

Exhibit A
Virginia Quantitative Measures

Quantitative Measures Categories

1. Population Health
2. Access to Health Services
3. Economic
4. Patient Safety/Quality
5. Patient Satisfaction
6. Other Cognizable Benefits

Category Scoring

1. POPULATION HEALTH CATEGORY

<u>Commitment/Outcome</u>	<u>Percentage Weight</u>
Population Health Priority Measures Achieved	50
Population Health Monitoring Measures Reported	<u>50</u>
Total	<u>100</u>

2. ACCESS TO HEALTH SERVICES CATEGORY

<u>Commitment/Outcome</u>	<u>Percentage Weight</u>
Essential Services Achieved	50
Access to Health Services Monitoring Measures Reported	50
Total	<u>100</u>

3. ECONOMIC CATEGORY

[PASS/FAIL]

4. PATIENT SAFETY/QUALITY CATEGORY

<u>Commitment/Outcome</u>	<u>Percentage Weight</u>
Patient Safety/Quality Target Measures Achieved	50
Patient Safety/Quality Monitoring Measures Reported	50
Total	<u>100</u>

5. PATIENT SATISFACTION CATEGORY

<u>Commitment/Outcome</u>	<u>Percentage Weight</u>
Patient Satisfaction Monitoring Measures Reported	50
Patient Satisfaction Report documenting plan to address opportunities for improvement	<u>50</u>
Total	<u>100</u>

6. OTHER COGNIZABLE BENEFITS CATEGORY

<u>Commitment/Outcome</u>	<u>Percentage Weight</u>
Commitments Achieved	100
Total	<u>100</u>

GRADING; FINAL SCORE

1. Determine grade (Pass or Fail) for Economic Category.
2. If applicable, determine impact of a failing grade on the Economic Category on the weighing of benefits against disadvantages of the Cooperative Agreement.¹
3. If the result of Item 2 indicates that benefits continue, then determine numerical grade for each Category (excluding the Economic Category):

<u>Grade</u>	<u>Results of Commissioner’s Evaluation (“Achievement Percentage”)</u>
91-100	≥90% Targets Achieved
80-90	80-<90% Targets Achieved
70-79	70-<80% Targets Achieved
60-69	60-<70% Targets Achieved
0-59	Less than 60% Targets Achieved

4. Multiply the applicable Achievement Percentage in 3 above for each Sub-Category by its assigned weighting:

<u>Category</u>	<u>Year I Percentage Weight</u>
Population Health	20
Access to Care	20
Patient Safety/Quality	20
Patient Satisfaction	20
Other	20
Total	<u>100</u>

5. Add results of Item 4 for Final Score.
6. Application of Final Score to Determine that Benefits Continue to Outweigh the Disadvantages Attributable to a Reduction in Competition:

<u>Final Score</u>	<u>Benefits Outweigh Disadvantages Attributable to Reduction in Competition?</u>
(≥60)	Yes
(<60)	No; Cooperative Agreement is revoked absent compelling circumstances, including without limitation additional Cooperative Agreement modifications proposed by the Commissioner

¹ 12VAC5-221-110.F of Virginia’s Rules and Regulations Governing Cooperative Agreements states: The commissioner shall issue a written decision and the basis for the decision on an annual basis as to whether the benefits of the cooperative agreement continue to outweigh the disadvantages attributable to a reduction in competition that have resulted from the cooperative agreement.

SCORING PROCESS FOR EACH CATEGORY

1. Population Health Category

Definitions

"Baseline" means the value of each individual measure available as of the year the Cooperative Agreement was granted.

"Population Health Priority Measures" means the list of 10 measures defined in Table 1 below, as further defined in Table 2.

"Population Health Monitoring Measures" means measures defined by the Commissioner for monitoring and reporting only.

"Year 1" means the period of time that begins with the first full Fiscal Year after the Commissioner approves the plans of the New Health System pursuant to Commitment 27.

