



Agency for Healthcare Research and Quality

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MONAHRQ



A Web-Based Tool for Quality and Utilization Reporting

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MONAHRQ – My Own Network, powered by AHRQ

Transforming your health care data into information
about health, costs, and quality of care.



MONAHRQ

Input your data. Output your website.

Rationale

- Why should it be so expensive to generate and put out basic information?
- Why should information be so hard to get?
- Why does every organization have to reinvent the wheel?



From Data to Information to Action



Hospital discharge data are already being collected

Hospital discharge data can generate valuable healthcare information

Information can be used to make decisions

Utilization and costs of care in hospitals

Rates of diseases in particular areas

Quality of care in hospitals

Rates of procedures in particular areas

Preventable hospital stays that indicate breakdowns in care

Key features of MONAHRQ...

Currently based
on hospital
discharge data



Host user downloads
MONAHRQ software from
AHRQ website



Software



Host user
applies
software to
own data
locally



Host user creates
local website on
their own server

MONAHRQ



Host user makes
website available

- **Internally** to better understand own data and to answer questions
- **To member organizations**, e.g., through a password protected site
- **Publicly** to provide information to the community

The End User Website - Demo




State Healthcare Information Portal

- [Home](#)
- [Quality Indicators](#)
- [Maps](#)
- [Rates](#)
- [Utilization Statistics](#)
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- [Definitions](#)
- [AHRQ Website for Quality Indicators](#)
- [Medical Dictionary](#)

This website provides information on hospitals in **17c-3** for patients, policymakers, and other users of health care information. Choose from the information options below.

Quality Indicators for Hospitals and Geographic Areas




View measures of quality using the AHRQ Quality Indicators - measures of patient safety, mortality, utilization, and volume. Compare results by region or by specific hospitals in an easy-to-use format. Or examine detailed statistics by region and hospital.

View Maps Showing Potentially Avoidable Hospitalizations




Use the AHRQ Preventable Hospitalization Tool to map selected Quality Indicators by county. Estimate the cost savings associated with reducing the level of potentially avoidable hospitalizations. Identify communities for future interventions such as improving preventive and primary care services or improving patient safety.

Rates of Health Conditions and Procedures



View statistics on prevalence of diseases or medical procedures and identify areas with higher rates. View maps of the rates of conditions and procedures by county.

Utilization Statistics for Health Conditions and Procedures



View information about numbers of discharges, charges, costs, length of hospitalization and percent of patients who died in specific hospitals, hospitals in geographic regions, or all hospitals in the in Maryland 17c-3 region. Select patients by medical condition or procedure.



Select the information you want:

- **QUALITY INDICATORS**
- **AVOIDABLE HOSPITALIZATIONS**
- **RATES**
- **UTILIZATION**



State Healthcare Information Portal

Your path: [Home](#) → [Quality Indicators](#)

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MONAHRQ



Would you like to view measures of quality for selected hospitals?

Choose one:

[Information for Consumers](#)

Compare information on hospital quality in an easy-to-use format designed for consumers.

[Detailed Statistics](#)

Conduct a detailed query of information on hospital quality. Related utilization information is also provided.

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[Next >>](#)

Consumer path on Quality Indicators



State Healthcare Information Portal

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Compare hospital scores

When you are choosing a hospital you should look for the hospital that does **Better than Average** on the topics that are most important to you or on as many items as possible.

Click on the indicator names to see detailed results on how each hospital performed.

Death rate shows how often patients who were treated for a particular illness or had a particular procedure died while in each hospital during the year.

Rate shows how often a particular procedure was done one way or another. Sometimes rate is out of 100, 1,000, or 10,000 patients.

A hospital's score is calculated in comparison to the National average of hospitals.

- **Average** is about the same as the National average of hospitals.
- **Better than Average** is better than the National average of hospitals.
- **Worse than Average** is worse than the National average of hospitals.

Quality indicator(s) for chosen hospital(s) in 2006

Arrays information on up to four hospitals for the indicators selected.
Click on any indicator and get detailed information in graphic form.

Heart conditions	Hospital 45	Hospital 2	Hospital 40	Hospital 44
Death rate for heart attack patients (Acute myocardial infarction (AMI) mortality rate)	Better than Average	Better than Average	Better than Average	Average
Death rate for patients with congestive heart failure (Congestive heart failure (CHF) mortality rate)	Better than Average	Better than Average	Better than Average	Average
Death rate for patient having a coronary artery bypass graft (CABG) (CABG mortality rate)	Insufficient Data	Average	Insufficient Data	Insufficient Data
Death rate for patient having a percutaneous transluminal coronary angioplasty (PTCA) (PTCA mortality rate)	Average	Insufficient Data	Insufficient Data	Insufficient Data
Rate of cardiac catheterization procedures on both sides of the heart (Bilateral cardiac catheterization rate)	Average	Better than Average	Average	Average

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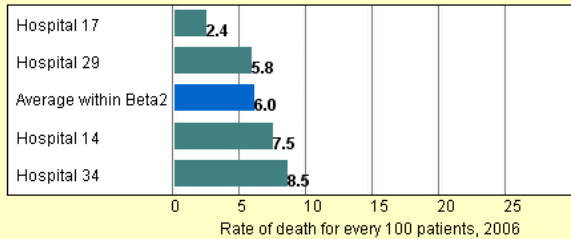
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Death rate for heart attack patients

This graph shows how often patients admitted to each hospital after having a heart attack died before leaving the hospital. This information is for patients admitted during 2006.

When you are choosing a hospital you should look for the hospital that has a **lower** number of deaths. A **lower** number is shown by a **shorter** bar on the graph below.

Death rate for heart attack patients



Average: The average rate of deaths of patients who came in after having a heart attack in hospitals within Beta2. This number is included so you have:

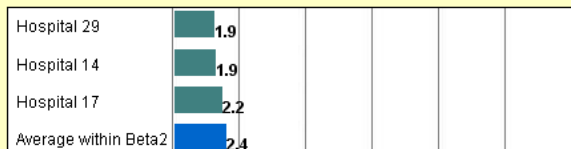
- a better idea of what is typical
- a basis for comparing individual hospitals' performance.

Death rate for patients with congestive heart failure

This graph shows how often patients who were admitted to a hospital because they had heart failure (called *congestive heart failure*) died before leaving the hospital. This information is for patients admitted during 2006.

When choosing a hospital you should look for the hospital that has a **lower** number of deaths for this operation. A **lower** number is shown by a **shorter** bar on the graph below.

Death rate for patients with congestive heart failure




Get details for each hospital in rank order, compared to the state average.

Detailed path on Quality Indicators



State Healthcare Information Portal

Your path: [Home](#) → [Quality Indicators](#) → Detail Report - Select Region and Health Topic

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- 

Select All Hospitals or a Region and then select a Health Topic

The information is organized into topics of health problems and can be summarized for all hospitals or broken down by region.

All Hospitals Grouped Together

Region

Central ▲

NorthEast

NorthWest

South ▼

Heart conditions

This section includes items such as how many patients died while hospitalized for heart attacks and how often a hospital performs certain heart-related surgeries or procedures.

Childbirth

Hip replacement and hip fracture

Brain and nervous system

Operations for cancer of the esophagus and pan...

Other health conditions

Other surgeries

Medical complications for patients having an ope...


Medical complications for all patients

[<< Back](#) [View Data Now!](#)

View Data in New Browser Window/Tab

The detailed path provides more information for each indicator.

Overall results for the state



State Healthcare Information Portal

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Quality Indicator Details for the topic **Heart conditions**

Indicator	Numerator	Denominator	Observed	Expected	Risk-Adjusted	Lower-bound CI	Upper-bound CI
Acute myocardial infarction (AMI) mortality rate	734	10447	0.0703	0.0942	0.0660	0.0614	0.0707
Congestive heart failure (CHF) mortality rate	880	23245	0.0379	0.0663	0.0249	0.0229	0.0269
CABG mortality rate	349	4050	0.0862	0.0553	0.0525	0.0485	0.0565
PTCA mortality rate	251	14654	0.0171	0.0147	0.0152	0.0137	0.0168
Bilateral cardiac catheterization rate	822	22381	0.0367	0.0737	0.0336	0.0306	0.0367

Values based on fewer than 15 events

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Information on specific indicators for the entire dataset:

- numerators
- denominators
- observed, expected and risk-adjusted rates
- confidence intervals

Click on indicator for hospital-specific information

Results by individual hospital



State Healthcare Information Portal

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Quality Indicator Details for the topic **Heart conditions**

