![West Virginia Hospital Association logo]

2025

Commitment to Excellence Honors Program

Guidance for Participation

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This document provides detailed instructions for applying to WVHA's *2025 Commitment to Excellence Honors Program.* It is intended for use for 2025 only and will be updated annually to reflect the WVHA Quality Committee's current topic areas.

Contents

Background

The West Virginia Hospital Association (WVHA) is a not-for-profit statewide organization representing hospitals and health systems across the continuum of care. The WVHA supports its members in achieving a strong, healthy West Virginia by providing leadership in healthcare advocacy, education, information, and technical assistance, and by being a catalyst for effective change through collaboration, consensus building and a focus on desired outcomes. Members of the Association believe it is essential, in the interest of West Virginia citizens, to have a strong healthcare system that supports and improves the health status of those people served by our hospitals, as well as the economic condition of the state. West Virginia's hospitals seek to establish and maintain trust among providers, policymakers and the public through actions, sensitivity, professionalism, and community-minded commitment to service. The *Commitment to Excellence Honors Program (Honors Program)* is a way hospitals can be recognized for the outstanding work they do in pursuit of these goals.

Program Overview

The objectives of the *Honors Program* are to:

➤ **Reward** successful efforts to develop and promote quality improvement activities.
➤ **Inspire** hospitals to be leaders in improving the health of West Virginians.
➤ **Raise awareness** of nationally accepted standards of care that are proven to enhance patient outcomes.

The *Honors Program* will be updated annually to reflect the quality improvement topics on which the WVHA Quality Committee has recommended hospital action in the pursuit of excellence during the program year.

For each topic area hospitals will be recognized for their engagement and/or implementation of work in that area. Level 1- Engagement recognizes hospitals that are actively engaged in planning activities and are moving towards implementation. While Level 2- Implementation recognizes hospitals that have adopted practices, implemented policies, or are actively working to sustain a previously adopted policy or program. Please be aware that specific criteria for implementation and engagement may be updated each year.

2025 Honors Program Topic Areas

➤ Alliance for Innovation on Maternal Health (AIM)
➤ Antibiotic Stewardship
➤ Care Transitions
➤ Cybersecurity
➤ Hospital Emergency Management Program
➤ Influenza Vaccination
➤ Large-Scale Learning Network

- ➢ Opioid Response Initiative
- ➢ Statewide Bed Capacity System
- ➢ Workplace Violence
- ➢ WVHA Discharge Data Program

Timeline

The timeline for the program year is as follows:

January – Guidance for Participation/Attestation Form provided
August 31 – Deadline for hospitals to submit signed Attestation Form to WVHA
September – *Honors Program* hospitals recognized at the WVHA Annual Meeting

Scoring

Levels of Achievement

There are two levels of achievement in the *Honors Program* – Level 1: Engagement and Level 2: Implementation. Topic areas may not apply to all types of hospitals and the levels of achievement will vary by topic area and facility type.

Level 1- Engagement
A hospital can attest to Level 1 when they are engaged in planning activities and are actively working toward implementation. A specific time frame to implement may be specified by topic area. A hospital cannot attest to Level 1 more than one program year in a row.

Level 2- Implementation
A hospital can attest to Level 2 when they have successfully implemented work in a topic area that may include:
- ➢ Policy modification,
- ➢ New program offering(s),
- ➢ Dedicated staff time,
- ➢ Staff and patient education, and/or
- ➢ Measurement/Results.

Specific requirements for implementation are described in each topic area.

The 2025 levels of achievement by topic area and facility type are as follows:

Topic Areas	Acute	LTAC	Rehab	Psych
AIM	Level 1, 2, or N/A	N/A	N/A	N/A
Antibiotic Stewardship	Level 1 or 2	Level 1 or 2	Level 1 or 2	Level 1 or 2
Care Transitions	Level 1 or 2*	Level 1 or 2	Level 1 or 2	Level 1 or 2
Cybersecurity	Level 1 or 2	Level 1 or 2	Level 1 or 2	Level 1 or 2
Emergency Management	Level 1 or 2	Level 1 or 2	Level 1 or 2	Level 1 or 2
Influenza Vaccination	Level 1 or 2*	Level 1 or 2*	Level 1 or 2*	Level 1 or 2
Learning Network	Level 1 or N/A	N/A	N/A	N/A
Opioid Response	Level 1 or 2	N/A	N/A	N/A
Statewide Bed Capacity	Level 1 or 2	Level 1 or 2	Level 1 or 2	Level 1 or 2
Workplace Violence	Level 1 or 2	Level 1 or 2	Level 1 or 2	Level 1 or 2
WVHA Discharge Data	Level 1 or 2	Level 1 or 2	Level 1 or 2	Level 1 or 2

Denotes there is a measurement component to that topic area.

Criteria for Recognition

There are three types of honors awards: Bronze, Silver and Gold. Topics that are not applicable to certain hospitals (i.e., AIM for non-birthing hospitals; large-scale learning network for non-eligible hospitals) will be taken into account. Hospitals will be able to indicate not applicable on the Attestation Form.

The 2025 criteria for recognition are as follows:

	Acute	LTAC	Psych	Rehab
Bronze Honors	Minimum of Level 1-Engagement in all applicable areas (or Level 2 if it is the only level)			
Silver Honors	Level 1- Engagement in all topic areas, plus Level 2 - Implementation of *at least six* additional topic areas	Level 1- Engagement in all topic areas, plus Level 2 - Implementation of *at least five* additional topic areas	Level 1- Engagement in all topic areas, plus Level 2 - Implementation of *at least five* additional topic areas	Level 1- Engagement in all topic areas, plus Level 2 - Implementation of *at least five* additional topic areas
Gold Honors	Must be Level 2-Implementation in all applicable areas (or Level 1 if it is the only level)			

Attestation

The Chief Executive Officer will attest annually to their hospital's activity in each topic area included in the *Honors Program*. Hospitals will need to provide a contact person for each topic area and attest to their level of achievement as of August 31 of that year (unless otherwise specified in the topic area description). The attestation needs to be signed by the CEO and returned to WVHA by the August 31 deadline. Signed attestations should be submitted to Hallie Morgan at hmorgan@wvha.org by 11:59 p.m. on Sunday, August 31, 2025.

