

**Inpatient *Hospital Compare*  
Request for Withholding Data from Public Reporting Form  
April 2017**

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 Outreach and Education Support Contractor.

**Secure fax:  
1-877-789-4443**

**Email:  
QRSupport@HCQIS.org**

This form must be received **no later than February 7, 2017**.

*Note: Forms received after the end of the preview period will not be considered for the April 2017 Hospital Compare release.*

This request is in effect only for the **January 9 through February 7, 2017**, Preview Period for the measure(s) indicated on the following pages.

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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 Chief Executive Officer (or designee):**

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

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**Instructions for completing the withholding form:**

Only Hospitals with an Optional Public Reporting Notice of Participation (NOP) as their only NOP may suppress measures. Providers may suppress any or all of the measures listed.

<b>Measure ID</b>	<b>Measure Name</b>	<b>Suppress</b>
<b>STK-4</b>	Thrombolytic Therapy	
<b>VTE-5</b>	Venous Thromboembolism Warfarin Therapy Discharge Instructions	
<b>VTE-6</b>	Hospital Acquired Potentially-Preventable Venous Thromboembolism	
<b>ED-1b</b>	Median Time from Emergency Department (ED) Arrival to ED Departure for Admitted ED Patients	
<b>ED-2b</b>	Admit Decision Time to ED Departure Time for Admitted Patients	
<b>IMM-2</b>	Influenza Immunization	
<b>PC-01</b>	Elective Delivery	
<b>STRUCTURAL_SAFE_SURG</b>	Safe Surgery Checklist Use	
<b>STRUCTURAL_NURSING</b>	Participation in a Systematic Clinical Database Registry for Nursing Sensitive Care	
<b>STRUCTURAL_GEN_SURG</b>	Participation in a Systematic Clinical Database Registry for General Surgery	
<b>HCAHPS</b>	Hospital Consumer Assessment of Healthcare Providers and Systems survey	
<b>MORT-30-AMI</b>	Acute Myocardial Infarction (AMI) 30-Day Mortality Rate	
<b>MORT-30-CABG</b>	30-Day Mortality Following Coronary Artery Bypass Graft (CABG) Surgery	
<b>MORT-30-COPD</b>	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Mortality Rate	
<b>MORT-30-HF</b>	Heart Failure (HF) 30-Day Mortality Rate	
<b>MORT-30-PN</b>	Pneumonia 30-Day Mortality Rate	
<b>MORT-30-STK</b>	Acute Ischemic Stroke 30-Day Mortality Rate	
<b>READM-30-AMI</b>	Acute Myocardial Infarction (AMI) 30-Day Readmission Rate	
<b>READM-30-CABG</b>	30-Day Readmission Following Coronary Artery Bypass Graft (CABG) Surgery	
<b>READM-30-COPD</b>	Chronic Obstructive Pulmonary Disease (COPD) 30-Day Readmission Rate	
<b>READM-30-HF</b>	Heart Failure (HF) 30-Day Readmission Rate	
<b>READM-30-PN</b>	Pneumonia 30-Day Readmission Rate	
<b>READM-30-STK</b>	Acute Ischemic Stroke 30-Day Readmission Rate	
<b>READM-30-HOSPWIDE</b>	30-Day Hospital-Wide All-Cause Unplanned Readmission Rate	

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<b>Measure ID</b>	<b>Measure Name</b>	<b>Suppress</b>
<b>READM-30-HIP-KNEE</b>	30-Day Readmission Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	
<b>COMP-HIP-KNEE</b>	Complication Rate Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)	
<b>PAYM-30-AMI</b>	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Acute Myocardial Infarction	
<b>PAYM-30-HF</b>	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Heart Failure	
<b>PAYM-30-PN</b>	Risk-Standardized Payment Associated with a 30-Day Episode-of-Care for Pneumonia	
<b>PSI-3</b>	Pressure Ulcer Rate	
<b>PSI-4</b>	Death among surgical inpatients with serious treatable complications	
<b>PSI-6</b>	Iatrogenic pneumothorax, adult	
<b>PSI-7</b>	Central Venous catheter-Related Bloodstream Infection Rate	
<b>PSI-8</b>	Postoperative Hip fracture Rate	
<b>PSI-12</b>	Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT)	
<b>PSI-13</b>	Postoperative Sepsis Rate	
<b>PSI-14</b>	Postoperative wound dehiscence	
<b>PSI-15</b>	Accidental puncture or laceration	
<b>PSI-90</b>	Complication/patient safety for selected indicators (composite)	
<b>HAI-1</b>	Central Line-Associated Bloodstream Infections (CLABSI) ICU and selected ward locations	
<b>HAI-2</b>	Catheter-Associated Urinary Tract Infections (CAUTI) ICU and selected ward locations	
<b>HAI-3</b>	Surgical Site Infection for Colon surgery (SSI-Colon Surgery)	
<b>HAI-4</b>	Surgical Site Infection for Abdominal Hysterectomy (SSI-Abdominal Hysterectomy)	
<b>HAI-5</b>	MRSA Bacteremia	
<b>HAI-6</b>	<i>Clostridium difficile (C. diff.)</i>	
<b>IMM-3</b>	Healthcare Personnel Influenza (HCP) Vaccination	
<b>EDV-1</b>	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: 01/31/2020**