

Hospital Inpatient Medical Conditions and Procedures – Adults Includes Readmissions except Cancer (excluding Mastectomy and Kidney/Ureter Removal)

Bones and Joints

1. **Back Problems** - APR-DRG code 347
2. **Disc Surgery** - APR-DRG code 310
3. **Femur Fracture Surgical Repair** - APR-DRG code 308
4. **Fracture of Pelvis or Dislocation of Hip** - APR-DRG code 341
5. **Hip Replacement** - APR- DRG code 301
6. **Knee Replacement** - APR-DRG code 302
7. **Leg Amputation** - APR- DRG code 305
8. **Shoulder, Upperarm and Forearm Procedures** - APR- DRG code 315
9. **Spinal Fusion** - APR-DRG codes 303, 304 and 321
10. **Tibia/Fibula Fracture Repair** - APR- DRG code 313

Brain and Nervous System

1. **Craniotomy (brain surgery)** - APR-DRG codes 20 and 21
2. **Stroke** - APR-DRG codes 44 and 45
3. **Transient Cerebral Ischemia** - APR-DRG code 47

Cancer

1. **Acute Leukemia** - APR-DRG code 690
2. **Bone Marrow Transplant** - APR-DRG code 3
3. **Brain Cancer** - APR-DRG code 41
4. **Chemotherapy** - APR-DRG code 693
5. **Digestive System Cancer** - APR-DRG code 240
6. **Female Reproductive Cancer** - APR-DRG code 530
7. **Kidney / Ureter Removal** - APR-DRG code 442
8. **Leukemia / Lymphoma, Non – Surgical** - APR-DRG codes 691 and 694
9. **Leukemia / Lymphoma, Surgical** - APR-DRG code 681
10. **Liver/Pancreatic Cancer** - APR-DRG code 281
11. **Lung Cancer** - APR-DRG code 136
12. **Mastectomy** - APR-DRG code 362

Diabetes/Endocrinology/Metabolism

1. **Diabetes** - APR-DRG code 420

General Medical Information

1. **Acute Pancreatitis** - APR-DRG code 282
2. **Cellulitis** - APR-DRG code 383
3. **Convulsions (Seizures)** - APR-DRG code 53
4. **Diverticulosis / Diverticulitis** - APR-DRG code 244
5. **Gastrointestinal Hemorrhage** - APR-DRG codes 241, 242 and 253
6. **Hypovolemia (Low Blood Volume)** - APR-DRG code 422
7. **Inflammatory Bowel Disease** - APR-DRG code 245
8. **Migraine and Other Headaches** - APR-DRG code 54
9. **Non-Bacterial Gastroenteritis, Nausea and Vomiting** - APR-DRG code 249
10. **Renal Failure** - APR-DRG code 460
11. **Septicemia (blood poisoning)** - APR-DRG codes 720 and 724
12. **Sickle Cell Disease** - APR-DRG code 662
13. **Syncope (fainting)** - APR-DRG code 204
14. **Urinary Stones** - APR-DRG code 465
15. **Urinary Tract Infection** - APR-DRG code 463

Heart and Circulatory System

1. **Angina Pectoris and Coronary Atherosclerosis** -APR-DRG codes 198
2. **Angioplasty** - APR-DRG codes 174 and 175
3. **Cardiac Catheterization** - APR-DRG codes 191 and 192
4. **Cardiac Defibrillator and Heart Assist Anomaly** - APR-DRG code 161
5. **Cardiac Pacemaker Implant** - APR-DRG code 171
6. **Cardiac Valve Procedures without Cardiac Catheterization** - APR-DRG code 163
7. **Chest Pain** - APR-DRG code 203
8. **Coronary Bypass Surgery** - APR-DRG codes 165 and 166
9. **Heart Attack** - APR-DRG code 190
10. **Heart Failure** - APR-DRG code 194
11. **High Blood Pressure** - APR-DRG code 199
12. **Irregular Heartbeat** - APR-DRG code 201
13. **Major Thoracic and Abdominal Vascular Procedures** - APR-DRG code 169
14. **Peripheral Vascular Disease (PVD)** - APR-DRG code 197
15. **Pulmonary Edema and Respiratory Failure** - APR-DRG code 133

