Exhibit 5: Fiscal Year 2016 Organizational Goals

Atlantic General Hospital/Atlantic General Health System
FY 2016 Organizational Goals (July, 2015 – June, 2016)

Goal Description	How Achievement is Measured	Timeframe for Measurement	Relative Importance/ Priority Weighting	Quarterly Interim Update/ Final Results
Right Care **1.Improving Patient Experience** • **Exceed patient expectations by delivering convenient patient-centered care at all sites to all patients.**	1. **Implement a "service guarantee" program that includes:** • **PCP appointment availability for established patients within 24 hours Monday through Friday.** • **Less than 30 minutes waiting time** • **PCP appointment with available extended hours.** 2. **Establish and implement a marketing plan for the service guarantee, messaging local residents and third party payers.**	1. June, 2016 2. June, 2016	**Opportunities to enhance the physician-hospital relationship, as demonstrated in the surveys and in the structured discussions, are through strengthening of the primary care network in our community (e.g. more primary care capacity) and enhancing the specialty care support in the community. Physicians are frustrated at times with the lack of available appointment times for primary care visits for referrals, or with patients seeking care in the emergency room due to the inability to see their physician in a timely fashion. These examples of inefficiencies in the healthcare system in the community related to lack of access in key areas increases the frustration level of physicians working in our community.**	

2. Improving Quality of Care • **Implement a coordinated well defined service/model of care that addresses the care gaps in the community and prevention of avoidable utilization for patients with chronic disease.**	1. **Implementation of Outpatient Supportive Care Services** 2. **Achieve NCQA level II recognition for PCP offices.** 3. **Advance the integration of clinical information within the EMR with deployment of Allscripts to include Surgery, Endoscopy, Oncology, Emergency and key clinical info from ancillary systems.** 4. **Achieve improved satisfaction of the physicians with the use of EMR, by actively improving the process and tools surrounding the problem list and discharge process.**	1. June, 2016 2. June, 2016 3. June, 2016 4. January, 2016	**Because AGH/HS does not have affiliations or ownership with many of the services on the continuum, AGH/HS needs to have the ability to work towards successful partnership relationships with many non-owned services such as skilled-nursing facilities, home health etc., which may require creativity in aligning incentives.**	

3.Reduce Patient Costs for Care • **Decrease inappropriate utilization of high-cost services –i.e. Hospital, ER**	1. **Analyze ED recidivism and gaps in community resources.** 2. **Deploy three new strategies targeted to resolve the gaps identified.** • **Achieve reduction in ED avoidable utilization to meet or exceed MHA targets** 3. **Deploy a system-wide wellness tracking and patient notification system that reminds patients of appropriate low cost screening and interventions.** • **Develop a means to measure an increase in percentage of AGHS patients meeting screening targets for mammography and colonoscopy, or flu shots, or Hgb-A1c, etc...**	1. January, 2016 2. June, 2016 3. March, 2016	**The entire healthcare delivery system, previously with the hospital at its center, must be redesigned to truly achieve the implementation of VALUE versus VOLUME. The ability to truly manage population health will be dependent on close working relationships and affiliations with other organizations, particularly post-acute care providers, which are often the source of unnecessary hospital admissions, re-admissions and ER visits.**	

Atlantic General Hospital/Atlantic General Health System

FY 2016 Organizational Goals (July, 2015 – June, 2016)

Right People **1.Improving Patient Experience** • **Ensure that all associates, medical staff and volunteers are engaged in our Organizational Values to create an exceptional patient experience in every interaction.**	1. **Maintain the NRC Picker scores for "Communication Between Providers" at or above the NRC Picker average for at least three quarters.** 2. **Maintain the NRC Picker scores for "Overall Rating" at or above the NRC Picker average for at least three quarters.** 3. **Incorporate AGH Values into all associate performance evaluation tools.**	1. June, 2016 2. June, 2016 3. January, 2016	**AGH is relatively small, but this size provides an advantage in the emerging retail environment. We are a community hospital that is a part of the community – our staff "know" the patients, and we have established a service-oriented culture of patient-centered care. Our values are honored in all we do for our patients, visitors, medical staff, associates, partners and volunteers. These values support the published visions for the future of hospitals and healthcare providers: the vision of services being delivered in a patient-centered fashion that results in improved health. Patient Safety is our first value – our primary value.**	
2.Improving Quality of Care • **Develop processes and services designed to deliver timely, appropriate, patient-centered, coordinated care.**	1. **Develop a "Model of Aging" for older adults to identify care interventions of older patients along the continuum of aging.** 2. **Eighty percent of AGHS patients discharged from AGH will receive follow-up appointments at**	1. June, 2016 2. March, 2016	**Opportunities to enhance the provider-hospital relationships, as demonstrated in the surveys and in the structured discussions, exist in the strengthening of the primary care**	

