUP), <http://www.hcup-us.ahrq.gov/db/state/costtocharge.jsp>). The total cost is computed for each QI by aggregating Area-Level QI rates and summing costs by county.

If you choose to report cost savings in your MONAHRQ-generated website, **you must have the AHRQ WinQI software installed**. In order for MONAHRQ to calculate the total cost, you must have imported the total charge field into the AHRQ QI software as part of your inpatient hospital discharge data and mapped it to the “Custom Stratifier 1” field, as described in [Appendix J](#).

QI Database

During the installation of the AHRQ WinQI software, the installer builds the AHRQ QI database, which contains the discharge-level QI rates. Data are stored in SQL Server database format, with the default file name “qualityindicators.” In order for MONAHRQ to assign costs to county-level QI rates, the cost calculator must read through the intermediate data in the AHRQ QI database, aggregate that data by QI, and sum costs by county.

Hospital Information File

MONAHRQ requires the hospital-level CCRs to assign estimated total costs. Because the inpatient hospital discharge data include charges rather than costs, MONAHRQ will use the out-of-the-box CCRs, or you can define custom values for your hospitals under the Datasets>Manage Hospital Data tab. Instructions can be found in [Section 5.15.3](#), “Editing and Managing Hospital Attributes.”

Cost Estimates Calculation

The cost is calculated in the background during the website publishing process. The session log provides a record of all logs that are related to the cost calculation run.

Select Database

MONAHRQ will try to read AHRQ QI database information from your computer. If it does not find the information, it will ask you to provide the correct database information, as shown in [Screenshot 221](#). To do so, follow the steps below:

1. Enter the SQL Server database connection information for the QI database (server name, authentication type, database name). If the AHRQ WinQI software was run on the same machine, no changes are required to the default information.

2. Click on the **Test** button to perform a consistency check on the database. The following tests are performed:
 - The database must contain a “discharge_main” table, which must contain *HOSPID* and *Custom1* fields and must contain flag fields for each QI in the input area QI file.
 - The “discharge_main” table must contain records with non-null values of *HOSPID*.
 - The *Custom1* field must not contain non-numeric values other than null or blank.

3. Once you have entered the file information, select **Connect** to continue. This will complete the calculation process. If the calculation process encounters errors, it will prompt you to either cancel the page generation process or continue without calculating the cost ([Screenshot 222](#)). If you choose to continue upon receiving the error, the cost savings reports will not be generated. Any errors encountered by the cost calculation process will also be available in the session log. This will help you or your IT support personnel to identify any errors or problems with cost calculation.

Screenshot 222: Enter Location of QI Database (SQL Format)

Technical Notes About Calculation of Total Costs by MONAHRQ®

The resulting file will contain a total cost for each QI aggregated by county, for which there are one or more records in the “discharge_main” table with the QI indicator flag set. As each record of the QI input file is read, cost is calculated and added to the record.

For *discharge-level* rows, if the observed numerator is missing, the cost is missing. If the observed numerator is zero, the cost is zero. If the observed numerator is not missing or zero (0) and no records with the QI flag set for the county have a non-missing (discharge-level) cost, then the cost is missing. Otherwise, mean cost is calculated as total cost divided by the number of records with non-missing costs, rounded to the nearest dollars and cents. Cost is calculated as mean cost times the observed numerator.

For the *total* rows for each QI, if the observed numerator is missing, the cost is missing. If the observed numerator is zero, the cost is zero. Otherwise, total cost and the total records with non-missing cost are aggregated over counties. If the total number of records with non-missing cost is 0, cost is missing. If the

total number of records with non-missing cost is not zero, mean cost is calculated as total cost divided by the total number of records with non-missing cost rounded to the nearest cents. Cost is calculated as mean cost times the observed numerator.

Errors are reported if the cost could not be calculated for any record on the file or if lines are too short to contain the observed numerator. You will receive a warning if there are records for which cost is missing.

APPENDIX L: CELL SIZE SUPPRESSION IN MONAHRQ®

"Cell size suppression" refers to how MONAHRQ handles small numbers of records available for computing rates. A simple rate is comprised of a numerator divided by a denominator. MONAHRQ offers flexibility in customizing suppression related to the denominator and numerator of a rate per measure.

Denominator-based suppression is generally used to ensure a sufficient number of cases for reliability. Numerator-based suppression is generally used to protect privacy. MONAHRQ provides the ability to suppress values based on a denominator threshold, a numerator threshold, or both. Denominator-based suppression takes precedence over numerator-based suppression. If the margin suppression option is checked, the system will apply margin suppression instead of numerator-based suppression. The cell size suppression logic for MONAHRQ is as follows.

Denominator-Based Suppression

If the denominator is below the specified denominator threshold, denominator-based suppression applies.

- Rates will be suppressed and displayed as dashes ('-').
- Numerator values will be suppressed and displayed as dashes ('-').
- Denominator values will be suppressed and displayed as dashes ('-').

Note: If denominator-based suppression applies, numerator-based suppression logic (described below) is not checked.

Numerator-Based Suppression

If the numerator is below the specified numerator threshold AND denominator-based suppression does not apply, numerator-based suppression applies.

- Rates will be suppressed and displayed as "c."
- Numerator value will be suppressed and displayed as "c."
- Denominator values will be shown.