Lungs

1. **Asthma** - APR-DRG code 141
2. **Chronic Obstructive Pulmonary Disease, COPD (pulmonary disease)** - APR-DRG code 140
3. **Lung and Chest Procedures** - APR-DRG codes 120 and 121
4. **Pneumonia** - APR-DRG code 139
5. **Pneumonitis, Aspiration** - APR-DRG code 137

Surgery

1. **Appendectomy** - APR-DRG code 225
2. **Arteriovenostomy (renal dialysis)** - APR-DRG code 444
3. **Gall Bladder Removal** - APR-DRG 262
4. **Heart and/or Lung Transplant** - APR-DRG code 2
5. **Hernia Repair** - APR-DRG code 227
6. **Inguinal, Femoral and Umbilical Hernia Procedures** - APR-DRG code 228
7. **Kidney/Pancreas Transplant** - APR-DRG codes 6 and 440
8. **Laparoscopic Gall Bladder Removal** - APR-DRG code 263
9. **Liver Transplant** - APR-DRG code 1
10. **Major Small and Large Bowel Procedures** - APR-DRG code 221
11. **Major Stomach, Esophageal and Duodenal Procedures** - APR-DRG code 220
12. **Minor Small and Large Bowel Procedures** - APR-DRG code 223
13. **Obesity Procedures** - APR-DRG code 403
14. **Peritoneal Adhesiolysis** - APR-DRG code 224
15. **Radical Prostatectomy** - APR-DRG code 480
16. **Thyroid, Parathyroid and Thyroglossal Procedures** - APR-DRG code 404
17. **Transurethral Prostatectomy** - APR-DRG code 482
18. **Urethral and Transurethral Procedures** - APR-DRG code 446

Women's Health

1. **Hysterectomies and Other Uterine and Adnexa Procedures** - APR-DRG codes 511, 512, 513 and 519

Hospital Inpatient Medical Conditions and Procedures - Deliveries and Newborns

1. **Baby with Complications** - APR-DRG codes 583, 588, 589, 591, 593, 602, 603, 607, 608, 609, 611, 612, 613, 614, 621, 622, 623, 625, 626, 630, 631, 633, 634, 636, 639, 640 (APR-DRG 640 is limited to Severity Levels 2, 3 and 4)
2. **Cesarean Section Delivery** - APR-DRG code 540 - The data for cesarean deliveries include all ages.
3. **Normal Baby** - APR-DRG code 640 (limited to Severity Level 1)
4. **Vaginal Delivery** - APR-DRG code 560 - The data for vaginal deliveries include all ages.

Hospital Inpatient Medical Conditions and Procedures – Pediatrics Includes Readmissions except Cancer Care, New April 2010