	discharge, scheduled within the hospital physician- determined time frame.		network in our community (e.g. more primary care capacity) and enhancing the specialty care support in the community. Providers are frustrated at times with the lack of available appointment times for primary care visits for referrals, or with patients seeking care in the emergency room due to the inability to see their physician in a timely fashion. These examples of inefficiencies in the healthcare system in the community related to lack of access in key areas increases the frustration level of providers working in our community.	
3.Reduce Patient Costs for Care • Create an environment where associates are proud of where they work and are engaged in and rewarded for operational improvements.	1. Associates attain Shared Rewards incentive in two of four quarters. 2. Maintain turnover below MHA benchmarks.	1. June, 2016 2. June, 2016	Although departments within the hospital and health system could be described as having strong, team-based care, there are still silos that need to be broken down. Teamwork across hospital units shows decline with the lowest scores in coordination. Hospital handoffs and	

			transitions between team members is showing improvement but still has opportunity for improvement. Coordinated, patient centered working relationships with inpatient and ambulatory care offices, and with inpatient and external health services, also need improvement. Effective and timely communication is likely the largest barrier to this in the current environment. Significant contributors to communication breakdown include the absence of integrated electronic systems, service line care planning versus patient centric care planning and a lack of effective common goals relative to outcomes between services.	
Right Place **1.Improving Patient Experience** • **Expand telemedicine and**	1. **Establish telemedicine capabilities in region to expand access to primary and specialty care provider visits.**	1. January, 2016	**Investment in technology-based solutions will facilitate care being distributed more evenly**	

patient portal services to provide convenient patient access to the right care.	2. Define capabilities and components of phase 2 of patient portal and implement by end of the fiscal year.	2. June, 2016	throughout our region, creating equity in access to care.	
2.Improving Quality of Care • Define opportunities that would allow our AGHS patients to obtain their primary/specialty services through our AGHS system via mobile technology when out of the area.	1. Identify what services, technologies and payment models are available to assist with implementation of mobile telehealth program through AGHS or Atlantic ImmediCare	1. January, 2016	It is important to continue to build upon the gains made in the distribution of care providers regionally, by making those providers more available to the patients they serve.	
3.Reduce Patient Costs for Care • Provide convenient locations for the right care to increase patient loyalty for utilization of these services.	1. Evaluate expansion of convenient care access to include location on or adjacent to main campus, and incorporate into FY 17 Budget and Goals. 2. Develop a plan to co-locate appropriate services, such as geriatric care in Ocean Pines. 3. Finalize appropriate service lines for West Ocean City to present to Planning Committee and incorporate into FY 17 Budget and Goals.	1. May, 2016 2. June, 2016 3. May, 2016	We have had great recent success in expanding the Health System to have more primary care and specialty care available *in our community* than ever in our 22 year history. AGHS practitioners are present in 14 locations throughout the region. AGH/HS has demonstrated the unique ability to nimbly advance toward achieving the retail delivery and population health goals, while advancing the	

			technical infrastructure to create an efficient, data-driven and coordinated environment for the delivery of care.	
Right Partners **1.Improving Patient Experience** • Expand timely access to health care services and remove obstacles to obtaining care.	1. Expand access to care through obtaining alternative financial resources by collaborating on grant and donor opportunities. 2. Create convenient access to specialty services not provided at AGH via telemedicine relationships	1. June, 2016 2. March, 2016	AGH/HS's ability to successfully navigate the momentum of change happening in these environments will rest on our ability to continue to seek and obtain alternative funding sources such as grants, and our ability to establish relationships with other providers (hospital, physician, post-acute, etc…) that facilitate AGH/HS's transition to the "new model".	
2.Improving Quality of Care • Create a shared patient information process with continuum care providers to improve coordination of care and eliminate errors and redundancy.	1. Achieve pre-established targets for reducing PAUs in our service area. 2. Increase patients under care management through the PCMH program.	1. June, 2016 2. June, 2016	AGH/HS has established a partnership with Allscripts as the primary vendor for clinical systems throughout the hospital and physician offices. While the initial phases of this partnership strategy have facilitated AGH/HS success in obtaining all of the possible federal grant funding support through	

