

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA
WEST PALM BEACH DIVISION

CASE NO. 9:25-CV-80526-DMM

GOOD SAMARITAN MEDICAL
CENTER, INC., et al.,

Plaintiffs,

v.

THE LEAPFROG GROUP,

Defendant.

LEAPFROG'S DEPOSITION DESIGNATIONS

The Leapfrog Group, by and through their undersigned counsel, hereby submit the following updated written deposition designations and objections.

1. Table 1: Leapfrog's Designations, Plaintiffs' Counter-designations, Leapfrog's objections to Plaintiffs' Counter-designations, Leapfrog's Reply-designations, and Plaintiffs' objections to Leapfrog's Reply-designations of Dr. Matt Austin's deposition;
2. Leapfrog's Designations, Plaintiffs' Counter-designations, Leapfrog's objections to Plaintiffs' Counter-designations, Leapfrog's Reply-designations, and Plaintiffs' objections to Leapfrog's Reply-designations of Regina West's deposition.

The Leapfrog Group intends to present these designations and objections at trial. The Leapfrog Group reserves the right to remove any portion of these designations before or at the trial in this case. The Leapfrog Group reserves the right to submit any testimony that has been designated by The Leapfrog Group either affirmatively or in its counter designations.

Key to Objections:

- AA: Asked & Answered/Duplicative
- BER: Best Evidence Rule
- C: Compound
- CU: Cumulative
- H: Hearsay
- IH: Improper Hypothetical
- L: Leading
- LF: Lacks Foundation
- M: Mischaracterizes Testimony
- MD: Mischaracterizes Document
- N: Non-Responsive
- PK: No Personal Knowledge/Lacks foundation
- R: Relevance
- S: Calls for Speculation
- T: Time Wasting
- V: Vague & Ambiguous

Table 1: Leapfrog's Deposition Designations of Matt Austin - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
39:9	42:16	No Objection						
52:5	53:10	No Objection						
54:17	55:19	No Objection						
60:5	60:21	No Objection						
62:12	64:10	No Objection	64:11	65:10	No objection.			
71:13	75:21	No Objection						
81:10	83:13	No Objection						
85:4	88:11	No Objection						
94:1	97:12	No Objection						
101:20	102:14	Clarification. Ends on question. Proposed ending at 13.						
105:7	107:10	No Objection	107:11	107:13	No objection.			
108:10	110:7	No Objection						
110:18	111:21	No Objection						
112:11	114:14	Clarification. Propose cutting non-substantive discussion at 113:13-16 for time and cutting 114:14, ending on a question.						
115:6	121:5	No Objection	114:15	115:1	No objection.			
125:5	127:19	No Objection						

Table 1: Leapfrog's Deposition Designations of Matt Austin - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
159:7	159:12	No Objection						
176:4	176:11	No Objection	176:12	176:21	R			
177:19	178:1	No Objection						
178:5	179:7	No Objection						
179:18	179:19		179:14	180:3	No objection.			
181:3	181:20	No Objection	180:4	181:2	No objection.			
192:17	193:12	No Objection						
		No Objection	201:11	202:4	Completeness	200:11	201:10	Objection. R.
202:5	203:2		203:3	203:5	No objection.			
204:18	205:4	No Objection						
208:1	209:4	Objection. Ms. Lawson's objection is waived by non-appearance.						

Table 1: Leapfrog's Deposition Designations of Matt Austin - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
209:9	210:8	Clarification. Propose cutting 209:21-210:7 for timing. Objection: Ms. Lawson's objection at 209:21-210:2 is waived by non-appearance & clarification question is not proper						
210:14	212:17	Objection. Ms. Lawson's objection at 211:10-211:12 is waived by non-appearance.						
213:8	216:19	No Objection						
224:9	224:16	No Objection						
238:2	238:21	No Objection						
240:1	240:9	No Objection						
240:15	241:5	No Objection	241:6	241:8	No objection.			
241:16	241:19	No Objection	241:9	241:15	No objection.			
			241:20	241:21				
243:16	245:16	Objection. Ms. Lawson's objection at 243:19-244:2 is waived by non-appearance.						

Table 1: Leapfrog's Deposition Designations of Matt Austin - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
247:3	247:14	No Objection	248:5	248:7	No objection.			
248:10	249:9	No Objection						
250:10	250:16	Objection. Incomplete designation / no question designated.	249:10	250:9	No objection.			
			250:17	250:20	No objection.			
263:21	264:9	No Objection						
266:14	267:8	No Objection						
268:1	268:10	No Objection						
275:16	277:19	No Objection						
281:2	281:10	Objection. N.						
282:2	282:7	No Objection						
284:11	285:6	No Objection						
292:21	294:6	No Objection	294:7	296:14	No objection.			
298:2	298:8	No Objection						
302:16	304:1	No Objection	304:2	304:13	R			
353:11	353:20	No Objection	352:4	353:10				
354:1	354:9	No Objection						
370:3	370:20	Objection IH, LF, AF, L, S, V						
379:20	382:1	Objection. L.						
384:14	384:21	No Objection						
385:12	385:21	No Objection						

Table 1: Leapfrog's Deposition Designations of Matt Austin - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
386:2	387:15	Objection. H.						
388:3	389:8	Objection. N, V.						
390:6	390:21	Objection V, S.						
392:9	392:19	No Objection						

Table 2: Leapfrog's Deposition Designations of Regina West - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
13:2	14:10	No Objection						
14:17	15:11	No Objection						
15:18	16:1	Objection. R T/CU.						
16:9	16:22	Objection. R, T.						
17:1	17:10	Objection. R, T.						
17:18	18:12	Objection. R, T/CU.	17:11	17:14	No objection.			
18:24	20:12	Objection. R T/CU.	18:13	18:23	No objection.			
21:10	22:5	Objection. LF, R.						
22:7	22:25	Objection. R, T/CU. Clarification: ends on partial question.						
24:25	25:4	Objection. LF, R, T/CU.						
25:22	26:21	Objection. V, LF, R.						
26:23	27:21	Objection. R, T.						

Table 2: Leapfrog's Deposition Designations of Regina West - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
28:3	28:6	Objection. R, T.	28:7	28:11	No objection.			
29:8	29:13	Objection. R, T.						
29:19	30:10	Objection. R.						
31:1	31:24	Objection. LF, S, V, R, T						
40:7	42:11	Objection. LF, V. R.						
42:13	43:12	Objection. L, V. R, T/CU.	43:13	43:14	No objection.	43:15	43:18	Objection. R, TW.
44:6	44:20	Objection. L						
44:23	45:12	Objection. LF, V, R, T/CU.						
45:16	46:20	Objection. R, T/CU.						
47:1	47:13	Objection. LF, V, R, T/CU.						
47:15	49:23	Objection. C, LF, V, R, T.						
50:23	51:8	Objection. C, LF, V, S, R, T/CU.						

Table 2: Leapfrog's Deposition Designations of Regina West - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
51:15	52:13	Objection. C, M, L, R, T/C.	51:10	51:14	No objection.			
53:17	57:15	Objection V, M, C, R, T/CU. Clarification - ends on a question.						
58:4	59:5	Objection. S, R, T.						
71:12	71:17	Objection. C, V, R., T/CU.						
72:8	73:6	Objection. V, R, T/CU.						
76:20	76:22	No Objection.						
82:20	85:17	Objection. V, R, T/CU.						
85:20	88:15	No Objection.	88:16	90:8	H, PK, F	90:9	90:16	Objection. R, TW.
			90:17	95:4	H, F, PK, UP			
96:21	97:4	Objection. R, T/CU.	95:14	96:20	No objection.			
97:11	97:17	No Objection.						

Table 2: Leapfrog's Deposition Designations of Regina West - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
97:19	97:25	Objection. V, R, T/CU.						
98:2	98:18	Objection.. AA. V, R, T/CU.						
112:3	112:10	Objection. C, V, R., T/CU.						
112:19	112:25	Objection. R, T/CU.						
113:2	113:6	Objection. R, T/C.						
113:8	113:13	Objection. R, T/CU.	113:15	114:1	Complete-ness. NR R,	114:2	114:6	Objection. AA. R, TW/CU.
			114:8	114:15	NR, R			
115:9	115:22	Objection. V, R, T/CU.	111:5	111:12				
116:2	116:24	Objection. C, LF, V, S, R, T/CU.	67:25	68:6	No objection			
			243:1	243:17	No objection	202:9	202:13	Objection. M, LF, R, T/CU.
						243:18	244:4	Objection. R, T/CU.
123:8	123:13	Objection. R, T/CU.						

Table 2: Leapfrog's Deposition Designations of Regina West - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
124:6	124:23	Objection. R, T/CU, H.	123:14	124:5	No objection.			
			124:24	125:12	Completeness	125:13	126:4	Objection. R T/CU.
			177:6	177:11				
			177:16	177:22	Completeness	218:21	219:24	Objection. LF. R, T/CU.
130:14	131:2	Objection. M, V, R, T/CU.						
132:22	133:5	Objection. R, T.						
136:10	136:12	Objection. R, T/CU, H						
136:23	140:5	Objection. R, T/CU, H						
141:16	143:23	Objection. R, T/CU, H						
150:12	151:12	Objection. R. T/CU.						
152:4	154:14	Objection. R. T/CU.						
157:5	157:22	Objection. S. R, T/CU.						

Table 2: Leapfrog's Deposition Designations of Regina West - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
158:7	158:24	Objection. R, T.						
159:12	159:22	Objection. R, T, H						
160:15	161:24	Objection. R, T.						
163:18	164:8	Objection. MD, R, T.						
164:12	164:20	Objection. LF, MD, R, T.	164:21	165:7	Completeness	165:13	166:10	Objection. Outside the scope of counter-designation. R, T.
165:8	165:12	Objection. C, LF, V, R, T/CU.						
166:11	168:16	No Objection.						
170:9	170:18	Objection. C, R.						
172:5	175:24	Objection. V, R, T.						
173:11	174:21	Objection. V, R, T/CU.						
181:19	181:23	Objection. LF, R, T/CU.						
181:25	182:13	Objection. M. R, T/CU.						

Table 2: Leapfrog's Deposition Designations of Regina West - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
182:22	183:14	Objection. C. R, T/CU.						
183:16	185:13	Objection. V, R, T/CU.						
187:20	189:15	Objection. R, T/CU.						
190:11	190:15	Objection. R, T/CU.	189:24	190:10	No objection.			
191:2	191:17	Objection. R, T/CU.	190:16	191:1	No objection.			
			191:18	192:22	Completeness	192:24	193:9	Objection. IH, LF, M, R, T.
193:15	194:2	Objection. R, T/CU.	194:3	194:8	Completeness	194:10	194:13	Objection, including Form Objection at 194:14. LF, R, T/CU.
197:19	198:10	Objection. Cumulative.	198:11	200:7	F, PK, H, UP	141:2	141:13	Objection. T/CU. BER.
						215:16	216:11	No Objection.
200:10	200:14	Objection. V, R.						
200:16	200:20	Objection. V, R.						
202:22	203:5	Objection. V, R.						

Table 2: Leapfrog's Deposition Designations of Regina West - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
205:1	205:8	Objection. IH, R.	205:18	205:21	Completeness	215:16	216:11	No Objection.
205:10	205:17	Objection. R, T.						
206:10	206:20	No Objection.	206:24	207:1	Completeness	207:2	207:7	Objection. R, T.
			207:8	207:17	H			
208:22	209:20	Objection. R, T/CU.						
212:13	214:18	Objection. R, H.	214:19	214:24	No objection			
			215:24	216:24	F, PK as to 216:21-24			
218:1	218:13	Objection. R, H.						
220:8	220:19	Objection. R, T/CU.						
221:10	223:9	Objective. LF, M, MD, V. R, T/CU.						
223:14	224:23	Objection M. LF, R, T.						
225:2	227:24	Objection. M, LF, C. R, H.	228:3	228:24	H, F, PK, Wasting time			

Table 2: Leapfrog's Deposition Designations of Regina West - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
			230:4	231:4	No objection.			
229:10	229:20	No Objection						
237:24	238:5	Objection. S, R, T.	236:11	237:18	H, F, PK			
240:1	240:11	Objection. R, T/CU.	238:7	239:5	H, F, PK, UP, Wasting time			
			240:12	240:19	R, UP, Wasting time			
			242:1	242:13	H, R, UP, Wasting time			
245:17	245:23	Objection. R.						
249:4	249:16	Objection. C. R, T/CU.						
253:2	262:22	Objection. V, M, LF, S, R, T/CU, P.						
263:1	263:14	Objection. AA, R.						
265:4	266:2	Objection. LF, S, O.						

Table 2: Leapfrog's Deposition Designations of Regina West - 9/25/2025								
Leapfrog's Affirmative Designations		Objections to Leapfrog's Designations	Plaintiffs' Counter-Designations		Objections to Plaintiffs' Counter-Designations	Leapfrog's Reply Designations		Objections to Reply Designations
From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line		From: Page:Line	To: Page:Line	
268:17	268:22	Objection. R.	269:1	269:7	No objection.	269:8	269:14	Objection. AA, R, T/CU.

Respectfully submitted,

WILSON ELSEER MOSKOWITZ EDELMAN &
DICKER LLP

Jura C. Zibas (Bar #124571)
jura.zibas@wilsonelser.com
2063 Main Street, Suite 100
Sarasota, Florida 34237
(941) 866-8561 (Main)
(212) 915-5756 (Direct)

Kimberly E. Blair (*pro hac vice*)
Illinois Bar No.: 6272934
Courtney L. Wood (*pro hac vice*)
Illinois Bar No.: 6344385
161 N. Clark St., Suite 4500
Direct: (312) 821-6139
Main: (312) 704-0550
Kimberly.blair@wilsonelser.com
Courtney.wood@wilsonelser.com

Attorneys for The Leapfrog Group

EXHIBIT B

Gina West
September 25, 2025

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA
WEST PALM BEACH DIVISION
CASE NO.: 9:25-CV-80526-DMM

GOOD SAMARITAN MEDICAL CENTER, INC.,
DELRAY MEDICAL CENTER, INC.,
PALM BEACH GARDENS COMMUNITY
HOSPITAL, INC. d/b/a PALM BEACH
GARDENS MEDICAL CENTER,
ST. MARY'S MEDICAL CENTER, INC.,
AND WEST BOCA MEDICAL CENTER, INC., et al.,

Plaintiffs,

v.

THE LEAPFROG GROUP,

Defendant.

VIDEOTAPED DEPOSITION OF GINA WEST
(CONFIDENTIAL)

DATE TAKEN: Thursday, September 25, 2025
TIME: 9:09 a.m. - 4:41 p.m.
PLACE: Quest Workspaces West Palm Beach
515 North Flagler Drive
Suite 350 - Conference Room A
West Palm Beach, Florida 33401

Stenographically Reported By:
Barbie Gallo, RMR-CRR
www.lexitaslegal.com
888-811-3408

Job No.: 421988

Gina West
September 25, 2025

Page 2

1 APPEARANCES:

2 On behalf of the Plaintiffs:

GIBSON, DUNN & CRUTCHER, LLP

3 200 Park Avenue

New York, NY 10166

4 (212) 351-4000

BY: MARC TAKAGAKI, ESQUIRE

5 MARY BETH MALONEY, ESQUIRE

mtakagaki@gibsondunn.com

6 mmaloney@gibsondunn.com

7 AND

8 GIBSON, DUNN & CRUTCHER, LLP

811 Main Street

9 Suite 3000

Houston, Texas 77002-6117

10 (346) 718-6706

BY: KEVIN SIMMONS, ESQUIRE (via realtime)

11 kmsimmons@gibsondunn.com

12 On behalf of the Defendant:

WILSON, ELSER, MOSKOWITZ, EDELMAN & DICKER LLP

13 161 North Clark

Suite 4500

14 Chicago, Illinois 60601

(312) 821-6139

15 BY: KIMBERLY E. BLAIR, ESQUIRE

kimberly.blair@wilsonelser.com

16

ALSO PRESENT:

17 Benny Dorlouis, videographer

18

19

20

21

22

23

24

25

Gina West
September 25, 2025

			Page 3
1	INDEX OF PROCEEDINGS		
2	E X A M I N A T I O N S		
3	WITNESS:		PAGE:
4	REGINA WEST		
5	DIRECT EXAMINATION		7
6	BY MS. BLAIR		
7	CERTIFICATE OF OATH		273
8	CERTIFICATE OF REPORTER		274
9	READ & SIGN LETTER TO WITNESS		275
10	ERRATA SHEET		276
11	E X H I B I T S		
12	NUMBER	DESCRIPTION	PAGE
13	Exhibit 1	LEAPFROG CERTIFIED COACH	105
14		PROGRAM "BECOME A LEAPFROG	
15		CERTIFIED COACH"	
16	Exhibit 2	2025 DEEP DIVE SESSIONS	106
17	Exhibit 3	1/26/23 EMAIL CHAIN AND	134
18		ATTACHMENTS SUBJECT: FW: JUST	
19		PUBLISHED: 2023 HOSPITAL	
20		SAFETY GRADE METHODOLOGY -	
21		LEAPFROG AATTACHMENTS:	
22		SPRING2023HOSPITALSAFETYGRADE_	
23		METHODOLOGYCHANGES_	
24		wPUBLICCOMMENTS_FINAL_WEB.PDF	
25	Exhibit 4	1/27/23 EMAIL CHAIN SUBJECT:	141
26		FW: JUST PUBLISHED: 2023	
27		HOSPITAL SAFETY GRADE	
28		METHODOLOGY - LEAPFROG (8	
29		PAGES)	
30	Exhibit 5	4/17/23 EMAIL TO ANDREA NUNES,	163
31		CAROLA KURET, HEATHER	
32		WEHMEYER, TAYLOR POOL,	
33		KATHLEEN MCDONALD SUBJECT:	
34		LEAPFROG MARKET ANALYSIS	
35	Exhibit 6	4/21/23 CALENDAR ENTRY FROM:	168
36		ASHLEY BARQUIN LOCATION:	
37		GINA'S OFFICE SUBJECT:	
38		ACCEPTED: LEAPFROG - GOOD SAM	
39	Exhibit 7	1/29/24 CALENDAR ENTRY	170
40		ORGANIZER: REGINA WEST	
41		LOCATION: GINA'S OFFICE	
42		SUBJECT: LEAPFROG WORK	
43	Exhibit 8	3/25/24 EMAIL FROM MAUREEN	173
44		COLANDREA TO REGINA WEST	
45		SUBJECT: LEAPFROG SIR	
46		BENCHMARK NUMBERS FOR GOOD	
47		SAMARITAN	

Gina West
September 25, 2025

1	Exhibit 9	4/4/24 EMAIL FROM REGINA WEST TO ANDREA NUNES, HEATHER WEHMEYER, TAYLOR POOL, KATHLEEN MCDONALD CC: RICARDO RAMIREZ SUBJECT: CPOE RESPONSE TO EHR SAFER SURVEY	Page 4 177
2			
3			
4	Exhibit 10	5/21/24 EMAIL FROM ANDREA NUNES TO RICARDO RAMIREZ, REGINA WEST SUBJECT: FW: REVIEW PLANNED UPDATES TO THE FALL 2024 HOSPITAL SAFETY GRADE	187
5			
6			
7	Exhibit 11	9/25/24 FROM REGINA WEST TO ANNA GUNOD EMAIL CHAIN SUBJECT: LEAPFROG	212
8			
9	Exhibit 12	9/27/24 EMAIL CHAIN FROM REGINA WEST TO RICARDO RAMIREZ SUBJECT: FW: LEAPFROG	221
10			
11	Exhibit 13	12/6/24 EMAIL CHAIN FROM REGINA WEST TO SHERI MONTGOMERY SUBJECT: FW: LEAPFROG SCORES	225
12			
13	Exhibit 14	PBHN000005092 - PBHN000005093 12/6/24 FROM REGINA WEST TO SHER MONTGOMERY SUBJECT FW: LEAPFROG SCORES	230
14			
15	Exhibit 15	PBHN000005094 - PBHN000005096 12/10/24 EMAIL CHAIN FROM SHERI MONTGOMERY TO COLLEEN THIELK, TAYLOR GUITTAP SUBJECT: FW: STET NEWS COVERAGE OF LEAPFROG RANKINS	236
16			
17	Exhibit 16	PBHN000005141 - PBHN000005145 12/11/24 EMAIL FROM REGINA WEST TO SHERI MONTGOMERY SUBJECT LEAPFROG HEALTHCARE ADVISORY BOARD	241
18			
19	Exhibit 17	2/13/25 EMAIL FROM MAGGIE GILL TO REGINA WEST SUBJECT: LEAPFROG	242
20			
21	Exhibit 18	EMAIL FROM REGINA WEST TO ANDREA NUNES, STEPHANY JOHNSON, KATHLEEN MCDONALD, ERIN BRITT, TAYLOR POOL SUBJECT: LEAPFROG BENCHMARKS	246
22			
23	Exhibit 19	3/31/25 EMAIL CHAIN SUBJECT: RE: AHCA HAS ARRIVED TO WEST BOCA	249
24			
25			

Gina West
September 25, 2025

1	Exhibit 20	4/28/25 EMAIL CHAIN SUBJECT:	Page 5
2		FW: FL SPRING 2025 AND	252
3	Exhibit 21	WHAT-IFS	
4		LEAPFROG HOSPITAL SURVEY HARD	265
5	Exhibit 22	COPY	
6		4/29/25 CALENDAR ENTRY FROM	269
7		REGINA WEST LOCATION: GINA'S	
8		OFFICE SUBJECT: DATA FOR	
9		MAGGIE/LEAPFROG	
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

Gina West
September 25, 2025

Page 6

1 Thereupon,
2 the following proceedings began at 9:09 a.m.:

3 * * *

4 THE VIDEOGRAPHER: We're now on the video
5 record and the time is 9:09 a.m. This is the
6 video deposition of Regina West taken in the
7 matter of Good Samaritan Medical Center, Inc.
8 et al. Versus The Leapfrog Group.

9 This deposition is being held at 515 North
10 Flagler Drive West Palm Beach Florida on
11 September 25th, 2025. The videographer is
12 Benny Dorlouis, and the court reporter is
13 Barbie Gallo, both in association with Lexitas.

14 Will counsel please announce their
15 appearances for the record.

16 MS. BLAIR: Kim Blair on behalf of the
17 defendant, Leapfrog Group.

18 MR. TAKAGAKI: Marc Takagaki on behalf of
19 the plaintiffs and the witness, and I'm joined
20 by my colleague, Mary Beth Maloney.

21 THE STENOGRAPHER: If you would, raise your
22 right hand, and I'll swear you in.

23 Do you swear or affirm that the testimony
24 you're about to give in this matter will be the
25 truth, the whole truth and nothing but the truth

Gina West
September 25, 2025

Page 7

1 so help you God?

2 THE WITNESS: I do.

3 THE STENOGRAPHER: Thank you.

4 THEREUPON,

5 REGINA WEST,

6 Being by me first duly sworn to tell the whole truth
7 testified as follows:

8 DIRECT EXAMINATION

9 BY MS. BLAIR:

10 Q. Hi, Ms. West. As you know, my name is
11 Kim Blair. I represent the defendant, Leapfrog Group,
12 in this matter.

13 Could you please state and spell your name
14 for the record.

15 A. My name is Regina West, R-e-g-i-n-a,
16 W-e-s-t.

17 Q. And have you ever been deposed before?

18 A. Yes.

19 Q. How many times?

20 A. One time.

21 Q. Okay. And I'm going to go over just a few
22 ground rules with respect to your deposition, many
23 you've probably heard from your own lawyers. But
24 obviously this is a question and answer format, and,
25 therefore, Barbie is taking down everything I say and

Gina West
September 25, 2025

Page 8

1 everything you say, so I'm going to do my best not to
2 talk over your answers, and I'd ask that you not talk
3 over my questions for the sake of the court reporter.

4 Is that okay?

5 A. Yes.

6 Q. It's not an endurance test. If at any time
7 you need to take a break, just ask and we will take as
8 many breaks at whatever time you want. The only caveat
9 being that to the extent a question is pending I'm
10 going to ask that you answer that question before we
11 take a break.

12 Is that okay?

13 A. Yes.

14 Q. Again, Barbie is taking down everything that
15 you say and I say, and so all of your answers must be
16 verbal. She can't take down a shrug of shoulders, an
17 "uh-huh," "huh-uh."

18 Is that okay with you?

19 A. Yes.

20 Q. And from time to time your lawyer will make
21 an objection. Unless he instructs you not to answer,
22 I'm going to ask that you answer the question as asked.

23 Is that okay?

24 A. Yes.

25 Q. And I promise you that from time to time I

Gina West
September 25, 2025

Page 9

1 will ask questions that you might not understand. If
2 you don't understand those questions, please ask me to
3 rephrase them and I will do so. To the extent you've
4 answered any of my questions, I'm going to assume you
5 understood those questions.

6 Is that fair?

7 A. Yes.

8 Q. And I want to start by just kind of asking
9 you to go -- well, let's talk about the deposition you
10 just told me about. You've given testimony one time in
11 a deposition?

12 A. That's correct.

13 Q. Was that in your professional or personal
14 capacity?

15 A. Professional.

16 Q. And how long ago was that deposition?

17 A. Maybe 15, 20 years ago.

18 Q. Okay. And if you can recall from 15, 20
19 years ago, generally what was the type of case that it
20 was?

21 A. It was a med/mal case.

22 Q. And I assume you were not a party to that
23 case individually, correct?

24 A. Correct.

25 Q. And where were you working at the time you

Gina West
September 25, 2025

Page 10

1 **gave that deposition?**

2 A. In Woodville, Virginia.

3 **Q. And I assume at a hospital, correct?**

4 A. It was in a long-term care facility.

5 **Q. All right. Can you tell me a little bit**
6 **about your education starting with after high school?**

7 A. I received an associate's in nursing. I
8 received a bachelor's degree in healthcare
9 administration and a master's degree in healthcare
10 administration.

11 **Q. In what year did you get your master's**
12 **degree in healthcare administration?**

13 A. Approximately 2000.

14 **Q. And in terms of your work history did you**
15 **ever work as a bedside nurse?**

16 A. I worked as a home health nurse.

17 **Q. And when did you work as a home health**
18 **nurse?**

19 A. Between 1996 and 2002.

20 **Q. Okay. So you worked as a home health nurse**
21 **while you were getting your education?**

22 A. It was right after my education and in
23 between a long-term care facility position.

24 **Q. Okay. So what year did you graduate with**
25 **your bachelor's degree?**

Gina West
September 25, 2025

Page 11

1 A. 1997.

2 Q. Okay. So can you just describe to me your
3 work history beginning in 2000 after you got your
4 healthcare administration master's degree?

5 A. I served as a senior director of quality;
6 following that, a chief quality officer; an
7 administrative director of quality; and a market
8 director of quality.

9 Q. Okay. So the senior director of quality,
10 where was that at?

11 A. At Carilion New River Valley Medical Center.

12 Q. And where is that located?

13 A. In Christiansburg, Virginia.

14 Q. And how long were you at that job?

15 A. Approximately three years.

16 Q. And where did you go after Carilion?

17 A. I went to Genesis Healthcare System.

18 Q. And what was your title at Genesis?

19 A. Chief quality officer.

20 Q. And is Genesis an acute care facility?

21 A. Yes, it is.

22 Q. And Carilion I think you said? Am I saying
23 that right?

24 A. Is in Zanesville.

25 Q. Was that an acute care center as well?

Gina West
September 25, 2025

Page 12

1 A. Correct.

2 Q. And how long were you at Genesis?

3 A. Approximately six and a half years.

4 Q. And where did you go after Genesis?

5 A. To Tucson, Arizona.

6 Q. And where did you work in Tucson?

7 A. Northwest Medical Center.

8 Q. Again, is that an acute care facility?

9 A. It is.

10 Q. And how long were you at Tucson, in Tucson,
11 Arizona?

12 A. Approximately three years.

13 Q. And what was your job after Northwest
14 Medical Center?

15 A. Yuma, Arizona.

16 Q. It was in Yuma, Arizona?

17 A. In Yuma, yes.

18 Q. Okay. And what was the name of your
19 employer at Yuma?

20 A. Yuma Regional, Y-u-m-a.

21 Q. Oh, "Yuma." I'm not saying it right. Okay.

22 A. Regional Medical Center.

23 Q. And that was in Arizona?

24 A. Correct.

25 Q. And that was an acute care facility as well?

Gina West
September 25, 2025

Page 13

1 A. Correct.

2 Q. And where did you go after Yuma?

3 A. I came to the Palm Beaches.

4 Q. And what was your first job when you came to
5 the Palm Beaches?

6 A. Market director of quality.

7 Q. For what system?

8 A. For Palm Beach Health Network.

9 Q. And what year did you take on that job?

10 A. 2019.

11 Q. Have you had any other jobs for the
12 Palm Beach Health Network other than the market
13 director of quality?

14 A. I have covered individual hospitals as the
15 director of quality.

16 Q. Which individual hospitals have you covered?

17 A. Delray Medical Center, Good Samaritan
18 Medical Center, St. Mary's Medical Center.

19 Q. Those three?

20 A. Yes.

21 Q. And what years were you at Delray as
22 director of quality?

23 A. An approximate, this is an estimation,
24 between 2019, October 2019 through June of 2020.

25 Q. And did you go right from Delray to

Gina West
September 25, 2025

Page 14

1 Good Samaritan?

2 A. I did.

3 Q. So you started at Good Samaritan in 2020?

4 A. Yes.

5 Q. And when did you leave as director of
6 quality for Good Samaritan?

7 A. It was around July of 2023.

8 Q. And since July of 2023 have you been the
9 director of quality at St. Mary's?

10 A. Correct.

11 Q. And if we go back to 2023 when you were at
12 Carilion in Virginia -- was that the name of the
13 hospital?

14 A. Carilion.

15 Q. Carilion. I'm sorry. I can't read my own
16 handwriting.

17 Carilion. Was that the name of the
18 hospital?

19 A. Yes.

20 Q. Was it a system?

21 A. It was part of a system.

22 Q. And you were the senior director of quality
23 for that individual hospital, correct?

24 A. That's correct.

25 Q. Do you know whether or not Carilion when you

Gina West
September 25, 2025

Page 15

1 were there as the senior director of quality

2 participated in the Leapfrog Hospital Survey?

3 A. I don't recall.

4 Q. When you were at Genesis, was that the name
5 of hospital, Genesis?

6 A. Yes.

7 Q. Was that a healthcare system?

8 A. Yes, it was.

9 Q. And were you the chief quality of director
10 of the entire stem?

11 A. Yes.

12 Q. How many hospitals were in that system?

13 A. Originally there were two. That became one.

14 Q. And what were the name of those two
15 hospitals?

16 A. They were both Genesis Healthcare System.
17 They were on different campuses.

18 Q. Okay. And you were there for six and a half
19 years, so at any time during the six and a half years
20 you were with Genesis Healthcare Systems did either of
21 those hospitals participate in the Leapfrog Hospital
22 Survey?

23 A. I don't recall.

24 Q. And then after that you went to Northwest
25 Medical Center, correct?

Gina West
September 25, 2025

Page 16

1 A. Correct.

2 Q. And that's in Tucson, Arizona, correct?

3 A. Correct.

4 Q. And you were there for three years?

5 A. Yes.

6 Q. Northwest Medical Center, is that a
7 standalone hospital or part of a system?

8 A. It's part of a system.

9 Q. And you were the market director -- were you
10 the administrative director of quality, administrative
11 director of quality for that?

12 A. I was also the chief quality officer.

13 Q. For that individual hospital, Northwest
14 Medical Center, correct?

15 A. That's correct.

16 Q. Do you know whether or not Northwest Medical
17 Center participated in the Leapfrog Hospital Survey
18 while you were the chief quality officer?

19 A. I don't recall.

20 Q. And then you went to Yuma Regional Medical
21 Center, correct?

22 A. Yes.

23 Q. And while you were at Yuma -- well, is Yuma
24 Regional a standalone hospital?

25 A. Yes.

Gina West
September 25, 2025

Page 17

1 Q. When you were at Yuma, did Yuma Regional
2 Medical Center participate in the Leapfrog Hospital
3 Survey?

4 A. I don't recall.

5 Q. When you became the market director of
6 quality for Palm Beach Health Network for 2019, all
7 five of the hospitals that make up the Palm Beach
8 Health Network were participating in the Leapfrog
9 Hospital Survey, correct?

10 A. To my recollection, yes.

11 Q. What did you do to prepare for your
12 deposition here today?

13 A. I reviewed policies, looked at outcomes, I
14 looked at emails.

15 Q. Do you recall any of the emails you reviewed
16 in preparation for your deposition today?

17 A. I don't recall the content.

18 Q. Did you review the Leapfrog Hospital Survey
19 in preparation for your deposition here today?

20 A. I did not.

21 Q. Did you review the Leapfrog methodology in
22 preparation for your deposition today?

23 A. I did not.

24 Q. Did you review any news articles related to
25 this lawsuit in preparation for your deposition here

Gina West
September 25, 2025

Page 18

1 today?

2 A. I did not.

3 Q. Did you review any press releases that were
4 issued by Palm Beach Health Network in connection with
5 this lawsuit in preparation for your deposition today?

6 A. I did not.

7 Q. Did you review notes and minutes from QMOR
8 meetings in preparation for your deposition today?

9 A. I did not.

10 Q. Did you review meeting minutes from QIPSC
11 meetings in preparation for your deposition today?

12 A. I did not.

13 Q. And so when you talk about policies, what
14 policies do you recall reviewing in preparation for
15 your deposition here today?

16 A. I recall reviewing standard precautions,
17 medication administration. Those two stand out.

18 Q. And when you say "standard precautions," is
19 that a specific policy that you're talking about?

20 A. Yes.

21 Q. And when you say that you reviewed outcomes,
22 what are you referring to?

23 A. Reviewed outcomes for HAI prevention.

24 Q. Did you review the HCAHPS scores for any of
25 the hospitals in preparation for your deposition today?

Gina West
September 25, 2025

Page 19

1 A. I did not.

2 Q. Did you meet with your -- I do not want to
3 know anything you said with your lawyers, but did you
4 meet with your lawyers to prepare for your deposition?

5 A. I did.

6 Q. How many times did you meet with your
7 lawyers?

8 A. I met three times.

9 Q. When was the first time you met with your
10 lawyer?

11 A. I don't recall the exact date.

12 Q. Approximately how long did, combined, did
13 these three meetings last?

14 A. Approximately twelve hours.

15 Q. Did you review any deposition transcripts
16 from this litigation in preparation for your
17 deposition?

18 A. I did not.

19 Q. Did you review the Complaint that was filed
20 in this action in preparation for your deposition?

21 A. I did not.

22 Q. Did you speak with any of plaintiff's
23 experts in preparation for your deposition?

24 A. I did not.

25 Q. Did you speak with any of the CEOs from any

Gina West
September 25, 2025

Page 20

1 of the five Palm Beach Health Network hospitals in
2 connection with your deposition here today?

3 A. I did not.

4 Q. Did you speak with Maggie Gill in connection
5 with your deposition here today?

6 A. I did not.

7 Q. Did you speak with Ricky Ramirez in
8 connection with your deposition here today?

9 A. I did not.

10 Q. Were you involved in the gathering of
11 documents to be produced in this litigation?

12 A. Yes, I was.

13 Q. And what did you do to gather documents to
14 be produced in this litigation?

15 A. I --

16 MR. TAKAGAKI: I just want to object here
17 just to caution the witness not to reveal
18 certain privileged conversations that --

19 THE WITNESS: Okay.

20 MR. TAKAGAKI: -- you might have had with
21 counsel. She already said that, but I just want
22 to --

23 BY MS. BLAIR:

24 Q. Yes. I don't ever -- just to be clear for
25 this record, the whole time we're here today I don't

Gina West
September 25, 2025

Page 21

1 want to know anything about any discussions you've had
2 with any of your lawyers. So I'm asking about what you
3 did to gather documents responsive to my client's
4 document request in this matter.

5 A. Under the direction of counsel I gathered
6 certain documents and requested them from each
7 hospital. I gathered them for St. Mary's Medical
8 Center and then I uploaded into a share site for
9 counsel.

10 Q. Did you receive the requests for production
11 that were issued in this litigation?

12 A. I did not.

13 Q. And, again, I don't want to know anything
14 about what you said with your attorneys. So did you
15 gather meeting minutes -- well, strike that.

16 Did you gather materials related to QMOR
17 meetings for production in this case?

18 A. Yes, I did.

19 Q. Did you gather documents related to QIPSC
20 meetings in connection with this litigation?

21 A. Yes.

22 Q. Did you search through your emails to
23 produce documents responsive in this litigation?

24 A. No.

25 Q. Did you gather -- for example, we are told

Gina West
September 25, 2025

Page 22

1 that Delray keeps handwashing logs related to their
2 hand hygiene policy. Did you gather the completed hand
3 hygiene logs to be produced in this litigation?

4 MR. TAKAGAKI: Objection to form.

5 A. I did not.

6 BY MS. BLAIR:

7 Q. Did you have any discussions with anyone
8 else at Palm Beach Health Network about gathering
9 documents responsive to the document requests in this
10 litigation?

11 A. I spoke with other hospital leaders in
12 regards to what counsel had requested.

13 Q. And, again, I don't want to know about what
14 your counsel requested. But what other leaders did you
15 speak with in order to gather documents?

16 A. I spoke with CEOs and directors of quality.

17 Q. And did you rely on those CEOs and directors
18 of quality to gather documents specific to their
19 hospital to respond?

20 A. That is -- that is correct.

21 Q. I want to talk a little bit about your role
22 at Palm Beach Health Network specifically. So you were
23 hired in 2019, correct?

24 A. Correct.

25 Q. How did you come to get the job at

Gina West
September 25, 2025

Page 23

1 Palm Beach Health Network? Did you apply? Did you see
2 an ad? Were you recruited? How did that work?

3 A. I don't recall the exact methodology.

4 Q. But you relocated to get to -- from Arizona
5 to Palm Beach, correct?

6 A. Correct.

7 Q. And you don't recall if a recruiter reached
8 out or the hospital reached out?

9 A. I don't really recall.

10 Q. And Yuma Regional Medical Center, was that a
11 Tenet hospital?

12 A. It was not.

13 Q. And so was your employment with Palm Beach
14 Health Network the first employment you had with Tenet
15 hospital?

16 A. That's correct.

17 MR. TAKAGAKI: Objection to the form.

18 A. That's correct.

19 BY MS. BLAIR:

20 Q. Do you recall who you interviewed with at
21 Palm Beach Health Network when you were applying for
22 the job?

23 A. I remember interviewing with Libby Flipppo
24 and some of the other leaders.

25 Q. So let's start with Libby Flipppo. Who is

Gina West
September 25, 2025

Page 24

1 Libby Flipppo?

2 A. The market chief nursing officer.

3 Q. Is she still the market chief nursing
4 officer?

5 A. She is not.

6 Q. And when did she stop being the market chief
7 nursing officer?

8 A. I don't recall.

9 Q. And you said you spoke with Libby Flipppo and
10 other Palm Beach leaders. Who were the other leaders
11 that you recall interviewing with?

12 A. I don't recall.

13 Q. Do you recall whether or not you interviewed
14 with Maggie Gill?

15 A. Yes, I do recall.

16 Q. And was Maggie Gill the president of
17 Palm Beach Health Network in 2019?

18 A. Correct.

19 Q. Do you have any memory that Palm Beach
20 Health Network actually branded as Palm Beach Health
21 Network in 2022?

22 MR. TAKAGAKI: Objection to form.

23 A. I don't recall.

24 BY MS. BLAIR:

25 Q. Okay. But it's your memory that when you

Gina West
September 25, 2025

Page 25

1 began working in the Palm Beach area in 2019 you were
2 working for Palm Beach Health Network?

3 MR. TAKAGAKI: Objection to form.

4 A. That is correct.

5 BY MS. BLAIR:

6 Q. And were your paychecks written from
7 Palm Beach Health Network in 2019?

8 MR. TAKAGAKI: Objection to form.

9 A. I don't get a paycheck.

10 BY MS. BLAIR:

11 Q. Okay.

12 A. It goes direct deposit.

13 Q. Okay. Do you know who the payer is with
14 respect to -- who the payer was in 2019 that was direct
15 depositing your pay?

16 A. Delray Medical Center.

17 Q. And today in 2025 is that still the case?

18 A. That is not the case.

19 Q. Who is the payer of your direct deposit
20 today in 2025 for the pay that you get from your job?

21 A. Good Samaritan Medical Center.

22 Q. What are your job duties as the director of
23 quality for Palm Beach Health Network?

24 A. I'm the market lead.

25 Q. And what does that mean?

Gina West
September 25, 2025

Page 26

1 A. That means I coordinate with the other
2 directors of quality.

3 Q. And what do you coordinate?

4 A. Could be new measures that have been
5 introduced by CMS, meetings and reports.

6 Q. You said new reports?

7 A. Reports.

8 Q. Reports.

9 Do you put together patient safety plans for
10 the network?

11 A. I do not.

12 Q. Does each individual hospital have a patient
13 safety plan?

14 MR. TAKAGAKI: Objection.

15 A. To my knowledge.

16 BY MS. BLAIR:

17 Q. Does Tenet Healthcare home office have a
18 patient safety plan for the network overall that the
19 Palm Beach hospitals follow?

20 MR. TAKAGAKI: Objection to form.

21 A. I don't recall.

22 BY MS. BLAIR:

23 Q. Have you ever been involved in your role as
24 the director of quality at Palm Beach Health Network in
25 putting together patient safety plans for any of the

Gina West
September 25, 2025

Page 27

1 five hospitals?

2 A. I have not.

3 Q. Have you ever had the occasion as the market
4 lead for Palm Beach Health Network to review the
5 patient safety plans for each of the five hospitals?

6 A. Yes, I have.

7 Q. And what is your role in reviewing the
8 patient safety plans for each hospital?

9 A. I coordinate with the patient safety officer
10 to ensure that the plan has been reviewed and updated
11 annually and it has been approved through our governing
12 body.

13 Q. And when you say "our governing body," what
14 are you referring to?

15 A. The hospital's governing body.

16 Q. The individual hospital's governing body,
17 correct?

18 A. Correct.

19 Q. Palm Beach Health Network does not have a
20 governing body, correct?

21 A. Correct.

22 MR. TAKAGAKI: Objection to form.

23 A. That's correct.

24 BY MS. BLAIR:

25 Q. And who, for example, is the patient safety

Gina West
September 25, 2025

Page 28

1 officer at Delray?

2 A. Joe Gerasci.

3 Q. And do you know what the -- are you familiar
4 with what the job duties of the patient safety officer
5 is at each of the individual hospitals are?

6 A. At a very high level.

7 Q. And what is your understanding at a very
8 high level?

9 A. They mitigate risk. They are owners of the
10 patient safety plan. They manage the event recording
11 system. And they manage the complaint process.

12 Q. What is the complaint process?

13 A. If a patient has a concern, they can elevate
14 that to that department.

15 Q. Okay. And so these patient safety officers,
16 do they keep logs of the complaints they get from
17 patients?

18 MR. TAKAGAKI: Objection to form.

19 A. That is correct.

20 BY MS. BLAIR:

21 Q. And then who -- structurally do you know who
22 the patient safety officers for the individual
23 hospitals report to?

24 A. Yes.

25 Q. Who do they report to?

Gina West
September 25, 2025

Page 29

1 A. They report either to the chief nursing
2 officer or to the director of quality.

3 Q. And in the case of, let's just say, Delray,
4 Joe Gerasci, do you know who he report to?

5 A. Yes.

6 Q. Who does he report to?

7 A. Chief nursing officer.

8 Q. Do the patient safety officers put out
9 reports?

10 A. Yes.

11 Q. And do you know what the titles of those
12 reports are?

13 A. I don't recall the title.

14 Q. Do you know what the consistency of the
15 reporting is? Is it monthly weekly quarterly?

16 A. At least quarterly.

17 MR. TAKAGAKI: Objection to form.

18 BY MS. BLAIR:

19 Q. And to the best of your knowledge as the
20 market lead for quality for Palm Beach Health Network,
21 are these reports, at least quarterly reports put out
22 for all five of the hospitals by patient safety
23 officers?

24 A. That's correct.

25 Q. Do you recall whether you gathered those

Gina West
September 25, 2025

Page 30

1 documents in connection with the production request in
2 this matter?

3 A. I don't recall.

4 Q. So if we think about the structure and your
5 role at Palm Beach Health Network, you are the market
6 lead, correct?

7 A. Correct.

8 Q. And all five hospitals have a director of
9 quality, correct?

10 A. Correct.

11 Q. And underneath the director of quality do
12 you know how many reports or what type of reports
13 directors of qualities for each individual hospital
14 have?

15 MR. TAKAGAKI: Objection to form.

16 A. Could you clarify the question?

17 BY MS. BLAIR:

18 Q. Sure.

19 So at least in some circumstances you said
20 patient safety officers would report to the director of
21 quality for an individual hospital, correct?

22 A. Correct.

23 Q. But in the case of Delray he reports to the
24 chief nursing officer, correct?

25 A. Correct.

Gina West
September 25, 2025

Page 31

1 Q. Do you know what -- and let's just take

2 Delray. Let's just be specific so it's not too

3 confusing with all five.

4 With respect to Delray, do you know who,

5 titles, reports to the director of quality for Delray?

6 A. Yes.

7 Q. And who is that?

8 A. There is a quality coordinator, peer review

9 nurse, infection prevention manager. I think that's

10 it.

11 Q. Okay. And then in some cases, and not in

12 Delray, so in other hospitals the patient safety

13 officer would report to the director of quality?

14 MR. TAKAGAKI: Objection to form.

15 A. That only occurs in Palm Beach Gardens

16 Medical Center.

17 BY MS. BLAIR:

18 Q. Okay. And do you know why the patient

19 safety officer reports to the chief nursing officer in

20 the other four hospitals as opposed to the director of

21 quality?

22 MR. TAKAGAKI: Objection to form.

23 A. I don't know. It was set up like that when

24 I got there.

25 BY MS. BLAIR:

Gina West
September 25, 2025

Page 32

1 **Q. So that was not your decision, correct?**

2 A. No.

3 **Q. How often do you meet with the quality**
4 **directors at the five hospitals?**

5 A. It depends on the need.

6 **Q. Do you have any formal meetings like regular**
7 **formal meetings with the directors of quality at the**
8 **five hospitals?**

9 A. I do.

10 MR. TAKAGAKI: Objection to form.

11 BY MS. BLAIR:

12 **Q. Sorry. And how often do those occur?**

13 A. Depends on the need. And we have started a
14 meeting with the group chief nursing officers and that
15 is monthly.

16 **Q. Okay. And so when you say "we have started**
17 **meeting with the group of chief nursing officers," do**
18 **you mean you and the quality directors?**

19 A. Correct.

20 **Q. And what is the purpose of those meetings?**

21 A. To share information, to problem solve if we
22 need to.

23 **Q. And what type of information do you share?**

24 MR. TAKAGAKI: Objection to form.

25 A. We share outcomes.

Gina West
September 25, 2025

Page 33

1 BY MS. BLAIR:

2 Q. And when you talk about outcomes, are you
3 talking about HAIs?

4 A. Could be one of the things.

5 Q. And what other outcomes could there be?

6 A. The structural measures.

7 Q. Any other type of outcomes?

8 A. There are. They just don't come to mind
9 right now.

10 Q. And when you say "structural measures," what
11 are you referring to?

12 A. New CMS measures.

13 Q. Can you be specific as to the new CMS
14 measures that you're referring to?

15 A. Yes.

16 Q. There are quite a few. What are you
17 referring to?

18 A. There's new age-friendly measure and a new
19 safety measure.

20 Q. Do you talk about outcomes as they relate to
21 like PSI 90s?

22 MR. TAKAGAKI: Objection to form.

23 A. We do that in our QIPSC meetings. Quality
24 improvement patient safety meeting.

25 BY MS. BLAIR:

Gina West
September 25, 2025

Page 34

1 **Q. What about any of the other PSIs, are those**
2 **discussed at these meetings that you're now having with**
3 **the directors of quality as well as the chief nursing**
4 **officers?**

5 MR. TAKAGAKI: Objection to form.

6 A. No.

7 BY MS. BLAIR:

8 **Q. Do you have any direct reports?**

9 A. Yes.

10 **Q. And who are your direct reports?**

11 A. I have a quality coordinator.

12 **Q. Who's the quality coordinator?**

13 A. Michael Germain.

14 **Q. Anyone else?**

15 A. I have a quality manager.

16 **Q. And who is that?**

17 A. Erica Kerns (phonetic).

18 **Q. Is that with K?**

19 A. Yes.

20 **Q. Anyone else?**

21 A. Peer review nurse.

22 **Q. And who is that?**

23 A. Loraina Mills (phonetic).

24 **Q. Anyone else?**

25 A. Yes, cardiac program manager.

Gina West
September 25, 2025

Page 35

1 Q. And that is whom?

2 A. Heather Wehmeyer.

3 Q. Anyone else?

4 A. Vascular program manager.

5 Q. And who is that?

6 A. Sarah Saleh.

7 Q. With respect to really the quality
8 coordinator, Michael Germain what are his duties?

9 A. His duties are to coordinate the sepsis
10 bundle compliance, ensuring education and follow-up,
11 validation, making sure abstracted measures having been
12 completed, and he also completes validation of
13 Joint Commission audits.

14 Q. And what about the quality manager,
15 Erica Kerns?

16 A. One of her major duties is ensuring that
17 data has been collected for Joint Commission required
18 measures, the clinical contract measures, follow-up
19 with the dashboard measures and ensuring that that is
20 placed in a presentation, analyzed, recommendations are
21 made, reported up through QIPSC.

22 Q. And when you say "put into a presentation,"
23 is that a slide deck?

24 A. It's a slide deck.

25 Q. And is that slide deck then presented at

Gina West
September 25, 2025

Page 36

1 QIPSC meetings?

2 A. Yes.

3 MR. TAKAGAKI: Objection to form.

4 BY MS. BLAIR:

5 Q. And did you gather those slide decks from
6 '23 to 2025 to be produced in this litigation?

7 A. Yes.

8 Q. And you talked about dashboards a minute
9 ago. Can you tell me what are you referring to when
10 you refer to dashboards?

11 A. Joint Commission required data, clinical
12 contracts, KPIs and some other various department
13 measures.

14 Q. Yeah, my question was bad so I apologize.
15 Is the dashboard called anything?

16 A. It's called a dashboard.

17 Q. Okay. Is -- are there reports that are
18 printed out from the dashboard?

19 MR. TAKAGAKI: Objection to form.

20 A. There are no reports printed from the
21 dashboard.

22 BY MS. BLAIR:

23 Q. Other witnesses have talked about a
24 scorecard. Do you know what that refers to in terms of
25 what you do as the director of quality for Palm Beach

Gina West
September 25, 2025

Page 37

1 Health Network?

2 MR. TAKAGAKI: Objection to form.

3 A. Can you further clarify it?

4 BY MS. BLAIR:

5 Q. Yeah. I am told there is a quality
6 scorecard that exists. And I'm curious whether or not
7 in your role as the quality director of Palm Beach
8 Health Network you are responsible in any way for
9 scorecards?