Award Recognition

Hospitals receiving *Honors Program* recognition will be presented with one of the three types of honors, Bronze, Silver, or Gold, at the WVHA Annual Meeting.

Honors Program recipients will also be listed on WVHA's website after the annual meeting and will be provided a logo to add to their hospital website/press release.

For more information or questions about the *Honors Program* or any of the topic areas, contact Hallie Morgan at WVHA at hmorgan@wvha.org or 304-353-9714.

Alliance for Innovation on Maternal Health (AIM) Program
[Applicable to: Acute Care Birthing Hospitals]

The United States has one of the highest maternal mortality rates of any developed country and is the only high resource country where the rates are continuing to rise.[1] Additionally, severe maternal morbidity has been increasing and affected more than 50,000 women in 2014.[2] That means that for every woman that died from childbirth, 70 more suffered from severe maternal morbidity.[3] Research suggests that approximately three in five pregnancy-related deaths were preventable.[4]

The Alliance for Innovation on Maternal Health (AIM) is a federally funded, data-driven quality improvement initiative based on proven approaches to improve maternal safety and outcomes with the goal of ultimately eliminating preventable mortality and severe morbidity in the U.S.[5] AIM works through state teams to implement patient safety bundles in birthing hospitals to eliminate preventable maternal mortality and severe morbidity. West Virginia began participating in the AIM project in 2017 with the obstetric hemorrhage bundle, expanding activity to address severe hypertension and preeclampsia in 2021, and perinatal mental health conditions in 2024.

Level 1 - Engagement
[Applicable to: Acute Care Birthing Hospitals]

We are participating in the Alliance for Innovation on Maternal Health (AIM) Program in collaboration with the WV Perinatal Partnership and WVHA.

Level 2 - Implementation
[Applicable to: Acute Care Birthing Hospitals]

We are participating in the Alliance for Innovation on Maternal Health (AIM) Program in collaboration with the WV Perinatal Partnership and WVHA AND are up to date on structure and process measure data submission (through Quarter 2 2025 as of August 31, 2025) in the AIM Data Center.

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[1] NPR. 2017. US has the worst rate of maternal deaths in the developed world. Accessed 7/10/2019 at
https://www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world
[2] CDC. 2017. Severe maternal morbidity in the United States. Accessed 7/10/2019 at
https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html
[3] NPR. 2018. For every woman who dies in childbirth in the US, 70 more come close. Accessed 7/10/2019 at
https://www.npr.org/2018/05/10/607782992/for-every-woman-who-dies-in-childbirth-in-the-u-s-70-more-come-close
[4] CDC. 2019. Vital Signs: Pregnancy-related deaths, United States, 2011-2015, and strategies for prevention, 13 states, 2013-2017. Accessed 7/10/2019 at https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w
[5] Council on Patient Safety in Women's Health Care. 2019. What is AIM? Accessed 7/10/2019 at
https://safehealthcareforeverywoman.org/aim-program/

Antibiotic Stewardship
[Applicable to: Acute, LTAC, Rehab, Psych]

Healthcare has been transformed due to the discovery and development of antibiotics. However, 20-50 percent of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or inappropriate. Antibiotics have serious side effects, including adverse drug reactions and *Clostridium difficile* infection (CDI). Unnecessary exposure to antibiotics places patients at risk for serious adverse events and no clinical benefit. Misuse has also contributed to the growing problem of antibiotic resistance, which has become one of the most serious threats to public health facing the nation today.[6] To slow the development and spread of antibiotic resistant infections, the *National Action Plan for Combating Antibiotic Resistant Bacteria* presents a roadmap to implement a national strategy to address this challenge.[7] An important aspect of this strategy is the appropriate use of antibiotics in healthcare settings through the establishment of antibiotic stewardship programs (ASPs). While the specific elements of an ASP that will be required by CMS are still under development, the *National Action Plan* calls for all hospitals to implement ASPs in compliance with the recommendations of the CDC's *Core Elements of Hospital Antibiotic Stewardship Programs*.[8] CDC's *Core Elements* include, but are not limited to, leadership commitment, accountability, drug expertise, action, tracking, reporting and education.

Level 1- Engagement
[Applicable to: Acute, LTAC, Rehab, Psych]

We are currently participating in the WVHA Antibiotic Stewardship Reporting Program or are successfully submitting data to NHSN's AUR module AND we are actively working on our antibiotic stewardship program but are not 100% aligned with the CDC *Core Elements* for a successful hospital antibiotic stewardship program (per the NHSN Annual Hospital Survey) as of *August 31, 2025*.

Level 2- Implementation
[Applicable to: Acute, LTAC, Rehab, Psych]

We are currently participating in the WVHA Antibiotic Stewardship Reporting Program or are successfully submitting data to NHSN's AUR module AND we have implemented a robust antibiotic stewardship program that is 100% aligned with the CDC *Core Elements* (per the NHSN Annual Hospital Survey) as of *August 31, 2025*.

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1) Centers for Disease Control and Prevention (CDC). Antibiotic Resistance Threats in the United States, 2013. Available at: http://www.cdc.gov/drugresistance/threat-report-2013/. Accessed October 12, 2015.

7) The White House. National Action Plan for Combating Antibiotic-Resistant Bacteria. Available at: https://www.whitehouse.gov/sites/default/files/docs/national_action_plan_for_combating_antibotic-resistant_bacteria.pdf. Accessed January 6, 2016.

8) Centers for Disease Control and Prevention (CDC) Core Elements of Hospital Antibiotic Stewardship Programs. Available at: http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html. Accessed October 12, 2015.

Summary of Core Elements of Hospital Antibiotic Stewardship Programs

Leadership Commitment: Dedicating necessary human, financial and information technology resources.