Data reported in the Population Health Report, as deemed appropriate by the Commissioner, will be used to calculate the Quantitative Measures Score. The overall Population Health Category will be comprised of the Population Health Priority Measures and the Population Health Monitoring Measures calculated and weighted annually as follows:

Population Health Priority Measures

The Population Health Priority Measures are closely related to Virginia Plan for Well-Being goals and are the measures on which the New Health System will be evaluated to show improvement in population health outcomes. Each measure will be evaluated on a specific population which include either the entire population of the Geographic Service area or the patients served by the New Health System.

Table 1: Population Health Priority Measures

1. Youth Tobacco Use
2. Physically Active Children
3. Adult Obesity Counseling & Education
4. Vaccinations - HPV Females
5. Vaccinations - HPV Males
6. Vaccinations - Flu Vaccine, Older Adults
7. Teen Pregnancy Rate
8. Third Grade Reading Level
9. Children Receiving Dental Sealants
10. Infant Mortality

Scores for the Population Health Priority Measures will be calculated by the Commissioner on an annual basis according to the following schedule:

<u>Commitment/Outcome</u>	<u>Year 1 Percentage Weight</u>
Investment - Population Health	25
Approved population Health Plan	35
Achievement of Process Measures Identified in Population Health Plan	40
Total	<u>100</u>

Process / Investment Phase - Years 2 and 3

For year 2 in the Process / Investment Phase, the Population Health Category will be calculated as follows:

<u>Commitment/Outcome</u>	<u>Years 2 and 3 Percentage Weight</u>
Investment - Population Health	25
Achievement of Process Measures Identified in Population Health Plan and augmentation of Population Health Plan	<u>75</u>
Total	<u>100</u>

Progress / Improvement Phase - Years 4 through 10

For each year in the Progress / Improvement Phase, the Population Health Category will be calculated as follows:

<u>Commitment/Outcome</u>	<u>Years 4 through 10 Percentage Weight</u>
Achievement of Process Measures Identified in the Population Health Plan for new	25

initiatives, if any

Improvement in Population Health Priority Measures as compared to Geographic Service Area Baseline 75

Total **100**

Extra Credit: A credit of between 0-2.5% may be given in the Population Health Priority Measures improvement section, at the discretion of the Commissioner, for an improvement in the proportion of preschool children aged 5 years and under who receive vision screening compared to the Geographic Service Area Baseline.

Table 2: Population Health Priority Measures Descriptions and Sources

	Measure	Description	Source
1	Youth Tobacco Use	Percentage of High School Students who self-reported currently using tobacco (current cigarette, smokeless tobacco, cigar, or electronic vapor products use on at least 1 day during the 30 days before the survey)	Virginia Youth Risk Behavior Survey
2	Physically Active Students	Percentage of High School Students who were not physically active 60+ minutes per day for 5 or more days in last 7 days	Virginia Youth Risk Behavior Survey
3	Obesity - Counseling & Education	Increase the proportion of physician office visits that include counseling or education related to weight and physical activity	New Health System Patient Records
4	Vaccinations – HPV Females	Percentage of females aged 13 to 17 years who received 2:3 doses of human papillomavirus (HPV) vaccine, either quadrivalent or bivalent	New Health System Patient Records
5	Vaccinations – HPV Males	Percentage of males aged 13 to 17 years who received 2:3 doses of human papillomavirus (HPV) vaccine, either quadrivalent or bivalent	New Health System Patient Records
6	Vaccinations – Flu Vaccine, Older Adults	Percent of adults aged 65 and over who self reported receiving a flu shot or flu vaccine sprayed in nose in the past 12 months	New Health System Patient Records
7	Teen Pregnancy Rate	Rate of pregnancies per 1,000 females aged 15-19 years	Birth Statistics, Virginia Department of Health
8	Third Grade Reading Level	3rd graders scoring “proficient” or “advanced” on TCAP grading assessment (%)	Virginia Standards of Learning Results. Virginia Department of Education
9	Children receiving dental sealants	Children receiving dental sealants on permanent first molar teeth (% , 6-9 years)	TBD

	Measure	Description	Source
10	Infant Mortality	Number of infant deaths (before age 1) per 1,000 live births	Birth Statistics, Virginia Department of Health

Population Health Monitoring Measures

The Population Health Monitoring Measures will provide a broad overview of the population’s health. The goal of these measures is to continually monitor performance of the New Health System with regard to population health.