			"Meaningful Use" of the systems, lack of integration of the systems and the patient data within the systems creates inefficiencies.	
3.Reduce Patient Costs for Care • **Align community resources for improving consumer literacy associated with accessing health care services, and eliminating redundancy in care delivery.**	1. **Achieve pre-established targets for reducing PAUs in our service area.** 2. **Create process for increased provider utilization of Health Information Exchange (CRISP and DHIN) information to reduce duplicate testing.** 3. **Implement best-practice standards through DHN ACO program to reduce variation in care delivery.**	1. June, 2016 2. January, 2016 3. June, 2016	**Community partnerships with the faith-based community, PCMH, our local health department, and the public school system have shown great promise in managing the future health of our communities.**	
Right Hospital **1.Improving Patient Experience** • **Collaboratively re-design facilities to accommodate convenient, patient-centered care delivery models.**	1. **Finalize plans for re-design of the second floor Med/Surg common clinical areas.** 2. **Finalize update of Master Facility Plan.** 3. **Develop capital campaign through Foundation to help fund master facility plan.**	1. March, 2016 2. March, 2016 3. October, 2015	**AGH/HS has implemented strategic initiatives over the past decade that position the organization relatively well. We have adopted service and convenience initiatives in our "30 Minute ER Promise", in Atlantic ImmediCare clinics, and in the development of the RediScripts pharmacy. AGH/HS has historically enjoyed relatively high patient satisfaction scores and strong**	

			improvement in community perception surveys	
2.Improving Quality of Care • **Facilitate development of coordinated care delivery networks throughout the service area.**	1. **Re-purpose Atlantic Health Center to become "hub" for community care coordination** 2. **Expand regional collaborative care relationships.**	1. June, 2016 2. June, 2016	**Creating a successful hospital of the future under the new payment structure may require collaboration and partnerships with other acute care or non-acute care organizations to mitigate financial risk associated with investment in new services. Creating a community model for improving population health will require investment in enhanced services in the community. AGH/HS may not have the core competencies necessary for successful operation of such services, and investment in these programs without necessary competencies will increase risk associated with successful performance.**	

Atlantic General Hospital/Atlantic General Health System
FY 2016 Organizational Goals (July, 2015 – June, 2016)

3.Reduce Patient Costs for Care • **Collaborate regionally to minimize potentially avoidable utilization by developing systems that align care delivery and reduce variation in care.**	1. **Achieve risk-adjusted re-admission rate target established by the HSCRC.** 2. **Achieve "shared savings" goal through Delmarva Health Network.** 3. **Integrate technology advances into care delivery processes to meet or exceed all HSCRC PPC targets.**	1. June, 2016 2. January, 2016 3. June, 2016		