10 MR. TAKAGAKI: Objection.

11 A. I'm responsible for quality management
12 operations report being given to senior leaders.

13 BY MS. BLAIR:

14 Q. So that's the QMOR report, correct?

15 A. That is correct.

16 MR. TAKAGAKI: Objection to form.

17 THE VIDEOGRAPHER: I'm sorry, Counsel.
18 Something happened to your microphone. I'm not
19 sure if it fell off.

20 MS. BLAIR: Oh, yeah, it's no longer
21 attached.

22 BY MS. BLAIR:

23 Q. So what -- in your area as the quality
24 director of Palm Beach Health Network, are you
25 unfamiliar with the term "scorecard"?

Gina West
September 25, 2025

Page 38

1 MR. TAKAGAKI: Objection to form.

2 A. I'm not unfamiliar with the term

3 "scorecard."

4 BY MS. BLAIR:

5 Q. In your capacity as the director of quality
6 for Palm Beach Health Network what is your
7 understanding of the term "scorecard" as it relates to
8 your job?

9 MR. TAKAGAKI: Objection to form.

10 A. That's broad.

11 BY MS. BLAIR:

12 Q. Okay. Does Palm Beach Health Network
13 produce scorecards for quality?

14 MR. TAKAGAKI: Objection to form.

15 A. If you could further clarify.

16 BY MS. BLAIR:

17 Q. I really can't. Are you familiar with the
18 term "scorecard" as it relates to Palm Beach Health
19 Network quality?

20 MR. TAKAGAKI: Objection to form.

21 A. We don't have a document that's called a
22 "scorecard."

23 BY MS. BLAIR:

24 Q. Okay. Have you ever heard anybody
25 associated in any way with Palm Beach Health Network

Gina West
September 25, 2025

Page 39

1 use the term "scorecard"?

2 MR. TAKAGAKI: Objection to form.

3 A. I haven't.

4 BY MS. BLAIR:

5 Q. Okay. So if people have testified about
6 reviewing scorecards, you don't know what they're
7 referring to, is that fair?

8 A. That's --

9 MR. TAKAGAKI: Objection to form.

10 A. That's correct.

11 BY MS. BLAIR:

12 Q. In terms of the peer review nurse or the
13 peer -- is it a peer review nurse that reports to you?

14 A. Yes.

15 Q. Ms. Mills, correct?

16 A. Yes.

17 Q. What are her job responsibilities?

18 A. She collects information after cases have
19 been referred to her. She completes a timeline, and
20 then she works with the medical director who chairs the
21 peer review committee to review the cases.

22 Q. And what kind of cases are referred to her?

23 A. It would be --

24 MR. TAKAGAKI: Objection.

25 A. It would be any type of request from any --

Gina West
September 25, 2025

Page 40

1 any really any staff member within the hospital to
2 review a case at the provider level.

3 BY MS. BLAIR:

4 Q. And when you say "the provider level," does
5 that mean the nursing level?

6 A. It's a physician or a mid level.

7 Q. And then the quality manager, Erica Kerns,
8 what are her responsibilities?

9 A. She oversees the dashboard and the measures
10 that go into that. She will complete -- she'll gather
11 the information, ensure that it's complete, develop
12 presentations for the Quality Improvement Patient
13 Safety Committee.

14 Q. And what measures go into the dashboard?

15 MR. TAKAGAKI: Objection to form.

16 A. Joint Commission required data, clinical
17 contract, key performance indicators. And there are
18 other ones as well.

19 BY MS. BLAIR:

20 Q. What are the key performance indicators that
21 are put into the dashboard?

22 MR. TAKAGAKI: Objection to form.

23 A. Some of those would include measures that
24 have been reviewed upon by the clinical contract
25 representative and the hospital. Information is

Gina West
September 25, 2025

Page 41

1 gathered and analyzed. Recommendations are made from
2 the data that's collected.

3 BY MS. BLAIR:

4 Q. Is CPOE one of the key performance
5 indicators that's on the dashboard?

6 A. It's not.

7 Q. What about BCMA, is that a key performance
8 indicator on the dashboard?

9 A. It's not.

10 Q. What about hand hygiene, is that a key
11 performance indicator that's on the dashboard?

12 A. It's not.

13 Q. Is CPOE on the dashboard in any capacity
14 even if it's not a key performance indicator?

15 MR. TAKAGAKI: Objection to form.

16 A. No.

17 BY MS. BLAIR:

18 Q. Same question with respect to BCMA, is it on
19 the dashboard in any capacity even if it's not a key
20 performance indicator?

21 A. No.

22 MR. TAKAGAKI: Objection.

23 BY MS. BLAIR:

24 Q. Do you in any way track hand hygiene on
25 behalf of the five hospitals?

Gina West
September 25, 2025

Page 42

1 MR. TAKAGAKI: Objection.

2 A. I don't personally.

3 BY MS. BLAIR:

4 Q. Does anybody that reports to you at
5 Palm Beach Health Network track hand hygiene for the
6 five hospitals?

7 MR. TAKAGAKI: Objection to form.

8 A. No one that reports to me.

9 THE STENOGRAPHER: I'm sorry. I didn't
10 hear.

11 A. No one that reports to me.

12 BY MS. BLAIR:

13 Q. What would you say your purpose as the job
14 as the quality director of Palm Beach Health Network
15 is?

16 MR. TAKAGAKI: Objection to form.

17 A. To ensure that the quality improvement plan
18 exists, that it's reviewed, updated and current, that
19 we're following it, that it's been standardized across
20 the market.

21 BY MS. BLAIR:

22 Q. And when you say "across the market," how do
23 you define "market"?

24 A. The five hospitals in the Palm Beach Health
25 Network.

Gina West
September 25, 2025

Page 43

1 Q. Would you agree with me that one of the
2 purposes of your job as the quality director for Palm
3 Beach Health Network is to ensure patient safety across
4 the five hospitals?

5 MR. TAKAGAKI: Objection to form.

6 A. It's all of our jobs to ensure patient
7 safety.

8 BY MS. BLAIR:

9 Q. Who do you directly report to?

10 A. I report to Ricardo Ramirez in the market
11 role and -- he's the market chief nursing officer.

12 Q. Correct.

13 A. And to the chief nursing officer at
14 St. Mary's Medical Center in my role at the hospital.

15 Q. Who is the chief nursing officer at
16 St. Mary's Medical Center?

17 A. Gerri DeStefano is the interim at the
18 moment.

19 Q. And I understand a new chief nursing officer
20 is about to be hired at St. Mary's, correct?

21 A. Correct.

22 MR. TAKAGAKI: Objection to form.

23 That's okay. Just take a breath so I can
24 object first.

25 MS. BLAIR: Yes. He's going to object to

Gina West
September 25, 2025

Page 44

1 every question.

2 MR. TAKAGAKI: Objection. Object to that.

3 MS. MALONEY: He's going to object to the
4 form of the questions.

5 BY MS. BLAIR:

6 Q. Maggie Gill is the president of PBHN?

7 A. That is correct.

8 Q. And does Ricky Ramirez report to
9 Maggie Gill?

10 A. I am not sure how that relationship is.

11 Q. Okay. Do you know who Maggie Gill reports
12 to?

13 A. Yes.

14 Q. Who does Maggie Gill report to?

15 A. Saum Sutaria.

16 Q. And who is Saum Sutaria?

17 A. President of Tenet.

18 Q. And when you say "president of Tenet," do
19 you mean Tenet health system, correct?

20 A. That's correct.

21 MR. TAKAGAKI: Objection.

22 BY MS. BLAIR:

23 Q. Do you oversee QMOR for Palm Beach Health
24 Network?

25 MR. TAKAGAKI: Objection.

Gina West
September 25, 2025

Page 45

1 A. In some capacity.

2 BY MS. BLAIR:

3 Q. In what capacity do you oversee QMOR for
4 Palm Beach Health Network?

5 A. Once the report has been established I
6 create templates for all five hospitals. We follow a
7 Tenet script to report our outcomes. I schedule
8 meetings with the CEOs and the other senior leaders.
9 And we review the outcomes.

10 Q. Do you run the QMOR meetings?

11 MR. TAKAGAKI: Objection to form.

12 A. I run local meetings.

13 BY MS. BLAIR:

14 Q. And so for QMOR, is it right that there is a
15 QMOR -- and that's a committee. Let me ask this.

16 Is QMOR a committee?

17 A. It is not.

18 Q. Okay. How would you define QMOR?

19 A. As a report.

20 Q. Okay. Are there meetings that occur around
21 the QMOR report?

22 A. Yes.

23 MR. TAKAGAKI: Objection.

24 BY MS. BLAIR:

25 Q. And do those meetings occur at the

Gina West
September 25, 2025

Page 46

1 Palm Beach Health Network level?

2 MR. TAKAGAKI: Objection.

3 A. That's correct.

4 BY MS. BLAIR:

5 Q. And do the meetings around the QMOR report
6 also occur at the individual hospital level?

7 A. Not to my knowledge.

8 Q. And when you say you run the local meetings,
9 what are you referring to there?

10 A. I was referring to the market meetings.

11 Q. And, again, the market being the five
12 hospitals that make up Palm Beach Health Network,
13 correct?

14 A. That's correct.

15 Q. When you say you then have a Tenet script to
16 report the outcomes, what are you referring to when you
17 say "Tenet script"?

18 A. There are certain elements of investigation
19 that we have to go through and ensure that we have
20 reviewed all of the different areas.

21 Q. And does the Tenet script come from the
22 Tenet home office at the healthcare level?

23 MR. TAKAGAKI: Objection to form.

24 BY MS. BLAIR:

25 Q. I'm sorry. The health network level.

Gina West
September 25, 2025

Page 47

1 A. Would you mind repeating that?

2 Q. Sure. When you refer to a Tenet script, is
3 that something created at the Palm Beach Health Network
4 level, or is that something that comes from the home
5 office level?

6 MR. TAKAGAKI: Objection.

7 A. It comes from the home office level.

8 BY MS. BLAIR:

9 Q. And to the best of your knowledge, have you
10 produced all of the QMOR reports for this litigation
11 from 2023 through 2025?

12 MR. TAKAGAKI: Objection to form.

13 A. That is correct.

14 BY MS. BLAIR:

15 Q. And how often do the meetings around the
16 QMOR report occur?

17 MR. TAKAGAKI: Objection to form.

18 A. Mostly monthly.

19 BY MS. BLAIR:

20 Q. Every month?

21 A. Yes.

22 Q. And who is -- who attends the meetings
23 surrounding the QMOR report?

24 MR. TAKAGAKI: Objection.

25 A. Senior leadership.

Gina West
September 25, 2025

Page 48

1 BY MS. BLAIR:

2 Q. And when you say "senior leadership," are
3 you referring to the senior leadership of each of the
4 five hospitals?

5 A. Correct.

6 Q. Does the senior leadership of
7 Tenet Healthcare also attend?

8 MR. TAKAGAKI: Objection.

9 A. Correct.

10 BY MS. BLAIR:

11 Q. And who do you consider to be senior
12 leadership of each of the five hospitals?

13 A. The officers.

14 MR. TAKAGAKI: Objection.

15 A. The officers.

16 BY MS. BLAIR:

17 Q. And those would be any chief officers,
18 correct?

19 MR. TAKAGAKI: Objection. Are you asking
20 just in general who senior leadership is or the
21 ones who attend?

22 MS. BLAIR: I'm asking her in general.

23 MR. TAKAGAKI: In general.

24 BY MS. BLAIR:

25 Q. Who do you consider to be senior leadership

Gina West
September 25, 2025

Page 49

1 of the five hospitals?

2 A. The officers.

3 Q. And when you say "officers," are you
4 referring to anybody that holds a chief officer title?

5 A. Correct.

6 Q. And of those officers, which of those
7 officers attend the QMOR -- the meetings around the
8 QMOR report?

9 MR. TAKAGAKI: Objection.

10 A. They're all invited.

11 BY MS. BLAIR:

12 Q. Are there any regular attendees of these
13 meetings, these monthly meetings surrounding the QMOR
14 report?

15 MR. TAKAGAKI: Objection to form.

16 A. Yes.

17 BY MS. BLAIR:

18 Q. And who are they?

19 A. Maggie Gill, CEOs, the CNOs, CFOs and COOs.

20 Q. When you say "chief nursing officers," would
21 that also include Ricky Ramirez?

22 MR. TAKAGAKI: Objection to form.

23 A. Yes.

24 BY MS. BLAIR:

25 Q. And so just so I'm clear, it's not a

Gina West
September 25, 2025

Page 50

1 specific committee, the Q -- there's no QMOR committee,
2 correct?

3 MR. TAKAGAKI: Objection.

4 A. Correct.

5 BY MS. BLAIR:

6 Q. And QMOR, then, refers just to this report,
7 correct?

8 MR. TAKAGAKI: Objection to form.

9 Are you talking about how you've been
10 referring to it?

11 MS. BLAIR: Yeah, I want to make sure I'm
12 understanding her testimony.

13 BY MS. BLAIR:

14 Q. Right, there's no committee, there's no QMOR
15 committee?

16 A. Correct.

17 Q. But there's a QMOR report, correct?

18 MR. TAKAGAKI: Objection. Asked and
19 answered.

20 A. Correct.

21 BY MS. BLAIR:

22 Q. Thank you.

23 The QMOR report, does that get sent to Tenet
24 health home office?

25 MR. TAKAGAKI: Objection.

Gina West
September 25, 2025

Page 51

1 A. It does not.

2 BY MS. BLAIR:

3 Q. Does the QMOR report get incorporated in any
4 way into the patient safety plans of the five
5 hospitals?

6 MR. TAKAGAKI: Objection. Calls for
7 speculation.

8 A. Not to my knowledge.

9 BY MS. BLAIR:

10 Q. In your view as the director of quality for
11 the market, what do you believe is the purpose of the
12 QMOR report?

13 A. It has strategic measures that hits targets
14 and our current performance to those targets.

15 Q. So is it fair to say that the QMOR report is
16 a way that these five hospitals benchmark themselves
17 against the targets that you have for them?

18 MR. TAKAGAKI: Objection to form.
19 Mischaracterizes her testimony.

20 A. Could you repeat the question?

21 BY MS. BLAIR:

22 Q. Sure. I thought you testified -- this QMOR
23 report has targets in it, correct?

24 A. Correct.

25 MR. TAKAGAKI: Objection.

Gina West
September 25, 2025

Page 52

1 Q. And the QMOR report is an output about how
2 each of these five hospitals is doing with respect to
3 those targets, correct?

4 MR. TAKAGAKI: Objection.

5 A. Correct.

6 BY MS. BLAIR:

7 Q. And so would you agree with me that the QMOR
8 report is a way in which the hospitals are benchmarking
9 themselves as to how they're doing against those
10 targets that are set, correct?

11 MR. TAKAGAKI: Objection.

12 A. We're reviewing how well we're doing against
13 the targets.

14 BY MS. BLAIR:

15 Q. Thank you.

16 Now I want to talk a little bit about QIPSC.
17 What does QIPSC stand for?

18 A. Quality Improvement Patient Safety
19 Committee.

20 Q. So is that actually a committee?

21 A. Yes.

22 Q. And is that committee at the Palm Beach
23 Health Network level?

24 MR. TAKAGAKI: Objection to form.

25 A. It is not.

Gina West
September 25, 2025

Page 53

1 BY MS. BLAIR:

2 Q. So there is five separate QIPSCs for each of
3 the five hospitals that make up the Palm Beach Health
4 Network, correct?

5 A. That's correct.

6 Q. Do you participate in all five of those
7 QIPSC committees?

8 MR. TAKAGAKI: Objection.

9 A. I do not.

10 BY MS. BLAIR:

11 Q. Do those QIPSC committees put out reports
12 that are provided to you as the market lead of quality
13 for Palm Beach Health Network?

14 MR. TAKAGAKI: Objection.

15 A. They do not.

16 BY MS. BLAIR:

17 Q. Do you ever have the opportunity to review
18 reports from the local hospital QIPSC committees?

19 A. Yes.

20 Q. And for what purpose do you review the
21 reports from the local QIPSC committee?

22 MR. TAKAGAKI: Objection.

23 A. I review them at least annually to complete
24 an evaluation.

25 BY MS. BLAIR:

Gina West
September 25, 2025

Page 54

1 Q. And what are you evaluating?

2 MR. TAKAGAKI: Objection. Are you asking
3 for each individual time she got it what she was
4 looking at?

5 MS. BLAIR: No, I'm asking generally.

6 BY MS. BLAIR:

7 Q. You review it annually, correct?

8 A. Do you mind repeating the question? I'm so
9 sorry.

10 Q. Sure.

11 You told me that you review the individual
12 QIPSC reports annually, correct?

13 A. At least annually.

14 MR. TAKAGAKI: Objection.

15 BY MS. BLAIR:

16 Q. And for what purpose do you review them
17 annually?

18 MR. TAKAGAKI: Objection.

19 A. I review outcomes.

20 BY MS. BLAIR:

21 Q. And when you talk about outcomes, are you
22 talking about HAIs?

23 A. It could be included in the report.

24 Q. Okay. What all outcomes are you referring
25 to when you say you review these for outcomes?

Gina West
September 25, 2025

Page 55

1 MR. TAKAGAKI: Objection.

2 A. We have a reporting calendar. All measures
3 within that reporting calendar gets reported up through
4 QIPSC. I review all the measures from that reporting
5 calendar.

6 BY MS. BLAIR:

7 Q. Do you, after you do your annual review of
8 the QIPSC information that you get, at least annually,
9 I'm not trying to put words in your mouth, do you
10 create any sort of output? Do you create a report
11 yourself based on your review of those reports?

12 MR. TAKAGAKI: Objection.

13 A. Yes, I do.

14 BY MS. BLAIR:

15 Q. And what kind -- what is the name of that
16 report that you put out?

17 MR. TAKAGAKI: Objection.

18 Could you be more specific in terms of what
19 year, which hospital, because this is a very
20 general question right now?

21 BY MS. BLAIR:

22 Q. Ma'am, do you do a report for each
23 individual hospital at least annually when you review
24 the QIPSC reports?

25 A. I do not do individual reports.

Gina West
September 25, 2025

Page 56

1 Q. Okay. So you do one omnibus report for all
2 five hospitals, correct?

3 A. That is correct.

4 MR. TAKAGAKI: Objection.

5 BY MS. BLAIR:

6 Q. And what -- does that report have a name
7 that you put out at least annually with respect, the
8 omnibus report with respect to all five hospitals?
9 Does it have a name?

10 A. It's the Performance Improvement Evaluation
11 for that current year.

12 Q. And that Performance Improvement Evaluation
13 for the current year is the Performance Improvement
14 Evaluation for all five hospitals in one report,
15 correct?

16 MR. TAKAGAKI: Objection.

17 A. That's correct.

18 BY MS. BLAIR:

19 Q. And did you produce the Performance
20 Improvement Evaluation that you did from -- for 2023,
21 2024 in this litigation for production?

22 MR. TAKAGAKI: Objection. Are you asking if
23 she produced it to the defendants in this case?

24 MS. BLAIR: I'm asking if she collected it.

25 BY MS. BLAIR:

Gina West
September 25, 2025

Page 57

1 **Q. Did you collect the performance improvement**
2 **education [sic] report for '23 and '24 for production**
3 **in this litigation?**

4 MR. TAKAGAKI: Objection.

5 A. I don't remember.

6 BY MS. BLAIR:

7 **Q. What data, to the best of your knowledge as**
8 **the market lead for quality for Palm Beach Health**
9 **Network, what data are the local hospital QIPSC**
10 **committees monitoring?**

11 MR. TAKAGAKI: Objection.

12 A. Joint Commission required data, clinical
13 contract, key performance indicators, infection
14 prevention indicators and service line reports.

15 BY MS. BLAIR:

16 **Q. Do the QIPSC committees have targets for the**
17 **data that they're collecting? That might be a bad**
18 **question, so I don't know if -- let me ask it another**
19 **way.**

20 You recall you told me about the QMOR report
21 and there's targets that are in those, in that document
22 about how the hospitals should be performing on certain
23 targets, correct?

24 MR. TAKAGAKI: Objection. Mischaracterizes
25 her testimony.

Gina West
September 25, 2025

Page 58

1 A. Can you repeat your question, please?

2 BY MS. BLAIR:

3 Q. Sure.

4 With respect to the QMOR report that we
5 talked about a little bit earlier, there are targets
6 you told me that are included within that report,
7 correct?

8 A. Correct.

9 Q. Are there targets included within QIPSC
10 reports?

11 A. Yes, that's a component.

12 Q. And who sets those targets?

13 MR. TAKAGAKI: Objection. Calls for
14 speculation.

15 A. Committees approve the targets.

16 BY MS. BLAIR:

17 Q. And when you say the committees, you're
18 referring to each of the five local QIPSC committees?

19 A. Correct.

20 Q. Does Tenet home office approve the targets
21 in any way for the QIPSC committees?

22 MR. TAKAGAKI: Objection. Calls for
23 speculation.

24 A. For the measures that carry over from the
25 quality management operations report.

Gina West
September 25, 2025

Page 59

1 BY MS. BLAIR:

2 Q. So that's a "yes" with respect to the
3 measures that carry over from the quality measures
4 operations report, correct?

5 A. Correct.

6 MR. TAKAGAKI: Objection.

7 BY MS. BLAIR:

8 Q. What about the measures that don't carry
9 over from the quality measures operation report, do you
10 know if Tenet health has any -- Tenet health on the
11 home office level has any involvement in setting those
12 targets?

13 MR. TAKAGAKI: Objection. Calls for
14 speculation.

15 BY MS. BLAIR:

16 Q. I'm asking if you know. I don't want you to
17 speculate.

18 A. Not to my knowledge.

19 Q. Thank you.

20 What types of reports -- as the market lead
21 for quality for Palm Beach Health Network, are you
22 familiar with the reports that the QIPSC committees put
23 out?

24 MR. TAKAGAKI: Objection.

25 A. Yes.

Gina West
September 25, 2025

Page 60

1 BY MS. BLAIR:

2 Q. Do you know what the names of those reports
3 are?

4 A. They vary by report.

5 Q. What are some of names of reports that you
6 can recall as you sit here today?

7 A. Infection prevention would be one. There
8 are more. They're just not popping to memory.

9 Q. It's not a memory test.

10 A. Okay.

11 Q. And we talked about you told me all of the
12 data that you believe they're tracking,
13 Joint Commission data, contract, KPIs, infection
14 prevention indicators, service lines.

15 Are there any other type of data that you
16 can think of that the local hospital QIPSC committees
17 are tracking that you haven't described?

18 MR. TAKAGAKI: Objection.

19 A. There are also risk management reports.

20 BY MS. BLAIR:

21 Q. The reports that are put out by the QIPSC
22 committees, are they all sent to you as the market lead
23 for -- of quality for Palm Beach Health Network?

24 MR. TAKAGAKI: Objection.

25 A. They're not sent to me.

Gina West
September 25, 2025

Page 61

1 BY MS. BLAIR:

2 Q. Do you know who they're sent to?

3 MR. TAKAGAKI: Objection.

4 A. Yes.

5 BY MS. BLAIR:

6 Q. Who are they sent to?

7 A. Erica Kerns.

8 Q. And who is Erica Kerns?

9 A. The quality manager.

10 Q. And Erica Kerns reports to you, correct?

11 MR. TAKAGAKI: Objection.

12 A. That's correct.

13 MR. TAKAGAKI: Are you saying "Eric" or
14 "Erica"? I just, I can't understand. I was
15 asking --

16 MS. BLAIR: I'm saying "Erica." Is it
17 "Eric"?

18 MR. TAKAGAKI: Oh, I thought you were
19 saying -- I thought you said "Eric."

20 BY MS. BLAIR:

21 Q. Oh, I thought it was Erica. It's Erica,
22 yes?

23 A. Yes.

24 Q. Okay. And what does Erica do with these
25 reports.

Gina West
September 25, 2025

Page 62

1 MR. TAKAGAKI: Objection.

2 A. She ensures that they're compiled
3 completely.

4 BY MS. BLAIR:

5 Q. Okay.

6 A. That they contain data analysis and
7 recommendations and that the full report is ready for
8 the quality improvement patient safety meetings.

9 Q. So when you say "the full report is ready
10 for the quality improvement patient safety meetings,"
11 you're referring to those local level meetings,
12 correct?

13 A. That is correct.

14 Q. So she will, Erica Kerns, reviews the data
15 in preparation for each of the individual hospitals for
16 preparation for the QIPSC committee meetings, correct?

17 MR. TAKAGAKI: Objection. Calls for
18 speculation.

19 BY MS. BLAIR:

20 Q. I thought that's what you just told me so I
21 want to make sure.

22 A. Can you repeat?

23 MR. TAKAGAKI: Objection.

24 BY MS. BLAIR:

25 Q. Sure.

Gina West
September 25, 2025

Page 63

1 Erica Kerns puts together -- reviews the
2 information from the QIPSC committees and you said to
3 ensure that a full report is ready for the quality
4 improvement patient safety meetings, correct, that's
5 what you said?

6 MR. TAKAGAKI: Objection.

7 A. Correct.

8 BY MS. BLAIR:

9 Q. And so I'm just trying to get a timeline.
10 So they, the quality -- the QIPSC committees for each
11 local hospital provides data to Erica Kerns that she
12 reviews prior to the local QIPSC meetings?

13 MR. TAKAGAKI: Objection. Calls for
14 speculation.

15 A. That is not correct.

16 BY MS. BLAIR:

17 Q. Okay. And I thought I was missing something
18 so I'm just trying to understand the process and how it
19 works.

20 For what purpose is Erica Kerns reviewing
21 the data from the local QIPSC meetings?

22 MR. TAKAGAKI: Objection. Calls for
23 speculation.

24 BY MS. BLAIR:

25 Q. Are you Erica Kerns' boss?

Gina West
September 25, 2025

Page 64

1 A. I am Erica Kerns' boss.

2 **Q. Do you know why she's reviewing the data**
3 **that you told me about from the QIPSC meeting?**

4 A. Yes, I do.

5 **Q. Okay. And why is she reviewing that data,**
6 **for what purpose?**

7 A. She coordinates it for St. Mary's Medical
8 Center.

9 **Q. Got it.**

10 **So your involvement is with respect to**
11 **St. Mary's individually and not on the Palm Beach**
12 **Health Network level --**

13 MR. TAKAGAKI: Objection.

14 BY MS. BLAIR:

15 **Q. -- with respect to QIPSC meetings, correct?**

16 MR. TAKAGAKI: Sorry.

17 Objection.

18 A. Correct.

19 MR. TAKAGAKI: We've been going for about an
20 hour.

21 MS. BLAIR: Sure, would you like a break?

22 MR. TAKAGAKI: You want to take a break?

23 THE WITNESS: Sure.

24 MS. BLAIR: Sure.

25 THE VIDEOGRAPHER: Off the record, 10:10.

Gina West
September 25, 2025

Page 65

1 (A recess was taken from 10:10 a.m. to 10:26 a.m.)

2 THE VIDEOGRAPHER: Back on the record 10:26.

3 BY MS. BLAIR:

4 Q. Ms. West, are you involved in any way,
5 whether at the Palm Beach Health Network level or at
6 the local level, in the hospital, the plaintiffs
7 hospitals' involvement in ratings for hospitals?

8 MR. TAKAGAKI: Objection.

9 BY MS. BLAIR:

10 Q. Do you know what I mean by "ratings"?

11 A. No. Can you clarify?

12 Q. So, for example, several of these hospitals
13 have awards from Healthgrades®, for example. Are you
14 aware of that?

15 A. Yes.

16 Q. And you're at -- in addition to your duties
17 at Palm Beach Health Network, you also are the quality
18 director for St. Mary's, correct?

19 A. Correct.

20 Q. Are you involved -- so we'll just take with
21 respect to St. Mary's, are you involved in any way in
22 St. Mary's' participation in Healthgrades®, for
23 example?

24 MR. TAKAGAKI: Objection.

25 A. Could you clarify "participation"?

Gina West
September 25, 2025

Page 66

1 BY MS. BLAIR:

2 Q. Sure.

3 Well, in terms of the awards that -- and I
4 want to talk -- we'll talk about St. Mary's
5 specifically.

6 In terms of the Healthgrades® awards that
7 are awarded to St. Mary's, do you as the quality
8 director of St. Mary's have to provide any information
9 to Healthgrades® in order to for St. Mary's to be
10 evaluated for those awards?

11 A. I do not.

12 Q. In connection with the awards, Healthgrades®
13 awards that are awarded to St. Mary's, does
14 Healthgrades® perform any onsite visits to St. Mary's
15 with respect to those awards, to your knowledge?

16 A. I can't speculate.

17 Q. Okay. So you don't know as you sit here
18 today whether that occurs?

19 A. I do not know.

20 Q. Have you ever personally been involved with
21 an onsite inspection by Healthgrades® in connection
22 with any awards that have been awarded to St. Mary's?

23 A. Can you clarify "onsite inspection"?

24 Q. Sure. Well, I don't know if one occurs.

25 But do you know whether Healthgrades® comes

Gina West
September 25, 2025

Page 67

1 to St. Mary's and performs any sort of onsite
2 verification when it is considering St. Mary's for a
3 Healthgrades® award?

4 MR. TAKAGAKI: Objection.

5 A. I don't have knowledge of that.

6 BY MS. BLAIR:

7 Q. Do you know whether or not St. Mary's
8 submits any information whatsoever to Healthgrades® in
9 order for Healthgrades® to evaluate St. Mary's with
10 respect to any of the awards it receives from
11 Healthgrades®?

12 A. I don't have knowledge of that.

13 Q. Do you know whether or not St. Mary's pays
14 Healthgrades® in any way with respect to the awards it
15 receives from Healthgrades®?

16 A. I don't have knowledge of that.

17 Q. Have you ever had any conversations with
18 anyone at St. Mary's related to the Healthgrades®
19 awards that St. Mary's receives?

20 A. Not that I recall.

21 Q. Are you involved in any way, and let's stick
22 with St. Mary's, with respect to any awards that
23 St. Mary's receives from U.S. News & World Report?

24 A. I am not.

25 Q. Are you aware of any -- are you aware of any

Gina West
September 25, 2025

Page 68

1 of the five hospitals that are plaintiffs in this
2 litigation, the Palm Beach Health Network hospitals,
3 engaging in any ratings that require completion of a
4 survey other than Leapfrog?

5 MR. TAKAGAKI: Objection.

6 A. Not that I recall.

7 BY MS. BLAIR:

8 Q. Are you aware of any ratings organizations
9 other than Leapfrog that rate hospitals specifically on
10 patient safety?

11 MR. TAKAGAKI: Objection.

12 A. Would you mind repeating your question?

13 BY MS. BLAIR:

14 Q. Yeah, let me go back.

15 As the director of quality for Palm Beach
16 Health Network and St. Mary's on a local level and
17 based on all your experience in the area of quality, is
18 there a distinction in your mind between quality and
19 patient safety?

20 MR. TAKAGAKI: Objection. Compound.

21 A. Could you further clarify?

22 BY MS. BLAIR:

23 Q. Sure. Would you agree with me that quality
24 and patient safety are not necessarily synonymous?

25 MR. TAKAGAKI: Objection.

Gina West
September 25, 2025

Page 69

1 A. I guess I don't understand your question.

2 BY MS. BLAIR:

3 Q. Sure. What do you consider -- and you've
4 been in the quality area for a very long time, correct?

5 A. Correct.

6 Q. What do you consider to be quality when we
7 use that term as it relates to a chief quality officer
8 or director of quality? What does quality at a
9 hospital mean to you?

10 MR. TAKAGAKI: Objection.

11 A. Positive outcomes.

12 BY MS. BLAIR:

13 Q. Does it include patient safety?

14 MR. TAKAGAKI: Objection.

15 A. It can include patient safety.

16 BY MS. BLAIR:

17 Q. Does it include things other than patient
18 safety?

19 A. I don't understand your question.

20 Q. Okay. And so there have been a lot of
21 articles, peer-reviewed articles discussed by the
22 experts in this case that talk about the difference
23 between patient safety and quality. And I'm just
24 asking you generally as the director of quality, do you
25 see any distinction between quality and patient safety?

Gina West
September 25, 2025

Page 70

1 MR. TAKAGAKI: Objection. Lack of
2 foundation. I don't think you've established
3 with her that there are experts in this case
4 that they've reviewed articles as you've
5 testified to.

6 A. I haven't reviewed those articles.

7 BY MS. BLAIR:

8 Q. Understood.

9 A. We collaborate very well between patient
10 safety and quality, so there's -- there's high
11 collaboration.

12 Q. Understood.

13 And so, in your mind, are there members of
14 the local -- well, let's just talk about the patient
15 safety coordinator. So we talked about a patient
16 safety coordinator previously. Do you recall that?

17 A. I do not.

18 Q. Let's see. What did we call him? Patient
19 safety officer, do you recall that?

20 A. Yes.

21 Q. Okay. So the patient safety officer that is
22 at these hospitals, is he part of the quality team?

23 MR. TAKAGAKI: Objection. Are you talking
24 about each hospital or a single person?

25 BY MS. BLAIR:

Gina West
September 25, 2025

Page 71

1 Q. We'll talk about, you told me there's a role
2 called patient safety officer, correct?

3 A. Correct.

4 Q. And the patient safety officer in some cases
5 at Palm Beach Gardens reports to the director of
6 quality, correct?

7 A. That's correct.

8 Q. And in other cases the patient safety
9 officer for the other four hospitals reports to the
10 chief nursing officer, correct?

11 A. Correct.

12 Q. So in terms of Palm Beach Health Network,
13 the patient safety officer, is he considered to be part
14 of the quality team for that hospital that he works?

15 MR. TAKAGAKI: Objection.

16 A. Patient safety officer for the market is
17 Amy Buzzelli. It's a female.

18 BY MS. BLAIR:

19 Q. All right.

20 A. And she is a part of the Quality Improvement
21 Patient Safety Committee at St. Mary's Medical Center.

22 Q. And her name is Amy Buzzelli, correct?

23 A. Buzzelli.

24 MR. TAKAGAKI: Objection.

25 BY MS. BLAIR:

Gina West
September 25, 2025

Page 72

1 **Q. And she's the patient safety coordinator for**
2 **the market?**

3 A. That is not correct.

4 MR. TAKAGAKI: Objection.

5 BY MS. BLAIR:

6 **Q. Okay. What is her role?**

7 A. She is the patient safety officer.

8 **Q. Okay. She's the patient safety officer for**
9 **Palm Beach Health Network, correct?**

10 A. That's correct.

11 **Q. And who does she directly report to?**

12 A. She directly reports to Ricardo Ramirez for
13 the market.

14 **Q. Ricardo Ramirez is a chief nursing officer**
15 **for the market, correct?**

16 A. Correct.

17 **Q. So as the director of quality for Palm Beach**
18 **Health Network, do you make a distinction at all**
19 **between patient safety and quality?**

20 MR. TAKAGAKI: Objection. Vague.

21 A. We work collaboratively together. We have
22 distinct tasks.

23 BY MS. BLAIR:

24 **Q. As the director of quality, do you oversee**
25 **in any way the patient safety officer for the Palm**

Gina West
September 25, 2025

Page 73

1 Beach Health Network?

2 A. I don't.

3 Q. Does the patient safety officer,

4 Amy Buzzelli, deal solely with patient safety issues?

5 MR. TAKAGAKI: Objection.

6 A. We collaborate.

7 BY MS. BLAIR:

8 Q. To the best of your knowledge, what are

9 Amy Buzzelli's job duties as the patient safety officer
10 of Palm Beach Health Network?

11 A. She manages the patient safety plan to
12 ensure that it has been maintained, reviewed and
13 approved annually. She manages the event reporting
14 system and she manages the complaint process.

15 Q. What is the event reporting system?

16 A. Anyone who finds an event that occurs
17 outside of what's expected can report it through that
18 system.

19 Q. And that's all five hospitals can report it
20 through that system?

21 A. Yes.

22 Q. And when you say "anyone who has an
23 event" -- "anyone who finds an event," anyone, what do
24 you mean by "anyone"?

25 A. Any staff member, any physician, anyone who

Gina West
September 25, 2025

Page 74

1 has access to the system.

2 Q. And when you talk about the fact that
3 Amy Buzzelli manages the complaint process, what are
4 you referring to? What is the complaint process?

5 A. Anyone can raise an issue to her department.
6 It gets investigated, and the person who may have filed
7 the issue gets a response back.

8 Q. And we talked earlier about the patient
9 safety officers. Is there -- let me ask this. Is
10 there a patient safety officer at each of the five
11 hospitals?

12 A. Yes.

13 Q. Does Amy Buzzelli, in addition to her duties
14 for the Palm Beach Health Network, is she a patient
15 safety officer for any specific hospital?

16 A. Yes.

17 Q. Which one?

18 A. St. Mary's Medical Center.

19 Q. But she is also patient safety officer for
20 the market, meaning the Palm Beach Health Network as
21 well, correct?

22 A. She is collaborator like I am for quality.
23 She does not have direct reports, such as the patient
24 safety officers don't report to her from the other
25 hospitals.

Gina West
September 25, 2025

Page 75

1 **Q. And she reports to Ricky Ramirez, correct?**

2 MR. TAKAGAKI: Objection.

3 A. That's correct.

4 BY MS. BLAIR:

5 **Q. And so is there a separate complaint process**
6 **for the market separate and distinct from the complaint**
7 **process for each of the individual hospitals?**

8 MR. TAKAGAKI: Objection.

9 A. There's not.

10 BY MS. BLAIR:

11 **Q. So when you say she oversees the complaint**
12 **process, all complaints go to the Palm Beach Health**
13 **Network level?**

14 MR. TAKAGAKI: Objection.

15 A. I'll clarify and say for St. Mary's Medical
16 Center.

17 BY MS. BLAIR:

18 **Q. For St. Mary's Medical Center.**

19 Okay. So she oversees the complaint process
20 **for St. Mary's Medical Center, correct?**

21 A. Correct.

22 **Q. Does she oversee the complaint process for**
23 **the Palm Beach Health Network as a whole?**

24 A. She does not.

25 **Q. But she does have a position as the patient**

Gina West
September 25, 2025

Page 76

1 safety officer for the Palm Beach Health Network as a
2 whole?

3 MR. TAKAGAKI: Objection.

4 A. She's the market lead.

5 BY MS. BLAIR:

6 Q. And what does it mean to be the market lead
7 for patient -- as the patient safety officer?

8 A. Other patient safety officers do not report
9 to her.

10 Q. So how does she lead the market as a patient
11 safety officer?

12 MR. TAKAGAKI: Objection.

13 A. She collaborates with the other patient
14 safety officers.

15 BY MS. BLAIR:

16 Q. Does she have any extra duties as the market
17 lead patient safety officer that the patient safety
18 officers at the local hospitals do not have?

19 A. Not to my knowledge.

20 Q. Are you aware that Leapfrog has a hospital
21 survey that it puts out for hospitals to complete?

22 A. Yes, I am.

23 Q. Are you aware of any other organization that
24 puts out a hospital survey related to patient safety
25 other than Leapfrog?

Gina West
September 25, 2025

Page 77

1 MR. TAKAGAKI: Objection.

2 A. Not anything that comes to mind today.

3 BY MS. BLAIR:

4 Q. And CMS -- are you involved in any way at
5 the market level for Palm Beach Health Network in
6 compiling data for CMS?

7 A. I am not.

8 Q. At the St. Mary's Medical Center level are
9 you involved in any way in compiling information for
10 CMS for St. Mary's?

11 A. I am not.

12 Q. Who at St. Mary's is involved in compiling
13 data for CMS for St. Mary's?

14 MR. TAKAGAKI: Objection.

15 A. Could you repeat your question?

16 BY MS. BLAIR:

17 Q. Sure. St. Mary's Medical Center -- or I'm
18 sorry.

19 CMS collects data for individual hospitals.
20 You're aware of that, correct?

21 MR. TAKAGAKI: Objection.

22 A. Yes.

23 BY MS. BLAIR:

24 Q. Are you aware of whether or not St. Mary's
25 is required to submit any data to CMS at CMS's request?

Gina West
September 25, 2025

Page 78

1 MR. TAKAGAKI: Objection.

2 A. Yes, I am.

3 BY MS. BLAIR:

4 Q. Okay. And are you aware of who at
5 St. Mary's collects the data to provide to CMS at CMS's
6 request?

7 A. I am not aware of who collects the data.

8 Q. Who would know who collects the data for --
9 at St. Mary's for CMS?

10 MR. TAKAGAKI: Objection.

11 A. Could you further clarify "data"?

12 BY MS. BLAIR:

13 Q. Sure.

14 For example, CMS collects data on HAIs,
15 correct? Are you aware of that?

16 A. Yes.

17 Q. CAUTI, correct?

18 A. Correct.

19 Q. And CLABSI, for example, correct, CMS
20 collects data, correct?

21 A. Correct.

22 Q. Do you know whether that data is collected
23 from claims --

24 MR. TAKAGAKI: Objection.

25 BY MS. BLAIR:

Gina West
September 25, 2025

Page 79

1 **Q. -- submitted by St. Mary's?**

2 MR. TAKAGAKI: Objection.

3 A. I do know.

4 BY MS. BLAIR:

5 **Q. Okay. And what do you know about that**
6 **process?**

7 A. It is not collected from claims.

8 **Q. How is it collected?**

9 A. It's collected --

10 MR. TAKAGAKI: Objection.

11 A. It's collected through data entry into NHSN.

12 BY MS. BLAIR:

13 **Q. And do you know who is responsible at**
14 **St. Mary's for ensuring that the data that is entered**
15 **for St. Mary's through NHSN is accurate?**

16 A. Could you repeat that?

17 **Q. Sure.**

18 **The data -- CMS you told us, you said CMS**
19 **collects data for St. Mary's through data that is**
20 **entered through HSN [sic], correct?**

21 MR. TAKAGAKI: Objection. Misstates her
22 testimony.

23 BY MS. BLAIR:

24 **Q. Let me ask another way.**

25 **You tell me. How, to your knowledge as the**

Gina West
September 25, 2025

Page 80

1 market lead director of quality, does CMS get access to
2 St. Mary's' data that is entered in NHSN?

3 A. We enter it into NHSN.

4 Q. Right. And is there anybody responsible at
5 St. Mary's for doing some sort of audit or verification
6 to make sure that the data that's being entered by
7 St. Mary's into NHSN is accurate?

8 A. Yes.

9 Q. And who is that?

10 A. The market director of infection prevention.

11 Q. And who is the market director of infection
12 prevention?

13 A. Taylor Pool. She is also the director of
14 infection prevention at St. Mary's.

15 Q. She's currently at St. Mary's?

16 A. That's correct.

17 Q. Was she previously at Good Samaritan?

18 A. That is correct.

19 Q. And at Good Samaritan, she was the director
20 of quality, correct?

21 A. Correct.

22 Q. And when did she switch from being the
23 director of quality at Good Samaritan to being the
24 director of infection prevention at St. Mary's, do you
25 know?

Gina West
September 25, 2025

Page 81

1 A. Sometime around January of 2025.

2 Q. Do you know why she switched from being the
3 director of quality at Good Samaritan to being the
4 director of infection prevention at St. Mary's?

5 MR. TAKAGAKI: Objection.

6 A. I don't want to speculate.

7 BY MS. BLAIR:

8 Q. Have you ever had any conversations with her
9 about her move?

10 A. Yes.

11 Q. And what did she tell you about why she
12 moved from Good Samaritan to St. Mary's?

13 A. It was an advancement for her.

14 Q. Does Taylor Pool report to you in any
15 capacity now that she's the director of infection
16 prevention at St. Mary's?

17 A. She does not.

18 Q. Do you collaborate with her, though?

19 A. Yes, I do.

20 Q. So Taylor -- for St. Mary's -- is it -- to
21 the best of your knowledge, is it the case that the
22 directors of infection prevention at each of the five
23 hospitals are responsible for ensuring the accuracy of
24 data that is entered into the NHSN system?

25 A. That is correct.

Gina West
September 25, 2025

Page 82

1 **Q. Do you have any involvement -- and let's**
2 **just start at the local level. Do you have any**
3 **involvement with respect to marketing for St. Mary's?**

4 A. I do not.

5 MR. TAKAGAKI: Objection.

6 BY MS. BLAIR:

7 **Q. Do you have any involvement in marketing at**
8 **the Palm Beach Health Network level?**

9 MR. TAKAGAKI: Objection.

10 A. I do not.

11 BY MS. BLAIR:

12 **Q. Do you have any involvement in public**
13 **relations at St. Mary's?**

14 MR. TAKAGAKI: Objection.

15 A. I do not.

16 BY MS. BLAIR:

17 **Q. Do you have any involvement in public**
18 **relations at the Palm Beach Health Network level?**

19 A. I do not.

20 **Q. You were at Delray Medical Center beginning**
21 **in 2019, correct?**

22 A. Correct.

23 **Q. And are you aware that Delray Medical Center**
24 **participated in the Leapfrog Hospital Survey in 2019?**

25 A. I am not aware.

Gina West
September 25, 2025

Page 83

1 Q. Are you aware of any participation by Delray
2 in the hospital -- in the Leapfrog Hospital Survey?

3 A. Yes.

4 Q. And what is your knowledge of Delray's
5 participation in the Leapfrog Hospital Survey?

6 MR. TAKAGAKI: Objection.

7 A. I don't recall today outside of we
8 participated.

9 BY MS. BLAIR:

10 Q. Okay. When Delray participated, did you
11 have any involvement in gathering documents responsive
12 to the Leapfrog Hospital Survey?

13 A. I do.

14 Q. And can you tell me a little bit about what
15 your involvement was in compiling documents to respond
16 to the Leapfrog Hospital Survey when you were at
17 Delray?

18 MR. TAKAGAKI: Objection.

19 A. I don't recall.

20 MR. TAKAGAKI: Can you be a little more
21 specific as was she there during the survey
22 submission?

23 BY MS. BLAIR:

24 Q. Ma'am, you were at Delray from 2019 through
25 2020. Through 2020, correct?

Gina West
September 25, 2025

Page 84

1 A. Correct.

2 Q. And you understand that the Leapfrog
3 hospital survey is annual. Do you understand that?

4 A. I do.

5 MR. TAKAGAKI: Objection.

6 BY MS. BLAIR:

7 Q. And do you understand that the submission
8 for the Leapfrog Hospital Survey occurs in or around
9 June every year?

10 A. I do.

11 Q. And tell me, again, when did you start at
12 Delray, what month in 2019?

13 A. October.

14 Q. And so you would not have had any
15 involvement in the Leapfrog Hospital Survey in October
16 of 2000 -- or sorry -- in 2019 since the submission
17 would have already occurred before you got there,
18 correct?

19 A. Correct.

20 Q. And when did you leave Delray, what month?

21 A. On or around June of 2020.

22 Q. Okay. So there would have been only one
23 Leapfrog Hospital Survey while you were at Delray that
24 you were involved with, correct?

25 A. Correct.

Gina West
September 25, 2025

Page 85

1 Q. So with that foundation, what can you tell
2 me about your involvement in Delray's response to the
3 Leapfrog 2020 hospital survey in the time in which you
4 were at Delray?

5 A. Sitting here today, I do not recall the
6 involvement in the 2020 survey.

7 Q. Do you recall even in the most general sense
8 how long it took Delray to complete the Leapfrog
9 Hospital Survey?

10 MR. TAKAGAKI: Objection.

11 A. I don't recall.

12 BY MS. BLAIR:

13 Q. So is it fair to say if I asked you
14 questions, you really have no recollection of how
15 Delray compiled information to respond to the Leapfrog
16 Hospital Survey in 2020; is that correct?

17 A. That's correct.

18 MR. TAKAGAKI: Objection.

19 BY MS. BLAIR:

20 Q. And then you moved on to St. -- to Good --
21 let me make sure I got this right.

22 You moved on to Good Samaritan for 2020
23 through 2023, correct?

24 A. On or around June 2020 through on or around
25 July 2023.

Gina West
September 25, 2025

Page 86

1 Q. Okay. And so is it fair to say that you had
2 no involvement with Good Samaritan's participation in
3 the 2020 Leapfrog Hospital Survey?

4 A. Not that I recall.

5 Q. And you would not have been at
6 Good Samaritan until June of 2020, correct?

7 A. Correct.

8 Q. And do you understand as you sit here today
9 that the Complaint alleges the last year that any of
10 these five hospitals participated in the Leapfrog
11 Hospital Survey was 2021?

12 MR. TAKAGAKI: Objection.

13 A. I am not aware.

14 BY MS. BLAIR:

15 Q. Okay. Are you aware as you sit here today
16 of any participation by Good Samaritan Medical Center
17 while you worked at Good Samaritan Medical Center in
18 the Leapfrog Hospital Survey?

19 A. Yes, I am.

20 Q. And can you tell me what you recall about
21 Good Samaritan's involvement in the Leapfrog Hospital
22 Survey for the 2021 hospital survey?

23 MR. TAKAGAKI: Objection.

24 A. I recall participating, coordinating data
25 and entering data.

Gina West
September 25, 2025

Page 87

1 BY MS. BLAIR:

2 Q. Were you primarily responsible for
3 Good Samaritan's submission of the 2021 Leapfrog
4 Hospital Survey?

5 MR. TAKAGAKI: Objection.

6 A. Yes, that I recall.

7 BY MS. BLAIR:

8 Q. How many people did you have helping you
9 compile data to comply with the 2021 Leapfrog Hospital
10 Survey?

11 MR. TAKAGAKI: Objection.

12 A. I don't remember the exact number. I would
13 estimate around six.

14 BY MS. BLAIR:

15 Q. Do you recall just generally what types of
16 people these six people were that helped you compile
17 information for the Leapfrog Hospital Survey in or
18 around 2021?

19 MR. TAKAGAKI: Objection.

20 A. Yes.

21 BY MS. BLAIR:

22 Q. And who were they?

23 A. It would have been someone in finance,
24 someone in infection control, a contract administrator.
25 That's who I recall.

Gina West
September 25, 2025

Page 88

1 Q. Okay. And do you recall whether in or
2 around 2021 when you were participating for
3 Good Samaritan in the submission of the Leapfrog
4 Hospital Survey how many hours it took to comply with
5 the survey?

6 MR. TAKAGAKI: Objection.

7 A. Yes.

8 BY MS. BLAIR:

9 Q. And what is your recollection of how many
10 hours?

11 A. For myself, just me, between 40 and
12 60 hours.

13 For the other people that were involved,
14 such as contract administrator, it could have taken up
15 to two days, a few hours for the other people.

16 But I will say that in the other hospitals,
17 such as St. Mary's Medical Center, it took many more
18 hours. And it really varies by the person who's
19 completing it, how many times they've completed it
20 before, how quickly they can work. So that number is
21 representative of my time only.

22 Q. And you just talked a little bit about how
23 long it took St. Mary's. Do you know how long it took
24 St. Mary's in your role as the Palm Beach Health
25 Network director of quality?

Gina West
September 25, 2025

Page 89

1 MR. TAKAGAKI: Objection.

2 A. It was reported to me that it took hundreds
3 of hours.

4 BY MS. BLAIR:

5 Q. And who reported that to you?

6 A. The director of quality, market chief
7 nursing officer. We collaborated as a group to do an
8 analysis of the time that we were spending on the
9 survey.

10 Q. Okay. So who was the director of quality
11 for St. Mary's that reported to you the hundreds of
12 hours it took them to comply?