1. **Appendectomy** – Ages 1-17 years - APR-DRG code 225 (limited to Severity Level 1, minor) – Ages 1-17 years
2. **Asthma** – Ages 2-17 years - Inclusions: ICD-9-CM principal diagnosis codes of asthma, 49300, 49301, 49302, 49310, 49311, 49312, 49320, 49321, 49322, 49381, 49382, 49390, 49391, and 49392. Exclusions: Excludes those patients with a diagnosis code for cystic fibrosis and anomalies of the respiratory system. Excludes transfers from other institutions. Excludes cases ages 0-1. Excludes cases in MDC 14 (obstetrics).
3. **Brain Surgery** – Ages 0-17 years - APR-DRG codes 20, 21, and 22 – Ages 0-17 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
4. **Bronchiolitis and RSV Pneumonia** – Ages 0-4 years - APR-DRG code 138 – Ages 0-4 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
5. **Cancer Care** – Ages 0-17 years - APR-DRG codes 680, 681, 690, 691, 692, 693, 694, and 41 – Ages 0-17 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
6. **Cellulitis** – Ages 0-17 years - APR-DRG code 383 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
7. **Convulsions (Seizures)** – Ages 0-4 years and 5-17 years - APR-DRG code 53 – Ages 0-4 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old) and ages 5-17.
8. **Diabetes** – Ages 6-17 years - Inclusions: All non-maternal discharges ages 6 to 17 years with ICD-9-CM principal diagnosis codes for short-term complications (ketoacidosis, hyperosmolarity, coma) including 25010, 25011, 25012, 25013, 25020, 25021, 25022, 25023, 25030, 25031, 25032, and 25033. Exclusions: Excludes transfers from other institutions. Excludes cases in MDC 14 (obstetrics).
9. **Fever and Infectious Illness** – Ages 0-17 years - APR-DRG codes 722, 723, and 113 – Ages 0-17 (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).
10. **Gastroenteritis** – Ages 1 year – 4 years and 5-17 years - Inclusions: All non-maternal discharges ages 1 year-4 years and 5-17 years with ICD-9-CM principal diagnosis code for gastroenteritis or with a secondary diagnosis code of gastroenteritis and a principal diagnosis code of dehydration. ICD-9-CM gastroenteritis diagnosis codes 00861, 00862, 00863, 00864, 00865, 00866, 00867, 00869, 0088, 0090, 0091, 0092, 0093, and 5589. ICD-9-CM dehydration diagnosis codes 27650, 27651, 27652, and 2765. Exclusions: Excludes transfers from other institutions. Exclude those with a diagnosis code of gastrointestinal abnormalities or bacterial gastroenteritis. Excludes ages less than 1 year (or neonates if age in days is missing). Excludes cases in MDC 14 (obstetrics).
11. **Pneumonia, Other** – Ages 2-17 years - APR 139. Inclusions: Includes ages 2-17. Exclusions: Excludes transfers from other institutions. Exclude cases in MDC 14 (obstetrics). Excludes those patients with a diagnosis code for cystic fibrosis and anomalies of the respiratory system.
12. **Sickle Cell Disease** – Ages 1-17 years - APR-DRG code 662 – Ages 1-17.
13. **Spinal Fusion** – Ages 5-17 years - APR-DRG codes 303, 304, and 321 – Ages 5-17 years.
14. **Urinary Tract Infections** – Ages 1 year to 17 years - Inclusions: All non-maternal discharges ages 1 year to 17 years with ICD-9-CM urinary tract principal diagnosis codes 59010, 59011, 5902, 5903, 59080, 59081, 5909, 5950, 5959, 5990. Exclusions: : Excludes transfers from other institutions. Exclude those patients with a diagnosis code of kidney/urinary tract disorder and with a diagnosis code of high or intermediate-risk immunocompromised state. Excludes ages less than 1 year (or neonates if age in days is missing). Excludes cases in MDC 14 (obstetrics).
15. **Viral Meningitis** – Ages 0-17 years - APR-DRG code 51 – Ages 0-17 years (excluding birth hospitalizations and newborn transfers less than or equal to 28 days old).

AHRQ Mortality Inpatient Procedures

1. **Abdominal Aortic Aneurysm Repair (AAA) Mortality** - IQI 11
2. **Carotid Endarterectomy Mortality** - IQI 31
3. **Coronary Artery Bypass Graft (CABG) Mortality** - IQI 12
4. **Craniotomy Mortality (Surgical opening of the skull)** - IQI 13
5. **Esophageal Resection Mortality (Surgical Removal of the Throat)** - IQI 8
6. **Hip Replacement Mortality** - IQI 14
7. **Pancreatic Resection Mortality (Surgical Removal of the Pancreas)** - IQI 9
8. **PTCA Mortality** - IQI 30

AHRQ Mortality Inpatient Conditions

1. **Acute Myocardial Infarction (Heart Attack)** - IQI 15
2. **Acute Myocardial Infarction (Heart Attack), Without Transfer Cases** - IQI 32
3. **Acute Stroke Mortality** - IQI 17
4. **Congestive Heart Failure (CHF) Mortality** - IQI 16
5. **Gastrointestinal (GI) Hemorrhage Mortality** - IQI 18
6. **Hip Fracture Mortality** - IQI 19
7. **Pneumonia Mortality** - IQI 20

AHRQ Patient Safety Indicators - Complication

1. **Decubitus Ulcer** - PSI 3
2. **Iatrogenic Pneumothorax** - PSI 6
3. **Postoperative Hip Fracture** - PSI 8
4. **Postoperative Pulmonary Embolism or Deep Vein Thrombosis** - PSI 12

AHRQ Pediatric Quality Indicators

1. **Accidental Puncture or Laceration** - PDI 1
2. **Pediatric Heart Surgery Mortality** - PDI 6
3. **Pediatric Heart Surgery Volume** - PDI 7

