Iowa Healthcare Collaborative (IHC)

Iowa Report

Data Sources / Tools / Methods

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Introduction

The metrics included in the Iowa Report focus on Iowa hospital performance; span several clinical categories; and include process, outcome, utilization, and patients' experience measures of performance.

There are two main sources of data and/or tools used to produce each metric in the Iowa Report:

- Centers for Medicare & Medicaid Services (CMS) Hospital Compare Database
- Agency for Healthcare Research and Quality (AHRQ) Quality Indicator (QI) metrics and QI software tools

The background and analytical methods relevant to these sources of metrics/data are summarized below.

Background and Analytical Methods

CMS Hospital Compare Process, Outcomes, Utilization, and HCAHPS Survey Metrics*:*

- *The CMS Hospital Compare hospital, state, and national performance information included in the Iowa Report is from CMS' July 16, 2015 release of their Hospital Compare database.*

CMS is the federal agency responsible for administering Medicare, Medicaid, SCHIP (State Children's Health Insurance), and several other health-related programs. In 2003, federal law initiated the Hospital Quality Initiative that required certain U.S. hospitals to submit data that are used to measure the quality of care given to all patients. As the major payer of healthcare services in the U.S. CMS focuses its measurement program on issues related to quality, safety, overuse and underuse of services (utilization), patient experiences with care, and a host of conditions and/or services that are key drivers of high healthcare costs.

Within the domain of the hospital setting, CMS has two primary measurement and reporting programs – the hospital Inpatient Quality Reporting (IQR) and Outpatient Quality Reporting (OQR) programs. Hospitals that participate in these programs receive full reimbursement for their services provided to Medicare patients when they collect and report data on a set of metrics required by CMS under program rules.

However; the laws and associated rules for these programs require most, but not all, hospitals to report data to CMS and allow their performance information to be publicly available. CMS posts hospital performance on their Hospital Compare website. Although some U.S. hospitals are exempt from these two programs – for example, smaller rural hospitals like Critical Access Hospitals (CAH) - these hospitals are allowed to voluntarily report their data and have their performance measures publicly posted to the Hospital Compare website.

A goal of these programs is to provide healthcare stakeholders – public, payers, and purchasers of healthcare - easily accessible and understandable healthcare "knowledge" in an effort to positively impact the value of U.S. healthcare services. The amount of information available to the public on CMS' Hospital Compare website has grown over time and additional hospital performance measures are due to be added to the programs in the future.

The Iowa Healthcare Collaborative downloads publicly available hospital performance data for Iowa hospitals along with national comparison information from the CMS Hospital Compare database. The CMS IQR/OQR programs and the Hospital Compare database include the following hospital performance information:

- **Processes** – "what is actually done in giving and receiving care". Information includes what is done to treat patients with acute myocardial infarction (AMI) or "heart attack", heart failure (HF), and pneumonia (PN) conditions. Also, information includes what is done to prevent infection in patients undergoing certain types of surgeries (SCIP – Surgical Care Improvement Project – for heart, colon, hip, knee, abdominal, hysterectomy surgeries).
- **Outcomes** – "the effects of care on the health of patients". Information includes data regarding rates of mortality (death), coordination of care (readmission of patients back into the hospital), and safety issues (infections and other events that signal how safe patients are in the hospital).
- **Utilization** – "how much, or how little, healthcare services are given and received". Information includes rates of imaging services that are frequently over or under-used.
- **Patient Experience Surveys** – information regarding how patients view the quality/safety of the care they received in the hospital.
- **Spending per Patient** – information regarding how much CMS pays on average for Medicare patients in the hospital.

Complete specifications and technical reports for the CMS IQR and OQR metrics can be found at http://qualitynet.org/ within the hospital inpatient and outpatient tabs.

AHRQ Quality Indicators (QI)s - Outcome and Utilization Metrics*:*

The Agency for Healthcare Research and Quality (AHRQ) is the health services research arm of the U.S. Department of Health and Human Services (HHS). In the late 1980's AHRQ, several states, and the healthcare industry created the Healthcare Cost and Utilization Project (HCUP) to build healthcare databases and related software tools that could be used for healthcare research and decision-making. Beginning in the late 1990's, in response to requests by state-level data organizations and hospital associations, AHRQ developed a set of HCUP Quality Indicator (QI) tools with the assistance of national experts in internal medicine, pediatrics, health services research, statistics, and healthcare quality measurement that are designed to be used on hospital administrative claims data.