Accountability: Appointing a single leader responsible for program outcomes. Experience with successful programs show that a physician leader is effective.

Drug Expertise: Appointing a single pharmacist leader responsible for working to improve antibiotic use.

Action: Implementing at least one recommended action, such as systemic evaluation of ongoing treatment need after a set period of initial treatment (i.e. "antibiotic time out" after 48 hours).

Tracking: Monitoring antibiotic prescribing and resistance patterns.

Reporting: Regular reporting information on antibiotic use and resistance to doctors, nurses and relevant staff.

Education: Educating clinicians about resistance and optimal prescribing.

Care Transitions

[Applicable to: Acute, LTAC, Rehab, Psych]

Hospital readmissions are common, costly, and often preventable. Not only is quality of life impacted for those that are readmitted, but hospitals can be penalized financially when patients return. It is in everyone's best interest to keep our population healthy and reduce unplanned readmissions to the acute care setting. Improving discharge processes and transitional care services are two ways hospitals can improve patient care and satisfaction, while working to reduce readmissions.

Hospitals have shown success in improving patient satisfaction in care transitions and understanding their discharge plan, as well as reducing unplanned readmissions when implementing evidence-based care bundles. There are many national bundles, toolkits, and training programs to assist hospitals in implementing evidence-based transitional care services. Some of these include:
- ASPIRE: Designing and Delivering Whole-Person Transitional Care
- Project RED: Re-engineered Discharge
- Project BOOST: Better Outcomes by Optimizing Safe Transitions
- Transitional Care Model
- Care Transitions Program (CTP)
- Quality Insights Community Coalitions

Additionally, Care Transitions includes a measurement component: to be level 2, hospitals must achieve a "top box" score for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Care Transitions composite measure equal to or greater than the prior year's national median (50th percentile) using publicly available Care Compare data.[9]

The hospital scores will be taken from the July 2025 CMS Care Compare update and will be compared to the national median from the July 2024 HCAHPS national percentiles table. The "top box" national median (50th percentile) for the Care Transitions composite was **52%** in the July 2024 HCAHPS Percentiles Table.

If the hospital's HCAHPS data is suppressed or not available in the Care Compare update or MBQIP reports for Critical Access Hospitals, risk adjusted HCAHPS data from your vendor for the same time period as is currently publicly reported by CMS can be submitted to WVHA with the attestation. The HCAHPS measurement component will only be applied to acute care hospitals.

This topic is exempt from the guideline stating that a hospital cannot attest to level one more than one program year in a row.

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[9] Top box national median is from the HCAHPS Summary Analyses. Available at: https://www.hcahpsonline.org/en/summary-analyses/

Level 1 – Engagement
[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to implementing a care transitions program that aligns with a nationally recognized care transitions program(s) by _August 31, 2026_ or have already implemented a care transitions program that aligns with a nationally recognized care transitions program(s) as of _August 31, 2025_ (will need to specify which program(s) on the attestation form), but did not achieve a Care Transitions composite top box score of 52% or higher.[10]

Level 2 – Implementation
[Applicable to: Acute, LTAC, Rehab, Psych]

We have implemented a care transitions program that aligns with a nationally recognized care transitions program(s) as of _August 31, 2025_ (will need to specify which program(s) on the attestation form) AND have achieved a 52% or higher on the "top box" score for the HCAHPS Care Transitions composite.

Please note: The measurement component is only applicable to acute care hospitals.

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[10] Hospital top-box score will be obtained from the July 2025 Care Compare update.

Cybersecurity

[Applicable to: Acute, LTAC, Rehab, Psych]

Cybersecurity attacks, including data theft and ransomware, targeting health care organizations have increased dramatically over the past few years. These attacks can disrupt patient care, safety, and privacy. Hospitals must prepare for and manage their cyber risk by making cybersecurity a part of your existing governance, risk management, and business continuity framework because cybersecurity is patient safety.

To assist hospitals and health care in preparing and managing cyber threats, the Department of Health and Human Services developed the Healthcare and Public Health (HPH) Sector Cybersecurity Performance Goals (CPGs).

Currently, adoption of these HPH Cybersecurity Performance Goals (CPGs) is voluntary, but they help healthcare organizations prioritize implementation of high-impact cybersecurity practices. They are designed to ensure layered protection at various places in digital systems that can be exploited by cyber criminals

There are ten essential goals – minimum foundational practices for cybersecurity performance – better protect healthcare systems from cyberattacks, improve response when events do occur, and minimize residual risk – and ten enhanced goals – encourage adoption of more advanced practices – reach the next level of defense needed to protect against additional attack vectors.

Essential CPGs
1. Mitigate known vulnerabilities
2. Email security
3. Multifactor authentication
4. Basic cybersecurity training
5. Strong encryption
6. Revoke credentials for departing workforce members, including employees, contractors, affiliates, and volunteers
7. Basic incident planning and preparedness
8. Unique credentials
9. Separate user and privileged accounts
10. Vendor/supplier cybersecurity requirements

Enhanced CPGs

11. Asset inventory
12. Third party vulnerability disclosure
13. Third party incident reporting
14. Cybersecurity testing
15. Cybersecurity mitigation
16. Detect and respond to relevant threats and tactics, techniques, and procedures (TTP)
17. Network segmentation
18. Centralized log collection
19. Centralized incident planning and preparedness
20. Configuration management

Implementation of these CPGs are designed to defend against the most common tactics used by cyber adversaries to attack hospitals, health care systems, and related third parties. These tactics include exploitation of known technical vulnerabilities, phishing emails and stolen credentials.[11]

WVHA and the American Hospital Association recommend that these CPGs be voluntarily adopted by all components of the health care sector.

Level 1 – Engagement
[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to implementing five of the ten essential cybersecurity performance goals (CPGs) _by August 31, 2026_.

Level 2 – Implementation
[Applicable to: Acute, LTAC, Rehab, Psych]

We have implemented five of the ten essential cybersecurity performance goals (CPGs) _as of August 31, 2025_, and are committed to implementation of all ten _by August 31, 2026_.

