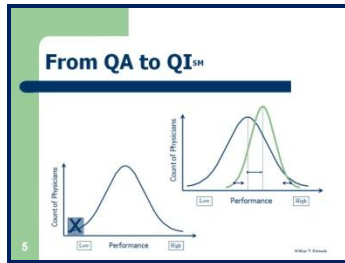


QA to QI – A Patient Safety Organization

Evidence-Based Tools for Healthcare Improvement



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[Date]

[Name]

[Title]

[PSO Name]

Street Address]

[City, State Zip]

Via email

Dear [Name],

Thank you for your interest in having me assist you in advancing hospital quality and safety by promoting better clinical peer review practice. This letter of understanding summarizes our discussions to date.

I have done research which shows a major opportunity for improvement in peer review. I have also developed a number of tools to promote the adoption of a more effective method called the QI Model. Some of these, like the Self-Evaluation Tool are free. Others, like the My PREP™ package, are available for a fee. In order to further advance the understanding of best practices for improving peer review process, I have launched a Normative Database Project. It is designed to support studies in health care operations improvement, publication of findings, and feedback to participants for improvement of quality and safety. Participants complete an annual program information report and contribute specified peer review program data semi-annually. In return, they receive a normative performance report semi-annually. Details are posted at http://qatoqi.com/proj_normative_database.htm.

The Normative Database includes both Patient Safety Work Product (PSWP) and non-PSWP. It is managed in compliance with PSO Final Rule (42 CFR Part 3) requirements for security and confidentiality.

You currently have PSO agreements with approximately [number of organizations]. You are willing to promote the awareness of findings from my research and the availability of tools for

improvement. You are also willing to actively encourage member participation in the Normative Database Project. Such participation will be a service provided under the terms of your PSO agreements.

Acting as a contractor to [PSO Name], I will receive data directly from member hospitals. Data transmission will conform to PSO Final Rule requirements for security. You will assist as might be necessary in obtaining any missing data elements. The normative data reports will meet the standard for permissible disclosure in that they will not contain identifiable PSWP. Periodically, I will contribute informative articles to your monthly newsletter. Semi-annually, I will send to you a copy of the normative data report and, via secure means, a list of participants affiliated with [PSO Name]. Otherwise, identifiable PSWP will not be disclosed. In the unlikely event of a breach of data security, I will notify you immediately. Since none of the services that I will provide on behalf of [PSO Name] involve personal health information, we should not need a HIPAA-compliant business associate agreement.

Normally I charge an hourly fee for consulting services (currently \$360). In light of our mutual exchange of value, however, there will be no fee to [PSO Name] for this scope of service.

Our agreement is open-ended. We may make modifications by mutual agreement. Either of us may terminate the arrangement at any time with 90 days advance notice. Hospitals may begin or end participation in the Normative Database at will. Normative reports will be shared only with hospitals that make the minimal semi-annual data report and the annual program information report. Following termination by any hospital or by [PSO Name], data will not be returned, but will be maintained with the same standards of security and confidentiality until it is either de-identified or destroyed.

Best Regards,



Marc T. Edwards, MD, MBA
President and CEO
QA to QI LLC d/b/a QA to QI Consulting

On behalf of [PSO Name], I accept this Consulting Services agreement.

[Name], [Title]

Date