Note: For measures that do not have a denominator (blank), only numerator-based suppression applies.

Margin Suppression

MONAHRQ supports margin suppression as an optional numerator-related rule. Margin refers to how close the numerator is to the denominator. Margin suppression is triggered when the difference between the denominator and the numerator is below the numerator suppression threshold. For example, assume that the numerator suppression threshold is set at five. If the numerator equals 96 and the denominator equals 100, margin suppression applies.

- Rates will be suppressed and displayed as "c."
- Numerator values will be suppressed and displayed as "c."
- Denominator values will be shown.

APPENDIX M: SIGNING UP FOR GOOGLE ANALYTICS

To use the free resources available from Google Analytics, follow these steps:

Step 1: Sign up for an account.

Visit the Google Analytics website (<http://www.google.com/analytics/>) to sign up for a new account. Click on the “Sign in to Google Analytics” button and follow the on-screen instructions.

Step 2: Set up account properties.

Google Analytics is flexible and can support different account configurations. Your setup affects how data appear in your reports from Google Analytics. To help plan your setup, refer to the articles in Google’s overview of accounts, users, properties, and profiles (<http://support.google.com/analytics/bin/topic.py?topic=1102143>).

Step 3: Set up your tracking code.

Create a tracking ID in your Google Analytics account by following the process outlined in the Google Analytics support documents (<http://support.google.com/analytics/bin/answer.py?answer=1008080>). Include the Google Analytics tracking ID and code in your MONAHRQ-generated website in order to collect and send usage data to your Google Analytics account. You can track multiple websites in the same account, but every website must have its own tracking ID and be set up individually in Google Analytics. The web tracking can be set up in your Google Analytics account.

APPENDIX N: DEPENDENCY CHECKS—ERRORS AND WARNINGS

[Table 25](#) lists errors and warnings generated in MONANHRQ and recommends a resolution path.

Table 25: Dependency Checks—Errors and Warnings

Area	Check Type	Dependencies Check Message	Error Type	How to Fix
Data	No geographic regions are defined for the Hospitals	No regions are defined for your website. The region-based grouping and filters will not be available to your website.	Warning	Provide regions data via the Manage Hospital Data>Geographic Regions tab.
Data	Check dataset mapping	To generate the Utilization County Rates Report, Patient State/County Code must be mapped during the Inpatient Hospital Discharge data import.	Warning	Map the “Patient State/County Code” data element during the Inpatient Hospital Discharge dataset import.
Data	Inpatient Hospital Discharge dataset	The data element “ED Services” flag in your Inpatient Hospital Discharge data file is not found or set to null. Please add or populate the ED Services data element or the Emergency Department Report will be generated with inaccurate or incomplete data.	Error	Map the “ED Services” data element during the Inpatient Hospital Discharge dataset import.
Data	Inpatient Hospital Discharge dataset	Inpatient Hospital Discharge (IP) file is not imported. The Cost and Quality Report—Side-by-Side Comparison report will not be generated.	Warning	Import Inpatient Hospital Discharge dataset.
Data	AHRQ QI Provider dataset	AHRQ QI Provider file is not imported. The Cost and Quality Report—Side-by-Side Comparison report will not be generated.	Warning	Import AHRQ QI Provider dataset.
Data	Regions	Custom regions and/or population data files have not been imported. The Population Region Rates Report will not be generated.	Error	Import both custom region and population region files in the Manage Hospital Data>Geographic Regions tab.

Area	Check Type	Dependencies Check Message	Error Type	How to Fix
Data	Regions	No population data files have been imported. The Rate of Discharge column will not be generated.	Warning	Import the custom population region file in the Manage Hospital Data>Geographic Regions tab.
Data	Regions	Population region file has been imported but the custom region is missing. All the reports aggregated by the custom regions will not be generated.	Warning	Import the custom region file in the Manage Hospital Data>Geographic Regions tab.
Data	Regions	You have selected the Population Region Rates Report, which requires you to define regions in your Inpatient Hospital Discharge (IP) file. You need to define your regions in the IP data file and map these regions in the Manage Hospital Data section. The Population Region Rates Report will not be generated.	Warning	Include the Region ID columns (HRR, HSA, and Custom) in the Inpatient Hospital Discharge dataset and map them accordingly during data mapping. To bypass this warning, unselect the Region Rates Reports from the website.
Data	Discharge Quarter	The "Discharge Quarter" field for some or all records in the ED Dataset is missing a value. These records will not be included in the quarterly trending report.	Warning	Include the Discharge Quarter data in the Emergency Department Treat-and-Release dataset for all hospitals included in the website.
Reports	Cost-to-charge ratio not defined	To generate Utilization and Cost Savings Reports, cost-to-charge ratios must be defined for all hospitals or else the costs for the hospitals will not be included in the Avoidable Stays Maps by County Profile Report.	Warning	Provide CCR data for all of the hospitals to be included in the website. CCR values can be entered in the Manage Hospital Data>Hospitals tab or Website>Customized Site tab>Included Hospitals popup screen.

