



# UNIVERSITY HOSPITAL

Newark, New Jersey

Quality Improvement Department, Quality Measurement & Data Analytics

## Data Analytics Report Request Form

Completed forms should be scanned and emailed to [QIDataAnalytics@uhnj.org](mailto:QIDataAnalytics@uhnj.org)

Please print clearly to avoid delays in receiving your requested report

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

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

Job Title: \_\_\_\_\_ Office Location: \_\_\_\_\_

Work phone: \_\_\_\_\_ Work email: \_\_\_\_\_

Service Requested: (Place an "x" in the box(s) to indicate your selections)

☐ Consult ☐ Report (Data) ☐ Report (Graphs/Tables) ☐ Other: \_\_\_\_\_

Report Use:

☐ PI Team ☐ QI Committee ☐ Core Measure Project ☐ Patient Safety

☐ Other, Explain: \_\_\_\_\_

Identify the reports to which you are requesting: (Place an "x" in the box(s) to indicate your selections)

Documentation & Coding Report	<input type="checkbox"/>	Potentially Inappropriate Medications in the Elderly (PIMs)	<input type="checkbox"/>
Anti-Infective Cost by Service Line	<input type="checkbox"/>	High Impact Drug Utilization Benchmark Reports	<input type="checkbox"/>
Monthly Quality Scorecard & Hospital Level	<input type="checkbox"/>	LOS-CMI by Utilization Report	<input type="checkbox"/>
Readmission Reports	<input type="checkbox"/>	Mortality Reports	<input type="checkbox"/>
Patient Safety Indicator (PSI) Reports	<input type="checkbox"/>	OPPE – Summary Physician Report	<input type="checkbox"/>
OPPE – Individual Physician OPPE Reports	<input type="checkbox"/>	Core Measure Scorecard	<input type="checkbox"/>
Newborn Complication Rates	<input type="checkbox"/>	Other Report – Describe Below	<input type="checkbox"/>

Report Description: \_\_\_\_\_

Reporting Period: Specify dates: \_\_\_\_\_ Format: ☐ Monthly ☐ Quarterly ☐ Yearly

Outcome Report: (Place an "x" in the box(s) to indicate your selections)

<input type="checkbox"/> LOS	<input type="checkbox"/> Mortality	<input type="checkbox"/> Readmissions	<input type="checkbox"/> Volume-based	<input type="checkbox"/> PSI / HAC
<input type="checkbox"/> Core Measures	<input type="checkbox"/> By Physician	<input type="checkbox"/> Other: _____		

Type of Report: ☐ Summary Report ☐ Detailed Case Listings Report Output Format: ☐ Excel ☐ PDF/Tabular

Desired Completion Date:

<input type="checkbox"/> One time request w completion date: ____ / ____ / ____	<input type="checkbox"/> On-going report (select one below)			
<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Bi-Annually	<input type="checkbox"/> Yearly

\*\*If requesting report based on Procedures/Diagnosis, please list ICD-10 codes below\*\*

If Diagnosis:	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Any	
If Procedure:	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Any	

To be completed by Data Analytics Management/Staff:

Date Received: \_\_\_\_\_ Analyst Assigned: \_\_\_\_\_

Comments: \_\_\_\_\_ Completed Date: \_\_\_\_\_