13 A. Carola Kuret.

14 Q. And who was the chief nursing officer at
15 St. Mary's that told you it took hundreds of hours to
16 comply?

17 A. Jessica Miller.

18 Q. And do you recall when this conversation
19 took place?

20 MR. TAKAGAKI: Objection.

21 A. It was during the same time that I completed
22 it for Good Samaritan Medical Center.

23 BY MS. BLAIR:

24 Q. What do you recall about that conversation?

25 MR. TAKAGAKI: Objection.

Gina West
September 25, 2025

Page 90

1 A. I recall that I was told that it was
2 overwhelming, that she couldn't complete her other
3 duties and that we needed to have a conversation about
4 it.

5 BY MS. BLAIR:

6 Q. And when you say "she couldn't complete her
7 other duties," who was the "she" in that sentence?

8 A. Carola.

9 Q. Do you know why it was taking her hundreds
10 of hours? Did she ever say what the issue was on her
11 end at St. Mary's?

12 A. I don't recall.

13 Q. Do you know whether or not Carola told you
14 whether she called the Leapfrog help desk to get help
15 in completing the survey?

16 A. I don't recall.

17 Q. And you also said that you collaborated as a
18 group to do an analysis of the time that we were
19 spending on the survey. Who all was involved in that
20 collaboration?

21 MR. TAKAGAKI: Objection.

22 A. Chief nursing officers, the market chief
23 nursing officer, the directors of quality. And I know
24 that there was some involvement with the CEOs as well.

25 BY MS. BLAIR:

Gina West
September 25, 2025

Page 91

1 Q. And in or around -- was this an in-person
2 meeting?

3 A. Yes, it was.

4 MR. TAKAGAKI: Objection.

5 THE WITNESS: Oh, sorry.

6 MR. TAKAGAKI: It's okay.

7 BY MS. BLAIR:

8 Q. Do you know when this in-person meeting
9 occurred?

10 A. I don't recall.

11 Q. Do you recall even generally the year it
12 would have occurred?

13 A. It was during the same time that I completed
14 Good Samaritan's --

15 Q. So 2021?

16 A. -- last Leapfrog survey.

17 Q. I didn't mean to cut you off. I apologize.

18 What do you recall specifically about the
19 conversation that occurred with the CNOs, the market
20 CNOs, the directors of quality and maybe some of the
21 CNOs in or around 2021 about continuing to engage in
22 the Leapfrog survey?

23 MR. TAKAGAKI: Objection.

24 And sorry. When you use conversation there,
25 are you speaking like generally over time, or

Gina West
September 25, 2025

Page 92

1 are you talking about a specific day?

2 BY MS. BLAIR:

3 Q. I thought you testified that you had a
4 meeting, correct?

5 MR. TAKAGAKI: Objection.

6 A. We did.

7 BY MS. BLAIR:

8 Q. Okay. I'm talking about that meeting. What
9 do you recall about the conversations that occurred at
10 that meeting in or around 2021 that involved the CNOs,
11 the market CNO, the director of quality and maybe some
12 of the CEOs with respect to continuing participation in
13 the Leapfrog survey?

14 A. Very broadly, I remember that there was
15 concern about the amount of time that it was taking.
16 St. Mary's in general was taking the longest. It was
17 taking some of the other directors of quality also like
18 long periods of time. And the concern was that it was
19 taking them away from other things that they would
20 coordinate, such as stroke surveys, some of the other
21 certification and accreditation tasks that we had.

22 Q. Anything else that you remember broadly
23 about the conversation that occurred at this meeting
24 sometime in 2021 regarding the decision to stop
25 participating in the Leapfrog Hospital Survey?

Gina West
September 25, 2025

Page 93

1 A. Not that comes to mind right now.

2 Q. When the meeting ended, was there a
3 consensus at the group about whether or not the five
4 hospitals that make up the Palm Beach Health Network
5 were going to continue to engage in the Leapfrog
6 Hospital Survey?

7 MR. TAKAGAKI: Objection.

8 A. In that meeting a recommendation was made.
9 It was supported. And a determination was made to stop
10 participating.

11 BY MS. BLAIR:

12 Q. Do you recall who made the recommendation?

13 A. The market chief nursing officer in
14 agreement with the other chief nursing officers and the
15 other directors of quality.

16 Q. So that the market chief nursing officer at
17 the time of this meeting in 2021, was that
18 Ricky Ramirez?

19 A. It was Libby Flippo.

20 Q. Do you recall any -- anything that
21 Libby Flippo said in connection with her recommendation
22 that the five hospitals that make up the Palm Beach
23 Health Network ceased participating in the Leapfrog
24 Hospital Survey?

25 A. I don't recall her exact words.

Gina West
September 25, 2025

Page 94

1 Q. Understood. I don't expect you to recall
2 her exact words.

3 Do you recall generally what -- anything
4 that Libby Flipppo said regarding her recommendation
5 that the five hospitals stop participating in the
6 Leapfrog Hospital Survey?

7 A. I don't recall.

8 Q. Do you recall whether the recommendation
9 that Ms. Flipppo was making was along the same lines
10 that you described that there was a concern about the
11 amount of time it was taking to do the survey and the
12 time that it was taking away from other things like
13 certifications? Was that the basis of her
14 recommendation based on your best memory?

15 A. It is.

16 MR. TAKAGAKI: Objection.

17 A. It is.

18 BY MS. BLAIR:

19 Q. Do you recall anything that anyone else said
20 at this meeting in or around 2021 regarding the
21 decision not to engage in the Leapfrog Hospital Survey?

22 A. Just very broadly --

23 Q. Yes.

24 A. -- I remember Carola discussing the hundreds
25 of hours that it was taking to complete it. And I

Gina West
September 25, 2025

Page 95

1 remember the other DCQIs discussing how long it was
2 taking them to complete it just in general.

3 Q. Understood. Anything else you remember?

4 A. No.

5 Q. Do you recall when you engaged in the
6 Leapfrog Hospital Survey for Good Samaritan in 2021
7 whether the HAIs for Good Samaritan in or around that
8 time, the CMS data for HAIs, was below the national
9 average for Good Samaritan?

10 A. I don't --

11 MR. TAKAGAKI: Objection.

12 A. I don't recall that time period.

13 BY MS. BLAIR:

14 Q. Do you recall whether in or around 2021 when
15 you were gathering data to respond to the Leapfrog
16 Hospital Survey, whether Good Samaritan had in place a
17 hand hygiene policy?

18 A. To the best of my recollection, yes.

19 Q. Do you recall when you were gathering
20 documentation for Good Samaritan to comply with the
21 2021 Leapfrog Hospital Survey whether Good Samaritan
22 had completed logs of observations related to hand
23 hygiene?

24 A. I don't recall.

25 Q. Do you recall when you were working on

Gina West
September 25, 2025

Page 96

1 responding to the 2021 Leapfrog Hospital Survey for
2 St. Mary's whether St. Mary's engaged in the CPOE test
3 required by the Leapfrog Hospital Survey?

4 A. Yes, I recall.

5 Q. And what do you recall about that test?

6 A. I recall that we completed that as a
7 multi-disciplinary team.

8 Q. Do you recall what the results were?

9 A. I recall that we passed.

10 Q. Do you recall how long it took to do the
11 CPOE test?

12 A. I don't recall.

13 Q. Do you recall that it was a two-hour test
14 required that -- do you recall that the test requires
15 an interdisciplinary team and it takes about two hours?

16 MR. TAKAGAKI: Objection.

17 A. I recall that it requires a
18 multi-disciplinary team, but I do not remember the time
19 span.

20 BY MS. BLAIR:

21 Q. Do you know whether today in your role as
22 the director of quality for Palm Beach Health Network
23 any of the five hospitals engage in an
24 interdisciplinary test of their CPOE systems on a
25 regular basis?

Gina West
September 25, 2025

Page 97

1 A. I don't have knowledge.

2 Q. Have you ever been involved in an
3 interdisciplinary test of St. Mary's CPOE system?

4 A. I have not.

5 Q. When -- and we'll just stick with
6 Good Samaritan since you remember the participation in
7 the Leapfrog hospital survey then.

8 Were you the quality director of
9 Good Samaritan when you were there from 2020 to 2023?

10 A. Correct.

11 Q. Do you -- in your role as the quality
12 director for Good Samaritan from 2020 to 2023, and I
13 want to specifically talk about 2020 through 2021, did
14 Good Samaritan derive any benefit from participating in
15 the Leapfrog Hospital Survey?

16 MR. TAKAGAKI: Objection.

17 A. Not to my knowledge.

18 BY MS. BLAIR:

19 Q. To your knowledge as the director of quality
20 for Palm Beach Health Network today, do you know
21 whether or not the five hospitals that make up
22 Palm Beach Health Network use Leapfrog standards for
23 benchmarking in any way?

24 MR. TAKAGAKI: Objection. Vague.

25 A. Not to my knowledge.

Gina West
September 25, 2025

Page 98

1 BY MS. BLAIR:

2 Q. Do you know as you sit here today whether
3 any of the five hospitals use or have used Leapfrog
4 standards for determining whether or not any of their
5 structural or process measures are operating
6 sufficiently for patient safety?

7 MR. TAKAGAKI: Objection. Vague.

8 A. Will you clarify your question, please?

9 BY MS. BLAIR:

10 Q. Sure.

11 Are you aware as you sit here today whether
12 any time prior to today any of the five hospitals that
13 make up Palm Beach Health Network have used the
14 Leapfrog standards to benchmark whether their patient
15 safety standards are good?

16 MR. TAKAGAKI: Objection. Vague. Asked and
17 answered.

18 A. Nothing comes to mind right now.

19 BY MS. BLAIR:

20 Q. Okay. Do you at any time that you have been
21 the quality director for Palm Beach Health Network,
22 have you become aware that Leapfrog charges for
23 consulting services?

24 A. Can you repeat it, please?

25 Q. Yes. Do you have any understanding as you

Gina West
September 25, 2025

Page 99

1 sit here today that Leapfrog charges for consulting
2 services?

3 A. Yes.

4 Q. And what consulting services do you believe
5 that Leapfrog charges for?

6 A. It's a voluntary service, but in order to
7 receive the consulting services, I understand that
8 there is a fee.

9 Q. And what consulting -- what do you -- what
10 do you understand the consulting services to be?

11 A. It would be a request for services to help
12 improve the grade. I understand that Leapfrog also
13 charges for webinars related to their grades. And I
14 understand there are other consultants on behalf of
15 Leapfrog that charge for consulting services.

16 Q. Do you know who these other -- do you know
17 who these other consultants on behalf of Leapfrog are
18 that charge for consulting services?

19 A. I can't give the name today because I don't
20 remember it, but I have known it in the past.

21 Q. Okay. And how much do you think these other
22 consultants on behalf of Leapfrog charge?

23 MR. TAKAGAKI: Objection.

24 A. I don't know how much they charge. So they
25 reach out to me, say, on behalf of Leapfrog, we can

Gina West
September 25, 2025

Page 100

1 consult with you to improve your grade.

2 BY MS. BLAIR:

3 Q. And you don't know who that is?

4 A. I don't recall.

5 MR. TAKAGAKI: Objection.

6 BY MS. BLAIR:

7 Q. Do they send you emails?

8 A. That is correct.

9 Q. Have you produced those emails in this
10 litigation?

11 MR. TAKAGAKI: Objection.

12 Again, are you asking if she has or the
13 plaintiffs have?

14 BY MS. BLAIR:

15 Q. I'm asking you, have you produced those to
16 your lawyers in this litigation?

17 MR. TAKAGAKI: Objection.

18 A. I have not personally that I recall.

19 BY MS. BLAIR:

20 Q. So you believe there are consultants that
21 send you emails telling you, on behalf of Leapfrog,
22 saying that they can help you improve your grade if you
23 pay them consulting fees?

24 MR. TAKAGAKI: Objection. Asked and
25 answered.

Gina West
September 25, 2025

Page 101

1 A. It was at least one consultant.

2 BY MS. BLAIR:

3 Q. And you don't recall the name as you sit
4 here today?

5 A. I'm sorry. I don't.

6 MR. TAKAGAKI: Objection. Asked and
7 answered.

8 BY MS. BLAIR:

9 Q. Is there anything I could show you that
10 would refresh your recollection as to the name of the
11 consultant that sent you an email on behalf of Leapfrog
12 saying that in exchange for paying consulting services
13 they could help you improve your grade?

14 MR. TAKAGAKI: Objection.

15 A. You have the email.

16 BY MS. BLAIR:

17 Q. With respect to the services that you
18 believe Leapfrog itself -- so let's put aside this
19 consultant's email. To the extent you believe there
20 are services that Leapfrog charges hospitals in
21 exchange -- do you believe -- well, strike that.

22 Do you believe that Leapfrog provides
23 consulting services to hospitals for money in exchange
24 for better grades?

25 A. Yes.

Gina West
September 25, 2025

Page 102

1 MR. TAKAGAKI: Objection.

2 BY MS. BLAIR:

3 Q. And what is that based on?

4 A. Years prior, and I don't have an exact date,
5 but years prior in another organization where I was
6 involved with collecting data for Leapfrog I reviewed
7 the entire website to see what was available, you know,
8 to determine if there was any extra information, and I
9 found that there was a consulting component to it.
10 That's what I remember.

11 Q. And what organization was that that you were
12 compiling Leapfrog data for?

13 A. I don't recall.

14 Q. Was it one of those places of employment
15 that we went through at the beginning of your
16 deposition?

17 A. It would have been.

18 Q. So at least one of those places that you
19 worked for prior to Palm Beach Health Network did
20 participate in the Leapfrog Hospital Survey?

21 A. Yes.

22 Q. Do you know, was it just one or are there
23 others?

24 A. I don't recall.

25 Q. And what do you recall about participating

Gina West
September 25, 2025

Page 103

1 in the Leapfrog Hospital Survey for that organization
2 that you were just telling me about?

3 A. Beyond the consulting, I don't have a recall
4 for it.

5 Q. Would you have been responsible in your role
6 at that organization for compiling the data that was
7 submitted to Leapfrog?

8 A. I don't remember my exact role at the time.

9 Q. Okay. But your role did involve at least
10 looking at the Leapfrog website in some way?

11 A. Correct.

12 Q. And you recall coming across something
13 wherein you believe Leapfrog charged hospitals for
14 consulting services in order to give them a better
15 grade. That's your recollection?

16 MR. TAKAGAKI: Objection.

17 A. I do.

18 MR. TAKAGAKI: Asked and answered.

19 BY MS. BLAIR:

20 Q. Have you had a chance to look at the
21 Leapfrog website since this lawsuit has been filed to
22 determine whether that is indeed case?

23 A. I have not.

24 THE VIDEOGRAPHER: Sorry to interrupt,
25 Counselor. We need to break for a media change.

Gina West
September 25, 2025

Page 104

1 MS. BLAIR: Yes, we can do it right now.

2 THE VIDEOGRAPHER: This is the end of media
3 unit one. We are going off the record for a
4 media change at 11:14.

5 (A recess was taken from 11:14 a.m. to 11:32 a.m.)

6 THE VIDEOGRAPHER: This is media unit number
7 two. The time is 11:32. We're back on the
8 record.

9 BY MS. BLAIR:

10 Q. Ms. West, right before the break, we had
11 been talking about the consulting services that you
12 believe Leapfrog charges for. And I want to set aside
13 the email that you believe you received from a
14 consultants on behalf of Leapfrog that stated that you
15 could pay that consultant a fee for a better grade.
16 And I want to focus on the information on the Leapfrog
17 website that you reviewed that you believe talks about
18 the fact that Leapfrog charges for consulting services.
19 Okay?

20 A. (Nodding head).

21 Q. Do you recall the names of any of these
22 consulting services that Leapfrog allegedly offers in
23 exchange for better grades?

24 A. I don't remember.

25 MS. BLAIR: I'm going to hand you what we're

Gina West
September 25, 2025

Page 105

1 going to mark as Exhibit A.

2 THE STENOGRAPHER: Do you mind if we use
3 numbers?

4 MS. BLAIR: Oh, I'm sorry. Yes. 1. We've
5 been using numbers.

6 (Defendant's Exhibit Number 1 for i.d.)

7 BY MS. BLAIR:

8 Q. My apologies, Ms. West. I'm going to hand
9 you what we are now marking as West Exhibit 1, and
10 you'll see this is a printout from the Leapfrog website
11 dated this morning, 9-25-25.

12 Do you see at the top it says "become a
13 Leapfrog certified coach"? Do you see that?

14 A. I do.

15 Q. Does this refresh your recollection of
16 whether or not this is one of the consulting services
17 that you believe Leapfrog offers to hospitals in
18 exchange for a fee to receive a better grade?

19 A. It doesn't because this is referencing 2024
20 and 2025 and I haven't reviewed it.

21 Q. Okay. Have you ever heard this "become a
22 Leapfrog certified coach" before?

23 A. I have not.

24 Q. When you look at this document about the
25 certified coaching, this does not refresh your

Gina West
September 25, 2025

Page 106

1 recollection as to whether or not this is the -- these
2 are the consulting services that you're referring to
3 that Leapfrog offers for a fee?

4 A. No.

5 Q. Okay. And we'll go to Exhibit 2.

6 (Defendant's Exhibit Number 2 for i.d.)

7 BY MS. BLAIR:

8 Q. Ms. West, I've now handed you what we've
9 marked West Exhibit 2. And you'll see, again, this is
10 printed off of the Leapfrog website on September 24th,
11 2025. And it says, "2025 Deep Dive Sessions."

12 Do you see that?

13 A. Yes.

14 Q. If you wouldn't mind taking a moment to look
15 at this and tell me if this refreshes your recollection
16 in any way as to whether or not these are the services
17 that you are referring to that Leapfrog offers to
18 hospitals in exchange for a better grade?

19 A. It is not.

20 Q. Okay. And so you believe that somewhere on
21 the Leapfrog -- do you believe that Leapfrog is
22 currently as we sit here today in September of 2025
23 offering consulting services to hospitals for a fee in
24 exchange for better grades?

25 A. Yes.

Gina West
September 25, 2025

Page 107

1 **Q.** **Okay. And is it your belief that that**
2 **offering of consulting services in exchange for a fee**
3 **for better grades is currently advertised on the**
4 **Leapfrog website somewhere?**

5 A. I don't know if it's advertised on the
6 Leapfrog website. However, I've received emails such
7 as the webinar where you would have to pay to like get
8 it -- the additional information.

9 **Q.** **And so it's your understanding that Leapfrog**
10 **offers paid for webinars that hospitals can pay for in**
11 **exchange for learning how to get a better grade?**

12 A. Correct.

13 MR. TAKAGAKI: Objection.

14 BY MS. BLAIR:

15 **Q.** **Is it your understanding that those**
16 **webinars -- well, what is your understanding? Is it**
17 **related to the safety grade or the survey**
18 **participation?**

19 A. So my understanding was from years back.

20 **Q.** **Okay.**

21 A. And unless it's changed, my opinion hasn't
22 changed because I don't know that it's changed.

23 **Q.** **Okay.**

24 A. If that makes sense.

25 **Q.** **That makes sense. And I'm just trying to**

Gina West
September 25, 2025

Page 108

1 get a sense. So what you recall about years back was a
2 webinar?

3 MR. TAKAGAKI: Objection. Misstates her
4 testimony.

5 A. The webinar -- the webinar is current.

6 BY MS. BLAIR:

7 Q. Okay.

8 A. From prior years back I reviewed the
9 information on the consulting fees.

10 Q. Okay. And but I want to make sure I
11 understand your testimony. So there's the reviewing of
12 consulting fees years back, correct?

13 A. Correct.

14 Q. And then your belief that Leapfrog charges
15 for consulting services in exchange for a fee for a
16 better grade is also based on webinars that are
17 current, is that a fair recitation of your testimony?

18 A. Emails received regarding webinars where
19 there's a charge.

20 Q. And I want to focus just on the webinars
21 where there's a charge. Do you have any recollection
22 of whether those webinars were related to the survey or
23 the hospital safety grade?

24 A. I don't recall. But if you have a document,
25 I'm happy to look at it.

Gina West
September 25, 2025

Page 109

1 Q. I don't.

2 Do you recall how much the fee was for
3 engaging in the webinar?

4 MR. TAKAGAKI: Objection.

5 A. It was around \$350.

6 BY MS. BLAIR:

7 Q. Okay. And did you save those emails?

8 A. I believe so.

9 Q. Okay. And do you believe those emails were
10 produced in this litigation? I'm sorry. Do you
11 believe you collected those emails and produced them to
12 your counsel for production in this litigation?

13 A. I don't recall.

14 Q. Do you recall having any conversations with
15 anyone associated with Palm Beach Health Network at any
16 time up until today outside the presence of your
17 counsel about your belief that Leapfrog charges
18 hospitals consulting fees in exchange for better
19 grades?

20 A. I don't recall.

21 Q. Do you recall ever having a conversation
22 with Sheri Montgomery at any time outside the presence
23 of your counsel about your belief that Leapfrog charges
24 hospitals consulting fees in exchange for better
25 grades?

Gina West
September 25, 2025

Page 110

1 A. I recall having a conversation with
2 Sheri Montgomery in regards to what Leapfrog charges
3 for, what I know they charged for and what I don't know
4 that they charged for.

5 **Q. Okay. And tell me about that conversation.**
6 **What do you recall you told Sheri Montgomery about what**
7 **they charge for, what they don't charge for and what**
8 **you don't know they charge for?**

9 A. I did not think that they, that Leapfrog
10 charged to enter data on the website. I do recall that
11 we had a discussion about the licensing fee and the use
12 of the logo, the amount of money that it was taking for
13 employees to complete, hours and time and money to
14 complete the survey. And at that time I think that was
15 all.

16 **Q. Okay. And when you say "licensing fee and**
17 **use of logo," what do you mean by "licensing fee"?**

18 A. To use the logo.

19 **Q. So that's all one, licensing fee and use of**
20 **logo is the licensing fee to use the logo?**

21 A. Correct.

22 **Q. And are you aware of whether or not any of**
23 **the five hospitals that make up the Palm Beach Health**
24 **Network pay a licensing fees to use the Healthgrades®**
25 **logo?**

Gina West
September 25, 2025

Page 111

1 A. I'm not aware.

2 Q. And so when you said there's no charge for
3 entering data, what did you mean by that?

4 A. To put it into the website.

5 Q. And so is it fair to say that there's no
6 charge for completing the survey?

7 MR. TAKAGAKI: Objection.

8 A. I wouldn't necessarily say that because
9 there's time and energy, all the time that goes into
10 completing the survey, the time that goes into prepping
11 for CPOE, completing CPOE. You know, that has monetary
12 value.

13 BY MS. BLAIR:

14 Q. Of course. And so I want to separate that
15 out. I want to ask about charges that Leapfrog charges
16 for. So set aside time and energy to complete the
17 survey.

18 Is it fair to say that Leapfrog does not
19 charge a hospital a fee that comes back to Leapfrog for
20 completing the survey?

21 A. It's fair to say that we're not charged for
22 entering data into the website.

23 Q. And even if you don't participate in the
24 Leapfrog survey, would you agree with me that you can
25 go on the website and print out for free the survey

Gina West
September 25, 2025

Page 112

1 itself and use it in any form you want?

2 A. Yes, I am aware of that.

3 Q. And are you aware of whether or not after
4 these five hospitals, the five hospitals that are
5 plaintiffs in this litigation stopped participating in
6 the Leapfrog Hospital Survey, whether they used the
7 Leapfrog Hospital Survey in any way from 2021 to
8 present day?

9 MR. TAKAGAKI: Objection. Vague.

10 A. Not that I recall.

11 BY MS. BLAIR:

12 Q. Do you know whether or not any hospital that
13 you ever have been associated with has paid for the
14 licensing use of the Leapfrog logo?

15 A. I'm not aware.

16 Q. Do you know whether St. Mary's has ever paid
17 for the use of the Leapfrog logo?

18 A. I'm not aware.

19 Q. While you were the director of quality for
20 Good Samaritan and you had some responsibility for
21 completing the 2021 hospital survey for Good Samaritan,
22 did Good Samaritan accurately report its data to the
23 Leapfrog survey?

24 MR. TAKAGAKI: Objection.

25 A. To my knowledge.

Gina West
September 25, 2025

Page 113

1 BY MS. BLAIR:

2 Q. Are you aware of any hospital that
3 purposefully overinflates its survey results on the
4 Leapfrog Hospital Survey?

5 MR. TAKAGAKI: Objection.

6 A. I'm not aware.

7 BY MS. BLAIR:

8 Q. When Good Samaritan participated in the
9 Leapfrog survey in 2021, was there staff dedicated to
10 just the Leapfrog Hospital Survey?

11 MR. TAKAGAKI: Objection.

12 A. There weren't staff just dedicated for
13 Leapfrog survey.

14 BY MS. BLAIR:

15 Q. When Good Samaritan engaged in the
16 Leapfrog Hospital Survey in 2021, were there physicians
17 that were -- did time get taken away from physicians to
18 complete the Leapfrog Hospital Survey?

19 MR. TAKAGAKI: Objection. Vague.

20 A. Yes.

21 BY MS. BLAIR:

22 Q. Okay. And in what way do you believe that
23 time was taken away from physicians to complete the
24 hospital -- the Leapfrog Hospital Survey at
25 Good Samaritan in 2021?

Gina West
September 25, 2025

Page 114

1 A. With CPOE tests.

2 Q. And, again, do you know how long that CPOE
3 test took?

4 MR. TAKAGAKI: Objection. Asked and
5 answered.

6 A. I don't recall.

7 BY MS. BLAIR:

8 Q. Other than physicians being involved in the
9 CPOE test for the Leapfrog Hospital Survey in 2021
10 while you were at Good Samaritan, do you know of any
11 other physician time that was taken away from the
12 physician to complete the hospital survey?

13 A. Just broadly I'll say the physician advisor
14 collaborated with us on the CPOE prep, the test and the
15 data review.

16 Q. Okay.

17 A. But I don't know how much time they spent.

18 Q. And other than the CPOE measure, are you
19 aware of any physician time in 2021 while you were
20 associated with St. Mary's in completing the Leapfrog
21 Hospital Survey, any other physician time that was
22 taken away to complete any other measures on the
23 Leapfrog Hospital Survey?

24 MR. TAKAGAKI: Objection.

25 A. I wasn't at St. Mary's.

Gina West
September 25, 2025

Page 115

1 BY MS. BLAIR:

2 Q. I'm sorry. Good Samaritan. Thank you.

3 A. Could you repeat your question?

4 Q. Sure.

5 So you've told me, correct, you told me
6 about physician time that was taken away for a
7 physician to engage in the CPOE measure, correct?

8 A. Correct.

9 Q. Are you aware of any other physician time
10 other than the CPOE that was spent in 2021 at
11 St. Mary's -- at Good Samaritan -- sorry -- at
12 Good Samaritan in completing the Leapfrog Hospital
13 Survey?

14 A. Not that I recall.

15 Q. And then let's do the same thing with
16 respect to nurses. Are you aware of nursing time that
17 was taken away in 2021 when you were completing the
18 Leapfrog Hospital Survey for Good Samaritan that was
19 taken away to help complete the Leapfrog Hospital
20 Survey?

21 MR. TAKAGAKI: Objection.

22 A. Not that I recall specifically.

23 BY MS. BLAIR:

24 Q. What about generally?

25 A. Directors of quality are nurses, so I'm

Gina West
September 25, 2025

Page 116

1 trying to make the distinction. Not that I recall.

2 Q. How long does it take -- and let's just talk

3 about your involvement at St. Mary's now present day.

4 How many hours does it take to prepare for

5 and engage with Joint Commission on an annual basis?

6 MR. TAKAGAKI: Objection.

7 A. I don't recall sitting here today, but we

8 complete survey readiness every day.

9 BY MS. BLAIR:

10 Q. Every day of the year?

11 A. Every day of the year.

12 Q. Are there any measures on the Leapfrog -- to

13 your knowledge, are there any measures on the Leapfrog

14 Hospital Survey that are similar to data requests

15 contained for the Joint Commission?

16 MR. TAKAGAKI: Objection.

17 A. I'm going through it in my head right now.

18 BY MS. BLAIR:

19 Q. That's all right. Take your time.

20 A. Yes.

21 Q. And what are those?

22 A. CLABSI prevention, CAUTI prevention, C. diff

23 prevention, MRSA prevention. That's what we do on a

24 daily basis.

25 Q. Are you aware of any regulatory agency that

Gina West
September 25, 2025

Page 117

1 **measures CPOE compliance?**

2 MR. TAKAGAKI: Objection.

3 A. Not that I recall.

4 BY MS. BLAIR:

5 **Q. Are you aware of any regulatory compliance**
6 **that measures BCMA compliance?**

7 MR. TAKAGAKI: Objection.

8 A. May I go back one --

9 BY MS. BLAIR:

10 **Q. Sure, yeah.**

11 A. -- for CPOE and clarify that? Yes, I'm
12 aware in terms of Joint Commission activity when they
13 are on site, they review how physicians enter orders
14 into the electronic medical record.

15 They also while they're on site will watch
16 medication pass, they'll look at barcode scanning and
17 make sure that we're going through the five patient
18 rights.

19 They will also review the medication policy.

20 They will review the bylaws and the rules
21 and regulations.

22 And they will observe and speak to staff.

23 **Q. And so that would cover both, as I**
24 **understand your answer, but you tell me, CPOE and BCMA,**
25 **correct?**

Gina West
September 25, 2025

Page 118

1 A. That is correct.

2 Q. And that was the Joint Commission, correct?

3 A. That is correct.

4 Q. Are you aware of any regulatory agency that
5 reviews compliance with hand hygiene?

6 MR. TAKAGAKI: Objection.

7 A. Yes.

8 BY MS. BLAIR:

9 Q. And what regulatory agency reviews
10 compliance with hand hygiene?

11 A. The Joint Commission and the agency on
12 healthcare administration in Florida.

13 Q. And the Agency for Health Care
14 Administration in Florida, is that acronym AC -- AHCA?

15 A. Yes.

16 Q. And can you tell just tell me a little bit
17 about how the Joint Commission reviews hand hygiene
18 protocols for hospitals, to the best of your knowledge?

19 A. Okay. They review our standard precautions
20 policy. They observe staff while they're on site
21 correctly performing hand hygiene, whether it's through
22 soap and water or alcohol-based hand rub. They review
23 our audits and our outcomes.

24 Q. And what do you mean by "audits"?

25 A. We complete review observations of hand

Gina West
September 25, 2025

Page 119

1 hygiene.

2 Q. And are those the logs that each hospital
3 keeps on the observations of hand hygiene?

4 A. So I can't necessarily speak to the logs,
5 but I can speak to the data that are collected and the
6 data that are reported.

7 Q. Okay. And how is the data collected for
8 these five hospitals as it relates to the audits for
9 hand hygiene?

10 A. It is my understanding that each leader
11 chooses an observer that has had education and
12 competency to observe staff appropriately either
13 washing with soap and water or utilizing the
14 alcohol-based hand rub.

15 Q. And is there an audit report that is
16 generated specifically with respect to hand hygiene for
17 each of the five hospitals that are plaintiffs in this
18 litigation?

19 A. Yes.

20 Q. And do you know whether that hand hygiene
21 audit report has -- was gathered by you and produced to
22 your attorneys for production in this litigation?

23 A. It was requested by attorneys, and hand
24 hygiene information was produced.

25 Q. And then you said, with respect to the

Gina West
September 25, 2025

Page 120

1 Joint Commission's review of hand hygiene, they also
2 review outcomes. Do you recall that?

3 A. Yes.

4 Q. What did you mean by "outcomes"?

5 A. They have a data review session and they
6 review it during that time.

7 Q. And are the outcomes the outcomes of the
8 observations of the hand washing?

9 A. Correct.

10 Q. So the word "outcomes" doesn't mean outcomes
11 to patients like infection, correct?

12 A. It could, but what I was referring to was
13 observations.

14 Q. Right. In this context you're referring to
15 the observations, correct?

16 A. Yes.

17 Q. And then how does the AHCA observe
18 hand hygiene in the hospitals? I'm sorry. I said
19 "observe."

20 How do they monitor compliance with
21 hand hygiene in the hospital?

22 A. I'll give you a great example.

23 Q. Excellent.

24 A. They were just on site in the spring for all
25 five hospitals specifically focused on quality of care,

Gina West
September 25, 2025

Page 121

1 infection control and hand hygiene. It was a large
2 focus for them. And they observed staff at that time.
3 They reviewed policies. They looked at our audits.
4 They looked at our hand hygiene outcomes. We had no
5 findings. So they basically validated our program.

6 Q. And is there any regulatory agency -- so you
7 told me about the Joint Commission and the AHCA with
8 respect to hand hygiene. Any other regulatory agencies
9 you can think of that monitor the hospitals' hand
10 hygiene?

11 A. None that comes to mind.

12 Q. And then with respect to ICU physician
13 staffing, are there any regulatory agencies that you're
14 aware of that monitor the hospital's ICU physician
15 staffing?

16 MR. TAKAGAKI: Objection.

17 A. Not to my knowledge.

18 BY MS. BLAIR:

19 Q. Are you aware -- and I want to talk
20 specifically about the Joint Commission.

21 Are you aware that whether or not the Joint
22 Commission's findings with respect to CPOE, hand
23 hygiene and BCMA are available to the public?

24 A. I do not believe that the Joint Commission
25 findings are, but AHCA should be.

Gina West
September 25, 2025

Page 122

1 Q. AHCA, that's a-h-c-a?

2 A. Yes.

3 Q. And so and AHCA, a-h-c-a, they only observe
4 with respect to those three, the hand hygiene?

5 MR. TAKAGAKI: Objection.

6 A. The last -- the last that they were on site,
7 that's what they surveyed to.

8 BY MS. BLAIR:

9 Q. Okay. Do they ever do CPOE or BCMA?

10 A. They could in the same way that the
11 Joint Commission does in terms of observing, reviewing
12 medical records, reviewing audits.

13 Q. And do you know if they ever have, at least
14 for these five hospitals, to the best of your
15 knowledge, done a review of the CPOE system for any of
16 the five hospitals that make up Palm Beach Health
17 Network?

18 A. I can speak confidentially to their review
19 of how that system works, how there's information that
20 guides the physician, monitoring it through the medical
21 record -- or reviewing it through the medical record.
22 It's basically those two things.

23 Q. So AHCA will come in and monitor that for
24 CPOE?

25 A. Not specifically. But while they're on

Gina West
September 25, 2025

Page 123

1 site, that is a component, that could be a component of
2 their review.

3 Q. And to the extent they do review CPOE when
4 they're on site, are the findings that -- are AHCA's --
5 sorry -- findings reported publicly for the public to
6 review?

7 A. To my knowledge, they're available.

8 Q. Okay. We talked earlier today about the
9 decision by the five hospitals to stop participating in
10 Leapfrog Hospital Survey in or around 2021. To the
11 best of your knowledge, was anybody from Tenet home
12 office involved in that decision?

13 A. To the best of my knowledge, no one was.

14 Q. Okay. Talking specifically about
15 Good Samaritan in or around 2021, do you recall once
16 Libby Flipppo made the recommendation that there would
17 no longer be -- and it was agreed to -- no longer be
18 participation in the Leapfrog Hospital Survey, do you
19 recall any conversation -- do you recall what the
20 reaction was among your direct reports at
21 Good Samaritan regarding that decision?

22 MR. TAKAGAKI: Objection.

23 A. We supported the decision.

24 BY MS. BLAIR:

25 Q. Do you recall whether or not anyone

Gina West
September 25, 2025

Page 124

1 expressed any concern to you about the fact that --

2 and, again, just Good Samaritan in 2021 -- that

3 Good Samaritan was stopping participating in the

4 Leapfrog Hospital Survey?

5 A. Not that I recall.

6 Q. Do you recall any discussions among -- any

7 discussions with anyone after the decision was made in

8 2021 about whether or not the five hospitals would

9 still receive a grade, a Leapfrog Hospital Safety Grade

10 after the hospital stopped participating in the

11 Leapfrog survey?

12 A. So very broadly, yes.

13 Q. And what do you recall very broadly about

14 that discussion?

15 A. Once we stopped, we were concerned still how

16 that would be reflected to our community and to our

17 patients. We didn't know if it was going to have

18 negative effect on the grade, how it would be perceived

19 by the public.

20 Q. And when you say how that would be perceived

21 by the public, are you referring to the fact that

22 you're no longer participating in the survey?

23 A. Correct.

24 Q. And was there any change in perception by

25 the public once you stopped participating in the

Gina West
September 25, 2025

Page 125

1 Leapfrog Hospital Survey?

2 MR. TAKAGAKI: Objection.

3 A. Yes.

4 BY MS. BLAIR:

5 Q. And what was it?

6 A. When it changed to imputed scoring and our
7 grades just automatically dropped because we were no
8 longer participating --

9 Q. Okay.

10 A. -- that's when I became aware that we were
11 losing patients and we were going to potentially lose
12 surgeons because of that methodology change.

13 Q. Okay. So I want to walk back in time. So I
14 want to talk about 2021 when the decision is made to
15 stop participating in the Leapfrog Hospital Survey.
16 Were there any discussions in or around that time about
17 the impact, if any, that not participating in the
18 survey would have on the hospitals?

19 A. I mean, I just don't recall specifically,
20 but if you can show me something.

21 Q. Yeah, I'm just trying to ask right now for
22 your general recollection.

23 A. Okay.

24 Q. And let's just kind of go back.

25 Do you understand that the hospital survey

Gina West
September 25, 2025

Page 126

1 is separate and distinct from the hospital safety

2 grade?

3 MR. TAKAGAKI: Objection.

4 A. Yes.

5 BY MS. BLAIR:

6 Q. Okay. And would you agree with me that the
7 hospital survey that we've been discussing this morning
8 that's quite lengthy and you described measures many
9 things other than the four imputed measures that this
10 litigation is about?

11 A. Yes.

12 MR. TAKAGAKI: Objection.

13 BY MS. BLAIR:

14 Q. And in 2021 when the hospitals stopped
15 participating in the Leapfrog Hospital Survey, were
16 there any discussions about whether or not the
17 hospitals would continue to be graded by Leapfrog
18 despite the fact that they were no longer participating
19 in the hospital survey?

20 A. I just don't recall specifically.

21 Q. Do you recall any conversations where -- any
22 conversations at all where anyone associated with
23 Palm Beach Health Network stated their belief that
24 because the hospital was no longer, any one of these
25 five hospitals was no longer participating in the

Gina West
September 25, 2025

Page 127

1 Leapfrog Hospital Survey, they would no longer receive
2 a safety grade?

3 A. I don't recall.

4 MR. TAKAGAKI: Objection. Sorry. You're
5 talking about '21 still?

6 MS. BLAIR: Yes.

7 BY MS. BLAIR:

8 Q. Same question with respect to 2022 -- well,
9 let's talk about 2022 now. We'll go to 2022.

10 2022 would be the first year that these five
11 hospitals were not participating in the Leapfrog
12 survey, correct?

13 A. Correct.

14 Q. And, yet, these five hospitals receive
15 hospital safety grades in 2022, correct?

16 A. Correct.

17 Q. When the hospital safety grades came out in
18 2022, let's just talk about the spring of 2022, was
19 there any discussion that you can recall that you were
20 surprised that Leapfrog was continuing to grade
21 hospitals in light of the fact that you were no longer
22 participating in the survey?

23 MR. TAKAGAKI: Objection.

24 A. I don't recall that for 2022.

25 BY MS. BLAIR:

Gina West
September 25, 2025

Page 128

1 Q. As the director of quality in 2022 for both
2 the Palm Beach Health Network and for Good Samaritan,
3 did you have a belief as to whether or not
4 nonparticipating hospitals -- and by that I mean,
5 nonparticipating in the survey -- received hospital
6 safety grades from Leapfrog?

7 A. Would you mind repeating the question?

8 Q. Yes. I'm trying to figure out what your
9 understanding was as the director of quality for both
10 Palm Beach Health Network and Good Samaritan in or
11 around 2022 as to whether or not nonparticipating
12 hospitals received hospital safety grades from
13 Leapfrog.

14 A. I'm so sorry. I don't recall.

15 Q. Okay. But you did receive a grade, you did
16 receive grades from Leapfrog in 2022, correct?

17 A. To my knowledge.

18 Q. Do you recall any discussions as the
19 director of quality for Palm Beach Health Network with
20 anybody at any of the five hospitals about the fact
21 that the hospitals were still receiving a hospital
22 safety grade even though the hospitals were not
23 participating in the survey?

24 A. I don't recall sitting here today, but I'm
25 happy to look at a document.

Gina West
September 25, 2025

Page 129

1 Q. I don't have a document. Sorry. I will.

2 To your --

3 MR. TAKAGAKI: I'm sorry. Are you still on
4 2022?

5 MS. BLAIR: Yes.

6 MR. TAKAGAKI: Okay. The last question
7 didn't clarify that, so that's why. I
8 apologize.

9 BY MS. BLAIR:

10 Q. Okay. To your knowledge, was there an
11 expectation ever discussed in 2022 when the hospital
12 safety grades came out that hospitals that did not
13 participate in the hospital survey should not receive a
14 grade from Leapfrog?

15 MR. TAKAGAKI: Objection.

16 A. I don't recall.

17 BY MS. BLAIR:

18 Q. In 2023, the five hospitals that are
19 plaintiffs in this litigation also received hospital
20 safety grades from Leapfrog, correct?

21 A. Correct.

22 Q. In 2023 when hospital safety grades came out
23 in both the spring or the fall, do you have any
24 recollection of any conversations with anyone at any of
25 the five hospitals about the fact that your expectation

Gina West
September 25, 2025

Page 130

1 would be that a hospital that does not participate in
2 the Leapfrog Hospital Survey is still getting a
3 hospital safety grade?

4 MR. TAKAGAKI: Objection.

5 A. I don't recall.

6 BY MS. BLAIR:

7 Q. You don't recall any conversations about
8 that?

9 A. In 2023?

10 Q. Right.

11 MR. TAKAGAKI: Objection.

12 A. That is correct.

13 BY MS. BLAIR:

14 Q. Okay. So just to recap, in 2021, 2022 and
15 2023, you don't recall any conversations with anyone
16 expressing to you that they were surprised that the
17 hospitals were still receiving a hospital safety grade
18 in light of the fact that the hospitals were no longer
19 participating in the Leapfrog Hospital Survey?

20 MR. TAKAGAKI: Objection.

21 A. I don't recall any specific conversations.

22 BY MS. BLAIR:

23 Q. As the director of quality for Palm Beach
24 Health Network and Good Samaritan in 2020 through 2023,
25 did you understand how the Leapfrog Hospital Safety

Gina West
September 25, 2025

Page 131

1 Grade worked?

2 A. Yes.

3 Q. And did you understand in or around that
4 time that Leapfrog provided hospital safety grades for
5 approximately 3,000 acute care centers around the
6 country?

7 A. I was not aware of the number.

8 Q. Were you aware that it was more than just
9 Florida?

10 A. Yes.

11 Q. Were you aware that it was across the
12 country?

13 A. I feel like that's so broad because I know
14 that it's voluntary and not everyone participates.

15 Q. Right. And I'm talking about two separate
16 things.

17 A. Okay.

18 Q. So the survey is voluntary, correct?

19 A. Correct.

20 Q. Do you have any understanding of whether the
21 hospital safety grade is voluntary?

22 A. Yes.

23 Q. Okay. And what is your understanding as to
24 whether or not the hospital safety grade is voluntary?

25 A. I understand that there are measures that

Gina West
September 25, 2025

Page 132

1 come from CMS that are publicly reported that go into
2 the safety grade, and that is not voluntary.

3 Q. Right. Do you understand that Leapfrog
4 grades all acute, adult acute care centers regardless
5 of whether they participate in the survey or not?

6 A. Could you clarify?

7 Q. Sure. So there are hospitals that
8 participate in the hospital survey, correct?

9 A. Correct.

10 Q. And do you have any understanding of the
11 percentage of adult acute care hospitals that
12 participate in the Leapfrog Hospital Survey in 2025?

13 A. Off the top of my head I want to say
14 80 percent.

15 Q. Okay. And so I'm not holding you to that
16 number, but let's just say 80 percent. So there are 20
17 percent of adult acute care hospitals in the United
18 States that do not participate, then, in the Leapfrog
19 Hospital Survey, correct?

20 A. On or about.

21 Q. Excellent.

22 Do you have an understanding, though, that
23 all of those hospitals, whether they submit a survey or
24 not, get a hospital safety grade?

25 A. Yes.

Gina West
September 25, 2025

Page 133

1 Q. And did you have that understanding in '21,
2 '22 and '23 when you were the director of quality for
3 Palm Beach Health Network during those years?

4 MR. TAKAGAKI: Objection.

5 A. Yes.

6 BY MS. BLAIR:

7 Q. Okay. Sorry to make that so confusing.
8 So prior to the fall of 2024 -- well, hold
9 on one second.

10 MS. BLAIR: I'm getting into a new topic.
11 Is everybody okay to keep going, or would you
12 like to take a lunch break in light of the fact
13 it's noon?

14 MR. TAKAGAKI: I'll defer to the witness.

15 MS. MALONEY: How long have we been on the
16 record since the break?

17 MR. TAKAGAKI: About 40 minutes, I think.

18 THE VIDEOGRAPHER: 37.

19 MS. BLAIR: Oh, I can keep going. I just, I
20 don't want to make anybody --

21 MR. TAKAGAKI: Yeah, no reason.

22 (A discussion was held off the record.)

23 BY MS. BLAIR:

24 Q. And I want to now focus on, you understand
25 that Leapfrog changes its methodology from time to

Gina West
September 25, 2025

Page 134

1 time, correct?

2 A. I'm aware of that.

3 Q. And are you aware that there was a change in
4 the Leapfrog methodology in 2023?

5 A. I don't recall.

6 Q. Now I have some documents, and I don't know
7 why this printed out on half bond paper and half not,
8 but here we are. This is the only one that did.

9 (Defendant's Exhibit Number 3 for i.d.)

10 BY MS. BLAIR:

11 Q. Ms. West, I'm handing you what's now been
12 marked as Exhibit 3 to your deposition. This is an
13 email from Andrea Nunes to Ricardo Ramirez and yourself
14 dated January 26, 2023. Do you see that in front of
15 you?

16 A. I do.

17 MR. TAKAGAKI: I'm sorry, Counsel. Before
18 you continue --

19 MS. BLAIR: There's no Bates labels because
20 I printed it out from your natives. So sorry.

21 MR. TAKAGAKI: I see. Do you know the
22 Bates?

23 MS. BLAIR: I don't, but I can get these for
24 you at the end of deposition.

25 MR. TAKAGAKI: Sure, that's fine.

Gina West
September 25, 2025

Page 135

1 MS. BLAIR: There will be a few that look
2 like this.

3 MR. TAKAGAKI: No problem. Thanks.

4 MS. BLAIR: But I promise you, it's not from
5 my documents.

6 BY MS. BLAIR:

7 Q. And you'll see the subject here is "Forward:
8 Just Published 2023 Hospital Safety Grade Methodology
9 Leapfrog."

10 Do you see that?

11 A. I do.

12 Q. And in or around 2023, who was Andrea Nunes?

13 A. Director of quality at West Boca Medical
14 Center.

15 Q. Is she still?

16 A. She is.

17 Q. And she is informing both you and
18 Mr. Ramirez of new revisions for 2023. Do you see
19 that?

20 A. Can I have a moment to --

21 Q. Oh, yes, please, take your time.

22 A. Can I look at the whole thing?

23 Q. Absolutely. Just let me know when you're
24 ready.

25 MR. TAKAGAKI: I'm sorry, Kim. While you're

Gina West
September 25, 2025

Page 136

1 looking, the staples came off a little bit, but
2 I assume these are part of the document, right?

3 MS. BLAIR: Yes, they're part of mine, yeah,
4 exactly.

5 MR. TAKAGAKI: Okay. Thanks.

6 MS. BLAIR: Oh, yeah, those have Bates
7 numbers so we'll be able to figure out the other
8 Bates numbers.

9 BY MS. BLAIR:

10 Q. Ms. West, have you had a chance to review
11 what we have now marked Exhibit 3 to your deposition?

12 A. Yes.

13 Q. Having seen this document and reviewed it,
14 does this refresh your recollection as to what may have
15 been occurring with respect to Leapfrog Safety Grade
16 methodology change in or around 2023?

17 A. Yes, it hasn't triggered a memory, but I
18 understand what I've read.

19 Q. Okay. But you have no -- as you sit here
20 today, you have no memory of this email; is that a fair
21 statement?

22 A. That's fair.

23 Q. And do you see here that Andrea Nunes is
24 saying that it appears that we will continue to receive
25 the score of five for ICU staffing. Do you see that?

Gina West
September 25, 2025

Page 137

1 A. Yes.

2 Q. Having reviewed this document now, do you
3 have an understanding of what she's referring to when
4 she is telling you that?

5 A. Yes.

6 Q. And what is your understanding?

7 A. My understanding is that if the five would
8 be carried over to the new grade.

9 Q. Okay. And do you understand why West Boca
10 was receiving a five for ICU staffing in or around
11 January of 2023?

12 A. I do.

13 Q. And what is that understanding?

14 A. They did not receive full credit for their
15 staffing model during that time period.

16 Q. And was that based on a survey submission
17 that they had made?

18 A. Yes, to my knowledge.

19 Q. And then you see here it says, also the
20 second paragraph it said, "We could have an opportunity
21 for a B if we resubmit it. Our risks include BCMA has
22 not achieved 95 percent."

23 Do you see that?

24 A. I see it.

25 Q. And what do you understand the phrase "BCMA

Gina West
September 25, 2025

Page 138

1 has not achieved 95 percent" to refer to?

2 A. She's referring to the Leapfrog threshold.

3 Q. And so is it your understanding that they
4 would not receive full credit for BCMA in 2023 due to
5 the fact that BCMA has not achieved a 95 percent
6 threshold?

7 A. Andrea's email says, "Our risks include BCMA
8 has not achieved 95 percent."

9 Q. Okay. And I thought you just told me, but
10 maybe I'm wrong, that it was the Leapfrog threshold is
11 95 percent, correct?

12 A. Correct.

13 Q. And then she says, "Our patient satisfaction
14 is worse."

15 Do you see that?

16 A. Yes.

17 Q. Do you have an understanding of whether or
18 not when she refers to patient satisfaction she's
19 referring to the HCAHPS scores?

20 A. I don't know exactly what she was referring
21 to.

22 Q. Okay. And she goes on to say, "CAUTI
23 increased in 2022," correct?

24 A. Correct.

25 Q. And CAUTI is the UTI infections from

Gina West
September 25, 2025

Page 139

1 catheters, correct?

2 A. Correct.

3 Q. And she goes on to say, "I do know that
4 Christen," C-h-r-i-s-t-e-n, Mayer stated we would not
5 participate as a system in 2023."

6 Do you see that?

7 A. I do.

8 Q. Who is Christen Mayer?

9 A. At the time, she was a national director of
10 quality.

11 Q. Okay. And when you say "national director
12 of quality," is that at the Tenet home office level?

13 A. Yes, it is.

14 Q. And so does that mean that at least for 2023
15 home office had directed that the five hospitals that
16 make up Palm Beach Health Network would not be
17 participating in Leapfrog in 2023?