IQ115 - Acute myocardial infarction (AMI) mortality rate

Hospital	Numerator	Denominator	Observed	Expected	Risk-Adjusted	Lower-bound CI	Upper-bound CI
Hospital 1	52	775	0.0671	0.0734	0.0809	0.0610	0.1007
Hospital 10	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data
Hospital 11	c	c	0.0769	0.1292	0.0527	0.0000	0.1314
Hospital 12	c	c	0.0208	0.0535	0.0345	0.0000	0.1367
Hospital 13	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data
Hospital 14	21	140	0.1500	0.1773	0.0749	0.0468	0.1030
Hospital 15	c	c	0.0567	0.1110	0.0452	0.0074	0.0831
Hospital 16	c	c	0.0000	0.0876	0.0000	0.0000	0.1734
Hospital 17	c	c	0.0310	0.1123	0.0234	0.0000	0.0531
Hospital 18	c	c	0.0789	0.0937	0.0444	0.0023	0.0864
Hospital 19	c	c	0.0545	0.1088	0.0735	0.0098	0.1372
Hospital 2	c	c	0.1111	0.1749	0.098	0.0315	0.1657
Hospital 20	c	c	0.0870	0.1048	0.0583	0.0145	0.1021
Hospital 21	c	c	0.1190	0.1069	0.0814	0.0705	0.1271
Hospital 22	62	1255	0.0494	0.0657	0.0903	0.0000	0.1267
Hospital 23	c	c	0.0805	0.1221	0.0482	0.0000	0.0919
Hospital 24	43	528	0.0814	0.0705	0.06	0.0000	0.3824
Hospital 25	c	c	0.1250	0.1226	0.0980	0.0000	0.1087
Hospital 26	c	c	0.0811	0.1485	0.0585	0.0082	0.1087
Hospital 27	39	570	0.0684	0.0794	0.0473	0.0237	0.0710
Hospital 28	c	c	0.0000	0.0612	0.0449	0.0151	0.0748
Hospital 29	c	c	0.0980	0.1485	0.1720	0.1498	0.1942
Hospital 3	20	286	0.0699	0.1307	0.0397	0.0152	0.0835
Hospital 30	c	c	0.0463	0.0913	0.0725	0.0381	0.1069
Hospital 31	91	786	0.1158	0.0596	0.0855	0.0227	0.1482
Hospital 32	c	c	0.0397	0.0712	0.0745	0.0439	0.1050
Hospital 33	c	c	0.0927	0.1132	0.0897	0.0233	0.0864
Hospital 34	c	c	0.1389	0.1439	0.0515	0.0000	0.1105
Hospital 35	19	239	0.0795	0.0945	0.0745	0.0439	0.1050
Hospital 36	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data	Insufficient Data
Hospital 37	c	c	0.0897	0.1447	0.0549	0.0233	0.0864
Hospital 38	c	c	0.0563	0.0969	0.0515	0.0000	0.1105

Information on:

- numerators
- denominators
- observed, expected and risk-adjusted rates
- confidence intervals

Potentially Avoidable Hospitalizations



State Healthcare Information Portal

This website provides information on hospitals in _____ for patients, policymakers, and other users of health care information. Choose from the information options below.

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Quality Indicators for Hospitals and Geographic Areas



View measures of quality using the AHRQ Quality Indicators - measures of patient safety, mortality, utilization, and volume.

Compare results by region or by specific hospitals in an easy-to-use format. Or examine detailed statistics by region and hospital.

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specific hospitals, hospitals in geographic regions, or all hospitals in the _____ region. Select patients by medical condition or procedure.

Potentially Avoidable Hospitalizations – based on AHRQ’s Prevention Quality Indicators (PQIs – ambulatory care sensitive conditions)

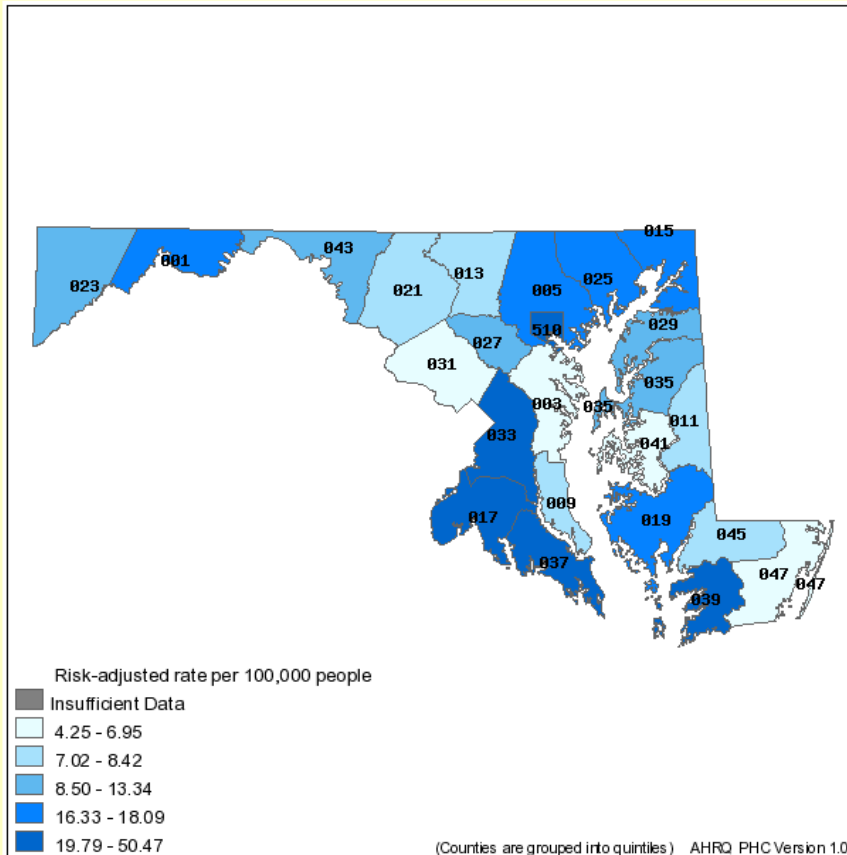
Potentially Avoidable Hospitalization Path

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Summary Table and Potential Cost Savings

Uncontrolled diabetes admission rate (2006, PQ114)

Maryland



Counties

- Code Name**
- 001 Allegany
 - 003 Anne Arundel
 - 005 Baltimore
 - 009 Calvert
 - 011 Caroline
 - 013 Carroll
 - 015 Cecil
 - 017 Charles
 - 019 Dorchester
 - 021 Frederick
 - 023 Garrett
 - 025 Harford
 - 027 Howard
 - 029 Kent
 - 031 Montgomery
 - 033 Prince George's
 - 035 Queen Anne's
 - 037 St. Mary's
 - 039 Somerset
 - 041 Talbot
 - 043 Washington
 - 045 Wicomico
 - 047 Worcester
 - 510 Baltimore City

Rates for avoidable admissions by county – Highest rates in dark blue, lowest rates in light blue

Click on Summary Table for more details

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Potential cost savings associated with reducing preventable admissions



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Uncontrolled diabetes admission rate (2006, PQ14)

County FIPS Code	Name	Numerator	Denominator	Rates per 100,000			Difference from Overall Risk Adjusted Rate	Cost savings with reduction in the numerator of:				
				Rate	Risk Adjusted Rate	SE of Risk Adjusted Rate		10%	20%	30%	40%	50%
24001	MD - Allegany	c	c	18.56	17.17	5.77	lower	3,100	6,200	9,300	12,400	15,500
24003	MD - Anne Arundel	27	386688	6.98	6.95	2.34	lower	10,400	20,900	31,300	41,800	52,200
24005	MD - Baltimore	113	610556	18.51	17.50	1.82	lower	50,500	101,000	151,500	202,100	252,600
24009	MD - Calvert	c	c	7.48	7.71	5.73	lower	2,200	4,300	6,500	8,600	10,800
24011	MD - Caroline	c	c	8.10	7.93	9.19	c	400	800	1,200	1,500	1,900
24013	MD - Carroll	c	c	8.51	8.42	4.04	lower	7,500	15,000	22,500	30,000	37,600
24015	MD - Cecil	c	c	15.89	16.33	5.38	lower	6,100	12,300	18,400	24,500	30,600
24017	MD - Charles	25	103847	24.07	25.88	4.70	higher	10,200	20,400	30,600	40,900	51,100
24019	MD - Dorchester	c	c	20.11	17.91	8.74	higher	2,100	4,300	6,400	8,500	10,700
24021	MD - Frederick	c	c	7.82	8.00	3.62	lower	7,200	14,300	21,500	28,700	35,900
24023	MD - Garrett	c	c	12.90	11.87	9.18	c	1,100	2,100	3,200	4,200	5,300
24025	MD - Harford	33	180971	18.23	18.09	3.42	higher	15,300	30,600	45,900	61,200	76,500
24027	MD - Howard	17	202283	8.40	8.50	3.26	lower	5,500	11,000	16,500	22,000	27,500
24029	MD - Kent	c	c	12.25	11.05	10.85	c	500	900	1,400	1,900	2,300
24031	MD - Montgomery	49	702390	6.98	6.68	1.70	lower	24,700	49,400	74,200	98,900	123,600
24033	MD - Prince George's	128	624881	20.48	21.91	1.91	higher	52,700	105,500	158,200	210,900	263,600
24035	MD - Queen Anne's	c	c	14.05	13.34	7.54	lower	1,500	2,900	4,400	5,900	7,400
24037	MD - St. Mary's	25	73978	33.84	36.16	5.55	higher	13,000	26,000	39,100	52,100	65,100
24039	MD - Somerset	c	c	18.90	18.75	5.20	c	2,500	4,900	7,400	9,800	12,300
24041	MD - Talbot	c	c	6.96	5.76	7.83	lower	1,100	2,200	3,300	4,400	5,500
24043	MD - Washington	c	c	8.97	8.50	4.32	lower	4,100	8,200	12,200	16,300	20,400
24045	MD - Wicomico	c	c	11.00	10.25	6.73	lower	1,600	3,100	4,700	6,200	7,800
24047	MD - Worcester	c	c	11.07	10.25	6.73	lower	1,300	2,600	3,900	5,200	6,500
24510	MD - Baltimore City	240	474845	11.53	11.00	1.70	higher	131,600	263,200	394,800	526,400	658,000
TOTAL	Maryland	761	425198	17.88	17.73	7.70	-	398,700	797,300	1,196,000	1,594,700	1,993,300

Details on avoidable admissions by county, including cost savings.

Can download to Excel.

[View description of data.](#)

[Download data in Microsoft Excel format.](#)

Values based on fewer than 15 discharges are suppressed to protect confidentiality of patients and are designated with a 'c'.

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Rates of Conditions and Procedures Path



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View statistics on prevalence of diseases or medical procedures and identify areas with higher rates. View maps of the rates of conditions and procedures by county.

Utilization Statistics for Health Conditions and Procedures



View statistics on charges, costs, length of hospitalization and percent of patients who died in specific hospitals, hospitals in geographic regions, or all hospitals in the in Maryland 17c-3 region. Select patients by medical condition or procedure.