Exhibit 6: Key Organizational Measures

Atlantic General Hospital's Waiver Watch Performance Dashboard

		AGH Performance	Target	Reports and Periods	Comments
Total Potentially Avoidable Utilization (PAU) Costs - All-Payer (compared to same time period in previous CY)	!	$8,193,594 Jan-July 2015	$7,233,333 CY14 Annual Total / # of 7 CY Months	PERIOD **Jan-July 2014 vs. Jan-July 2015** DATA HSCRC PAU Summary Level Report (Jan-JulyCY15)	Total PAU Cost CY14 $12.4 Million PAU Summary CY 14
INPATIENT READMISSION RISK-ADJUSTED RATE (MD only) (compared to state assigned target for AGH)	√	12.60% 2015 Risk Adjusted Rate Medicare Only 9.93% 2015 Risk Adjusted Rate All-Payer	11.79% decrease All-Payer by 3.9% from CY13's 13.0% **Clinical Coordination** team Goal	HSCRC PAU Summary Level Report (Jan-JulyCY15) **Jan-August 2015 vs. Jan-August 2013** CRISP base CY13 compared to performance CY15TD readmission report	State Medicare readmissions for same time period at 16.9% Total PAU Cost for Readmission CY 14 $6.5 Million **4th best YTD Readmission Rate, 8th in YTD Improvement Rate** 2% at-risk as individual, 1% reward as individual
PAU Readmissions Including 24+ Hour Observations (compared to same time period in previous CY)	√	11.20% Jan-July2015	12.50% decrease CY14 PAU Admissions by 7.5%; Include 24+ Hours Obs	PERIOD **CY 2014 vs. Jan-July 2015** DATA: PAU Summary Care Measures CY2014 HSCRC PAU Summary Level Report (Jan-JulyCY15)	***Clinical Coordination team goal.***
24+ Hour Observations Cost (compared to same time period in previous CY)	√	$2,030,269 Jan-July 2015	$2,362,546 CY14 Annual Total / # of 7 CY Months, decrease by 7.5% **Clinical Coordination** team goal	PERIOD **CY 2014 vs. Jan-July2015** DATA: PAU Summary Care Measures CY2014 HSCRC PAU Summary Level Report (Jan-JulyCY15)	Total Cost CY 2014= $4,050,079 Target CY 2015= $3,746,323 ***Clinical Coordination team goal***
Prevention Quality Indicators Admission Rate - # of PQIs Present on Admission/Total # of Patients Eligible for PQI (All-Payer) (compared to clinical coordination teams annual goal)	√	20.70% decrease from CY14s 21..4%, but have not yet made our goal	19.26% decrease by 10% from CY14's **21.4%**, Clinical Coordination team Goal	PERIOD **Jan-July CY15 Rate vs. CY14 Rate** DATA HSCRC PAU Summary Level Report (Jan-JulyCY15)	Total PAU Cost for PQIs CY 14 $6.4 Million, CY14 PQI Rate 21.4% ***Clinical Coordination team goal.*** PAU Summary CY 14
MARYLAND HOSPITAL ACQUIRED CONDITIONS (MHAC) - All Payer POTENTIALLY PREVENTABLE CONDITIONS (PPCs) (compared to state assigned target for AGH)	!	34.64% Improvement Performance YTD **74 total PPCs YTD**	-7.00% State Assigned Target **CY2014 = 83 PPCs** **CY2015 goal = 77 PPCs or less**	PERIOD - FY2014 base to CY15 performance **Jan-Sept. 2015 vs. FY2014 (JULY-SEPT 2013 AND JAN-JUNE CY2014 BASE PERIOD)** PPC Performance Dashboard HSCRC Inpatient Case Mix Data MHAC Report	Total PAU Cost for PPCs CY14 $800,000 3% at-risk as state, 1% reward as state 43rd in state overall for adjusted rate YTD, 43rd YTD Improvement Rate

Maryland Hospital Performance Evaluation System : Clinical Process of Care Inpatient Measures
(Updated 12/7/2015)