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[11] For more information, please see the HPH CPG available at https://hhscyber.hhs.gov/documents/cybersecurity-performance-goals.pdf and the HHS Healthcare Sector Cybersecurity Concept Paper available at https://aspr.hhs.gov/cyber/Documents/Health-Care-Sector-Cybersecurity-Dec2023-508.pdf.

Hospital Emergency Management Program

[Applicable to: Acute, LTAC, Rehab, Psych]

WVHA has assisted with the administration and direction of the Health and Human Services (HHS) Hospital Preparedness Program (HPP) since 2003. Through program participation, a network of varied hospital positions involved with preparedness and emergency management across West Virginia Hospitals has been established.

The HPP program is aligned with HHS program objectives, along with other federal programs such as Department of Homeland Security (DHS), the Hospital Incident Command System (HICS), and FEMA. Hospitals also follow National Incident Management (NIMS) requirements and link with the CDC around infection control and emerging high-impact diseases through the Health Alert Network (HAN).

 In 2016, CMS increased the scope and requirements for hospitals and healthcare providers to have a comprehensive emergency management program. The 2016 CMS Emergency Preparedness Rule set healthcare system standards and expectations that hospitals could manage emergencies internally and coordinate with local, state, and federal partners when needed.

Then in 2020 the COVID-19 Public Health Emergency created an intense focus on hospital emergency operations including managing overcapacity patient loads; vaccinating staff and patients; supply and staff shortages; and extensive data requirements. Due to a high level of federal and state agency requirements placed on the healthcare system, hospitals are interacting more with local, state, and federal government for emergency event coordination elevating the need for active participation in the WV HPP.

Therefore, it is recommended that hospitals are active participants in the WV HPP to ensure a robust network for emergency response activities.

To implement this initiative, hospitals must:

1. Complete the Coalition Agreement.
2. Designate a primary and secondary hospital emergency management coordinator.
3. Participate in the Statewide Emergency Preparedness Taskforce meeting in Spring 2025.
4. Participate in at least three of the regional meetings (total number varies by region but occur in all regions at least quarterly).
5. Have at least one WebEOC account and participate in drills and sign-in events.
6. Participate in the annual Medical Response Surge Exercise (MRSE) – this includes participation in the training session, functional exercise (including submission of data forms), and the after-action review.
7. Participate in the annual Healthcare Coalition Hazard Vulnerability Assessment.

Additionally, the designated hospital emergency management coordinator participates in the following activities:

8. Serve as a liaison between WVHA and the hospital Command Center for emergency coordination.
9. Respond to information requests from WVHA and state leadership during emergency events (for example, submitting event-specific plans or policies).

In the 2025 *Honors Program*, participation includes the entire HPP program year from July 1, 2024, through June 30, 2025.

Level 1 – Engagement
[Applicable to: Acute, LTAC, Rehab, Psych]

We have returned the signed 2024-2025 Coalition Agreement with primary and secondary contacts identified AND are committed to implementing all emergency response activities for the 2025-2026 HPP program year.

Level 2 – Implementation
[Applicable to: Acute, LTAC, Rehab, Psych]

We have returned the signed 2024-2025 Coalition Agreement with primary and secondary contacts identified AND have implemented all emergency response activities for the 2024-2025 HPP program year.

Influenza Vaccination

[Applicable to: Acute, LTAC, Rehab, Psych]

The influenza (flu) virus is responsible for tens of thousands of people being hospitalized every year. Thousands die from flu-related illness. Additionally, the cost for direct medical care and lost earnings is staggering, reaching into the billions of dollars. Prevention is far better than cure. A recent Center for Disease Control and Prevention (CDC) review of evidence-based, published literature indicates that healthcare workers exposed to sick people are particularly vulnerable and should be vaccinated annually to reduce the risk of becoming sick and of infecting others. A growing number of hospitals across the country have taken responsibility for reducing risk and have implemented processes that support the improvement of vaccination rates for healthcare personnel.

Beginning with the *2024 Honors Program*, the national healthcare personnel (HCP) influenza vaccination adherence percentage[12] has been added as a measurement threshold for level 1 and the measurement threshold for achievement of level 2 has been changed to 90%. The national rate will be identified from the data for the flu season prior to the one evaluated as part of the *Honors Program*. The national HCP influenza vaccination adherence percentage for the 2023-2024 flu season (the most recent publicly available data) is 80%[13] and will be used as the level 1 threshold in the *2025 Honors Program*. The hospital HCP influenza vaccination adherence percentage will be obtained by WVHA from data entered in NHSN after data collection ends for the flu season.

This topic is exempt from the guideline stating that a hospital cannot attest to level one more than one program year in a row.

Level 1- Engagement
[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to the development of processes that support the improvement of vaccination rates *by the 2025-2026 flu season* AND have achieved a Healthcare Personnel (HCP) Influenza Vaccination Adherence percentage of 80% or greater for all HCP per National Healthcare Safety Network (NHSN) protocol for the 2024-2025 flu season (reporting period: October 1-March 31) OR we have processes in place that support the improvement of vaccination rates but did not achieve a 90% Healthcare Personnel (HCP) vaccination percentage for the 2024-2025 flu season.

Level 2- Implementation
[Applicable to: Acute, LTAC, Rehab, Psych]

We have processes in place that support the improvement of vaccination rates AND have achieved a Healthcare Personnel (HCP) Influenza Vaccination Adherence percentage of 90% or greater for all HCP per National Healthcare Safety Network (NHSN) protocol for the 2024-2025 flu season (reporting period: October 1-March 31).

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[12] The NHSN protocol and definitions will be used for the HCP influenza vaccination adherence percentage. Protocol available at: https://www.cdc.gov/nhsn/pdfs/hps-manual/vaccination/hps-flu-vaccine-protocol-508.pdf
[13] October 2024 CMS Care Compare update.