18 A. According to this email.

19 MR. TAKAGAKI: Objection.

20 A. According to this email.

21 BY MS. BLAIR:

22 Q. And when he says, "We will not participate
23 as a system," do you know what that means, "a system"?

24 A. Yes.

25 Q. And what does that mean to you?

Gina West
September 25, 2025

Page 140

1 A. Tenet Healthcare.

2 Q. So that means all of the hospitals within

3 Tenet Healthcare, correct?

4 MR. TAKAGAKI: Objection.

5 A. Correct.

6 BY MS. BLAIR:

7 Q. And then they say, "This is a topic that we
8 need to discuss."

9 I say "they." Andrea, "This is a topic we
10 need to discuss?"

11 Do you see that's how she ends her email?

12 A. Yes.

13 Q. Do you recall whether there were any
14 discussions about West Boca participating in the
15 Leapfrog Hospital Survey for 2023?

16 A. I don't recall this one in particular. I do
17 recall just broadly that there had been discussions
18 over time.

19 Q. And do you recall as you reviewed this
20 document and the attachments that all hospitals that
21 did not have survey results for four rounds were also
22 going to receive a 5 for ICU physician staffing going
23 forward?

24 A. Yes.

25 MR. TAKAGAKI: Objection.

Gina West
September 25, 2025

Page 141

1 BY MS. BLAIR:

2 Q. And so, as I understand it, or do you have
3 an understanding that in -- for the spring 2024
4 Leapfrog Hospital Safety Grade the other four
5 hospitals, sans West Boca, were receiving 100 percent
6 for ICU physician staffing because they still had
7 survey materials in the system with Leapfrog from four
8 rounds prior?

9 MR. TAKAGAKI: Objection. I think you said
10 spring 2024.

11 MS. BLAIR: Correct, I did.

12 MR. TAKAGAKI: Okay.

13 A. Yes.

14 (Defendant's Exhibit Number 4 for i.d.)

15 BY MS. BLAIR:

16 Q. Thank you. And then if we go to
17 Exhibit 4, Ms. West, I'm handing you what we've now
18 marked West Exhibit 4, which is, again, an email with
19 no Bates numbers --

20 MS. BLAIR: And I will get those for you at
21 the end of this deposition, Counsel.

22 BY MS. BLAIR:

23 Q. -- but this is an email from you to
24 Libby Flippo at the top dated January 27th, 2023. Do
25 you have that email in front of you?

Gina West
September 25, 2025

Page 142

1 A. I do.

2 Q. And this is one day after the Exhibit we
3 just saw that was marked as Exhibit 3, correct?

4 A. Correct.

5 Q. Do you having -- do you need time to review
6 this?

7 A. Yes.

8 Q. Okay. Do you recall sending this email in
9 or around January of 2023?

10 A. I don't recall sending it, but I see that I
11 did.

12 Q. Okay. And, again, who is Libby Flipppo?

13 A. She's the market chief nursing officer.

14 Q. And it says here, you are saying, "Hi,
15 Libby. West Boca would like to participate in
16 Leapfrog's survey. Required elements in order to
17 change the ICU coverage results."

18 Do you see that?

19 A. Yes.

20 Q. Do you recall that you did reach out to
21 Libby Flipppo and asked her for an exemption for
22 West Boca to participate in the Leapfrog survey?

23 A. In general, yes.

24 Q. Okay. Do you recall what Libby Flipppo's
25 response to you was in or around this time?

Gina West
September 25, 2025

Page 143

1 A. I do not recall.

2 Q. Do you know whether or not West Boca ended
3 up participating in the Leapfrog Hospital Survey for
4 spring of 2023?

5 A. Not to my knowledge.

6 Q. Do you know why they did not participate in
7 the Leapfrog Hospital Survey for the spring of 2023?

8 A. Yes.

9 Q. And why?

10 A. We were upholding the decision to focus in
11 on other required areas of our work.

12 Q. And even though you were with -- upholding
13 that decision, you still reached out to Libby Flipppo
14 for the exemption, correct?

15 A. I did.

16 Q. And so is it your memory, to the best of
17 your recollection, that after consultation with
18 Libby Flipppo, the decision was made that you would
19 withhold the decision not to participation in Leapfrog
20 surveys for any of the five hospitals?

21 MR. TAKAGAKI: Objection.

22 A. I recall that we did not continue to
23 participate.

24 BY MS. BLAIR:

25 Q. Do you recall whether it was your decision

Gina West
September 25, 2025

Page 144

1 or Libby Flippo's decision that West Boca not
2 participate in the spring of 2023 in the Leapfrog
3 Hospital Survey?

4 MR. TAKAGAKI: Objection.

5 A. I don't recall.

6 BY MS. BLAIR:

7 Q. Is there a reason that you reached out to
8 Libby Flippo regarding West Boca's permission to
9 participate in the survey for 2023 as opposed to anyone
10 else?

11 A. I reported to her at the time.

12 Q. Okay. Do you know if Libby Flippo would
13 have needed to reach out to anyone else to see if there
14 was permission granted for West Boca to participate in
15 the Leapfrog survey in 2023?

16 MR. TAKAGAKI: Objection.

17 A. I don't have knowledge of it.

18 BY MS. BLAIR:

19 Q. Based on the reporting system in place for
20 Palm Beach Health Network, would Libby Flippo have had
21 the authority on her own to make the decision as to
22 whether or not West Boca would participate in the
23 Leapfrog Hospital Survey for the spring of 2023?

24 MR. TAKAGAKI: Objection.

25 A. I don't want to speculate on that because I

Gina West
September 25, 2025

Page 145

1 truly don't know.

2 BY MS. BLAIR:

3 Q. Okay. Are you aware of any email response
4 from Libby Flipppo back to you regarding the decision as
5 to whether or not West Boca could participate in the
6 Leapfrog Hospital Survey in 2023?

7 A. I don't recall.

8 Q. Other than West Boca's request to
9 participate in the Leapfrog Hospital Survey in 2023,
10 are you aware of any other hospitals that are part of
11 the Palm Beach Health Network that requested permission
12 to participate in the Leapfrog Hospital Survey in 2023?

13 A. Sitting here today, I just can't pull that
14 from my memory. But if you have a document --

15 Q. I don't. I just want to know your memory.

16 Are you aware of -- other than this West
17 Boca situation do you have any recollection of another
18 hospital asking to participate?

19 A. I don't.

20 Q. And are you aware in 2023 whether any of the
21 other hospitals other than West Boca that make up the
22 Palm Beach Health Network were receiving any scores
23 other than 100 out of 100 for ICU physician staffing?

24 MR. TAKAGAKI: Objection.

25 A. No.

Gina West
September 25, 2025

Page 146

1 BY MS. BLAIR:

2 Q. And are you aware as you sit here today that
3 for the other three measures that are at issue in this
4 litigation, BCMA, CPOE and hand hygiene, all five of
5 the hospitals that make up the Palm Beach Health
6 Network were receiving 100 out of 100 points for those
7 three measures?

8 MR. TAKAGAKI: Objection.

9 A. I'd have to look at it.

10 BY MS. BLAIR:

11 Q. Okay. Do you have any understanding of how
12 the Leapfrog methodology prior to the fall of 2024
13 treated those four measures, BCMA -- CPOE, BCMA,
14 hand hygiene and ICU physician staffing, for
15 nonparticipating hospitals in the hospital safety
16 grade?

17 MR. TAKAGAKI: Objection.

18 A. I am aware that the calculation methodology
19 changes over time. I'm aware that there are cohort
20 averages assigned, that there are imputed scoring
21 methodologies assigned, but I do not recall the exact
22 time frames for all of those changes.

23 BY MS. BLAIR:

24 Q. Okay. And I'm not trying to be tricky. So
25 for, let's just take the spring of 2024, do you have an

Gina West
September 25, 2025

Page 147

1 understanding that for those four measures, CPOE, BCMA,
2 hand hygiene and ICU physician staffing, that Leapfrog
3 had a two-step method wherein step one, a hospital that
4 had a survey done within the last two years would
5 receive the score from that survey, and if it hadn't,
6 it would receive the mean of its cohort?

7 A. I just re-read this in this document.

8 Q. Oh. Yes, that's from 2023, correct?

9 A. Okay. Yes.

10 Q. So now I'm asking about --

11 A. 2024?

12 Q. -- '24. Do you have any understanding of
13 how the imputation model worked in the spring of 2024
14 before the methodology change that we're here today in
15 this litigation for? So I just want to know what your
16 understanding was as to how the five hospitals at
17 Palm Beach Health Network were scored on the four
18 measures that are at issue in this litigation, and
19 let's just take for the spring of 2024.

20 A. I don't have a great memory for it because
21 we weren't participating at the time. I wasn't doing a
22 lot with Leapfrog so I just do not recall for that
23 moment.

24 Q. Okay. And you recall -- you do know,
25 though, that a change went into place in fall of 2024,

Gina West
September 25, 2025

Page 148

1 correct?

2 A. I am aware of that, yes.

3 Q. And what is your understanding of the
4 difference between how the scoring worked in spring of
5 2024 versus how it was going to work in the fall of
6 2024?

7 A. So my own words --

8 Q. Your own words.

9 A. -- the scoring changed on those four
10 measures: ICU staffing, CPOE, BCMA, hand hygiene, to
11 an imputed scoring system that would give hospitals the
12 lowest score if they did not participate.

13 Q. Did you have an understanding that for
14 spring of 2024, those four measures also had an imputed
15 scoring system?

16 A. Yes, high level, not at the lowest scoring
17 possible.

18 Q. Right. And you had mentioned in one of your
19 answers about the cohort. What is your memory about
20 how that worked?

21 MR. TAKAGAKI: Objection.

22 A. I don't have a great memory for it so I
23 don't feel like I can give a great response.

24 BY MS. BLAIR:

25 Q. Okay. So you just know that there was a

Gina West
September 25, 2025

Page 149

1 change, and the change was for fall of 2024 for those
2 four measures, nonparticipating hospitals were going to
3 receive limited achievement for those four measures,
4 correct?

5 A. Correct.

6 Q. Did you have an understanding in or around
7 fall of 2024 what was meant by "limited achievement"?

8 MR. TAKAGAKI: Objection.

9 A. My understanding, if we're still talking
10 about imputed scoring --

11 BY MS. BLAIR:

12 Q. Yes. Sorry.

13 A. -- is that the lowest score possible would
14 be assigned in those areas.

15 Q. Did you have an understanding that limited
16 achievement referred to the lowest score received by a
17 participating hospital?

18 A. Yes.

19 Q. And do you have an understanding that the
20 way Leapfrog's methodology works --

21 MR. TAKAGAKI: I think she wasn't done
22 answering.

23 BY MS. BLAIR:

24 Q. Oh, I'm sorry. Yeah.

25 A. I'd like to back up because you said a

Gina West
September 25, 2025

Page 150

1 participating hospital, and I said "yes."

2 Q. Correct.

3 A. But my understanding is, it's for
4 participating -- for nonparticipating hospitals --

5 Q. Okay.

6 A. -- that didn't participate with the survey
7 would get the lowest imputed score possible, so I did
8 not answer you correctly.

9 Q. Okay. So that is -- that's your -- okay.
10 Let's go back through it. Good, thank you.

11 A. Okay. Okay.

12 Q. So your understanding is -- so let's just
13 rewind a little because I want to make sure my record
14 is clear and I understand, so I'm sorry I looked away.

15 Tell me one more time, what is your
16 understanding of what limited achievement means in the
17 Leapfrog scoring methodology?

18 A. When it comes to the safety grade, my
19 understanding is that the imputed scoring gets assigned
20 to hospitals that do not participate in the survey.

21 Q. Okay. And let's just take ICU physician
22 staffing for just for a moment because we just saw
23 that, right, in Exhibit 3, that email talks about ICU
24 physician staffing, correct?

25 A. Correct.

Gina West
September 25, 2025

Page 151

1 Q. And you see in that email, Exhibit 3, that a
2 hospital is going to get a score of five for ICU
3 physician staffing, correct?

4 A. Correct.

5 Q. And do you understand that a score of five
6 is associated with limited achievement on the Leapfrog
7 scoring system?

8 A. Yes.

9 Q. And do you understand that that five is
10 associated with the lowest score earned by a hospital
11 that did participate in the Leapfrog Hospital Survey?

12 A. Yes.

13 MS. BLAIR: And I thought you guys said you
14 wanted to go a break, so I'm happy to do so
15 whenever.

16 MR. TAKAGAKI: Yes, whenever, that's fine.

17 THE VIDEOGRAPHER: Off the record 12:34.

18 (A recess was taken from 12:34 p.m. to 1:28 p.m.)

19 THE VIDEOGRAPHER: Back on the record 1:28.

20 BY MS. BLAIR:

21 Q. Ms. West, before the break we were starting
22 to talk about how the Leapfrog scoring methodology for
23 the hospital safety grade worked prior to 2024, do you
24 recall that?

25 A. Yes.

Gina West
September 25, 2025

Page 152

1 Q. I'm sorry. Prior to fall of 2024. Do you
2 recall that?

3 A. Yes.

4 Q. And I think for purposes of this deposition,
5 can you agree with me that the methodology in spring of
6 2024 as it related to the four measures that are at
7 issue in this litigation was different or changed for
8 fall of 2024?

9 A. Yes.

10 Q. And do you have an understanding -- and I'm
11 trying to find something to show you. Do you have an
12 understanding that the scoring for the Leapfrog
13 Hospital Safety Grade consists of 22 different
14 measures?

15 A. Yes.

16 Q. And do you understand that they are divided
17 into two separate domains? Do you know what I mean
18 when I say that?

19 A. Yes.

20 Q. Okay. And twelve of the measures are in the
21 domain of process and structural measures, correct?

22 A. Yes.

23 Q. And ten of the measures are in the domain of
24 outcomes, correct?

25 A. Yes.

Gina West
September 25, 2025

Page 153

1 Q. And if we talk just briefly about those
2 measures that are in the outcome domain, do you have
3 any understanding of what those ten measures that are
4 in the outcome domain of the Leapfrog Hospital Safety
5 Grade scoring methodology are?

6 A. Yes.

7 Q. And what is your understanding of what they
8 are?

9 A. If I recall, those measures are received
10 from publicly reported data.

11 Q. And when you say "publicly reported data,"
12 are you referring to CMS data?

13 A. I am.

14 Q. I'm just trying to find, see if I've got
15 something I can show you.

16 And then with respect to the twelve process
17 and structural measures, do you have an understanding
18 of what those twelve structural and process measures
19 are in the Leapfrog Hospital Safety Grade methodology?

20 A. Could you show me a document?

21 Q. Yeah, I'm trying to find one.

22 But just generally speaking, you understand
23 that there are twelve measures that make up the
24 structural and process measures of the
25 Leapfrog Hospital Safety Grade methodology, correct?

Gina West
September 25, 2025

Page 154

1 A. I am.

2 Q. Do you understand that four of the measures
3 that are in the structural and process domain of the
4 Leapfrog Hospital Safety Grade methodology are the four
5 measures that we've been referring here today: BCMA,
6 CPOE, ICU physician staffing and hand hygiene?

7 A. Can you say that again, please?

8 Q. Sure. That was fast. Sorry.

9 So of the twelve measures that we just
10 discussed that are in that domain of process and
11 structural measures, do you understand the four
12 measures that are at issue in the litigation fall
13 within that process and structural domain?

14 A. I am.

15 Q. Okay. And do you understand that four of
16 the twelve measures -- I'm sorry -- five of the twelve
17 measures that fall within that process and structural
18 domain of the Leapfrog hospital grade come from
19 CMS data as well?

20 A. If you can show me a document.

21 Q. I am going to do that. Do you understand of
22 the twelve measures that fall within the process and
23 structural -- here we go -- structural domain, three of
24 those measures for nonparticipating hospitals are
25 simply coded as "declined to respond" and do not factor

Gina West
September 25, 2025

Page 155

1 into the ultimate hospital safety grade score that's
2 given to a nonparticipating hospital?

3 MR. TAKAGAKI: Objection.

4 A. I am.

5 MS. BLAIR: I don't know who copied this,
6 but here we are. I'm going to mark this now as
7 Exhibit 5.

8 BY MS. BLAIR:

9 Q. Ms. West, I've now handed you what we've
10 marked as Exhibit 5 to this deposition. Have you ever
11 seen this document before?

12 A. Yes.

13 Q. And what is your understanding of what this
14 document is?

15 A. This is the scoring methodology document for
16 spring 2024 safety grade.

17 Q. Okay. And if we turn to page 5 of this
18 document -- it might be 4 and 5. Oh, I'm sorry. Maybe
19 5 and 6. Do you see it starts with process structural
20 measures, twelve?

21 MR. TAKAGAKI: I'm sorry.

22 A. I don't have a five.

23 MR. TAKAGAKI: The page numbers are kind of
24 all over it. Like goes from 7 to 24 --

25 MS. BLAIR: Oh, yeah. I thought the copies

Gina West
September 25, 2025

Page 156

1 were weird, too.

2 MR. TAKAGAKI: -- 11 to 12.

3 MS. BLAIR: My copy is strange as well.

4 MR. TAKAGAKI: Yeah.

5 MS. BLAIR: You know what? I'm going to
6 strike that Exhibit. I thought the copies were
7 weird.

8 THE WITNESS: I don't have a five.

9 MS. BLAIR: Let's strike that Exhibit, then,
10 from your -- from this deposition. I'll get it
11 later. I'm get you a full copy later. So this
12 is strange.

13 MR. TAKAGAKI: I think they're out of order.

14 MS. BLAIR: I think it looks like it was
15 double sided, and they only copied the even
16 sides is what that looks like.

17 So put that aside. I'll save it.

18 BY MS. BLAIR:

19 **Q. With respect to the measures, the four**
20 **measures that are at issue in this litigation -- let's**
21 **go back in time.**

22 **Do you have an understanding that**
23 **Tenet Healthcare required at least the five hospitals**
24 **that make up the Palm Beach Hospital Network to provide**
25 **its leap score, Leapfrog Hospital Safety Grade scores**

Gina West
September 25, 2025

Page 157

1 at every grading period?

2 MR. TAKAGAKI: Objection.

3 A. Could you clarify, please?

4 BY MS. BLAIR:

5 Q. Sure. So do you have any recollection, at
6 least from 2023 through 2025, as to whether or not
7 Tenet home office requested the five hospitals that are
8 plaintiffs in this litigation send home office copies
9 of their Leapfrog scores every six months when they
10 came out from Leapfrog?

11 A. I am aware.

12 Q. And do you know for what purpose there was a
13 request from Tenet home office to supply those scores?

14 MR. TAKAGAKI: Objection.

15 A. Yes.

16 BY MS. BLAIR:

17 Q. And what do you understand the purpose was?

18 A. A collection of the grades.

19 Q. Do you know why they were collecting the
20 grades?

21 MR. TAKAGAKI: Objection.

22 A. I don't know.

23 BY MS. BLAIR:

24 Q. Did you as the director of quality for
25 Palm Beach Health Network ever have any discussions

Gina West
September 25, 2025

Page 158

1 with Maggie Gill about the reason that Tenet home
2 office continued to collect Leapfrog scores even though
3 the five hospitals were not participating in the
4 survey?

5 A. I don't recall having a discussion with
6 Maggie Gill.

7 Q. Do you recall having a discussion with
8 anybody about why home office was continuing to request
9 the five hospitals to send in their Leapfrog hospital
10 safety grades even though the hospitals were not
11 participating?

12 A. Yes, I do.

13 Q. And who did you have that conversation with?

14 A. I had it with a biostatistician, Bonnie. I
15 forgot her last name.

16 Q. Nukala?

17 A. Yes. Thank you.

18 Q. And Bonnie Nukala, who does she work for, to
19 the best of your knowledge?

20 A. To the best of my knowledge, she reports to
21 Tanushree Tomer.

22 Q. And does Tanushree Tomer work for
23 Tenet healthcare home office?

24 A. She does.

25 Q. And what was the substance of the

Gina West
September 25, 2025

Page 159

1 conversation you had with Bonnie Nukala about why
2 Tenet home office was continuing to collect Leapfrog
3 hospital safety grades even though the hospitals were
4 not participating in the Leapfrog Hospital Survey?

5 A. Just broadly speaking --

6 Q. Yes.

7 A. -- to get an understanding.

8 Q. To get an understanding of what?

9 A. Of why we continued to submit.

10 Q. Of why you continue to submit what?

11 A. The scores to the home office.

12 Q. Oh, okay. So you called Bonnie to get an
13 understanding. And what did she tell you about why you
14 continued to submit scores to the home office?

15 A. I actually emailed Bonnie, and she stated
16 that Alex Kim was -- continued to collect them.

17 Q. And who is Alex Kim?

18 A. Tanushree Tomer reports to Alex Kim and I've
19 forgotten his exact title.

20 Q. And did she tell you why Alex Kim continues
21 to collect them?

22 A. Not that I recall.

23 Q. Do you know if a report was ever produced in
24 any way related to the Leapfrog Hospital Safety Grades
25 that the Palm Beach hospitals were submitting to Tenet

Gina West
September 25, 2025

Page 160

1 home office?

2 MR. TAKAGAKI: Objection.

3 A. Could you ask that one more time?

4 BY MS. BLAIR:

5 Q. Sure.

6 You told me Alex Kim was still collecting
7 the Leapfrog Hospital Safety Grades at least for these
8 five hospitals, correct?

9 A. Correct.

10 Q. Do you know whether or not Tenet home office
11 ever produced a report related to the hospital safety
12 grades that these five offices continued to submit to
13 Tenet home office?

14 A. Not to my knowledge.

15 Q. Beyond the conversations you had with
16 Bonnie Nakula regarding -- to get an understanding of
17 why you were continuing to submit these, did you have
18 any other conversations with anyone else about why
19 these five Palm Beach Health Network hospitals were
20 continuing to be asked to submit their Leapfrog
21 hospital safety grades?

22 A. Yes.

23 Q. Who else?

24 A. If my memory serves me correctly, it was
25 Anna Gunod.

Gina West
September 25, 2025

Page 161

1 Q. And who is Anna Gunod?

2 A. The market director of infection control.

3 Q. And so when you say "market director," does
4 that mean she's over the Palm Beach Health Network
5 market?

6 A. I need to correct myself.

7 Q. Okay.

8 A. She is the national director.

9 Q. So she works for Tenet home office?

10 A. Correct.

11 Q. And what did she tell you about why the
12 Palm Beach hospital network hospitals were continuing
13 to be asked to submit their Leapfrog hospital safety
14 grades even though the hospitals were not participating
15 in the survey?

16 A. She asked me who had requested the grades.

17 Q. And what do you recall -- did you answer
18 her?

19 A. I answered her.

20 Q. And what did you tell her?

21 A. I recall that I explained that I was
22 submitting them to Bonnie Nukala.

23 Q. And was that in email?

24 A. Yes.

25 Q. And did you review that email in preparation

Gina West
September 25, 2025

Page 162

1 for your deposition today?

2 A. No.

3 Q. And then did you have any further
4 conversations with Anna Gunod regarding -- after you
5 told Anna Gunod that Bonnie was requesting the grades?

6 A. Say that just one more time.

7 Q. Sure, yeah.

8 A. Sorry.

9 Q. I'm confusing myself at this point.

10 After you had that conversation -- or after
11 you had that email exchange with Anna Gunod where she
12 asked you who was requesting the Leapfrog grades and
13 you answered her, Bonnie, do you recall whether or not
14 there was any further email exchange from Anna about
15 this topic, sharing the Leapfrog hospital grades?

16 A. Not that I recall.

17 Q. Did you have any follow-up with Bonnie about
18 the fact that Anna Gunod asked you about who was
19 requesting the grades?

20 A. Not that I remember.

21 Q. Other than the conversation you told me with
22 Bonnie Nukala and Anna Gunod, do you recall any other
23 conversations you may have had with anybody regarding
24 the fact that Tenet Healthcare was still requesting
25 Leapfrog grades be submitted even though the hospitals

Gina West
September 25, 2025

Page 163

1 were no longer participating in the survey?

2 A. As I sit here right now, I don't remember.

3 Q. That's fine.

4 A. But I'd be happy to look at a document.

5 Q. Just trying to figure out the extent of your
6 memory.

7 Is it the case that since your time as
8 director of quality for the Palm Beach Health Network
9 that Tenet home office has requested the five hospitals
10 to provide their Leapfrog Safety Grades to them on a
11 biannual basis?

12 A. I don't know when the request started and
13 for how long it was, you know, carried out
14 (Defendant's Exhibit Number 5 for i.d.)

15 MR. TAKAGAKI: Is this going to be 5 or 6?

16 MS. BLAIR: 5. I withdrew 5.

17 BY MS. BLAIR:

18 Q. Ms. West, I am handing you what we marked

19 Exhibit 5. Again, it does not have a Bates number.

20 And I will get that for counsel after the deposition.

21 This is an email from you to Andrea Nunes,

22 Carola Kuret, Heather Wehmeyer, Taylor Pool and

23 Kathleen McDonald, and the subject is "Leapfrog Market

24 Analysis."

25 Do you see that?

Gina West
September 25, 2025

Page 164

1 A. Yes.

2 Q. And the date of this email is April 17th,

3 2023, correct?

4 A. Correct.

5 Q. And you say, "Hi, fellow quality leaders. I

6 completed an analysis of our Leapfrog scores for 2023."

7 Do you see that?

8 A. Yes.

9 MR. TAKAGAKI: Objection. You left out

10 "spring."

11 BY MS. BLAIR:

12 Q. Oh. "I completed a analysis of our Leapfrog

13 scores for spring 2023."

14 Do you see that?

15 A. Yes.

16 Q. Do you know as you look at this email today

17 in September of 2025 whether or not you were completing

18 an analysis of the Leapfrog scores for Tenet home

19 office?

20 A. It was not.

21 MR. TAKAGAKI: Objection.

22 A. It was not for Tenet home office.

23 BY MS. BLAIR:

24 Q. What do you recall about why you were

25 completing an analysis of the Leapfrog scores for

Gina West
September 25, 2025

Page 165

1 spring of 2023?

2 A. I recall doing this each time that the
3 numerical scores were published.

4 Q. And for what purpose did you do this each
5 time?

6 A. I did it just so we could see what the
7 scores looked like.

8 Q. Did you use the Leapfrog hospital scores to
9 benchmark yourself in terms of how your performance was
10 as compared to other hospitals in the area?

11 MR. TAKAGAKI: Objection.

12 A. No, I did not.

13 BY MS. BLAIR:

14 Q. And you say, the first bullet point you say,
15 "All five hospitals scored at a C level," correct?

16 A. Correct.

17 Q. And this would have been for the spring
18 2020 -- 2023 Leapfrog Hospital Safety Grade, correct?

19 A. Yes.

20 Q. And you say here, "The largest opportunity
21 continues to lie in patient experience."

22 Do you see that?

23 A. I do.

24 Q. Do you know what you were referring to when
25 you referred to patient experience?

Gina West
September 25, 2025

Page 166

1 A. The category of patient experience.

2 Q. Does that refer in any way to the HCAHPS

3 scores that are used to calculate the Leapfrog Hospital

4 Safety Grade?

5 A. Yes.

6 Q. You then say in the next sentence, "West

7 Boca would need to participate in the fall 2023 survey

8 and change their BCMA and IPS performance as well."

9 Do you see that?

10 A. I do.

11 Q. And do you recall we saw an email earlier in

12 this deposition where West Boca -- well, where you on

13 behalf of West Boca was asking for an exemption to

14 participate in the Leapfrog Hospital Survey, correct?

15 A. Correct.

16 Q. Were you as the director of quality for the

17 Palm Beach Health Network supportive of West Boca

18 participating in the fall 2023 survey?

19 A. I was.

20 Q. And why were you supportive of that?

21 A. Because we didn't want this to show

22 negatively in the community. We didn't want for

23 patients to be leaving our hospitals, to be leaving the

24 area, for physicians to be leaving us, so a request was

25 made each time to participate so that we wouldn't be

Gina West
September 25, 2025

Page 167

1 punished.

2 Q. Okay. How in fall of 2023 would you be
3 punished?

4 A. Well, we were being punished because of BCMA
5 and IPS at West Boca, so the grade was showing lower
6 than what they were actually performing. So their
7 community wouldn't know that they were actually
8 performing better than what was within the Leapfrog
9 grade.

10 Q. Did we not see an email from West Boca that
11 we had marked previously, it's the January 2026 [sic]
12 email. I believe it's Exhibit 3 in front of you there.
13 It's the one with the weird colored paper. This is
14 from Andrea Nunes. And if you look, I'm looking at
15 Exhibit 3, she says that the BCMA has not achieved
16 95 percent. Do you see that?

17 A. I do.

18 Q. So is it your understanding that West Boca
19 was being punished somehow by Leapfrog in the spring of
20 2023 for its BCMA score?

21 MR. TAKAGAKI: Objection.

22 A. Between January and April, I'm not sure how
23 that could have changed. It could have gotten better
24 between that time. But with all of these requests, it
25 was in an effort to not show worse in a Leapfrog grade

Gina West
September 25, 2025

Page 168

1 than we were actually performing for our community.

2 BY MS. BLAIR:

3 Q. Understood. In fall -- in spring of 2023,
4 though, you understand that methodology change that
5 we're in this litigation about had not yet been put
6 into place, correct?

7 A. I understand.

8 Q. Okay. And so do you have any belief when we
9 look at Exhibit 5 that West Boca was going to be
10 punished for its BCMA grade based on the Leapfrog
11 methodology?

12 MR. TAKAGAKI: Objection.

13 A. The request was to be able to re-enter the
14 data to get all of the credit possible so that we
15 wouldn't leave any credit on the table if that makes
16 sense.

17 BY MS. BLAIR:

18 Q. Okay. That makes sense.

19 MS. BLAIR: Mark this as Exhibit 6.

20 (Defendant's Exhibit Number 6 for i.d.)

21 BY MS. BLAIR:

22 Q. Ms. West, I'm handing you what we've now
23 marked as Exhibit 6, which is a calendar entry from
24 Ashley Barquin. And it's the -- do you see that there?

25 A. Yes.

Gina West
September 25, 2025

Page 169

1 Q. And it says, "The location of this meeting
2 is Gina's office." I assume you're Gina with respect
3 to this.

4 A. Um-hum.

5 Q. And the subject line, is "Accepted
6 Leapfrog-Good Sam."

7 And this is Friday. The meeting is set to
8 take place on Friday 21st at 2023. Do you have any
9 recollection of in or around the spring of 2023 what
10 the purpose of this meeting would have been with
11 Ashley Barquin?

12 A. I do not recall.

13 Q. And for the record, who is Ashley Barquin?

14 A. 2023. Ashley Barquin is a registered nurse
15 who has worked at St. Mary's Medical Center and
16 Good Samaritan Medical Center. At St. Mary's she was
17 the assistant chief nursing officer. At Good Samaritan
18 Medical Center she was the chief nursing officer.

19 Q. Okay. And do you have any understanding of
20 what her involvement would have been in or around
21 April of 2023 with respect to Leapfrog?

22 A. I don't recall. I don't recall meeting with
23 Ashley at all.

24 Q. Okay. Do you know in 2023 was she the
25 assistant chief nursing officer at St. Mary's or

Gina West
September 25, 2025

Page 170

1 **Good Sam?**

2 A. So she held more than just that role at
3 St. Mary's Medical Center. It would either have been
4 the ACNO or a different role. And I've forgotten which
5 department she was in at the time.

6 Q. And to ask it maybe a different way, in 2023
7 was she working at St. Mary's?

8 A. I don't really recall.

9 Q. Do you recall whether in or around April of
10 2023 in your capacity as the director of quality for
11 the Palm Beach Health Network you had an opinion about
12 whether or not the five Palm Beach Health Network
13 hospitals should be participating in the Leapfrog
14 survey?

15 A. I felt like we should.

16 Q. And why did you feel like you should?

17 A. So that we didn't leave any credit on the
18 table.

19 MS. BLAIR: Can you mark this one as 7?

20 (Defendant's Exhibit Number 7 for i.d.)

21 BY MS. BLAIR:

22 Q. Mrs. West, I'm handing you what we are now
23 marking as west Exhibit Number 7. It's another
24 calendar entry.

25 I apologize. It says here "From

Gina West
September 25, 2025

Page 171

1 Regina West." It doesn't say who it's to.

2 It says, "You are the organizer. The
3 location will be at your office." And, again, the
4 subject is "Leapfrog work."

5 And the meeting is set for one hour on the
6 29th of January 2024. Do you have that document in
7 front of you?

8 A. I do.

9 Q. Do you have any recollection of what the
10 Leapfrog work meeting was about in January of 2024?

11 MR. TAKAGAKI: Objection.

12 A. In general, I put meeting invites on my
13 calendar with each piece of work that I do just to jog
14 my memory of when I'm working on stuff. It doesn't
15 mean that it's going to take an hour. Most of the time
16 I don't put notes in in terms of like what I'm
17 reviewing, what I'm looking at, so it appears that
18 sometime between 12:00 o'clock and 1:00 o'clock I
19 looked at some sort of Leapfrog document.

20 BY MS. BLAIR:

21 Q. Okay. And you would have scheduled yourself
22 that time to look at some sort of Leapfrog documents
23 prior to noon on January 29th, 2024, is that generally
24 how you operate?

25 A. It happens that way sometimes, but also

Gina West
September 25, 2025

Page 172

1 retrospectively when I'm working on things, just to get
2 like an idea of how I've spent my time, I'll go back
3 and pencil it in.

4 Q. I should probably do that.

5 Do you have any recollection of what type of
6 Leapfrog work you would be doing in January of 2024?

7 A. I don't.

8 Q. And in January of 2024, none of the five
9 hospitals that are plaintiffs in this litigation were
10 participating in the Leapfrog Hospital Survey, correct?

11 A. Correct.

12 Q. Were you still regularly monitoring various
13 aspects of the five hospitals' quality performance that
14 are listed on the Leapfrog Hospital Survey even though
15 the hospitals weren't participating in the survey?

16 MR. TAKAGAKI: Objection to form.

17 A. Each time the numerical grade came out I
18 would do some sort of work with it, just a review and
19 an analysis.

20 BY MS. BLAIR:

21 Q. Okay. But to the best of your recollection,
22 do any of the Leapfrog grades, Hospital Safety Grades
23 come out in January of 2024?

24 A. No.

25 Q. Okay. But as you sit here today, you don't

Gina West
September 25, 2025

Page 173

1 recall what kind of Leapfrog work you would have been
2 doing in January of 2024?

3 A. I'm sorry, I don't.

4 Q. That's all right.

5 A. Do you have a document that goes with this?

6 Q. I don't.

7 A. Okay.

8 MS. BLAIR: We'll do this one as 8.

9 (Defendant's Exhibit Number 8 for i.d.)

10 BY MS. BLAIR:

11 Q. Ms. West, I'm now handing you what we've
12 marked as west Exhibit 8, and this is an email from
13 Maureen Colandrea to you, CCing Maritza Ortiz and
14 Taylor Pool, and subject is "Leapfrog SAR benchmark
15 numbers for Good Samaritan."

16 Do you see that?

17 A. Yes.

18 Q. And who is -- well, I see at the bottom,
19 this Maureen Colandrea in or around March of 2024 was
20 the infection prevention nurse for Good Samaritan,
21 correct?

22 A. That's correct.

23 Q. And who was Maritza Ortiz?

24 A. She was another infection prevention nurse.

25 Q. And in March of 2024 did Taylor Pool work at

Gina West
September 25, 2025

Page 174

1 Good Samaritan?

2 A. Yes, she did.

3 Q. And was she an infection prevention at

4 Good Samaritan in or around March of 2024?

5 A. She was the director of quality.

6 Q. That's right. Sorry.

7 And Maureen says to you and others, "Good

8 morning. Maritza, kindly provided me the following

9 numbers. See below. Please let me know if you have

10 any questions. Thanks, Maureen."

11 And then right underneath that in bold it

12 says, "The number of cases Good Samaritan can have in

13 order to meet Leapfrog benchmarks."

14 Do you see that?

15 A. Yes.

16 Q. Does this refresh your recollection in any

17 way that any of the five hospitals that make up the

18 Palm Beach Health Network were using the Leapfrog

19 standards as benchmarks?

20 MR. TAKAGAKI: Objection.

21 A. No.

22 BY MS. BLAIR:

23 Q. Do you know -- do you have any understanding

24 of what Maureen means when she says, "The number of

25 cases Good Samaritan can have in order to meet Leapfrog

Gina West
September 25, 2025

Page 175

1 **benchmarks"?**

2 A. No, because she says infection type, number
3 of cases, CMS, current and projected."

4 **Q. Correct.**

5 A. I don't know.

6 **Q. Do you recall any discussions you would have**
7 **had with the infection prevention nurses and/or**
8 **Taylor Pool, the director of quality at Good Samaritan,**
9 **in or around March of 2024 related to these infection**
10 **numbers that they're providing you?**

11 MR. TAKAGAKI: Objection.

12 A. I don't recall anything specific.

13 BY MS. BLAIR:

14 **Q. Looking at the numbers that Maureen is**
15 **reporting to you in this email, let's just take CLABSI.**
16 **And the CMS score is 1.45. Do you see that?**

17 MR. TAKAGAKI: Objection.

18 A. I see it.

19 BY MS. BLAIR:

20 **Q. Is that the CMS standard, to the best of**
21 **your recollection?**

22 MR. TAKAGAKI: Objection.

23 A. I don't know.

24 BY MS. BLAIR:

25 **Q. And I guess, generally speaking, looking at**

Gina West
September 25, 2025

Page 176

1 this chart that is in the kind of center of Exhibit 8,
2 is this the type of data that you're often provided by
3 hospitals from Palm Beach Health Network related to
4 HAIs?

5 MR. TAKAGAKI: Objection.

6 A. I was often provided number of cases for all
7 units. I don't recall the CMS column or what she was
8 referring to. It just says current 2024, so I don't
9 know if this was a rate of what she was referring to
10 here and then projected. It's just difficult to speak
11 to.

12 BY MS. BLAIR:

13 Q. Okay. And so as you sit here, you don't
14 know if that current and projected refers to the
15 Leapfrog benchmarks for that time period?

16 MR. TAKAGAKI: Objection.

17 A. It does not appear to.

18 BY MS. BLAIR:

19 Q. Okay. And why do you say it does not appear
20 to?

21 A. There is nothing outside of this statement
22 at the top that shows this is a Leapfrog benchmark.
23 There's nothing that would draw my attention here that
24 would help me understand that.

25 Q. Okay. And you don't have any specific

Gina West
September 25, 2025

Page 177

1 recollection of any conversations you would have had
2 with anybody on this email regarding the statement that
3 number of cases Good Samaritan can have in order to
4 meet Leapfrog benchmarks, correct?

5 A. I just don't recall in the moment.

6 Q. We talked a little earlier, I think it's
7 Exhibits 1 and 2 I showed you about West Boca's
8 question in 2023 to participate in the Leapfrog
9 Hospital Survey. Do you recall the ultimate reason
10 that was given for why West Boca would not be allowed
11 to participate in the Leapfrog Hospital Survey in 2023?

12 A. It's related --

13 MR. TAKAGAKI: Objection.

14 A. It's related to one --

15 BY MS. BLAIR:

16 Q. Oh, I'm sorry. It's Exhibit 3. I
17 apologize. Thank you so much. It's Exhibits 3 and 4.

18 A. 3 and 4.

19 My recollection for this is and for each
20 time that I made the request and we didn't move forward
21 with it, it was so that we could focus on other work at
22 the time.

23 MS. BLAIR: I'll mark this one as 9. It's
24 3-hole punched.

25 (Defendant's Exhibit Number 9 for i.d.)

Gina West
September 25, 2025

Page 178

1 BY MS. BLAIR:

2 Q. Ms. West, I'm providing you what we've now
3 marked as West Exhibit 9, which is an email from you to
4 Andrea Nunes, Heather Wehmeyer, Taylor Pool and
5 Kathleen McDonald CC'ing Ricardo Ramirez. The subject
6 is "CPOE response to EHR SAFER® survey."

7 Do you see that?

8 A. I do.

9 Q. What is the EHR SAFER® survey?

10 A. It is a survey we're required for each year
11 the hospitals are maintained in the EHR system to
12 maintain a SAFER® guide survey.

13 Q. Okay. And the SAFER® guide survey, is that
14 a regulatory survey?

15 A. Yes, it is.

16 Q. And what regulatory body requires the SAFER®
17 guide survey?

18 A. My understanding it's the Centers for
19 Medicare & Medicaid.

20 Q. So CMS?

21 A. Yes.

22 Q. And you write to this group of people and
23 you say, "Hi, everyone. Just wanted to alert you to a
24 corporate response regarding CPOE testing. If you are
25 planning to copy and paste corporate responses, please

Gina West
September 25, 2025

Page 179

1 **remove reference to Leapfrog."**

2 **Do you see that?**

3 A. I do.

4 **Q. What in or around April of 2024, what CPOE**
5 **testing was being performed by the five hospitals that**
6 **make up Palm Beach Health Network?**

7 MR. TAKAGAKI: Objection.

8 A. We didn't have testing in place, so this
9 is -- I misspoke when I said "testing."

10 BY MS. BLAIR:

11 **Q. Okay. And then you go on to say, "If you**
12 **are planning to copy and paste corporate responses,**
13 **please remove the reference to Leapfrog."**

14 **Do you see that?**

15 A. Yes.

16 **Q. What were the corporate responses that**
17 **you're referring to here?**

18 A. Tenet did an independent review of our
19 system and made that available to us, and then each
20 director of quality was responsible to meet the
21 informaticist and someone within the IT of the hospital
22 that would have knowledge of the responses, determine
23 if they were the same for the hospital, if we should
24 made edits and how we would respond on our own, so
25 that's the process that we went through.

Gina West
September 25, 2025

Page 180

1 Q. Okay. And so when you say that Tenet did
2 independent testing of all the systems, you mean that
3 Tenet did independent testing of each hospital CPOE
4 system?

5 A. Again, if I said "testing," then I am
6 misspeaking.

7 Q. Oh, that's okay. Oh, you did not. You did
8 not so let me correct my question.

9 I'm not good with all this technology.

10 You said, "Tenet did an independent review
11 of our system and made that available to us," correct?

12 A. Correct.

13 Q. Okay. To your knowledge, what was the
14 review that was done by Tenet of the CPOE system?

15 A. Well, one of the questions -- and I don't
16 recall all of the questions, but one of them is right
17 here in this email where it says "hardware and software
18 modifications and system/system interfaces are tested
19 pre and post to go live to ensure that data are not
20 lost or incorrectly displayed or transmitted within or
21 between EHR system components."

22 That would be one question.

23 And the corporate response included for
24 Leapfrog Group's evaluation tool which we were no
25 longer completing, so the request was, please remove

Gina West
September 25, 2025

Page 181

1 that language.

2 Q. How often do you do this SAFER® guide
3 survey?

4 A. It's completed annually.

5 Q. Okay. And this is dated 2024, correct?

6 A. Correct.

7 Q. And by this point none of the five hospitals
8 had participated in the Leapfrog Hospital Survey for
9 three years; isn't that true?

10 A. Correct.

11 Q. And so had this response, this -- that you
12 just referred to, The Leapfrog Group's evaluation tool
13 for computerized physician order entry is used, had
14 that been in the SAFER® -- the EHR SAFER® survey since
15 2021?

16 MR. TAKAGAKI: Objection.

17 A. I don't know.

18 BY MS. BLAIR:

19 Q. So is it fair to say that 2021 to 2024 none
20 of the five hospitals were using The Leapfrog Group's
21 evaluation tool for computerized physician order entry?

22 MR. TAKAGAKI: Objection.

23 A. We were not.

24 BY MS. BLAIR:

25 Q. And when you say Tenet did an independent

Gina West
September 25, 2025

Page 182

1 review of all of systems and provided that to you, how
2 did they -- in what form did they provide the findings
3 of their independent review to each hospital?

4 A. It's web based.

5 Q. And that was -- do you know what year that
6 Tenet did the independent review of the CPOE system?

7 MR. TAKAGAKI: Objection.

8 A. I don't know how long it went back, but
9 we -- we've done it annually since it's been required.

10 BY MS. BLAIR:

11 Q. And is that something that you provided to
12 your counsel for production in this matter?

13 A. I don't recall.

14 Q. Do you recall what the findings were of the
15 independent review by Tenet hospitals of the five
16 hospital CPOE systems that make up Palm Beach Health
17 Network in 2024?

18 MR. TAKAGAKI: Objection.

19 A. Let me clarify again.

20 BY MS. BLAIR:

21 Q. Sure.

22 A. Tenet completes it for the entire Tenet
23 system. And then each hospital within the Palm Beach
24 Health Network was required to do an independent
25 review, so we could consider corporate responses,

Gina West
September 25, 2025

Page 183

1 consider if those matched what actually was happening
2 in our hospitals or if we needed to make edits or
3 modifications to our responses, so this request to
4 remove was a request to modify our response back in
5 terms of our SAFER® EHR review.

6 Q. Okay. And so with respect to the five
7 hospitals that did their independent review, in
8 response to the EHR SAFER® survey, four years, '21,
9 '22, '23, prior to 2024, did the response for each of
10 these five hospitals say The Leapfrog Group evaluation
11 tool for CPOE is used to access point of care CDS
12 intervention, is that how that worked?

13 MR. TAKAGAKI: Objection.

14 A. I don't recall.

15 BY MS. BLAIR:

16 Q. Okay. And so there is an EHR SAFER® survey
17 that is done annually by each independent hospital that
18 makes up the Palm Beach Health Network?

19 A. Yes.

20 Q. And --

21 A. Can I clarify real fast?

22 Q. Yes, please.

23 A. In the last year that I completed it I was
24 able to complete it in 2025 for the market because
25 we're all on the same computer, what's called a hub, so

Gina West
September 25, 2025

Page 184

1 in order to make modifications in that hub, all five
2 hospitals would have to agree to it, so technically all
3 of those would be same.

4 So once it was completed, then that went out
5 to the hospitals to review to see if any modifications
6 needed to be made.

7 Q. Okay.

8 A. But I did complete it for the market this
9 last year.

10 Q. So that was for 2025, correct?

11 A. Correct.

12 Q. But if we're talking about 2024, 2023, that
13 would have been each individual hospital, correct?

14 A. Prior to me completing it this year --

15 Q. Correct.

16 A. -- each individual hospital would have done
17 that.

18 Q. And do you know how each individual hospital
19 tested the operational ability of their CPOE testing --

20 Or I'm sorry. That's a terrible question?

21 Prior -- I don't want to talk about 2025.

22 Let's just stick with 2024 when this email is dated.

23 Do you know how each individual hospital associated
24 with the Palm Beach Health Network reviewed its CPOE
25 system in order to answer this particular question on

Gina West
September 25, 2025

Page 185

1 the SAFER® survey?

2 A. At a high level, each director of quality
3 was responsible for coordinating that for the hospital,
4 and each director of quality would have collaborated
5 within the hospital with either the clinical
6 informaticist, an IT representative. But at least as a
7 group to review the responses and determine if we
8 wanted to make edits, add, take away, like this one is
9 taking away.

10 Q. And do you know whether or not CMS makes the
11 results of the EHR surfer -- oh, my gosh -- EHR SAFER®
12 survey available to the public?

13 A. I don't know.

14 Q. Ultimately the hospitals all received grades
15 for spring of 2024 from the Leapfrog Hospital Safety
16 Grade, correct?

17 A. Yes.

18 Q. Do you recall what the grades were for the
19 five hospitals in the spring of 2025?

20 A. Not off the top of my head.

21 Q. Do you recall that Delray was already a D in
22 the spring of 2024?

23 A. Not off the top of my head.

24 Q. Is that something as the director of quality
25 you would have known at least at that time?

Gina West
September 25, 2025

Page 186

1 A. Yes.

2 Q. And would the hospitals have provided you
3 with their Leapfrog hospital safety scores when they
4 came out in the spring of 2024?

5 A. Yes.

6 Q. And, again, we talked about this earlier,
7 but would you have provided those scores to
8 Bonnie Nukala of Tenet home office in or around when
9 those grades came out in spring of 2024?

10 A. I didn't provide them all. Each director of
11 quality would have provided that.

12 Q. As the director of quality for Palm Beach
13 Health Network, would it have been your expectation
14 that each quality director for each of the five
15 hospitals provided their spring 2024 hospital safety
16 grade to Bonnie in or around that time?

17 A. Yes.

18 Q. Are you aware that prior to any methodology
19 change Leapfrog puts out for public comments the
20 methodology changes that it's contemplating?

21 A. Yes.

22 Q. And during your time as the -- well, at any
23 time in your career, let's just say, because you've
24 always been in quality, have you ever had -- have you
25 ever commented during the Leapfrog public comment

Gina West
September 25, 2025

Page 187

1 period on any methodology changes that Leapfrog has
2 proposed?

3 A. Not to my knowledge.

4 Q. And that would include with respect to the
5 methodology change that was proposed for fall of 2024,
6 correct?

7 A. Correct.

8 MS. BLAIR: We can mark this as 10?

9 THE VIDEOGRAPHER: And I'm sorry to
10 interrupt, Counsel.

11 MS. BLAIR: Yeah, sure.

12 THE VIDEOGRAPHER: I need to change media.

13 MS. BLAIR: Sure, go ahead.

14 THE VIDEOGRAPHER: We're going off the
15 record 2:15.

16 (A recess was taken from 2:16 p.m. to 2:17 p.m.)

17 THE VIDEOGRAPHER: This is media unit number
18 three. The time is 2:18. We're back on the
19 record.

20 (Defendant's Exhibit Number 10 for i.d.)

21 BY MS. BLAIR:

22 Q. Ms. West, I've now handed you what we've
23 marked as west Exhibit 10 for this deposition.

24 As you will see, this is an email from
25 Andrea Nunes to you and Ricky Ramirez dated May 21st,

Gina West
September 25, 2025

Page 188

1 2024. Do you see that?

2 A. I do.

3 Q. And for timing sake, do you understand that
4 the spring Leapfrog Hospital Safety Grades come out in
5 April every year?

6 A. Yes.

7 Q. So this would have been approximately a
8 little less than a month after the Leapfrog spring
9 safety grade came out, correct?

10 A. Correct.

11 Q. And Andrea Nunes, again, is the -- we talked
12 about her a lot -- the director of clinical quality
13 improvement for West Boca, correct?

14 A. Correct.

15 Q. And she says to you and Mr. Ramirez, and the
16 subject line -- well, let's just say this. The subject
17 line of this email is "Review planned updates to the
18 fall 2024 hospital safety grade."

19 Do you see that?

20 A. I do.

21 Q. Okay. And she says to you, "Leapfrog is
22 revising their scoring methodology, and this will
23 affect those hospitals who have not submitted a survey.
24 It is" -- it says, "it a hospital, does not submit
25 survey for two cycles, then the new imputation

Gina West
September 25, 2025

Page 189

1 methodology is utilized."

2 Do you see that?

3 A. Yes.

4 Q. And taking a look at what she copies on this
5 page, is this your understanding of what the new
6 imputation model was going to be for nonreporting
7 hospitals for the fall of 2024?

8 A. Yes.

9 Q. And do you recall any conversations you had
10 with anyone after you received this email from
11 Andrea Nunes in or around May of 2024?

12 MR. TAKAGAKI: Objection.

13 A. Broadly speaking, I recall having
14 conversations about something to refer to. I wouldn't
15 be able to give the details right now.

16 BY MS. BLAIR:

17 Q. Do you recall what your opinion was when you
18 first heard about the changes that were going to occur
19 to the Leapfrog Hospital Safety Grade methodology for
20 the fall of 2024?