Population Health Monitoring Measures will be determined by the Commissioner and will reflect performance against identified Virginia’s Plan for Well-Being and the Southwest Virginia Health Authority goals not scored as Population Health Priority Measures.

Population Health Monitoring Measures will be reported for the specific populations specified for each measure. These will include either the entire population of the Virginia Geographic Service area, the patients served by the New Health System, or the patients served by the New Health Systems primary care physicians.

2. Access to Health Services Category

Essential Services Measures for New Health System

Essential Services Measures will be evaluated to ensure that the New Health System continues to provide access to health care services in the community. During the first Ten-Year Period, the New Health System will be required to maintain the following essential services in each specified county.

The Essential Services Measures are identified in Table 3. The counties in which the Essential Services must be maintained during the first Ten-Year Period and the weight to be applied for compliance are specified in Table 4.

Table 3: Essential Services Measures

	Essential Service
1	Emergency room stabilization for patients
2	Emergent obstetrical care
3	Outpatient diagnostics needed to support emergency stabilization of patients
4	Rotating clinic or telemedicine access to specialty care consultants as needed in the community and based on physician availability
5	Helicopter or high acuity transport to tertiary care centers
6	Mobile health services for preventive screenings, such as mammography, cardiovascular and other screenings
7	Primary care services, including lab services
8	Physical therapy rehabilitation services
9	Care coordination service
10	Access to a behavioral health network of services through a coordinated system of care
11	Community-based education, prevention and disease management services for prioritized programs of emphasis based on goals established in collaboration with the Commonwealth and the Authority

Table 4: Counties and Weights for Access Measures

	County	Weight
1	Wise County, Virginia	10%
2	Dickinson County, Virginia	10%
3	Washington, County, Virginia	10%
4	Russell County, Virginia	10%
5	Smyth County, Virginia	10%

Access to Health Services Monitoring Measures for New Health System

The Access Monitoring Measures provide a broad overview of access to care. The goal of these measures is to continually monitor performance of the New Health System with regard to access to services.

Access Monitoring Measures will be reported for the specific populations specified for each measure. These will include either the entire population of the Geographic Service area or the patients served by the New Health System. Access Monitoring Measures are identified below in Table 5.

Table 5: Access Monitoring Measures

1	Population within 15 miles of an acute care hospital (%)	Population within 15 miles of any acute care hospital; acute care hospital may be owned by the New Health System or a competitor and may or may not be located in the geographic service area	Virginia U.S. Census Population Data 2010; Facility Addresses
2	Population within 15 miles of an emergency department (%)	Population within 15 miles of any emergency room; emergency rooms may be owned by the New Health System or a competitor and may or may not be located in the geographic service area	Virginia U.S. Census Population Data 2010; Facility Addresses
3	Personal Care Provider	Percentage of adults who reported having one person they think of as a personal doctor or health care provider	Virginia Behavioral Risk Factor Surveillance System
4	Preventable Hospitalizations - Adults	Number of discharges for ambulatory care-sensitive conditions per 1,000 adults aged 18 years and older	Virginia Health Information
5	Screening - Colorectal Cancer	Percentage of adults who meet U.S. Preventive Services Task Force recommendations for colorectal cancer screening	New Health System Patient Records
6	Screening - Diabetes	Percentage of diabetes screenings performed by the New Health System for residents aged 40 to 70 who are overweight or obese; Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.	New Health System Patient Records
7	Screening – Hypertension	Percentage of hypertension screenings performed by the New Health System for residents aged 18 or older	New Health System Patient Records
8	Follow-Up After Hospitalization for Mental Illness	Percentage of adults and children aged 6 years and older who are hospitalized for treatment of selected mental health disorders and scheduled an outpatient visit, an intensive outpatient encounter or a partial hospitalization with a mental health practitioner within seven (7) days post-discharge	New Health System Patient Records
9	Antidepressant Medication Management – Effective Acute Phase Treatment	Percentage of adults aged 18 years and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on an antidepressant medication for at least 84 days (12 weeks)	New Health System Patient Records
	Engagement of Alcohol or Drug Treatment	Adolescents and adults who initiated treatment and who had two or more additional services with a diagnosis of alcohol or other drug dependence within 30 days of the initiation visit.	New Health System Patient Records

3. Economic Category

Pass/Fail Determination based on whether the New Health System has satisfied its rate cap commitments.