Domain	Measure ID/ Data Source	Clinical Process of Care Performance Measures	Bench Mark	Time Periods							
NIQMs will make up 5% (approximately $34,000) of our 2% at-risk revenue for FY2017 based on CY2015 performance.											
			Bench Mark	3Q13	4Q13	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15
Emergency Department (ED)	ED-1B	Median Time from ED Arrival to ED Departure for Admitted ED Patients (includes OBS and BH Patients)	351	223	198	235	224	250	236	230	209
	ED-2B	Admit Decision Time to ED Departure Time for Admitted Patients (Includes BH Patients)	142	73	70	71	73	85	86	87	64
Global Immunization Measures (IMM)	PREV-Imm-2	Percent of Patients Assessed and Given the Influenza Vaccination (October through March Only)	100%	NP	92%	96%	NP	NP	95%	95%	NP
Stroke (STK)	STK-1	Percent of patients with an ischemic stroke, or a hemorrhagic stroke, or stroke not otherwise specified who receive Venous Thromboembolism (VTE) Prophylaxis the	100%	100%	100%	79%	100%	92%	95%	91%	100%
	STK-2	Percent of patients with an ischemic stroke or TIA prescribed Antithrombotic Therapy on discharge	100%	100%	100%	100%	96%	96%	96%	100%	100%
	STK-3	Percent of patients with an ischemic stroke or TIA with atrial fibrillation/flutter discharged on anticoagulation therapy	100%	100%	100%	100%	100%	100%	100%	100%	100%
	STK-4	Percent of patients with ischemic stroke who arrive at hospital within 2 hrs of last known well and have IV t-PA initiated at this hospital within 3 hrs of time last known well	100%	100%	NP	100%	NP	100%	100%	100%	0%
	STK-5	Percent of patients with ischemic stroke or TIA who receive Antithrombotic Therapy by End of Hospital Day 2	100%	100%	100%	96%	96%	100%	95%	100%	100%
	STK-6	Percent of ischemic stroke or TIA Discharged on Statin Medication (who had LDL > or = to 100, or not measured or who were on statin prior to hospital arrival)	100%	100%	100%	85%	95%	88%	94%	95%	91%
	STK-8	Percent of ischemic or hemorrhagic stroke patients/caregivers who were given Stroke Education materials (5)	100%	100%	100%	87%	100%	94%	83%	100%	88%
	STK-10	Percent of patients with stroke who were Assessed for Rehabilitation	100%	100%	100%	96%	96%	96%	96%	94%	88%
Venous Thromboembolism (VTE)	VTE-1	Percent of patients assessed who receive Venous Thromboembolism Prophylaxis or have documentatio why no VTE (Day 2)	100%	79%	96%	87%	97%	97%	99%	97%	97%
	VTE-2	Percent of ICU patients who receive Venous Thromboembolism Prophylaxis or documentation why no VTE (Day 2)	100%	79%	92%	90%	100%	100%	100%	94%	100%
	VTE-3	Percent of confirmed VTE patients who receive Anticoagulation Overlap Therapy	100%	93%	100%	100%	60%	67%	100%	75%	100%
	VTE-4	Percent of Venous Thromboembolism Patients Receiving Unfractionated Heparin with Doseages/Platelet Count Monitoring by Protocol or Nomogram	100%	100%	100%	100%	100%	100%	100%	100%	NP
	VTE-5	Percent of patients with confirmed VTE who receive Warfarin Therapy Discharge Instructions	100%	91%	100%	100%	100%	100%	100%	100%	100%
	VTE-6	Percent of confirmed patients with Hospital Acquired Potentially-Preventable VTE who received no VTE prophylaxis prior to diagnostic test order date	0%	20%	0%	0%	NP	NP	0%	0%	0%

Final Dates for the Inpatient Clinical Process of Care Measures: 1QCY – July 15th, 2QCY – Oct 14th, 3QCY – Jan 14th, 4QCY – Apr 15th
Delmarva 2015 Award = blue cells

Maryland Hospital Performance Evaluation System : Clinical Process of Care Inpatient Measures
(Updated 12/7/2015)

Tobacco Use (TOB)	**TOB-1**	Percent of inpatients assessed who are screened within the first three days of admission for tobacco use (cigarettes, smokeless tobaccor, pipe and cigars) within the past 30 days	**100%**	**79%**						86%	92%
	TOB-2	Percent of inpatients identified as tobacco users within the past 30 days who receive or refuse practical counseling to quit AND receive FDA-approved cessation medications within the first three days after admission	**100%**	**79%**						43%	36%
	TOB-3	Percent of inpatients identified as tobacco users within the past 30 days who were referred to or refused evidenced-based outpatient counseling AND received or refused a prescription for FDA-approved cessation upon discharge	**100%**	**100%**						20%	0%
Sepsis (SEP)	**SEP-1**	Early Management Bundle, Severe Sepsis/Septic Shock - measurement of lactate, obtaining blood cultures, administering antibiotics, fluid resuscitation, vasopressor administration, reassessment of volume status and tissue perfusion, and repeat lactate measurement (the first three interventions should occur within 3 hours of presentation of severe sepsis, remaining interventions are expected to occur within 6 hours of presentation of septic shock)	**100%**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**

Final Dates for the Inpatient Clinical Process of Care Measures: 1QCY – July 15th, 2QCY – Oct 14th, 3QCY – Jan 14th, 4QCY – Apr 15th
Delmarva 2015 Award = blue cells