21 A. Could you repeat that, please?

22 Q. Sure. So I don't want to know about
23 conversations at this appointment.

24 Like do you recall what your reaction was
25 when you first came to learn about the changes that

Gina West
September 25, 2025

Page 190

1 were going to occur for fall of 2024 to the Leapfrog

2 Hospital Safety Grade?

3 A. Yes, my opinion was that it was pretty scary
4 for hospitals.

5 Q. And why did you believe it was pretty scary
6 for hospitals?

7 A. Because these imputed scores could
8 potentially hurt hospitals' reputations and hurt it in
9 a way that didn't accurately represent the hospital,
10 and it could be misleading to the public.

11 Q. Do you recall having that conversation about
12 your reaction to this methodology change with anybody
13 associated with the Palm Beach Health Network in or
14 around the spring or summer of 2024?

15 A. I don't remember the details around it.

16 Q. Do you recall generally who you talked to
17 about the change in methodology in or around the spring
18 or summer of 2024?

19 A. Generally speaking, it would have been to
20 CEOs, CNOs and directors of quality.

21 Q. And do you recall any specific -- let's just
22 start with the CEOs. So this would be, I want to talk
23 about the time frame from when you received this email
24 from Andrea Nunes and when the fall safety grades came
25 out on November 20th of 2024, so that kind of spring,

Gina West
September 25, 2025

Page 191

1 summer, early fall time period.

2 Do you recall any conversations you had with

3 CEOs regarding the methodology change?

4 A. I don't recall right now, but if you have
5 something to show me...

6 Q. Do you have any memory of conversations you
7 had with chief nursing officers between May of 2024 and
8 the release of the fall 2024 safety grades off the top
9 of your head?

10 A. Off the top of my head, I do not recall.

11 Q. And same question with respect to directors
12 of quality. Between that May 2024 time frame and the
13 release of the fall 2024 safety grades on
14 November 20th, 2024, do you recall any specific
15 conversations with chief nursing officers about the
16 change in Leapfrog methodology?

17 A. I don't recall the specifics.

18 Q. Do you recall generally what the reaction
19 was from those stakeholders with respect to the change
20 in the Leapfrog methodology for fall of 2024?

21 A. Yes.

22 MR. TAKAGAKI: Objection.

23 BY MS. BLAIR:

24 Q. What do you recall generally what the
25 reaction was to this methodology change?

Gina West
September 25, 2025

Page 192

1 A. I recall that there was concern over how it
2 would be published and how we would be portrayed.

3 Q. And when you talk about "how it would be
4 published," what are you referring to?

5 A. Referring to Leapfrog and potentially the
6 media.

7 Q. And when you say "portrayed," what do you
8 mean when you use that word?

9 A. Imputed scoring that potentially moved a
10 hospital down a grade or two doesn't accurately show
11 the quality of care that the hospital is providing.
12 It's not an accurate representative of the services or
13 the quality.

14 Q. Is it your opinion that a more accurate
15 representative would be a scoring methodology that
16 relied on just the CMS data?

17 MR. TAKAGAKI: Objection.

18 A. No, not necessarily because we already have
19 CMS data. My opinion about it is that hospitals that
20 don't participate should not be included. It's a
21 voluntary program, and my opinion is that the hospital
22 should be removed if they're not participating.

23 BY MS. BLAIR:

24 Q. My question is just a little different.

25 A. Okay.

Gina West
September 25, 2025

Page 193

1 Q. Let's say we took all of the measures that
2 are used to calculate this hospital safety grades that
3 come from the survey, and the hospital safety grade is
4 now based solely on CMS data. Would you have an issue
5 with the methodology that scored or gave hospitals a
6 safety grade based on the measures that come from CMS?

7 MR. TAKAGAKI: Objection.

8 A. I guess personally I just don't understand
9 duplication for that.

10 BY MS. BLAIR:

11 Q. You don't understand the? I'm sorry. I
12 didn't hear you.

13 A. The duplication. Why would Leapfrog take
14 information from CMS to give hospitals a grade?

15 Q. Well, you would agree with me that CMS
16 already provides a star rating for hospitals, correct?

17 A. Correct.

18 Q. And do you know what the star ratings are of
19 the five -- the CMS star ratings are currently for the
20 five hospitals that are plaintiffs in this litigation?

21 A. So I can't repeat them to you today, but,
22 yes, I've seen them.

23 Q. And would you agree with me that they're one
24 and two stars?

25 A. Yes.

Gina West
September 25, 2025

Page 194

1 Q. And with five stars being the best, correct?

2 A. Correct.

3 Q. And would you agree with me that CMS, the
4 measures that go into that star rating include a whole
5 host of things in addition to what Leapfrog uses as CMS
6 measures to calculate its safety grade?

7 MR. TAKAGAKI: Objection.

8 A. Let's say they're very different.

9 BY MS. BLAIR:

10 Q. They are very different, right. So I'm just
11 curious how -- is it your position the CMS star rating
12 is just a duplication of the Leapfrog grade?

13 A. No.

14 MR. TAKAGAKI: Objection.

15 A. And I guess what I was trying to say I would
16 really just see your model in order to have an opinion
17 about it.

18 BY MS. BLAIR:

19 Q. Okay.

20 A. If the model is moving from just CMS
21 measures and they're moving into a Leapfrog system, how
22 that would produce a grade.

23 Q. Okay.

24 A. And I guess I don't understand why Leapfrog
25 would do that if they're already reported through CMS.

Gina West
September 25, 2025

Page 195

1 I guess I don't understand what the -- what the
2 rationale would be for it.

3 Q. Will you agree with me that CMS does not
4 create any sort of grade or star rating based on the
5 CMS measures that Leapfrog looks at for patient safety,
6 just on those measures, correct?

7 MR. TAKAGAKI: Objection.

8 A. Could you repeat it, please?

9 BY MS. BLAIR:

10 Q. Yes. So CMS, the CMS issues the star
11 rating, the overall CMS star rating. You're familiar
12 with that, correct?

13 A. Yes.

14 Q. And the CMS overall star rating contains
15 several different measures that CMS looks at to come to
16 that star rating, correct?

17 A. Yes.

18 Q. And of all of those measures that look at,
19 that CMS looks at to come to that star rating, there
20 are several that are not patient safety measures that
21 Leapfrog looks at when it's looking at its hospital
22 safety grade. Would you agree with that?

23 MR. TAKAGAKI: Objection.

24 A. I don't know that I would categorize it as
25 not patient safety. I'd just have to look at them one

Gina West
September 25, 2025

Page 196

1 by one.

2 BY MS. BLAIR:

3 Q. Do you understand that in coming to the
4 conclusion as to what measures Leapfrog considers in
5 its hospital safety grade, it consults with an expert
6 panel?

7 A. Yes, I'm aware.

8 Q. And do you understand that that expert panel
9 has not taken the position that every measure that CMS
10 looks at should also be a measure that Leapfrog looks
11 at for patient safety?

12 A. Yes.

13 MR. TAKAGAKI: Objection. You're asking her
14 her knowledge of what Leapfrog's expert panel
15 talks about in its meetings and considers?

16 MS. BLAIR: Yeah, I'm asking her questions.

17 BY MS. BLAIR:

18 Q. And, ma'am, so you use the word
19 "duplication," and I'm trying to get at what you meant
20 by "duplication."

21 And so I understand that CMS measures that
22 go into the overall CMS star rating are not the same,
23 are not one to one with the measures that Leapfrog
24 looks at for its rating. Do you understand that to be
25 the case?

Gina West
September 25, 2025

Page 197

1 MR. TAKAGAKI: Objection.

2 A. I would really need to see them side by side
3 in terms of patient satisfaction, how are they similar,
4 how are they different. CAUTI, CLABSI, C. diff, MRSA,
5 how is it same; how is it different; how would Leapfrog
6 take that information. If all of the measures and --
7 if that's what you suggested, right? All CMS measures
8 and Leapfrog would give them a grade?

9 Q. Yeah, I'm not suggesting anything. I'm just
10 trying to figure out what you meant when you used the
11 word "duplication."

12 A. Duplication. I understood you to say, ask
13 me about Leapfrog taking all of the CMS measures,
14 putting them into the Leapfrog system and producing a
15 grade from there. And I didn't understand the, you
16 know, the idea of the duplication of that.

17 Q. Understood. Okay. So let's go through
18 this.

19 We talked before that there are 22 measures,
20 right, that the Leapfrog Hospital Survey grades on?

21 A. Yes.

22 Q. And we talked about the ten outcome
23 measures. Do you recall that?

24 A. Yes.

25 Q. And those ten outcome measures, the data

Gina West
September 25, 2025

Page 198

1 that Leapfrog uses comes from CMS, do you understand

2 that?

3 A. I do.

4 Q. And then of the twelve process measures,
5 five of those come from CMS data, do you understand
6 that?

7 A. Yes.

8 Q. And the other seven come from the Leapfrog
9 Hospital Safety Grade, correct?

10 A. Correct.

11 Q. And so I'm asking if we took out those seven
12 measures, we, being Leapfrog, and the grade simply
13 consisted of the 15 measures that come from CMS data --
14 and I'm sorry I was unclear -- that come from CMS data,
15 would it be your opinion that that would be a more
16 accurate representation of a hospital's safety?

17 MR. TAKAGAKI: Objection. Incomplete
18 hypothetical. Vague. Calls for speculation.
19 Lack of foundation.

20 A. I would really need to see it because I -- I
21 don't know what the weighting would be. I don't know
22 what the final grade would be. There's just so many
23 variables that just a hypothetical doesn't get into.

24 BY MS. BLAIR:

25 Q. Okay. And so I'm just trying to make sure.

Gina West
September 25, 2025

Page 199

1 Your issue with the change in the fall 2024 Leapfrog
2 methodology, was it with just the imputation method, or
3 do you have other issues with the fall 2024
4 methodology?

5 MR. TAKAGAKI: Objection.

6 A. My opinion --

7 BY MS. BLAIR:

8 Q. Yeah.

9 A. -- is that it further hurt hospitals and
10 hurt their reputation because the information that I've
11 received is that we started losing patients because of
12 that. We started, you know, having physicians state
13 that they didn't want to come to our hospitals. We
14 have excellent hospitals. We have level I trauma
15 centers. You know, we have -- we have pediatric -- we
16 have a pediatric hospital. We provide great care, and
17 to have that in the media as part of our reputation is
18 very hurtful.

19 BY MS. BLAIR:

20 Q. And what was the -- you used the word "it,"
21 and I want to make sure we understand. You said, "My
22 opinion is that it further hurt hospitals..." And I
23 want to know, what do you -- what is the "it"?

24 A. The change in the scoring methodology and
25 change in the grades.

Gina West
September 25, 2025

Page 200

1 Q. Okay. And my question was, is your issue
2 with the change in the methodology related to the new
3 imputation model for these four measures, BCMA -- BCMA,
4 CPOE, hand hygiene and ICU physician staffing?

5 A. It didn't help. If I were able to give a
6 recommendation, I would recommend for any hospital not
7 participating in the Leapfrog survey not be included.

8 Q. And in what way would any consumer -- let me
9 ask you this.

10 Do you think consumers deserve to be
11 provided with transparent information related to a
12 hospital's patient safety?

13 MR. TAKAGAKI: Objection.

14 A. Yes, I do.

15 BY MS. BLAIR:

16 Q. And do you believe that consumers are --
17 should be provided with transparent information with
18 respect to a hospital's HAIs, for example?

19 MR. TAKAGAKI: Objection.

20 A. Yes, I do.

21 BY MS. BLAIR:

22 Q. And do you believe that patients should be
23 provided with transparent information regarding whether
24 or not a hospital's CPOE system is functioning
25 properly?

Gina West
September 25, 2025

Page 201

1 MR. TAKAGAKI: Objection.

2 A. I don't have an opinion about that.

3 BY MS. BLAIR:

4 Q. Okay. And why don't you have opinion about
5 the CPOE system?

6 MR. TAKAGAKI: Objection.

7 A. If I understood your question correctly, it
8 was whether or not the community or the public should
9 be provided the information, so I don't really have an
10 opinion about that.

11 I know from the way that we're surveyed that
12 that they're looking at this when we're surveyed
13 multiple times to make sure that we have an appropriate
14 system in place, that we're utilizing it correctly,
15 we're collecting data, we're providing information,
16 that we are transparent. So I don't know that I can
17 say --

18 Q. Well, when you say you're surveyed --

19 MR. TAKAGAKI: Well, let her -- was she
20 done answering?

21 BY MS. BLAIR:

22 Q. Oh, I'm sorry. Were you done answering?

23 A. It's fine.

24 Q. I didn't mean to cut you off. Are you done
25 answering?

Gina West
September 25, 2025

Page 202

1 A. I'll be finished.

2 Q. When you say "when we are surveyed," are you
3 referring to the SAFER® survey?

4 A. I'm referring to like the Joint Commission
5 surveys, the agency on healthcare administration, the
6 AHCA, AHCA.

7 Q. AHCA.

8 A. That's where we're validated.

9 Q. And I understand that, but I thought you
10 told me earlier that the Joint Commission doesn't
11 provide any actual data to consumers on CPOE.

12 MR. TAKAGAKI: Objection.

13 A. That's correct.

14 BY MS. BLAIR:

15 Q. AHCA does, however, as I understand your
16 previous testimony, correct?

17 A. Yes.

18 Q. In what way do you understand that AHCA
19 provides transparent publicly available data to
20 consumers about the CPOE system of a hospital?

21 A. They make the survey results public.

22 Q. And then with respect to hand hygiene, does
23 the Joint Commission make its findings on hand hygiene
24 public to consumers?

25 A. No.

Gina West
September 25, 2025

Page 203

1 Q. Do you think it's important that patients
2 have transparent information related to a hospital's
3 commitment to hand hygiene?

4 MR. TAKAGAKI: Objection. Vague.

5 A. Yes.

6 BY MS. BLAIR:

7 Q. Are you aware of any publicly available data
8 through any source that gives consumers publicly
9 available and transparent data related to a hospital's
10 hand hygiene?

11 A. Yes.

12 Q. And what is that?

13 A. It's my understanding that AHCA makes their
14 surveys available to the public. We were surveyed
15 extensively just at the beginning of this year.
16 Hand hygiene was a huge component of that.

17 Q. And HCA -- AHCA is specific to Florida,
18 correct?

19 A. Correct.

20 Q. Other than AHCA, is there any other publicly
21 available data for a hospital that you know of related
22 to hand hygiene?

23 A. Not that I recall right now.

24 Q. Do you know if there's any -- do you believe
25 that the public is entitled to have transparent

Gina West
September 25, 2025

Page 204

1 **information about a hospital's ICU physician staffing?**

2 MR. TAKAGAKI: Objection.

3 A. I don't have an opinion about that.

4 BY MS. BLAIR:

5 **Q. And why don't you have an opinion about**
6 **that?**

7 MR. TAKAGAKI: Objection.

8 A. I don't have one.

9 BY MS. BLAIR:

10 **Q. Okay. Do you have an opinion about whether**
11 **or not consumers deserve to have transparent**
12 **information related to barcode medication**
13 **administration errors at hospitals?**

14 MR. TAKAGAKI: Objection.

15 A. May I ask a clarifying question?

16 BY MS. BLAIR:

17 **Q. Sure.**

18 A. When you say "transparent data," do you mean
19 hospitals that report to Leapfrog, or do you mean
20 hospitals that have been validated after they've
21 reported through Leapfrog?

22 **Q. I'm not --**

23 A. When we're talking transparency, is it only
24 the information that's been reported, or is it
25 information that's been validated?

Gina West
September 25, 2025

Page 205

1 Q. This question has nothing to do with
2 Leapfrog. I'm asking in general do you believe that
3 patients deserve to have transparent data related to
4 errors resulting from barcode medication
5 administration?

6 MR. TAKAGAKI: Objection. Vague.
7 Incomplete hypothetical.

8 A. Yes.

9 BY MS. BLAIR:

10 Q. And I think you told me earlier that the
11 Joint Commission does some surveying, correct, of
12 barcode administration for hospitals, correct?

13 A. Correct.

14 Q. Do you know if the Joint Commission makes
15 that, their findings for each hospital publicly
16 available to consumers?

17 A. Not to my knowledge. But AHCA --

18 Q. I was just going to ask you, does AHCA make
19 their findings related to barcode administration
20 available to consumers?

21 A. Yes, to my knowledge.

22 Q. And, again, AHCA is only with respect to
23 Florida hospitals, correct?

24 A. Correct.

25 Q. Do you have an understanding that prior to

Gina West
September 25, 2025

Page 206

1 the --

2 MS. BLAIR: Well, actually can we take a
3 quick break?

4 MR. TAKAGAKI: Sure.

5 MS. BLAIR: Yeah, sorry.

6 THE VIDEOGRAPHER: Off the record 2:41.

7 (A recess was taken from 2:41 p.m. to 2:56 p.m.)

8 THE VIDEOGRAPHER: Back on the record 2:56.

9 BY MS. BLAIR:

10 Q. Ms. West, I want to take you back to that
11 May 2024 time frame when you first are told, I think
12 it's the last Exhibit we looked at, when you were first
13 told that there's going to be a change to the Leapfrog
14 methodology. Did you have an opinion at that point in
15 time as to whether or not the five hospitals that make
16 up the Palm Beach Health Network should participate in
17 the Leapfrog Hospital Survey?

18 A. Yes.

19 Q. And what was your opinion?

20 A. I felt like we should participate.

21 Q. I'm sorry. Your answer was, yes, you felt
22 like you should?

23 A. Correct.

24 Q. And why?

25 A. To avoid negative press and damage to the

Gina West
September 25, 2025

Page 207

1 hospitals' reputation.

2 Q. Did you have any discussions with anyone in
3 public relations for the Palm Beach Health Network in
4 or around this, you know, May 2024 through summer 2024
5 time frame about potential negative press related to
6 the Leapfrog methodology change?

7 A. I don't recall.

8 Q. Do you recall any communications you would
9 have had with Ricky Ramirez regarding potentially
10 negative press related to the 2024 -- fall of 2024
11 methodology change on the Leapfrog Hospital Safety
12 Grade?

13 A. Yes.

14 Q. What do you recall about the conversations
15 you had with Ricky Ramirez?

16 A. We had email communication, and I recall
17 that negative press had already come out at that time.

18 Q. And I want to reorient you.

19 A. Okay.

20 Q. I'm talking about before the grades come
21 out.

22 A. Before the grades come out? If you have
23 anything you can show me.

24 Q. Sure, we can go over some documents.

25 A. Okay.

Gina West
September 25, 2025

Page 208

1 Q. I just want to know, do you recall like
2 Ricky Ramirez's reaction to the methodology change?

3 A. Not specifically, but I'm happy to look at a
4 document.

5 Q. I don't know if I have any on that regard,
6 but we'll show you some documents.

7 Do you recall whether or not you had any
8 conversation with Maggie Gill between May of 2024 and
9 when the hospital safety grades came out about
10 potential negative publicity as a result of the
11 hospital -- I'm sorry -- as a result of the methodology
12 change in the hospital safety grade scoring by
13 Leapfrog?

14 MR. TAKAGAKI: Objection.

15 And when you say "when the grades came out,"
16 you mean the November '24 grades?

17 MS. BLAIR: The November 2024 Hospital
18 Safety Grades.

19 A. I do not remember exact time frames for
20 discussions.

21 BY MS. BLAIR:

22 Q. Okay. And I'm just trying to get a sense of
23 you get this email that we've marked as Exhibit 10,
24 right, that's in front of you?

25 A. Yes.

Gina West
September 25, 2025

Page 209

1 Q. And that's May of 2024. And there is
2 clearly a discussion, at least with respect to
3 Ms. Nunes, where she's alerting you to the fact that
4 this methodology change is coming, correct?

5 A. Correct.

6 Q. And do you recall -- you know, you've told
7 me what your reaction is. Do you recall whether your
8 reaction to that was in or around the same time that
9 you were informed of the methodology change?

10 A. I don't recall.

11 Q. And do you recall that this methodology
12 change was put out for public comments by Leapfrog
13 asking hospitals and others to comment as to whether or
14 not they supported the methodology change or not?

15 A. Yes, I do.

16 Q. Did you as the director of quality for
17 Palm Beach Health Network follow any of the public
18 comment that was being given to Leapfrog with respect
19 to the proposed fall 2024 methodology change?

20 A. I did not.

21 Q. Did you have any conversations with anybody
22 at the Palm Beach Health Network about whether or not
23 any of the five hospitals or the Palm Beach Health
24 Network itself should make a public comment with
25 respect to this methodology change?

Gina West
September 25, 2025

Page 210

1 A. It's so broad. And, again, I'm happy to
2 look at any document that you have and then comment on
3 that.

4 **Q. Sure, my understanding --**

5 A. But --

6 **Q. I don't mean to cut you off.**

7 MR. TAKAGAKI: I was going to say, finish
8 your answer.

9 BY MS. BLAIR:

10 **Q. Yes, finish your answer. I didn't mean to**
11 **cut you off.**

12 A. It's okay.

13 **Q. I understand from the interrogatory answers**
14 **that have been provided in this case that there was no**
15 **communication between any of these five hospitals and**
16 **Leapfrog related to the public comment period for this**
17 **methodology change.**

18 And so I'm asking you, is that consistent
19 with your understanding?

20 A. Yes, it is.

21 MR. TAKAGAKI: Objection. Lack of
22 foundation.

23 BY MS. BLAIR:

24 **Q. And so even though there was no public**
25 **comment -- even though none of the five hospitals**

Gina West
September 25, 2025

Page 211

1 publicly commented to Leapfrog regarding the
2 methodology change, do you recall whether there was any
3 discussions internally about whether you should
4 publicly comment on the methodology change?

5 A. Yes, I do.

6 Q. Okay. And what do you recall about those
7 conversations?

8 A. I recall an email thread -- again, I don't
9 know what the time frame is -- where a question was
10 posed as to whether or not we were going to comment,
11 and I responded that we were not going to comment.

12 Q. Okay. And what was the basis for your
13 position that "we're not going to comment"?

14 A. Generally we don't comment at a local level
15 hospital to hospital. We work through Tenet Healthcare
16 system to make any type of comment that would be public
17 in nature.

18 Q. Do you recall whether or not you reached out
19 to anyone at Tenet health system about commenting on
20 the Leapfrog methodology change that was proposed for
21 fall of 2024?

22 A. I don't recall.

23 Q. Do you recall whether you had any
24 conversations with Maggie Gill about your opinions
25 about whether Tenet health system should comment

Gina West
September 25, 2025

Page 212

1 publicly with respect to the proposed methodology
2 change by Leapfrog for fall of 2024?

3 A. I do not recall.

4 Q. Do you recall whether or not any of the
5 directors of quality for any of the five hospitals
6 provided their opinion to you about whether or not the
7 hospitals should publicly comment about the methodology
8 change?

9 A. No, I don't recall.

10 MS. BLAIR: We'll mark this as Number 11.

11 (Defendant's Exhibit Number 11 for i.d.)

12 BY MS. BLAIR:

13 Q. Ms. West, I'm now handing you what we've
14 marked Exhibit Number 11 to your deposition. This is
15 an email from you to Anna Gunod, G-u-n-o-d, CC'ing
16 Andrea Nunes, Heather Wehmeyer, Kathleen McDonald and
17 Taylor Pool dated September 25th, 2024. And the
18 subject is "Leapfrog."

19 Do you see that?

20 A. I do.

21 Q. And the first sentence from you it says, "If
22 we would like to participate in the next survey, are we
23 able?"

24 Do you see that?

25 A. I do.

Gina West
September 25, 2025

Page 213

1 Q. And are you aware of whether there were any
2 conversations between May of 2024 in Exhibit 10 and
3 this Exhibit 11 which is September of 2024 between you
4 and any of the directors of quality about participating
5 in the next Leapfrog Hospital Survey?

6 A. That's so broad, and sitting here today, I'm
7 not able to recall that right now, but I'm able to
8 comment on any document you may have.

9 Q. Okay. So but this says, "If we would like
10 to participate," and it's CC'd to the quality
11 directors, and so I'm just wondering if that refreshes
12 your recollection as you look at this document as to
13 whether there was a request on behalf of not only
14 yourself but all the directors of quality for the five
15 hospitals that make up Palm Beach Health Network?

16 A. That would be correct.

17 Q. And does this, this document, and I
18 understand you have no specific recollection, and it's
19 not a guessing game, but does this document in any way
20 refresh your recollection about what those
21 conversations would have been?

22 A. Could you further clarify "conversations"?

23 Q. Sure. Do you recall any one of the quality
24 directors of any of the five hospitals that make up
25 Palm Beach Health Network objecting to participating in

Gina West
September 25, 2025

Page 214

1 a Leapfrog Hospital Survey going forward?

2 A. I don't recall that.

3 Q. Do you recall any of the five directors of
4 quality for the five hospitals that make up Palm Beach
5 Health Network telling you that they would have to hire
6 additional staff in order to participate in the
7 Leapfrog Hospital Survey?

8 A. I do not remember that for this period. I
9 do remember that for the prior period. And it was
10 something that came up during the initial conversation.
11 And one of the decisions, one of the reasons that we
12 decided not to participate was how much time we were
13 spending just on Leapfrog, the survey response,
14 gathering the data, collecting it, putting it in usable
15 format to get it to where we could enter it and those
16 other duties were falling to the side. So I remember
17 that being a component early on. I do not remember
18 that being a component during this time period.

19 Q. And just for my record when you say "a
20 component early on," are you referring to that
21 conversation we had back in -- that you and I had about
22 back in 2021 when the design was made to stop during
23 the survey?

24 A. That is correct.

25 MR. TAKAGAKI: Objection.

Gina West
September 25, 2025

Page 215

1 BY MS. BLAIR:

2 Q. Do you recall any conversations between that
3 time in 2021 and this email in September of 2025 [sic]
4 where there was a discussion to potentially restart
5 participation in the Leapfrog Hospital Survey where the
6 issue of having to add additional staff was discussed?

7 MR. TAKAGAKI: Objection.

8 A. I don't recall that.

9 MR. TAKAGAKI: And I think you referred to
10 this email as "2025."

11 MS. BLAIR: Oh, I meant "2024."

12 MR. TAKAGAKI: I think you meant 2024.

13 MS. BLAIR: I meant September 25, 2024.

14 Thank you very much.

15 BY MS. BLAIR:

16 Q. If we look at this email the second sentence
17 from you, you said, "We have done this in the past so
18 it would not be new participation."

19 Do you see that?

20 A. I do.

21 Q. Are you referring to the fact that you had
22 participated back in 2021?

23 A. Correct.

24 Q. And then you say, "This takes SMMC" -- is
25 that St. Mary's?

Gina West
September 25, 2025

Page 216

1 A. It is.

2 Q. -- "from 100 points in each of the
3 categories below to limited achievement scores."

4 Do you see that?

5 A. I do.

6 Q. Does this refresh your recollection that the
7 five hospitals who were not participating in the
8 Leapfrog Hospital Survey were receiving 100 out of
9 100 points for the imputed measures prior to fall of
10 2024?

11 A. Yes.

12 Q. And you were going to go from 100 points to,
13 if we look at this like chart in the middle of the
14 page, these were going to be the limited achievement
15 points that were going to be awarded to
16 nonparticipating hospitals for these four hospitals --
17 I'm sorry -- five hospitals under the limited
18 achievement category for the fall 2024 methodology,
19 correct?

20 A. Correct.

21 Q. And then you say, "We will likely decrease
22 an entire letter and score a D this time around."

23 Do you see that?

24 A. Yes.

25 Q. And when you say "we," are you referring to

Gina West
September 25, 2025

Page 217

1 **St. Mary's there?**

2 A. Yes.

3 **Q. Because Delray was already a D, correct?**

4 A. I would --

5 MR. TAKAGAKI: Objection.

6 A. I would have to look at a document.

7 BY MS. BLAIR:

8 **Q. Okay. Do you -- is it your belief that if a**
9 **hospital under the fall of 2024 methodology, if a**
10 **hospital does not participate in the Leapfrog Hospital**
11 **Survey, they automatically receive a D or an F?**

12 A. No.

13 **Q. And if you look at this document, if we go**
14 **to the bottom of the second page, there's an email that**
15 **starts from Anna Gunod to DLDCQI only. Do you see**
16 **that?**

17 A. Yes.

18 **Q. Would you be -- have been part of the DLDCQI**
19 **only group?**

20 A. Yes.

21 **Q. And she says here, "Good morning quality**
22 **leaders. I'm doing an annual check-in on Leapfrog**
23 **participation."**

24 **Do you see that?**

25 A. I do.

Gina West
September 25, 2025

Page 218

1 Q. Is this similar to what we were discussing
2 earlier this morning about the fact that Tenet home
3 office checked in regularly about participation on the
4 Leapfrog Hospital Safety Grade?

5 MR. TAKAGAKI: Objection.

6 A. This is a different check-in.

7 BY MS. BLAIR:

8 Q. Okay. And what is this check-in?

9 A. This is an independent check-in by
10 Anna Gunod.

11 Q. And she's checking in with respect to
12 Leapfrog participation in the hospital survey?

13 A. That is correct.

14 Q. And was it your understanding in or around
15 this time, which is September of 2024, that no
16 hospitals of Tenet were participating in a Leapfrog
17 Hospital Survey system wide?

18 MR. TAKAGAKI: Objection.

19 A. I didn't have an understanding of that.

20 BY MS. BLAIR:

21 Q. And if we look back at Exhibit 3, which is
22 an Exhibit from Andrea Nunes, you see here she says in
23 the second to last paragraph, "I do know that
24 Christen Mayer stated we would not participate as a
25 system in 2023."

Gina West
September 25, 2025

Page 219

1 Do you see that?

2 A. I do.

3 Q. Was Andrea mistaken about whether or not
4 Tenet as a system was going to participate in the
5 hospital survey in 2023?

6 MR. TAKAGAKI: Objection.

7 A. I don't recall.

8 BY MS. BLAIR:

9 Q. Okay. And Christen Mayer that we discussed
10 was the national director of --

11 A. Quality.

12 Q. -- quality, correct?

13 A. Correct.

14 Q. And so when Anna Gunod, who is the national
15 director of infection prevention in our Exhibit 11, is
16 doing a different annual check-in, did you have any
17 understanding in or around this time, September of
18 2024, as to whether any hospitals in the Tenet system
19 were participating in the Leapfrog Hospital Survey?

20 A. I didn't have a sense.

21 Q. And then if we go back to the second page of
22 this email, you write, "The hospitals in PBHN are not
23 participating," correct?

24 A. Correct.

25 Q. And that's based on what we had talked about

Gina West
September 25, 2025

Page 220

1 earlier this morning that in 2021 a decision was made
2 by the five hospitals to stop participating in the
3 Leapfrog Hospital Survey due to the large amount of
4 resources it took to comply, correct?

5 A. Yes.

6 MR. TAKAGAKI: Objection.

7 BY MS. BLAIR:

8 Q. And that email we just looked at,
9 Exhibit 11, do you recall -- you said "If we would like
10 to participate in the next survey, are we able?"

11 Do you recall whether Anna Gunod got back to
12 you or not?

13 A. Yes, I do.

14 Q. Okay. And what -- did she get back to you
15 in an email?

16 A. Yes.

17 Q. And what do you recall her email saying?

18 A. I recall her email saying that we were not
19 able to participate.

20 Q. And did you have a follow-up call with her
21 about that fact?

22 A. Not that I recall.

23 Q. So is it fair to say all the communications
24 you had with Anna Gunod related to whether or not the
25 five hospitals that make up Palm Beach Health Network

Gina West
September 25, 2025

Page 221

1 could participate in the Leapfrog Hospital Survey for
2 fall of 2024 was in writing?

3 MR. TAKAGAKI: Objection.

4 A. Yes.

5 (Defendant's Exhibit Number 12 for i.d.)

6 BY MS. BLAIR:

7 Q. And so we can mark that as Exhibit 12. Can
8 I see it real fast? I might have given you the wrong
9 one. Oh, no, I didn't. Sorry. Thank you.

10 Ms. West, I've handed you what we've now
11 marked as Exhibit 12. And if we go to the second --
12 oh, this is a document, the first, the email on the
13 first page is an email from you to Ricky Ramirez dated,
14 excuse me, September 27th, 2024, correct?

15 A. Correct.

16 Q. And if we go to the second page of this
17 Exhibit, it starts with an email from Anna Gunod on
18 September 26, 2024 to you. Do you see that?

19 A. I do.

20 Q. And she says, "Hi, Gina. Leapfrog
21 participation is not supported unless it is directly
22 tied to a payment contract or a local regulatory
23 requirement."

24 Do you see that?

25 A. I do.

Gina West
September 25, 2025

Page 222

1 Q. Do you know what she means by

2 "payment/contract" or "local regulatory requirement"?

3 A. I don't know.

4 Q. And is Leapfrog related in any way to a

5 payment or contract for any of the five hospitals that

6 are plaintiffs in this litigation?

7 A. Not to my --

8 MR. TAKAGAKI: Objection.

9 A. Not to my knowledge.

10 THE WITNESS: Sorry.

11 BY MS. BLAIR:

12 Q. And then you respond at the top of the

13 second page of this email, you say, "Although not

14 supported, is it left up to the local markets to decide

15 or a strict no from home office?"

16 Do you see that?

17 A. Yes.

18 BY MS. BLAIR:

19 Q. And what is your -- she responds then if we

20 go to the first page of this Exhibit, Ms. Gunod

21 responds to you, "It is a no from home office."

22 Do you see that?

23 A. I do.

24 Q. What was your understanding of home office's

25 role in making decisions about whether or not

Gina West
September 25, 2025

Page 223

1 Palm Beach Health Network hospitals could participate
2 in the Leapfrog survey?

3 A. I'm sorry. Could you repeat it?

4 Q. Sure. As I understood our discussion
5 earlier today, in 2021, it was the decisions -- it was
6 the decision of these five hospitals collectively to
7 stop participating in the Leapfrog Hospital Survey,
8 correct?

9 A. Correct.

10 MR. TAKAGAKI: Objection to the extent it
11 mischaracterizes previous testimony and lacks
12 foundation.

13 BY MS. BLAIR:

14 Q. And then subsequently we see in this
15 Exhibit Number 11 [sic] that home office is making the
16 decision as to -- I'm sorry -- Exhibit 12 -- that home
17 office is making the decision for you about whether or
18 not you can participate in the Leapfrog hospital survey
19 going forward, correct?

20 MR. TAKAGAKI: Objection. Lacks foundation.

21 A. It's not necessarily just the home office
22 decision, but in terms of that piece of it where the
23 home office did not want us to participate, that would
24 have been an area that I would have wanted to clear or
25 make sure that we had support, you know, just if we

Gina West
September 25, 2025

Page 224

1 were going to make a different request somewhere else
2 make through the market again.

3 BY MS. BLAIR:

4 Q. Okay. I want to make sure I understand your
5 answer. You said, "It's not necessarily just the home
6 office decision, but in terms of that piece of it..."

7 What is "that piece of it" that you're
8 referring to?

9 A. So we already had a decision that we weren't
10 going to participate. And then we had the home office
11 that had asked for whether or not we were
12 participating. I responded that we weren't.

13 But then I asked could we, and the response
14 was, no, it's a no from the home office. So it's a no
15 from the home office even though we've already made a
16 decision not to do it. It's really information
17 gathering.

18 Q. Okay. So at this point, if I understand
19 you, at this point on, in or around September 27th,
20 2024, you, the five hospitals, have already made the
21 decision that you're not going to participate in the
22 Leapfrog Hospital Survey for fall of 2024?

23 A. Correct.

24 MR. TAKAGAKI: Objection.

25 BY MS. BLAIR:

Gina West
September 25, 2025

Page 225

1 Q. Got it.

2 (Defendant's Exhibit Number 13 for i.d.)

3 BY MS. BLAIR:

4 Q. And if we look at Number 13, what we'll mark
5 as 13, Ms. West, I'm handing you a document that the
6 first email that -- well, it's Bates labeled finally,
7 PBHN 5092 through PBHN 5093. Do you have that in front
8 of you? Those are the little numbers on the bottom
9 right-hand side.

10 A. I do.

11 Q. And if we look at your email in the middle
12 of the first page of this Exhibit, from you to
13 Ricky Ramirez, "Subject: Leapfrog Scores," do you see
14 that email?

15 A. I do.

16 Q. And it's dated September 25th, 2024,
17 correct?

18 A. Correct.

19 Q. And this is, I believe, the same date as the
20 document we saw, or close to the same dates of the
21 document we saw as Exhibit 11 and 12, correct?

22 That's all right. You can look at it.

23 A. Okay. Would you mind repeating your
24 question?

25 Q. Sure. So if we look at Exhibit 11, that's

Gina West
September 25, 2025

Page 226

1 dated September 25th, correct?

2 A. Correct.

3 Q. And then if we look at what I just marked as
4 Exhibit 13, the middle email from you to Ricky Ramirez
5 is also dated September 25th, correct?

6 A. Correct.

7 Q. And in your email to Ricky Ramirez, you say,
8 "Ricky, Our Leapfrog scores will take a huge dive
9 across the market in fall reporting period because we
10 haven't participated in the survey process for two
11 years. I respectfully request to begin the process
12 begin."

13 Do you see that?

14 A. I do.

15 Q. Okay. So on September 25th were you wanting
16 to participate in the Leapfrog Hospital Survey for fall
17 of 2024 on behalf of all five hospitals, or had you
18 already made the decision that you -- that the five
19 hospitals that make up Palm Beach Health Network were
20 not going to participate?

21 MR. TAKAGAKI: Objection.

22 A. The decision had already been made. It
23 hadn't changed since 2021.

24 But, again, knowing how this was going to
25 affect us, I made the request to participate.

Gina West
September 25, 2025

Page 227

1 BY MS. BLAIR:

2 Q. And then if we look at Exhibit 12, which is
3 the one, Exhibit 12 where they say, "It's a no from
4 home office," do you see that as your request to
5 participate being denied by home office?

6 A. Yes.

7 MR. TAKAGAKI: Objection.

8 A. It states, "Facilities would need an
9 exception due to Leapfrog participation being tied to
10 local requirement, contract compliance or reimbursement
11 need to submit their case for review by Dr. Franklin."

12 BY MS. BLAIR:

13 Q. Okay. And did you submit your case for
14 review by Dr. Franklin?

15 A. I did not.

16 Q. And do you recall with respect to your email
17 of September 25th, 2024 which we've marked as
18 Exhibit 13 -- it's in the middle -- do you recall any
19 discussions you had with Ricky Ramirez in or around
20 that time related to your request on behalf of the five
21 hospitals that make up Palm Beach Health Network to
22 participate in the Leapfrog Hospital Survey?

23 A. I don't recall a verbal request, but I do
24 remember this, the email request.

25 Q. Okay. So as you sit here today, you just

Gina West
September 25, 2025

Page 228

1 don't recall any discussions with Ricky Ramirez?

2 A. Verbal, verbal discussions.

3 Q. Do you recall whether or not Ricky Ramirez
4 was supportive of your request to participate in the
5 Leapfrog Hospital Survey for fall of 2024?

6 A. I remember that Ricky Ramirez was not
7 supportive of that request.

8 Q. And what is your memory about why he was not
9 supportive?

10 A. I don't remember all of the details.

11 Q. Sure.

12 A. But if you can show me a document...

13 Q. I don't have a document. I'm just asking
14 you what you recall.

15 A. I don't remember if it went past the
16 original reason of it being very lengthy and
17 time-consuming and we needed to focus on some of the
18 other work we had.

19 Q. Sure.

20 Did you have you any discussions with
21 Ricky Ramirez that you can recall about what impact a
22 downgrade in the Leapfrog grade may have from a PR
23 perspective for the hospitals?

24 A. I remember an email thread.

25 Q. And what do you recall about that email

Gina West
September 25, 2025

Page 229

1 thread?

2 A. I do not recall the details.

3 Q. And it was not this email thread that we
4 were just discussing which we've marked as Exhibit 13?

5 A. That's correct.

6 Q. Okay. Did you review that email thread that
7 you just told me about in preparation for your
8 deposition today?

9 A. I may have.

10 Q. Okay. Ultimately, the five hospitals that
11 make up Palm Beach Health Network did not participate
12 in the fall 2024 Leapfrog Hospital Survey, correct?

13 A. Correct.

14 Q. And do you have any recollection of what the
15 grades were that were posted for these five hospitals
16 from the fall of 2024 methodology?

17 A. I do not off the top of my head.

18 Q. Do you recall that they were all D's and
19 F's?

20 A. Yes, I do.

21 Q. What is your involvement, if any, in public
22 relations?

23 A. Could you further clarify?

24 Q. Sure. Well, let's talk about a document
25 maybe.

Gina West
September 25, 2025

Page 230

1 MS. BLAIR: We'll mark this as 14.

2 (Defendant's Exhibit Number 14 for i.d.)

3 BY MS. BLAIR:

4 Q. Ms. West, I'm handing you what we've now
5 marked as Exhibit 14. This is an email with -- or this
6 is an Exhibit with Bates numbers PBHN 5094 through
7 5096.

8 Is this the email thread if we go back to --
9 let's just go back to, I guess, the bottom of the first
10 page, Ricky says, same date, September 25th, 2024, same
11 date as Exhibit 13 that we saw, he says, "I understand.
12 Honestly, I don't see the value in Leapfrog, but please
13 send me all of projected grades for the market and I
14 will discuss with Maggie."

15 Do you see that?

16 A. I do.

17 Q. Is this the email thread you were referring
18 to earlier?

19 MR. TAKAGAKI: Objection.

20 A. It's not. And the email thread that comes
21 to mind to me was one where the grades are -- had
22 already been published and there was already negative
23 media postings.

24 BY MS. BLAIR:

25 Q. Okay. And so if we look at the email in the

Gina West
September 25, 2025

Page 231

1 middle of this page from you to Ricky Ramirez,

2 "Subject: Leapfrog scores," and this is now

3 November 4th, 2024, do you see that?

4 A. I do.

5 Q. Do you recall any conversations you may have
6 had with Ricky Ramirez between September of 2024 and
7 November of 2024 regarding the anticipated grades for
8 the five hospitals, the anticipated Leapfrog grades for
9 the five hospitals that make up the Palm Beach Health
10 Network?

11 A. Outside of the emails, I do not recall
12 verbal conversations.

13 Q. Okay. And do you see Ricky says, "I will
14 discuss it with Maggie?"

15 I'm referring to the bottom of this page
16 email. Do you see that?

17 A. I do.

18 Q. Do you understand that Maggie would be
19 Maggie Gill, the CEO of Palm Beach Health Network?

20 A. Yes.

21 Q. Were you ever -- did you ever become aware
22 of what Maggie Gill's position was with respect to
23 whether or not the five hospitals associated with the
24 Palm Beach Health Network could participate in the fall
25 of 2024 Leapfrog Hospital Survey?

Gina West
September 25, 2025

Page 232

1 MR. TAKAGAKI: Objection.

2 A. I don't recall the details of what her
3 recommendations were.

4 BY MS. BLAIR:

5 Q. Okay. But ultimately there was no
6 participation in the survey, correct?

7 A. Correct.

8 Q. And then if we see here your email in the
9 middle of the page Regina West November 24, 2024 you
10 said, "I'm being asked if we have a marketing
11 communication plan ready."

12 Do you see that?

13 A. Yes, I do.

14 Q. What do you recall about the marketing
15 communication plan that was being asked of you in or
16 around November of 2024?

17 A. I don't recall honestly.

18 Q. Do you recall who was asking you about
19 whether there was a marketing plan in place?

20 A. No, I'm sorry, I don't.

21 Q. And then you see here, the grades for
22 Delray, F; Good Sam, F; Palm Beach Gardens, F;
23 St. Mary's, D; and West Boca D. Do you see that?

24 A. I do.

25 Q. Is that your -- were you relaying to Ricky

Gina West
September 25, 2025

Page 233

1 in this message what the projected grades were going to
2 be or had they already come out?

3 A. They had already come out.

4 Q. And so I asked you, I started this whole
5 thing by asking you what involvement you had in public
6 relations surrounding the release of the fall 2024
7 hospital safety grades. Did you have any involvement?

8 A. I didn't.

9 Q. So despite the fact that somebody was asking
10 for a marketing communication plan, you wouldn't have
11 had any involvement in putting that together?

12 MR. TAKAGAKI: Objection.

13 A. I recall at some point someone sending to me
14 a response, but I don't know if it was premedia,
15 postmedia. I can't remember, but I do recall reading a
16 response.

17 BY MS. BLAIR:

18 Q. Okay. I'm going to show you some documents
19 about responses. It's not a memory test.

20 A. Okay.

21 Q. But other than someone showing you a
22 premedia or postmedia response, did you have any
23 involvement in putting together a public relations plan
24 related to the release of the Leapfrog fall 2024 safety
25 grades?

Gina West
September 25, 2025

Page 234

1 A. No.

2 Q. Were you involved in any way with drafting
3 of any responses related to the release of the fall
4 2024 safety grades?

5 A. I recall reading a response, but, again, I
6 don't know if it was pre or post.

7 Q. Right. And I don't know. In my mind
8 there's a difference between reading and drafting so I
9 want to be very clear.

10 Were you involved in drafting any media
11 responses?

12 A. No.

13 Q. Were you involved in giving any edits to
14 media responses related to the release of the fall 2024
15 hospital safety grade?

16 A. If I could review a document, that's going
17 to help me answer your question.

18 Q. But without any documents in front of you,
19 you have no recollection of any of that; is that fair?

20 A. Correct.

21 Q. Who was involved in public relations for the
22 Palm Beach Health Network in or around November of
23 2025?

24 A. Because I can't recall, I don't want to
25 speculate.

Gina West
September 25, 2025

Page 235

1 **Q. Okay. Who was in charge of public relations**
2 **for the Palm Beach Health Network today?**

3 A. Lisa Cook.

4 **Q. Do you know if Lisa Cook was employed by**
5 **Palm Beach Health Network in or around 2024?**

6 A. Yes, she was.

7 **Q. And do you know what capacity she was**
8 **employed in for the Palm Beach Health Network in or**
9 **around November of 2024?**

10 A. Yes.

11 **Q. And what --**

12 A. I don't know her exact title.

13 **Q. Okay.**

14 A. But essentially it's the marketing director
15 of marketing.

16 **Q. Okay.**

17 A. The director of marketing for the Palm Beach
18 Health Networks is a better way to put it.

19 **Q. That was going to be my question. So she's**
20 **at the group level, correct?**

21 A. At the market level.

22 **Q. Or the market level.**

23 **Does she have any job responsibilities for**
24 **any specific hospitals that you know of?**

25 A. I don't know her specific job

Gina West
September 25, 2025

Page 236

1 responsibilities.

2 Q. And Lisa Cook does not report to you,
3 correct?

4 A. Correct.

5 Q. And you do not report to Lisa Cook, correct?

6 A. Correct.

7 MS. BLAIR: 15. If you could mark this as
8 Exhibit 15.

9 (Defendant's Exhibit Number 15 for i.d.)

10 BY MS. BLAIR:

11 Q. Ms. West, I'm handing you what's been marked
12 as Exhibit 15, and granted you are not on these emails
13 that I can see, but my question is, if we go to the
14 bottom here, you'll see that Andrew Lofholm is sending
15 several people an email on December 10th, 2024 and
16 subject is Stet news coverage of Leapfrog rankings.

17 Do you see that?

18 A. Yes.

19 Q. And if we turn to the next page, there's a
20 newspaper article entitled "Tenet hospitals at bottom
21 of local safety grades."

22 And my question is, did you see this article
23 in or around December of 2024?

24 A. It feels familiar.

25 Q. I know it's hard. But do you have any

Gina West
September 25, 2025

Page 237

1 specific recollection of receiving this?

2 A. I don't.

3 Q. Do you recall whether this was the first
4 article that was published regarding the Leapfrog
5 Hospital Safety Grades for the fall of 2024 that were
6 received by the five hospitals that make up the Palm
7 Beach Health Network?

8 A. I do not recall if this was the first.

9 Can I comment on this?

10 Q. Yes.

11 A. It's very interesting that Jupiter Medical
12 Center is the lone local A grade in ranking by
13 The Leapfrog Group. This medical center sends many
14 patients to our hospitals. They don't keep them and
15 care for them. And that's not all of them. But they
16 send us hundreds of patients, this A hospital --

17 Q. I'm aware.

18 A. -- sends to ours.

19 Q. Right, okay. Yeah.

20 MR. TAKAGAKI: Did you have anything else to
21 say there?

22 THE WITNESS: No.

23 BY MS. BLAIR:

24 Q. And after -- well, let's talk about that for
25 a second. After these grades came out in or around

Gina West
September 25, 2025

Page 238

1 November of 2024, has Jupiter slowed its transfer of
2 patients to the five hospitals that make up Palm Beach
3 Health Network?

4 MR. TAKAGAKI: Objection.

5 A. I don't have knowledge of that.

6 BY MS. BLAIR:

7 Q. Do you recall in or around December of 2024
8 any discussions that were occurring with anyone
9 associated with Palm Beach Health Network regarding the
10 publicity that was occurring from the publication of
11 the fall 2024 Leapfrog Hospital Safety Grade?

12 A. Yes.

13 Q. And what do you recall about those
14 discussions?

15 A. I had a discussion with Sheri Montgomery in
16 regards to essentially how scary it is to have quality
17 hospitals viewed so negatively.

18 Q. And Sheri Montgomery, for the record, was
19 the CEO of Good Samaritan in or around December of
20 2024, correct?

21 A. Correct.

22 Q. What else do you recall Ms. Montgomery
23 saying to you about the publicity surrounding the
24 publication of the Leapfrog fall 2024 hospital safety
25 grade?

Gina West
September 25, 2025

Page 239

1 A. At some point, and I don't know what the
2 time frame is, she talked to me about patients that had
3 cancelled their surgeries, about physicians that no
4 longer wanted to work at Good Sam. I guess that's
5 essentially it.

6 Q. Any other discussions? So you told me
7 about -- have you told me everything you recall about
8 your discussion with Sheri Montgomery in or around the
9 time that the initial publicity surrounding the fall
10 2024 hospital safety grade came out?

11 A. Yes.

12 Q. Any discussions with anyone else you recall
13 in or around this time?

14 A. No, not around this time frame.

15 Q. And that time frame that we're discussing is
16 December of 2024, correct?

17 A. Yes.

18 Q. What about later in January of 2025, do you
19 recall any conversations you had with anybody related
20 to publicity surrounding the publication of the fall of
21 2024 Leapfrog Hospital Safety Grade?

22 A. Not off the top of my head.

23 Q. What about February of 2025, any memory of
24 any conversation?

25 A. No.

Gina West
September 25, 2025

Page 240

1 Q. Okay. What about between December of 2024
2 when you had this conversation with Sheri Montgomery
3 that you told me about and April of 2025 when the
4 spring 2025 Leapfrog Hospital Safety Grades came out,
5 do you recall any discussions with anyone regarding the
6 negative publicity surrounding the current at that time
7 Leapfrog Hospital Safety Grades for the five hospitals
8 that make up the Palm Beach Health Network?

9 A. I don't remember any verbal discussions.

10 Q. Do you remember any written discussions?

11 A. Not off the top of my head.

12 Q. Do you attend the governing board meetings
13 for St. Mary's?

14 A. I don't.

15 Q. Do you attend the governing board meetings
16 for any of the five hospitals?

17 A. I don't.

18 Q. Do you attend the med exec for St. Mary's?

19 A. I don't.

20 Q. Do you attend the med exec meetings for any
21 of the other hospitals that make up the Palm Beach
22 Health Network?