Area	Check Type	Dependencies Check Message	Error Type	How to Fix
Reports	Cost-to-charge ratio not defined	To generate Utilization and Cost Savings Reports, cost-to-charge ratios must be defined for all hospitals or else the costs for the hospitals will not be included in the Avoidable Stays Maps by County Report.	Warning	Provide CCR data for all of the hospitals to be included in the website. CCR values can be entered in the Manage Hospital Data>Hospitals tab or the Website>Customized Site tab>Included Hospitals popup screen.
Reports	Cost-to-charge ratio not defined	To generate Utilization and Cost Savings Reports, cost-to-charge ratios must be defined for all hospitals or else the cost for the hospitals will not be included in the Avoidable Stays Maps Report.	Warning	Provide CCR data for all of the hospitals included in the website. CCR values can be entered in the Manage Hospital Data>Hospitals tab or the Website>Customized Site tab>Included Hospitals popup screen.
Reports	Cost-to-charge ratio not defined	To generate Utilization and Cost Savings Reports, cost-to-charge ratios must be defined for all hospitals or else the cost for the hospitals will not be included in the County Rates Detail Report.	Warning	Provide CCR data for all the hospitals included in the website. CCR values can be entered in the Manage Hospital Data>Hospitals tab or the Website>Customized Site tab>Included Hospitals popup screen.
Reports	Cost-to-charge ratio not defined	To generate Utilization and Cost Savings Reports, cost-to-charge ratios must be defined for all hospitals or else the cost for the hospitals will not be included in County Rates Report.	Warning	Provide CCR data for all of the hospitals included in the website. CCR values can be entered in the Manage Hospital Data>Hospitals tab or the Website>Customized Site tab>Included Hospitals popup screen.

Area	Check Type	Dependencies Check Message	Error Type	How to Fix
Reports	Cost-to-Charge ratio not defined	To generate Utilization and Cost Savings Reports, cost-to-charge ratios must be defined for all hospitals or else the cost for the hospitals will not be included in Inpatient Hospital Discharge Utilization Report.	Warning	Provide CCR data for all of the hospitals included in the website. CCR values can be entered in Manage Hospital Data>Hospitals tab or Website>Customized Site tab>Included Hospitals popup screen.
Reports	Cost-to-charge ratio not defined	To generate Utilization and Cost Savings Reports, cost-to-charge ratios must be defined for all hospitals or else the cost for the hospitals will not be included in the Inpatient Utilization Detail Report.	Warning	Provide CCR data for all of the hospitals included in the website. CCR values can be entered in the Manage Hospital Data>Hospitals tab or the Website>Customized Site tab>Included Hospitals popup screen.
Reports	Cost-to-charge ratio not defined	To generate Utilization and Cost Savings Reports, cost-to-charge ratios must be defined for all hospitals or else the cost for the hospitals will not be included in the Region Rates Detail Report.	Warning	Provide CCR data for all of the hospitals included in the website. CCR values can be entered in the Manage Hospital Data->Hospitals tab or the Website->Customized Site tab->Included Hospitals popup screen.
Reports	Cost-to-charge ratio not defined	To generate Utilization and Cost Savings Reports, cost-to-charge ratios must be defined for all hospitals or else the cost for the hospitals will not be included in the Region Rates Report.	Warning	Provide CCR data for all of the hospitals included in the website. CCR values can be entered in the Manage Hospital Data>Hospitals tab or the Website>Customized Site tab>Included Hospitals popup screen.

Area	Check Type	Dependencies Check Message	Error Type	How to Fix
Reports	Cost-to-charge ratio not defined	To generate Utilization and Cost Savings Reports, cost-to-charge ratios must be defined for all hospitals or else the cost for the hospitals will not be included in the County Rates Report.	Warning	Provide CCR data for all of the hospitals included in the website. CCR values can be entered in the Manage Hospital Data>Hospitals tab or the Website>Customized Site tab>Included Hospitals popup screen.
Reports	Cost-to-charge ratio not defined	To generate Utilization and Cost Savings Reports, cost-to-charge ratios must be defined for all hospitals or else the cost for the hospitals will not be included in the Population Region Rates Report.	Warning	Provide CCR data for all of the hospitals included in the website. CCR values can be entered in the Manage Hospital Data>Hospitals tab or the Website>Customized Site tab>Included Hospitals popup screen.
Reports	Cost-to-charge ratio not defined	To generate Utilization and Cost Savings Reports, cost-to-charge ratios must be defined for all hospitals or else the cost for the hospitals will not be included in the Inpatient Utilization Detail Report.	Warning	Provide CCR data for all of the hospitals included in the website. CCR values can be entered in the Manage Hospital Data>Hospitals tab or the Website>Customized Site tab>Included Hospitals popup screen.
Reports	Cost-to-charge ratio not defined	To generate Utilization and Cost Savings Reports, cost-to-charge ratios must be defined for all hospitals or else the cost for the hospitals will not be included in the Inpatient Hospital Discharge Utilization Report.	Warning	Provide CCR data for all of the hospitals included in the website. CCR values can be entered in the Manage Hospital Data>Hospitals tab or the Website>Customized Site tab>Included Hospitals popup screen.