Rates of health conditions and procedures – Use county populations as the denominator in prevalence rates



Groupings of diagnoses and procedures



State Healthcare Information Portal

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[Medical Dictionary](#)



How do you want patients grouped?

There are three ways you can group patients - all patients combined, by MDC/DRG, or by CCS. See below for more information on each option. The [Definitions](#) page provides an explanation of terms used.

- [Report by All Patients Combined](#)
Choose this option and click **Next** to select a specific county for detailed reporting.
- [Report by the Major Diagnostic Category \(MDC\) / Diagnosis Related Group \(DRG\)](#)
Choose this option and click **Next** to select a specific MDC or DRG for detailed reporting.

To view maps of the rates of specific conditions by county select **All Counties** when asked to choose a geographic region.

Click the link at the top of the table displayed to **View Map of Counties**.
- [Report by the Clinical Classification System \(CCS\)](#)
Choose this option and click **Next** to select a specific CCS Diagnosis or Procedure for detailed reporting.

To view maps of the rates of conditions by county select **All Counties** when asked to choose a geographic region.

Click the link at the top of the table displayed to **View Map of Counties**.


Can get information on prevalence of conditions or procedures by DRG, MDC, or CCS

Search function



State Healthcare Information Portal

Your path: [Home](#) → [Rates of Health Conditions and Procedures](#) → [CCS](#)

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Choose Clinical Classification System (CCS) Diagnosis or Procedure.

You can view reports for all CCS Diagnoses/Procedures or for a specific CCS Diagnosis/Procedure.

- If you would like to view information for a specific county click **Next**.
- If you choose a specific CCS Diagnosis/Procedure **View Data Now** will provide information by demographics (age, gender, and race) summarized across all counties.
- If you choose to view all CCS Diagnoses/Procedures **View Data Now** will provide provide discharge totals summarized across all counties (you may then click on a specific Diagnosis/Procedure to view information by demographics).

The [Definitions](#) page provides an explanation of terms used.

Search chosen list for: **Found**

View Information by CCS Principal Diagnosis

- All Diagnoses-
- 1 INFECTIOUS AND PARASITIC DISEASE
 - Tuberculosis (TB)
 - Septicemia (blood infection)
 - Bacterial infection
 - Mycoses (fungal and yeast infection)
 - AIDS/HIV infection
 - Hepatitis
 - Viral infection

View Information by CCS Procedure

- Diagnostic dilatation and curettage (D&C)
- Repair of cystocele (bladder hernia) and rectocele (rectal hernia)
- Other diagnostic procedures, female organs
- Other non-operating room therapeutic procedures on female organs
- Other operating room therapeutic procedures on female organs
- 13 OBSTETRICAL PROCEDURES
 - Removal of ectopic pregnancy (abdominal or tubal pregnancy)
 - Episiotomy (incise perineum and vagina to prevent traumatic tearing during delivery)
 - Cesarean section (C-section)

View Data in New Browser Window/Tab

Download detailed data in Microsoft Excel format for [CCS Diagnosis](#) or [CCS Procedure](#).

Tabular results by county

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[View Map of Counties \(Principal\)](#)

[View Map of Counties \(All-listed\)](#)

STATISTICS BY COUNTY FOR 134 CESAREAN SECTION (PRCCS 134) WITHIN BETA2, 2006

Hospital County	Number of discharges (all-listed)	Number of discharges (principal)	Rate of discharges per 10,000 persons (all-listed)	Rate of discharges per 10,000 persons (principal)
TOTAL U.S. (standard error)*	1,346,164 (49,097)	1,343,244 (49,073)	45.1	45.0
SOUTH U.S. (standard error)*	535,873 (36,297)	534,925 (36,284)	49.2	49.1
ALL COUNTIES WITHIN BETA2	21,516	21,405	38.3	38.1
MD - Allegany	204	204	28.0	28.0
MD - Anne Arundel	2,295	2,288	45.1	44.9
MD - Baltimore	3,065	3,048	38.9	38.7
MD - Baltimore City	2,838	2,810	45.0	44.5
MD - Calvert	343	343	38.6	38.6
MD - Caroline	85	85	26.1	26.1
MD - Carroll	635	632	37.3	37.1
MD - Cecil	233	231	23.4	23.2
MD - Charles	464	464	33.0	33.0
MD - Dorchester	95	95	30.0	30.0
MD - Frederick	848	847	38.0	38.0
MD - Garrett	40	40	13.4	13.4
MD - Harford	839	830	34.8	34.4
MD - Howard	1,016	1,008	37.3	37.0
MD - Kent	53	53	26.5	26.5
MD - Montgomery	3,695	3,692	39.6	39.6
MD - Prince George's	2,869	2,868	34.1	34.1
MD - Queen Anne's	157	157	34.0	34.0
MD - Somerset	87	87	33.8	33.8
MD - St. Mary's	429	426	43.4	43.1
MD - Talbot	86	86	23.8	23.8
MD - Washington	519	490	36.1	34.1
MD - Wicomico	463	463	50.3	50.3
MD - Worcester	158	158	32.3	32.3
Missing County	1,175	1,160		

For all counties in the state: numbers of discharges and rate per 1,000 population.

Click on Map to view graphic display.

Map of rates by county

Home | Back | Print Report | Select Report for Copying | - Use the Edit menu to Copy and Paste to another application.

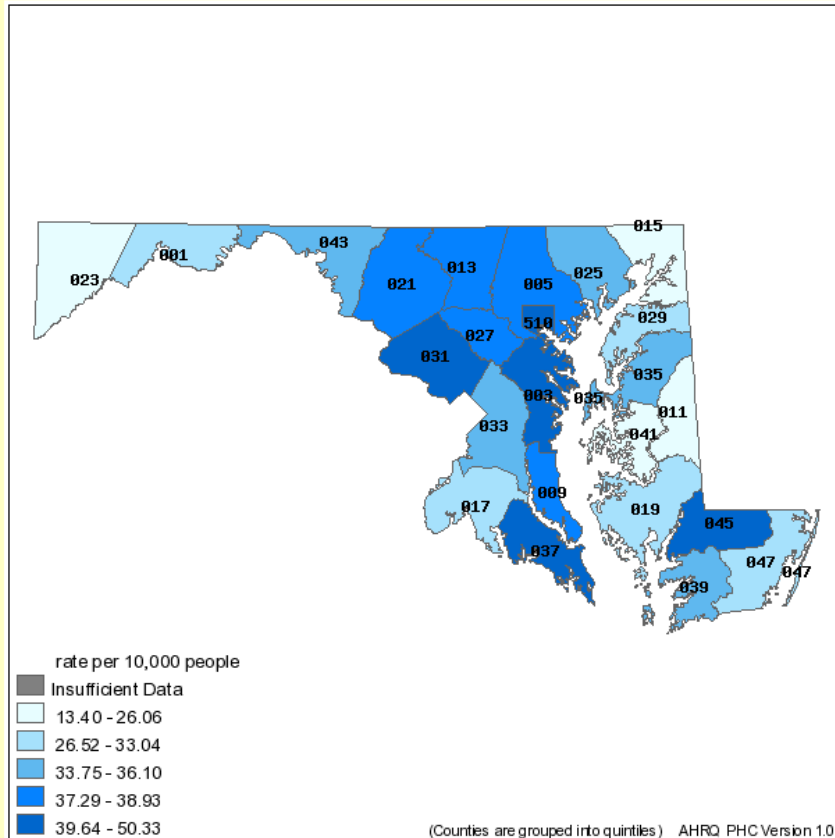
Rates by County for Cesarean section (PRCCS 134) All-listed Procedures

Maryland

Counties

Code Name

- 001 Allegany
- 003 Anne Arundel
- 005 Baltimore
- 009 Calvert
- 011 Carroll
- 013 Carroll
- 015 Cecil
- 017 Charles
- 019 Dorchester
- 021 Frederick
- 023 Garrett
- 025 Harford
- 027 Howard
- 029 Kent
- 031 Montgomery
- 033 Prince George's
- 035 Queen Anne's
- 037 St. Mary's
- 039 Somerset
- 041 Talbot
- 043 Washington
- 045 Wicomico
- 047 Worcester
- 510 Baltimore City




Rates for specific conditions and procedures by county – Highest rates in dark blue, lowest rates in light blue

Home | Back | Print Report | Select Report for Copying | - Use the Edit menu to Copy and Paste to another application.

Utilization path




State Healthcare Information Portal

- [Home](#)
 - [Quality Indicators](#)
 - [Maps](#)
 - [Rates](#)
 - [Utilization Statistics](#)
 - [Site Map](#)
 - [Definitions](#)
 - [AHRQ Website for Quality Indicators](#)
 - [Medical Dictionary](#)
- 

This website provides information on hospitals in _____ for patients, policymakers, and other users of health care information. Choose from the information options below.

Quality Indicators for Hospitals and Geographic Areas




View measures of quality using the AHRQ Quality Indicators - measures of patient safety, mortality, utilization, and volume. Compare results by region or by specific hospitals in an easy-to-use format. Or examine detailed statistics by region and hospital.

View Maps Showing Potentially Avoidable Hospitalizations




Use the AHRQ Preventable Hospitalization Tool to map selected Quality Indicators by county. Estimate the cost savings associated with reducing the level of potentially avoidable hospitalizations. Identify communities for future interventions such as improving preventive and primary care services or improving patient safety.

Rates of Health Conditions and Procedures



View statistics on prevalence of diseases or medical procedures and identify areas with higher rates. View maps of the rates of conditions and procedures by county.

Utilization Statistics for Health Conditions and Procedures



View information about numbers of discharges, charges, costs, length of hospitalization and percent of patients who died in specific hospitals, hospitals in all regions, or all hospitals in the country and the region. Select patients by medical condition or procedure.