23 A. I don't.

24 Q. Have you ever spoken to any member of any of
25 the governing boards of any of the five hospitals that

Gina West
September 25, 2025

Page 241

1 make up the Palm Beach Health Network regarding
2 negative publicity surrounding any of the five
3 hospitals that are plaintiffs in this litigation?

4 A. Can I back up for a minute?

5 Q. Sure.

6 A. I need to correct --

7 Q. Oh, yes, of course.

8 A. -- my testimony.

9 I stated that I don't go to the board
10 meetings for St. Mary's, but I do go to the pediatric
11 board meetings for St. Mary's.

12 Q. Okay. That's a great distinction. Yes, I'm
13 just talking about the adult acute care center that I'm
14 referring to St. Mary's.

15 A. I do not.

16 Q. Thank you.

17 I'm going to show you this email.

18 MS. BLAIR: We'll mark this as Exhibit 16.

19 (Defendant's Exhibit Number 16 for i.d.)

20 BY MS. BLAIR:

21 Q. Mrs. West, you had just told me about a
22 conversation you had or recalled with Sheri Montgomery,
23 correct, regarding the negative publicity in or around
24 December of 2024.

25 A. (Nodding head).

Gina West
September 25, 2025

Page 242

1 Q. And I've now handed you a document that
2 we've now marked as West Exhibit 16, which is an email
3 from you to Sheri Montgomery dated December 11th, 2024,
4 correct?

5 A. Correct.

6 Q. And you say here to Ms. Montgomery -- well,
7 the subject is "Leapfrog healthcare advisory board."
8 Do you see that?

9 A. I do.

10 Q. And you say, "Looks like the insurance
11 companies dropped off for 2025."

12 Do you see that?

13 A. I do.

14 Q. Does this refresh your recollection, was
15 this part of the conversation that you had with
16 Sheri Montgomery in December of 2024 related to the
17 launch of the fall 2024 hospital safety grades?

18 MR. TAKAGAKI: Objection.

19 A. I do not recall why I sent this to her.

20 BY MS. BLAIR:

21 Q. That was going to be my next question.

22 Thank you.

23 MS. BLAIR: We'll mark this one as 17.

24 (Defendant's Exhibit Number 17 for i.d.)

25 BY MS. BLAIR:

Gina West
September 25, 2025

Page 243

1 Q. Ms. West, I'm handing you now an email that
2 we've marked West Exhibit 17, which is an email from
3 you -- or, I'm sorry -- from Maggie Gill to you dated
4 February 13th 2025 and the subject is "Leapfrog." Do
5 you see that?

6 A. I do.

7 Q. And it says, "Hi, Gina. Corporate is
8 completing a review of issues related to Leapfrog
9 inaccurate portrayal of hospital quality and safety."
10 Do you see that?

11 A. Yes.

12 Q. And then she goes on to say, "What
13 regulatory agency survey results (Joint Commission
14 and/or other) can we share that speak to quality and
15 safety?"

16 Do you see that?

17 A. I do.

18 Q. Was this email followed up by any telephone
19 conversations between yourself and Ms. Gill?

20 A. I do not recall getting this and I don't
21 recall responding to it.

22 Q. Do you recall if you had any understanding
23 in or around February of 2025 of the review of issues
24 that corporate was completing?

25 A. I do not.

Gina West
September 25, 2025

Page 244

1 Q. Were you involved in any discussions about
2 corporate reviewing Leapfrog in or around February of
3 2025?

4 A. Not that I recall.

5 Q. Do you understand that there was a cease and
6 desist letter sent by Palm Beach -- well, the hospitals
7 that make up Palm Beach Health Network to Leapfrog in
8 January of 2025?

9 MR. TAKAGAKI: Objection.

10 A. I recall that.

11 BY MS. BLAIR:

12 Q. Did you have any involvement in drafting
13 that cease and desist letter?

14 A. No, I did not.

15 Q. Did you have any involvement in approving
16 that cease and desist letter?

17 A. Not that I recall.

18 Q. Did you have any involvement in making the
19 decision as to whether or not a cease and desist letter
20 should be sent to Leapfrog?

21 A. Not that I recall.

22 Q. So is it your memory that you just were
23 aware of the fact that a cease and desist letter was
24 being sent but you had no involvement in drafting it?

25 A. I recall finding out about it through media.

Gina West
September 25, 2025

Page 245

1 Q. And when you say "through media," what does
2 "media" mean?

3 A. It was somewhere on the internet.

4 Q. Oh. I just want to make sure when you said
5 "through media," that's not some internal department
6 I'm unaware.

7 So that would be media that would be
8 publicly available to everyone, right?

9 A. Right.

10 Q. Did the way in which you operated from a
11 quality standpoint after January of 2025 change in any
12 way?

13 MR. TAKAGAKI: Objection.

14 A. Can you further clarify?

15 BY MS. BLAIR:

16 Q. Sure.

17 Did the Leapfrog Hospital Safety Grades from
18 fall of 2024 have any impact on the way in which you as
19 the director of quality for Palm Beach Health Network
20 reviewed patient safety at the five hospitals that make
21 up the Palm Beach Health Network?

22 MR. TAKAGAKI: Objection.

23 A. Not that -- not that I recall.

24 BY MS. BLAIR:

25 Q. Were you involved in any meetings at the

Gina West
September 25, 2025

Page 246

1 Palm Beach Health Network group level before April --
2 outside the presence of your attorneys -- before
3 April 30th, 2025 related to decisions to file a lawsuit
4 against Leapfrog?

5 A. Not that I recall.

6 Q. Going back to, I asked you some questions
7 earlier about using the -- whether or not the five
8 hospitals used the Leapfrog Hospital Survey, not safety
9 grade, survey as a benchmark for quality at the five
10 hospitals. Do you recall that?

11 MR. TAKAGAKI: Objection. Vague.

12 A. Yes.

13 BY MS. BLAIR:

14 Q. And I just, I'm going to hand this to you
15 17? 18.

16 (Defendant's Exhibit Number 18 for i.d.)

17 BY MS. BLAIR:

18 Q. I'm handing you what we've now marked
19 Exhibit 18, and this is an email from you dated
20 March 27th, 2025 at that Andrea Nunes,
21 Stephany Johnson, Kathleen McDonald, Erin Britt and
22 Taylor Pool, CC'ing Ricardo Ramirez. And the subject
23 is 'Leapfrog benchmarks.' "

24 Do you see that?

25 A. Yes.

Gina West
September 25, 2025

Page 247

1 **Q. And you say to these quality directors,**
2 **"Please make sure that any quality/infection control**
3 **benchmarkings/goals are not based on Leapfrog**
4 **information."**

5 **Do you see that?**

6 A. Yes.

7 **Q. Does this refresh your recollection that at**
8 **least maybe some of these hospitals were using Leapfrog**
9 **information as benchmarking/goals?**

10 A. May I look through these documents?

11 **Q. Yeah, of course.**

12 A. Because what I can recall is sending the
13 email regarding the SAFER® EHR, and I want to see if it
14 was around the same time because that's what jumps to
15 mind. That's what jumps to my mind.

16 **Q. Understood.**

17 A. So this was a different year, but it could
18 be related to completion again of the SAFER® EHR.

19 **Q. Okay.**

20 A. So it's just a request to take a look and
21 make sure that there were no references to Leapfrog --

22 **Q. Okay.**

23 A. -- since we weren't participating.

24 **Q. And was there any reason that the email that**
25 **you sent related to references to Leapfrog is sent in**

Gina West
September 25, 2025

Page 248

1 March of 2025 as opposed to earlier after the hospitals
2 stopped participating in Leapfrog?

3 A. Do you mind asking me again?

4 Q. Sure. So, as I understand it, the hospitals
5 stopped participating in the Leapfrog survey in 2021,
6 correct?

7 A. Correct.

8 Q. Was there anything that you can recall that
9 spurred you in March of 2025 to send this email to your
10 quality directors requesting that they remove any
11 Leapfrog benchmarking from their -- from their goals?

12 MR. TAKAGAKI: Objection.

13 A. It could have been, again, that I was
14 looking at the SAFER® EHR. It's around the same time
15 frame where I've asked to make sure we've removed it,
16 and it could have just been a reminder. This email is
17 a reminder.

18 BY MS. BLAIR:

19 Q. Got it.

20 A. But it could have been related to the
21 SAFER® EHR because it's during the same time frame.

22 Q. And "during the same time frame," are you
23 referring to like the time of year?

24 A. Yes.

25 Q. Okay. But as you sit here today you have no

Gina West
September 25, 2025

Page 249

1 specific recollection as to why you sent that email
2 when you did?

3 A. No.

4 Q. Do you recall if at any QIPSC meetings there
5 were discussions at any time from 2023 to March of
6 2025, do you recall if there were discussions of any
7 QIPSC meetings regarding using Leapfrog standards as
8 benchmarking standards for the five hospitals, any of
9 the five hospitals that make up the Palm Beach Health
10 Network?

11 A. I don't recall.

12 Q. Would the best place for me to look to see
13 if that was being done, the minutes from those QIPSC
14 meetings?

15 MR. TAKAGAKI: Objection.

16 A. Correct.

17 MS. BLAIR: 19.

18 (Defendant's Exhibit Number 19 for i.d.)

19 BY MS. BLAIR:

20 Q. Ms. West, I'm now handing you what we've
21 marked as West Exhibit 19, which is an email from
22 Amy Buzzelli, B-u-z-z-e-l-l-i, to you at the top.

23 And if we go way down to the bottom of this
24 one-page Exhibit, she's writing to you and others,
25 "AH" -- AHCA -- "AHCA has arrived to West Boca."

Gina West
September 25, 2025

Page 250

1 **Do you see that?**

2 A. I do.

3 **Q. And she says, "As expected, AHCA has arrived**
4 **to West Boca. The complaint is the same."**

5 **Do you see that?**

6 A. I do.

7 **Q. What was "the complaint"?**

8 MR. TAKAGAKI: Objection.

9 A. I don't recall that being shared with us,
10 but that goes back to the spring of when AHCA came to
11 the hospitals to do that thorough quality infection
12 quality control and hand hygiene review. And if I
13 remember correctly, it was around the same time that
14 all of the media coverage was occurring.

15 BY MS. BLAIR:

16 **Q. Okay. And by "media coverage," just for the**
17 **record, you're referring to media coverage regarding**
18 **the hospital safety grades that these five hospitals**
19 **received from Leapfrog for the fall of 2024?**

20 A. Yes.

21 **Q. And you say to Amy, "Why are they saying**
22 **'complaint'?"**

23 **Do you see that?**

24 A. I do.

25 **Q. And then she said, "Heard [sic] is wondering**

Gina West
September 25, 2025

Page 251

1 if Leapfrog complaint."

2 Do you see that?

3 A. I do.

4 Q. Who is Heard?

5 A. She meant she heard.

6 Q. Oh, okay. I thought that was a person.

7 And so she heard that Leapfrog complained
8 about the hospital?

9 A. Correct.

10 MR. TAKAGAKI: Objection.

11 BY MS. BLAIR:

12 Q. Did you have any conversations with her
13 regarding who she heard that from?

14 MR. TAKAGAKI: Objection. Lack of
15 foundation.

16 A. I don't recall Amy saying who she heard it
17 from, but I do remember when the surveyors came on
18 site, they mentioned Leapfrog a lot at some of
19 hospitals, and they really focused in on hand hygiene,
20 and they really focused on our methodology, our
21 observations, the data that was collected, how it was
22 reported publicly on our units, how we had completed
23 performance improvement in those areas. They did
24 continue to refer to Leapfrog.

25 BY MS. BLAIR:

Gina West
September 25, 2025

Page 252

1 **Q. Did you ever come to find out whether**
2 **Leapfrog complained about this hospital?**

3 A. I didn't come to find out.

4 **Q. Do you know if anybody came to find that**
5 **out?**

6 A. Not to my knowledge.

7 **Q. As you sit here today do you believe that**
8 **Leapfrog complained to AHCA regarding the Tenet**
9 **hospitals in Palm Beach?**

10 A. I don't have an opinion about it.

11 After this, do you mind if we take a quick
12 break so I can run to the restroom?

13 MS. BLAIR: Oh, sure. Do you want to do it
14 right now?

15 MS. MALONEY: Why don't we take a break now.

16 THE WITNESS: Do you mind?

17 MS. BLAIR: No, sure.

18 THE VIDEOGRAPHER: Off the record, 3:58.

19 (A recess was taken from 3:58 p.m. to 4:13 p.m.)

20 THE VIDEOGRAPHER: This is media unit number
21 four. The time is 4:13. We're back on record.

22 BY MS. BLAIR:

23 **Q. Ms. West --**

24 MS. BLAIR: Let's mark this one as 20.

25 (Defendant's Exhibit Number 20 for i.d.)

Gina West
September 25, 2025

Page 253

1 BY MS. BLAIR:

2 Q. Ms. West, I'm handing you what we've now
3 marked as Exhibit 20. This is an email from you to
4 Ricardo Ramirez dated April 28, 2025. Do you see that?

5 A. I do.

6 Q. And you say to him what we were talking
7 about this morning, correct?

8 A. Correct.

9 Q. And below that email is an email from you to
10 Andrea Nunes, Stephany Johnson, Erin Britt and
11 Kathleen McDonald, correct?

12 A. Correct.

13 Q. Were they quality directors for the
14 individual, the other four individual hospitals that
15 make up Palm Beach Health Network?

16 A. Yes.

17 Q. And you say, "FYI, to each hospital spring
18 2025 scores along with the following what-if'
19 scenarios."

20 Do you recall that, or do you see that? I'm
21 sorry?

22 A. Yes.

23 Q. Do you recall what the circumstances were
24 surrounding your drafting of this email?

25 A. So, first of all, let me start with saying,

Gina West
September 25, 2025

Page 254

1 I'm a registered nurse. I'm not a statistician. So
2 this is a simple exercise each time the scores would
3 come out utilizing Leapfrog's calculator to complete
4 what-if scenarios, just as talking points and FYI
5 information.

6 Q. And so is it your recollection that you did
7 a chart like this each time the safety grades came out?

8 MR. TAKAGAKI: Objection.

9 A. Yes.

10 BY MS. BLAIR:

11 Q. And in this particular chart it says, the
12 first bullet point says, "What if the hospital
13 participated in the survey and received full credits,
14 100 percent in the areas that we usually receive full
15 credit?"

16 Do you see that?

17 A. Yes.

18 Q. What were the areas that you usually
19 received full credit that you were referring to in this
20 bullet point?

21 A. That would be the four areas of imputed
22 scoring.

23 And if I can just clarify to say, this is
24 the first time that I ever did the N/A on it.

25 Q. Okay. Thank you. I was going to ask that

Gina West
September 25, 2025

Page 255

1 question.

2 And then so you were receiving 100 percent
3 in prior safety grades for BCMA, CPOE, ICU physician
4 staffing and hand hygiene, correct?

5 A. With the exception of West Boca.

6 Q. With the exception of West Boca, correct?

7 Correct?

8 A. Yes, correct.

9 Q. And we talked about this a little earlier.
10 Is it your understanding that you were receiving
11 100 percent on those four measures even though Leapfrog
12 had no data from those hospitals that were receiving
13 100 percent, sans West Boca, for those four measures,
14 correct?

15 MR. TAKAGAKI: Objection to the extent it
16 mischaracterizes previous testimony and lacks
17 foundation.

18 BY MS. BLAIR:

19 Q. Do you know whether or not -- let's start
20 over.

21 Do you know whether or not for these four
22 measures the four hospitals, sans West Boca, were
23 receiving 100 out of 100 for those four measures?

24 MR. TAKAGAKI: Objection.

25 A. It's my understanding for a period of time,

Gina West
September 25, 2025

Page 256

1 yes.

2 BY MS. BLAIR:

3 Q. And would that period of time have been from
4 when you stopped participating in the survey until fall
5 of 2024?

6 A. I would have to look at a document to know
7 for sure.

8 Q. Well, let's just talk about the spring of
9 2024, then. Is it your understanding that with the
10 exception of -- well, no.

11 Is it your understanding that in the spring
12 of 2024 all five hospitals were receiving 100 out of
13 100 points for CPOE, BCMA, hand hygiene and ICU
14 physician staffing?

15 A. For the exception of West Boca, yes.

16 Q. With the exception of West Boca.

17 Am I also correct that for the spring of
18 2024 with the exception of West Boca, those four
19 hospitals were receiving 100 out of 100 points on those
20 four measures even though they did not submit a
21 Leapfrog Hospital Survey?

22 A. That is what I recall.

23 Q. And is that is what -- is that what you are
24 trying to articulate in this first bullet point when
25 you say, "Received full credits (underlined 100 percent

Gina West
September 25, 2025

Page 257

1 in the areas that we usually receive full credit)"?

2 A. Correct.

3 Q. And then your second bullet point is, "What
4 if Leapfrog applied N/A to the categories where the
5 hospital declined to participate?"

6 Do you see that?

7 A. I do.

8 Q. Okay. And so if we look at your chart, this
9 first section, spring 2025, is this what you are
10 anticipating your spring 2025 grades to be for the
11 Leapfrog Hospital Safety Grade?

12 A. That is correct.

13 Q. And is it your understanding that as of the
14 date that you wrote this email, April 24th, 2025, the
15 spring hospital safety grades for 2025 had not yet been
16 issued?

17 A. I don't recall.

18 Q. Okay. And then if we look at the middle box
19 where you say "What if 100 percent," do you see that?

20 A. Yes.

21 Q. And does that suggest what if the scoring
22 methodology had not changed for your hospitals?

23 A. That's correct.

24 Q. And when we look at West Boca, which is the
25 last row of your chart, are you assuming that West Boca

Gina West
September 25, 2025

Page 258

1 is going to get 100 percent?

2 A. Again, it's a simple exercise.

3 Q. Sure.

4 A. It was nothing that was official, nothing
5 sanctioned. It was my attempt to analyze potential
6 what-ifs and just make that information available.

7 Q. And I guess my question, though, is just
8 specific with respect to West Boca, do you know whether
9 or not you were inputting West Boca's score here as
10 100 percent for all four measures?

11 A. That's --

12 MR. TAKAGAKI: Objection.

13 A. That is correct.

14 BY MS. BLAIR:

15 Q. And you did not take into account when you
16 were putting together this center box the fact that
17 nonparticipating hospitals based on the Leapfrog 2023
18 methodology would have been getting fives for ICU
19 physician staffing, correct?

20 A. That's correct.

21 MR. TAKAGAKI: Objection.

22 A. So no changes to the Leapfrog methodology,
23 no changes to the calculator, which is flawed in
24 itself, because the mean would have changed, obviously,
25 as these changed as the other hospitals received the

Gina West
September 25, 2025

Page 259

1 same N/A, so simple exercise, flawed in the exercise
2 admittedly.

3 Q. Yeah, I'm just trying to figure out what
4 inputs you had put on the 100 percent.

5 And so that is 100 percent for all five
6 hospitals for all four measures, correct, in that
7 middle box?

8 A. Yes.

9 MR. TAKAGAKI: And just objection.

10 Are you asking -- when you say "inputs,"
11 you're referring to inputs of this chart or the
12 Excel that was attached?

13 MS. BLAIR: I'm talking about the inputs
14 that Ms. West put into the calculator to get
15 these grades that say "what if 100 percent."

16 BY MS. BLAIR:

17 Q. And I am assuming -- but you tell me because
18 I don't want to assume -- that you would have put in
19 100 out of 100 points for this middle box for each of
20 those four measures for all five hospitals; is that
21 correct?

22 MR. TAKAGAKI: Objection. Vague.

23 A. That's correct.

24 BY MS. BLAIR:

25 Q. Okay. And then for this last box -- I

Gina West
September 25, 2025

Page 260

1 understand it's a simple exercise. I understand that.

2 But what you were doing was simply -- well, you tell

3 me. What did you do with respect to "what if any"?

4 MR. TAKAGAKI: Objection.

5 A. I removed the imputed scores and replaced it
6 with N/A.

7 BY MS. BLAIR:

8 Q. Correct. And so you didn't reweight
9 anything; is that fair?

10 A. That's correct.

11 Q. And so do you understand that, we talked a
12 little bit earlier that the Leapfrog scoring
13 methodology in the calculator is separated into two
14 different domains, correct?

15 A. Yes.

16 Q. And so one domain has ten measures that are
17 all outcome measures, correct?

18 A. Correct.

19 Q. And that accounts for 50 percent, 50, five
20 zero, percent of the Leapfrog score, correct?

21 MR. TAKAGAKI: Objection.

22 A. Correct.

23 BY MS. BLAIR:

24 Q. And then we've got the other domain, which
25 is process and structural measures, that has twelve

Gina West
September 25, 2025

Page 261

1 different measures included in it, correct?

2 A. Yes.

3 Q. And so for this exercise, again, a simple
4 exercise, and I understand, you would have removed or
5 created N/A for seven of those twelve measures,
6 correct?

7 MR. TAKAGAKI: Objection.

8 A. That's not correct.

9 BY MS. BLAIR:

10 Q. That's not correct. How many measures did
11 you enter N/A for?

12 A. Four.

13 Q. Okay. But three of those would have already
14 been N/A, correct?

15 A. Correct.

16 Q. Did you keep them as N/A for this very
17 simple exercise?

18 A. Yes.

19 Q. Okay. So the scoring methodology that you
20 used here -- albeit very simple, I understand. I just
21 want to make sure I understand what you did -- would
22 have had with respect to the process and structural
23 measures 50 percent of the weight -- or 50 percent of
24 the score would have been based just on the H-Comp
25 scores that are the other five measures of the process

Gina West
September 25, 2025

Page 262

1 and structural measures that are contained in that
2 domain, correct?

3 A. I have --

4 MR. TAKAGAKI: I just want to object here to
5 note that the actual Excel calculator is not an
6 Exhibit here. She doesn't have it in front of
7 her.

8 A. I was going to say...

9 MS. BLAIR: I understand.

10 BY MS. BLAIR:

11 A. Just off your best memory, N/A, seven
12 measures were counted as N/A when you did this
13 calculation; would that be fair?

14 MR. TAKAGAKI: Objection.

15 A. Yes.

16 BY MS. BLAIR:

17 Q. Thank you.

18 And do you recall whether you had any
19 conversations with Vicki Ramirez regarding document
20 after you sent it to him?

21 A. The email indicates that I did, but I do not
22 recall that conversation.

23 Q. Do you recall if Ricky Ramirez asked you to
24 prepare this document?

25 A. He did not.

Gina West
September 25, 2025

Page 263

1 Q. Do you recall if anyone asked you to prepare
2 this document?

3 A. No one asked me to prepare this document.

4 Q. And for what purpose did you prepare this
5 document, to the best of your recollection?

6 MR. TAKAGAKI: Objection. Asked and
7 answered.

8 A. Just a simple exercise to see how it would
9 change in the moment.

10 BY MS. BLAIR:

11 Q. Did any of the recipients of this email have
12 any conversations with you with respect to your simple
13 exercise?

14 A. No, not to my knowledge, not that I recall.

15 Q. Do you recall whether or not after the
16 spring 2025 safety grades were published you had any
17 meetings with Maggie Gill regarding the Palm Beach
18 Health Network's Leapfrog Safety Grades?

19 A. I did not.

20 Q. Okay. Do you recall whether at any time you
21 had any conversations with anyone associated with the
22 Palm Beach Health Network regarding the release of the
23 spring 2025 hospital safety grades for the five
24 hospitals?

25 MR. TAKAGAKI: Objection.

Gina West
September 25, 2025

Page 264

1 A. Your question is about meetings?

2 BY MS. BLAIR:

3 Q. Did you have any discussions with anybody?

4 So we've talked about, right, the release of the fall
5 2024 safety grades and all the discussions you had
6 after that release.

7 And now we're looking at documents that are
8 dated in April of 2025, correct?

9 A. Correct.

10 Q. And you understand that Leapfrog would issue
11 a spring hospital safety grade for these five
12 hospitals, correct?

13 A. Correct.

14 Q. And, in fact, Leapfrog did issue hospital
15 safety grades for these five hospitals for the spring
16 of 2025, correct?

17 A. Correct.

18 Q. And so I'm asking, after those grades were
19 released on April 30th, 2025, did you have any
20 discussions with anybody associated with Palm Beach
21 Health Network regarding the grades that these five
22 hospitals received for the spring of 2025?

23 A. Not that I recall.

24 Q. Are you aware -- I hate to do this, but
25 we're going to go fast.

Gina West
September 25, 2025

Page 265

1 **Let me mark this as 21.**

2 (Defendant's Exhibit Number 21 for i.d.)

3 BY MS. BLAIR:

4 **Q. Ms. West, I've just handed you what we've**
5 **now marked as Exhibit 21 to your deposition, which is**
6 **entitled "Leapfrog Hospital Survey Hard Copy.**
7 **Questions and Reporting Periods End Notes Measure**
8 **Specifications and FAQs."**

9 **Do you have that before you?**

10 A. Yes, I do.

11 **Q. And have you ever seen this copy in hard**
12 **copy before?**

13 A. I have not.

14 **Q. And did you -- when's the last time that you**
15 **reviewed this document in hard copy, to the best of**
16 **your memory?**

17 A. I remember doing a quick review of the
18 hospital survey in 2024.

19 **Q. Okay. In connection with this litigation**
20 **and getting together documents sufficient to simulate**
21 **how these five hospitals would have performed on the**
22 **four imputed measures at issue in this litigation, did**
23 **you utilize or refer to in any way the Leapfrog**
24 **Hospital Survey with respect to these four measures?**

25 MR. TAKAGAKI: Objection. Lacks foundation.

Gina West
September 25, 2025

Page 266

1 Vague.

2 A. I did not.

3 BY MS. BLAIR:

4 Q. Oh, okay. Then you can set that aside.

5 A. Okay.

6 Q. You understand that there was a lawsuit
7 filed in this action on April 30 -- with regard to the
8 matter you're being deposed in, filed on April 30th,
9 2025?

10 A. I am aware that there was a lawsuit, but I
11 don't know what date.

12 Q. Okay. Did you have any involvement in
13 drafting -- I'm sorry.

14 Did you have any involvement in putting
15 together the lawsuit that was filed against Leapfrog?

16 A. I did not.

17 Q. Did you -- outside the presence of your
18 attorneys, did you have any involvement in editing the
19 lawsuit that was ultimately filed in this matter?

20 A. I did not.

21 Q. Were you involved in any discussions outside
22 the presence of your lawyers with anybody associated
23 with Palm Beach Health Network related to whether or
24 not a lawsuit should be filed against Leapfrog in this
25 action?

Gina West
September 25, 2025

Page 267

1 A. No.

2 Q. Were you involved in any governing board
3 meetings of any of the five hospitals related to the
4 decision as to whether or not a lawsuit should be filed
5 against Leapfrog in this action?

6 A. No.

7 Q. Were you involved in any way with commenting
8 to the press in or around April or May of 2025 with
9 respect to the filing of the lawsuit that we're at
10 today?

11 A. No.

12 Q. Did you help prepare any media or press
13 releases related to the filing of the lawsuit that was
14 filed in April of 2025?

15 A. No.

16 Q. Did you have -- are you aware that there was
17 an Amended Complaint filed in this action?

18 A. I was not.

19 Q. So you weren't involved in any way with that
20 as well, correct?

21 A. Correct.

22 Q. Have you signed any affidavits in connection
23 with this litigation?

24 A. No.

25 Q. Were you involved in any way in helping put

Gina West
September 25, 2025

Page 268

1 together the press release that was issued on
2 April 30th, 2025 by Palm Beach Health Network with
3 respect to this litigation?

4 A. No.

5 Q. Were you involved in any conversations with
6 anyone at the market level regarding the decision to
7 file the lawsuit that was -- in this action that was
8 filed on April 30th, 2025?

9 A. No.

10 Q. Are you involved in any way in -- were you
11 involved in any way -- well, strike that.

12 A. I wasn't involved in any way for this
13 lawsuit. That covers all of the components.

14 Q. Thank you.

15 Give me one second to look at my notes.

16 Thank you very much.

17 Do you consider a D on the Leapfrog Hospital
18 Safety Grade to be a fail grade?

19 A. It's not a good grade.

20 Q. Do you consider it to be a failing grade?

21 MR. TAKAGAKI: Objection.

22 A. As Leapfrog defined a D is failing.

23 BY MS. BLAIR:

24 Q. Do you as the quality director --

25 A. I've never defined it as failing.

Gina West
September 25, 2025

Page 269

1 Q. Do you believe that the hospital were fairly
2 graded by Leapfrog prior to the fall of 2024 change of
3 methodology?

4 MR. TAKAGAKI: Objection. Vague.

5 A. It's my belief that if hospitals don't
6 participate, they should not be included, and they
7 should not receive a grade.

8 BY MS. BLAIR:

9 Q. But my question was, do you believe that
10 they were fairly graded prior to the change in
11 methodology in 2024?

12 MR. TAKAGAKI: Objection. Asked and
13 answered. Vague.

14 A. I don't have an opinion about it.

15 MS. BLAIR: Just one more Exhibit, and I
16 don't have another copy of it. What is this,
17 Barbie, 22?

18 THE STENOGRAPHER: 22.

19 (Defendant's Exhibit Number 22 for i.d.)

20 BY MS. BLAIR:

21 Q. Ms. West, I'm handing you an Exhibit that
22 we've just marked West Exhibit 22, which appears to be
23 a calendar entry, again, on your calendar dated
24 April 29th, 2025, that appears to represent a meeting
25 that is going to occur between you and Maggie Gill.

Gina West
September 25, 2025

Page 270

1 **Do you see that?**

2 A. I see the entry in my calendar.

3 **Q. And what is the subject on that entry, for**
4 **the record?**

5 A. >Data for Maggie, Leapfrog."

6 **Q. Do you have any recollection of what it was**
7 **that you were compiling for -- well, strike that.**

8 **Does "Maggie" refer to Maggie Gill in your**
9 **calendar entry?**

10 A. It appears that way, yes.

11 **Q. Okay. And is this an invitation to**
12 **Maggie Gill to join a meeting?**

13 A. No, it is not.

14 **Q. Okay. And does this calendar entry refresh**
15 **your recollection in any way as to what the meeting or**
16 **what you were going to do -- not a meeting -- what you**
17 **were going to do on April 29th, 2025 with respect to**
18 **data for Maggie Leapfrog?**

19 A. I don't recall this at all. And I would
20 need -- again, this is just, it's a calendar entry for
21 me. Occasionally I'll put things on that reoccur. I
22 don't know if this could have been one of those
23 recurrences. I'm not sure. I don't have anything in
24 the body of it to like -- and I do not recall this at
25 all.

Gina West
September 25, 2025

Page 271

1 MS. BLAIR: Okay. Thank you. I have no
2 further questions. Thank you very much.

3 THE WITNESS: Thank you.

4 MS. BLAIR: I don't know if you're going to
5 reserve signature, or what do you want to do?

6 MS. MALONEY: Hold on a second. I think we
7 need a moment to determine --

8 MS. BLAIR: Oh, I apologize.

9 MS. MALONEY: -- if he's going to do any
10 redirect [sic].

11 MR. TAKAGAKI: I don't believe so.

12 MS. MALONEY: You want to take a break?

13 MR. TAKAGAKI: Sure, we can take a quick
14 break.

15 THE VIDEOGRAPHER: Off the record, 4:38.

16 (A recess was taken from 4:38 p.m. to 4:40 p.m.)

17 THE VIDEOGRAPHER: Back on the record 4:41.

18 MR. TAKAGAKI: I have no questions. I just
19 want to designate the transcript as
20 confidential.

21 And, Counsel, if you could send us the Bates
22 numbers for the Exhibits, that will be very
23 helpful.

24 MS. BLAIR: I will send you the Bates
25 numbers for the Exhibits, and I will reserve my

Gina West
September 25, 2025

Page 272

1 right to contest any designation of this
2 transcript as confidential.

3 And, for the record, Barbie, I will order a
4 rough draft as well as an eTran to be delivered
5 regular delivery for me.

6 And, Benny, I don't need the video.

7 THE VIDEOGRAPHER: This marks the end of
8 today's deposition. The time is 4:41. We're
9 going off the record.

10 (Thereupon, the proceedings concluded at
11 4:41 p.m.)

12 (The witness did not waive signature.)

13

14

15

16

17

18

19

20

21

22

23

24

25

Gina West
September 25, 2025

Page 273

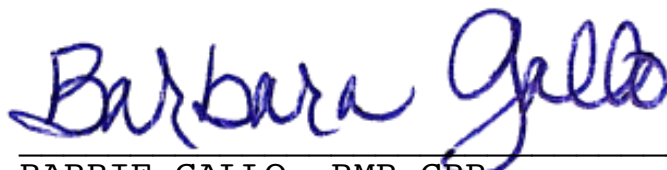
CERTIFICATE OF OATH

THE STATE OF FLORIDA)

COUNTY OF PALM BEACH COUNTY)

I, the undersigned authority, certify that
remotely appeared before me and was duly sworn on the
25th day of September 2025.

Signed this 9th day of October 2025.



BARBIE GALLO, RMR-CRR
Notary Public - State of Florida
My Commission No. GG939757
My Commission Expires: December 18, 2027

Gina West
September 25, 2025

Page 274

CERTIFICATE OF REPORTER

THE STATE OF FLORIDA)

COUNTY OF PALM BEACH)

I, Barbie Gallo, RMR-CRR, Registered Merit Reporter-Certified Realtime Reporter, certify that I was authorized to and did stenographically report the deposition of GINA WEST, pages 1 through 276; that a review of the transcript was requested; and that the transcript is a true and complete record of my stenographic notes.

I further certify that I am not a relative, employee, attorney, or counsel of any of the parties, nor am I a relative or employee of any of the parties' attorney or counsel connected with the action, nor am I financially interested in the action.

DATED this 9th day of October 2025.



Barbie Gallo, RMR-CRR

Gina West
September 25, 2025

Page 275

October 9, 2025

Gina West c/o Mary Beth Maloney
Gibson, Dunn & Crutcher, LLP
200 Park Avenue
New York, NY 10166
(212) 351-4000
mmaloney@gibsondunn.com

IN RE: GOOD SAMARITAN vs. THE LEAPFROG GROUP
CASE NO.: 9:25-CV-80526-DMM

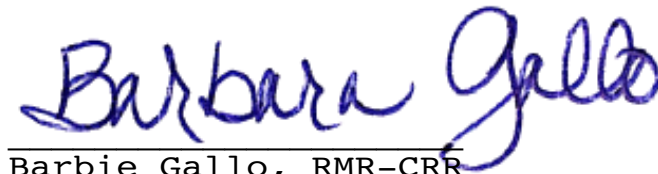
Please take notice that on the 25th day of September 2025, you gave your deposition in the above cause. At that time you did not waive your signature.

The above-addressed attorney has ordered a copy of this transcript and will make arrangements with you to read their copy. Please execute the Errata Sheet, which can be found at the back of the transcript, and have it returned to us for distribution to all parties.

If you do not read and sign the deposition within 30 days, the original, which has already been forwarded to the ordering attorney, may be filed with the Clerk of the Court.

If you wish to waive your signature now, please sign your name in the blank at the bottom of this letter and return it to the address listed below.

Very truly yours,



Barbie Gallo, RMR-CRR
Lexitas Legal
fl.production@lexitaslegal.com

I do hereby waive my signature.

GINA WEST
Job No.: 421988

Gina West
September 25, 2025

1

\$ \$350 109:5 1 1 3:8 105:4, 6,9 177:7 1.45 175:16 1/26/23 3:10 1/27/23 3:14 1/29/24 3:21 10 4:4 187:8, 20,23 208:23 213:2 100 141:5 145:23 146:6 216:2,8,9, 12 254:14 255:2,11, 13,23 256:12,13, 19,25 257:19 258:1,10 259:4,5, 15,19 105 3:8	106 3:10 10:10 64:25 65:1 10:26 65:1,2 10th 236:15 11 4:7 156:2 212:10,11, 14 213:3 219:15 220:9 223:15 225:21,25 11:14 104:4,5 11:32 104:5,7 11th 242:3 12 4:8 156:2 221:5,7,11 223:16 225:21 227:2,3 12/10/24 4:14 12/11/24 4:17 12/6/24 4:10,12 12:00 171:18 12:34 151:17,18	13 4:10 225:2,4,5 226:4 227:18 229:4 230:11 134 3:10 13th 243:4 14 4:12 230:1,2,5 141 3:14 15 4:14 9:17, 18 198:13 236:7,8,9, 12 16 4:17 241:18,19 242:2 163 3:17 168 3:19 17 4:19 242:23,24 243:2 246:15 170 3:21 173 3:23	177 4:1 17th 164:2 18 4:21 246:15,16, 19 187 4:4 19 4:23 249:17,18, 21 1996 10:19 1997 11:1 1:00 171:18 1:28 151:18,19 2 2 3:10 106:5,6,9 177:7 2/13/25 4:19 20 5:1 9:17, 18 132:16 252:24,25 253:3 2000 10:13 11:3 84:16	2002 10:19 2019 13:10,24 17:6 22:23 24:17 25:1,7,14 82:21,24 83:24 84:12,16 2020 13:24 14:3 83:25 84:21 85:3,6,16, 22,24 86:3,6 97:9,12,13 130:24 165:18 2021 86:11,22 87:3,9,18 88:2 91:15,21 92:10,24 93:17 94:20 95:6,14,21 96:1 97:13 112:7,21 113:9,16, 25 114:9, 19 115:10, 17 123:10, 15 124:2,8 125:14 126:14 130:14 181:15,19 214:22
---	---	---	---	---

Gina West
September 25, 2025

2

215:3,22	165:1,18	189:7,11,	12,18	167:11
220:1	166:7,18	20 190:1,	264:5	20th
223:5	167:2,20	14,18,25	265:18	190:25
226:23	168:3	191:7,8,	269:2,11	191:14
248:5	169:8,9,	12,13,14,	2025	21
2022	14,21,24	20 199:1,3	3:10 5:1	5:2 127:5
24:21	170:6,10	206:11	6:11	133:1
127:8,9,	177:8,11	207:4,10	25:17,20	183:8
10,15,18,	184:12	208:8,17	36:6 47:11	265:1,2,5
24 128:1,	218:25	209:1,19	81:1	212
11,16	219:5	211:21	105:20	4:7
129:4,11	249:5	212:2,17	106:11,22	21st
130:14	258:17	213:2,3	132:12	169:8
138:23	2024	215:11,12,	157:6	187:25
2023	4:6 56:21	13 216:10,	164:17	22
3:11,15	105:19	18 217:9	183:24	5:3 133:2
14:7,8,11	133:8	218:15	184:10,21	152:13
47:11	141:3,10	219:18	185:19	183:9
56:20	146:12,25	221:2,14,	215:3,10	197:19
85:23,25	147:11,13,	18 224:20,	234:23	269:17,18,
97:9,12	19,25	22 225:16	239:18,23	19,22
129:18,22	148:5,6,14	226:17	240:3,4	221
130:9,15,	149:1,7	227:17	242:11	4:8
24 134:4,	151:23	228:5	243:4,23	225
14 135:8,	152:1,6,8	229:12,16	244:3,8	4:10
12,18	155:16	230:10	245:11	23
136:16	171:6,10,	231:3,6,7,	246:3,20	36:6 57:2
137:11	23 172:6,	25 232:9,	248:1,9	133:2
138:4	8,23	16 233:6,	249:6	183:9
139:5,14,	173:2,19,	24 234:4,	253:4,18	230
17 140:15	25 174:4	14 235:5,9	257:9,10,	4:12
141:24	175:9	236:15,23	14,15	236
142:9	176:8	237:5	263:16,23	4:14
143:4,7	179:4	238:1,7,	264:8,16,	24
144:2,9,	181:5,19	11,20,24	19,22	57:2
15,23	182:17	239:10,16,	266:9	147:12
145:6,9,	183:9	21 240:1	267:8,14	155:24
12,20	184:12,22	241:24	268:2,8	208:16
147:8	185:15,22	242:3,16,	269:24	232:9
157:6	186:4,9,15	17 245:18	270:17	
164:3,6,13	187:5	250:19	2026	
	188:1,18	256:5,9,		

Gina West
September 25, 2025

3

241 4:17	141:24 221:14	3/25/24 3:23	4:38 271:15,16	3:19 155:19
242 4:19	224:19 246:20	3/31/25 4:23	4:40 271:16	163:15 168:19,20, 23
246 4:21	28 253:4	30 266:7	4:41 271:17 272:8,11	60 88:12
249 4:23	29th 171:6,23 269:24 270:17	30th 246:3 264:19 266:8 268:2,8	4th 231:3	7
24th 106:10 257:14	2:15 187:15	37 133:18	5	7 3:3,21 155:24 170:19,20, 23
25 215:13	2:16 187:16	3:58 252:18,19	5 3:17 140:22 155:7,10, 17,18,19 163:14,15, 16,19 168:9	8
252 5:1	2:17 187:16	4	5/21/24 4:4	8 3:16,23 173:8,9,12 176:1
25th 6:11 212:17 225:16 226:1,5,15 227:17 230:10	2:18 187:18	4 3:14 141:14,17, 18 155:18 177:17,18	50 260:19 261:23	80 132:14,16
26 134:14 221:18	2:41 206:6,7	4/17/23 3:17	5092 225:7	9
265 5:2	2:56 206:7,8	4/21/23 3:19	5093 225:7	9 4:1 177:23,25 178:3
269 5:3	3	4/28/25 5:1	5094 230:6	9-25-25 105:11
273 3:4	3 3:10 134:9,12 136:11 142:3 150:23 151:1 167:12,15 177:16,17, 18 218:21	4/29/25 5:3	5096 230:7	9/25/24 4:7
274 3:5	3,000 131:5	4/4/24 4:1	515 6:9	9/27/24 4:8
275 3:5	3-hole 177:24	40 88:11 133:17	6	90s 33:21
276 3:6		4:13 252:19,21	6	
27th				

Gina West
September 25, 2025

4

95 137:22 138:1,5,8, 11 167:16 9:09 6:2,5 A a-h-c-a 122:1,3 a.m. 6:2,5 65:1 104:5 AATTACHMEN TS 3:12 ability 184:19 Absolutely 135:23 abstracted 35:11 AC 118:14 Accepted 3:21 169:5 access 74:1 80:1 183:11 account 258:15 accounts 260:19 accreditat ion 92:21 accuracy 81:23	accurate 79:15 80:7 192:12,14 198:16 accurately 112:22 190:9 192:10 achieved 137:22 138:1,5,8 167:15 achievemen t 149:3,7,16 150:16 151:6 216:3,14, 18 ACNO 170:4 acronym 118:14 action 19:20 266:7,25 267:5,17 268:7 activity 117:12 actual 202:11 262:5 acute 11:20,25 12:8,25 131:5 132:4,11, 17 241:13	ad 23:2 add 185:8 215:6 addition 65:16 74:13 194:5 additional 107:8 214:6 215:6 administra tion 10:9,10,12 11:4 18:17 118:12,14 202:5 204:13 205:5,12, 19 administra tive 11:7 16:10 administra tor 87:24 88:14 admittedly 259:2 adult 132:4,11, 17 241:13 advancemen t 81:13 advertised 107:3,5	advisor 114:13 advisory 4:19 242:7 affect 188:23 226:25 affidavits 267:22 affirm 6:23 age- friendly 33:18 agencies 121:8,13 agency 116:25 118:4,9, 11,13 121:6 202:5 243:13 agree 43:1 52:7 68:23 111:24 126:6 152:5 184:2 193:15,23 194:3 195:3,22 agreed 123:17 agreement 93:14 AHCA 4:24	118:14 120:17 121:7,25 122:1,3,23 202:6,7, 15,18 203:13,17, 20 205:17, 18,22 249:25 250:3,10 252:8 AHCA's 123:4 ahead 187:13 albeit 261:20 alcohol- based 118:22 119:14 alert 178:23 alerting 209:3 Alex 159:16,17, 18,20 160:6 allegedly 104:22 alleges 86:9 allowed 177:10 Amended 267:17
--	---	---	--	--

Gina West
September 25, 2025

5

amount	212:16	25	appropriat	68:17 69:4
92:15	218:22	answers	ely	165:10
94:11	219:3	8:2,15	119:12	166:24
110:12	246:20	148:19	approve	223:24
220:3	253:10	210:13	58:15,20	areas
Amy	Andrea's	anticipate	approved	46:20
71:17,22	138:7	d	27:11	143:11
73:4,9	Andrew	231:7,8	73:13	149:14
74:3,13	236:14	anticipati	approving	251:23
249:22	Anna	ng	244:15	254:14,18,
250:21	4:7 160:25	257:10	approximat	21 257:1
251:16	161:1	apologies	e	Arizona
analysis	162:4,5,	105:8	13:23	12:5,11,
3:19 62:6	11,14,18,	apologize	approximat	15,16,23
89:8 90:18	22 212:15	36:14	ely	16:2 23:4
163:24	217:15	91:17	10:13	arrived
164:6,12,	218:10	129:8	11:15	4:24
18,25	219:14	170:25	12:3,12	249:25
172:19	220:11,24	177:17	19:12,14	250:3
analyze	221:17	271:8	131:5	article
258:5	announce	appearance	188:7	236:20,22
analyzed	6:14	s	April	237:4
35:20 41:1	annual	6:15	164:2	articles
and/or	55:7 84:3	appears	167:22	17:24
175:7	116:5	136:24	169:21	69:21
243:14	217:22	171:17	170:9	70:4,6
Andrea	219:16	269:22,24	179:4	articulate
3:17 4:1,	annually	270:10	188:5	256:24
4,21	27:11	applied	240:3	Ashley
134:13	53:23	257:4	246:1,3	3:20
135:12	54:7,12,	apply	253:4	168:24
136:23	13,17	23:1	257:14	169:11,13,
140:9	55:8,23	applying	264:8,19	14,23
163:21	56:7 73:13	23:21	266:7,8	aspects
167:14	181:4	appointmen	267:8,14	172:13
178:4	182:9	t	268:2,8	assigned
187:25	183:17	189:23	269:24	146:20,21
188:11	answering		270:17	149:14
189:11	149:22		area	150:19
190:24	201:20,22,		25:1 37:23	

www.lexitaslegal.com
(800) 676-2401

Gina West
September 25, 2025

7

BCMA	64:11	186:12	203:15	benchmarks
41:7,18	65:5,17	190:13	behalf	4:23
117:6,24	68:2,15	206:16	6:16,18	174:13,19
121:23	71:5,12	207:3	41:25	175:1
122:9	72:9,17	209:17,22,	99:14,17,	176:15
137:21,25	73:1,10	23 213:15,	22,25	177:4
138:4,5,7	74:14,20	25 214:4	100:21	benchmarks
146:4,13	75:12,23	220:25	101:11	.
147:1	76:1 77:5	223:1	104:14	246:23
148:10	82:8,18	226:19	166:13	benefit
154:5	88:24	227:21	213:13	97:14
166:8	93:4,22	229:11	226:17	Benny
167:4,15,	96:22	231:9,19,	227:20	6:12 272:6
20 168:10	97:20,22	24 232:22	belief	Beth
200:3	98:13,21	234:22	107:1	6:20
255:3	102:19	235:2,5,8,	108:14	biannual
256:13	109:15	17 237:7	109:17,23	163:11
Beach	110:23	238:2,9	126:23	biostatist
6:10 13:8,	122:16	240:8,21	128:3	ician
12 17:6,7	126:23	241:1	168:8	158:14
18:4 20:1	128:2,10,	244:6,7	217:8	bit
22:8,22	19 130:23	245:19,21	269:5	10:5 22:21
23:1,5,13,	133:3	246:1	benchmark	52:16 58:5
21 24:10,	139:16	249:9	3:25 51:16	83:14
17,19,20	144:20	252:9	98:14	88:22
25:1,2,7,	145:11,22	253:15	165:9	118:16
23 26:19,	146:5	263:17,22	173:14	136:1
24 27:4,19	147:17	264:20	176:22	260:12
29:20 30:5	156:24	266:23	246:9	Blair
31:15	157:25	268:2	benchmarki	3:4 6:16
36:25	159:25	Beaches	ng	7:9,11
37:7,24	160:19	13:3,5	52:8 97:23	20:23 22:6
38:6,12,	161:4,12	bedside	248:11	23:19
18,25	163:8	10:15	249:8	24:24
42:5,14,24	166:17	began	benchmarki	25:5,10
43:3 44:23	170:11,12	6:2 25:1	ng/goals	26:16,22
45:4 46:1,	174:18	begin	247:9	27:24
12 47:3	176:3	226:11,12	benchmarki	28:20
52:22	179:6	beginning	ngs/goals	29:18
53:3,13	182:16,23	11:3 82:20	247:3	30:17
57:8 59:21	183:18	102:15		
60:23	184:24			

Gina West
September 25, 2025

8

31:17,25	68:7,13,22	14,21	172:20	225:3
32:11	69:2,12,16	114:7	173:8,10	227:1,12
33:1,25	70:7,25	115:1,23	174:22	230:1,3,24
34:7 36:4,	71:18,25	116:9,18	175:13,19,	232:4
22 37:4,	72:5,23	117:4,9	24 176:12,	233:17
13,20,22	73:7 75:4,	118:8	18 177:15,	236:7,10
38:4,11,	10,17	121:18	23 178:1	237:23
16,23	76:5,15	122:8	179:10	238:6
39:4,11	77:3,16,23	123:24	181:18,24	241:18,20
40:3,19	78:3,12,25	125:4	182:10,20	242:20,23,
41:3,17,23	79:4,12,23	126:5,13	183:15	25 244:11
42:3,12,21	81:7 82:6,	127:6,7,25	187:8,11,	245:15,24
43:8,25	11,16	129:5,9,17	13,21	246:13,17
44:5,22	83:9,23	130:6,13,	189:16	248:18
45:2,13,24	84:6	22 133:6,	191:23	249:17,19
46:4,24	85:12,19	10,19,23	192:23	250:15
47:8,14,19	86:14	134:10,19,	193:10	251:11,25
48:1,10,	87:1,7,14,	23 135:1,	194:9,18	252:13,17,
16,22,24	21 88:8	4,6 136:3,	195:9	22,24
49:11,17,	89:4,23	6,9 139:21	196:2,16,	253:1
24 50:5,	90:5,25	140:6	17 198:24	254:10
11,13,21	91:7 92:2,	141:1,11,	199:7,19	255:18
51:2,9,21	7 93:11	15,20,22	200:15,21	256:2
52:6,14	94:18	143:24	201:3,21	258:14
53:1,10,	95:13	144:6,18	202:14	259:13,16,
16,25	96:20	145:2	203:6	24 260:7,
54:5,6,15,	97:18	146:1,10,	204:4,9,16	23 261:9
20 55:6,	98:1,9,19	23 148:24	205:9	262:9,10,
14,21	100:2,6,	149:11,23	206:2,5,9	16 263:10
56:5,18,	14,19	151:13,20	208:17,21	264:2
24,25	101:2,8,16	155:5,8,25	210:9,23	265:3
57:6,15	102:2	156:3,5,9,	212:10,12	266:3
58:2,16	103:19	14,18	215:1,11,	268:23
59:1,7,15	104:1,9,25	157:4,16,	13,15	269:8,15,
60:1,20	105:4,7	23 160:4	217:7	20 271:1,
61:1,5,16,	106:7	163:16,17	218:7,20	4,8,24
20 62:4,	107:14	164:11,23	219:8	board
19,24	108:6	165:13	220:7	4:19
63:8,16,24	109:6	168:2,17,	221:6	240:12,15
64:14,21,	111:13	19,21	222:11,18	241:9,11
24 65:3,9	112:11	170:19,21	223:13	242:7
66:1 67:6	113:1,7,	171:20	224:3,25	267:2