Area	Check Type	Dependencies Check Message	Error Type	How to Fix
Reports	CMS Provider ID	You have selected AHRQ QI Provider-Level report, which requires you to map all hospitals in your QI files with the correct CMS Provider ID. If you leave it unmapped, the QI measures will not appear in the generated reports.	Warning	Provide Local Hospital ID for all of the hospitals included in the website. This provides the crosswalk between the CMS Provider ID and your Local Hospital ID. Local Hospital ID can be entered in the Hospital Data>Hospitals tab.
Reports	CMS Provider ID	You have selected AHRQ QI Composite-Level Report, which requires you to map all hospitals in your QI files with the correct CMS Provider ID. If you leave it unmapped, the QI measures will not appear in the generated reports.	Warning	Provide Local Hospital ID for all of the hospitals included in the website. This provides the crosswalk between the CMS Provider ID and your Local Hospital ID. Local Hospital ID can be entered in the Manage Hospital Data>Hospitals tab.
Reports	CMS Provider ID	You have selected County Rates Detail Report, which requires you to map all hospitals in your inpatient hospital discharge data file with the correct CMS Provider IDs. If you leave it unmapped, these hospitals will not appear in the Utilization report.	Warning	Provide Local Hospital ID for all of the hospitals included in the website. This provides the crosswalk between the CMS Provider ID and your Local Hospital ID. Local Hospital ID can be entered in Manage Hospital Data>Hospitals tab.
Reports	CMS Provider ID	You have selected County Rates Report, which requires you to map all hospitals in your inpatient hospital discharge data file with the correct CMS Provider IDs. If you leave it unmapped, these hospitals will not appear in the Utilization report.	Warning	Provide Local Hospital ID for all of the hospitals included in the website. This provides the crosswalk between the CMS Provider ID and your Local Hospital ID. Local Hospital ID can be entered in the Manage Hospital Data>Hospitals tab.

Area	Check Type	Dependencies Check Message	Error Type	How to Fix
Reports	CMS Provider ID	You have selected Region Rates Report, which requires you to map all hospitals in your inpatient hospital discharge data file with the correct CMS Provider IDs. If you leave it unmapped, these hospitals will not appear in the Utilization report.	Warning	Provide Local Hospital ID for all of the hospitals included in the website. This provides the crosswalk between the CMS Provider ID and your Local Hospital ID. Local Hospital ID can be entered in the Manage Hospital Data>Hospitals tab.
Reports	CMS Provider ID	You have selected Region Rates Detail Report, which requires you to map all hospitals in your inpatient hospital discharge data file with the correct CMS Provider IDs. If you leave it unmapped, these hospitals will not appear in the Utilization report.	Warning	Provide Local Hospital ID for all of the hospitals included in the website. This provides the crosswalk between the CMS Provider ID and your Local Hospital ID. Local Hospital ID can be entered in the Manage Hospital Data>Hospitals tab.
Reports	CMS Provider ID	You have selected Inpatient Hospital Discharge Utilization Report, which requires you to map all hospitals in your inpatient hospital discharge data file with the correct CMS Provider IDs. If you leave it unmapped, these hospitals will not appear in the Utilization report.	Warning	Provide Local Hospital ID for all of the hospitals included in the website. This provides the crosswalk between the CMS Provider ID and your Local Hospital ID. Local Hospital ID can be entered in the Manage Hospital Data>Hospitals tab.
Reports	CMS Provider ID	You have selected Inpatient Utilization Detail Report, which requires you to map all hospitals in your inpatient hospital discharge data file with the correct CMS Provider IDs. If you leave it unmapped, these hospitals will not appear in the Utilization report.	Warning	Provide Local Hospital ID for all of the hospitals included in the website. This provides the crosswalk between the CMS Provider ID and your Local Hospital ID. Local Hospital ID can be entered in the Manage Hospital Data>Hospitals tab.

Area	Check Type	Dependencies Check Message	Error Type	How to Fix
Reports	CMS Provider ID	You have selected Emergency Department Treat-and-Release Utilization Report, which requires you to map all hospitals in your inpatient hospital discharge data file with the correct CMS Provider IDs. If you leave it unmapped, these hospitals will not appear in the Utilization report.	Warning	Provide Local Hospital ID for all of the hospitals included in the website. This provides the crosswalk between the CMS Provider ID and your Local Hospital ID. Local Hospital ID can be entered in the Manage Hospital Data>Hospitals tab.
Reports	CMS Provider ID	You have selected ED Utilization Detailed Report, which requires you to map all hospitals in your inpatient hospital discharge data file with correct CMS Provider IDs. If you leave it unmapped, these hospitals will not appear in the Utilization report.	Warning	Provide Local Hospital ID for all of the hospitals included in the website. This provides the crosswalk between the CMS Provider ID and your Local Hospital ID. Local Hospital ID can be entered in the Manage Hospital Data>Hospitals tab.
Reports	CMS Provider ID	You have selected Hospital Profile Report, which requires you to map all local hospital IDs with the appropriate CMS Provider IDs. If you leave it unmapped, Medicare Provider Utilization and Payment data will not appear in the Hospital Profile Report Utilization tab.	Warning	Provide Local Hospital ID for all of the hospitals included in the website. This provides the crosswalk between the CMS Provider ID and your Local Hospital ID. Local Hospital ID can be entered in the Manage Hospital Data>Hospitals tab.
Reports	Settings	To generate cost saving for the Avoidable Stays Report, verify you are connected to the AHRQ QI database in the Settings\Other Connection screen.	Warning	Connect to the WinQI database in the Settings>Other Connection screen.
Website	State is not selected	No State for the website is selected. The website cannot be generated.	Error	Select the State(s) in the Websites>Customize Site tab.