These QI tools were designed to "screen" hospital inpatient discharge data (administrative claims data) to identify potential healthcare delivery issues – overuse, misuse, or underuse of particular services that may require deeper investigation. Although these tools are not perfect, they do represent the state-of-the-art in hospital quality and patient safety measurement tools using hospitals' administrative data. The AHRQ, QI tool users, state agencies, hospital associations, researchers, and many other experts in the healthcare field regularly use, review, and update the QI toolset.

As a public reporting tool, the AHRQ QI tools and metrics are being used to monitor variations in quality, safety, and healthcare service utilization between geographical regions and/or providers. These tools and metrics are also being used to monitor the incidence and trends of events and services over time.

However, due to the inherent limitations in using administrative data to measure quality and safety performance, the Iowa Healthcare Collaborative strongly cautions users that the information yielded from the analyses of these data are not to be used as definitive measures of hospital performance. Rather, users should view this information as a source of "knowledge" to promote more in-depth healthcare discussions between consumers/communities and their providers; and as a "radar screen" for hospitals in their efforts to identify potential opportunities for quality and patient safety improvement.

Within the past few years CMS has been using the AHRQ QI metrics and tools for regulatory purposes – as a reporting function within the CMS Inpatient Quality Reporting (IQR) program and for public reporting purposes on their Hospital Compare website. However, there are some key differences in the tools, datasets, and methods used by CMS and IHC to produce hospital-level measurements of performance.

Analyses of Iowa Hospital Performance

***Iowa Datasets**:*

The Iowa State Inpatient Databases (SIDs) include inpatient discharges for all Iowa acute care non-federal hospitals. The Iowa Hospital Association (IHA) collects and manages the administrative claims data used to produce the SIDs. The SIDs are Health Insurance Portability and Accountability Act (HIPAA)-limited versions of all Iowa hospitals' discharges. The Iowa Healthcare Collaborative purchases and analyses these SIDs, using the AHRQ QI toolsets, to yield comparable statewide and hospital-level performance measures for all the non-federal acute care hospitals in the state. State and hospital-level performance measurements are reported publicly with IHC's Iowa Report.

***IHC Iowa Report – General Methods**:*

The analyses conducted to produce the Iowa Report included the use of the following key characteristics and methods:

Characteristic / Method	**Feature**
Dataset – Number of Acute Inpatients	CY 2013 Iowa SID – 302,021 inpatients CY 2014 Iowa SID – 298,263 inpatients TOTAL Inpatients = 600,284
Analytical Software/Version	AHRQ Quality Indicator (QI) Toolset SAS-based Version 5.0(a)
Number of Diagnosis Codes (DX) Used in Analysis	Primary and Secondary DXs = 29 First E-Code DX = 1 TOTAL DXs Used = 30
Number of Procedure Codes (PR) Used in Analysis	Procedure (PRs) = 30
Present-on-Admission Codes (POA) Used	POA Codes for all DXs used in analyses
APR-DRG Risk Adjustment for IQI Metrics	AHRQ's SAS-based Limited License Version 32 3M™ APR™-DRG Limited License Grouper Software used in risk adjustment of IQI metrics

The AHRQ QI software tools require that certain variables be present in the dataset and that the values of these variables are formatted in a certain way. The tables below provides a crosswalk of variable names and values required by the AHRQ QI software requirements for the Iowa:

Variable Mapping of SID Datasets

Iowa SID Variable Name	AHRQ Variable Name	Iowa SID Category Code	Iowa SID Code Description	AHRQ Category Code	AHRQ Code Description / Programming Notes
none	KEY				Each record assigned a unique KEY value
AGEYEAR	AGE		Age in years at discharge		Age in years at admission
AGEDAY	AGEDAY		Age in Days if Age in Years < 1		Age in Days only if Age < 1
RACE * ETHN (Ethnicity)	RACE	1	White	1	White
		2	African American / Black	2	Black
		6	Hispanic / Latino of Any Race	3	Hispanic
		Race = 8 AND ETHN = 1	Declined * Hispanic/Latino		
		Race = 9 AND ETHN = 1	Unavailable/Unknown * Hispanic/Latino		
		3	American Indian or Alaskan Native	5	Native American
		4	Asian	4	Asian or Pacific Islander
		5	Native Hawaiian / Other Pac Islander		
		7	Multiracial / Two or more races	6	Other
		Race = 8 AND ETHN NE 1	Declined * Ethnicity (Non-Hisp, Declined, Unav/Unknown)		
		9	Other or Unknown		
		Race = 9 AND ETHN NE 1	Unav/Unkown Race * ETHN (Non-Hisp, Declined, Unav/Unknown)		
SEX	SEX	M	Male	1	Male
		F	Female	2	Female
		U	Unknown	*none*	*none*
SOP1 (Expected Source of Payment)	PAY1 (Expected Primary Payer)	1	Medicare Non-Managed Care (Title 18)	1	Medicare
		11	Medicare - Managed Care (HMO,PPO)		
		2	Medicaid Non-Managed Care (Title 19, SCHIP[Hawk-I])	2	Medicaid
		12	Medicaid - Managed Care (HMO,PPO,PCCM)		
		6	Blue Cross	3	Private Insurance including HMOs
		7	Commercial (private or group plans)		
		8	Self Pay	4	Self Pay
		10	No Charge	5	No Charge
		3	Iowa State Govt (Mental Health State Papers, Iowa Cares, etc.)	6	Other
		4	County / Local Govt		
		5	Other Federal Government		

Iowa SID Variable Name	AHRQ Variable Name	Iowa SID Category Code	Iowa SID Code Description	AHRQ Category Code	AHRQ Code Description / Programming Notes
		9	Workers Compensation		
CTY (Iowa County of Residence)	PSTCO (Location of Patient Residence)	Iowa County Code	Iowa County of Residence	FIPS State/County Code	Location of Patient Residence or Hospital Location (FIPS State/County Code) / Crosswalk of Iowa County Code with FIPS County Codes
HNUM	HOSPID		Hospital Number		Data Source Hospital Number
PTSTATUS (Disposition Code)	DISP (Disposition of Patient)	1	Discharged to home or self care	1	Routine
		81	Discharged to home or self care with a planned acute care hospital readmission		
		9	Admitted as an inpatient to this hospital		
		21	Discharged/transferred to Court/Law Enforcement		
		87	Discharged/transferred to Court/Law Enforcement with a planned acute care hospital inpatient readmission		
		30	Still patient. Used when patient is still within the same facility, typically used for billing for leave of absence days or interim bills.		
		2	Discharged/transferred to another short term general hospital for inpatient care	2	Short-term hospital
		82	Discharged/transferred to another short term general hospital for inpatient care with a planned acute care hospital inpatient readmission		
		5	Discharged/transferred to a cancer center or children's hospital		
		85	Discharged/transferred to a cancer center or children's hospital with a planned acute care hospital inpatient readmission		
		43	Discharged/transferred to a federal health facility (Dept of Def Hosp, VA, VA Nursing)		
		88	Discharged/transferred to a federal health facility with a planned acute care hospital inpatient readmission		
		66	Discharged/transferred to a CAH		
		94	Discharged/transferred to a CAH with a planned acute care hospital inpatient readmission		
		3	Discharged/transferred to SNF	3	Skilled Nursing Facility
		83	Discharged/transferred to SNF with a planned acute care hospital inpatient readmission		
		61	Discharged/transferred within this institution to hospital-based Medicare approved swing bed		
		89	Discharged/transferred within this institution to hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission		

