

| Data Sharing Statement | | |
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| Article Info | http://dx.doi.org/10.21037/jhmhp-20-85 | |
| Item | Question | Authors' Response (place “-” if not applicable) |
| 1 | Would you like to share data collected for your study to others? | Yes |
| 2 | If not, would you like to share the reason for your decision? | - |
| 3 | What data in particular will be shared? | This data will consist of the number of patient cases that fulfilled the following categories: abscesses included, point-of-care ultrasound (POCUS) scans performed, POCUS scans ordered in the electronic medical record, POCUS scans interpreted by the attending physician, POCUS scans saved in the image archiving system, POCUS scans billed out to the payor, and POCUS scan bills paid by the payor. The data will also demonstrate the extrapolated revenue for complete adherence to the workflow, and then calculate the missed potential revenue when each step along the process was not completed. |
| 4 | Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | - |
| 5 | When will data availability begin? | From the publication date |
| 6 | When will data availability end? | Three years within the publication date |
| 7 | To whom will you share the data? | Emergency physicians, Emergency Department administrators, financial administrators, and other point-of-care sonographers interested in point-of-care ultrasound workflow and revenue generation. |
| 8 | For what type of analysis or purpose? | To disseminate the data and potentially assist other Emergency Departments in improving their POCUS workflow and encouraging physician adherence |

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| 9 | How or where can the data/documents be obtained? | Emails should be sent to the following email address to obtain the shared data: stephen.alerhand@gmail.com |
| 10 | Any other restrictions? | - |