Area	Check Type	Dependencies Check Message	Error Type	How to Fix
Website	Output Folder	The output folder you have selected doesn't exist. The website cannot be generated.	Error	Provide the output folder in the Websites>Customize Site tab.
Website	About Us content	No text for the About Us section is provided. The generated website will show it as blank.	Warning	Provide the content in the About Us section in the Websites>Customize Site tab.
Website	Choose Datasets	No dataset added. The website cannot be generated. Please add datasets under the "Choose Datasets" tab and click on the "Save" button.	Error	Select the datasets in the Websites>Choose Datasets tab.
Website	Choose Datasets	No Inpatient Hospital Discharge data file is selected, which is needed to generate Emergency Department Treat-and-Release reports. This will not create the Emergency Department reports.	Error	Select the Inpatient Hospital Discharge dataset in the Websites>Choose Datasets tab.
Website	Modify Measures	No measures for the Dataset, "{Dataset name}" are selected. The corresponding report(s) will not be generated.	Warning	Select the measures in the Websites>Modify Measures tab for the reports you have selected in the Select Reports tab.
Website	Modify Measures	No measures are selected and the website cannot be generated.	Error	Select the measures in the Websites>Modify Measures tab.
Website	Modify Measures	You have not selected measures that support cost. The Cost and Quality Report—Side-by-Side Comparison will not be generated.	Warning	Select the measures that support cost in the Website>Modify Measures tab.
Website	Select Reports	No reports are selected and the website cannot be generated.	Error	Select the reports in the Websites>Select Reports tab.

Area	Check Type	Dependencies Check Message	Error Type	How to Fix
Website	Select Reports	The collection year for your Inpatient Hospital Discharge data file does not match the website's year. You may prefer to continue with publishing the website, but check your Inpatient Hospital Discharge (IP) Utilization Report for accuracy.	Warning	Select the same website year as your selected Inpatient Hospital Discharge dataset in the Websites>Overview tab.
Website	Select Reports	The collection year for your Emergency Department Treat-and-Release data file does not match the website's year. You may prefer to continue with publishing the website, but check your Emergency Department Utilization Reports for accuracy.	Warning	Select the same website year as your selected ED dataset in the Websites>Overview tab.
Website	Hospital Profile Report	You have selected Hospital Profile Report, which requires you to import Medicare Provider Utilization and Payment Data as an option. This is to include the Utilization tab. Please import Medicare Provider Utilization and Payment data or uncheck "Hospital Profile Report" from the Select Reports tab.	Warning	Unselect the Hospital Profile Report in the Websites>Select Reports tab or import and select the Medicare Provider Utilization and Payment Data in the Websites->Choose Datasets tab.
Website	Geographic Context	The heat map for Region Population Reports will not be generated in MONAHRQ as you have chosen the regional context as "Custom."	Warning	Please select HSA or HRR while clicking on Datasets > Manage Hospital Data tab > New Geographic Context button.
Website	Nursing Home	No nursing homes are included in the website. Nursing home reports will not be generated.	Warning	Please check "Nursing home" in the Websites->Customize Site tab->Included Nursing Home popup screen.

Area	Check Type	Dependencies Check Message	Error Type	How to Fix
Website	Modify Measures	No measures for the dataset, "{Nursing home}" have been selected. The corresponding report(s) will not be generated.	Warning	Please select the measures in the Websites > Modify Measures tab for the reports selected in the Select Reports tab.
Website	Modify Measures	No measures for the Dataset, "{CMS Physician Data}" have been selected. The corresponding report(s) will not be generated.	Warning	Please select the measures in the Websites > Modify Measures tab for the reports selected in the Select Reports tab.
Website	Publish Site	You have selected {Report name} Trending Report(s) but only one dataset has been selected. Please add multiple dataset(s) under the "Choose Datasets" tab and click on the "Save" button.	Error	Please select the datasets in the Websites->Choose Datasets tab to add multiple years of datasets OR please uncheck the trending report(s) in the Websites->Select Reports tab.

APPENDIX O: CUSTOM REGION POPULATION FILE—DATA DICTIONARY

[Table 26](#) provides an example of a Custom Region Population data file.

Table 26: Region Population File Example

REGIONID	SEX	AGEGROUP	RACE	YEAR	POPULATION
234	0	0	0	2013	80
234	1	0	0	2013	40
234	2	0	0	2013	40
234	0	1	0	2013	10
234	0	2	0	2013	20
234	0	3	0	2013	30
234	0	4	0	2013	20
234	0	0	1	2013	10
234	0	0	2	2013	10
234	0	0	3	2013	10
234	0	0	4	2013	10
234	0	0	5	2013	10
234	0	0	6	2013	30

[Table 27](#), [Table 28](#), and [Table 29](#) contain the lookup values used in populating the Region Population File.

