Inpatient Hospital Compare
Request for Withholding Data From Public Reporting
April 2012

Hospitals participating in the Hospital Inpatient Quality Reporting (IQR) Program agree to have data publicly reported on *Hospital Compare.*

Hospitals not participating in the Hospital Inpatient Quality Reporting (IQR) Program have an option to withhold data from public reporting on *Hospital Compare* by completing this form and mailing or faxing the completed form to the hospital's Quality Improvement Organization (QIO) contact.

This form must be received by the QIO **no later than QIO close of business April 10, 2012**.

Note: *When faxing this request, notify the QIO. Withholding forms received by the QIO after the end of the preview period will not be considered for the April 2012 Hospital Compare release.*

This request is in effect only for the **March 12, 2012 through April 10, 2012 preview period** for the measure(s) indicated on the following pages. This completed form also gives the QIO and the Centers for Medicare & Medicaid Services (CMS) the authority to notify the American Hospital Association (AHA), the Federation of American Hospitals (FAH) and the Association of American Medical Colleges (AAMC) of this information.

My hospital has reviewed its preview report. For this preview period, we wish to withhold from public reporting the data submitted for the measures indicated on the following pages.

Hospital Name: _____

CMS Certification Number (CCN): _____

Street Address: _____

City, State, ZIP Code: _____

Hospital Contact Name: _____

Hospital Contact Phone Number: _____

Hospital/Health System CEO (or designee):

Name (please print): _____

Title: _____

Date: _____

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Instructions for completing the form:

1. Determine Hospital's IQR Program Notice of Participation status (active/not active).

2. Use the table appropriate for your hospital.

    -   Hospitals with only an active Hospital IQR Program Notice of Participation may **not** suppress any measures listed in Table 1.

    -   Hospitals without an active Hospital IQR Program Notice of Participation may suppress any or all measures listed in Table 1. Hospitals must be appropriately pledged to suppress data.

Table 1

Measure ID	Measure Name	Check to Suppress (✓)
AMI-1	Aspirin at Arrival	
AMI-2	Aspirin Prescribed at Discharge	
AMI-3	ACEI or ARB for LVSD	
AMI-4	Adult Smoking Cessation Advice/Counseling	
AMI-5	Beta-Blocker Prescribed at Discharge	
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	
AMI-10	Statin Prescribed at Discharge	
HF-1	Discharge Instructions	
HF-2	Evaluation of LVS Function	
HF-3	ACEI or ARB for LVSD	
HF-4	Adult Smoking Cessation Advice/Counseling	
PN-2	Pneumococcal Vaccination	
PN-3b	Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital	
PN-4	Adult Smoking Cessation Advice/Counseling	
PN-5c	Initial Antibiotic Received Within 6 Hours of Hospital Arrival	
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	
PN-7	Influenza Vaccination	
SCIP-Inf-1	Prophylactic Antibiotic Received Within 1 Hour Prior to Surgical Incision	
SCIP-Inf-2	Prophylactic Antibiotic Selection for Surgical Patients	
SCIP-Inf-3	Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time	
SCIP-Inf-4	Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Blood Glucose	
SCIP-Inf-6	Surgery Patients with Appropriate Hair Removal	
SCIP-Inf-9	Urinary Catheter Removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with Day of Surgery being Day Zero	
SCIP-Inf-10	Surgery Patients with Perioperative Temperature Management	

Table 1 (continued)

Measure ID	Measure Name	Check to Suppress (✓)
SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period	
SCIP-VTE-1	Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered	
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	
MORT-30-PN	Pneumonia (PN) 30-Day Mortality Rate	
READM-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Readmission Rate	
READM-30-HF	Heart Failure (HF) 30-Day Readmission Rate	
READM-30-PN	Pneumonia (PN) 30-Day Readmission Rate	
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems survey	
STRUCTURAL_CARDIAC	Participation in a Systematic Database for Cardiac Surgery	
STRUCTURAL_STROKE	Participation in a Systematic Clinical Database Registry for Stroke Care	
STRUCTURAL_NURSING	Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care	
PSI-4	Death among Surgical Inpatients with Serious Treatable Complications	
PSI-6	Iatrogenic Pneumothorax	
PSI-11	Postoperative Respiratory Failure	
PSI-12	Postoperative Pulmonary Embolism or Deep Vein Thrombosis	
PSI-14	Postoperative Wound Dehiscence	
PSI-15	Accidental Puncture or Laceration	
PSI-90	Complications/Patient Safety for Selected Indicators (Composite Score)	
IQI-11	Abdominal Aortic Aneurysm (AAA) Repair Mortality	
IQI-19	Hip Fracture Mortality	
IQI-91	Mortality for Selected Conditions (Composite Score)	
CLABSI	Central Line-Associated Bloodstream Infections	