**Utilization statistics
(similar to information
from HCUPnet)**

Utilization across all conditions, entire state



Home | Back | Print Report | Select Report for Copying | - Use the Edit menu to Copy and Paste to another application.

STATISTICS FOR ALL HOSPITALS COMBINED IN WITHIN BETA2 BY CCS DIAGNOSIS IN 2006

Click on any column header to re-sort the table by that outcome or characteristic.


CCS Diagnosis	Number of discharges (all-listed)	Number of discharges (principal)	Mean charges in dollars	Mean length of stay in days	Percent Died
TOTAL U.S. (standard error)*	39,450,216 (807,521)	39,450,216 (807,521)	\$23,958 (\$495)	4.6 (0.03)	2.0% (0.03%)
SOUTH U.S. (standard error)*	15,068,422 (585,054)	15,068,422 (585,054)	\$21,893 (\$586)	4.6 (0.05)	2.1% (0.06%)
All Conditions	751,760	751,760	\$10,290	4.2	2.7%
218 Liveborn	70,761	70,724	\$4,048	3.6	0.4%
101 Coronary atherosclerosis	142,216	22,065	\$13,317	2.7	1.1%
102 Nonspecific chest pain	37,376	21,911	\$4,039	1.4	0.2%
108 Congestive heart failure, nonhypertensive	92,223	21,440	\$12,255	5.0	3.9%
657 Mood disorders	101,766	20,217	\$7,239	5.4	0.0%
122 Pneumonia (except that caused by tuberculosis and sexually transmitted diseases)	35,727	16,258	\$18,545	8.2	17.5%
2 Septicemia (except in labor)	55,367	14,430	\$18,280	3.3	8.6%
195 Other complications of birth, puerperium affecting management of the mother	26,197	14,403	\$19,443	5.8	3.9%
203 Osteoarthritis	45,963	13,193	\$15,415	2.7	1.9%
237 Complication of device, implant or graft	118,116	12,885	\$9,371	3.1	1.6%
205 Spondylosis, intervertebral disc disorders, other back problems	118,116	12,885	\$9,371	3.1	1.6%
197 Skin and subcutaneous tissue infections	118,116	12,885	\$9,371	3.1	1.6%
106 Cardiac dysrhythmias	118,116	12,885	\$9,371	3.1	1.6%
193 Trauma to perineum and vulva	43,132	11,164	\$12,728	5.3	2.2%
238 Complications of surgical procedures or medical care	18,001	10,847	\$17,988	4.4	6.9%
100 Acute myocardial infarction	14,678	10,584	\$14,661	5.9	13.9%
109 Acute cerebrovascular disease	14,678	10,584	\$14,661	5.9	13.9%
127 Chronic obstructive pulmonary disease and bronchiectasis	50,269	10,066	\$10,123	4.4	1.5%
50 Diabetes mellitus with complications	177,187	9,995	\$6,225	3.4	2.3%
128 Asthma	177,187	9,995	\$6,225	3.4	2.3%
55 Fluid and electrolyte disorders	177,187	9,995	\$6,225	3.4	2.3%
181 Other complications of pregnancy	43,683	9,788	\$4,801	2.3	0.1%
254 Rehabilitation care, fitting of prostheses, and adjustment of devices	9,591	9,528	\$14,967	10.1	0.4%
159 Urinary tract infections	63,458	9,247	\$6,762	3.9	1.5%
659 Schizophrenia and other psychotic disorders	18,135	8,047	\$8,774	7.5	0.1%
157 Acute and unspecified renal failure	42,776	7,756	\$11,913	6.0	6.4%
189 Previous C-section	10,688	7,485	\$5,324	3.1	0.0%

All conditions for entire database, listed by number of discharges

Click on any column header to re-sort by:

- charges/costs
- LOS
- percent died or
- condition/procedure

Utilization on individual conditions...



State Healthcare Information Portal

Your path: [Home](#) → [Utilization](#) → [CCS](#)

[Home](#)

[Quality Indicators](#)

[Maps](#)

[Rates](#)


[Utilization Statistics](#)

[Site Map](#)

[Definitions](#)

[AHRQ Website for Quality Indicators](#)

[Medical Dictionary](#)



Choose Clinical Classification System (CCS) Diagnosis or Procedure.

You can view reports for all CCS Diagnoses/Procedures or for a specific CCS Diagnosis/Procedure.

- If you would like to view information for a specific hospital or region click **Next**.
- If you choose a specific CCS Diagnosis/Procedure, **View Data Now** will provide information by demographics (age, gender, and race) summarized across all hospitals.
- If you choose to view all CCS Diagnoses/Procedures, **View Data Now** will provide discharge totals summarized across all hospitals (you may then click on a specific Diagnosis/Procedure to view information by demographics).

The [Definitions](#) page provides an explanation of terms used.

Search chosen list for:

View Information by CCS Principal Diagnosis

-All Diagnoses-

1 INFECTIOUS AND PARASITIC DISEASE

Tuberculosis (TB)

Septicemia (blood infection)

Bacterial infection

Mycoses (fungal and yeast infection)

AIDS/HIV infection

Hepatitis

Viral infection

View Information by CCS Procedure

-All Procedures-

1 OPERATIONS ON THE NERVOUS SYSTEM

Incision and excision of central nervous system (brain and spinal cord)

Creation of extracranial ventricular shunt (passage to release spinal fluid)

Laminectomy, excision intervertebral disc (back surgery)

Diagnostic spinal tap

Insertion of catheter or spinal stimulator and injection into spinal canal

Decompression (removing pressure from) peripheral nerve

Other diagnostic nervous system procedures

View Data in New Browser Window/Tab

Can also search for utilization information on individual conditions

Your path: [Home](#) → [Utilization](#) → [Medical Condition CCS DX 002](#) → Hospital or Region

[Home](#)

[Quality Indicators](#)

[Maps](#)

[Rates](#)

[Utilization Statistics](#)

[Site Map](#)

[Definitions](#)

[AHRQ Website for
Quality Indicators](#)

[Medical Dictionary](#)

How do you want hospitals grouped?

You can view information for all hospitals combined, for a specific hospital, or for a region.

If you chose a specific condition or procedure the report will provide information by demographics (age, gender, and race).

If you chose to view all conditions or procedures then the report will provide discharge totals for each condition or procedure (you may then click on a specific condition or procedure to view information by demographics).

The [Definitions](#) page provides an explanation of terms used.

View Information for All Hospitals Combined

View Information by Hospital

Hospital 26
Hospital 38
Hospital 46
Hospital 18
Hospital 9

View Information by Region

Central
NorthEast
NorthWest

[<< Back](#)

[View Data Now](#)

View Data in New Browser Window/Tab

Detailed utilization for all hospitals

STATISTICS BY HOSPITAL FOR 2 SEPTICEMIA (EXCEPT IN LABOR) (DXCCS 2) WITHIN BETA2, 2006

Hospital Name	Hospital County	Number of discharges (all-listed)	Number of discharges (principal)	Mean charges in dollars	Mean length of stay in days	Percent Died
TOTAL U.S. (standard error) ^a	--	1,256,853 (30,227)	611,422 (18,604)	\$49,525 (\$1,146)	8.9 (0.11)	17.9% (0.29%)
SOUTH U.S. (standard error) ^a	--	515,784 (21,464)	249,537 (12,235)	\$42,895 (\$1,394)	8.9 (0.16)	17.5% (0.37%)
ALL HOSPITALS WITHIN BETA2	--	35,727	16,258	\$18,545	8.2	17.5%
Hospital 1	MD - Wicomico	1,158	633	\$14,839	8.5	12.0%
Hospital 10	MD - Wicomico	15	c	c	c	c
Hospital 11	MD - Baltimore	976	456	\$23,615	9.9	13.2%
Hospital 12	MD - Kent	170	103	\$12,534	8.1	10.0%
Hospital 13	MD - Baltimore	c	c	c	c	c
Hospital 14	MD - Baltimore	1,263	603	\$21,313	10.8	23.4%
Hospital 15	MD - Montgomery	733	486	\$12,744	6.4	11.7%
Hospital 16	MD - Somerset	20	c	c	c	c
Hospital 17	MD - Montgomery	897	432	\$16,403	7.8	7.7%
Hospital 18	MD - Prince George's	1,159	573	\$16,824	8.0	15.7%
Hospital 19	MD - Anne Arundel	586	224	\$24,816	10.3	4.1%
Hospital 2	MD - Baltimore	897	378	\$16,700	7.7	13.0%
Hospital 20	MD - Baltimore	415	154	\$22,006	8.8	10.0%
Hospital 21	MD - Garrett	85	72	\$8,555	5.3	12.7%
Hospital 22	MD - Baltimore	944	459	\$15,606	7.9	15.0%
Hospital 23	MD - Harford	314	198	\$15,729	6.9	18.7%
Hospital 24	MD - Baltimore	1,656	326	\$31,134	9.6	13.5%
Hospital 25	MD - Prince George's	116	72	\$14,165	8.6	13.5%
Hospital 26	MD - Charles	456	180	\$15,443	8.5	13.3%
Hospital 27	MD - Baltimore	1,805	356	\$39,224	10.2	13.5%
Hospital 28	MD - Baltimore	138	c	c	c	c
Hospital 29	MD - Dorchester	172	72	\$10,535	5.2	34.7%
Hospital 3	MD - Baltimore	1,235	619	\$22,365	9.2	20.0%
Hospital 30	MD - Prince George's	896	300	\$16,207	8.5	24.3%
Hospital 31	MD - Prince George's	722	322	\$22,552	9.4	22.1%

Information on:

- numbers of discharges,
- charges,
- costs,
- length of stay,
- percent died

for all hospitals individually.

National, regional, and state benchmarks included.

More details for individual hospitals

Home | Back | Print Report | Select Report for Copying | - Use the Edit menu to Copy and Paste to another application.