HCAHPS Stoplight Report

CATALYST

Discharge Dates From Apr 1, 2015 to Dec 31, 2015

December 7, 2015

	Benchmarks		Rolling Averages up to 10/13/2015		HCAHPS		
Overall	NRC Average*	NRC 90th Percentile	3 Months‡	12 Months‡	Qtr 2 FY2016‡	Qtr 1 FY2016	Qtr 4 FY2015
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	73.1% (n=374,592)	82.0% (n=374,592)	72.4% PR=51 (n=145)	70.3% PR=41 (n=558)	76.5%µ (n=17)	72.2% (n=162)	68.3% (n=126)
Key Drivers	NRC Average*	NRC 90th Percentile	3 Months‡	12 Months‡	Qtr 2 FY2016‡	Qtr 1 FY2016	Qtr 4 FY2015
Communication with Nurses	78.9% (n=381,841)	86.3% (n=381,841)	80.4% PR=57 (n=148)	79.1% PR=47 (n=567)	88.2%µ (n=17)	79.4% (n=165)	78.7% (n=130)
During this hospital stay, how often did nurses listen carefully to you?	75.9% (n=379,779)	84.5% (n=379,779)	73.5% PR=31 (n=147)	75.9% PR=45 (n=565)	82.4%µ (n=17)	72.6% (n=164)	77.5% (n=129)
During this hospital stay, how often did nurses treat you with courtesy and respect?	85.8% (n=380,279)	92.5% (n=380,279)	90.6% PR=81 (n=149)	87.1% PR=53 (n=566)	100.0%µ (n=17)	89.2% (n=166)	86.8% (n=129)
During this hospital stay, how often did nurses explain things in a way you could understand?	75.0% (n=380,007)	83.1% (n=380,007)	77.6% PR=65 (n=147)	74.5% PR=46 (n=565)	82.4%µ (n=17)	76.8% (n=164)	72.3% (n=130)
Responsiveness of Hospital Staff	66.4% (n=348,011)	79.5% (n=348,011)	67.8% PR=50 (n=135)	65.5% PR=39 (n=502)	64.3%µ (n=14)	69.4% (n=152)	60.4% (n=115)
How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?	70.2% (n=212,736)	82.4% (n=212,736)	66.2% PR=33 (n=65)	66.3% PR=34 (n=270)	85.7%µ (n=7)	67.1% (n=76)	57.6% (n=59)
During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?	63.8% (n=330,252)	78.2% (n=330,252)	67.4% PR=60 (n=129)	64.2% PR=43 (n=475)	57.1%µ (n=14)	70.5% (n=146)	60.6% (n=109)
Cleanliness / Quietness	66.0% (n=381,833)	77.8% (n=381,833)	55.1% PR=4 (n=148)	55.8% PR=5 (n=565)	58.8%µ (n=17)	57.0% (n=165)	55.8% (n=129)
During this hospital stay, how often were your room and bathroom kept clean?	72.8% (n=377,847)	83.7% (n=377,847)	68.1% PR=17 (n=144)	65.4% PR=9 (n=558)	64.7%µ (n=17)	67.5% (n=160)	60.5% (n=129)
During this hospital stay, how often was the area around your room quiet at night?	59.3% (n=377,941)	74.6% (n=377,941)	42.2% PR=3 (n=147)	45.3% PR=6 (n=556)	52.9%µ (n=17)	46.6% (n=163)	50.4% (n=127)
Focus	NRC Average*	NRC 90th Percentile	3 Months‡	12 Months‡	Qtr 2 FY2016‡	Qtr 1 FY2016	Qtr 4 FY2015
Would Recommend Hospital	75.5% (n=373,404)	85.6% (n=373,404)	73.0% PR=50 (n=148)	72.5% PR=48 (n=563)	64.7%µ (n=17)	77.0% (n=165)	70.3% (n=128)
Highest Scores	NRC Average*	NRC 90th Percentile	3 Months‡	12 Months‡	Qtr 2 FY2016‡	Qtr 1 FY2016	Qtr 4 FY2015
Pain Management	72.6% (n=269,451)	78.5% (n=269,451)	76.3% PR=80 (n=78)	75.2% PR=74 (n=305)	93.8%µ (n=8)	75.3% (n=89)	71.3% (n=68)
During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?	80.0% (n=268,173)	86.7% (n=268,173)	80.8% PR=58 (n=78)	82.6% PR=70 (n=305)	100.0%µ (n=8)	78.7% (n=89)	80.9% (n=68)
During this hospital stay, how often was your pain well controlled?	65.3% (n=268,057)	72.0% (n=268,057)	71.1% PR=87 (n=76)	67.5% PR=73 (n=302)	87.5%µ (n=8)	70.9% (n=86)	61.8% (n=68)
Discharge Information	88.0% (n=349,855)	92.8% (n=349,855)	90.3% PR=74 (n=129)	89.7% PR=69 (n=506)	90.0%µ (n=15)	89.6% (n=144)	89.6% (n=120)