Gina West
September 25, 2025

9

boards 240:25	Bonnie 158:14,18	briefly 153:1	139:4	campuses 15:17
Boca 4:24	159:1,12,	Britt 4:22	calculate 166:3	cancelled 239:3
135:13	15 160:16	246:21	193:2	capacity 9:14 38:5
137:9	161:22	253:10	194:6	41:13,19
140:14	162:5,13,	broad 38:10	calculatio n	45:1,3
141:5	17,22	131:13	146:18	81:15
142:15,22	186:8,16	210:1	262:13	170:10
143:2	boss 63:25 64:1	213:6	calculator 254:3	235:7
144:1,14,	bottom 173:18	broadly 92:14,22	258:23	cardiac 34:25
22 145:5,	217:14	94:22	259:14	care 10:4,23
17,21	225:8	114:13	260:13	11:20,25
166:7,12,	230:9	124:12,13	262:5	12:8,25
13,17	231:15	140:17	calendar 3:19,21	118:13
167:5,10,	236:14,20	159:5	5:3 55:2,	120:25
18 168:9	249:23	189:13	3,5 168:23	131:5
177:10	box 257:18	bullet 165:14	170:24	132:4,11,
188:13	258:16	254:12,20	171:13	17 183:11
232:23	259:7,19,	256:24	269:23	192:11
249:25	25	257:3	270:2,9,	199:16
250:4	branded 24:20	bundle 35:10	14,20	237:15
255:5,6,	break 8:7,11	Buzzelli 71:17,22,	call 70:18	241:13
13,22	64:21,22	23 73:4	220:20	career 186:23
256:15,16,	103:25	74:3,13	called 36:15,16	Carilion 11:11,16,
18 257:24,	104:10	249:22	38:21 71:2	22 14:12,
25 258:8	133:12,16	Buzzelli's 73:9	90:14	14,15,17,
Boca's 144:8	151:14,21	bylaws 117:20	159:12	25
145:8	206:3	C	183:25	Carola 3:17 89:13
177:7	252:12,15		Calls 51:6	90:8,13
258:9	271:12,14		58:13,22	94:24
body 27:12,13,	breaks 8:8		59:13	163:22
15,16,20	breath 43:23		62:17	carried 137:8
178:16			63:13,22	
270:24			198:18	
bold 174:11				
bond 134:7				

Gina West
September 25, 2025

10

163:13	caution	169:15,16,	4:7,8,10,	152:7
carry	20:17	18 170:3	14,23 5:1	167:23
58:24	caveat	176:1	chairs	226:23
59:3,8	8:8	237:12,13	39:20	257:22
case	CC'D	241:13	chance	258:24,25
9:19,21,23	213:10	258:16	103:20	charge
21:17	CC'ING	centers	136:10	99:15,18,
25:17,18	178:5	131:5	change	22,24
29:3 30:23	212:15	132:4	103:25	108:19,21
40:2 56:23	246:22	178:18	104:4	110:7,8
69:22 70:3	CCING	199:15	124:24	111:2,6,19
81:21	173:13	CEO	125:12	235:1
103:22	CDS	231:19	134:3	charged
163:7	183:11	238:19	136:16	103:13
196:25	cease	CEOS	142:17	110:3,4,10
210:14	244:5,13,	19:25	147:14,25	111:21
227:11,13	16,19,23	22:16,17	149:1	charges
cases	ceased	45:8 49:19	166:8	98:22
31:11	93:23	90:24	168:4	99:1,5,13
39:18,21,	center	92:12	186:19	101:20
22 71:4,8	6:7 11:11,	190:20,22	187:5,12	104:12,18
174:12,25	25 12:7,	191:3	190:12,17	108:14
175:3	14,22	CERTIFICAT	191:3,16,	109:17,23
176:6	13:17,18	E	19,25	110:2
177:3	15:25	3:4,5	199:1,24,	111:15
categories	16:6,14,	certificat	25 200:2	chart
216:3	17,21 17:2	ion	206:13	176:1
257:4	21:8 23:10	92:21	207:6,11	216:13
categorize	25:16,21	certificat	208:2,12	254:7,11
195:24	31:16	ions	209:4,9,	257:8,25
category	43:14,16	94:13	12,14,19,	259:11
166:1	64:8 71:21	certified	25 210:17	check-in
216:18	74:18	3:8,9	211:2,4,20	217:22
catheters	75:16,18,	105:13,22,	212:2,8	218:6,8,9
139:1	20 77:8,17	25	245:11	219:16
CAUTI	82:20,23	CFOS	263:9	checked
78:17	86:16,17	49:19	269:2,10	218:3
116:22	88:17	CHAIN	changed	checking
138:22,25	89:22	3:10,14	107:21,22	218:11
197:4	135:14		125:6	
			148:9	

Gina West
September 25, 2025

11

chief	197:4	CMS	coded	56:24
11:6,19	claims	26:5	154:25	78:22
15:9	78:23 79:7	33:12,13	cohort	79:7,8,9,
16:12,18	clarify	77:4,6,10,	146:19	11 109:11
24:2,3,6	30:16 37:3	13,19,25	147:6	119:5,7
29:1,7	38:15	78:5,9,14,	148:19	251:21
30:24	65:11,25	19 79:18	Colandrea	collecting
31:19	66:23	80:1 95:8	3:24	57:17
32:14,17	68:21	132:1	173:13,19	102:6
34:3	75:15	153:12	collaborat	157:19
43:11,13,	78:11 98:8	154:19	e	160:6
15,19	117:11	175:3,16,	70:9 73:6	201:15
48:17	129:7	20 176:7	81:18	214:14
49:4,20	132:6	178:20	collaborat	collection
69:7 71:10	157:3	185:10	ed	157:18
72:14	182:19	192:16,19	89:7 90:17	collective
89:6,14	183:21	193:4,6,	114:14	ly
90:22	213:22	14,15,19	185:4	223:6
93:13,14,	229:23	194:3,5,	collaborat	collects
16 142:13	245:14	11,20,25	es	39:18
169:17,18,	254:23	195:3,5,	76:13	77:19
25 191:7,	clarifying	10,11,14,	collaborat	78:5,7,8,
15	204:15	15,19	ion	14,20
chooses	clear	196:9,21,	70:11	79:19
119:11	20:24	22 197:7,	90:20	COLLEEN
Christen	49:25	13 198:1,	collaborat	4:15
139:4,8	150:14	5,13,14	ively	colored
218:24	223:24	CMS's	72:21	167:13
219:9	234:9	77:25 78:5	collaborat	column
Christians	client's	CNO	or	176:7
burg	21:3	92:11	74:22	combined
11:13	clinical	CNOS	colleague	19:12
circumstan	35:18	49:19	6:20	comment
ces	36:11	91:19,20,	collect	186:25
30:19	40:16,24	21 92:10	57:1 158:2	209:13,18,
253:23	57:12	190:20	159:2,16,	24 210:2,
CLABSI	185:5	coach	21	16,25
78:19	188:12	3:8,9	collected	211:4,10,
116:22	close	105:13,22	35:17 41:2	11,13,14,
175:15	225:20	coaching		16,25
		105:25		

Gina West
September 25, 2025

12

212:7	62:16	102:12	89:21	component
213:8	71:21	103:6	91:13	58:11
237:9	committees	270:7	95:22 96:6	102:9
commented	53:7,11,18	complained	164:6,12	123:1
186:25	57:10,16	251:7	181:4	203:16
211:1	58:15,17,	252:2,8	183:23	214:17,18,
commenting	18,21	complaint	184:4	20
211:19	59:22	19:19	251:22	components
267:7	60:16,22	28:11,12	completely	180:21
comments	63:2,10	73:14	62:3	268:13
186:19	communicat	74:3,4	completes	Compound
209:12	ion	75:5,6,11,	35:12	68:20
Commission	207:16	19,22 86:9	39:19	computer
35:13,17	210:15	250:4,7	182:22	183:25
36:11	232:11,15	251:1	completing	computeriz
40:16	233:10	267:17	88:19	ed
57:12	communicat	complaint'	90:15	181:13,21
60:13	ions	250:22	111:6,10,	concern
116:5,15	207:8	complaints	11,20	28:13
117:12	220:23	28:16	112:21	92:15,18
118:2,11,	community	75:12	114:20	94:10
17 121:7,	124:16	complete	115:12,17	124:1
20,24	166:22	40:10,11	164:17,25	192:1
122:11	167:7	53:23	180:25	concerned
202:4,10,	168:1	76:21 85:8	184:14	124:15
23 205:11,	201:8	90:2,6	243:8,24	concluded
14 243:13	companies	94:25 95:2	completion	272:10
Commission	242:11	110:13,14	68:3	conclusion
's	compared	111:16	247:18	196:4
120:1	165:10	113:18,23	compliance	confidenti
121:22	competency	114:12,22	35:10	al
commitment	119:12	115:19	117:1,5,6	271:20
203:3	compile	116:8	118:5,10	272:2
committee	87:9,16	118:25	120:20	confidenti
39:21	compiled	183:24	227:10	ally
40:13	62:2 85:15	184:8	comply	122:18
45:15,16	compiling	254:3	87:9 88:4	confusing
50:1,14,15	77:6,9,12	completed	89:12,16	31:3 133:7
52:19,20,	83:15	22:2 35:12	95:20	162:9
22 53:21		88:19	220:4	

Gina West
September 25, 2025

13

connection 18:4 20:2, 4,8 21:20 30:1 66:12,21 93:21 265:19 267:22	consulting 98:23 99:1,4,7, 9,10,15,18 100:23 101:12,23 102:9 103:3,14 104:11,18, 22 105:16 106:2,23 107:2 108:9,12, 15 109:18, 24	134:18 136:24 143:22 159:10 251:24 continued 158:2 159:9,14, 16 160:12 continues 159:20 165:21 continuing 91:21 92:12 127:20 158:8 159:2 160:17,20 161:12 contract 35:18 40:17,24 57:13 60:13 87:24 88:14 221:22 222:5 227:10 contracts 36:12 control 87:24 121:1 161:2 247:2 250:12 conversati on	89:18,24 90:3 91:19,24 92:23 109:21 110:1,5 123:19 158:13 159:1 162:10,21 190:11 208:8 214:10,21 239:24 240:2 241:22 242:15 262:22 conversati ons 20:18 67:17 81:8 92:9 109:14 126:21,22 129:24 130:7,15, 21 160:15, 18 162:4, 23 177:1 189:9,14, 23 191:2, 6,15 207:14 209:21 211:7,24 213:2,21, 22 215:2 231:5,12 239:19 243:19	251:12 262:19 263:12,21 268:5 Cook 235:3,4 236:2,5 coordinate 26:1,3 27:9 35:9 92:20 coordinate s 64:7 coordinati ng 86:24 185:3 coordinato r 31:8 34:11,12 35:8 70:15,16 72:1 COOS 49:19 copied 155:5 156:15 copies 155:25 156:6 157:8 189:4 copy 5:3 156:3, 11 178:25 179:12
consensus 93:3	consists 198:13	consults 196:5		
considered 71:13	consumer 200:8	consumers 200:10,16 202:11,20, 24 203:8 204:11 205:16,20		
considers 196:4,15	contained 116:15 262:1	contemplat ing 186:20		
consisted 198:13	content 17:17	contest 272:1		
consistenc y 29:14	context 120:14	continue 93:5 126:17		
consistent 210:18				
consists 152:13				
consult 100:1				
consultant 101:1,11 104:15				
consultant 's 101:19				
consultant s 99:14,17, 22 100:20 104:14				
consultati on 143:17				

Gina West
September 25, 2025

14

265:6,11, 12,15 269:16 corporate 178:24,25 179:12,16 180:23 182:25 243:7,24 244:2 correct 9:12,23,24 10:3 12:1, 24 13:1 14:10,23, 24 15:25 16:1,2,3, 14,15,21 17:9 22:20,23, 24 23:5,6, 16,18 24:18 25:4 27:17,18, 20,21,23 28:19 29:24 30:6,7,9, 10,21,22, 24,25 32:1,19 37:14,15 39:10,15 43:12,20, 21 44:7, 19,20 46:3,13,14 47:13 48:5,9,18 49:5 50:2, 4,7,16,17,	20 51:23, 24 52:3,5, 10 53:4,5 54:7,12 56:2,3,15, 17 57:23 58:7,8,19 59:4,5 61:10,12 62:12,13, 16 63:4,7, 15 64:15, 18 65:18, 19 69:4,5 71:2,3,6, 7,10,11,22 72:3,9,10, 15,16 74:21 75:1,3,20, 21 77:20 78:15,17, 18,19,20, 21 79:20 80:16,18, 20,21 81:25 82:21,22 83:25 84:1,18, 19,24,25 85:16,17, 23 86:6,7 92:4 97:10 100:8 103:11 107:12 108:12,13 110:21 115:5,7,8 117:25 118:1,2,3	120:9,11, 15 124:23 127:12,13, 15,16 128:16 129:20,21 130:12 131:18,19 132:8,9,19 134:1 138:11,12, 23,24 139:1,2 140:3,5 141:11 142:3,4 143:14 147:8 148:1 149:4,5 150:2,24, 25 151:3,4 152:21,24 153:25 160:8,9 161:6,10 164:3,4 165:15,16, 18 166:14, 15 168:6 172:10,11 173:21,22 175:4 177:4 180:8,11, 12 181:5, 6,10 184:10,11, 13,15 185:16 187:6,7 188:9,10,	13,14 193:16,17 194:1,2 195:6,12, 16 198:9, 10 202:13, 16 203:18, 19 205:11, 12,13,23, 24 206:23 209:4,5 213:16 214:24 215:23 216:19,20 217:3 218:13 219:12,13, 23,24 220:4 221:14,15 223:8,9,19 224:23 225:17,18, 21 226:1, 2,5,6 229:5,12, 13 232:6,7 234:20 235:20 236:3,4,5, 6 238:20, 21 239:16 241:6,23 242:4,5 248:6,7 249:16 251:9 253:7,8, 11,12 255:4,6,7, 8,14	256:17 257:2,12, 23 258:13, 19,20 259:6,21, 23 260:8, 10,14,17, 18,20,22 261:1,6,8, 10,14,15 262:2 264:8,9, 12,13,16, 17 267:20, 21 correctly 118:21 150:8 160:24 201:7,14 250:13 counsel 6:14 20:21 21:5,9 22:12,14 37:17 109:12,17, 23 134:17 141:21 163:20 182:12 187:10 271:21 Counselor 103:25 counted 262:12 country 131:6,12 court
---	---	--	--	--

Gina West
September 25, 2025

15

6:12 8:3	create	damage	12 154:19	269:23
cover	45:6 55:10	206:25	168:14	dates
117:23	195:4	dashboard	176:2	225:20
coverage	created	35:19	180:19	day
4:16	47:3 261:5	36:15,16,	192:16,19	92:1 112:8
142:17	credit	18,21	193:4	116:3,8,
236:16	137:14	40:9,14,21	197:25	10,11
250:14,16,	138:4	41:5,8,11,	198:5,13,	142:2
17	168:14,15	13,19	14 201:15	days
covered	170:17	dashboards	202:11,19	88:15
13:14,16	254:15,19	36:8,10	203:7,9,21	DCQIS
covers	257:1	data	204:18	95:1
268:13	credits	5:4 35:17	205:3	deal
CPOE	254:13	36:11	214:14	73:4
4:3 41:4,	256:25	40:16 41:2	251:21	December
13 96:2,	curious	57:7,9,12,	255:12	236:15,23
11,24 97:3	37:6	17 60:12,	270:5,18	238:7,19
111:11	194:11	13,15	date	239:16
114:1,2,9,	current	62:6,14	19:11	240:1
14,18	42:18	63:11,21	102:4	241:24
115:7,10	51:14	64:2,5	164:2	242:3,16
117:1,11,	56:11,13	77:6,13,	225:19	decide
24 121:22	108:5,17	19,25	230:10,11	222:14
122:9,15,	175:3	78:5,7,8,	257:14	decided
24 123:3	176:8,14	11,14,20,	266:11	214:12
146:4,13	240:6	22 79:11,	dated	decision
147:1	cut	14,18,19	105:11	32:1 92:24
148:10	91:17	80:2,6	134:14	94:21
154:6	201:24	81:24	141:24	123:9,12,
178:6,24	210:6,11	86:24,25	181:5	21,23
179:4	cycles	87:9 95:8,	184:22	124:7
180:3,14	188:25	15 102:6,	187:25	125:14
182:6,16		12 103:6	212:17	143:10,13,
183:11		110:10	221:13	18,19,25
184:19,24	D	111:3,22	225:16	144:1,21
200:4,24		112:22	226:1,5	145:4
201:5	D's	114:15	242:3	220:1
202:11,20	229:18	116:14	243:3	223:6,16,
255:3	daily	119:5,6,7	246:19	17,22
256:13	116:24	120:5	253:4	224:6,9,
		153:10,11,	264:8	

Gina West
September 25, 2025

16

16,21	221:5	232:22	212:14	determine
226:18,22	225:2	Delray's	229:8	102:8
244:19	230:2	83:4 85:2	265:5	103:22
267:4	236:9	denied	272:8	179:22
268:6	241:19	227:5	derive	185:7
decisions	242:24	department	97:14	271:7
214:11	246:16	28:14	describe	determinin
222:25	249:18	36:12 74:5	11:2	g
223:5	252:25	170:5	DESCRIPTIO	98:4
246:3	265:2	245:5	N	develop
deck	269:19	depends	3:8	40:11
35:23,24,	defendants	32:5,13	deserve	diff
25	56:23	deposed	200:10	116:22
decks	defer	7:17 266:8	204:11	197:4
36:5	133:14	deposit	205:3	difference
declined	define	25:12,19	design	69:22
154:25	42:23	depositing	214:22	148:4
257:5	45:18	25:15	designate	234:8
decrease	defined	deposition	271:19	difficult
216:21	268:22,25	6:6,9 7:22	designatio	176:10
dedicated	degree	9:9,11,16	n	direct
113:9,12	10:8,9,12,	10:1	272:1	3:3 7:8
Deep	25 11:4	17:12,16,	desist	25:12,14,
3:10	delivered	19,22,25	244:6,13,	19 34:8,10
106:11	272:4	18:5,8,11,	16,19,23	74:23
defendant	delivery	15,25	desk	123:20
6:17 7:11	272:5	19:4,15,	90:14	directed
defendant 's	Delray	17,20,23	Destefano	139:15
105:6	13:17,21,	20:2,5,8	43:17	direction
106:6	25 22:1	102:16	details	21:5
134:9	25:16 28:1	134:12,24	189:15	directly
141:14	29:3 30:23	136:11	190:15	43:9
163:14	31:2,4,5,	141:21	228:10	72:11,12
168:20	12 82:20,	152:4	229:2	221:21
170:20	23 83:1,	155:10	232:2	director
173:9	10,17,24	156:10	determinat	11:5,7,8,9
177:25	84:12,20,	162:1	ion	13:6,13,
187:20	23 85:4,8,	163:20	93:9	15,22
212:11	15 185:21	166:12		14:5,9,22
	217:3	187:23		

Gina West
September 25, 2025

17

15:1,9	14 188:12	discussion	69:25	234:16
16:9,10,11	209:16	110:11	72:18	242:1
17:5 25:22	219:10,15	124:14	116:1	256:6
26:24 29:2	235:14,17	127:19	241:12	262:19,24
30:8,11,20	245:19	133:22	dive	263:2,3,5
31:5,13,20	268:24	158:5,7	3:10	265:15
36:25	directors	209:2	106:11	documentat
37:7,24	22:16,17	215:4	226:8	ion
38:5 39:20	26:2 30:13	223:4	divided	95:20
42:14 43:2	32:4,7,18	238:15	152:16	documents
51:10	34:3 81:22	239:8	DLDCQI	20:11,13
65:18 66:8	90:23	discussion	217:15,18	21:3,6,19,
68:15	91:20	s	document	23 22:9,
69:8,24	92:17	21:1 22:7	21:4 22:9	15,18 30:1
71:5	93:15	124:6,7	38:21	83:11,15
72:17,24	115:25	125:16	57:21	134:6
80:1,10,	190:20	126:16	105:24	135:5
11,13,19,	191:11	128:18	108:24	171:22
23,24	212:5	140:14,17	128:25	207:24
81:3,4,15	213:4,11,	157:25	129:1	208:6
88:25	14,24	175:6	136:2,13	233:18
89:6,10	214:3	207:2	137:2	234:18
92:11	247:1	208:20	140:20	247:10
96:22	248:10	211:3	145:14	264:7
97:8,12,19	253:13	227:19	147:7	265:20
98:21	discuss	228:1,2,20	153:20	domain
112:19	140:8,10	238:8,14	154:20	152:21,23
128:1,9,19	230:14	239:6,12	155:11,14,	153:2,4
130:23	231:14	240:5,9,10	15,18	154:3,10,
133:2	discussed	244:1	163:4	13,18,23
135:13	34:2 69:21	249:5,6	171:6,19	260:16,24
139:9,11	129:11	264:3,5,20	173:5	262:2
157:24	154:10	266:21	208:4	domains
161:2,3,8	215:6	displayed	210:2	152:17
163:8	219:9	180:20	213:8,12,	260:14
166:16	discussing	distinct	17,19	Dorlouis
170:10	94:24 95:1	72:22 75:6	217:6,13	6:12
174:5	126:7	126:1	221:12	double
175:8	218:1	distinctio	225:5,20,	156:15
179:20	229:4	n	21 228:12,	
185:2,4,24	239:15	68:18	13 229:24	
186:10,12,				

Gina West
September 25, 2025

18

downgrade 228:22	E	EHR 4:3 178:6, 9,11	175:15 177:2 178:3	emailed 159:15
draft 272:4	earlier 58:5 74:8	180:21	180:17	emails 17:14,15
drafting 234:2,8,10 244:12,24 253:24 266:13	123:8 166:11 177:6 186:6 202:10	181:14 183:5,8,16 185:11 247:13,18 248:14,21	184:22 187:24 188:17 189:10 190:23 207:16	21:22 100:7,9,21 107:6 108:18 109:7,9,11 231:11
draw 176:23	205:10 218:2	electronic 117:14	208:23 211:8	236:12
Drive 6:10	220:1 223:5 230:18	elements 46:18 142:16	212:15 215:3,10, 16 217:14	employed 235:4,8
dropped 125:7 242:11	246:7 248:1 255:9 260:12	elevate 28:13	219:22 220:8,15, 17,18	employees 110:13
due 138:4 220:3 227:9	early 191:1 214:17,20	email 3:10,14, 17,23 4:1, 4,7,8,10, 14,17,19, 21,23 5:1 101:11,15, 19 104:13	221:12,13, 17 222:13 225:6,11, 14 226:4,7 227:16,24 228:24,25 229:3,6 230:5,8, 17,20,25	employer 12:19
duly 7:6	earned 151:10	134:13 136:20 138:7 139:18,20 140:11 141:18,23, 25 142:8 145:3 150:23 151:1 161:23,25 162:11,14 163:21 164:2,16 166:11 167:10,12 173:12	231:16 232:8 236:15 241:17 242:2 243:1,2,18 246:19 247:13,24 248:9,16 249:1,21 253:3,9,24 257:14 262:21 263:11	employment 23:13,14 102:14
duplicatio n 193:9,13 194:12 196:19,20 197:11,12, 16	editing 266:18			end 90:11 104:2 134:24 141:21 265:7 272:7
duties 25:22 28:4 35:8,9,16 65:16 73:9 74:13 76:16 90:3,7 214:16	edits 179:24 183:2 185:8 234:13			ended 93:2 143:2
	education 10:6,21,22 35:10 57:2 119:11			ends 140:11
	effect 124:18			endurance 8:6
	effort 167:25			energy 111:9,16
				engage 91:21 93:5 94:21 96:23

Gina West
September 25, 2025

19

115:7	entitled	establishe	EXAMINATIO	Exhibit
116:5	203:25	d	N	3:8,10,14,
engaged	236:20	45:5 70:2	3:3 7:8	17,19,21,
95:5 96:2	265:6	estimate	Excel	23 4:1,4,
113:15	entry	87:13	259:12	7,8,10,12,
engaging	3:19,21	estimation	262:5	14,17,19,
68:3 109:3	5:3 79:11	13:23	excellent	21,23 5:1,
ensure	168:23	et al	120:23	2,3 105:1,
27:10	170:24	6:8	132:21	6,9 106:5,
40:11	181:13,21	etran	199:14	6,9 134:9,
42:17	269:23	272:4	exception	12 136:11
43:3,6	270:2,3,9,	evaluate	227:9	141:14,17,
46:19 63:3	14,20	67:9	255:5,6	18 142:2,3
73:12	Eric	evaluated	256:10,15,	150:23
180:19	61:13,17,	66:10	16,18	151:1
ensures	19	evaluating	exchange	155:7,10
62:2	Erica	54:1	101:12,21,	156:6,9
ensuring	34:17	evaluation	23 104:23	163:14,19
35:10,16,	35:15 40:7	53:24	105:18	167:12,15
19 79:14	61:7,8,10,	56:10,12,	106:18,24	168:9,19,
81:23	14,16,21,	14,20	107:2,11	20,23
enter	24 62:14	180:24	108:15	170:20,23
80:3	63:1,11,	181:12,21	109:18,24	173:9,12
110:10	20,25 64:1	183:10	162:11,14	176:1
117:13	Erin	event	excuse	177:16,25
214:15	4:22	28:10	221:14	178:3
261:11	246:21	73:13,15,	exec	187:20,23
entered	253:10	16,23	240:18,20	206:12
79:14,20	ERRATA	exact	exemption	208:23
80:2,6	3:6	19:11 23:3	142:21	212:11,14
81:24	errors	87:12	143:14	213:2,3
entering	204:13	93:25 94:2	166:13	218:21,22
86:25	205:4	102:4	exercise	219:15
111:3,22	essentiall	103:8	254:2	220:9
entire	y	146:21	258:2	221:5,7,
15:10	235:14	159:19	259:1	11,17
102:7	238:16	208:19	260:1	222:20
182:22	239:5	235:12	261:3,4,17	223:15,16
216:22			263:8,13	225:2,12,
				21,25
				226:4
				227:2,3,18

Gina West
September 25, 2025

20

229:4	expressed	209:3	168:3	fast
230:2,5,6,	124:1	215:21	187:5	154:8
11 236:8,	expressing	218:2	188:18	183:21
9,12	130:16	220:21	189:7,20	221:8
241:18,19	extensivel	233:9	190:1,24	264:25
242:2,24	y	244:23	191:1,8,	February
243:2	203:15	258:16	13,20	239:23
246:16,19	extent	264:14	199:1,3	243:4,23
249:18,21,	8:9 9:3	factor	207:10	244:2
24 252:25	101:19	154:25	209:19	fee
253:3	123:3	fail	211:21	99:8
262:6	163:5	268:18	212:2	104:15
265:2,5	223:10	failing	216:9,18	105:18
269:15,19,	255:15	268:20,22,	217:9	106:3,23
21,22	extra	25	221:2	107:2
Exhibits	76:16	fair	224:22	108:15
177:7,17	102:8	9:6 39:7	226:9,16	109:2
271:22,25	F	51:15	228:5	110:11,16,
exists	F's	85:13 86:1	229:12,16	17,19,20
37:6 42:18	229:19	108:17	231:24	111:19
expect	Facilities	111:5,18,	233:6,24	feel
94:1	227:8	21 136:20,	234:3,14	131:13
expectatio	facility	22 181:19	237:5	148:23
n	10:4,23	220:23	238:11,24	170:16
129:11,25	11:20	234:19	239:9,20	feels
186:13	12:8,25	260:9	242:17	236:24
expected	fact	262:13	245:18	fees
73:17	74:2	fairly	250:19	100:23
250:3	104:18	269:1,10	256:4	108:9,12
experience	124:1,21	fall	264:4	109:18,24
68:17	126:18	4:6 129:23	269:2	110:24
165:21,25	127:21	133:8	falling	fell
166:1	128:20	146:12	214:16	37:19
expert	129:25	147:25	familiar	fellow
196:5,8,14	130:18	148:5	28:3 38:17	164:5
experts	133:12	149:1,7	59:22	felt
19:23	138:5	152:1,8	195:11	170:15
69:22 70:3	162:18,24	154:12,17,	236:24	206:20,21
explained		22 166:7,	FAQS	female
161:21		18 167:2	265:8	71:17

Gina West
September 25, 2025

21

figure	fine	104:16	42:7,16	21,22
128:8	134:25	108:20	43:5,22	frames
136:7	151:16	121:2	44:4 45:11	146:22
163:5	163:3	133:24	46:23	208:19
197:10	201:23	143:10	47:12,17	Franklin
259:3	finish	177:21	49:15,22	227:11,14
file	210:7,10	228:17	50:8 51:18	free
246:3	finished	focused	52:24	111:25
268:7	202:1	120:25	112:1	Friday
filed	fives	251:19,20	172:16	169:7,8
19:19 74:6	258:18	follow	182:2	front
103:21	FL	26:19 45:6	formal	134:14
266:7,8,	5:1	209:17	32:6,7	141:25
15,19,24	Flagler	follow-up	format	167:12
267:4,14,	6:10	35:10,18	7:24	171:7
17 268:8	flawed	162:17	214:15	208:24
filing	258:23	220:20	forward	225:7
267:9,13	259:1	forgot	135:7	234:18
final	Flippo	158:15	140:23	262:6
198:22	23:23,25	forgotten	177:20	full
finally	24:1,9	159:19	214:1	62:7,9
225:6	93:19,21	170:4	223:19	63:3
finance	94:4,9	form	found	137:14
87:23	123:16	22:4 23:17	102:9	138:4
find	141:24	24:22	foundation	156:11
152:11	142:12,21	25:3,8	70:2 85:1	254:13,14,
153:14,21	143:13,18	26:20	198:19	19 256:25
252:1,3,4	144:8,12,	27:22	210:22	257:1
finding	20 145:4	28:18	223:12,20	functionin
244:25	Flippo's	29:17	251:15	g
findings	142:24	30:15	255:17	200:24
121:5,22,	144:1	31:14,22	265:25	FW
25 123:4,5	Florida	32:10,24	frame	3:11,15
182:2,14	6:10	33:22 34:5	190:23	4:5,9,11,
202:23	118:12,14	36:3,19	191:12	13,16 5:1
205:15,19	131:9	37:2,16	206:11	FYI
finds	203:17	38:1,9,14,	207:5	253:17
73:16,23	205:23	20 39:2,9	211:9	254:4
	focus	40:15,22	239:2,14,	
		41:15	15 248:15,	

Gina West
September 25, 2025

22

G	generally	270:8,12	97:6,9,12,	106:18
G-U-N-O-D	9:19 54:5	Gill's	14 98:15	107:11,17
212:15	69:24	231:22	112:20,21,	108:16,23
Gallo	87:15	Gina	22 113:8,	124:9,18
6:13	91:11,25	169:2	15,25	126:2
game	94:3	221:20	114:10	127:2,20
213:19	115:24	243:7	115:2,11,	128:15,22
Gardens	153:22	Gina's	12,18	129:14
31:15 71:5	171:23	3:20,22	123:15,21	130:3,17
232:22	175:25	5:4 169:2	124:2,3	131:1,21,
gather	190:16,19	give	128:2,10	24 132:2,
20:13	191:18,24	6:24 99:19	130:24	24 135:8
21:3,15,	211:14	103:14	150:10	136:15
16,19,25	generated	120:22	169:16,17	137:8
22:2,15,18	119:16	148:11,23	170:1	141:4
36:5 40:10	Genesis	189:15	173:15,20	146:16
gathered	11:17,18,	193:14	174:1,4,7,	150:18
21:5,7	20 12:2,4	197:8	12,25	151:23
29:25 41:1	15:4,5,16,	200:5	175:8	152:13
119:21	20	268:15	177:3	153:5,19,
gathering	Gerasci	giving	180:9	25 154:4,
20:10 22:8	28:2 29:4	234:13	217:21	18 155:1,
83:11	Germain	goals	232:22	16 156:25
95:15,19	34:13 35:8	248:11	238:19	165:18
214:14	Gerri	God	239:4	166:4
224:17	43:17	7:1	268:19	167:5,9,25
gave	get all	good	gosh	168:10
10:1 193:5	168:14	3:21,25	185:11	172:17
general	Gill	6:7 13:17	governing	185:16
48:20,22,	4:19 20:4	14:1,3,6	27:11,13,	186:16
23 55:20	24:14,16	25:21	15,16,20	188:9,18
85:7 92:16	44:6,9,11,	80:17,19,	240:12,15,	189:19
95:2	14 49:19	23 81:3,12	25 267:2	190:2
125:22	158:1,6	85:20,22	grade	192:10
142:23	208:8	86:2,6,16,	3:12,15	193:3,6,14
171:12	211:24	17,21 87:3	4:6 99:12	194:6,12,
205:2	231:19	88:3 89:22	100:1,22	22 195:4,
	243:3,19	91:14	101:13	22 196:5
	263:17	95:6,7,9,	103:15	197:8,15
	269:25	16,20,21	104:15	198:9,12,
			105:18	22 207:12
				208:12

Gina West
September 25, 2025

23

218:4	191:8,13	group	217:15	146:4,14
228:22	193:2	6:8,17	218:10	147:2
234:15	197:20	7:11	219:14	148:10
237:12	199:25	32:14,17	220:11,24	154:6
238:11,25	207:20,22	89:7 90:18	221:17	200:4
239:10,21	208:9,15,	93:3	222:20	202:22,23
246:9	16,18	178:22	guys	203:3,10,
257:11	229:15	183:10	151:13	16,22
264:11	230:13,21	185:7		246:14
268:18,19,	231:7,8	217:19	H	250:12
20 269:7	232:21	235:20		251:19
graded	233:1,7,25	237:13	H-COMP	255:4
126:17	234:4	246:1	261:24	256:13
269:2,10	236:21	Group's	HAI	handed
grades	237:5,25	180:24	18:23	106:8
99:13	240:4,7	181:12,20	HAIS	155:9
101:24	242:17	guess	33:3 54:22	187:22
104:23	245:17	69:1	78:14	221:10
106:24	250:18	175:25	95:7,8	242:1
107:3	254:7	193:8	176:4	265:4
109:19,25	255:3	194:15,24	200:18	handing
125:7	257:10,15	195:1	half	134:11
127:15,17	259:15	230:9	12:3	141:17
128:6,12,	263:16,18,	239:4	15:18,19	163:18
16 129:12,	23 264:5,	258:7	134:7	168:22
20,22	15,18,21	guessing	hand	170:22
131:4	grading	213:19	6:22 22:2	173:11
132:4	157:1	guide	41:10,24	212:13
157:18,20	graduate	178:12,13,	42:5	225:5
158:10	10:24	17 181:2	95:17,22	230:4
159:3,24	granted	guides	104:25	236:11
160:7,12,	144:14	122:20	105:8	243:1
21 161:14,	236:12	GUITTAP	118:5,10,	246:18
16 162:5,	great	4:15	17,21,22,	249:20
12,15,19,	120:22	Gunod	25 119:3,	253:2
25 163:10	147:20	4:7 160:25	9,14,16,	269:21
172:22	148:22,23	161:1	20,23	handwashin
185:14,18	199:16	162:4,5,	120:1,8,	g
186:9	241:12	11,18,22	18,21	22:1
188:4	ground	212:15	121:1,4,8,	
190:24	7:22		9,22 122:4	

Gina West
September 25, 2025

24

handwritin g	10:16,17, 20 13:8,12 17:6,8	110:23 118:13 122:16	240:8,22 241:1 244:7	250:25 251:4,5,7, 13,16
happened	18:4 20:1 22:8,22	126:23 128:2,10,	245:19,21 246:1	Heather
happening	23:1,14,21 24:17,20	19 130:24 133:3	249:9 253:15	3:17 4:1 35:2
183:1	25:2,7,23	139:16	263:18,22	163:22
happy	26:24	144:20	264:21	178:4
108:25	27:4,19	145:11,22	266:23	212:16
128:25	29:20 30:5	146:5	268:2	held
151:14	37:1,8,24	147:17	healthcare	6:9 133:22
163:4	38:6,12,	157:25	4:18 10:8,	170:2
208:3	18,25	160:19	9,12 11:4,	helped
210:1	42:5,14,24	161:4	17 15:7,	87:16
hard	43:3	163:8	16,20	helpful
5:2 236:25	44:19,23	166:17	26:17	271:23
265:6,11,	45:4 46:1,	170:11,12	46:22 48:7	helping
15	12,25 47:3	174:18	118:12	87:8
hardware	50:24	176:3	140:1,3	267:25
180:17	52:23	179:6	156:23	high
hate	53:3,13	182:16,24	158:23	10:6 28:6,
264:24	57:8	183:18	162:24	8 70:10
HCA	59:10,21	184:24	202:5	148:16
203:17	60:23	186:13	211:15	185:2
HCAHPS	64:12	190:13	242:7	hire
18:24	65:5,17	206:16	Healthgrad	214:5
138:19	68:2,16	207:3	es®	hired
166:2	71:12	209:17,22,	65:13,22	22:23
head	72:9,18	23 211:19,	66:6,9,12,	43:20
104:20	73:1,10	25 213:15,	14,21,25	history
116:17	74:14,20	25 214:5	67:3,8,9,	10:14 11:3
132:13	75:12,23	220:25	11,14,15,	hits
185:20,23	76:1 77:5	223:1	18 110:24	51:13
191:9,10	82:8,18	226:19	hear	hold
229:17	88:24	227:21	42:10	133:8
239:22	93:4,23	229:11	193:12	271:6
240:11	96:22	231:9,19,	heard	holding
241:25	97:20,22	24 234:22	7:23 38:24	132:15
health	98:13,21	235:2,5,8,	105:21	
	102:19	18 237:7	189:18	
	109:15	238:3,9		

Gina West
September 25, 2025

25

holds	22:11,19	123:10,18	11 179:21,	229:12
49:4	23:8,11,15	124:4,9,10	23 180:3	231:25
home	26:12 27:8	125:1,15,	181:8	233:7
10:16,17,	30:13,21	25 126:1,	182:3,16,	234:15
20 26:17	40:1,25	7,15,19,24	23 183:17	237:5,16
46:22	43:14 46:6	127:1,15,	184:13,16,	238:11,24
47:4,7	53:18	17 128:5,	18,23	239:10,21
50:24	55:19,23	12,21	185:3,5,15	240:4,7
58:20	57:9 60:16	129:11,13,	186:3,15	242:17
59:11	63:11 65:6	19,22	188:4,18,	243:9
123:11	69:9 70:24	130:1,2,3,	24 189:19	245:17
139:12,15	71:14	17,19,25	190:2,9	246:8
157:7,8,13	74:15	131:4,21,	192:10,11,	250:18
158:1,8,23	76:20,24	24 132:8,	21 193:2,3	251:8
159:2,11,	82:24	12,19,24	195:21	252:2
14 160:1,	83:2,5,12,	135:8	196:5	253:17
10,13	16 84:3,8,	140:15	197:20	254:12
161:9	15,23	141:4	198:9	256:21
163:9	85:3,9,16	143:3,7	199:16	257:5,11,
164:18,22	86:3,11,	144:3,23	200:6	15 263:23
186:8	18,21,22	145:6,9,	202:20	264:11,14
218:2	87:4,9,17	12,18	203:21	265:6,18,
222:15,21,	88:4 92:25	146:15	205:15	24 268:17
24 223:15,	93:6,24	147:3	206:17	269:1
16,21,23	94:6,21	149:17	207:11	hospital's
224:5,10,	95:6,16,21	150:1	208:9,11,	27:15,16
14,15	96:1,3	151:2,10,	12,17	121:14
227:4,5	97:7,15	11,23	211:15	198:16
honestly	102:20	152:13	213:5	200:12,18,
230:12	103:1	153:4,19,	214:1,7	24 203:2,9
232:17	108:23	25 154:4,	215:5	204:1
hospital	111:19	18 155:1,2	216:8	hospitals
3:11,15	112:6,7,	156:24,25	217:9,10	13:14,16
4:6 5:2	12,21	158:9	218:4,12,	15:12,15,
10:3	113:2,4,	159:3,4,24	17 219:5,	21 17:7
14:13,18,	10,16,18,	160:7,11,	19 220:3	18:25 20:1
23 15:2,5,	24 114:9,	21 161:12,	221:1	26:19
21 16:7,	12,21,23	13 162:15	223:7,18	27:1,5
13,17,24	115:12,18,	165:8,18	224:22	28:5,23
17:2,9,18	19 116:14	166:3,14	226:16	29:22 30:8
21:7	119:2	172:10,14,	227:22	31:12,20
	120:21	22 177:9,	228:5	

Gina West
September 25, 2025

26

32:4,8	25 127:11,	189:7	252:9	huh-uh
41:25	14,21	190:4,6	253:14	8:17
42:6,24	128:4,12,	192:19	255:12,22	hundreds
43:4 45:6	20,21,22	193:5,14,	256:12,19	89:2,11,15
46:12	129:12,18,	16,20	257:22	90:9 94:24
48:4,12	25 130:17,	199:9,13,	258:17,25	237:16
49:1 51:5,	18 132:7,	14,22	259:6,20	hurt
16 52:2,8	11,17,23	204:13,19,	263:24	190:8
53:3 56:2,	139:15	20 205:12,	264:12,15,	199:9,10,
8,14 57:22	140:2,20	23 206:15	22 265:21	22
62:15	141:5	209:13,23	267:3	hurtful
65:7,12	143:20	210:15,25	269:5	199:18
68:1,2,9	145:10,21	212:5,7	hospitals'	hygiene
70:22 71:9	146:5,15	213:15,24	65:7 121:9	22:2,3
73:19	147:16	214:4	172:13	41:10,24
74:11,25	148:11	216:7,16,	190:8	42:5
75:7	149:2	17 218:16	207:1	95:17,23
76:18,21	150:4,20	219:18,22	host	118:5,10,
77:19	154:24	220:2,25	194:5	17,21
81:23	156:23	222:5	hour	119:1,3,9,
86:10	157:7	223:1,6	64:20	16,20,24
88:16	158:3,9,10	224:20	171:5,15	120:1,18,
93:4,22	159:3,25	226:17,19	hours	21 121:1,
94:5 96:23	160:8,19	227:21	19:14	4,8,10,23
97:21	161:12,14	228:23	88:4,10,	122:4
98:3,12	162:25	229:10,15	12,15,18	146:4,14
101:20,23	163:9	231:8,9,23	89:3,12,15	147:2
103:13	165:10,15	235:24	90:10	148:10
105:17	166:23	236:20	94:25	154:6
106:18,23	170:13	237:6,14	96:15	200:4
107:10	172:9,15	238:2,17	110:13	202:22,23
109:18,24	174:17	240:7,16,	116:4	203:3,10,
110:23	176:3	21,25	HSN	16,22
112:4	178:11	241:3	79:20	250:12
118:18	179:5	244:6	hub	251:19
119:8,17	181:7,20	245:20	183:25	255:4
120:18,25	182:15	246:8,10	184:1	256:13
122:14,16	183:2,7,10	247:8	huge	hypothetic
123:9	184:2,5	248:1,4	203:16	al
124:8	185:14,19	249:8,9	226:8	198:18,23
125:18	186:2,15	250:11,18		205:7
126:14,17,	188:23	251:19		

Gina West
September 25, 2025

27

I	255:3	150:7,19	independen	80:10,11,
	256:13	190:7	t	14,24
i.d.	258:18	192:9	179:18	81:4,15,22
105:6	idea	216:9	180:2,3,10	87:24
106:6	172:2	254:21	181:25	120:11
134:9	197:16	260:5	182:3,6,	121:1
141:14	impact	265:22	15,24	161:2
163:14	125:17	in-person	183:7,17	173:20,24
168:20	228:21	91:1,8	218:9	174:3
170:20	245:18	inaccurate	INDEX	175:2,7,9
173:9	important	243:9	3:1	219:15
177:25	203:1	include	indicator	250:11
187:20	improve	40:23	41:8,11,	infections
212:11	99:12	49:21	14,20	138:25
221:5	100:1,22	69:13,15,	indicators	informatic
225:2	101:13	17 137:21	40:17,20	ist
230:2	improvement	138:7	41:5	179:21
236:9	t	187:4	57:13,14	185:6
241:19	33:24	194:4	60:14	informatio
242:24	40:12	included	individual	n
246:16	42:17	54:23	13:14,16	32:21,23
249:18	52:18	58:6,9	14:23	39:18
252:25	56:10,12,	180:23	16:13	40:11,25
265:2	13,20 57:1	192:20	26:12	55:8 63:2
269:19	62:8,10	200:7	27:16	66:8 67:8
ICU	63:4 71:20	261:1	28:5,22	77:9 85:15
121:12,14	188:13	269:6	30:13,21	87:17
136:25	251:23	Incomplete	46:6 54:3,	102:8
137:10	imputation	198:17	11 55:23,	104:16
140:22	147:13	205:7	25 62:15	107:8
141:6	188:25	incorporat	75:7 77:19	108:9
142:17	189:6	ed	184:13,16,	119:24
145:23	199:2	51:3	18,23	122:19
146:14	200:3	incorrectl	253:14	193:14
147:2	imputed	y	individual	197:6
148:10	125:6	180:20	ly	199:10
150:21,23	126:9	increased	9:23 64:11	200:11,17,
151:2	146:20	138:23	infection	23 201:9,
154:6	148:11,14		31:9 57:13	15 203:2
200:4	149:10		60:7,13	204:1,12,
204:1				24,25

Gina West
September 25, 2025

28

224:16	internet	65:4,20,21	166:8	Jessica
247:4,9	245:3	66:20	167:5	89:17
254:5	interrogat	67:21	issue	job
258:6	ory	77:4,9,12	74:5,7	11:14
informed	210:13	84:24	90:10	12:13
209:9	interrupt	88:13	146:3	13:4,9
informing	103:24	90:19	147:18	22:25
135:17	187:10	92:10 97:2	152:7	23:22
initial	interventi	102:6	154:12	25:20,22
214:10	on	114:8	156:20	28:4 38:8
239:9	183:12	123:12	193:4	39:17
inputs	interviewe	234:2,10,	199:1	42:13 43:2
259:4,10,	d	13,21	200:1	73:9
11,13	23:20	244:1	215:6	235:23,25
inputting	24:13	245:25	264:10,14	jobs
258:9	interviewi	266:21	265:22	13:11 43:6
inspection	ng	267:2,7,	issued	Joe
66:21,23	23:23	19,25	18:4 21:11	28:2 29:4
instructs	24:11	268:5,10,	257:16	jog
8:21	introduced	11,12	268:1	171:13
insurance	26:5	involvemen	issues	Johnson
242:10	investigat	t	73:4	4:22
interdisci	ed	59:11	195:10	246:21
plinary	74:6	64:10 65:7	199:3	253:10
96:15,24	investigat	82:1,3,7,	243:8,23	join
97:3	ion	12,17		270:12
interestin	46:18	83:11,15	J	joined
g	invitation	84:15	January	6:19
237:11	270:11	85:2,6	81:1	joint
interfaces	invited	86:2,21	134:14	35:13,17
180:18	49:10	90:24	137:11	36:11
interim	invites	116:3	141:24	40:16
43:17	171:12	169:20	142:9	57:12
internal	involve	229:21	167:11,22	60:13
245:5	103:9	233:5,7,	171:6,10,	116:5,15
internally	involved	11,23	23 172:6,	117:12
211:3	20:10	244:12,15,	8,23 173:2	118:2,11,
	26:23	18,24	239:18	17 120:1
		266:12,14,	244:8	121:7,20,
		18	245:11	21,24
		IPS		

Gina West
September 25, 2025

29

122:11	Kim	158:19,20	launch	Leapfrog
202:4,10,	6:16 7:11	160:14	242:17	3:8,9,12,
23 205:11,	135:25	179:22	lawsuit	16,19,21,
14 243:13	159:16,17,	180:13	17:25 18:5	23,24 4:8,
July	18,20	187:3	103:21	9,11,13,
14:7,8	160:6	196:14	246:3	16,18,20,
85:25	kind	205:17,21	266:6,10,	23 5:2
jumps	9:8 39:22	222:9	15,19,24	6:8,17
247:14,15	55:15	238:5	267:4,9,13	7:11 15:2,
June	125:24	252:6	268:7,13	21 16:17
13:24	155:23	263:14	lawyer	17:2,8,18,
84:9,21	173:1	KPIS	8:20 19:10	21 68:4,9
85:24 86:6	176:1	36:12	lawyers	76:20,25
Jupiter	190:25	60:13	7:23 19:3,	82:24
237:11	kindly	Kuret	4,7 21:2	83:2,5,12,
238:1	174:8	3:17 89:13	100:16	16 84:2,8,
	knowing	163:22	266:22	15,23
K	226:24		lead	85:3,8,15
Kathleen	knowledge	L	25:24 27:4	86:3,10,
3:18 4:2,	26:15	labeled	29:20 30:6	18,21
22 163:23	29:19 46:7	225:6	53:12 57:8	87:3,9,17
178:5	47:9 51:8	labels	59:20	88:3 90:14
212:16	57:7 59:18	134:19	60:22	91:16,22
246:21	66:15	Lack	76:4,6,10,	92:13,25
253:11	67:5,12,16	70:1	17 80:1	93:5,23
Kerns	73:8 76:19	198:19	leader	94:6,21
34:17	79:25	210:21	119:10	95:6,15,21
35:15 40:7	81:21 83:4	251:14	leaders	96:1,3
61:7,8,10	97:1,17,	lacks	22:11,14	97:7,15,22
62:14	19,25	223:11,20	23:24	98:3,14,22
63:1,11,20	112:25	255:16	24:10	99:1,5,12,
Kerns '	116:13	265:25	37:12 45:8	15,17,22,
63:25 64:1	118:18	language	164:5	25 100:21
key	121:17	181:1	217:22	101:11,18,
40:17,20	122:15	large	leadership	20,22
41:4,7,10,	123:7,11,	121:1	47:25	102:6,12,
14,19	13 128:17	220:3	48:2,3,6,	20 103:1,
57:13	129:10	largest	12,20,25	7,10,13,21
	137:18	165:20	leap	104:12,14,
	143:5		156:25	16,18,22
	144:17			105:10,13,
				17,22