4. Patient Safety/Quality Category

Target Patient Safety/Quality Measures for New Health System

The Target Patient Safety/Quality Measures identify areas in which the New Health System should show maintenance of or improvement in quality outcomes. The Clinical Council may suggest revisions to this list based on quality improvement priorities of the New Health System. Revisions may be made to this list of Target Quality Measures depending on baseline data, annual performance improvements, and other factors.

Target Quality Measures will be evaluated for the entire patient population and will not be restricted based on the patient's payer status. Specifically, these measures will not be limited to the Medicare population.

For the first year of the Ten-Year Period, the New Health System will be required to maintain performance on the Target Quality Measures. For each subsequent year, the New Health System will be required to maintain or improve performance on Target Quality Measures.

Target Quality Measures

1. Pressure Rate
2. Iatrogenic Pneumothorax Rate
3. Central Venous Catheter-Related Blood Stream Infection Rate
- 4 Postoperative Hip Fracture Rate
5. PSI 09 Perioperative Hemorrhage or Hematoma Rate
6. PSI 10 Postoperative Physiologic and Metabolic Derangement Rate
7. PSI 11 Postoperative Respiratory Failure Rate
8. PSI 12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
- 9 PSI 13 Postoperative Sepsis Rate
10. PSI 14 Postoperative Wound Dehiscence Rate
11. PSI 15 Accidental Puncture or Laceration Rate
12. Central Line-Associated Bloodstream Infection (CLABSI) Rate
13. Catheter-Associated Urinary Tract Infection (CAUTI) Rate
14. Surgical Site Infection (SSI) Rate
15. Methicillin-Resistant Staphylococcus Aureus (MRSA) Rate
16. Clostridium Difficile Infection (CDI) Rate

Quality Monitoring Measures for New Health System

The Quality Monitoring Measures provide a broad overview of system quality. The goal of these measures is to continually monitor performance of the New Health System with regard to quality.

For hospital quality performance, Quality Monitoring Measures will include CMS Hospital Compare measures. Hospital Compare measures that are identified as Target Quality Measures and measures of payment and value of care will be excluded from Quality Monitoring Measures. Quality Monitoring Measures will be evaluated for the entire patient population and will not be restricted based on the patient's payer status. Specifically, these measures will not be limited to

the Medicare population. The New Health System will be evaluated on Quality Monitoring Measures for each applicable New Health System Entity.

Quality Monitoring Measures are identified in Table 6.

Table 6: Quality Monitoring Measures

	Measure identifier	Technical measure title	Measure as posted on Hospital Compare
<i>General information - Structural measures</i>			
1	SM-PART-NURSE	Participation in a systematic database for nursing sensitive care	Nursing Care Registry
2		Participation in a multispecialty surgical registry	Multispecialty Surgical Registry
3	ACS-REGISTRY	Participation in general surgery registry	General Surgery Registry
4	SM-PART-GEN-SURG	The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data	Able to receive lab results electronically
5	OP-12	Tracking Clinical Results between Visits	Able to track patients' lab results, tests, and referrals electronically between visits
6	OP-17	Safe surgery checklist use (outpatient)	Uses outpatient safe surgery checklist
7	OP-25	Safe surgery checklist use (inpatient)	Uses inpatient safe surgery checklist
<i>Timely & effective care-Cataract surgery outcome</i>			
8	OP-31	Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery
<i>Timely & effective care-Colonoscopy follow-up</i>			
9	OP-29	Endoscopy/polyp surveillance: appropriate follow-up interval for normal colonoscopy in average risk patients	Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy
10	OP-30	Endoscopy/polyp surveillance: colonoscopy interval for patients with a history of adenomatous	Percentage of patients with history of polyps receiving follow-up

