

**Hospital Quality Alliance (HQA): Improving Care through Information  
PLEDGE OF PARTICIPATION**

**Hospital Name:** \_\_\_\_\_

**Medicare Provider Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Quality Improvement Organization:** \_\_\_\_\_

On December 12, 2002, the American Hospital Association (AHA), the Federation of American Hospitals (FAH) and the Association of American Medical Colleges (AAMC) launched the "National Voluntary Hospital Reporting Initiative", previously referred to as "The Quality Initiative: A Public Resource on Hospital Performance" and the "National Voluntary Hospital Reporting Initiative", to make information about hospital performance accessible to the public and to inform and invigorate efforts to improve quality. Voluntary reporting is essential to the success of this initiative. This initiative is now called the "Hospital Quality Alliance (HQA): Improving Care through Information".

My hospital and I support the twin goals of making more information about health care quality available to the public and improving performance. Therefore, we support the initiative and will begin sharing our data as part of it.

I understand that the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Quality Forum (NQF), the Centers for Medicare & Medicaid Services (CMS), and the Agency for Healthcare Research and Quality (AHRQ) support this initiative, and that they plan to provide technical assistance in making the information accessible, understandable and relevant to the public, and to assist hospitals in their efforts to improve. I realize that my hospital can take advantage of this assistance as we see fit to aid our improvement efforts. Further, when we have superior performance and innovations in practice that can help other hospitals, we will share information on these practices with our colleagues at other hospitals and our CMS-sponsored Quality Improvement Organization (QIO).

To participate in this effort, my hospital will register for QualityNet Exchange, which will enable us, or a third party vendor, to transmit data to the QIO data warehouse as well as receive the data for preview before public release.

We agree to collect the appropriate data for all payers, and will begin submitting data directly, or through a third party vendor, on the measures identified for the "Hospital Quality Alliance (HQA): Improving Care through Information". We will have data transmitted to the QIO Clinical warehouse beginning with discharges for the quarter indicated below:

- |   |   |
|---|---|
| <input type="checkbox"/> first quarter, 2005          | <input type="checkbox"/> second quarter, 2005 |
| <input type="checkbox"/> third quarter, 2005          | <input type="checkbox"/> fourth quarter, 2005 |
| <input type="checkbox"/> first quarter, 2006          | <input type="checkbox"/> second quarter, 2006 |
| <input type="checkbox"/> third quarter, 2006          | <input type="checkbox"/> fourth quarter, 2006 |
| <input type="checkbox"/> other (Please specify) _____ |   |

If my hospital is using a third party vendor to transmit data to the QIO Clinical Warehouse on our behalf, we have completed the vendor authorization form with the required information by clinical topic and submitted it to our QIO.

I understand that HIPAA regulations require that we maintain a record of the data that were transmitted. Further, I understand that the performance rate on these measures will be calculated as an aggregate rate for the most recent four quarters of available data from our discharge start date in this initiative. I authorize the rates to be calculated so they can be placed on the public Web site used for this project.

I understand that my staff and I will have 30 days to review our hospital's calculated performance rates before that data is made public. I understand that this is a voluntary system of collecting and reporting data, and that if necessary, my hospital may withdraw from this effort by faxing the withdrawal form stating that intent to the QIO.

**Hospital/health system CEO (or designee):**

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please identify your hospital's point of contact for the Quality Initiative:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

If you have questions about the pledge of participation process, need another enrollment form or have other administrative questions, please call AHA Member Relations at (800) 424-4301.

**Please FAX this response to the American Hospital Association at:**

**(800) 874-1802**