Iowa SID Variable Name	AHRQ Variable Name	Iowa SID Category Code	Iowa SID Code Description	AHRQ Category Code	AHRQ Code Description / Programming Notes
		4	Discharged/transferred to a facility that provides Custodial or Supportive Care (includes ICFs, nursing facilities, Assisted Living Facilities)	4	Intermediate Care
		84	Discharged/transferred to a facility that provides Custodial or Supportive Care with a planned acute care hospital inpatient readmission		
		51	Hospice - medical facility	5	Another Type of Facility
		62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehab distinct units of a hospital		
		90	Discharged/transferred to an inpatient rehabilitation facility (IRF) with a planned acute care hospital inpatient readmission		
		63	Discharged/transferred to long-term care hospital (LTCH)		
		91	Discharged/transferred to long-term care hospital (LTCH) with a planned acute care hospital inpatient readmission		
		64	Discharged/transferred to a nursing facility certified under Medicaid, but not Medicare		
		92	Discharged/transferred to a nursing facility certified under Medicaid, but not Medicare, with a planned acute care hospital inpatient readmission		
		65	Discharged/transferred to a psychiatric hospital or distinct psychiatric part unit of a hospital		
		93	Discharged/transferred to a psychiatric hospital or distinct psychiatric part unit of a hospital with a planned acute care hospital inpatient readmission		
		69	Discharged to a designated disaster alternative care site		
		70	Discharged Transferred to another type of health care institution not defined elsewhere in this code list		
		95	Discharged Transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital readmission		
		6	Discharged/transferred to home under care of organized home health service organization	6	Home health care
		86	Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital readmission		
		50	Hospice - home		
		7	Left against medical advice or discontinued care	7	Against medical advice
		20	Expired	20	Died in the hospital

Iowa SID Variable Name	AHRQ Variable Name	Iowa SID Category Code	Iowa SID Code Description	AHRQ Category Code	AHRQ Code Description / Programming Notes
ADMT (Type of Admission Code)	ATYPE (Admission Type)	1	Emergency	1	Emergency
		2	Urgent	2	Urgent
		3	Elective	3	Elective
		4	Newborn	4	Newborn
		5	Trauma Center	5	Trauma Center
		9	Information not available	6	Other
ADMS (Source of Admission Code) * ADMT (Priority / Type of Admission)	ASOURCE (Admission Source)	7	Discontinued – Not Used	1	ER
		4	Transfer From a Hospital (Different Facility)	2	Transfers from another hospital
		ADMT NE 4 AND ADMS = 6	Not a newborn source of admission * Transfer from another Health Care Facility (not defined elsewhere in this code)	3	Transfers from another facility including LTC
		ADMT NE 4 AND ADMS = 5	Not a newborn source of admission * Transfer From a SNF, ICF, or ALF		
		ADMT = 4 AND ADMS = 6	Newborn source of admission * Baby born outside this hospital		
		E	Transfer from an ambulatory surgery center		
		F	Transfer from a Hospice		
		8	Court/Law Enforcement	4	Court/Law Enforcement
		1	Non-Healthcare Facility Point of Origin (Inpatient - admitted upon order of a physician)	5	Routine/Birth/Other
		2	Clinic or Physician's Office		
		ADMT = 4 AND ADMS = 5	Newborn source of admission * Baby born inside this hospital		
		D	Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital; results in a separate claim to payer		
		ADMT = 4 AND ADMS = 9	Newborn - Information not available		
		ADMS = 9 OR IF ADMT NE 4 AND ADMS = 9	Information not available OR Not a newborn source of admission and Information Not Available	*none*	*None (coded as missing)*
LOS	LOS		Length of Stay (length of time from adm to discharge)(Days)		Length of Stay (# days from adm to discharge)
	APR_DRG				APR-DRG from 3M software / Used AHRQ-supplied Limited License APR-DRG software (Version 32)
	APRDRG_Risk_ Mortality				APR-DRG Risk of Mortality Score from 3M software / Used AHRQ-supplied Limited License APR-DRG software (Version 32)
	XPRDRG_Risk_ Mortality				APR-DRG Risk of Mortality Score from 3M software using POA information / Used AHRQ-supplied Limited License APR-DRG software (Version 32)
MSDRG	DRG		MS-DRG assigned to patient's stay by using the CMS (HCFA) DRG grouper.		MS-DRG from federal (CMS) grouper