STATISTICS FOR HOSPITAL 1 FOR SEPTICEMIA (EXCEPT IN LABOR) (DXCCS 2) WITHIN BETA2, 2006

	Number of discharges (all-listed)	Number of discharges (principal)	Mean charges in dollars	Mean length of stay in days	Percent Died
TOTAL U.S. (standard error)*	1,256,853 (30,227)	611,422 (18,604)	\$49,525 (\$1,146)	8.9 (0.11)	17.9% (0.29%)
SOUTH U.S. (standard error)*	515,784 (21,464)	249,537 (12,235)	\$42,895 (\$1,394)	8.9 (0.16)	17.5% (0.37%)
Total	1,158	633	\$14,839	8.5	12.0%
Age group					
<18	24	c	c	c	c
18-44	116	48	\$11,731	6.8	4.2%
45-64	322	166	\$16,852	9.3	7.8%
65+	696	405	\$14,644	8.4	15.1%
Gender					
Male	526	278	\$14,987	8.4	11.5%
Female	632	355	\$14,724	8.5	12.4%
Payer					
Medicare	c	c	c	c	c
Medicaid	48	19	\$9,898	5.7	5.3%
Private including HMO	73	35	\$17,822	10.3	11.4%
Missing	1,035	578	\$14,824	8.5	12.3%
Race					
White	786	435	\$14,931	8.5	11.7%
Black	341	181	\$15,130	8.7	11.6%
Native American	c	c	c	c	c
Other	30	17	\$9,409	5.7	23.5%

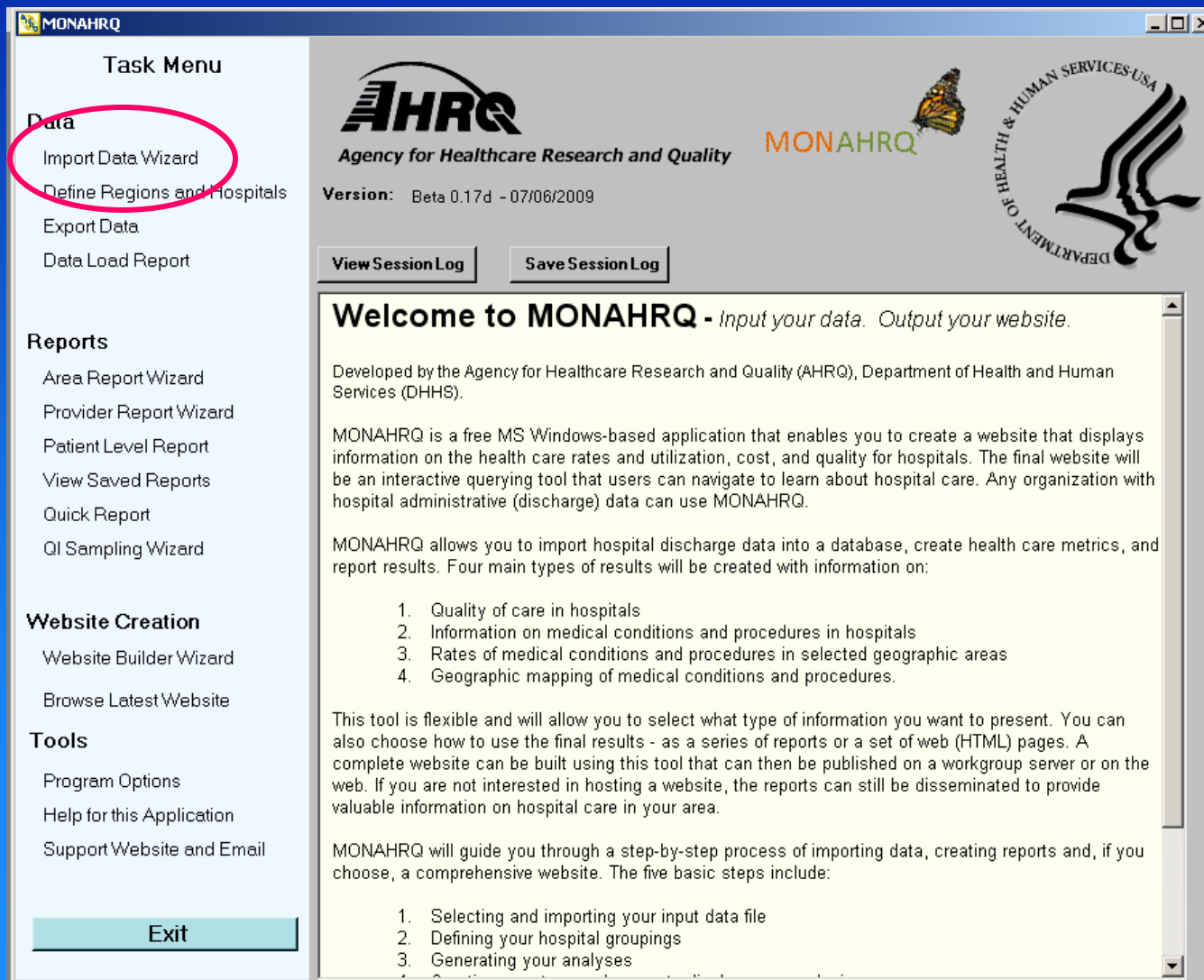
The same information is available for individual hospitals, by

- age group
- gender
- payer
- race

Values based on fewer than 15 discharges are suppressed to protect confidentiality of patients and are designated with a "c".

*Weighted national estimates from HCUP Nationwide Inpatient Sample (NIS), 2006, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States. Total number of weighted discharges in the U.S. based on HCUP NIS = 39,450,216. Statistics based on estimates with a relative standard error (standard error / weighted estimate) greater than 0.30 or with standard error = 0 are not reliable, and are designated with a †.

How do you get there?



The screenshot shows the MONAHRQ application window. On the left is a 'Task Menu' with categories: Data, Reports, Website Creation, and Tools. The 'Data' category is circled in red, and 'Import Data Wizard' is highlighted. The main window features the AHRQ logo, a monarch butterfly, and the Department of Health & Human Services logo. It includes buttons for 'View Session Log' and 'Save Session Log', and a version string: 'Version: Beta 0.17d - 07/06/2009'. The main content area has a welcome message and a list of features.

Task Menu

Data

- Import Data Wizard
- Define Regions and Hospitals
- Export Data
- Data Load Report

Reports

- Area Report Wizard
- Provider Report Wizard
- Patient Level Report
- View Saved Reports
- Quick Report
- QI Sampling Wizard

Website Creation

- Website Builder Wizard
- Browse Latest Website

Tools

- Program Options
- Help for this Application
- Support Website and Email

Exit

MONAHRQ

AHRQ
Agency for Healthcare Research and Quality

MONAHRQ

DEPARTMENT OF HEALTH & HUMAN SERVICES-USA

Version: Beta 0.17d - 07/06/2009

View Session Log Save Session Log

Welcome to MONAHRQ - *Input your data. Output your website.*

Developed by the Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services (DHHS).

MONAHRQ is a free MS Windows-based application that enables you to create a website that displays information on the health care rates and utilization, cost, and quality for hospitals. The final website will be an interactive querying tool that users can navigate to learn about hospital care. Any organization with hospital administrative (discharge) data can use MONAHRQ.

MONAHRQ allows you to import hospital discharge data into a database, create health care metrics, and report results. Four main types of results will be created with information on:

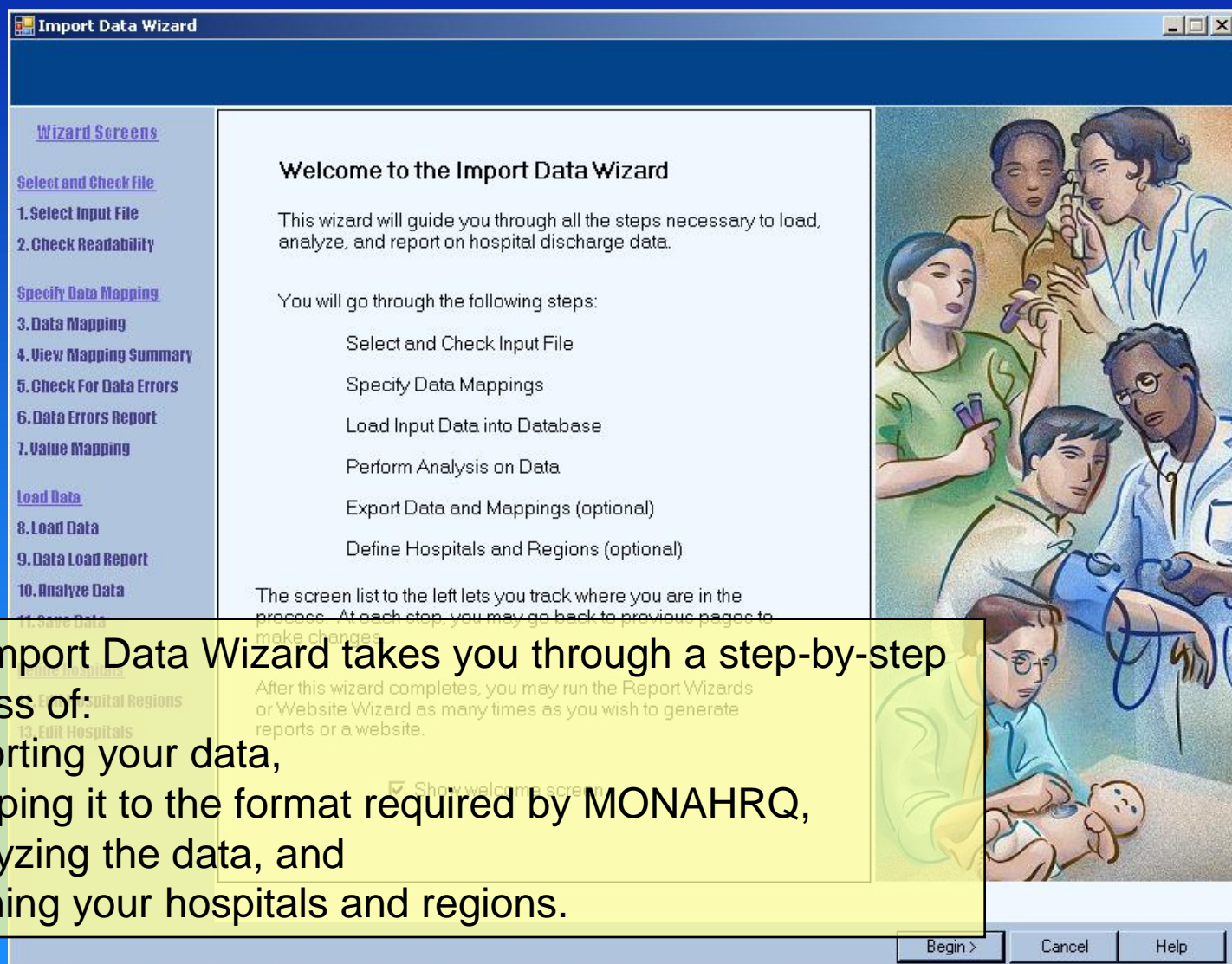
1. Quality of care in hospitals
2. Information on medical conditions and procedures in hospitals
3. Rates of medical conditions and procedures in selected geographic areas
4. Geographic mapping of medical conditions and procedures.

