Table of Contents
1.0 American College of Cardiology Quality Improvement for Institutions ........................................... 2
2.0 NCDR Program Requirements .............................................................................................................. 3
  2.1 NCDR Participant Responsibilities and Obligations .................................................................................. 3
  2.2 NCDR Benefits ..................................................................................................................................... 5
3.0 Quality Improvement Program Requirements ........................................................................................... 6
  3.1 Quality Improvement Program Responsibilities and Obligations ......................................................... 6
  3.2 Quality Improvement Program Benefits ............................................................................................... 7
4.0 ACC Accreditation Services ................................................................................................................... 8
5.0 Research Opportunities .......................................................................................................................... 8
  5.1 Research Responsibilities and Obligations ............................................................................................... 8
  5.2 Research Benefits .................................................................................................................................. 8
6.0 Hospital Participation Promotion Kit ........................................................................................................ 8
7.0 eReports Health Systems ......................................................................................................................... 8
1.0 American College of Cardiology Quality Improvement for Institutions

The American College of Cardiology Foundation (ACC) offers a variety of products and tools to assist hospitals in their quality improvement efforts:

- Clinical data registries
- National quality campaigns (e.g., Door-to-Balloon, Hospital-to-Home, Surviving MI)
- Electronic quality improvement toolkits (e.g., checklists, reminders, slide sets, apps)
- Accreditation Services

ACC offers its suite of hospital quality improvement programs and tools under a single master agreement all located on one convenient website.

Eligible NCDR registries include the following:

- CathPCI Registry
- ICD Registry
- Chest Pain – MI Registry (formerly ACTION Registry)
- PVI Registry
- IMPACT Registry
- LAAO Registry
- AFib Ablation Registry

Every hospital that participates in at least one (1) eligible NCDR registry listed above will receive full access to exclusive quality improvement programs and tools, not available elsewhere. There is no obligation to become active in a specific campaign or to download or disseminate any particular toolkit.

Hospitals, facilities or other organizations that do not currently participate in at least one (1) of the above listed NCDR registries, but wish to access this exclusive quality improvement content, may do so for an annual subscription fee. These non-NCDR participating organizations will have full access to the exclusive quality improvement content, with the exception of proprietary NCDR registry-specific information.
2.0 NCDR Program Requirements

ACC has developed the National Cardiovascular Data Registry (NCDR) to collect and report on standardized, national, clinical cardiovascular data in connection with different cardiovascular procedures and patient care. By signing the Hospital Master Agreement and indicating the NCDR registries your institution wishes to participate in, your institution agrees to comply with the NCDR Participant Responsibilities and Obligations outlined below. These requirements may be updated periodically. ACC will notify you when the Program Requirements have been modified.

2.1 NCDR Participant Responsibilities and Obligations

Registry Management:
- Each participating institution (Participant) must designate and provide contact information for the following roles for each registry:
  - **Registry Site Manager**—The Registry Site Manager is the primary point of contact for an assigned registry and will supervise the data collection, confirm the accuracy of the data, and receive the confidential reports on behalf of the Participant. This individual will act as the primary liaison for the assigned registry.
  - **Medical Director**—The physician Medical Director will serve as the medical staff liaison for the assigned registry.
  - **Executive Sponsor**—The Executive Sponsor will ensure adequate resources are in place to support registry activities.
  - **Billing Contact**—The Billing Contact is the point of contact for annual participation fees and modifications to the Hospital Master Agreement.
  - **Privacy Officer**—The Privacy Officer is the individual designated by your facility responsible for compliance with HIPAA privacy and security rules.
- Participant is required to provide a valid and unique email address for all designated users at the participating facility. The email addresses will be used to communicate relevant registry-specific information.
- Participant is required to maintain an accurate and up-to-date site profile at all times.