Iowa SID Variable Name	AHRQ Variable Name	Iowa SID Category Code	Iowa SID Code Description	AHRQ Category Code	AHRQ Code Description / Programming Notes
	DRGVER				DRG Version of federal (CMS) DRG Grouper
MDC	MDC		MDC assigned to patient's stay using the CMS (HCFA) grouper.		MDC from federal (CMS) grouper.
DX1 - DXx	DX1 - DXx		DX1 is Principal Diagnosis. DX2-DXx Diagnosis 2 – max number of DXs on discharge record		ICD-9-CM Diagnosis codes
DXE			External Cause of Injury Code		E-codes to be renamed as secondary diagnosis variable
DX1_POA – DXx_POA, DXE_POA	DXPOA1-DXPOAx	Y	Yes	1	Present at Time of Admission (Y,W,E,1)
		W	Clinically Undetermined		
		N	No	0	Not Present at Time of Admission (N,U,0)
		U	No Information in the Record		
		.	*missing*		
PR1 - PRx	PR1 - PRx		Principle Procedure, Additional Procedures.		ICD-9-CM Procedure Code
ADMS (Source of Admission Code) * ADMT (Priority/Type of Admission)	POINTOFORIGINUB04	**IF ADMT NE 4 (Non-newborn admissions)**			
		ADMS = 1	Non-Healthcare Facility Point of Origin (Inpatient - admitted upon order of a physician)	1	Non-health care facility point of origin
		ADMS = 2	Clinic or Physician's Office	2	Clinic
		ADMS = 4	Transfers from a hospital	4	Transfer from a hospital (different facility)
		ADMS = 5	Transfer from a SNF, ICF, or ALF	5	Transfer from a SNF or ICF
		ADMS = 6	Patient was admitted to this facility as a transfer from another type of health care facility not defined elsewhere I this code list	6	Transfer from another health care facility
		ADMS = 7	Emergency Room	7	Emergency Room
		ADMS = 8	Court/Law Enforcement	8	Court Law Enforcement
		ADMS = 9	Information not available	.	missing
		ADMS = B	Transfer from a Home Health Agency to "this Home Health Agency"	B	Transfer from Another home health agency
		ADMS = C	Readmission to Same Home Health Agency (within existing 60-day payment)	C	Readmission to Same Home Health Agency
		ADMS = D	Transfer from One Distinct Unit of the Hospital to Another Distinct Unit of the Same Hospital; results in a separate claim to payer	D	Transfer from one distinct unit of hospital to another distinct unit of the same hospital
		ADMS = E	Transfer from an ASC	E	Transfer from an ASC
		ADMS = F	Transfer from a Hospice	F	Transfer from Hospice
		IF ADMT = 4 (Newborn Admissions)			
		ADMS = 5	New born - born inside this hospital	5	IF ATYPE = 4 ("newborn") Baby Born inside this hospital
		ADMS = 6	New born - born outside this hospital	6	IF ATYPE = 4 ("Newborn") Baby Born outside this hospital
PR1D - PRxD	PRDAY1 - PRDAYx		Procedure Date		Days from Admission to Procedure
none	YEAR		Discharge Date		Year of discharge
DDAT	DQTR		Discharge Date		Quarter of Discharge

Source of National Comparison QI Estimates:

For "Count-only" AHRQ QI metrics:

No national comparison QI estimates were used.

For risk-adjusted AHRQ QI metrics:

2012 HCUP Reference dataset consisting of 45 state SIDs. The observed (crude) rate estimate derived from the national reference population is a parameter used within AHRQ Version 5.0a software for risk-adjustment purposes. These national estimates are used as a comparative national estimate of CY2012 performance.

For Observed rate-only AHRQ QI metrics:

National comparative estimates of CY2012 performance for each observed rate-only QI is found within AHRQ's Version 5.0 "National Benchmark Tables" document for each QI module (PSI, IQI, and PDI).

Other Notes:

The latest versions of AHRQ's Quality Indicator tools were used to analyze the data presented in this report. AHRQ frequently updates their toolset to reflect changes in ICD-9-CM codes, DRG codes, MDC codes, national comparison files used in risk-adjustment, and the evidence base regarding criteria for individual quality indicators. Therefore; the hospital-specific, Iowa, and national rates and relative performance measures shown in this report may differ from previous IHC annual reports. An update for ICD-10 codes has not been released.