This tool is flexible and will allow you to select what type of information you want to present. You can also choose how to use the final results - as a series of reports or a set of web (HTML) pages. A complete website can be built using this tool that can then be published on a workgroup server or on the web. If you are not interested in hosting a website, the reports can still be disseminated to provide valuable information on hospital care in your area.

MONAHRQ will guide you through a step-by-step process of importing data, creating reports and, if you choose, a comprehensive website. The five basic steps include:

1. Selecting and importing your input data file
2. Defining your hospital groupings
3. Generating your analyses

Import Data Wizard



Welcome to the Import Data Wizard

This wizard will guide you through all the steps necessary to load, analyze, and report on hospital discharge data.

You will go through the following steps:

- Select and Check Input File
- Specify Data Mappings
- Load Input Data into Database
- Perform Analysis on Data
- Export Data and Mappings (optional)
- Define Hospitals and Regions (optional)

The screen list to the left lets you track where you are in the process. At each step, you may go back to previous pages to make changes.

After this wizard completes, you may run the Report Wizards or Website Wizard as many times as you wish to generate reports or a website.

Show welcome screen

Begin > Cancel Help

The Import Data Wizard takes you through a step-by-step process of:

- importing your data,
- mapping it to the format required by MONAHRQ,
- analyzing the data, and
- defining your hospitals and regions.

Select your data file

Select Input File

[Wizard Screens](#)

[Select and Check File](#)

1. Select Input File

[2. Check Readability](#)

[Specify Data Mapping](#)

[3. Data Mapping](#)

[4. View Mapping Summary](#)

[5. Check For Data Errors](#)

[6. Data Errors Report](#)

[7. Value Mapping](#)

[Load Data](#)

[8. Load Data](#)

[9. Data Load Report](#)

[10. Analyze Data](#)

[11. Save Data](#)

[Define Hospitals](#)

[12. Edit Hospital Regions](#)

[13. Edit Hospitals](#)

Select Input File

Use the Browse button to locate the data file you want to import. It may be a text file of comma separated values (.csv), a MS Excel file (.xls), or a MS Access Database file (.mdb). You may also directly enter in the specific path to your data file and press TAB.

(Example: C:\data\mydatafile.xls)

D:\EQUIP_MD_SID_2007_Data.csv [Browse...](#)

Import data File Options (Specific to File Type)

No File Selected

Data Mapping and Crosswalk

Data Layout Unknown [Edit Mapper Shortcuts](#)

Use Mapping File: [Browse...](#)

Skip validation and mapping screens (jump to Data Load)

< Back Next > Cancel Help

Map data elements

Data Mapping

Map as many MONAHRQ variables to input file variables as possible to optimize results.

Input File Variables <- Drag and Drop Variables **MONAHRQ Variables**

Input Variable (Column Number: Name)	Maps To QI Variable
1: ASOURCE_X	Admission Source
2: DISP_X	Discharge Disposition
3: DQTR	Discharge Quarter
4: HISPANIC_X	
5: MDNUM1	
6: MDNUM2	
7: PAY1_X	Primary Payer
8: PAY2_X	
9: PAYER1_X	
10: PAYER2_X	
11: RACE_X	Race
	Discharge Year

Key
Days on Mech Ventilator
Diagnosis Code 16
Diagnosis Code 17
Diagnosis Code 18
Diagnosis Code 19
Diagnosis Code 20
Diagnosis Code 21
Diagnosis Code 22
Diagnosis Code 23
Diagnosis Code 24
Diagnosis Code 25
Diagnosis Code 26

Input File Data

Admission	Discharge	Discharge - 4 -	- 5 -	- 6 -	Primary P - 8 -	- 9 -	- 10 -	Race		
DISP_X	DQTR	HISPANI	MDNUM1	MDNUM2	PAY1_X	PAY2_X	PAYER1	PAYER2	RACE	
60	60	1	2	bnMbDx	bnMbDx	12	08	30	00	1
60	60	1	2	MxZMxn	www	12	01	35	00	1
60	61	1	2	vnDvjZ	www	01	08	00	00	1
60	44	1	2	vnDvjZ	www	01	08	00	00	1

< Back Next > Cancel Help

You map your data to the format required by MONAHRQ by clicking and dragging data elements.

Map input values

Crosswalk

Wizard Screens

- Select and Check File
 - Select Input File
 - Check Readability
- Specify Data Mapping
 - Data Mapping
 - View Mapping Summary
 - Check For Data Errors
 - Data Errors Report
 - Value Mapping**
- Load Data
 - Load Data
 - Data Load Report
 - Analyze Data
 - Save Data
- Edit Hospital Regions
- Edit Hospitals

Input: "IATYPE" → Dataset "Admission Type"

Input Value	Count	Value Meaning	
0	25	0: Missing	Indicators that rely on this field set to missing for these cases
7	7781	0: Missing	Indicators that rely on this field set to missing for these cases
8	11111	0: Missing	Indicators that rely on this field set to missing for these cases
9	604	0: Missing	Indicators that rely on this field set to missing for these cases
1	48394	1: Emergency	
2	71728	2: Urgent	
3	457950	3: Elective	
4	46042	4: Newborn	
5	114877	5: Trauma Center	
6	896	6: Other	

Input: "DISP_X" → Dataset "Discharge Disposition"

Input Value	Count	Value Meaning	
21	474	0: Missing	Indicators that rely on this field set to missing for these cases
22	3	0: Missing	Indicators that rely on this field set to missing for these cases
23	2	0: Missing	Indicators that rely on this field set to missing for these cases
24	4	0: Missing	Indicators that rely on this field set to missing for these cases
25	6	0: Missing	Indicators that rely on this field set to missing for these cases
26	1708	0: Missing	Indicators that rely on this field set to missing for these cases
27	421	0: Missing	Indicators that rely on this field set to missing for these cases
28	5610	0: Missing	Indicators that rely on this field set to missing for these cases
29	10	0: Missing	Indicators that rely on this field set to missing for these cases

< Back Next > Cancel Help

You then define your data elements to values understood by MONAHRQ (based on UB04 standard).

Load your data

Load Data

[Wizard Screens](#)

[Select and Check File](#)

- 1. Select Input File
- 2. Check Readability

[Specify Data Mapping](#)

- 3. Data Mapping
- 4. View Mapping Summary
- 5. Check For Data Errors
- 6. Data Errors Report
- 7. Value Mapping

[Load Data](#)

- 8. Load Data**
- 9. Data Load Report
- 10. Analyze Data
- 11. Save Data

[Define Hospitals](#)

- 12. Edit Hospital Regions
- 13. Edit Hospitals

Loading Discharge Data

Loading discharge data for analysis. Any previous data will be deleted. Press Start to begin this process; you may stop it at any time though you will need to start it from the beginning to continue.

[Progress](#)

File Size: 190,238 KB	KB Read: 0
Status: Load has been performed.	Records: 759,127
File: D:\EQUIP_MD_SID_2007_Data.csv	

View Load Report on Next Screen.

[Stats and Warnings](#)

Records Loaded:	-
Records Not Loaded:	-
Percent Loaded:	-
Database Error Messages:	-

(See Session Log)

< Back Next > Cancel Help

Run analysis

Generate Indicator Flags
_ □ ×

Wizard Screens

Select and Check File

1. Select Input File

2. Check Readability

Specify Data Mapping

3. Data Mapping

4. View Mapping Summary

5. Check For Data Errors

6. Data Errors Report

7. Value Mapping

Load Data

8. Load Data

9. Data Load Report

10. Analyze Data

11. Save Data

Define Hospitals

12. Edit Hospital Regions

13. Edit Hospitals

Run Analysis on Data

Compute Quality Indicators, calculate Expected Rates and summarize the data for reporting. Press Start to begin this process; you may stop it at any time thought you will need to start it from the beginning to continue.

