

HOSPITAL INDUSTRY DATA INSTITUTE

Request for Online System Access to Hospital-Specific Data

Individuals requesting hospital-specific data for HIDI participating system hospitals are required to comply with the guidelines for the HIDI Data Release Policy for Hospital-Specific Reporting. Please complete this request for online access to hospital-specific records and return to HIDI at hidi@mhanet.com, fax to 573-635-9638 or mail to the Hospital Industry Data Institute, P.O. Box 60, Jefferson City, MO 65102-0060. Once the completed form has been received, the authorized user will be provided with access information.

Requesting User

Name: _____ Date: _____
Office _____
Title: _____ Phone: _____
Cell _____
Email: _____ Phone: _____

I agree to comply with the guidelines for release of hospital-specific data as outlined in the HIDI Data Release Policy for Hospital-Specific Reporting. I acknowledge that such data policy applies to data available online, in printed format, or on other media such as DVD or CD.

I further acknowledge our responsibility to inform anyone with access to this information of the policy and its intent that these hospital-specific data are to be used only by the hospital. I further agree to not share my password or allow anyone to access the data by using my password.

Requesting User Signature: _____

Please check the appropriate box to indicate access to data and/or reports available in the categories below.

Advantage Fundamentals

Data Submission Sites

HIDInet - discharge data collection

Optics Data Collection:

Hospital Performance Insights (HPI)

Surveys Data Submission:

Annual Licensing Survey

Management & Productivity Survey

Advantage Optics

Dashboards and Reports

Care Optics
Includes Health Equity

Fiscal Optics
Includes HPI Reports

Market Optics
includes MUR

Risk Optics

Monthly Utilization Report
check Market Optics above

Advantage Analytics

Special Requests and Resources

Policy & Impact Studies

Premier Subscriptions -
requires annual subscription

Special Requests

Surveys – requires hospital participation
MUR Excel Data File (check Market Optics)

Mgt. & Prd. Quarterly PDF Reports

Annual Licensing Survey Template

By signing below, I warrant that I have the authority of my health system to authorize access for the above-named employee/agent to hospital-specific data and reports for hospitals previously identified on the system authorization form as participants in the health system.

CEO Name: _____

CEO Signature: _____ **Date:** _____

System Name: _____