		polyps - avoidance of inappropriate use	colonoscopy in the appropriate timeframe
<i>Timely & effective care-Heart attack</i>			
11	OP-3b	Median time to transfer to another facility for acute coronary intervention	Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital
12	OP-5	Median time to ECG	Average (median) number of minutes before outpatients with chest pain or possible heart attack got an ECG
13	OP-2	Fibrinolytic therapy received within 30 minutes of emergency department arrival	Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival
14	OP-4	Aspirin at arrival	Outpatients with chest pain or possible heart attack who received aspirin within 24 hours of arrival or before transferring from the emergency department
<i>Timely & effective care-Emergency department (ED) throughput</i>			
15	EDV	Emergency department volume	Emergency department volume
16	ED-1b	Median time from emergency department arrival to emergency department departure for admitted emergency department patients	Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient
17	ED-2b	Admit decision time to emergency department departure time for admitted patient	Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room

18	OP-18b	Median time-from emergency department arrival to emergency department departure for discharged emergency department patients	Average (median) time patients spent in the emergency department before leaving from the visit
19	OP-20	Door to diagnostic evaluation by a qualified medical professional	Average (median) time patients spent in the emergency department before they were seen by a healthcare professional
20	OP-21	Median time to pain medication for long bone fractures	Average (median) time patients who came to the emergency department with broken bones had to wait before getting pain medication
21	OP-22	Patient left without being seen	Percentage of patients who left the emergency department before being seen
22	OF-23	Head CT scan results for acute ischemic stroke or hemorrhagic stroke who received head CT scan interpretation within 45 minutes of arrival	Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival
<i>Timely & effective care-Preventive care</i>			
23	IMM-2	Immunization for influenza	Patients assessed and given influenza vaccination
24	IMM-3-OP-27-FAC-ADHPCT	Influenza Vaccination Coverage among Healthcare Personnel .	Healthcare workers given influenza vaccination
<i>Timely & effective care-Stroke care</i>			
25	STK-4	Thrombolytic Therapy	Ischemic stroke patients who got medicine to break up a blood clot within 3 hours after symptoms started
<i>Timely & effective care-Blood clot prevention & treatment</i>			
26	VTE-6	Hospital acquired potentially preventable venous thromboembolism	Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it

27	VTE-5	Warfarin therapy discharge instructions	Patients with blood clots who were discharged on a blood thinner medicine and received written instructions about that medicine
<i>Timely & effective care-Pregnancy & delivery care</i>			
28	PC-01	Elective delivery	Percent of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery was not medically necessary
<i>Complications-Surgical complications</i>			
29	COMP-RIP-KNEE	Hospital level risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and total knee arthroplasty (TKA)	Rate of complications for hip/knee replacement patients
30	PSI-90-SAFETY	Complication/patient safety for selected indicators (composite)	Serious complications
31	PSI-4-SURG-COMP	Death rate among surgical inpatients with serious treatable complications	Deaths among patients with serious treatable complications after surgery
<i>Complications-Healthcare-associated infections (HA)</i>			
<i>Readmissions & deaths-30 day read of readmission</i>			
32	READM-30-COPD	Chronic obstructive pulmonary disease (COPD) 30-day readmission rate	Rate of readmission for chronic obstructive pulmonary disease (COPD) patients
33	READM-30-AMI	Acute myocardial infarction (AMI) 30-day readmission rate	Rate of readmission for heart attack patients
34	READM-30-HF	Heart failure (HF) 30-day readmission rate	Rate of readmission for heart failure patients
35	READM-30-PN	Pneumonia (PN) 30-day readmission rate	Rate of readmission for pneumonia patients
36	READM-30-STK	Stroke 30-day readmission rate	Rate of readmission for stroke patients
37	READM-30-CABG	Coronary artery bypass graft (CABG) surgery 30-day readmission rate	Rate of readmission for coronary artery bypass graft (CABG) surgery patients
38	READM-30-HIP-	30-day readmission rate following	Rate of readmission after