Table 27: Sex Lookup

CATVAL	Name
0	All
1	Male
2	Female

Table 28: Age Group Lookup

CATVAL	Name
0	All
1	<18
2	18–44
3	45–64
4	65+

Table 29: Race Lookup

CATVAL	Name
0	All
1	White
2	Black
3	Hispanic
4	Asian or Pacific Islander
5	Native American
6	Other

APPENDIX P: MONAHRQ® DATA ELEMENT MAPPING FOR CG-CAHPS SURVEY RESULTS DATA

Table 30: Preparing Your CG-CAHPS Survey Results Data: Data Element Mapping

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
CG Practice ID	CGPracticeID	CG Practice Number	Required	If this data element is missing, the record will not be loaded and the data import process will not complete.	Source value	Host User assigned unique Practice Site ID. (<i>This should match the Practice IDs for the Medical Practices contained in the Physician Compare Database</i>)
CG ID	CGID	CG Number	Required	If this data element is missing, the record will not be loaded and the data import process will not complete.	Source value	Host User assigned unique Respondent ID
NPR ID	NPRID	Physician NPR ID	Optional	None	Source value	Use Physician's NPR ID
Practice Sample Size	PracticeSampleSize	Practice Sample Size	Required	If this data element is missing, the record will not be loaded and the data import process will not complete.	Source value	Only numeric source values accepted
Survey Completion Date	SurveyCompletionDate	Date survey was completed	Optional	None	Source value	MMYYYY
Physician Gender	PhysicianGender	Physician Gender	Optional	None	0: Missing 1: Male 2: Female	Source values will be mapped to accepted numeric value (0, 1, 2) during data load.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Date of Last Visit	DateOfLast Visit	Date of most recent visit	Optional	None	Source value	MMYYYY
AV_06	AV_06	Got appointment for urgent care as soon as needed	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4) or excluded during data load.
AV_08	AV_08	Got appointment for check-up or routine care as soon as needed	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4) or excluded during data load.
AV_10	AV_10	Got answer to phone question during regular office hours on same day	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4) or excluded during data load.
AV_12	AV_12	Got answer to phone question after hours as soon as needed	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4) or excluded during data load.
AV_13	AV_13	Saw provider within 15 minutes of appointment time	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always	No data preparation needed. Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4) or excluded during data load.
AV_16	AV_16	Provider explained things clearly	Optional	None	0: Missing 1: Yes Definitely 2: Yes Somewhat 3: No	Source values will be mapped to accepted numeric value (0, 1, 2, 3) or excluded during data load.
AV_17	AV_17	Provider listened carefully	Optional	None	0: Missing 1: Yes Definitely 2: Yes Somewhat 3: No	Source values will be mapped to accepted numeric value (0, 1, 2, 3) or excluded during data load.
AV_19	AV_19	Provider gave easy-to-understand information on health	Optional	None	0: Missing 1: Yes Definitely 2: Yes Somewhat	Source values will be mapped to accepted numeric value (0, 1, 2, 3) or excluded during data load.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
		questions or concerns			3: No	
AV_20	AV_20	Provider knew important information about your medical history	Optional	None	0: Missing 1: Yes Definitely 2: Yes Somewhat 3: No	Source values will be mapped to accepted numeric value (0, 1, 2, 3) or excluded during data load.
AV_21	AV_21	Provider showed respect	Optional	None	0: Missing 1: Yes Definitely 2: Yes Somewhat 3: No	Source values will be mapped to accepted numeric value (0, 1, 2, 3) or excluded during data load.
AV_22	AV_22	Provider spent enough time	Optional	None	0: Missing 1: Yes Definitely 2: Yes Somewhat 3: No	Source values will be mapped to accepted numeric value (0, 1, 2, 3) or excluded during data load.
AV_24	AV_24	Provider's office followed up with test results	Optional	None	0: Missing 1: Yes 2: No	Source values will be mapped to accepted numeric value (0, 1, 2) or excluded during data load.
AV_25	AV_25	Rating of provider	Optional	None	0: WORST PROVIDER POSSIBLE 1: ONE 2: TWO 3: THREE 4: FOUR 5: FIVE 6: SIX 7: SEVEN 8: EIGHT 9: NINE 10: BEST PROVIDER POSSIBLE	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10) or excluded during data load.
AV_26	AV_26	Would you recommend this provider's office	Optional	None	0: Missing 1: Yes Definitely 2: Yes Somewhat 3: No	Source values will be mapped to accepted numeric value (0, 1, 2, 3) or excluded during data load.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
AV_27	AV_27	Office staff was helpful	Optional	None	0: Missing 1: Yes Definitely 2: Yes Somewhat 3: No	Source values will be mapped to accepted numeric value (0, 1, 2, 3) or excluded during data load.
AV_28	AV_28	Office staff courteous and respectful	Optional	None	0: Missing 1: Yes Definitely 2: Yes Somewhat 3: No	Source values will be mapped to accepted numeric value (0, 1, 2, 3) or excluded during data load.
Cd_38	Cd_38	Spoke with provider's office about child's learning ability	Optional	None	0: Missing 1: Yes 2: No	Source values will be mapped to accepted numeric value (0, 1, 2) or excluded during data load.
Cd_39	Cd_39	Spoke with provider's office about normal behaviors	Optional	None	0: Missing 1: Yes 2: No	Source values will be mapped to accepted numeric value (0, 1, 2) or excluded during data load.
Cd_40	Cd_40	Spoke with provider's office about child's growth	Optional	None	0: Missing 1: Yes 2: No	Source values will be mapped to accepted numeric value (0, 1, 2) or excluded during data load.
Cd_41	Cd_41	Spoke with provider's office about child's moods and emotions	Optional	None	0: Missing 1: Yes 2: No	Source values will be mapped to accepted numeric value (0, 1, 2) or excluded during data load.
Cd_42	Cd_42	Spoke with provider's office about ways to prevent injuries	Optional	None	0: Missing 1: Yes 2: No	Source values will be mapped to accepted numeric value (0, 1, 2) or excluded during data load.
Cd_43	Cd_43	Received information about preventing injuries	Optional	None	0: Missing 1: Yes 2: No	Source values will be mapped to accepted numeric value (0, 1, 2) or excluded during data load.
Cd_44	Cd_44	Spoke with provider's office about time spent on the	Optional	None	0: Missing 1: Yes 2: No	Source values will be mapped to accepted numeric value (0, 1, 2) or excluded during data load.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
		computer or watching TV				
Cd_45	Cd_45	Spoke with provider's office about child's diet	Optional	None	0: Missing 1: Yes 2: No	Source values will be mapped to accepted numeric value (0, 1, 2) or excluded during data load.
Cd_46	Cd_46	Spoke with provider's office about child's exercise	Optional	None	0: Missing 1: Yes 2: No	Source values will be mapped to accepted numeric value (0, 1, 2) or excluded during data load.
Cd_47	Cd_47	Spoke with provider's office about child's ability to get along with others	Optional	None	0: Missing 1: Yes 2: No	Source values will be mapped to accepted numeric value (0, 1, 2) or excluded during data load.
Cd_48	Cd_48	Spoke with provider's office about household problems affecting the child	Optional	None	0: Missing 1: Yes 2: No <Exclude from dataset>	Source values will be mapped to accepted numeric value (0, 1, 2) or excluded during data load.

