

Attachment A, Exhibit 1:

Operational Response Template

Commonwealth of Massachusetts

Health Policy Commission

Community Hospital Acceleration, Revitalization, & Transformation Investments

*Charting a course for the right care at*

*the right time in the right place*

*Please complete all fields. To complete this form, you may tab between fields, or click on text boxes on the left side of entry field (**), select from drop down menus (e.g.,* *), and select from check boxes (**). If you have previously prepared documents answering any question below, you may attach the document(s) to your submission and note the file name(s) in the answer field.*

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| **Organization** |

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| [ ]  | Anna Jaques Hospital | [ ]  | Lawrence General Hospital |
| [ ]  | Athol Memorial Hospital | [ ]  | Lowell General Hospital |
| [ ]  | Baystate Franklin Medical Center | [ ]  | Mercy Medical Center |
| [ ]  | Baystate Mary Lane Hospital | [ ]  | Milford Regional Medical Center |
| [ ]  | Beth Israel Deaconess Hospital - Milton | [ ]  | New England Baptist Hospital  |
| [ ]  | Beth Israel Deaconess Hospital - Needham | [ ]  | Noble Hospital  |
| [ ]  | Emerson Hospital | [ ]  | North Adams Regional Hospital |
| [ ]  | Harrington Memorial Hospital | [ ]  | Shriners Hospital - Boston  |
| [ ]  | HealthAlliance Leominster Hospital | [ ]  | Signature Healthcare Brockton Hospital |
| [ ]  | Hallmark Health - Lawrence Memorial Hospital | [ ]  | Southcoast Hospitals Group - Charlton Memorial Hospital |
| [ ]  | Hallmark Health - Melrose-Wakefield Hospital | [ ]  | Southcoast Hospitals Group - St. Luke’s Hospital |
| [ ]  | Heywood Hospital | [ ]  | Southcoast Hospitals Group - Tobey Hospital |
| [ ]  | Holyoke Medical Center | [ ]  | UMass Memorial – Marlborough Hospital |
| [ ]  | Jordan Hospital *(BID-Plymouth)* | [ ]  | UMass Memorial - Wing Memorial Hospital and Medical Centers |
| [ ]  | Lahey Health - Addison Gilbert Hospital  | [ ]  | Winchester Hospital |
| [ ]  | Lahey Health - Beverly Hospital |  |  |

**Hospital** *(please select only one)*

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| Legal entity type (e.g., not-for-profit corporation) |       |

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| **Affiliations** |

Briefly describe the relationship or affiliations your hospital has with other health care delivery organizations or systems

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| **Program Director – Primary Point of Contact** |

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| Title |  | First Name |       |
|  |  |  |  |  |
| Last Name |       | Credentials, if any |       |
|  |  |
| Job Title |       |
|  |  |
| Mailing Address |       |
|  |  |  |  |
| City |       | State | MA | Zip |       |
|  |  |  |  |
| Business Phone |       | Business Email |       |
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| Attach a resume. Provide the name of the document here |       |

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| **Executive Sponsor**[[1]](#footnote-1) |

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| Title |  | First Name |       |
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| Last Name |       | Credentials, if any |       |
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| Job Title |       |
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| Business Phone |       | Business Email |       |

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| **Clinical Leadership Sponsor**[[2]](#footnote-2) |

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| [ ]  Check here if same as Executive Sponsor. If not: |
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| Title |  | First Name |       |
|  |  |  |  |  |
| Last Name |       | Credentials, if any |       |
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| Job Title |       |
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| Business Phone |       | Business Email |       |

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| **Board Sponsor**[[3]](#footnote-3) |

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| Title |  | First Name |       |
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| Describe your organizational **mission** |       |
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| Describe your **governance structure**, including the operational engagement of your Board of Directors, with specific reference to its Patient Care Assessment Committee (PCAC) |       |
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| Describe the engagement of the **Patient and Family Advisory Council** in your organization |       |
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| Describe your **clinical structure**, including the nature of the relationship of physicians and community-based providers to the hospital |       |
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| Describe your **operational and financial structure** |       |
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| Attach an **organizational** **chart** for the Applicant. List the name of the attachment. |       |
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| Describe current or anticipated participation in **alternative payment** contracts or **innovative delivery models** (e.g,. Medicare Shared Savings, Medicare Pioneer ACO, Delivery System Transformation Initiative, Primary Care Payment Reform Initiative, Patient Centered Medical Home Initiative, Commercial Risk Contracts, etc.) |       |
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| Describe the **demographics** of the population that you serve, (e.g., from your most recent Community Health Needs Assessment or other available data sources) |       |
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| List the names of any **Partnering Organizations**  participating in your proposed project |       |
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| Describe the organizational characteristics of **Partnering Organizations** (one paragraph per partner) |       |
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| Attach an organizational chart or charts for any **Partnering Organizations.** List the name(s) of the attachment(s) |       |