Large-Scale Learning Network

[Applicable to: CMS Eligible Hospital List]

Large-scale, nationwide quality improvement work has been underway since 2012 as part of the Partnership for Patients (PfP) initiative. This work was originally known as the Hospital Engagement Network (HEN) and the Hospital Improvement Innovation Network (HIIN). Then, in September 2020, the CMS Center for Quality awarded the 12th Scope of Work, Task Order 3 to nine Hospital Quality Improvement Contractors (HQIC) from the Network of Quality Improvement and Innovation Contractors (NQIIC). WVHA partnered with the Healthcare Association of New York State (HANYS) to offer the U.S. Quality Improvement Collaborative (EQIC) to eligible member hospitals. This work concluded in September 2024.

The next iteration, the 13th Scope of Work, returns to the QIN-QIO model that was had prior to 2012 to facilitate an integrated, community-based approach. West Virginia is in CMS region 2 with Pennsylvania, Maryland, Delaware, Washington D.C., Virginia, the U.S. Virgin Islands, and Puerto Rico[14]. The contracts are expected to be awarded in 2025, running for five years. Similar to HQIC, there will be an eligible hospital list.

CMS is encouraging all hospitals to participate in a large-scale learning network and has included this activity as an element in the Culture of Safety & Learning Health System domain of the Patient Safety Structure Measure (PSSM).

The WVHA Honors Program will recognize hospital participation in the CMS Region 2 QIN-QIO or other large-scale learning network (on the attestation you will be asked to list what large-scale learning network(s) you are participating in).

Level 1- Engagement

[Applicable to: CMS Eligible Hospital List]

We participate in the 13th Scope of Work with the CMS Region 2 QIN-QIO or with another large-scale learning network.

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[14] QIO 13th Scope of Work (2024-2029) CMS Quality Improvement Program. PowerPoint available at: https://qioprogram.org/system/files/2024-09/CMS_13th_SOW_Slides_to_Post_on_QIO_programFinal_09192024_508.pdf

Opioid Response Initiative

[Applicable to: Acute]

The opioid epidemic is one of the most serious public health issues facing our nation with West Virginia being one of the hardest hit states in the country. After showing some improvement, the COVID-19 pandemic increased isolation and reduced access to treatment resulting in a 31% increase in opioid-involved overdose deaths from 2019 to 2020.[15] In WV, after remaining stable from 2018 to 2019 and even decreasing 11% from 2017 to 2018, opioid overdose deaths increased 54.2% - the second highest increase in the nation between 2019 and 2020. Additionally, West Virginia continued to have the highest rate of drug overdose deaths in the nation in 2020 with a rate of 81.4 per 100,000 people[16] – significantly higher than the national rate of 28.3 per 100,000.[17]

The goal of the WV Hospital Opioid Response Initiative, developed by the WV Office of Drug Control Policy (ODCP) is to standardize and encourage best practices for addressing and treating opioid use disorder (OUD) in the hospital setting.

The following response activities have been identified by the WV ODCP as best practices in support of addressing and treating OUD in the hospital in seven key areas:

1. Education
2. Screening
3. Intervention
4. Naloxone
5. Peer Recovery Support
6. Safe Prescribing
7. Data Collection

In alignment with the WV ODCP Opioid Response Initiative, we have selected activities from four of the seven key areas with planned expansion in future program years. Additionally, due to the significant investment some hospitals have made in implementing the Mosaic model, we will recognize hospital completion and ongoing maintenance of the Mosaic program as meeting the selected criteria for level 1 implementation.

For the *2025 Honors Program*, the following items (highlighted in blue) have been identified from the WV ODCP Opioid Response Initiative as best practices that hospitals should implement to provide high quality care to individuals with Opioid Use Disorder (OUD) as well as patients at risk for overdose. In future years, we may add best practices from the other key areas (peer recovery support services, safe prescribing practices) to the *Honors Program*.

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[15] CDC. Drug Overdose. Death Rate Maps and Graphs. https://www.cdc.gov/drugoverdose/deaths/index.html
[16] CDC. Drug Overdose. 2020 Drug Overdose Death Rates. https://www.cdc.gov/drugoverdose/deaths/2020.html
[17] CDC. Drug Overdose. Death Rate Maps and Graphs. https://www.cdc.gov/drugoverdose/deaths/index.html

Education

To implement this practice, a hospital must:

1. Provide yearly education opportunities for all **emergency department (ED) (level 1) or ALL hospital (level 2) physicians and staff with patient interaction** regarding substance use disorder (SUD) and treatment modalities; stigma reduction; and the disease of addiction.
2. Identify a champion for the Opioid Response Initiative to facilitate and communicate practice enhancements surrounding SUD.
3. Identify departmental champions to serve as educational role models regarding addiction care and stigma reduction and coordinate with the Opioid Response Initiative champion.

Screening

To implement this practice, a hospital must have approved protocols established to:

4. Screens all patients entering the **ED (level 1)** or **hospital (level 2)** for SUD.
5. If a patient screens positive for SUD, an SBIRT screen is initiated to assess readiness for change.

Intervention

To implement this practice, a hospital must:

6. Provide informed consent to all patients regarding treatment options.
7. Provide addiction consult service either on site or by telehealth <u>during peak times in the ED</u> (level 1) and <u>at least five days a week on the inpatient unit(s)</u> (level 2) with on call service during off hours.

When indicted and a patient is agreeable to MOUD –

8. Initiate buprenorphine in the emergency department (level 1) or during an inpatient stay (level 2).
9. Provide a bridge prescription for patients who wish to follow-up with an MOUD program following the ED visit (level 1) or discharge (level 2).
10. Complete a warm handoff with an appropriate level of care.

For patients who do not wish to engage in MOUD or when MOUD is not indicated –

11. Hospital has a written process or policy in place dictating referral pathways including provider and facility agreements to accept referrals to treatment of the patient's choice (i.e., outpatient, intensive outpatient, detoxification, 28-day residential treatment, recovery residence, etc.)
12. Complete a warm handoff with an appropriate level or care.