	KNEE	elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA)	hip/knee replacement
39	READM-30-HOSP-WIDE	30-day hospital-wide all- cause unplanned readmission (HWR)	Rate of readmission after discharge from hospital (hospital-wide)
<i>Readmissions & deaths-30-day death (mortality) rates</i>			
40	MORT-30-COPD	COPD 30-day mortality rate	Death rate for COPD patients
41	MORT-30-AM1	Acute myocardial infarction (AMI) 30-day mortality rate	Death rate for heart attack patients
42	MORT-30-HE	Heart failure (HF) 30-day mortality rate	Death rate for heart failure patients
43	MORT-30-PN	Pneumonia (PN) 30-day mortality rate	Death rate for pneumonia patients
44	MORT-30-STK	Stroke 30-day mortality rate	Death rate for stroke patients
45	MORT-30-CABG	Coronary artery bypass graft (CABG) surgery 30-day mortality rate	Death rate for CABG surgery patients
<i>Use of medical imaging-Outpatient imaging efficiency</i>			
46	OP-8	MRI Lumbar Spine for Low Back Pain	Outpatients with low-back pain who had an MRI without trying recommended treatments (such as physical therapy) first If a number is high, it may mean the facility is doing too many unnecessary MRIs for low-back pain.
47	OP-9	Mammography Follow-Up Rates	Outpatients who had a follow-up mammogram, ultrasound, or MU within the 45 days after a screening mammogram
48	OP-10	Abdomen CT - Use of Contrast Material	Outpatient CT scans of the abdomen that were "combination" (double) scans (if a number is high, it may mean that too many patients have a double scan when a single scan is

			all they need).
49	OP-11	Thorax CT - Use of Contrast Material	Outpatient CT scans of the chest that were “combination” (double) scans (if a number is high, it may mean that too many patients have a double scan when a single scan is all they need).
50	OP-13	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery (if a number is high, it may mean that too many cardiac scans were done prior to low-risk surgeries).
51	OP-14	Simultaneous Use of Brain Computed Tomography (CT) and Sinus CT	Outpatients with brain CT scans who got a sinus CT scan at the same time (if a number is high, it may mean that too many patients have both a brain and sinus scan, when a single scan is all they need)

5. Patient Satisfaction Category

Patient Satisfaction Monitoring Measures for New Health System

The Patient Satisfaction Monitoring Measures provide a broad overview of patient satisfaction. The goal of these measures is to continually monitor performance of the New Health System with regard to patient satisfaction.

For patient satisfaction performance, the New Health System will use those metrics included in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient satisfaction survey required by CMS. The New Health System will be evaluated on Patient Satisfaction Monitoring Measures for each applicable New Health System Entity.

Patient Satisfaction Monitoring Measures are identified in Table 7.

Table 7: Patient Satisfaction Monitoring Measures

	<i>Survey of patient's experiences Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS)</i>		
1	H-COMP-1-A-P	Communication with nurses (composite measure)	Patients who reported that their nurses "Always" communicated well
2	H-COMP-1-U-P	Communication with nurses (composite measure)	Patients who reported that their nurses "Usually" communicated well
3	H-COMP-1-SN-P	Communication with nurses (composite measure)	Patients who reported that their nurses "Sometimes" or "Never" communicated well
4	H-COMP-2-A-P	Communication with doctors (composite measure)	Patients who reported that their doctors "Always" communicated well
5	H-COMP-2-U-P	Communication with doctors (composite measure)	Patients who reported that their doctors "Usually" communicated well
6	H-COMP-2-SN-P	Communication with doctors (composite measure)	Patients who reported that their doctors "Sometimes" or "Never" communicated well
7	H-COMP-3-A-P	Responsiveness of hospital staff (composite measure)	Patients who reported that they "Always" received help as soon as they wanted
8	H-COMP-3-U-P	Responsiveness of hospital staff (composite measure)	Patients who reported that they "Usually" received help as soon as they wanted
9	H-COMP-3- N-P	Responsiveness of hospital staff (composite measure)	Patients who reported that they "Sometimes" or "Never" received help as soon as they wanted

