

Inpatient *Hospital Compare*
Request for Withholding Data from Public Reporting Form
October 2016

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 or emailing 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

Email:
QRSupport@HCQIS.org

This form must be received **no later than close of business August 19, 2016**.

Note: Forms received after the end of the preview period will not be considered for the October 2016 Hospital Compare release.

This request is in effect only for the **July 21 through August 19, 2016** Preview Period for the measure(s) indicated on the following pages.

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.

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

Hospital/Health System Specifics:

*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:	
*Title:	
*Date:	

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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).
 - a. Hospitals with **an IQR NoP** may suppress any measure on **Table 1**.
 - b. Hospitals with **both an IQR and an Optional PR NoP** may suppress any measure on **Table 1**.
 - c. Hospitals with **only an Optional PR NoP** may suppress any or all measures on **Table 2**.

Table 1: Hospitals with only an IQR NoP or both an IQR and an Optional PR NoP – May suppress the data for any or all of the measures listed.

Measure ID	Measure Name	Suppress
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	
HF-2	Evaluation of LVS Function	
STK-2	Discharged on Antithrombotic Therapy	
STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter	
STK-5	Antithrombotic Therapy By End of Hospital Day 2	
STK-10	Assessed for Rehabilitation	
VTE-4	Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram	
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-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	

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

Measure ID	Measure Name	Suppress
AMI-7a	Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival	
AMI-8a	Primary PCI Received Within 90 Minutes of Hospital Arrival	

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Measure ID	Measure Name	Suppress
HF-2	Evaluation of LVS Function	
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	
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-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	

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Measure ID	Measure Name	Suppress
STRUCTURAL_CARDIAC	Participation in a Systematic Database for Cardiac Surgery	
STRUCTURAL_SAFE_SURG	Safe Surgery Checklist Use	
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	
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	
READM-30-HOSPWIDE	30-Day Hospital-Wide All-Cause Unplanned Readmission Rate	
READM-30-HIP-KNEE	30-Day Readmission Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	
COMP-HIP-KNEE	Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	
PAYM-30-AMI	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction	
PAYM-30-HF	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure	

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Measure ID	Measure Name	Suppress
PAYM-30-PN	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia	
PSI-3	Pressure Ulcer Rate	
PSI-4	Death among surgical inpatients with serious treatable complications	
PSI-6	Iatrogenic pneumothorax, adult	
PSI-7	Central Venous catheter-Related Bloodstream Infection Rate	
PSI-8	Postoperative Hip fracture Rate	
PSI-12	Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)	
PSI-13	Postoperative Sepsis Rate	
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) ICU and selected ward locations	
HAI-1a	Central Line-Associated Bloodstream Infections (CLABSI) ICU locations only	
HAI-2	Catheter-Associated Urinary Tract Infections (CAUTI) ICU and selected ward locations	
HAI-2a	Catheter-Associated Urinary Tract Infections (CAUTI) ICU locations only	
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> (C. diff.)	
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.

Expiration Date: xx-xx-xxxx