

Exhibit B Hospital Participation Requirements

Requirements for a Hospital's participation in the ACS NSQIP:

ACS NSQIP Program Administration and Oversight at the Hospital:

- Commitment from the Hospital's Chief of Surgery or delegated surgeon to oversee ACS NSQIP implementation and administration at the Hospital.
- Participation of the Chief of Surgery or his/her clinical designee on quarterly conference calls.
- Funding for the Chief of Surgery or his/her designee to attend a national ACS NSQIP meeting once per year.

Data Collection by a Trained Surgical Clinical Nurse Reviewer (SCNR):

- Hospital agrees to hire a qualified, dedicated SCNR to collect and submit data to the ACS NSQIP.
- This SCNR will be dedicated to the ACS NSQIP and will be provided with:
 - Office space, adequate for protecting patient health information that may be available to the SCNR
 - Phone, fax, copier access
 - Personal computer with access to the Internet (high-speed preferable)
 - Necessary access to medical records and patient information (paper or electronic) for collection of ACS NSQIP data elements
- The SCNR must successfully complete the ACS NSQIP training program and participate in on-going training, conferences and conference calls.
- Hospital agrees to provide funding for the SCNR to attend initial SCNR training session and a national ACS NSQIP meeting once per year.
- In the event that the SCNR is on extended leave or has chosen to leave the position during the program year, a back up qualified data collectornurse should be identified, trained, and ready to assume the role of data collector.

Payment of Annual Fee:

- A \$3510,000 annual fee paid to the American College of Surgeons. This fee will cover the cost of:
 - ACS NSQIP website
 - Nurse-SCR Workstation Software
 - Data Automation Schema and support (OCMitt)
 - Data verification and encryption
 - Data analysis
 - Report production

- Inter-rater reliability determination and audits
- SCNR training and support for one [data collector/nurse](#)
- Service desk to answer questions about data collection/processing
- On-line Benchmarking
- Semi-annual Report

Data Quality/Reporting:

- The implementation of the data acquisition and transmission protocol as outlined in the ACS NSQIP Operation Manual. This includes:
 - Meeting the data accrual requirements as described in the ACS NSQIP Hospital Participation Agreement, Section 2 “Contribution of Data” .
 - Maintaining high quality of data collection.
 - Obtaining complete 30-day follow-up on all participating patients through the generation of a 30-day follow-up letter and/or phone calls to patients and periodic death searches of public records.
 - Facilitating and hosting Inter-rater Reliability Audits by ACS NSQIP personnel to assess the quality of data, as described below.

Note: The ACS NSQIP will monitor data accrual. Failure to meet data collection requirements may result in the exclusion of the data collected by the Hospital from the semi-annual reports and may also result in the termination of the Hospital from the ACS NSQIP.

- If the Hospital’s data identify the Hospital as a “low outlier” (better surgical outcomes than the statistical models expect), the Hospital may, upon the ACS NSQIP’s request, be asked to share systems, strategies, and information with other participants in the ACS NSQIP. (This sharing will not involve disclosure of identifiable patient information).

Inter-Rater Reliability (IRR) Site Visits:

Hospital agrees to allow the ACS NSQIP to conduct an inter-rater reliability audit at the Hospital approximately nine (9) months after the Hospital’s start of data collection and then every other year thereafter or as needed as detailed in the program’s Audit Policy.