Key Differences Between CMS IQR Program and IHC in AHRQ QI Dataset Characteristics and Analytical Methods:

The CMS IQR program requires public reporting of select AHRQ QI metrics on their Hospital Compare website. However, there are some key differences between the metrics and methods CMS and IHC use to publicly report hospital performance. These differences are shown in the table below:

Characteristic / Method	CMS	IHC	Notes
Data Sources Used	For December 2015 release April 2014 – March 2015 Medicare hospital discharges [CMS Hospital Compare Database]	2013 - 2014 Iowa State Inpatient Databases (SIDs)	

Characteristic / Method	CMS	IHC	Notes
Time Frame	1 year – April 2014 to March 2015, for HAI measures CAUTI and CLABSI Quarter 1 2015 [January 2015 – March 2015]	2 calendar years combined – CY2013 - CY2014	
Patient Population	Medicare Fee-for-Service discharges only	All acute care discharges (all payers)	CMS excludes Medicare Advantage (HMO) discharges, all other non-Medicare FFS discharges, and discharges with LOS > 365 days)
Hospital Population	Inpatient Prospective Payment System (IPPS) hospitals only	All Iowa acute care non-federal hospitals (including Critical Access Hospitals).	
AHRQ QI Software Version Used	Special "revised" SAS Version 5.0a	SAS Version 5.0a	
Diagnosis (DX) and Procedure Codes (PR) Used	First 25 DX and 25 PR Codes (unclear if any DX E-codes were used in analysis)	29 DX and first E-code DX and 30 PR codes	
Present on Admission (POA) Data Used	Yes	Yes	
Reference Population Used in Risk Adjustment	2010 HCUP SID adjusted using ratio of national 2010 observed rate and the national expected rate based on June 2012 – July 2014 Medicare FFS discharges	2012 HCUP SID discharges (45 states)	
Type of Risk Adjusted Rates Used	Used Smoothed rates (risk-adjusted and "reliability-adjusted" rates). Used risk-adjusted 2012-2014 Medicare FFS IPPS hospital data as the reference population.	Used Risk-adjusted rates. Software uses 2012 HCUP SID as the reference population	

Characteristic / Method	CMS	IHC	Notes
National Comparison Measure	2010 HCUP SID Ver 4.5a SAS-based measures adjusted to Medicare FFS population	2012 HCUP SID measurements from 2 sources: Parameters within AHRQ's Ver 5.0 SAS-based modules. AHRQ's Ver 5.0 "National Benchmark Tables"	
Categorization of Hospital Performance	Compares hospital's 95% Confidence Interval for Smoothed Rate to National comparison rate	Not reported at this time	
Recalibration	CMS recalibrated smoothed rates to be comparable to the Medicare FFS and IPPS hospital population	No recalibration is necessary - the Iowa SID is an all-payer dataset	
Variable Category Mapping	CMS maps Admission Source (ASOURCE) value "D" (Transfer from one unit in a hospital to another unit in the same hospital) as ASOURCE value "2" (Another Hospital) CMS maps Disposition value (DISP) "3" (Discharge/transferred to a SNF) as DISP value "5" (Another type of facility) CMS maps DISP value "4" (Discharge/transferred to an ICF) as DISP value "5" (Another Type of Facility) CMS maps DISP "61" (Medicare-approved swing bed) as DISP value "5" (Another Type of Facility) CMS maps DISP "83"	IHC maps a "D" ASOURCE as "5" (Routine) IHC maps a "3" DISP as a "3" (SNF) IHC maps a "4" DISP as a "4" (Intermediate Care) IHC maps a "61" DISP as a "3" (SNF) IHC maps an "83" DISP as a "3" (SNF) IHC maps an "84" DISP as a "4" (Intermediate Care IHC maps an "89" DISP as a "3" (SNF)	Some AHRQ QIs exclude discharges that are transferred from another hospital as a source of admission. CMS mapping of DISP codes "2","3", "4", "61", "83", "84", and "89" to "5" should not affect QI results.

Characteristic / Method	CMS	IHC	Notes
	(Discharge/transferred to a SNF with a planned readmission) as DISP "5" (Another Type of Facility) CMS maps a DISP "84" (Discharged/transferred to a custodial or supportive care facility with a planned readmission) as DISP "5" (Another Type of Facility) CMS maps a DISP "89" (Discharged/transferred to a Medicare-approved swing bed with a planned readmission) as DISP "5" (Another Type of Facility)		
Public Reporting Exclusions	Hospital performance not reported if < 25 discharges per reporting time frame	Hospital performance not reported if < 30 discharges per reporting time frame	AHRQ QI software documentation recommends suppression of hospital-level performance results if number of discharges is < 30
Inclusion of metrics from other AHRQ QI modules	IQI and PDI metrics are not included in the CMS IQR program and Hospital Compare website	Select IQI and PDI are included in Iowa Report	