Submission of Clinical Data:
- Participant will submit clinical data on a quarterly basis to ACC for all relevant registries in which Participant is active.
- Participant will submit clinical data according to the Call for Data schedule found on the NCDR website. The Call for Data schedule may be updated periodically and ACC will notify you of any updates to the Call for Data schedule.
- Participant is expected to review Data Quality Reports (DQR) for each submission and correct errors as needed to achieve “Green” status.
- Participant will submit a data record for each patient who receives medical care and who is eligible for inclusion in the registries in which the Participant is active resulting in a complete representation of the patient population for the quarter. Sampling of data is not permitted (Chest Pain – MI Registry participants, please review Registry-Specific Requirements section).
- Participant agrees to provide, upon ACC request, verification that all eligible patient records have been included in their data submission.
• Participant must ensure that data conforms to the registry-specific data elements, definitions and transmission formats as outlined in the registry-specific Core Data Element Documentation (Coder’s Data Dictionary).

• Participant must submit clinical data using an ACC-approved software vendor or ACC’s online data collection tool. A current list of approved software vendors can be found on the NCDR website.

• Participant understands that ACC has no role in the relationship between Participant and any ACC-approved software vendor.

Data Audit:
• ACC may audit Participant data for accuracy and completeness by using auditors approved by ACC. Auditing may involve review of patient medical records and additional supporting documentation remotely or onsite. If a Participant is selected for an audit, the initial audit will be at the expense of the ACC. Participant is expected to make required documentation available to auditing staff. ACC may require Participant to submit a remediation plan if data accuracy issues are identified. Additionally, ACC may withhold submitted data from the national outcomes report until data remediation has been successfully completed by Participant.

• Participant may voluntarily choose to have its data audited. A voluntary audit is paid for by the Participant and can only be conducted by ACC-approved auditors. Contact the ACC directly if a voluntary audit is desired.

Publication of Data:
• Participant may use the information provided by the NCDR, including the outcomes reports, quality improvement reports, or any other aggregated data or reports (NCDR-produced reports) for internal purposes only.

• Participant must seek approval from the ACC prior to sharing NCDR-produced reports to any external party. Contact the ACC if you desire to share NCDR-produced reports.

Training and Orientation:
• Participant’s data collection staff is expected to complete NCDR training programs (NCDR Learning Center) and adhere to the NCDR Core Data Element Documentation (Coder’s Data Dictionary). Participants are expected to stay current with all instructions and content available under the Resources tab published by the ACC and posted on the NCDR private, log-in website.

Annual Fees:
• Participating institution is required to pay an annual fee for each registry.

• The annual fee covers the period of January 1 through December 31 and does not extend past December 31 for any purpose including submission of patient follow-up data as required by specific registries.

• ACC publishes the annual fees on the NCDR website. ACC will provide the Participant with an invoice of fees via email when annual fees are due. Renewal emails will be sent to both the Billing Contact and the Registry Site Manager.

• The annual fee is non-refundable even if your participation in the NCDR is terminated for any reason.

Registry-Specific Requirements:

a) For LAAO Registry Participants:
• The LAAO Registry includes an adverse events adjudication component. This adjudication will be performed by an ACC contracted Data Analytic Center (DAC). On occasion, the DAC may request additional source documentation (medical records) from the Participant in order to properly adjudicate adverse events.
• Participant will be required to provide source documentation directly to the DAC.
• ACC has signed a Sub-Contractor Business Associate Agreement with the DAC.
• Participant acknowledges and agrees that to comply with the Center’s for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) for Percutaneous Left Atrial Appendage (LAA) Closure Therapy, issued on February 8, 2016; the Participant must submit data to a CMS approved registry. Participant further acknowledges that the LAAO Registry is an approved CMS registry. Participant, by participating in the LAAO Registry, hereby consents and authorizes ACC to transmit Participant’s data in the LAAO Registry directly to CMS for purposes of meeting the NCD requirements as such requirements are updated from time to time.

b) For Chest Pain – MI Registry Participants:
• The Chest Pain – MI Registry includes a sampling option for eligible patient populations, which is outlined in the registry Inclusion and Sampling Guide V3. Hospitals must declare whether the data submission for each eligible patient type represents a sample or all patient records (by patient type) eligible for registry inclusion.
• ACC has a Performance Achievement Award that recognizes sites meeting award eligibility criteria published on NCDR.com. Participant acknowledges that as an eligible site, ACC will notify Participant, on an annual basis, of their Performance Achievement Award status. Participant agrees that ACC will publicly recognize their achievement through media outlets and public reporting.