At a minimum, a warm hand-off must include:

13. Schedule appointment(s) with outpatient addiction treatment providers.
14. Screen for transportation needs or other health-related social needs (HRSNs).

and may include:

15. Assisting patients with transportation or other barriers to outpatient treatment.
16. Follow-up up post-discharge to encourage patients to arrive at appointments.

To facilitate warm hand-offs, hospitals must have:

17. Relationships with outpatient MOUD providers to ensure appointments for patients who received a bridge prescription upon discharge to continue MOUD.
18. Process for referral to local outpatient addiction treatment providers when outpatient addiction services do not exist within their health system.
19. Process for referral to local residential treatment programs (ASAM level 3.5 and 3.1) and recovery residences to accept patients upon discharge from the hospital.

Written agreements or MOUs with outpatient or residential providers are encouraged, but not required for the WVHA Honors Program.

Naloxone

To implement this practice, a hospital must:

20. Provide a prescription for Naloxone and education **OR** dispense Naloxone kits and education to **ED patients (level 1) and hospital inpatients (level 2) that are at high risk for opioid overdose** (diagnosis of OUD, recent overdose, active IV drug use, high MME prescriptions, or new opioid prescription).

Peer Recovery Support

To implement this practice, a hospital must:

21. Offer Peer Recovery Support Specialist (PRSS) services **in the ED** to patients who screen positive for SUD **before discharge from the ED or within 24 hours** of positive screen.
22. Facility will have a formal follow-up procedure for a PRSS to contact individuals after discharge and provide ongoing services.
23. Offers Peer Recovery Support Specialist (PRSS) services to ED patients who screen positive for SUD through the development of an MOU with a local behavioral health center (LBHC) or other outpatient setting **within 48 hours** of positive screen.

24. PRSS or Care Management schedules timely MAT follow-up appointments **within 72 hours** of discharge and determines arrival for intake appointments by having a two-way release.
25. PRSS or Care Management schedules timely MAT follow-up appointments **within 48 hours** of discharge for **100%** of patients who have been given a bridge prescription or fast tracked to an outside provider for quick intake.

Safe Prescribing

To implement this practice, a hospital must:

26. Have a program for using multi-modal and alternatives to opioids (ALTOs) for pain control in all appropriate situations.
27. Co-prescribe naloxone with all high MME opioid prescriptions.
28. Have a program in place for Safe Opioid Prescribing (*more details on a safe prescribing program will be developed for the 2026 Honors Program*).

Data Collection

To implement this practice, a hospital must:

29. Monitor the CMS eCQM - Safe Use of Opioids - Concurrent Prescribing[18] (the co-prescribing of two or more opioids or an opioid and a benzodiazepine concurrently at discharge).

Note: A future measurement threshold will be considered for adoption in the WVHA Honors Program.

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[18] For more information on the Safe Use of Opioids – Concurrent Prescribing eCQM, please visit the eCQI Resource Center.

Level 1 – Engagement
[Applicable to: Acute]

We have implemented the best practices identified in the key areas of Education, Screening, Intervention, Naloxone, and Data Collection **in the Emergency Department** to improve access to and quality of substance use disorder treatment in a way that aligns with state priorities to address the opioid epidemic *as of August 31, 2025.*

Level 2 – Implementation
[Applicable to: Acute]

We have implemented the best practices identified in the key areas of Education, Screening, Intervention, Naloxone, and Data Collection **in the Emergency Department and inpatient setting (where applicable)** to improve access to and quality of substance use disorder treatment in a way that aligns with state priorities to address the opioid epidemic *as of August 31, 2025.*

Please note: Hospitals in active implementation or maintenance with the Mosaic Group can attest to level 1. Activities must be expanded to inpatient settings where noted above to attest to level 2.

Statewide Bed Capacity System

[Applicable to: Acute, LTAC, Rehab, Psych]

Bed capacity data has been identified by the CDC as a core data source in their Public Health Data Strategy. To achieve a near real-time statewide bed capacity system the CDC has created a pathway to funding with the CDC SHARP 2 ELC cooperative agreement. West Virginia is one of 19 states awarded in this round of funding. The goal of this funding is to implement a near real-time statewide bed capacity system in which over 90% of the state's hospitals are automatically transferring data to the state system, which sends data to CDC's NHSN at least two times per day.

This project includes acute care hospitals, long-term acute care hospitals, freestanding and hospital-based psychiatric and rehabilitation hospitals, and Veterans Administration hospitals. The data will be sent from participating facilities to EMResource, the statewide bed capacity system. The data will then be sent to CDC's National Healthcare Safety Network (NHSN) at least twice a day, with a goal of increasing that feed to once an hour. There are 77 required data fields, including staffed and occupied beds for a variety of bed types, for adult and pediatrics.

This work is the result of federal data modernization efforts and acknowledgement that robust healthcare capacity data is essential to emergency preparedness and response. The goal is to have APIs established and data flowing for 90% of hospitals by the end of 2025. WVHA is assisting the West Virginia Department of Health with the implementation of this activity and the development of a statewide governance council.

WVHA encourages all hospitals to participate in this data modernization initiative to reduce reporting burden and increase data timeliness and accuracy.

Level 1 – Engagement
[Applicable to: Acute, LTAC, Rehab, Psych]

We have signed the project commitment and are committed to implementing the automation of data transfer to the Statewide Bed Capacity System *by December 31, 2025.*

Level 2 – Implementation
[Applicable to: Acute, LTAC, Rehab, Psych]

We have implemented the automation of data transfer to the Statewide Bed Capacity System *as of August 31, 2025.*

Workplace Violence

[Applicable to: Acute, LTAC, Rehab, Psych]

Healthcare providers, especially front-line staff within hospital emergency departments, are increasingly facing violent encounters with patients and visitors.

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.[19] The Bureau of Labor Statistics found that the majority of all workplace violence incidents occur in health care settings.

By assessing their worksites and developing a well-written and implemented workplace violence prevention program hospitals can take steps to reduce the likelihood of incidents occurring.[20] West Virginia hospitals are committed to a culture of safety and believe that no incidence of violence should be tolerated.