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| Provide a narrative summary of results, including quantitative findings where applicable, of any recent (since January 1, 2010) **capability or capacity assessments** or **staff culture surveys** |       |
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| Describe **previous activities** your organization has engaged in relative to the focus area of the proposal (including, e.g., receipt of other funding opportunities or internal improvement plans) |       |
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| Describe any capabilities of **culturally competent care** (including language access), experience with low-income or otherwise disenfranchised populations, or other specialized capabilities or experiences of the Applicant organization that would be beneficial to this proposal |       |

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| **Vision for Transformation** |

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| Describe your organization’s **vision** forfacilitating the improvement of health and health care in the community or communities which it serves. What is the **transformation** necessary to achieve that vision? |       |

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| Describe your organization’s **vision** forcontributing to the reduction of health care cost growth in the Commonwealth as required in Chapter 224. What is the **transformation** necessary to achieve that vision? |       |

Provide a narrative description of current, recent (since January 1, 2010), or anticipated **funding related to care delivery or payment system reform**. Describe new activities that the Applicant will perform to build upon that progress and further advance such goals. Describe any potential for duplicate payments that may arise with the funding requested through this RFP and propose efforts to mitigate such potential, including variation in specific activities, goals, or personnel such that efforts would be aligned and synergistic.

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List below all current public or private sector **funding related to care delivery or payment system reform**. Include funding received since January 1, 2010, along with funding that you anticipate receiving within the Period of Performance. This includes grants and state or federal contracts that you or partner organizations received or anticipate receiving.

Include but do not limit this response to potential overlap with investments of the Prevention and Wellness Trust Fund, the e-Health Institute, the Workforce Transformation Trust Fund, the MassHealth Infrastructure and Capacity Building Grants (ICB), the Delivery System Transformation Initiative, federal investments from the Center for Medicare and Medicaid Innovation, or investments from private sources including commercial payers.

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| **Title of grant / investment** | **Awarding organization / agency** | **Award amount ($)** | **Dates of Award (MM/YY – MM/YY)** | **Describe how this award aligns / conflicts with Phase 1 CHART proposal** | **Do key staff overlap?** |
|       |       |       |       |       | [ ]  |
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| Proposal title |       |

Provide a brief description of the proposal and projects, (no more than one paragraph per project), including the amount of funding requested, anticipated outcomes, and alignment with the strategic vision of the Applicant for future system transformation activities.

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Statutory / regulatory goal(s) addressed in proposal *(select all that apply)*

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| [ ]  | Efficient, Effective Care Delivery  | Enhance care coordination, advance integration of behavioral and physical health services, promote evidence-based care practices and efficient care delivery, and provide culturally and linguistically appropriate services  |
| [ ]  | Advance HIT Adoption  | Enhance interoperable electronic health records systems and clinical support tools  |
| [ ]  | Advance HIE Spread  | Accelerate the ability to electronically exchange information with other providers to ensure continuity of care and enhanced coordination across the continuum of providers and organizations in the community served by the Applicant  |
| [ ]  | Increase Alternative Payment Methodology Adoption  | Enhance analysis performance management tools, including to promote transparency, to aggregate and analyze clinical data, and to facilitate appropriate care management, especially for vulnerable populations and those with complex health care needs  |
| [ ]  | Develop Capacity for ACO Certification | Aid in the development of care practices and other operational standards necessary for certification as an accountable care organization  |
| [ ]  | Improve Affordability & Quality  | Enhance patient safety efforts, increase access to behavioral health services, and coordination between hospitals and community-based providers and organizations  |

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| Pathways in Proposal *(select all that apply)* | Funding requested, per Pathway |
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| [ ]  | Pathway A | Simple pilots of testing small changes | $       |
| [ ]  | Pathway B | Capability and capacity development | $       |
| [ ]  | Pathway C | Strategic and operational planning | $       |
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|  |  | Total funding request | $       |

Provide a brief summary outlining the **current state** of the proposal subject area

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Provide a detailed description of proposed **deliverables** (Pathways A, B only)

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Provide a detailed description of proposed **outcomes** of each project (Pathways A, B only)

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How does your proposal specifically align with your organization’s **mission and vision for transformation**. (Pathways A, B only)

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Provide a brief description of **the scope of proposed planning activities** (Pathway C only)

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Provide a brief description of the Applicant’s **inability to conduct such planning activities without the Investment** described in this RFP (Pathway C only)

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Have you done a **similar project** in the past? If so, describe it, along with **lessons learned** that inform this proposal. (Pathways A, B only)

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Suppose **a year after the proposal was executed**, it was determined to have failed. What is most likely to have gone wrong? (Pathways A, B only)