10	H-COMP-4-A-P	Pain management (composite measure)	Patients who reported that their pain was “Always” well controlled
11	H-COMP-4-U-P	Pain management (composite measure)	Patients who reported that their pain was “Usually” well controlled
12	H-COMP-4-SN-P	Pain management (composite measure)	Patients who reported that their pain was “Sometimes” or, “Never” well controlled
13	H-COMP-5-A-P	Communication about medicines (composite measure)	Patients who reported that staff “Always” explained about medicines before giving it to them
14	H-COMP-5-U-P	Communication about medicines (composite measure)	Patients who reported that staff “Usually” explained about medicines before giving it to them
15	H-COMP-5-SN-P	Communication about medicines (composite measure)	Patients who reported that staff “Sometimes” or “Never” explained about medicines before giving it to them
16	H-CLEAN-HSP-A-P	Cleanliness of hospital environment (individual measure)	Patients who reported that their room and bathroom were “Always” clean
17	H-CLEAN-HSP-U-P	Cleanliness of hospital environment (individual measure)	Patients who reported that their room and bathroom were “Usually” clean
18	H-CLEAN- HSP-SN-P	Cleanliness of hospital environment (individual measure)	Patients who reported that their room and bathroom were “Sometimes” or “Never” clean
19	H-QUIET-HSP-A-P	Quietness of hospital environment (individual measure)	Patients who reported that the area around their MOM was “Always” quiet at night
20	H-QUIET-HSP-U-P	Quietness of hospital environment (individual measure)	Patients who reported that the area around their room was “Usually” quiet at night
21	H-QUIET-HSP-SN-P	Quietness of hospital environment (individual measure) .	Patients who reported that the area around their room was “Sometimes” or “Never” quiet at night
22	H-COMP-6-Y-P	Discharge information (composite measure)	Patients who reported that YES, they were given information about what to do during their recovery at home
23	H-COMP-6-N-P	Discharge information (composite measure)	Patients who reported that NO they were not given

			information about what to do during their recovery at home
24	H-COMP-7-SA	Care Transition (composite measure)	Patients who “Strongly Agree” they understood their care when they left the hospital
25	H-COMP-7-A	Care Transition (composite measure) .	Patients who “Agree” they understood their care when they left the hospital
26	H-COMP-7-D-SD	Care Transition (composite measure)	Patients who “Disagree” or “Strongly Disagree” they understood their care when they left the hospital
27	H-HSP-RATING-9-10	Overall rating of hospital (global measure)	Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)
28	H-HSP-RATING-7-8	Overall rating of hospital (global measure)	Patients who gave their hospital a rating of 7 or 8 on a scale from 0 (lowest) to 10 (highest)
29	H-HSP-RATING-0-6	Overall rating of hospital (global measure)	Patients who gave their hospital a rating of 6 or lower on a scale from 0 (lowest) to 10 (highest)
30	H-RECMND-DY	Willingness to recommend the hospital (global measure)	Patients who reported YES, they would definitely recommend the hospital
31	H-RECMND-PY	Willingness to recommend the hospital (global measure)	Patients who reported YES, they would probably recommend the hospital
32	H-RECMND-DN	Willingness to recommend the hospital (global measure)	Patients who reported NO, they would probably not or definitely not recommend the hospital

Patient Satisfaction Report

The Report will document a satisfactory plan for the New Health System to address deficiencies and opportunities for improvement related to patient satisfaction with health care services and document satisfactory progress towards the plan.

6. Other Category

New Health System Compliance with Cooperative Agreement Commitments

The New Health System shall receive credit under the Quantitative Measures for compliance with each of the commitments set forth in the Letter Authorizing a Cooperative Agreement.

The Cooperative Agreement commitments and each commitment’s weight are identified in Table 8.

Table 8: Cooperative Agreement Commitments

	Commitment	Weight
1.		
2.		
3.		
4.		
5.		
6.		
7.		

NOTE: TABLE 8 TO BE FINALIZED ONCE COMMITMENTS ARE FULLY AGREED UPON. WE PROPOSE THAT EACH COMMITMENT BE GIVEN EQUAL WEIGHT FOR A TOTAL SCORE OF 100.