APPENDIX Q: MONAHRQ® DATA ELEMENT MAPPING FOR NH-CAHPS SURVEY RESULTS DATA

Table 31: Preparing Your NH-CAHPS Survey Results Data: Data Element Mapping

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/ Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
NH ID	NHID	Nursing Home ID	Required	If this data element is missing, the record will not be loaded and the data import process will not complete.	Source value	Host User assigned unique Respondent ID
Provider ID	ProviderID	Nursing Home Provider ID	Required	If this data element is missing, the record will not be loaded and the data import process will not complete.	Source value	This is CMS Provider ID for a Nursing Homes. This should match the CMS ID for each Nursing Home contained in the CMS Nursing Home database.
Survey Completion Date	SurveyCompletionDate	Date survey was completed	Optional	None	Source value	MMYYYY
Practice Sample Size	PracticeSampleSize	Practice Sample Size	Required	If this data element is missing, the record will not be loaded and the data import process will not complete.	Source value	Only numeric source values accepted
Date of Last Visit	DateOfLastVisit	Date of most recent visit	Optional	None	Source value	MMYYYY
Q11	Q11	Can find a nurse or aide	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 98, 99) during data load.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Q12	Q12	Nurses/aides treat resident with courtesy and respect	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 98, 99) during data load.
Q13	Q13	Nurses/aides treat resident with kindness	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 98, 99) during data load.
Q14	Q14	Nurses/aides really cared about resident	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 98, 99) during data load.
Q15	Q15	Nurses/aides rude to resident	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 98, 99) during data load.
Q17	Q17	Wait too long for help with eating	Optional	None	0: Missing 1: Yes 2: No 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 98, 99) during data load.
Q19	Q19	Wait too long for help with drinking	Optional	None	0: Missing 1: Yes 2: No 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 98, 99) during data load.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Q21	Q21	Wait too long for help with toileting	Optional	None	0: Missing 1: Yes 2: No 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 98, 99) during data load.
Q22	Q22	Resident looks/smells clean	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 98, 99) during data load.
Q24	Q24	Nurses/aides appropriate with resident displaying behavioral problems	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 98, 99) during data load.
Q26	Q26	Nurses/aides give respondent timely information about resident	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 98, 99) during data load.
Q27	Q27	Nurses/aides explain things to respondent	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 98, 99) during data load.
Q28	Q28	Nurses/aides discourage respondents questions	Optional	None	0: Missing 1: Yes 2: No 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 98, 99) during data load.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Q29	Q29	Room looks/smells clean	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 98, 99) during data load.
Q30	Q30	Public areas look/smell clean	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 98, 99) during data load.
Q31	Q31	Family member's personal medical belongings lost	Optional	None	0: Missing 1: Never 2: Once 3: Two or more times 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 98, 99) during data load.
Q33	Q33	Family member's clothes damaged or lost	Optional	None	0: Missing 1: Never 2: Once or twice 3: Three or more times 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 98, 99) during data load.
Q35	Q35	Respondent stops self from complaining	Optional	None	0: Missing 1: Yes 2: No 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 98, 99) during data load.
Q37	Q37	Respondent involved in decisions about care	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 98, 99) during data load.

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
Q38	Q38	Overall rating of care at nursing home	Optional	None	0: Worst care possible 1: 1 2: 2 3: 3 4: 4 5: 5 6: 6 7: 7 8: 8 9: 9 10: Best care possible 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 98, 99) during data load.
Q40	Q40	Enough nurses/aides	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 98, 99) during data load.
Q42	Q42	Respondent given information about payments/expenses	Optional	None	0: Missing 1: Never 2: Sometimes 3: Usually 4: Always 98: Inapplicable 99: No Answer Given	Source values will be mapped to accepted numeric value (0, 1, 2, 3, 4, 98, 99) during data load.