Healthcare-associated Infections (HAIs) – Effective November 2013, All Ages

1. **Central Line Associated Bloodstream Infection (CLABSI)**
2. **Catheter Associated Urinary Tract Infection (CAUTI)**
3. **Surgical Site Infection from Colon Surgery (SSI: Colon)**
4. **Surgical Site Infection from Hysterectomy (SSI: Hysterectomy)**
5. **Methicillin-resistant Staphylococcus aureus (MRSA) – effective January 2014**
6. **Clostridium difficile Infections (C. diff.) – effective January 2014**

Physician Volume Reporting

1. **Total Hip Replacement** – Principal Procedure ICD-9 Code 81.51 – *Effective December 2010*
2. **Total Knee Replacement** – Principal Procedure ICD-9 Code 81.54 – *Effective December 2010*
3. **Coronary Artery Bypass Graft (CABG)** – Principal Procedure ICD-9 Codes 36.10-36.19 *Effective Feb 2012*
4. **Angioplasty (PTCA)** – Principal Procedure Code 00.66 *Effective February 2012*
5. **Spinal Fusion** - Principal Procedure Code 81.00-81.08 *Effective February 2014*

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) – Effective April 2012 (star ratings, effective April 2015)

1. **How do patients rate the hospital overall?**
2. **Would patients recommend the hospital to friends and family?**
3. **How often did nurses communicate well with patients?**
4. **How often did doctors communicate well with patients?**
5. **How often did patients receive help quickly from hospital staff?**
6. **How often was patients' pain well controlled?**
7. **How often did staff explain about medicines before giving them to patients?**
8. **How often patients' rooms and bathrooms were kept clean?**
9. **How often the area around patients' rooms was kept quiet at night?**
10. **Were patients given information about what to do during their recovery at home?**
11. **Did patients understand their care when they left the hospital?**
12. **Summary Rating (new April 2015)**

Ambulatory (Outpatient) Surgery Centers Procedures/ Surgeries – Adults

Levels of complexity

Level I – Short treatment time in the operating room. Few laboratory tests or radiology procedures ordered. Few expensive disposable devices used, if any.

Level II – Laboratory tests and radiology procedures typically ordered as part of procedure. Disposable devices may consume significant resources. Increased length of time in the operating room.

Level III – Laboratory tests and radiology procedures ordered as part of a procedure. Disposable devices consume significant resources. Longer stay in the operating room than levels I and II.

Level IV – Procedure of major complexity. Treatment and resources used are extensive. Thus, Level IV EAPGs are frequently performed in an inpatient setting, not in an outpatient setting.

Bones and Joints

1. **Arthroscopy, Level I** – EAPG 37
2. **Arthroscopy, Level II** – EAPG 38
3. **Bunion Procedures** – EAPG 45
4. **Open or Percutaneous Treatment of Fractures** – EAPG 43

Digestive System

1. **Colonoscopy, Therapeutic** – EAPG 137
2. **Endoscopy of the Lower Airway** – EAPG 64
3. **Endoscopy of the Upper Airway, Level I** – EAPG 62
4. **Endoscopy of the Upper Airway, Level II** – EAPG 63
5. **Hernia Repair, Level I** – EAPG 139
6. **Hernia Repair, Level II** – EAPG 140
7. **Lower Gastrointestinal Endoscopy, Diagnostic** – EAPG 136
8. **Upper Gastrointestinal (GI) Endoscopy or Intubation, Diagnostic** – EAPG 134
9. **Upper Gastrointestinal (GI) Endoscopy or Intubation, Therapeutic** – EAPG 135

Eyes

1. **Cataract Procedures** – EAPG 233
2. **Laser Eye Procedures** – EAPG 232
3. **Vitreotomy** – EAPG 242

General Surgery

1. **Facial and Ear, Nose and Throat Procedures, Level I** – EAPG 252
2. **Facial and Ear, Nose and Throat Procedures, Level II** – EAPG 253
3. **Facial and Ear, Nose and Throat Procedures, Level III** – EAPG 254
4. **Facial and Ear, Nose and Throat Procedures, Level IV** – EAPG 255
5. **Tonsil and Adenoid Procedures** – EAPG 256

Heart and Circulatory System

1. **Cardiac Catheterization, Diagnostic** – EAPG 84
2. **Pacemaker Insertion and Replacement** – EAPG 86

Kidneys and Urologic System

1. **Bladder and Kidney Procedures, Level I** – EAPG 163
2. **Bladder and Kidney Procedures, Level II** – EAPG 164
3. **Bladder and Kidney Procedures, Level III** – EAPG 165
4. **Extracorporeal Shock Wave Lithotripsy** – EAPG 160

