

Quality Improvement Department, Quality Measurement & Data Analytics

Vizient Database Access Request Form

Completed forms should be scanned and emailed to QIDataAnalytics@uhnj.org

Please print clearly to avoid delays in receiving your user account access			
Date:	Date of Access Required:		
Select one: New Request Upda Please print	ate/Change	Deactivate Account	
Salutation: Last Name:	Firs	t Name:	
Job Title:	Department:	Building:	
Work phone:	Work email:		
Place an "X" in the box if you are requesting	access to the Vizient Clinic	al Database/Resource Manager (CD	B/RM)
If requesting Vizient reports or other tools the box(s) to indicate your selections)	າen please indicate which ເ	reports you are requesting access: (Place an "x" in
Hospital Quality Measures Report (HQMR) (Archive only: 2009 - Q1 2017) Core Measure Enhanced Report (CMER)	\equiv	ry & Accountability Annual Dashboar comes Report (COR)	d 🔲
Quality & Safety Management Report	Vitals in Pe	rformance (VIP)	
(QSMR) Electronic Quality Measures	Documenta	ition and Coding Report	
For custom reports please use the <u>Data Analytics Report Request Form</u> which may be located on UHNet or via the UH Portal in the "Quality and Patient Safety" section. You can also request the form via email: <u>QIDataAnalytics@uhnj.org</u> .			
Your credentials for access will be sent to the	•	ta Analytics Staff ONLY**	
Site Authorizing Personnel:	ompleted by Quality Dat	a Analytics Staff ONE!	
Name:	Title:		
Authorized Signature:		Date:	