WVHA will work with member hospitals to mitigate workplace violence through advocacy, strengthening collaboration, and implementing evidence-based strategies through peer networking and resource sharing.

This effort will assist hospitals in the implementation of comprehensive workplace violence programs, including data collection on workplace violence incidents. Additionally, this effort will assist hospitals in meeting regulatory requirements within the CMS Conditions of Participation, accrediting organization standards, and OSHA requirements.

Level 1 – Engagement
[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to developing and implementing a comprehensive program to address workplace violence *by August 31, 2026*.

Level 2 – Implementation
[Applicable to: Acute, LTAC, Rehab, Psych]

We have implemented a comprehensive program to address workplace violence *by August 31, 2025*.

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[19] OSHA. Workplace Violence. Available at https://www.osha.gov/workplace-violence
[20] OSHA. Workplace Violence. Available at https://www.osha.gov/workplace-violence

WVHA Discharge Data Program

[Applicable to: Acute, LTAC, Rehab, Psych]

The West Virginia Hospital Association provides leadership for West Virginia member hospitals and health systems to address issues across many domains including legislative, finance, policy, advocacy and clinical. Under the Patient Protection and Affordable Care Act, access to data is unprecedented. Members are embracing new delivery models to bridge the transformation required to move towards value-based care as volume-based reimbursement models are changing. Meaningful Use and pay for performance have emerged as critical new factors in today's healthcare environment. Now, more than ever, it is critical for WVHA members to have affordable access to the tools and analytics to leverage big data effectively. The triple aim to improve care, improve health and lower cost will be the primary determinants of success, and access to advanced analytic solutions have been shown to be critical elements of strategies to help organizations successfully move from volume to value.

For the past 30+ years, WV has had a mandatory requirement that hospitals submit discharge data to the Health Care Authority; however, the data is not all that useful for the hospitals. It is a cumbersome process to request the data, it is a limited dataset that often stripes the very information you are seeking, and it is old, which by itself diminishes the true value.

Adding discharge data capabilities to WVHA's existing data services greatly aids the Association in fulfilling its mission to collectively build better healthcare and health for the patients, people and communities in West Virginia.

Benefits of a strong and timely data program:

• **Focus on core strengths.** Having a data and analytics program will optimize the impact that existing staff expertise can have with members. For example, strong government relations staff can have more timely and robust analytics to support WVHA's policy and advocacy decision framework. The Quality Committee and staff can access performance metrics to drive quality initiative impact with members.

• **Member value.** Members can access and interact with data easily to better understand market share, peer quality performance and community health metrics.

• **C-suite functionality.** Make available the ability to trend, analyze and model data and customize solutions to meet association and members' needs.

• **Drive adaptive health learning to improve care.** Association staff can access statewide and cohort trends in quality performance using timely data to support WVHA quality improvement initiatives. A timely data program can support WVHA's goals to advance price and quality transparency through the associations HospitalSmart web site.

• **Position the Association to provide value to constituency groups.** With strong, timely data, our reporting tools could support strategic planning, financial and quality performance needs of individual hospitals, health systems, collaboratives, and special interest groups.

With a discharge data program operated by WVHA, hospitals can get access to strategic planning and marketing reports, which can help hospital planners better understand their market position, competition and trends, see utilization patterns and trends, target interventions for high utilizers, know physicians' loyalty and performance and build an informed data-driven strategic plan. Hospitals would be able to analyze and map out trends of previously unknown market variables such as attending physician patterns and market leakage based on service and geography hotspots.

In 2017 the WVHA Quality Committee voted to explore the opportunity of a WVHA discharge data program. In May 2017, the WVHA Board of Trustees approved that plan and asked for outpatient data to be included, which hospitals began submitting on January 1, 2020.

Level 1 – Implementation
[Applicable to: Acute, LTAC, Rehab, Psych]

We are participating in the WVHA Discharge Data Program (inpatient & outpatient).

Level 2 – Engagement
[Applicable to: Acute, LTAC, Rehab, Psych]

We are participating in the WVHA Discharge Data Program (inpatient & outpatient) and have submitted timely and accurate data files *through August 31, 2025.*

2025 Commitment to Excellence Honors Program Attestation Form

Hospital Name: _____
(Print or type your hospital name)

Attestation Contact:_____
(Print or type your name)

Email: _____   **Phone**: _____

Alliance for Innovation on Maternal Health (AIM) Program

[Applicable to: Acute Care Birthing Hospitals]

Project Lead: _____

Email: _____   **Phone**: _____

☐   **Not Applicable**

We do not provide obstetrical services.

☐   **Level 1 - Engagement**

[Applicable to: Acute Care Birthing Hospitals]

We are participating in the Alliance for Innovation on Maternal Health (AIM) Program in collaboration with the WV Perinatal Partnership and WVHA.

☐   **Level 2 - Implementation**

[Applicable to: Acute Care Birthing Hospitals]

We are participating in the Alliance for Innovation on Maternal Health (AIM) Program in collaboration with the WV Perinatal Partnership and WVHA AND are up to date on structure and process measure data submission (through Quarter 2 2025 as of August 31, 2025) in the AIM Data Center.

Antibiotic Stewardship

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Level 1- Engagement**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are currently participating in the WVHA Antibiotic Stewardship Reporting Program or are successfully submitting data to NHSN's AUR module AND we are actively working on our antibiotic stewardship program but are not 100% aligned with the CDC *Core Elements* for a successful hospital antibiotic stewardship program (per the NHSN Annual Hospital Survey) as of *August 31, 2025*.

☐ **Level 2- Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are currently participating in the WVHA Antibiotic Stewardship Reporting Program or are successfully submitting data to NHSN's AUR module AND we have implemented a robust antibiotic stewardship program that is 100% aligned with the CDC *Core Elements* (per the NHSN Annual Hospital Survey) as of *August 31, 2025*.