2.2 NCDR Benefits
• ACC provides support via telephone and email during ACC’s business hours which are posted on the NCDR website.
• ACC provides resources and training programs to guide Participant’s data collection activities. These include:
  o Webinars
  o NCDR Learning Center
  o Self-directed study using resources provided on the NCDR website
  o Clinical support
  o Live programs and conferences
• ACC provides an online data collection tool for each registry, meeting the requirements of ACC approved software.
• ACC provides training and technical support for the online data collection tool; the Participant handles hardware issues.
• ACC certifies multiple software vendors. Participants may choose to work with any approved software vendor to transmit their patient data to NCDR as an alternative to the ACC online data collection tool.
• ACC provides quarterly benchmarked outcomes reports for each registry the Participant participates in.
Each Participant will be able to access the outcomes reports produced during the calendar year of their enrollment.

- Reports will be delivered via a secure, electronic process through the NCDR website.

- Participants have access to the NCDR eReports tool for reviewing trends and comparing facility level data. ACC provides quarterly provider level outcomes reports for members of the ACC directly utilizing the provider’s National Provider Identifier (NPI). ACC will aggregate registry results for all participating institutions for which a provider is on the medical staff and provides the reports directly to providers through secure acc.org log-in.

- For optimal functionality, particularly for the online data collection tools and eReports, the following are required:
  - Operating System - Microsoft Windows 2007 or higher
  - Browser - Currently supported version of Microsoft’s Internet Explorer (Recommend that pop-up blockers are disabled)
  - Microsoft Excel version 2007 or higher
  - Adobe PDF Reader

- NCDR eReports may work with other systems and versions, but ACC cannot assure nor support the functionality on systems not listed in this document.

- ACC will produce, distribute, and periodically revise the data elements, definitions, and formats as clinically indicated.

- ACC analyzes submitted data for accuracy and completeness through the use of electronic data checks, consistency checks and range checks. ACC provides feedback on the data submission status through the Data Quality Reports which help the Participant identify and correct data submission issues.

### 3.0 Quality Improvement Program Requirements

ACC has developed several quality improvement campaigns (e.g., Reduce the Risk: PCI Bleed, Patient Navigator, Surviving MI) and clinical toolkits to support hospitals in effectively addressing common problems and pinpointing areas for improvement in cardiovascular care. By signing the Hospital Master Agreement and indicating the commitment of your institution to the ACC Quality Improvement for Institutions program, your institution agrees to comply with the Quality Improvement Program Responsibilities and Obligations outlined below. These requirements may be updated periodically. ACC will notify your institution when the Program Requirements have been modified.

### 3.1 Quality Improvement Program Responsibilities and Obligations

#### Annual Fees and Obligations

- Any hospital that participates in at least one (1) eligible NCDR registry will receive full access to the suite of quality improvement campaigns and clinical toolkits through their NCDR annual fee. This exclusive content includes but is not limited to:
  - Reduce the Risk: PCI Bleed
  - Patient Navigator Program Focus MI (quality campaign)
  - Door-to-Balloon (quality campaign)
o Surviving MI (quality campaign)
o Quality Improvement 101 (toolkit)
• Hospitals, facilities, or other organizations that do not currently participate in at least one (1) eligible NCDR registry but wish to access the full suite of quality improvement campaigns and clinical toolkits, may purchase an annual subscription.
• There is no obligation to become active in a specific campaign or to download or disseminate any particular toolkit.
• In an effort to reduce data collection burden, Participants who are active in specific quality campaigns offered by the ACC who also participate in one or more registry programs, hereby consent and authorize ACC to use such registry data, if required, for the specific quality campaign program solely for the purpose of aiding Participant in data collection required of such quality campaigns.