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Describe the primary **external risks** to proposal success. How will you mitigate these? (Pathways A, B only)

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Describe the primary **internal risks** to proposal success. How will you mitigate these? (Pathways A, B only)

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Describe your plan for **sustaining** any investments after the expiration of CHART Phase 1 funds (carry-on activities), with or without potential for future CHART funding.Detail any tools, resources, or processes that will be developed as a result of this funding that will be used beyond the initial funding cycle. (Pathways A, B only)

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Provide a brief summary of one or more of the **population/community needs** that you propose to address in your proposal. Include a description of the problem being addressed, the size of the population, and opportunities to impact the Triple Aim. (Pathways A, B only)

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| **Staffing** |

Professionals involved in the development of this proposal *(check all that apply)*

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| [ ]  | Behavioral health clinician (e.g., Ph.D., LCSW, LADC, et al) |
| [ ]  | Case Manager / Care Coordinator |
| [ ]  | Community Health Worker |
| [ ]  | Emergency Medical Technician (EMT) |
| [ ]  | Licensed practical nurse (LPN/LVN) |
| [ ]  | Medical assistant / clinical assistant |
| [ ]  | Medical interpreter |
| [ ]  | NP, PA, other advanced practice nurse |
| [ ]  | Nutritionist (or other dietary counselor) |
| [ ]  | Pharmacist |
| [ ]  | Physician, primary care:  | [ ]  | private  | [ ]  | employed |
| [ ]  | Physician, specialty:  | [ ]  | private  | [ ]  | employed |
| [ ]  | Registered Nurse |
| [ ]  | Other clinician (e.g., PT, OT, respiratory therapist) |
| [ ]  | Other:  |       |

Professionals to be involved in proposal **execution**

*(check all that apply)*

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| [ ]  | Behavioral health clinician (e.g., Ph.D., LCSW, LADC, et al) |
| [ ]  | Case Manager / Care Coordinator |
| [ ]  | Community Health Worker |
| [ ]  | Emergency Medical Technician (EMT) |
| [ ]  | Licensed practical nurse (LPN/LVN) |
| [ ]  | Medical assistant / clinical assistant |
| [ ]  | Medical interpreter |
| [ ]  | NP, PA, other advanced practice nurse |
| [ ]  | Nutritionist (or other dietary counselor) |
| [ ]  | Pharmacist |
| [ ]  | Physician, primary care:  | [ ]  | private  | [ ]  | employed |
| [ ]  | Physician, specialty:  | [ ]  | private  | [ ]  | employed |
| [ ]  | Registered Nurse |
| [ ]  | Other clinician (e.g., PT, OT, respiratory therapist) |
| [ ]  | Other:  |       |

Provide a **narrative staffing plan** that includes the number and titles of staff that are expected to dedicate at least 5% full-time equivalency to the proposal and the specific allocation by individual, the proposed role / responsibility of each individual, and their relevant skills and expertise. Include a description of the qualifications and role of the **Program Director**, **Executive Sponsor**, **Clinical Leadership Sponsor**, and **Board Sponsor**.

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| If applicable, provide a **narrative description of proposed new hires or contractors**, with summaries of proposed job descriptions (1-2 paragraphs) and key qualifications. If you have formal job descriptions prepared, you may submit as attachments, in which case please note the names of the attachments below. |
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| **Staffing** |

List **all personnel** involved in proposal execution at 5% or greater FTE. If training or coverage is needed, be sure they are included in your budget. If you need to list more than 5 staff, please see extra forms in Appendix A of this document.

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| Title |       |
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| % FTE dedicated to proposal |       |
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| Role / responsibility in proposal |       |
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| Relevant skills / expertise |       |
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| Other job responsibilities |       |
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| How are current responsibilities addressed during proposal execution?  |       |
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| Training or coverage needed |       |
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| Title |       |
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| % FTE dedicated to proposal |       |
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| Role / responsibility in proposal |       |
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| Relevant skills / expertise |       |
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| How are current responsibilities addressed during proposal execution?  |       |
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| Title |       |
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| Relevant skills / expertise |       |
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| How are current responsibilities addressed during proposal execution?  |       |
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| How are current responsibilities addressed during proposal execution?  |       |
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| **Operational Work Plan, Timeline, and Milestones** |

Provide a brief description of the operational **work plan and** **timeline.** Specify key deliverables, contingency strategies for anticipated challenges, and staff responsible for execution. (Proposal period should be 2/1/14 – 7/31/14 for Pathways A, B and from 2/1/14 – 5/31/14 for Pathway C.)

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| Attach a **Driver Diagram,** optional for Pathway C proposals (see **Attachment A, Exhibit 2**).List the name of the document here. |       |

Below, list all **key operational milestones**, linking them with your **Driver Diagram** if applicable **(Attachment A, Exhibit 2)**. If you need additional rows, please see Appendix A of this document.