Current Query

Task: Indicators

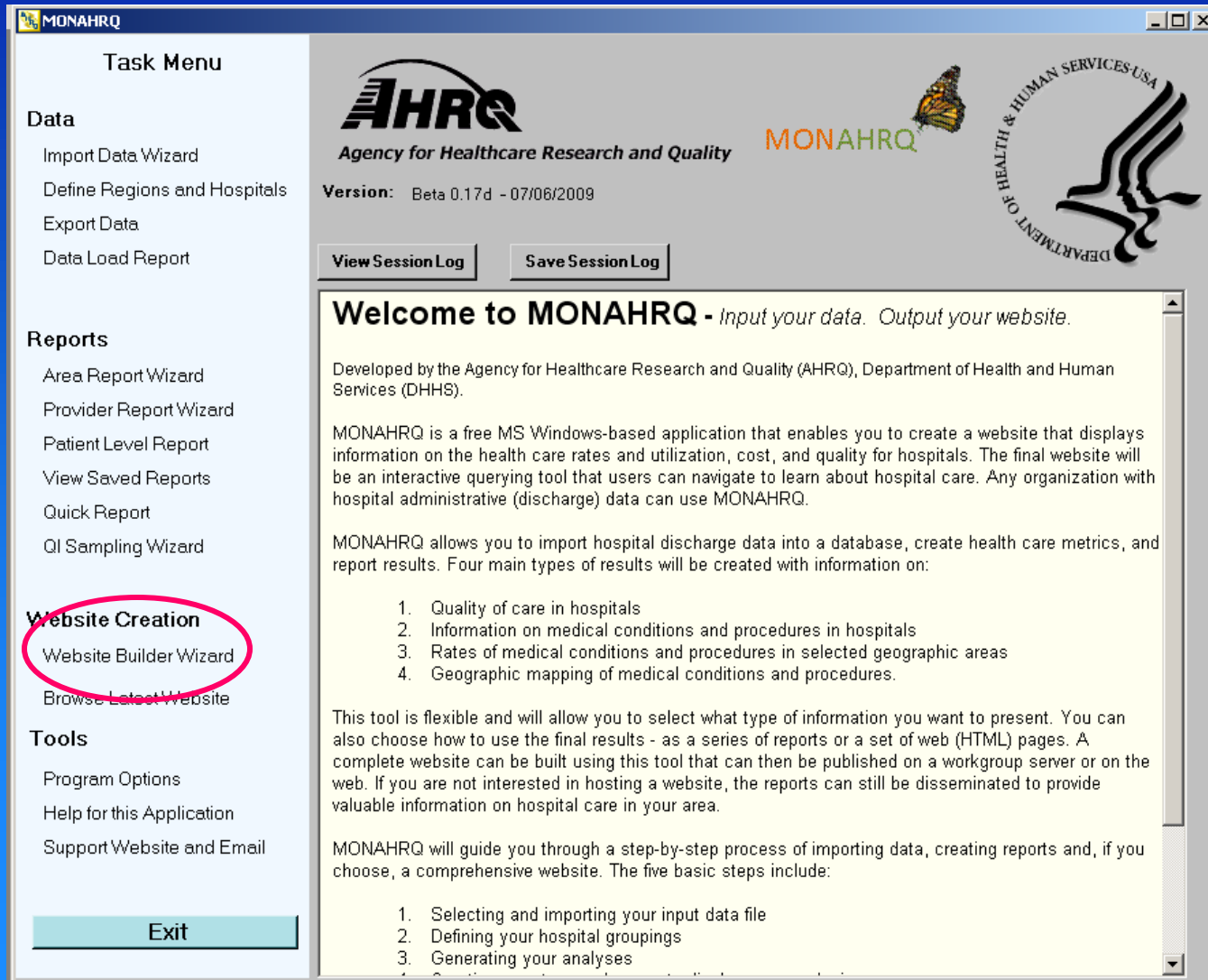
Indicator: IQI 25 Flag 3

Overall Progress: 97 / 1077 queries completed

Queries To Run

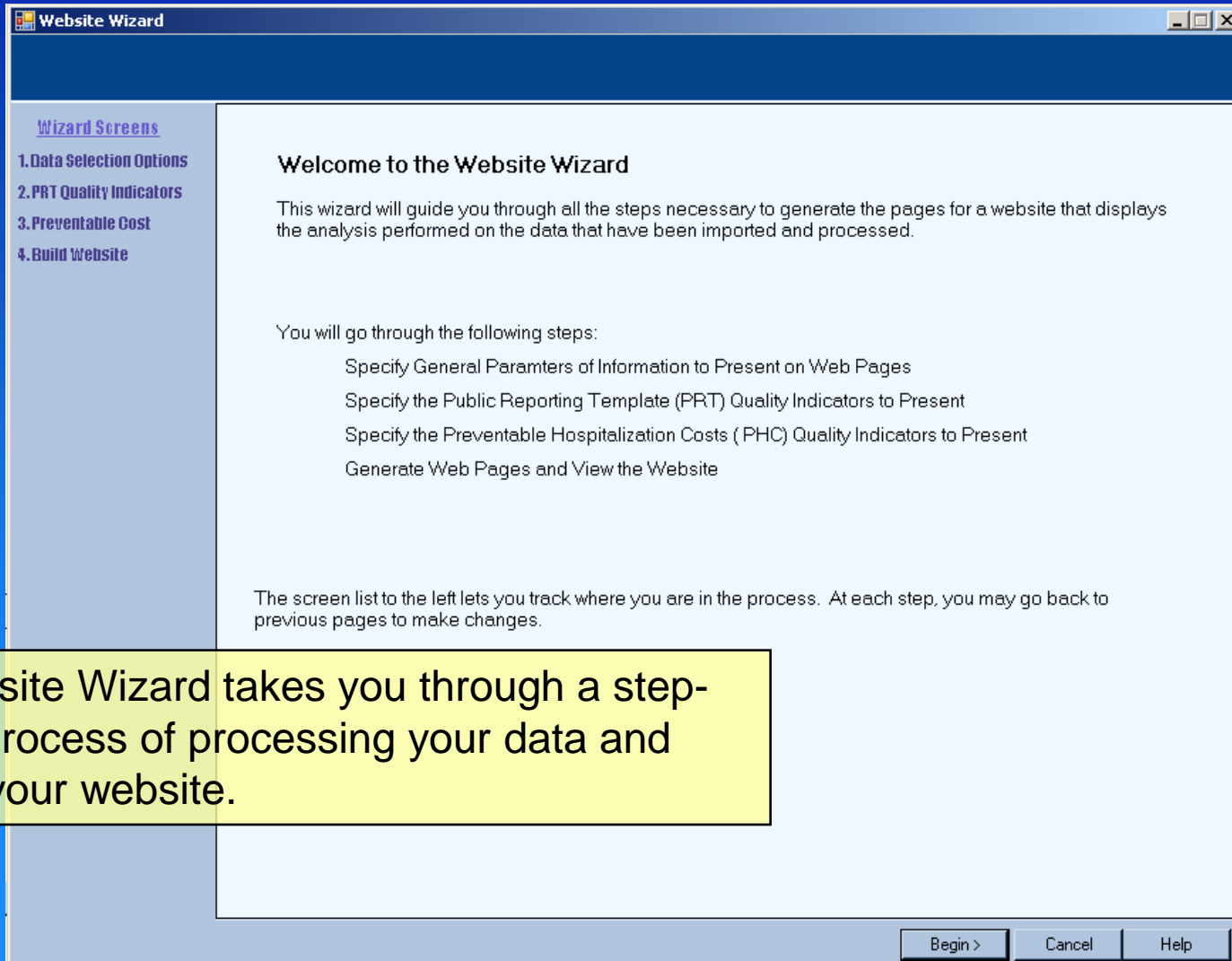
Indicators	IQI 20	3	Flag	0	0.2
Indicators	IQI 21	1	Inclusion	6910	0.3
Indicators	IQI 21	2	Flag	3946	0.2
Indicators	IQI 21	3	Flag	12	0.3
Indicators	IQI 21	4	Exclusion	6906	0.3
Indicators	IQI 21	5	Exclusion	4	0.2
Indicators	IQI 34	1	Inclusion	0	0.2
Indicators	IQI 34	2	Flag	0	0.1
Indicators	IQI 22	1	Inclusion	1069	0.2
Indicators	IQI 22	2	Flag	112	0.5
Indicators	IQI 22	3	Exclusion	1069	0.2
Indicators	IQI 22	4	Exclusion	0	0.1
Indicators	IQI 23	1	Inclusion	92	1.0
Indicators	IQI 23	2	Exclusion	92	0.3
Indicators	IQI 23	3	Flag	0	0.1
Indicators	IQI 24	1	Inclusion	0	0.6
Indicators	IQI 24	2	Exclusion	0	0.2
Indicators	IQI 24	3	Flag	0	0.1
Indicators	IQI 25	1	Inclusion	6	0.9

Build your website



The screenshot shows the MONAHRQ software interface. On the left is a 'Task Menu' with categories: Data (Import Data Wizard, Define Regions and Hospitals, Export Data, Data Load Report), Reports (Area Report Wizard, Provider Report Wizard, Patient Level Report, View Saved Reports, Quick Report, QI Sampling Wizard), Website Creation (Website Builder Wizard, Browse Latest Website), and Tools (Program Options, Help for this Application, Support Website and Email). An 'Exit' button is at the bottom. The main window displays the AHRQ logo, 'Agency for Healthcare Research and Quality', 'MONAHRQ' with a butterfly icon, and the Department of Health & Human Services logo. It includes 'View Session Log' and 'Save Session Log' buttons. The main content area has a welcome message: 'Welcome to MONAHRQ - Input your data. Output your website.' followed by a description of the tool, its purpose, and a list of four types of results it generates: 1. Quality of care in hospitals, 2. Information on medical conditions and procedures in hospitals, 3. Rates of medical conditions and procedures in selected geographic areas, 4. Geographic mapping of medical conditions and procedures. It also mentions that the tool is flexible and can be used to host a website or disseminate reports. At the bottom, it lists the first three steps of the process: 1. Selecting and importing your input data file, 2. Defining your hospital groupings, 3. Generating your analyses.