Program Management
• Each participating institution must designate a Program Manager and provide contact information for that individual. The Program Manager is the primary point of contact for the ACC quality campaigns and toolkits offered through the ACC Quality Improvement for Institutions Program.

3.2 Quality Improvement Program Benefits

The suite of quality improvement campaigns and clinical toolkits are offered as optional benefits and are conveniently located on a single website. Participants are free to pick and choose among the programs and tools that best fit their unique needs. These online assets are intended to inspire and accelerate quality improvement in the hospital setting and designed to save staff time and energy by providing ready-to-go, off-the-shelf programs and tools.

ACC quality campaigns provide:
• Success metrics – performance objectives for addressing a quality improvement opportunity
• Assessments – to identify specific areas for improvement
• Toolkits – resources (e.g., checklists, protocols) for improvement
• Webinars – presentations on the evidence, strategies, and lessons learned
• Online collaborative tools – best practice sharing by experts and participants
• MIPS high weighted activity credit for participation in the Patient Navigator Program and the Reduce the Risk: PCI Bleed campaigns

ACC toolkits provide:
• Worksheets
• Checklists
• Slide decks for individual and team-based learning
• Case studies illustrating the use of a tool/toolkit in specific settings

As ACC continues to develop additional hospital products and services, ACC will offer Participants the opportunity to test or use these products and services. Examples of future products and services include:
• Appropriate use criteria tools
• Risk model calculators
• Patient education and shared decision-making tools
4.0 ACC Accreditation Services

ACC Accreditation Services allows hospitals who are accredited, or who have purchased the service, to use their registry data to meet specific accreditation requirements. Therefore, the Participant, by participating in one or more registry programs, hereby consents and authorizes ACC to use registry data for applicable accreditation programs.

5.0 Research Opportunities

From time to time, ACC leads projects or collaborates with outside research organizations to explore questions in cardiovascular science and care delivery. ACC will present key research opportunities to hospitals. Each research opportunity will be a voluntary, optional project for your institution’s consideration.

5.1 Research Responsibilities and Obligations

There is no obligation to participate in any research project with the ACC. If your institution chooses to opt in to a research project, the responsibilities and obligations (including research protocols) will be clearly outlined in the enrollment materials.

5.2 Research Benefits

In addition to furthering cardiovascular science to improve patient outcomes, some of the research opportunities may involve financial compensation for your institution’s role in the study, similar to clinical trials run by clinical or academic research organizations. If your institution chooses to opt in to a research project, the financial and non-financial benefits will be clearly outlined in the enrollment materials.

6.0 Hospital Participation Promotion Kit

ACC has developed a hospital participation promotion kit to support hospitals in communicating their participation in the ACC Quality Improvement for Institutions program internally and externally. The promotion kit includes a sample press release, sample articles, social media messages, a digital seal for use on your webpage, and other tips and ideas your institution can use to promote your quality improvement efforts to your patients and the community. By signing the Hospital Master Agreement and indicating the commitment of your institution to the ACC Quality Improvement for Institutions program, your institution agrees to comply with the appropriate use of the kit.

7.0 eReports Health Systems

ACC has developed an eReports Health Systems dashboard for systems to obtain a multi-hospital view of NCDR data for comparative purposes and to monitor the quality of data submissions from participant hospitals. By signing the Corporate Level Hospital Master Agreement and subscribing to eReports Health Systems, the health system agrees to comply with the responsibilities listed below.
Use of Materials/Publication of Data

- Health system has the right to create and use reports, analyses or other materials (Materials) from the eReports Health Systems dashboard for internal purposes only.
- Health system must seek prior written approval from the ACC prior to sharing Materials with any external party. Contact the ACC if you desire to publish any Materials.

Annual Fees

- Health System is required to pay an initial registration fee and annual subscription fee for eReports Health Systems dashboard.
- ACC will provide health system with an invoice of fees via email when annual fees are due.
- The annual fee is non-refundable even if your subscription to eReports Health Systems dashboard is terminated for any reason.