

Inpatient *Hospital Compare*  
Request for Withholding Data from Public Reporting Form  
July 2015

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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 IQR Program have the option to withhold data from public reporting on *Hospital Compare* by completing this form and **faxing the completed form** to the Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC).

**Secure fax:**  
1.877.789.4443

This form must be received **no later than close of business May 2, 2015**.

*Note: Forms received after the end of the preview period will not be considered for the July 2015 Hospital Compare release.*

This request is in effect only for the April 3 **through May 2, 2015** Preview Period for the measure(s) indicated on the following pages. This completed form also gives the IQRSC 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.

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

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**Required fields on the first page are marked with an asterisk (\*).**

**Hospital/Health System Specifics:**

<b>*Hospital Name:</b>	
<b>*CMS Certification Number (CCN):</b>	
<b>*Street Address:</b>	
<b>*City, State, ZIP Code:</b>	
<b>*Hospital Contact Name:</b>	
<b>*Hospital Contact Phone Number:</b>	

**Hospital/Health System CEO (or designee):**

<b>*Name:</b>	
<b>*Title:</b>	
<b>*Date:</b>	

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Instructions for completing the withholding form:

1. Determine your hospital's Notice of Participation (NoP) status: IQR, Optional Public Reporting (PR), or both.
2. Utilize the table appropriate to your hospital's NoP(s).
  - Hospitals with **an IQR NoP** may suppress any measure on **Table 1**.
  - Hospitals with **both an IQR and Optional PR NoP** may suppress any measure on **Table 1**
  - Hospitals with **only an Optional PR NoP** may suppress any or all measures on **Table 2**.

**Table 1: Hospitals with either IQR NoP only or both IQR and Optional PR NoP – May suppress the data for the measures listed.**

Measure ID	Measure Name	Suppress
AMI-2	Aspirin Prescribed at Discharge	
AMI-10	Statin Prescribed at Discharge	
HF-1	Discharge Instructions	
HF-3	ACEI or ARB for LVSD	
SCIP-Inf-10	Surgery Patients with Perioperative Temperature Management	

**Table 2: Hospitals with only an Optional PR NOP – May suppress any or all of the measures listed.**

Measure ID	Measure Name	Suppress
AMI-2	Aspirin 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	
STK-1	Venous Thromboembolism (VTE) Prophylaxis	
STK-2	Discharged on Antithrombotic Therapy	
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	
STK-4	Thrombolytic Therapy	
STK-5	Antithrombotic Therapy By End of Hospital Day 2	
STK-6	Discharged on Statin Medication	
STK-8	Stroke Education	
STK-10	Assessed for Rehabilitation	
VTE-1	Venous Thromboembolism Prophylaxis	
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	
VTE-3	Venous Thromboembolism Patients with Anticoagulation Overlap Therapy	
VTE-4	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	

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Measure ID	Measure Name	Suppress
VTE-5	Venous Thromboembolism Warfarin Therapy Discharge Instructions	
VTE-6	Hospital Acquired Potentially-Preventable Venous Thromboembolism	
PN-6	Initial Antibiotic Selection for CAP in Immunocompetent Patient	
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-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	
SCIP-Card-2	Surgery Patients on Beta-Blocker Therapy Prior to Arrival Who Received a Beta-Blocker During the Perioperative Period	
SCIP-VTE-2	Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery	
ED-1b	Median Time from ED Arrival to ED Departure for Admitted ED Patients	
ED-2b	Admit Decision Time to ED Departure Time for Admitted Patients	
IMM-2	Influenza Immunization	
PC-01	Elective Delivery	
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	
STRUCTURAL_GEN_SURG	Participation in a Systematic Clinical Database Registry for General Surgery	
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems survey	
MORT-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	
MORT-30-CABG	30-Day Mortality Following Coronary Artery Bypass Graft (CABG) Surgery	
MORT-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	
MORT-30-HF	Heart Failure (HF) 30-Day Mortality Rate	
MORT-30-PN	Pneumonia 30-Day Mortality Rate	
MORT-30-STK	Acute Ischemic Stroke 30-Day Mortality Rate	
READM-30-AMI	Acute Myocardial Infarction (AMI) 30-Day Readmission Rate	
READM-30-CABG	30-Day Readmission Following Coronary Artery Bypass Graft (CABG) Surgery	

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Measure ID	Measure Name	Suppress
READM-30-COPD	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate	
READM-30-HF	Heart Failure (HF) 30-Day Readmission Rate	
READM-30-PN	Pneumonia 30-Day Readmission Rate	
READM-30-STK	Acute Ischemic Stroke 30-Day Readmission Rate	
HOSPITAL-WIDE READMISSION	30-Day Hospital-Wide All-Cause Unplanned Readmission Rate	
HIP/KNEE READMISSION	30-Day Readmission Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	
HIP/KNEE COMPLICATIONS	Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	
AMI PAYMENT	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction	
HF PAYMENT	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure	
PN PAYMENT	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia	
PSI-4	Death among surgical inpatients with serious treatable complications	
PSI-6	Iatrogenic pneumothorax, adult	
PSI-12	Post-Operative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)	
PSI-14	Postoperative wound dehiscence	
PSI-15	Accidental puncture or laceration	
PSI-90	Complication/patient safety for selected indicators (composite)	
HAI-1	Central Line-Associated Bloodstream Infections (CLABSI)	
HAI-2	Catheter-Associated Urinary Tract Infections (CAUTI)	
HAI-3	Surgical Site Infection for Colon surgery (SSI-Colon Surgery)	
HAI-4	Surgical Site Infection for Abdominal Hysterectomy (SSI-Abdominal Hysterectomy)	
HAI-5	MRSA Bacteremia	
HAI-6	<i>Clostridium difficile</i> ( <i>C. diff.</i> )	
IMM-3	Healthcare Personnel Influenza (HCP) Vaccination	
EDV-1	Emergency Department Volume	

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1022**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimates(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1650.

This material was prepared by the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHS-500-2013-13007I, FL-IQR-Ch8-03272015-01