Green - score is equal to or greater than the NRC Average

Yellow - score is less than the NRC Average, but may not be significantly

Red - score is significantly less than the NRC Average

µ - Warning: n-size is low! ‡ - Data is not final and subject to change. * - Benchmark that is used to determine the color on each line. PR=Percentile Rank

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HCAHPS Stoplight Report

Discharge Dates From Apr 1, 2015 to Dec 31, 2015

CATALYST

December 7, 2015

During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?	85.2% (n=344,281)	91.7% (n=344,281)	85.9% PR=55 (n=128)	88.6% PR=75 (n=498)	93.3%µ (n=15)	84.6% (n=143)	90.7% (n=118)
During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?	91.0% (n=343,634)	95.1% (n=343,634)	94.6% PR=85 (n=129)	90.7% PR=53 (n=503)	86.7%µ (n=15)	94.4% (n=144)	88.2% (n=119)
Communication with Nurses	78.9% (n=381,841)	86.3% (n=381,841)	80.4% PR=57 (n=148)	79.1% PR=47 (n=567)	88.2%µ (n=17)	79.4% (n=165)	78.7% (n=130)

Lowest Scores	NRC Average*	NRC 90th Percentile	3 Months‡	12 Months‡	Qtr 2 FY2016‡	Qtr 1 FY2016	Qtr 4 FY2015
Care Transitions	53.3% (n=370,904)	62.1% (n=370,904)	51.5% PR=51 (n=147)	50.2% PR=43 (n=558)	54.9%µ (n=17)	52.7% (n=164)	51.1% (n=125)
When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	54.0% (n=371,487)	63.5% (n=371,487)	49.0% PR=36 (n=147)	49.9% PR=40 (n=559)	47.1%µ (n=17)	50.6% (n=164)	52.8% (n=127)
During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.	45.2% (n=365,215)	54.4% (n=365,215)	43.8% PR=50 (n=146)	42.3% PR=41 (n=551)	52.9%µ (n=17)	46.0% (n=163)	40.8% (n=125)
When I left the hospital, I clearly understood the purpose for taking each of my medications.	62.7% (n=316,988)	70.3% (n=316,988)	64.3% PR=70 (n=126)	60.6% PR=48 (n=485)	64.3%µ (n=14)	64.8% (n=142)	62.3% (n=106)
Communication About Meds	64.2% (n=205,321)	73.9% (n=205,321)	57.8% PR=12 (n=83)	60.3% PR=23 (n=310)	58.3%µ (n=12)	57.9% (n=89)	57.8% (n=64)
Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?	50.4% (n=201,766)	62.0% (n=201,766)	47.6% PR=29 (n=82)	46.4% PR=24 (n=302)	50.0%µ (n=12)	44.8% (n=87)	44.4% (n=63)
Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?	77.9% (n=204,248)	86.2% (n=204,248)	67.5% PR=4 (n=83)	72.9% PR=18 (n=310)	66.7%µ (n=12)	69.7% (n=89)	70.3% (n=64)
Cleanliness / Quietness	66.0% (n=381,833)	77.8% (n=381,833)	55.1% PR=4 (n=148)	55.8% PR=5 (n=565)	58.8%µ (n=17)	57.0% (n=165)	55.8% (n=129)

Green - score is equal to or greater than the NRC Average

Yellow - score is less than the NRC Average, but may not be significantly

Red - score is significantly less than the NRC Average

µ - Warning: n-size is low! ‡ - Data is not final and subject to change. * - Benchmark that is used to determine the color on each line. PR=Percentile Rank

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