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1.0 Public Reporting (PR) of National Cardiovascular Data Registry (NCDR) Data

The American College of Cardiology Foundation (ACC) offers a voluntary option for NCDR registry participants to publicly report clinically-based hospital-level performance measures.

Sites participating in an NCDR registry with a public reporting option that meet the registry-specific eligibility criteria, including all accounts current with all fees paid in full for any/all registries, will be given the opportunity to publicly report data (“Sites”). By opting into publicly report data, Sites agree to permit the ACC to disseminate their results for a pre-defined set of measures to the public.

2.0 Public Reporting Consenting Process

Sites who wish to participate in a registry’s public reporting option must sign a Data Release Consent Form (DRCF) with the ACC for each registry for which they wish to publish data. The DRCF authorizes ACC to publish a Site’s results, on the behalf of the Site, for all registry public reporting measures in the manner(s)/location(s) determined appropriate by ACC – to include both ACC-controlled as well as partner-owned publicly accessible websites.

Sites participating in more than one registry will be required to complete a separate DRCF for each registry for which they will report data to the public. It is permissible for a Site participating in multiple registries to only engage in the public reporting option for one registry. If that option is selected, then only one DRCF for the corresponding registry is required. (Ex. A Site participating in both the ICD Registry and the CathPCI Registry will be required to execute a DRCF for each registry in order to publicly report data from both registries. Alternatively, the Site may choose to only report data from the ICD Registry and if this option is chosen the Site will be required to execute a DRCF for the ICD Registry only.)

3.0 Public Reporting Program Metric Portfolio

A Site, which consents to have their data publicly reported for a registry, is agreeing to the publishing of ALL metrics within that registry. Reporting individual metrics within a registry WILL NOT be supported.

The pool of metrics currently approved for public reporting is displayed in the following table.

Registry	Metric Name
ICD	Heart Failure (HF)/Left Ventricular Systolic Dysfunction (LVSD): ACE/ARB Therapy at Discharge
	Coronary Artery Disease/Myocardial Infarction: Beta Blocker at Discharge
	HF/LVSD: Beta Blocker at Discharge
	Composite: Discharge medications (ACE/ARB and beta blockers) in eligible ICD implant patients
	30/90 day complication rates
CathPCI	Aspirin at discharge
	Thienopyridine at discharge
	Statins at discharge
	Composite: Discharge medications (Aspirin, P2Y12 inhibitor, and statin) in eligible PCI patients
	Percutaneous Coronary Intervention (PCI) in-hospital risk adjusted mortality (All Patients)
	30-day all-cause risk adjusted mortality (Patients with STEMI or cardiogenic shock)
	30-day all-cause risk adjusted mortality (Patients without STEMI or cardiogenic shock)
	30-day risk adjusted readmission rates for PCI

The inclusion of individual metrics from the available pool will occur in a phased approach. The final list of metrics that will be included in the subsequent publication, as well as each Site's performance and the corresponding public display, will be made available on the Site's NCDR dashboard at least 30 days prior to publication to the public. In addition, supporting metric documentation (ex. metric calculation/categorization details) will be provided on NCDR.com to coincide with the metrics becoming available on the NCDR dashboard.

4.0 Data Publishing Criteria for Public Reporting

In order for data to be published to the public, Sites must meet both Data Submission and Data Quality criteria, as further outlined below.

The data publishing eligibility criteria will be assessed at the time of report aggregation. This means that if a Site (re)submits data after the aggregation has occurred, the (re)submission WILL NOT be considered in determining the Site's data publishing eligibility. If the (re)submission occurs before report aggregation then that (re)submission will be considered in determining the Site's data publishing eligibility.

The following table lists the registries currently offering a public reporting option and the eligibility criteria required for publication of data for the registry.

ACCF Public Reporting Program Requirements v1.3
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Registry	Data Submission Criteria	Data Quality Criteria
ICD Registry	At least three (3) quarters of data submitted of any DQR status color by the end of the reporting period. This may or may not be consecutive quarters.	Within the four (4) quarters of data contained in the reporting period, at least three (3) quarters must be submitted at the Premier (All Patients) level and have achieved a green DQR submission status.
CathPCI Registry	At least three (3) quarters of data submitted of any DQR status color by the end of the reporting period. This may or may not be consecutive quarters.	Within the four (4) quarters of data contained in the reporting period, at least three (3) quarters must have achieved a green DQR submission status.

Sites will receive a report of their own performance for all metrics via their private NCDR dashboard. However, their data will not be posted publicly until the site signs a DRCF AND meets the minimum data publishing criteria outlined above.

5.0 International Hospitals

The Public Reporting program is limited to the 50 United States, District of Columbia and US territories/islands. International hospitals located outside of the US will not be able to participate in the public reporting program at this time.

6.0 Data Cycle/Reporting Frequency

Data reported both privately to Sites via the NCDR dashboard as well as to the public will be based on the most recent calendar year of data available for each metric. It is possible that metrics may span different years due to dependence of select metrics on external data sets which may be on different reporting cycles. The frequency that data will be made available at each ACC location is listed in the table below. This is the update schedule for when data will be published to a Site, however the data that is published will always be based on the most recent calendar year of data available for the metric.

Location	Data Update Cycle	Publication Frequency	Publication Criteria
Registry Dashboard	Calendar Year	Yearly	<ul style="list-style-type: none"> • Active Registry Contract
ACC website(s)	Calendar Year	1x or more per week (Sites added and/or removed)	<ul style="list-style-type: none"> • Signed Public Reporting Data Release Consent form • Meets Data Submission and Data Quality criteria

Once the Site has executed the DRCF and agreed to have their data publicly reported, their data will be updated each calendar year and will automatically be republished publicly UNLESS the Site withdraws consent as described in the DRCF and the 'Withdrawing Public Reporting Consent' section of this document.

7.0 Withdrawing Public Reporting Consent

The withdrawal of consent for publicly reporting NCDR data is permitted at any time. A written request on the Site's letterhead identifying the specific registry(ies) for which consent is being withdrawn and signed by an individual deemed to have appropriate authority to negate the consent must be sent to the address identified in the DRCF. Once received, the DRCF will be considered terminated and ACCF will remove the Site from future public publishing and make a reasonable effort to have existing published data removed from all ACC controlled locations in a timely manner. The Site understands that published data will be in the public domain and, although ACC will make all reasonable attempts to have the already-published data removed, ACC is not responsible for data on partner websites or data that has been saved/published in non-ACC controlled locations. Sites will be responsible for following up directly with other entities that might continue to report data, based on when consent was in place, regarding removal of information.