Skin

1. **Excision and Biopsy of Skin and Soft Tissue, Level I** – EAPG 9
2. **Excision and Biopsy of Skin and Soft Tissue, Level II** – EAPG 10
3. **Excision and Biopsy of Skin and Soft Tissue, Level III** – EAPG 11
4. **Skin Debridement and Destruction, Level I** – EAPG 6
5. **Skin Debridement and Destruction, Level II** – EAPG 7
6. **Skin Debridement and Destruction, Level III** – EAPG 8

Women's Health

1. **Breast Procedure, Level I** – EAPG 20
2. **Breast Procedure, Level II** – EAPG 21
3. **Breast Procedure, Level III** – EAPG 22
4. **Hysteroscopy** – EAPG 200

Ambulatory (Outpatient) Surgery Centers Procedures/ Surgeries – Pediatrics

Bones and Joints

1. **Arthroscopy, Level I** – EAPG 37
2. **Arthroscopy, Level II** – EAPG 38
3. **Open or Percutaneous Treatment of Fractures** – EAPG 43

Digestive System

1. **Endoscopy of the Lower Airway** – EAPG 64
2. **Endoscopy of the Upper Airway, Level I** – EAPG 62
3. **Endoscopy of the Upper Airway, Level II** – EAPG 63
4. **Hernia Repair, Level I** – EAPG 139
5. **Hernia Repair, Level II** – EAPG 140
6. **Lower Gastrointestinal (GI) Endoscopy, Diagnostic** – EAPG 136
7. **Upper Gastrointestinal (GI) Endoscopy or Intubation, Diagnostic** – EAPG 134
8. **Upper Gastrointestinal (GI) Endoscopy or Intubation, Therapeutic** – EAPG 135

Eyes

1. **Strabismus (Repair of Cross-Eyed) and Muscle Eye Procedures** – EAPG 239

General Surgery

1. **Circumcision** – EAPG 181
2. **Facial and Ear, Nose and Throat Procedures, Level I** – EAPG 252
3. **Facial and Ear, Nose and Throat Procedures, Level II** – EAPG 253
4. **Facial and Ear, Nose and Throat Procedures, Level III** – EAPG 254
5. **Facial and Ear, Nose and Throat Procedures, Level IV** – EAPG 255
6. **Tonsil and Adenoid Procedures** – EAPG 256

Health Plan Quality Measures

Health Plan Quality of Care Indicators (HEDIS® Measures)

These are a set of measures that are used nationally to report the performance of health plans. Consumers can use this information to help them to decide which health plan to choose. Purchasers of health care use the information to compare health plans and determine the relative value of care offered by managed care health plans. The measures allow the public to understand how well health plans achieve results that matter, such as how effective and accessible is the care delivered. Data for these measures come from the Healthcare Effectiveness Data and Information Set (HEDIS®). These measures are available only from managed care health plans, mainly HMOs.

Data to be Displayed in January 2015; Services in Calendar Year 2013

Commercial HMO

1. Breast Cancer Screening
2. Cervical Cancer Screening
3. Well-Child Visits, First 15 Months of Life
4. Well-Child Visits, Ages 3-6 Years
5. Adolescent Well-Care Visits
6. Controlling High Blood Pressure
7. Timeliness of Prenatal Care
8. Chlamydia Screening in Women
9. Asthma Medications for Long-Term Control
10. Diabetes Care: LDL Screening
11. Diabetes Care: LDL-C Control
12. Diabetes Care: Eye Exam
13. Diabetes Care: Nephropathy

Medicare HMO:

1. Breast Cancer Screening
2. Controlling High Blood Pressure
3. Diabetes care: LDL Screening
4. Diabetes care: LDL-C Control
5. Diabetes care: Eye Exam
6. Diabetes care: Nephropathy

Medicaid HMO/PSN:

1. Pregnancy-related Care
 - a. Frequency of Ongoing Prenatal Care
 - b. Postpartum Care
 - c. Prenatal Care
2. Keeping Kids Healthy
 - a. Adolescent Well Care Visits
 - b. Well- Child Visits in the First 15 Months of Life - 6(+)
 - c. Well- Child Visits in the 3rd-6th Years of Life
 - d. Childhood Immunization Status - Combo 3
 - e. Immunizations for Adolescents - Combo 1
 - f. Chlamydia Screening for Women - 16-20 years
 - g. Lead Screening in Children
 - h. Children and Adolescents' Access to Primary Care
3. Children's Dental Care
 - a. Annual Dental Visit
4. Keeping Adults Healthy
 - a. Adult BMI Assessment
 - b. Adults Access to Preventive Health Services
 - c. Breast Cancer Screening
 - d. Cervical Cancer Screening
 - e. Chlamydia Screening in Women
 - f. Chlamydia Screening in Women (combined age groups)

5. Living with Illness
 - a. Controlling High Blood Pressure
 - b. Diabetes Care: HbA1c Testing
 - c. Diabetes Care: HbA1c – Good Control
 - d. Diabetes Care: LDL Screening
 - e. Diabetes Care: LDL-C Control
 - f. Diabetes Care: Eye Exam
 - g. Diabetes Care: Nephropathy
 - h. Use of Appropriate Medications for People with Asthma
6. Mental Health Care
 - a. ADHD Medications Follow Up – Initiation
 - b. Antidepressant Medication Management – Acute
 - c. Follow-Up after Mental Illness Hospitalization – 7 day
 - d. Follow-Up after Mental Illness Hospitalization – 30 day

Health Plan Member Satisfaction Indicators (CAHPS® Measures):

Obtaining information on a member's satisfaction with a particular health plan is a key component in the decision of choosing a health plan. This information provides a general indication of how well the plan meets the members' expectations. Information on member satisfaction is obtained from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®). Health care organizations, health care purchasers and consumers use CAHPS® results to (1) assess the patient-centeredness of care, (2) compare health plan performance, and (3) improve quality of care. Below are descriptions of the specific CAHPS® questions that are displayed on the website:

1. Overall Plan Satisfaction
2. Ease in Getting Needed Care
3. Ease in Getting Care Quickly
4. How Well Doctors Communicate
5. How Well Plan Processes Claims
6. Getting Help from Customer Service
7. Rate the Number of Doctors to Choose From
8. Recommend Health Plan to Family or Friends
9. Would You Select Your Current Plan Again?

Hospice Provider Quality Indicators

Family Evaluation of Hospice Care (FEHC) Satisfaction Survey Tool

The Family Evaluation of Hospice Care (FEHC) is a survey given to families who participated in hospice care, after their loved one has died. It asks family members about their view on the care provided to the patient, as well as their own hospice experience.

- 1) How often were the patient's personal care needs - such as bathing, dressing, and changing bedding - taken care of as well as they should have been by the hospice team? (% Favorable – Always or Usually)
- 2) How often did the hospice team treat the patient with respect? (% Favorable – Always or Usually)
- 3) How often did the hospice team keep you or other family members informed about the patient's condition? (% Favorable – Always or Usually)
- 4) Overall, how would you rate the care the patient received while under the care of hospice? (% Favorable – Excellent, Very Good, or Good)
- 5) How would you rate the way the hospice team responded to your needs in the evenings and weekends? (% Favorable – Excellent, Very Good, or Good)

Prescription Drug Pricing

The www.myfloridarx.com website went live in June of 2005. The website was developed by the Agency for Health Care Administration (AHCA) and the Office of the Attorney General to help consumers shop for the lowest retail prices on prescription drugs in their area. The retail price is the price that an uninsured consumer, with no discount or supplemental plan, would normally pay. This is also known as the "Usual and Customary" price. The pricing information is updated on a monthly basis. In June 2010, the number of drugs displayed on the website increased from 100 to 150 of the most prescribed brand name drugs in Florida, along with their available generic drugs.

Nursing Homes

The results tables are a set of performance measures where each category is indicated by stars. The more stars (up to 5) that are shown, the better the facility scored on that particular measure. The broadest measure of performance is Overall Inspection. The eight other categories represent different pieces of the Overall Inspection rank. Each of the performance measures represents how a nursing home ranked within its geographic region.

Inspection Ratings

- 1) Overall Inspection
 - a. Quality of Care
 - b. Quality of Life
 - c. Administration
- 2) Inspection Components
 - a. Nutrition and Hydration
 - b. Restraints and Abuse
 - c. Pressure Ulcers
 - d. Decline
 - e. Dignity