Care Transitions

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Level 1 – Engagement**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to implementing a care transitions program that aligns with a nationally recognized care transitions program(s) by *August 31, 2026* or have already implemented a care transitions program that aligns with a nationally recognized care transitions program(s) as of *August 31, 2025* (will need to specify which program(s) on the attestation form), but did not achieve a Care Transitions composite top box score of 52% or higher.[21]

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[21] Hospital top-box score will be obtained from the July 2025 Care Compare update.

☐ **Level 2 – Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We have implemented a care transitions program that aligns with a nationally recognized care transitions program(s) as of _August 31, 2025_ (will need to specify which program(s) on the attestation form) AND have achieved a 52% or higher on the "top box" score for the HCAHPS Care Transitions composite.

Please note: The measurement component is only applicable to acute care hospitals.

We have aligned our work with the following nationally recognized care transitions program(s):

_____

_____

_____

Cybersecurity

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Level 1- Engagement**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to implementing five of the ten essential cybersecurity performance goals (CPGs) _by August 31, 2026_.

☐ **Level 2- Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We have implemented five of the ten essential cybersecurity performance goals (CPGs) _as of August 31, 2025_, and are committed to implementation of all ten _by August 31, 2026_.

Hospital Emergency Management Program

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Level 1- Engagement**

[Applicable to: Acute, LTAC, Rehab, Psych]

We have returned the signed 2024-2025 Coalition Agreement with primary and secondary contacts identified AND are committed to implementing all emergency response activities for the 2025-2026 HPP program year.

☐ **Level 2- Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We have returned the signed 2024-2025 Coalition Agreement with primary and secondary contacts identified AND have implemented all emergency response activities for the 2024-2025 HPP program year.

Influenza Vaccination

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Level 1- Engagement**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to the development of processes that support the improvement of vaccination rates *by the 2025-2026 flu season* AND have achieved a Healthcare Personnel (HCP) Influenza Vaccination Adherence percentage of 80% or greater for all HCP per National Healthcare Safety Network (NHSN) protocol for the 2024-2025 flu season (reporting period: October 1-March 31) OR we have processes in place that support the improvement of vaccination rates but did not achieve a 90% Healthcare Personnel (HCP) vaccination percentage for the 2024-2025 flu season.

☐ **Level 2- Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We have processes in place that support the improvement of vaccination rates AND have achieved a Healthcare Personnel (HCP) Influenza Vaccination Adherence percentage of 90% or greater for all HCP per National Healthcare Safety Network (NHSN) protocol for the 2024-2025 flu season (reporting period: October 1-March 31).

Please note: The NHSN protocol and definitions will be used for the HCP influenza vaccination adherence percentage. All Healthcare Personnel (HCP) is defined as the three required categories for data submission: (1) employees (staff on facility payroll); (2) licensed independent practitioners (physicians, advanced practice nurses, physician assistants, post-resident fellows also included if not on facility's payroll); and (3) Adult students/trainees and volunteers. At this time 'other contract workers' is an optional data field in NHSN and is excluded from "all" HCP. Protocol available at: https://www.cdc.gov/nhsn/pdfs/hps-manual/vaccination/hps-flu-vaccine-protocol-508.pdf

Large-Scale Learning Network

[Applicable to: CMS Eligible Hospital List]

Project Lead: _____

Email: _____ **Phone**: _____

Large-Scale Learning Network(s): _____

☐ **Not Applicable**

We are not eligible for participation in the 13th Scope of Work.

☐ **Level 1- Engagement**

[Applicable to: CMS Eligible Hospital List]

We participate in the 13th Scope of Work with the CMS Region 2 QIN-QIO or with another large-scale learning network.

Opioid Response Initiative

[Applicable to: Acute]

Project Lead: _____

Email: _____ **Phone**: _____

☐   **Level 1- Engagement**

        [Applicable to: Acute]

We have implemented the best practices identified in the key areas of Education, Screening, Intervention, Naloxone, and Data Collection **in the Emergency Department** to improve access to and quality of substance use disorder treatment in a way that aligns with state priorities to address the opioid epidemic *as of August 31, 2025.*

☐   **Level 2- Implementation**

        [Applicable to: Acute]

We have implemented the best practices identified in the key areas of Education, Screening, Intervention, Naloxone, and Data Collection **in the Emergency Department and inpatient setting (where applicable)** to improve access to and quality of substance use disorder treatment in a way that aligns with state priorities to address the opioid epidemic *as of August 31, 2025.*

Please note: Hospitals in active implementation or maintenance with the Mosaic Group can attest to level 1. Activities must be expanded to inpatient settings where noted above to attest to level 2.

Statewide Bed Capacity System

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐   **Level 1- Engagement**

[Applicable to: Acute, LTAC, Rehab, Psych]

We have signed the project commitment and are committed to implementing the automation of data transfer to the Statewide Bed Capacity System *by December 31, 2025*.

☐   **Level 2- Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We have implemented the automation of data transfer to the Statewide Bed Capacity System *as of August 31, 2025.*

Workplace Violence

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐   **Level 1- Engagement**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are committed to developing and implementing a comprehensive program to address workplace violence *by August 31, 2026.*

☐   **Level 2- Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We have implemented a comprehensive program to address workplace violence *by August 31, 2025*.

WVHA Discharge Data Program

[Applicable to: Acute, LTAC, Rehab, Psych]

Project Lead: _____

Email: _____ **Phone**: _____

☐ **Level 1 – Implementation**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are participating in the WVHA Discharge Data Program (inpatient & outpatient).

☐ **Level 2 – Engagement**

[Applicable to: Acute, LTAC, Rehab, Psych]

We are participating in the WVHA Discharge Data Program (inpatient & outpatient) and have submitted timely and accurate data files through _August 31, 2025_.

I hereby attest that our hospital has met the criteria for recognition in each topic area as indicated above for the 2025 Commitment to Excellence Honors Program.

_____   _____
Print Hospital CEO   Date

_____
Hospital CEO signature

Thank you for your *Commitment to Excellence!*