

## **Exhibit A**

### **Services Provided to Hospital**

#### **A. SCR Training, Education & Support**

The ACS NSQIP will provide ongoing training, education, and support to the Surgical Clinical Reviewers (SCRs) using a variety of proven methods and new techniques.

- **Training Sessions for new SCRs take place monthly.** New SCRs shall receive approximately 1.5 to 2 days of formal training by a National Nurse Trainer or an ACS NSQIP Nurse Coordinator at a site designated by ACS. Each Hospital will be entitled to one training session for the initial SCR hired by the Hospital. Replacement and back up data collectors may attend the SCR training at a cost of \$2,500 per individual trained.
- **Inter-rater Reliability (IRR) Audits** will be performed approximately nine months after the initial training, and every other year thereafter as detailed in the program's Audit Policy. Additional audits may be required by the program or requested by the Hospital for an additional fee of \$3,500 per audit.
- **Weekly SCR Conference Calls** will have a set agenda and will include on-going training on the use of individual hospital data.
- **Online Case Studies** are available on the ACS NSQIP website for the SCRs to review and answer clinical questions.
- **Ongoing Clinical Support and Communications is provided to** the participating Hospital SCRs via e-mail, telephone and conference calls, and online support documents and tools.
- **Online Training** Modules for CEU credit are available on the ACS NSQIP website.
- **ACS NSQIP SCR Certification Program** may be developed and provided to the SCR.
- **Frequently Asked Questions (FAQs)** are available on the website for the SCRs to reference.

In addition, the ACS NSQIP will provide:

- **Recommendations for hiring a SCR and Hiring Qualifications Documents.**
- **Assistance to Hospitals during the hiring process to ensure the best potential candidate is selected.**

#### **B. Monitoring of Data Accrual Rates and Data Sampling Methodologies**

The ACS NSQIP will monitor accrual rates and data sampling methodologies and make recommendations for Hospitals that are not meeting the Program requirements. These Hospitals will then be contacted directly to discern the reason for problems and to discuss a plan of action for correcting problems.

#### **C. Clinical Performance Improvement Reports**

The ACS NSQIP has developed a set of reports for use by the Hospitals participating in the ACS NSQIP in support of their Clinical Performance Improvement efforts. These state of the art reports will allow participating Hospitals to dynamically view their surgical data in summary and detail and to benchmark their results against all other participating Hospitals. These reports

include:

- **Online Reports & Benchmarking Tools that provide continuously updated reports and benchmarking analysis through the ACS NSQIP web site including:**
  - Preoperative Risk Factors
  - Postoperative Occurrence Reports
  - Mortality Report
  - Surgical Site Infections
  - Patient Variable Statistics
  - Database Statistics
  - Occurrences
  - Physician Specific Reports (passwords and access will be given per the ACS NSQIP Policies and Procedures to the Surgeon Champion and/or their designee).
- **Semiannual Reports** including risk-adjusted observed to expected outcomes.
- **New Report Development** as deemed appropriate.
- **Customized Report Development** including ad hoc queries and data analysis as allowed by the ACS NSQIP's customer support capacity.

#### **D. Customer Service Support**

The ACS NSQIP will supply customer service and technical support to Hospitals including the set up of new Hospitals; phone and email support - timely response to questions from nurse reviewers and coordinators; quality assurance and monitoring of software performance; ad-hoc report generation for Hospitals; help desk support for nurse reviewers and nurse coordinators; software set-up and support for nurse workstation software; and software and application maintenance and enhancement.

#### **E. Software**

Certain software, including the Nurse Workstation (a work management tool) and QC Mitt (a data automation schema) are available to Hospitals to increase productivity of data collection.

#### **F. Technical Services**

The ACS NSQIP will provide a central web site, which will contain an interface module that handles the communication between the local sites (via Internet) and the central site. Through the central web site, the ACS NSQIP will provide the following capabilities:

- Capability 1. Secured Firewall and VPN to prevent unauthorized intrusions,
- Capability 2. Data Protection by user account and password,
- Capability 3. Web based data entry via HTML forms,
- Capability 4. XML document-based data input capability,
- Capability 5. Data Input Validation before data are accepted to system,
- Capability 6. Data blinding to de-identify patients and medical centers by encrypting data based on site-specific PIN.
- Capability 7. Inter Rater Reliability module to support site audit.
- Capability 8. Data Monitor to measure data accrual and volume.
- Capability 9. Report facility to create reports for each individual hospital. Each report may be produced according to a specified date range.
- Capability 10. Database to store transaction data.

- Capability 11. Data Warehouse to store non-transaction static data for time consuming analysis.
- Capability 12. Data Scrubbing module to filter incomplete cases and to cleanse data by business rules.