APPENDIX R: MONAHRQ® DATA ELEMENT MAPPING FOR HEDIS SURVEY RESULTS DATA

Table 32: Preparing Your HEDIS Data: Data Element Mapping

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
MedicalPracticeID	MedicalPracticeID	Physician's NPI ID	Yes	If this data element is missing, the record will not be loaded and the data import process will not complete.	None	Measures rate as percentage
PhyNpi	PhyNpi	Physician Rate—Diabetes: HbA1c testing	No	None	None	Measures rate as percentage
DiabHbA1c Test	DiabHbA1c Test	Physician Rate—Diabetes: HbA1c Control <8%	No	None	None	Measures rate as percentage
DiabHbA1c Control	DiabHbA1c Control	Physician Rate—Diabetes: Blood Pressure Control <140/90	No	None	None	Measures rate as percentage
DiabBPControl	DiabBPControl	Physician Rate—Asthma: Asthma medication ratio	No	None	None	Measures rate as percentage
AsthMedicationRatio	AsthMedicationRatio	Physician's NPI ID	No	None	None	Measures rate as percentage
HyperBPControl	HyperBPControl	Physician Rate—Hypertension: Blood Pressure Control <140/90 (age 18–59)	No	None	None	Measures rate as percentage

MONAHRQ Data Element Name	Supported Data Element Names	Description	Required/Optional	Impact of Exclusion on Data Import and Generated Website	Default Element Coding	Data Preparation
COPD	COPD	Physician Rate—COPD: Use of spirometry testing in the assessment and diagnosis of COPD	No	None	None	Measures rate as percentage
DiabHbA1c TestSTAVG	DiabHbA1c TestSTAVG	Physician Rate—State Average Rate—Diabetes: HbA1c testing	No	None	None	Measures rate as percentage
DiabHbA1c ControlSTAVG	DiabHbA1c ControlSTAVG	Physician Rate—State Average Rate—Diabetes: HbA1c Control <8%	No	None	None	Measures rate as percentage
DiabBPControlSTAVG	DiabBPControlSTAVG	State Average Rate—Diabetes: Blood Pressure Control <140/90	No	None	None	Measures rate as percentage
AsthMedicationRatioSTAVG	AsthMedicationRatioSTAVG	Asthma: Asthma medication ratio	No	None	None	Measures rate as percentage
HyperBPControlSTAVG	HyperBPControlSTAVG	State Average Rate—Hypertension: Blood Pressure Control <140/90 (age 18–59)	No	None	None	Measures rate as percentage
COPDSTAVG	COPDSTAVG	State Average Rate—COPD: Use of spirometry testing in the assessment and diagnosis of COPD	No	None	None	Measures rate as percentage

APPENDIX S: GLOSSARY

The following acronyms and terms are used throughout this guide.

ACO:	Accountable Care Organization
AMA:	Against medical advice
CCR:	Cost-to-charge ratio
CCS:	Clinical Classifications Software
CMS:	Centers for Medicare & Medicaid Services
CSV:	Comma-separated value
CVEs:	Chartered Value Exchanges
Data file:	Input files containing health care data that are imported into MONAHRQ for generating reports.
DRG:	Diagnosis Related Group
E-codes:	External Cause of Injury codes
ED:	Emergency Department
End User:	A person who accesses a website report generated by MONAHRQ.
FIPS:	Federal Information Processing Standards
HCAHPS:	Hospital Consumer Assessment of Healthcare Providers and Systems
HCUP:	Healthcare Cost and Utilization Project
HHC:	Home health care
HMO:	Health maintenance organization
Host User:	An organization or individual that downloads MONAHRQ and uses it to generate a MONAHRQ website.
HRR:	Dartmouth Atlas Hospital Referral Region
HSA:	Dartmouth Atlas Hospital Service Area
ICF:	Intermediate care facility
IP:	Inpatient Hospital Discharge file
IPPS:	Inpatient Prospective Payment System
IQIs:	Inpatient Quality Indicators
IRP:	Innovative Resources for Payors
IT:	Information technology
MDC:	Major Diagnostic Category
Measure description information:	Information about quality measures included in MONAHRQ that can be included in MONAHRQ-generated reports or web pages.
MONAHRQ:	The desktop software that a Host User downloads and uses to generate a website and/or related reports.
MONAHRQ data elements:	Standard name used by MONAHRQ to represent columns for a data file.

MONAHRQ download website:	The website that provides access to MONAHRQ software and data downloads as well as information about MONAHRQ. It can be found at http://www.ahrq.gov/professionals/systems/monahrq/software/index.html .
MONAHRQ-generated website:	A website that a Host User creates using MONAHRQ.
MS-DRG:	Medicare Severity-Diagnosis Related Group
NEDS:	Nationwide Emergency Department Sample
NIS:	Nationwide Inpatient Sample
NQF:	National Quality Forum
NUBC:	National Uniform Billing Committee
PDIs:	Pediatric Quality Indicators
POS:	Provider of Services
PQIs:	Prevention Quality Indicators
PSIs:	Patient Safety Indicators
QI:	Quality Indicator
QIOs:	Quality Improvement Organizations
RHIOs:	Regional Health Improvement Organizations
SNF:	Skilled nursing facility