MONAHRQ Website Wizard



The screenshot shows a window titled "Website Wizard" with a sidebar on the left and a main content area. The sidebar contains a "Wizard Screens" section with four numbered items: "1. Data Selection Options", "2. PRT Quality Indicators", "3. Preventable Cost", and "4. Build Website". The main content area has a heading "Welcome to the Website Wizard" followed by a paragraph: "This wizard will guide you through all the steps necessary to generate the pages for a website that displays the analysis performed on the data that have been imported and processed." Below this is a list of steps: "You will go through the following steps:" followed by "Specify General Parameters of Information to Present on Web Pages", "Specify the Public Reporting Template (PRT) Quality Indicators to Present", "Specify the Preventable Hospitalization Costs (PHC) Quality Indicators to Present", and "Generate Web Pages and View the Website". At the bottom of the main area is a paragraph: "The screen list to the left lets you track where you are in the process. At each step, you may go back to previous pages to make changes." At the bottom right of the window are three buttons: "Begin >", "Cancel", and "Help".

The Website Wizard takes you through a step-by-step process of processing your data and building your website.

Cell suppression and other parameters

Website Wizard

Wizard Screens

- 1. Data Selection Options
- 2. PRT Quality Indicators
- 3. Preventable Cost
- 4. Build Website

Set General Parameters of Information to Present on Website

State: MD Year: 2007

Hospital Cost to Charge Ratios Entered on Edit Hospital Screen Are Valid

Hospital Display Suppression Threshold

Discharge Display Suppression Threshold
- Enter Zero (0) to Disable Display Suppression.

Regions defined for your data

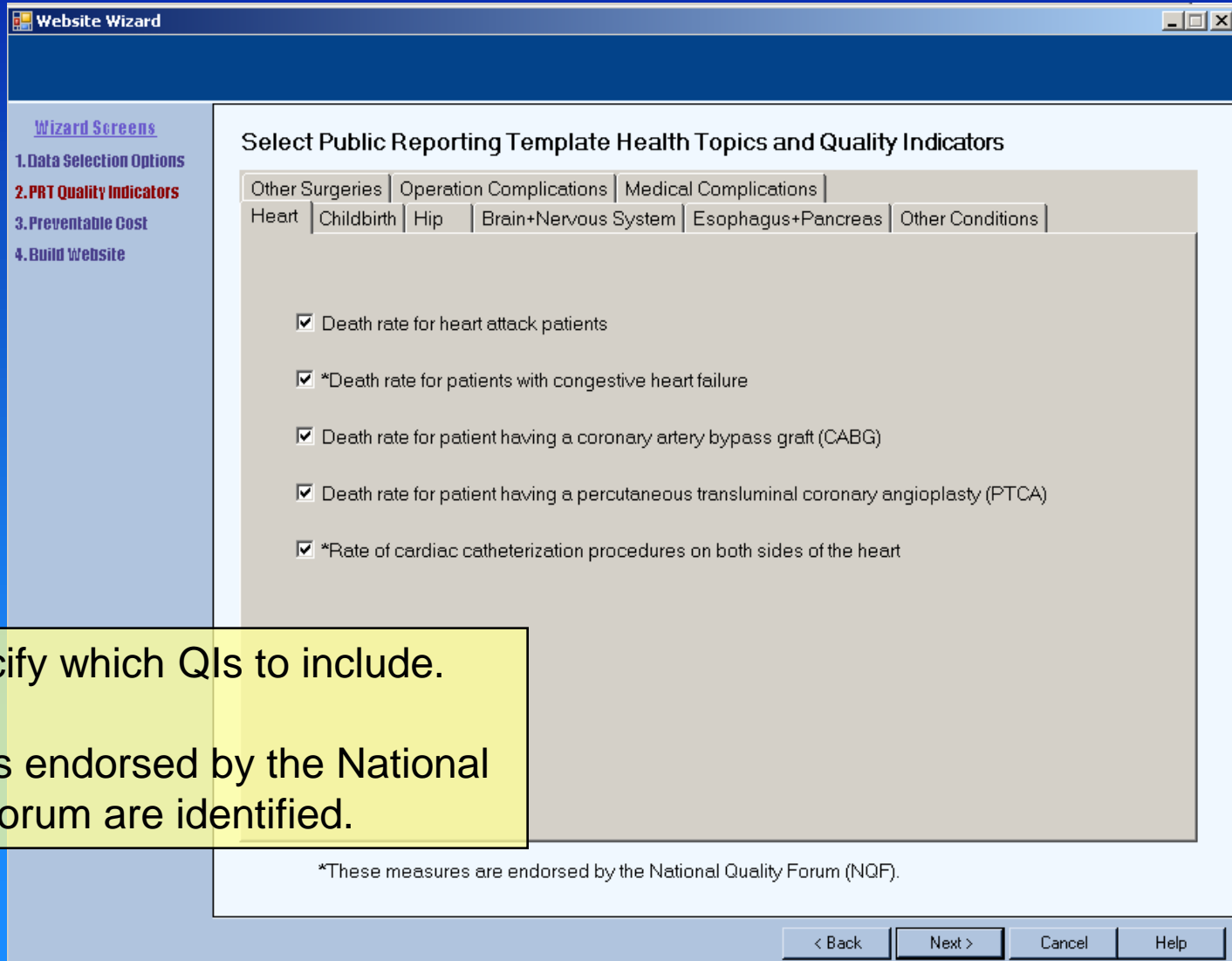
Region ID	Region Title	Selected*
0	All	Y

* Change Selected value to 'N' to remove regions from web pages.

< Back Next > Cancel Help

Set thresholds for cell suppression (to protect confidentiality) and other parameters.

Select which measures to include in website



The screenshot shows a window titled "Website Wizard" with a sidebar on the left containing a "Wizard Screens" menu with four items: "1. Data Selection Options", "2. PRT Quality Indicators" (highlighted in red), "3. Preventable Cost", and "4. Build Website". The main content area is titled "Select Public Reporting Template Health Topics and Quality Indicators". It features a horizontal menu with tabs for "Other Surgeries", "Operation Complications", "Medical Complications", "Heart", "Childbirth", "Hip", "Brain+Nervous System", "Esophagus+Pancreas", and "Other Conditions". The "Heart" tab is selected. Below the tabs, there is a list of five quality indicators, each with a checked checkbox:

- Death rate for heart attack patients
- *Death rate for patients with congestive heart failure
- Death rate for patient having a coronary artery bypass graft (CABG)
- Death rate for patient having a percutaneous transluminal coronary angioplasty (PTCA)
- *Rate of cardiac catheterization procedures on both sides of the heart

At the bottom of the window, there is a note: "*These measures are endorsed by the National Quality Forum (NQF)." and a navigation bar with buttons for "< Back", "Next >", "Cancel", and "Help".

Can specify which QIs to include.

Measures endorsed by the National Quality Forum are identified.

Customize your website

Website Generation

Wizard Screens

1. Data Selection Options
2. PRT Quality Indicators
3. Preventable Cost
- 4. Build Website**

Generate Web Pages

Target Folder:

Pages To Generate

<input type="checkbox"/> Home Pages	<input type="checkbox"/> Utilization and Rates Pages
<input type="checkbox"/> Create Images Folder	<input checked="" type="checkbox"/> Compute Medians (Very Time Consuming)
<input type="checkbox"/> Style Sheet	<input type="checkbox"/> Quality Indicators Pages <input data-bbox="1406 625 1619 664" type="button" value="Set QI Benchmarks"/>
<input type="checkbox"/> Header and Footer	<input type="checkbox"/> PHC Maps

Style Sheet Options

Font:

Fixed Size Page - Centered

Fluid Page

Banner background color:

Banner text color:

Sidebar background color:

Leave sidebar background color blank to use default graphic background.

Header and Footer Options

City Name in Site Header:

Browser Title:

Logo Image:

Image Height: Width:

Area Description:

Include any preposition, for example: "in the state of Texas", "on the Hawaiian Islands".

Progress Status->


Specify your website:

- where it should be stored
- which pages you want to include
- specifics about the style
- insert your logo
- what the website calls your data

The final product



State Healthcare Information Portal

- [Home](#)
 - [Quality Indicators](#)
 - [Maps](#)
 - [Rates](#)
 - [Utilization Statistics](#)
 - [Site Map](#)
 - [Definitions](#)
 - [AHRQ Website for Quality Indicators](#)
 - [Medical Dictionary](#)
- 

This website provides information on hospitals in _____ for patients, policymakers, and other users of health care information. Choose from the information options below.

Quality Indicators for Hospitals and Geographic Areas



View measures of quality using the AHRQ Quality Indicators - measures of patient safety, mortality, utilization, and volume.

Compare results by region or by specific hospitals in an easy-to-use format. Or examine detailed statistics by region and hospital.

View Maps Showing Potentially Avoidable Hospitalizations



Use the AHRQ Preventable Hospitalization Tool to map selected Quality Indicators by county. Estimate the cost savings associated with

reducing the level of potentially avoidable hospitalizations. Identify communities for future interventions such as improving preventive and primary care services or improving patient safety.

Rates of Health Conditions and Procedures



View statistics on prevalence of diseases or medical procedures and identify areas with higher rates. View maps of the

rates of conditions and procedures by county.

Utilization Statistics for Health Conditions and Procedures



View information about numbers of discharges, charges, costs, length of hospitalization and percent of patients who died in

specific hospitals, hospitals in geographic regions, or all hospitals in the in Maryland 17c-3 region. Select patients by medical condition or procedure.



What's next?

MONAHRQ

- ✓ Release version 1.0 in winter 2009/2010
- ✓ Feasibility studies to explore other data and measures
- ✓ Continued development of user interface – usability testing of end user website
- ✓ Continued development of data and website wizard

To get on the mailing list: monahrq@ahrq.gov