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| **Milestone** | **Aim / Driver** | **Project Set-Up Needs** | **Risks & Mitigation** | **Start Date (MM/YY)** | **End Date (MM/YY)** | **Lead Staff Member** | **Key Partners** |
|       |       |       |       |       |       |       |       |
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| **Metric Selection and Reporting** |

Each Applicant must propose **performance indicators** with a continuous improvement method of measurement to be used to evaluate the impact of the proposal on better care, better health, and reduced cost, as well as **operational metrics** that describe efficient, effective implementation. Metrics must address each of the following domains as relevant to specific proposals, (e.g., a Pathway A proposal likely will include metrics in all of the following domains; a Pathway C proposal likely will not include specific measures of clinical quality):

1. Meeting milestones and deliverables as specified in the Applicant’s proposal
2. Building and/or enhancing required capability/capacity/infrastructure as specified in the Applicant’s proposal
3. Cost growth (metrics that track progress of health care cost growth reduction)
4. Affordability/cost of care (financial access for consumers)
5. Operational governance or structure
6. Process measures of clinical quality
7. Outcome measures of clinical quality
8. Patient access to care
9. Patient satisfaction and/or patient experience
10. Staff satisfaction and/or staff experience

Below, describe in narrative Applicant’s plan for collecting quantitative and qualitative data. Please reference metrics for Phase 1, which will be proposed by Applicants and approved by the HPC, to be described on the next page.

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Where appropriate, applicants are strongly encouraged to draw upon the Massachusetts Standard Quality Measure Set (<http://www.mass.gov/chia/gov/commissions-and-initiatives/statewide-quality-advisory-committee/>) and/or other accepted measures of the aforementioned domains, although we recognize these may not be appropriate for all proposals. Proposals must include a description of plans to collect and analyze data on an on-going basis.

HPC may also collect from Awardees a standard set of performance indicators for HPC evaluation activities. Metrics tracking completion of requisite activities will be developed and monitored by the HPC, including measures for all activities described in **Section V.**

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| **Metric Selection and Reporting** |

If you have more metrics to include, please see additional forms in **Appendix A** of this document.

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| Measure title[[4]](#footnote-4) |       | Measure domain |  |
|  |
| Text description |       |
|  |
| Technical definition (numerator and denominator; may not be detailed for all metrics) |       |
|  |  |
| Data source |       |
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| Measurement frequency |       |
|  |
| Baseline value |       | Baseline date |       |
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| Project Goal value |       | Project Goal date |  |
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| Comments |       |
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| Measure title |       | Measure domain |  |
|  |
| Text description |       |
|  |
| Technical definition (numerator and denominator; may not be detailed for all metrics) |       |
|  |  |
| Data source |       |
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| Measurement frequency |       |
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| Baseline value |       | Baseline date |       |
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| Project Goal value |       | Project Goal date |  |
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| **Staffing** |

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| Role / responsibility in proposal |       |
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| Relevant skills / expertise |       |
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| How are current responsibilities addressed during proposal execution?  |       |
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| **Staffing** |

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| **Operational Work Plan, Timeline, and Milestones – Additional Rows** |

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| **Milestone** | **Aim / Driver** | **Project Set-Up Needs** | **Risks & Mitigation** | **Start Date (MM/YY)** | **End Date (MM/YY)** | **Lead Staff Member** | **Key Partners** |
|       |       |       |       |       |       |       |       |
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| **Metric Selection and Reporting** |

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| Measure title[[5]](#footnote-5) |       | Measure domain |  |
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| Text description |       |
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| Measurement frequency |       |
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| **Metric Selection and Reporting** |

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|  |  |
| Measure title[[6]](#footnote-6) |       | Measure domain |  |
|  |
| Text description |       |
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| Technical definition (numerator and denominator; may not be detailed for all metrics) |       |
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| Data source |       |
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| Measurement frequency |       |
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| Baseline value |       | Baseline date |       |
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| Technical definition (numerator and denominator; may not be detailed for all metrics) |       |
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| Project Goal value |       | Project Goal date |  |
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1. The Executive Sponsor shall be the CEO, the COO, the CFO, or the Chief Strategy Officer (or similar) [↑](#footnote-ref-1)
2. The Clinical Leadership Sponsor shall be the Chief Nursing Officer, the Chief Medical Officer, or the Chief Quality Officer (or similar) [↑](#footnote-ref-2)
3. The Board Sponsor must be an actively serving member of the Board of Directors [↑](#footnote-ref-3)
4. Please note the NQF number if applicable [↑](#footnote-ref-4)
5. Please note the NQF number if applicable [↑](#footnote-ref-5)
6. Please note the NQF number if applicable [↑](#footnote-ref-6)