Gina West
September 25, 2025

30

106:3,10, 17,21 107:4,6,9 108:14 109:17,23 110:2,9 111:15,18, 19,24 112:6,7, 14,17,23 113:4,9, 10,13,16, 18,24 114:9,20, 23 115:12, 18,19 116:12,13 123:10,18 124:4,9,11 125:1,15 126:15,17 127:1,11, 20 128:6, 13,16 129:14,20 130:2,19, 25 131:4 132:3,12, 18 133:25 134:4 135:9 136:15 138:2,10 139:17 140:15 141:4,7 142:22 143:3,7,19 144:2,15, 23 145:6, 9,12 146:12	147:2,22 150:17 151:6,11, 22 152:12 153:4,19, 25 154:4, 18 156:25 157:9,10 158:2,9 159:2,4,24 160:7,20 161:13 162:12,15, 25 163:10, 23 164:6, 12,18,25 165:8,18 166:3,14 167:8,19, 25 168:10 169:21 170:13 171:4,10, 19,22 172:6,10, 14,22 173:1,14 174:13,18, 25 176:15, 22 177:4, 8,11 179:1,13 180:24 181:8,12, 20 183:10 185:15 186:3,19, 25 187:1 188:4,8,21 189:19 190:1 191:16,20	192:5 193:13 194:5,12, 21,24 195:5,21 196:4,10, 23 197:5, 8,13,14,20 198:1,8,12 199:1 200:7 204:19,21 205:2 206:13,17 207:6,11 208:13 209:12,18 210:16 211:1,20 212:2,18 213:5 214:1,7,13 215:5 216:8 217:10,22 218:4,12, 16 219:19 220:3 221:1,20 222:4 223:2,7,18 224:22 225:13 226:8,16 227:9,22 228:5,22 229:12 230:12 231:2,8,25 233:24 236:16 237:4,13	238:11,24 239:21 240:4,7 242:7 243:4,8 244:2,7,20 245:17 246:4,8,23 247:3,8, 21,25 248:2,5,11 249:7 250:19 251:1,7, 18,24 252:2,8 255:11 256:21 257:4,11 258:17,22 260:12,20 263:18 264:10,14 265:6,23 266:15,24 267:5 268:17,22 269:2 270:5,18 Leapfrog's 142:16 149:20 196:14 254:3 Leapfrog- good 169:6 learn 189:25 learning 107:11	leave 14:5 84:20 168:15 170:17 leaving 166:23,24 left 164:9 222:14 lengthy 126:8 228:16 letter 3:5 216:22 244:6,13, 16,19,23 level 28:6,8 40:2,4,5,6 46:1,6,22, 25 47:4,5, 7 52:23 59:11 62:11 64:12 65:5,6 68:16 75:13 77:5,8 82:2,8,18 139:12 148:16 165:15 185:2 199:14 211:14 235:20,21, 22 246:1 268:6 Lexitas
---	---	---	--	---

Gina West
September 25, 2025

31

6:13	21:11,20,	227:10	125:8	133:12
Libby	23 22:3,10	236:21	126:18,24,	
23:23,25	36:6 47:10	237:12	25 127:1,	M
24:1,9	56:21 57:3	located	21 130:18	
93:19,21	68:2	11:12	163:1	made
94:4	100:10,16	location	180:25	35:21 41:1
123:16	109:10,12	3:20,22	239:4	93:8,9,12
141:24	112:5	5:4 169:1	longest	123:16
142:12,15,	119:18,22	171:3	92:16	124:7
21,24	126:10	Lofholm	looked	125:14
143:13,18	129:19	236:14	17:13,14	137:17
144:1,8,	146:4	logo	121:3,4	143:18
12,20	147:15,18	110:12,17,	150:14	166:25
145:4	152:7	18,20,25	165:7	177:20
licensing	154:12	112:14,17	171:19	179:19,24
110:11,16,	156:20	logs	206:12	180:11
17,19,20,	157:8	22:1,3	220:8	184:6
24 112:14	168:5	28:16	Loraina	214:22
lie	172:9	95:22	34:23	220:1
165:21	193:20	119:2,4	lose	224:15,20
light	222:6	lone	125:11	226:18,22,
127:21	241:3	237:12	losing	25
130:18	265:19,22	long	125:11	Maggie
133:12	267:23	9:16 11:14	199:11	4:19 20:4
limited	268:3	12:2,10	lost	24:14,16
149:3,7,15	live	19:12 69:4	180:20	44:6,9,11,
150:16	180:19	85:8 88:23	lot	14 49:19
151:6	local	92:18 95:1	69:20	158:1,6
216:3,14,	45:12 46:8	96:10	147:22	208:8
17	53:18,21	114:2	188:12	211:24
lines	57:9 58:18	116:2	251:18	230:14
60:14 94:9	60:16	133:15	lower	231:14,18,
Lisa	62:11	163:13	167:5	19,22
235:3,4	63:11,12,	182:8	lowest	243:3
236:2,5	21 65:6	long-term	148:12,16	263:17
listed	68:16	10:4,23	149:13,16	269:25
172:14	70:14	longer	150:7	270:5,8,
litigation	76:18 82:2	37:20	151:10	12,18
19:16	211:14	123:17	lunch	MAGGIE/
20:11,14	221:22	124:22		LEAPFROG
	222:2,14			5:5

Gina West
September 25, 2025

32

maintain	206:15	manage	252:24	53:12 57:8
178:12	209:24	28:10,11	265:1	59:20
maintained	211:16	management	marked	60:22
73:12	213:15,24	37:11	106:9	71:16
178:11	214:4	58:25	134:12	72:2,13,15
major	220:25	60:19	136:11	74:20 75:6
35:16	223:25	manager	141:18	76:4,6,10,
make	224:1,2,4	31:9	142:3	16 77:5
8:20 17:7	226:19	34:15,25	155:10	80:1,10,11
46:12	227:21	35:4,14	163:18	89:6 90:22
50:11 53:3	229:11	40:7 61:9	167:11	91:19
62:21	231:9	manages	168:23	92:11
72:18 80:6	237:6	73:11,13,	173:12	93:13,16
85:21	238:2	14 74:3	178:3	142:13
93:4,22	240:8,21	Marc	187:23	161:2,3,5
97:21	241:1	6:18	208:23	163:23
98:13	244:7	March	212:14	183:24
108:10	245:4,20	173:19,25	221:11	184:8
110:23	247:2,21	174:4	226:3	224:2
116:1	248:15	175:9	227:17	226:9
117:17	249:9	246:20	229:4	230:13
122:16	253:15	248:1,9	230:5	235:21,22
133:7,20	258:6	249:5	236:11	268:6
139:16	261:21	Maritza	242:2	marketing
144:21	makes	173:13,23	243:2	82:3,7
145:21	107:24,25	174:8	246:18	232:10,14,
146:5	168:15,18	mark	249:21	19 233:10
150:13	183:18	105:1	253:3	235:14,15,
153:23	185:10	155:6	265:5	17
156:24	203:13	168:19	269:22	markets
174:17	205:14	170:19	market	222:14
179:6	making	177:23	3:19 11:7	marking
182:16	35:11 94:9	187:8	13:6,12	105:9
183:2	222:25	212:10	16:9 17:5	170:23
184:1	223:15,17	221:7	24:2,3,6	marks
185:8	244:18	225:4	25:24 27:3	272:7
198:25	Maloney	230:1	29:20 30:5	Mary
199:21	6:20 44:3	236:7	42:20,22,	6:20
201:13	133:15	241:18	23 43:10,	Mary's
202:21,23	252:15	242:23	11 46:10,	13:18 14:9
205:18	271:6,9,12		11 51:11	

Gina West
September 25, 2025

33

21:7	Mary's '	222:1	156:19,20	Medicaid
43:14,16,	65:22 80:2	meant	193:1,6	178:19
20 64:7,11	master's	149:7	194:4,6,21	medical
65:18,21	10:9,11	196:19	195:5,6,	6:7 11:11
66:4,7,8,	11:4	197:10	15,18,20	12:7,14,22
9,13,14,22	matched	215:11,12,	196:4,21,	13:17,18
67:1,2,7,	183:1	13 251:5	23 197:6,	15:25
9,13,18,	materials	measure	7,13,19,	16:6,14,
19,22,23	21:16	33:18,19	23,25	16,20 17:2
68:16	141:7	114:18	198:4,12,	21:7 23:10
71:21	matter	115:7	13 200:3	25:16,21
74:18	6:7,24	196:9,10	216:9	31:16
75:15,18,	7:12 21:4	265:7	255:11,13,	39:20
20 77:8,	30:2	measures	22,23	43:14,16
10,12,13,	182:12	26:4 33:6,	256:20	64:7 71:21
17,24	266:8,19	10,12,14	258:10	74:18
78:5,9	Maureen	35:11,18,	259:6,20	75:15,18,
79:1,14,	3:23	19 36:13	260:16,17,	20 77:8,17
15,19	173:13,19	40:9,14,23	25 261:1,	82:20,23
80:5,7,14,	174:7,10,	51:13	5,10,23,25	86:16,17
15,24	24 175:14	55:2,4	262:1,12	88:17
81:4,12,	Mayer	58:24	265:22,24	89:22
16,20	139:4,8	59:3,8,9	med	117:14
82:3,13	218:24	98:5	240:18,20	122:12,20,
88:17,23,	219:9	114:22	med/mal	21 135:13
24 89:11,	Mcdonald	116:12,13	9:21	169:15,16,
15 90:11	3:18 4:2,	117:1,6	media	18 170:3
92:16 96:2	22 163:23	126:8,9	103:25	237:11,13
97:3	178:5	131:25	104:2,4,6	Medicare
112:16	212:16	146:3,7,13	187:12,17	178:19
114:20,25	246:21	147:1,18	192:6	medication
115:11	253:11	148:10,14	199:17	18:17
116:3	meaning	149:2,3	230:23	117:16,19
169:15,16,	74:20	152:6,14,	234:10,14	204:12
25 170:3,7	means	20,21,23	244:25	205:4
215:25	26:1	153:2,3,9,	245:1,2,5,	meet
217:1	139:23	17,18,23,	7 250:14,	19:2,4,6
232:23	140:2	24 154:2,	16,17	32:3
240:13,18	150:16	5,9,11,12,	252:20	174:13,25
241:10,11,	174:24	16,17,22,	267:12	177:4
14		24 155:20		179:20

Gina West
September 25, 2025

34

meeting	240:24	133:25	METHODOLOG	mine
18:10	members	134:4	YCHANGES	136:3
21:15	70:13	135:8	3:13	minute
32:14,17	memory	136:16	Michael	36:8 241:4
33:24 64:3	24:19,25	146:12,18	34:13 35:8	minutes
91:2,8	60:8,9	147:14	microphone	18:7,10
92:4,8,10,	94:14	149:20	37:18	21:15
23 93:2,8,	136:17,20	150:17	mid	133:17
17 94:20	143:16	151:22	40:6	249:13
169:1,7,	145:14,15	152:5	middle	mischaract
10,22	147:20	153:5,19,	216:13	erizes
171:5,10,	148:19,22	25 154:4	225:11	51:19
12 269:24	160:24	155:15	226:4	57:24
270:12,15,	163:6	168:4,11	227:18	223:11
16	171:14	186:18,20	231:1	255:16
meetings	191:6	187:1,5	232:9	misleading
18:8,11	228:8	188:22	257:18	190:10
19:13	233:19	189:1,19	259:7,19	missing
21:17,20	239:23	190:12,17	Miller	63:17
26:5 32:6,	244:22	191:3,16,	89:17	misspeakin
7,20 33:23	262:11	20,25	Mills	g
34:2 36:1	265:16	192:15	34:23	180:6
45:8,10,	mentioned	193:5	39:15	misspoke
12,20,25	148:18	199:2,4,24	mind	179:9
46:5,8,10	251:18	200:2	33:8 47:1	Misstates
47:15,22	message	206:14	54:8	79:21
49:7,13	233:1	207:6,11	68:12,18	108:3
62:8,10,	met	208:2,11	70:13 77:2	mistaken
11,16	19:8,9	209:4,9,	93:1 98:18	219:3
63:4,12,21	method	11,14,19,	105:2	mitigate
64:15	147:3	25 210:17	106:14	28:9
196:15	199:2	211:2,4,20	121:11	model
240:12,15,	methodolog	212:1,7	128:7	137:15
20 241:10,	ies	216:18	225:23	147:13
11 245:25	146:21	217:9	230:21	189:6
249:4,7,14	methodolog	229:16	234:7	194:16,20
263:17	y	251:20	247:15	200:3
264:1	3:12,16	257:22	248:3	
267:3	17:21 23:3	258:18,22	252:11,16	
member	125:12	260:13		
40:1 73:25		261:19		
		269:3,11		

Gina West
September 25, 2025

35

modificati ons	month	N	negative	75:13,23
180:18	47:20		124:18	76:1 77:5
183:3	84:12,20		206:25	82:8,18
184:1,5	188:8	N/a	207:5,10,	88:25
modify	monthly	254:24	17 208:10	93:4,23
183:4	29:15	257:4	230:22	96:22
moment	32:15	259:1	240:6	97:20,22
43:18	47:18	260:6	241:2,23	98:13,21
106:14	49:13	261:5,11,	negatively	102:19
135:20	months	14,16	166:22	109:15
147:23	157:9	262:11,12	238:17	110:24
150:22	morning	Nakula	network	122:17
177:5	105:11	160:16	13:8,12	126:23
263:9	126:7	names	17:6,8	128:2,10,
271:7	174:8	60:2,5	18:4 20:1	19 130:24
monetary	217:21	104:21	22:8,22	133:3
111:11	218:2	national	23:1,14,21	139:16
money	220:1	95:8	24:17,20,	144:20
101:23	253:7	139:9,11	21 25:2,7,	145:11,22
110:12,13	mouth	161:8	23 26:10,	146:6
monitor	55:9	219:10,14	18,24	147:17
120:20	move	natives	27:4,19	156:24
121:9,14	81:9	134:20	29:20 30:5	157:25
122:23	177:20	nature	37:1,8,24	160:19
monitoring	moved	211:17	38:6,12,	161:4,12
57:10	81:12	necessaril y	19,25	163:8
122:20	85:20,22	68:24	42:5,14,25	166:17
172:12	192:9	111:8	43:3 44:24	170:11,12
Montgomery	moving	119:4	45:4 46:1,	174:18
4:11,13,	194:20,21	192:18	12,25 47:3	176:3
15,18	MRSA	223:21	52:23	179:6
109:22	116:23	224:5	53:4,13	182:17,24
110:2,6	197:4	needed	57:9 59:21	183:18
238:15,18,	multi-	90:3	60:23	184:24
22 239:8	disciplina ry	144:13	64:12	186:13
240:2	96:7,18	183:2	65:5,17	190:13
241:22	multiple	184:6	68:2,16	206:16
242:3,6,16	201:13	228:17	71:12	207:3
			72:9,18	209:17,22,
			73:1,10	24 213:15,
			74:14,20	25 214:5
				220:25

Gina West
September 25, 2025

36

223:1	146:15	186:8	175:10,14	32:14,17
226:19	149:2	number	225:8	34:3 40:5
227:21	150:4	3:8 87:12	230:6	43:11,13,
229:11	154:24	88:20	271:22,25	15,19
231:10,19,	155:2	104:6	numerical	49:20
24 234:22	216:16	105:6	165:3	71:10
235:2,5,8	258:17	106:6	172:17	72:14
237:7	nonreporti	131:7	Nunes	89:7,14
238:3,9	ng	132:16	3:17 4:1,	90:22,23
240:8,22	189:6	134:9	4,21	93:13,14,
241:1	noon	141:14	134:13	16 115:16
244:7	133:13	163:14,19	135:12	142:13
245:19,21	171:23	168:20	136:23	169:17,18,
246:1	North	170:20,23	163:21	25 191:7,
249:10	6:9	173:9	167:14	15
253:15	Northwest	174:12,24	178:4	
263:22	12:7,13	175:2	187:25	O
264:21	15:24	176:6	188:11	
266:23	16:6,13,16	177:3,25	189:11	OATH
268:2	note	187:17,20	190:24	3:4
Network's	262:5	212:10,11,	209:3	object
263:18	notes	14 221:5	212:16	20:16
Networks	18:7	223:15	218:22	43:24,25
235:18	171:16	225:2,4	246:20	44:2,3
news	265:7	230:2	253:10	262:4
4:16 17:24	268:15	236:9	nurse	objecting
67:23	November	241:19	10:15,16,	213:25
236:16	190:25	242:24	18,20 31:9	objection
newspaper	191:14	246:16	34:21	8:21 22:4
236:20	208:16,17	249:18	39:12,13	23:17
NHSN	231:3,7	252:20,25	169:14	24:22
79:11,15	232:9,16	265:2	173:20,24	25:3,8
80:2,3,7	234:22	269:19	254:1	26:14,20
81:24	235:9	numbers	nurses	27:22
nodding	238:1	3:25	115:16,25	28:18
104:20	Nukala	105:3,5	175:7	29:17
241:25	158:16,18	136:7,8	nursing	30:15
nonpartici	159:1	141:19	10:7 24:2,	31:14,22
pating	161:22	155:23	3,7 29:1,7	32:10,24
128:4,5,11	162:22	173:15	30:24	33:22 34:5
		174:9	31:19	36:3,19

Gina West
September 25, 2025

37

37:2,10,16	79:2,10,21	20 133:4	205:6	118:25
38:1,9,14,	81:5 82:5,	139:19	208:14	119:3
20 39:2,9,	9,14 83:6,	140:4,25	210:21	120:8,13,
24 40:15,	18 84:5	141:9	214:25	15 251:21
22 41:15,	85:10,18	143:21	215:7	observe
22 42:1,7,	86:12,23	144:4,16,	217:5	117:22
16 43:5,22	87:5,11,19	24 145:24	218:5,18	118:20
44:2,21,25	88:6 89:1,	146:8,17	219:6	119:12
45:11,23	20,25	148:21	220:6	120:17,19
46:2,23	90:21	149:8	221:3	122:3
47:6,12,	91:4,23	155:3	222:8	observed
17,24	92:5 93:7	157:2,14,	223:10,20	121:2
48:8,14,19	94:16	21 160:2	224:24	observer
49:9,15,22	95:11	164:9,21	226:21	119:11
50:3,8,18,	96:16	165:11	227:7	observing
25 51:6,	97:16,24	167:21	230:19	122:11
18,25	98:7,16	168:12	232:1	occasion
52:4,11,24	99:23	171:11	233:12	27:3
53:8,14,22	100:5,11,	172:16	238:4	Occasional
54:2,14,18	17,24	174:20	242:18	ly
55:1,12,17	101:6,14	175:11,17,	244:9	270:21
56:4,16,22	102:1	22 176:5,	245:13,22	occur
57:4,11,24	103:16	16 177:13	246:11	32:12
58:13,22	107:13	179:7	248:12	45:20,25
59:6,13,24	108:3	181:16,22	249:15	46:6 47:16
60:18,24	109:4	182:7,18	250:8	189:18
61:3,11	111:7	183:13	251:10,14	190:1
62:1,17,23	112:9,24	189:12	254:8	269:25
63:6,13,22	113:5,11,	191:22	255:15,24	occurred
64:13,17	19 114:4,	192:17	258:12,21	84:17
65:8,24	24 115:21	193:7	259:9,22	91:9,12,19
67:4 68:5,	116:6,16	194:7,14	260:4,21	92:9,23
11,20,25	117:2,7	195:7,23	261:7	occurring
69:10,14	118:6	196:13	262:14	136:15
70:1,23	121:16	197:1	263:6,25	238:8,10
71:15,24	122:5	198:17	265:25	250:14
72:4,20	123:22	199:5	268:21	occurs
73:5 75:2,	125:2	200:13,19	269:4,12	31:15
8,14 76:3,	126:3,12	201:1,6	observatio	66:18,24
12 77:1,	127:4,23	202:12	ns	
14,21	129:15	203:4	95:22	
78:1,10,24	130:4,11,	204:2,7,14		

Gina West
September 25, 2025

38

73:16 84:8 October 13:24 84:13,15 offering 106:23 107:2 offers 104:22 105:17 106:3,17 107:10 office 3:20,22 5:4 26:17 46:22 47:5,7 50:24 58:20 59:11 123:12 139:12,15 157:7,8,13 158:2,8,23 159:2,11, 14 160:1, 10,13 161:9 163:9 164:19,22 169:2 171:3 186:8 218:3 222:15,21 223:15,17, 21,23 224:6,10, 14,15 227:4,5	office's 222:24 officer 11:6,19 16:12,18 24:2,4,7 27:9 28:1, 4 29:2,7 30:24 31:13,19 43:11,13, 15,19 49:4 69:7 70:19,21 71:2,4,9, 10,13,16 72:7,8,14, 25 73:3,9 74:10,15, 19 76:1,7, 11,17 89:7,14 90:23 93:13,16 142:13 169:17,18, 25 officers 28:15,22 29:8,23 30:20 32:14,17 34:4 48:13,15, 17 49:2,3, 6,7,20 74:9,24 76:8,14,18 90:22 93:14 191:7,15	offices 160:12 official 258:4 omnibus 56:1,8 one-page 249:24 onsite 66:14,21, 23 67:1 operate 171:24 operated 245:10 operating 98:5 operation 59:9 operationa l 184:19 operations 37:12 58:25 59:4 opinion 107:21 170:11 189:17 190:3 192:14,19, 21 194:16 198:15 199:6,22 201:2,4,10 204:3,5,10 206:14,19 212:6 252:10	269:14 opinions 211:24 opportunit y 53:17 137:20 165:20 opposed 31:20 144:9 248:1 order 22:15 66:9 67:9 99:6 103:14 142:16 156:13 174:13,25 177:3 181:13,21 184:1,25 194:16 214:6 272:3 orders 117:13 organizati on 76:23 102:5,11 103:1,6 organizati ons 68:8 organizer 3:22 171:2 original 228:16	Originally 15:13 Ortiz 173:13,23 outcome 153:2,4 197:22,25 260:17 outcomes 17:13 18:21,23 32:25 33:2,5,7, 20 45:7,9 46:16 54:19,21, 24,25 69:11 118:23 120:2,4,7, 10 121:4 152:24 output 52:1 55:10 overinflat es 113:3 oversee 44:23 45:3 72:24 75:22 oversees 40:9 75:11,19 overwhelmi ng 90:2 owners 28:9
---	---	--	---	--

Gina West
September 25, 2025

39

	64:11	186:12	70:22	21 226:16,
P	65:5,17	190:13	71:13,20	20,25
	68:2,15	206:16	136:2,3	227:5,22
p.m.	71:5,12	207:3	145:10	228:4
151:18	72:9,17,25	209:17,22,	199:17	229:11
187:16	73:10	23 213:15,	217:18	231:24
206:7	74:14,20	25 214:4	242:15	257:5
252:19	75:12,23	220:25	participat	269:6
271:16	76:1 77:5	223:1	e	participat
272:11	82:8,18	226:19	15:21 17:2	ed
PAGES	88:24	227:21	53:6	15:2 16:17
3:16	93:4,22	229:11	102:20	82:24
paid	96:22	231:9,19,	111:23	83:8,10
107:10	97:20,22	24 232:22	129:13	86:10
112:13,16	98:13,21	234:22	130:1	113:8
Palm	102:19	235:2,5,8,	132:5,8,	181:8
6:10 13:3,	109:15	17 237:6	12,18	215:22
5,8,12	110:23	238:2,9	139:5,22	226:10
17:6,7	122:16	240:8,21	142:15,22	254:13
18:4 20:1	126:23	241:1	143:6,23	participat
22:8,22	128:2,10,	244:6,7	144:2,9,	es
23:1,5,13,	19 130:23	245:19,21	14,22	131:14
21 24:10,	133:3	246:1	145:5,9,	participat
17,19,20	139:16	249:9	12,18	ing
25:1,2,7,	144:20	252:9	148:12	17:8 86:24
23 26:19,	145:11,22	253:15	150:6,20	88:2 92:25
24 27:4,19	146:5	263:17,22	151:11	93:10,23
29:20 30:5	147:17	264:20	166:7,14,	94:5 97:14
31:15	156:24	266:23	25 177:8,	102:25
36:25	157:25	268:2	11 192:20	112:5
37:7,24	159:25	panel	206:16,20	123:9
38:6,12,	160:19	196:6,8,14	212:22	124:3,10,
18,25	161:4,12	paper	213:10	22,25
42:5,14,24	163:8	134:7	214:6,12	125:8,15,
43:2 44:23	166:17	167:13	217:10	17 126:15,
45:4 46:1,	170:11,12	paragraph	218:24	18,25
12 47:3	174:18	137:20	219:4	127:11,22
52:22	176:3	218:23	220:10,19	128:23
53:3,13	179:6	part	221:1	130:19
57:8 59:21	182:16,23	14:21	223:1,18,	139:17
60:23	183:18	16:7,8	23 224:10,	140:14
	184:24			

Gina West
September 25, 2025

40

143:3	pass	98:6,14	222:5	69:21
147:21	117:16	117:17	payment/	pencil
149:17	passed	138:13,18	contract	172:3
150:1,4	96:9	165:21,25	222:2	pending
158:3,11	past	166:1	pays	8:9
159:4	99:20	195:5,20,	67:13	people
161:14	215:17	25 196:11	PBHN	39:5 87:8,
163:1	228:15	197:3	44:6	16 88:13,
166:18	paste	200:12	219:22	15 178:22
170:13	178:25	245:20	225:7	236:15
172:10,15	179:12	patients	230:6	perceived
192:22	patient	28:17	PBHN000005	124:18,20
200:7	26:9,12,	120:11	092	percent
213:4,25	18,25	124:17	4:12	132:14,16,
216:7	27:5,8,9,	125:11	PBHN000005	17 137:22
218:16	25 28:4,	166:23	093	138:1,5,8,
219:19,23	10,13,15,	199:11	4:12	11 141:5
220:2	22 29:8,22	200:22	PBHN000005	167:16
223:7	30:20	203:1	094	254:14
224:12	31:12,18	205:3	4:14	255:2,11,
247:23	33:24	237:14,16	PBHN000005	13 256:25
248:2,5	40:12	238:2	096	257:19
256:4	43:3,6	239:2	4:14	258:1,10
participat	51:4 52:18	pay	PBHN000005	259:4,5,15
ion	62:8,10	25:15,20	141	260:19,20
65:22,25	63:4	100:23	4:17	261:23
83:1,5	68:10,19,	104:15	PBHN000005	percentage
86:2,16	24 69:13,	107:7,10	145	132:11
92:12 97:6	15,17,23,	110:24	4:17	perception
107:18	25 70:9,	paycheck	145	124:24
123:18	14,15,18,	25:9	4:17	perform
143:19	21 71:2,4,	paychecks	pediatric	66:14
215:5,18	8,13,16,21	25:6	199:15,16	performanc
217:23	72:1,7,8,	payer	241:10	e
218:3,12	19,25	25:13,14,	peer	40:17,20
221:21	73:3,4,9,	19	31:8 34:21	41:4,7,11,
227:9	11 74:8,	paying	39:12,13,	14,20
232:6	10,14,19,	101:12	21	51:14
party	23 75:25	payment	peer-	56:10,12,
9:22	76:7,8,10,	221:22	reviewed	13,19
	13,17,24			

Gina West
September 25, 2025

41

57:1,13	personally	171:13	planned	81:14
165:9	42:2 66:20	223:22	4:5 188:17	163:22
166:8	100:18	224:6,7	planning	173:14,25
172:13	193:8	place	178:25	175:8
251:23	perspective	89:19	179:12	178:4
performed	e	95:16	plans	212:17
179:5	228:23	144:19	26:9,25	246:22
265:21	phonetic	147:25	27:5,8	popping
performing	34:17,23	168:6	51:4	60:8
57:22	phrase	169:8	point	portrayal
118:21	137:25	179:8	162:9	243:9
167:6,8	physician	201:14	165:14	portrayed
168:1	40:6 73:25	232:19	181:7	192:2,7
performs	114:11,12,	249:12	183:11	posed
67:1	13,19,21	places	206:14	211:10
period	115:6,7,9	102:14,18	224:18,19	position
95:12	121:12,14	plaintiff'	233:13	10:23
137:15	122:20	s	239:1	75:25
157:1	140:22	19:22	254:12,20	194:11
176:15	141:6	plaintiffs	256:24	196:9
187:1	145:23	6:19 65:6	257:3	211:13
191:1	146:14	68:1	points	231:22
210:16	147:2	100:13	146:6	Positive
214:8,9,18	150:21,24	112:5	216:2,9,	69:11
226:9	151:3	119:17	12,15	post
255:25	154:6	129:19	254:4	180:19
256:3	181:13,21	157:8	256:13,19	234:6
periods	200:4	172:9	259:19	posted
92:18	204:1	193:20	policies	229:15
265:7	255:3	222:6	17:13	postings
permission	256:14	241:3	18:13,14	230:23
144:8,14	258:19	plan	121:3	postmedia
145:11	physicians	26:13,18	policy	233:15,22
person	113:16,17,	27:10	18:19 22:2	potential
70:24 74:6	23 114:8	28:10	95:17	207:5
88:18	117:13	42:17	117:19	208:10
251:6	166:24	73:11	118:20	258:5
personal	199:12	232:11,15,	Pool	
9:13	239:3	19 233:10,	3:18 4:2,	
	piece	23	22 80:13	

Gina West
September 25, 2025

42

potentiall y	109:16,22 246:2 266:17,22	223:11 255:16	proceeding s	30:1 56:21 57:2 109:12 119:22 182:12
125:11 190:8 192:5,9 207:9 215:4	present 112:8 116:3	previously 70:16 80:17 167:11	3:1 6:2 272:10	
PR	presentati on	primarily 87:2	process 28:11,12 63:18 73:14 74:3,4 75:5,7,12, 19,22 79:6 98:5 152:21 153:16,18, 24 154:3, 10,13,17, 22 155:19 179:25 198:4 226:10,11 260:25 261:22,25	profession al 9:13,15 program 3:9 34:25 35:4 121:5 192:21 projected 175:3 176:10,14 230:13 233:1 promise 8:25 135:4 properly 200:25 proposed 187:2,5 209:19 211:20 212:1 protocols 118:18 provide 66:8 78:5 156:24 163:10 182:2 186:10 199:16 202:11 provided 53:12 131:4 174:8
228:22 pre 180:19 234:6	presentati ons 40:12 presented 35:25 president 24:16 44:6,17,18 press 18:3 206:25 207:5,10, 17 267:8, 12 268:1 pretty 190:3,5 prevention 18:23 31:9 57:14 60:7,14 80:10,12, 14,24 81:4,16,22 116:22,23 173:20,24 174:3 175:7 219:15 previous 202:16	print 111:25 printed 36:18,20 106:10 134:7,20 printout 105:10 prior 63:12 98:12 102:4,5,19 108:8 133:8 141:8 146:12 151:23 152:1 171:23 183:9 184:14,21 186:18 205:25 214:9 216:9 255:3 269:2,10 privileged 20:18 problem 32:21 135:3		
precaution s 18:16,18 118:19 premedia 233:14,22 prep 114:14 preparatio n 17:16,19, 22,25 18:5,8,11, 14,25 19:16,20, 23 62:15, 16 161:25 229:7 prepare 17:11 19:4 116:4 262:24 263:1,3,4 267:12 prepping 111:10 presence				

Gina West
September 25, 2025

43

176:2,6	238:10,24	63:20 64:6		quality
182:1,11	239:20	157:12,17	Q	11:5,6,7,
186:2,7,	publicity	165:4		8,9,19
11,15	208:10	169:10	QIPSC	13:6,13,
200:11,17,	238:10,23	263:4	18:10	15,22
23 201:9	239:9,20	purposeful	21:19	14:6,9,22
210:14	240:6	ly	33:23	15:1,9
212:6	241:2,23	113:3	35:21 36:1	16:10,11,
provider	publicly	purposes	52:16,17	12,18 17:6
40:2,4	123:5	43:2 152:4	53:7,11,	22:16,18
providing	132:1	put	18,21	25:23
175:10	153:10,11	26:9 29:8,	54:12	26:2,24
178:2	202:19	21 35:22	55:4,8,24	29:2,20
192:11	203:7,8,20	40:21	57:9,16	30:9,11,21
201:15	205:15	53:11	58:9,18,21	31:5,8,13,
PSI	211:1,4	55:9,16	59:22	21 32:3,7,
33:21	212:1,7	56:7 59:22	60:16,21	18 33:23
PSIS	245:8	60:21	62:16	34:3,11,
34:1	251:22	101:18	63:2,10,	12,15
public	published	111:4	12,21	35:7,14
82:12,17	3:11,15	156:17	64:3,15	36:25
121:23	135:8	168:5	249:4,7,13	37:5,7,11,
123:5	165:3	171:12,16	QIPSCS	23 38:5,
124:19,21,	192:2,4	209:12	53:2	13,19
25 185:12	230:22	235:18	QMOR	40:7,12
186:19,25	237:4	259:4,14,	18:7 21:16	42:14,17
190:10	263:16	18 267:25	37:14	43:2 51:10
201:8	pull	270:21	44:23	52:18
202:21,24	145:13	puts	45:3,10,	53:12 57:8
203:14,25	punched	63:1	14,15,16,	58:25
207:3	177:24	76:21,24	18,21 46:5	59:3,9,21
209:12,17,	punished	186:19	47:10,16,	60:23 61:9
24 210:16,	167:1,3,4,	putting	23 49:7,8,	62:8,10
24 211:16	19 168:10	26:25	13 50:1,6,	63:3,10
229:21	purpose	197:14	14,17,23	65:17 66:7
233:5,23	32:20	214:14	51:3,12,	68:15,17,
234:21	42:13	233:11,23	15,22	18,23
235:1	51:11	258:16	52:1,7	69:4,6,7,
publicatio	53:20	266:14	57:20 58:4	8,23,24,25
n	54:16		qualities	70:10,22
			30:13	71:6,14,20
				72:17,19,

Gina West
September 25, 2025

44

24 74:22	238:16	225:24	134:13	re-read
80:1,20,23	243:9,14	234:17	135:18	147:7
81:3 88:25	245:11,19	235:19	178:5	reach
89:6,10	246:9	236:13,22	187:25	99:25
90:23	247:1	242:21	188:15	142:20
91:20	248:10	255:1	207:9,15	144:13
92:11,17	250:11,12	258:7	221:13	reached
93:15	253:13	264:1	225:13	23:7,8
96:22	268:24	269:9	226:4,7	143:13
97:8,11,19	quality/	questions	227:19	144:7
98:21	infection	8:3 9:1,2,	228:1,3,6,	211:18
112:19	247:2	4,5 44:4	21 231:1,6	reaction
115:25	quarterly	85:14	246:22	123:20
120:25	29:15,16,	174:10	253:4	189:24
128:1,9,19	21	180:15,16	262:19,23	190:12
130:23	question	196:16	Ramirez's	191:18,25
133:2	7:24 8:9,	246:6	208:2	208:2
135:13	10,22	265:7	ranking	209:7,8
139:10,12	30:16	271:2,18	237:12	read
157:24	36:14	quick	rankings	3:5 14:15
163:8	41:18 44:1	206:3	236:16	136:18
164:5	51:20 54:8	252:11	RANKINS	readiness
166:16	55:20	265:17	4:16	116:8
170:10	57:18 58:1	271:13	rate	reading
172:13	68:12	quickly	68:9 176:9	233:15
174:5	69:1,19	88:20	rating	234:5,8
175:8	77:15 98:8		193:16	ready
179:20	115:3	R	194:4,11	62:7,9
185:2,4,24	127:8	R-E-G-I-N-	195:4,11,	63:3
186:11,12,	128:7	A	14,16,19	135:24
14,24	129:6	7:15	196:22,24	232:11
188:12	177:8	raise	ratings	real
190:20	180:8,22	6:21 74:5	65:7,10	183:21
191:12	184:20,25	Ramirez	68:3,8	221:8
192:11,13	191:11	4:3,4,9	193:18,19	reason
209:16	192:24	20:7 43:10	rationale	133:21
212:5	200:1	44:8 49:21	195:2	144:7
213:4,10,	201:7	72:12,14	re-enter	158:1
14,23	204:15	75:1 93:18	168:13	177:9
214:4	205:1			228:16
217:21	211:9			
219:11,12				

Gina West
September 25, 2025

45

247:24	108:1,24	170:8,9	238:7,13,	254:14
reasons	109:2,13,	173:1	22 239:7,	257:1
214:11	14,20,21	175:6,12	12,19	269:7
recall	110:1,6,10	176:7	240:5	received
9:18 15:3,	112:10	177:5,9	242:19	10:7,8
23 16:19	114:6	180:16	243:20,21,	104:13
17:4,15,17	115:14,22	182:13,14	22 244:4,	107:6
18:14,16	116:1,7	183:14	10,17,21,	108:18
19:11	117:3	185:18,21	25 245:23	128:5,12
23:3,7,9,	120:2	189:9,13,	246:5,10	129:19
20 24:8,	123:15,19,	17,24	247:12	149:16
11,12,13,	25 124:5,	190:11,16,	248:8	153:9
15,23	6,13	21 191:2,	249:4,6,11	185:14
26:21	125:19	4,10,14,	250:9	189:10
29:13,25	126:20,21	17,18,24	251:16	190:23
30:3 57:20	127:3,19,	192:1	253:20,23	199:11
60:6 67:20	24 128:14,	197:23	256:22	237:6
68:6	18,24	203:23	257:17	250:19
70:16,19	129:16	207:7,8,	262:18,22,	254:13,19
83:7,19	130:5,7,	14,16	23 263:1,	256:25
85:5,7,11	15,21	208:1,7	14,15,20	258:25
86:4,20,24	134:5	209:6,7,	264:23	264:22
87:6,15,25	140:13,16,	10,11	270:19,24	receives
88:1	17,19	211:2,6,8,	recalled	67:10,15,
89:18,24	142:8,10,	18,22,23	241:22	19,23
90:1,12,16	20,24	212:3,4,9	recap	receiving
91:10,11,	143:1,22,	213:7,23	130:14	128:21
18 92:9	25 144:5	214:2,3	receive	130:17
93:12,20,	145:7	215:2,8	21:10 99:7	137:10
25 94:1,3,	146:21	219:7	105:18	141:5
7,8,19	147:22,24	220:9,11,	124:9	145:22
95:5,12,	151:24	17,18,22	127:1,14	146:6
14,19,24,	152:2	227:16,18,	128:15,16	216:8
25 96:4,5,	153:9	23 228:1,	129:13	237:1
6,8,9,10,	158:5,7	3,14,21,25	136:24	255:2,10,
12,13,14,	159:22	229:2,18	137:14	12,23
17 100:4,	161:17,21	231:5,11	138:4	256:12,19
18 101:3	162:13,16,	232:2,14,	140:22	recess
102:13,24,	22 164:24	17,18	147:5,6	65:1 104:5
25 103:3,	165:2	233:13,15	149:3	151:18
12 104:21	166:11	234:5,24	217:11	187:16
	169:12,22	237:3,8		

Gina West
September 25, 2025

46

206:7	recommend	recurrence	137:3	266:7
252:19	200:6	s	138:2,19,	Regina
271:16	recommenda	270:23	20 153:12	3:3,22,24
recipients	tion	redirect	154:5	4:1,5,7,9,
263:11	93:8,12,21	271:10	165:24	10,12,17,
recitation	94:4,8,14	refer	176:8,9	20,21 5:4
108:17	123:16	36:10 47:2	179:17	6:6 7:5,15
recollecti	200:6	138:1	192:4,5	171:1
on	recommenda	166:2	202:3,4	232:9
17:10	tions	189:14	214:20	Regional
85:14 88:9	35:20 41:1	251:24	215:21	12:20,22
95:18	62:7 232:3	265:23	216:25	16:20,24
101:10	record	270:8	224:8	17:1 23:10
103:15	6:5,15	reference	230:17	registered
105:15	7:14 20:25	179:1,13	231:15	169:14
106:1,15	64:25 65:2	references	241:14	254:1
108:21	104:3,8	247:21,25	248:23	regular
125:22	117:14	referencin	250:17	32:6 49:12
129:24	122:21	g	254:19	96:25
136:14	133:16,22	105:19	259:11	272:5
143:17	150:13	referred	refers	regularly
145:17	151:17,19	39:19,22	36:24 50:6	172:12
157:5	169:13	149:16	138:18	218:3
169:9	187:15,19	165:25	176:14	regulation
171:9	206:6,8	181:12	reflected	s
172:5,21	214:19	215:9	124:16	117:21
174:16	238:18	referring	refresh	regulatory
175:21	250:17	18:22	101:10	116:25
177:1,19	252:18,21	27:14	105:15,25	117:5
213:12,18,	270:4	33:11,14,	136:14	118:4,9
20 216:6	271:15,17	17 36:9	174:16	121:6,8,13
229:14	272:3,9	39:7 46:9,	213:20	178:14,16
234:19	recording	10,16 48:3	216:6	221:22
237:1	28:10	49:4 50:10	242:14	222:2
242:14	records	54:24	247:7	243:13
247:7	122:12	58:18	270:14	reimbursem
249:1	recruited	62:11 74:4	refreshes	ent
254:6	23:2	106:2,17	106:15	227:10
263:5	recruiter	120:12,14	213:11	relate
270:6,15	23:7	124:21	regard	
			208:5	

Gina West
September 25, 2025

47

33:20	229:22	190:15	repeating	160:11
related	233:6,23	208:19	47:1 54:8	204:19
17:24	234:21	214:8,9,	68:12	236:2,5
21:16,19	235:1	16,17	128:7	reported
22:1 67:18	relationsh	227:24	225:23	35:21 55:3
76:24	ip	228:6,10,	rephrase	89:2,5,11
95:22	44:10	15,24	9:3	119:6
99:13	relaying	233:15	replaced	123:5
107:17	232:25	240:9,10	260:5	132:1
108:22	release	250:13	report	144:11
152:6	191:8,13	251:17	28:23,25	153:10,11
159:24	233:6,24	265:17	29:1,4,6	194:25
160:11	234:3,14	reminder	30:20	204:21,24
175:9	263:22	248:16,17	31:13	251:22
176:3	264:4,6	remove	37:12,14	reporter
177:12,14	268:1	179:1,13	43:9,10	3:5 6:12
200:2,11	released	180:25	44:8,14	8:3
203:2,9,21	264:19	183:4	45:5,7,19,	reporting
204:12	releases	248:10	21 46:5,16	29:15
205:3,19	18:3	removed	47:16,23	55:2,3,4
207:5,10	267:13	192:22	49:8,14	73:13,15
210:16	relied	248:15	50:6,17,23	144:19
220:24	192:16	260:5	51:3,12,	175:15
222:4	relocated	261:4	15,23	226:9
227:20	23:4	reoccur	52:1,8	265:7
233:24	rely	270:21	54:23	reports
234:3,14	22:17	reorient	55:10,16,	26:5,6,7,8
239:19	remember	207:18	22 56:1,6,	29:9,12,21
242:16	23:23 57:5	repeat	8,14 57:2,	30:12,23
243:8	87:12	51:20 58:1	20 58:4,6,	31:5,19
246:3	92:14,22	62:22	25 59:4,9	34:8,10
247:18,25	94:24	77:15	60:4 62:7,	36:17,20
248:20	95:1,3	79:16	9 63:3	39:13
266:23	96:18 97:6	98:24	67:23	42:4,8,11
267:3,13	99:20	115:3	72:11	44:11
relates	102:10	189:21	73:17,19	47:10
38:7,18	103:8	193:21	74:24 76:8	53:11,18,
69:7 119:8	104:24	195:8	81:14	21 54:12
relations	162:20	223:3	112:22	55:11,24,
82:13,18	163:2		119:15,21	25 57:14
207:3			159:23	58:10

Gina West
September 25, 2025

48

59:20,22	183:3,4	221:23	227:16	224:13
60:2,5,19,	213:13	222:2	231:22	233:14,16,
21 61:10,	224:1	227:10	258:8	22 234:5
25 71:5,9	226:11,25	requires	260:3	responses
72:12	227:4,20,	96:14,17	261:22	178:25
74:23 75:1	23,24	178:16	263:12	179:12,16,
123:20	228:4,7	reserve	265:24	22 182:25
158:20	247:20	271:5,25	267:9	183:3
159:18	requested	resources	268:3	185:7
represent	21:6	220:4	270:17	233:19
7:11 190:9	22:12,14	respect	respectful	234:3,11,
269:24	119:23	7:22 25:14	ly	14
representa	145:11	31:4 35:7	226:11	responsibi
tion	157:7	41:18 52:2	respond	lities
198:16	161:16	56:7,8	22:19	39:17 40:8
representa	163:9	58:4 59:2	83:15	235:23
tive	requesting	64:10,15	85:15	236:1
40:25	162:5,12,	65:21	95:15	responsibi
88:21	19,24	66:15	154:25	lity
185:6	248:10	67:10,14,	179:24	112:20
192:12,15	requests	22 82:3	222:12	responsibl
reputation	21:10 22:9	92:12	responded	e
199:10,17	116:14	101:17	211:11	37:8,11
207:1	167:24	115:16	224:12	79:13 80:4
reputation	require	119:16,25	responding	81:23 87:2
s	68:3	121:8,12,	96:1	103:5
190:8	required	22 122:4	243:21	179:20
request	35:17	127:8	responds	185:3
21:4 30:1	36:11	136:15	222:19,21	responsive
39:25	40:16	153:16	response	21:3,23
77:25 78:6	57:12	156:19	4:3 74:7	22:9 83:11
99:11	77:25	169:2,21	85:2	restart
145:8	96:3,14	183:6	142:25	215:4
157:13	142:16	187:4	145:3	restroom
158:8	143:11	191:11,19	148:23	252:12
163:12	156:23	200:18	178:6,24	resubmit
166:24	178:10	202:22	180:23	137:21
168:13	182:9,24	205:22	181:11	result
177:20	requiremen	209:2,18,	183:4,8,9	208:10,11
180:25	t	25 212:1	214:13	
		218:11		

Gina West
September 25, 2025

49

resulting	180:10,14	21 171:17	rights	
205:4	182:1,3,6,	244:2	117:18	S
results	15,25	reviews	risk	SAFER
96:8 113:3	183:5,7	62:14	28:9 60:19	4:3
140:21	184:5	63:1,12	risks	SAFER®
142:17	185:7	118:5,9,17	137:21	178:6,9,
185:11	188:17	revising	138:7	12,13,16
202:21	227:11,14	188:22	River	181:2,14
243:13	229:6	revisions	11:11	183:5,8,16
retrospect	234:16	135:18	role	185:1,11
ively	243:8,23	reweight	22:21	202:3
172:1	250:12	260:8	26:23 27:7	247:13,18
reveal	265:17	rewind	30:5 37:7	248:14,21
20:17	reviewed	150:13	43:11,14	safety
review	17:13,15	Ricardo	71:1 72:6	3:12,15
4:5 17:18,	18:21,23	4:2,4,9	88:24	4:6 26:9,
21,24	27:10	43:10	96:21	13,18,25
18:3,7,10,	40:24	72:12,14	97:11	27:5,8,9,
24 19:15,	42:18	134:13	103:5,8,9	25 28:4,
19 27:4	46:20	178:5	170:2,4	10,15,22
31:8 34:21	70:4,6	246:22	222:25	29:8,22
39:12,13,	73:12	253:4	rough	30:20
21 40:2	102:6	Ricky	272:4	31:12,19
45:9	104:17	20:7 44:8	rounds	33:19,24
53:17,20,	105:20	49:21 75:1	140:21	40:13
23 54:7,	108:8	93:18	141:8	43:3,7
11,16,19,	121:3	187:25	row	51:4 52:18
25 55:4,7,	136:13	207:9,15	257:25	62:8,10
11,23	137:2	208:2	rub	63:4
114:15	140:19	221:13	118:22	68:10,19,
117:13,19,	184:24	225:13	119:14	24 69:13,
20 118:19,	245:20	226:4,7,8	rules	15,18,23,
22,25	265:15	227:19	7:22	25 70:10,
120:1,2,5,	reviewing	228:1,3,6,	117:20	15,16,19,
6 122:15,	18:14,16	21 230:10	run	21 71:2,4,
18 123:2,	27:7 39:6	231:1,6,13	45:10,12	8,13,16,21
3,6 136:10	52:12	232:25	46:8	72:1,7,8,
142:5	63:20	262:23	252:12	19,25
161:25	64:2,5	right-hand		73:3,4,9,
172:18	108:11	225:9		11 74:9,
179:18	122:11,12,			10,15,19,

Gina West
September 25, 2025

50

24 76:1,7, 8,11,14, 17,24 98:6,15 107:17 108:23 124:9 126:1 127:2,15, 17 128:6, 12,22 129:12,20, 22 130:3, 17,25 131:4,21, 24 132:2, 24 135:8 136:15 141:4 146:15 150:18 151:23 152:13 153:4,19, 25 154:4 155:1,16 156:25 158:10 159:3,24 160:7,11, 21 161:13 163:10 165:18 166:4 172:22 185:15 186:3,15 188:4,9,18 189:19 190:2,24 191:8,13 193:2,3,6	194:6 195:5,20, 22,25 196:5,11 198:9,16 200:12 207:11 208:9,12, 18 218:4 233:7,24 234:4,15 236:21 237:5 238:11,24 239:10,21 240:4,7 242:17 243:9,15 245:17,20 246:8 250:18 254:7 255:3 257:11,15 263:16,18, 23 264:5, 11,15 268:18 sake 8:3 188:3 Saleh 35:6 Sam 3:21 169:6 170:1 232:22 239:4 Samaritan 3:25 6:7 13:17 14:1,3,6	25:21 80:17,19, 23 81:3,12 85:22 86:6,16,17 88:3 89:22 95:6,7,9, 16,20,21 97:6,9,12, 14 112:20, 21,22 113:8,15, 25 114:10 115:2,11, 12,18 123:15,21 124:2,3 128:2,10 130:24 169:16,17 173:15,20 174:1,4, 12,25 175:8 177:3 238:19 Samaritan' s 86:2,21 87:3 91:14 sanctioned 258:5 sans 141:5 255:13,22 SAR 173:14 Sarah 35:6	satisfacti on 138:13,18 197:3 Saum 44:15,16 save 109:7 156:17 scanning 117:16 scary 190:3,5 238:16 scenarios 253:19 254:4 schedule 45:7 scheduled 171:21 school 10:6 score 136:25 147:5 148:12 149:13,16 150:7 151:2,5,10 155:1 156:25 167:20 175:16 216:22 258:9 260:20 261:24 scorecard	36:24 37:6,25 38:3,7,18, 22 39:1 scorecards 37:9 38:13 39:6 scored 147:17 165:15 193:5 scores 4:11,13 18:24 138:19 145:22 156:25 157:9,13 158:2 159:11,14 164:6,13, 18,25 165:3,7,8 166:3 186:3,7 190:7 216:3 225:13 226:8 231:2 253:18 254:2 260:5 261:25 scoring 125:6 146:20 148:4,9, 11,15,16 149:10 150:17,19
---	--	---	---	--

Gina West
September 25, 2025

51

151:7,22	48:2,3,6,	served	25 243:14	showing
152:12	11,20,25	11:5	shared	167:5
153:5	sense	serves	250:9	233:21
155:15	85:7	160:24	sharing	shows
188:22	107:24,25	service	162:15	176:22
192:9,15	108:1	57:14	she'll	shrug
199:24	168:16,18	60:14 99:6	40:10	8:16
208:12	208:22	services	SHEET	sic
254:22	219:20	98:23	3:6	57:2 79:20
257:21	sentence	99:2,4,7,	SHER	167:11
260:12	90:7 166:6	10,11,15,	4:13	215:3
261:19	212:21	18 101:12,	Sheri	223:15
script	215:16	17,20,23	4:10,15,18	250:25
45:7	separate	103:14	109:22	271:10
46:15,17,	53:2 75:5,	104:11,18,	110:2,6	side
21 47:2	6 111:14	22 105:16	238:15,18	197:2
search	126:1	106:2,16,	239:8	214:16
21:22	131:15	23 107:2	240:2	225:9
section	152:17	108:15	241:22	sided
257:9	separated	192:12	242:3,16	156:15
send	260:13	session	shoulders	sides
100:7,21	sepsis	120:5	8:16	156:16
157:8	35:9	Sessions	show	SIGN
158:9	September	3:10	101:9	3:5
230:13	6:11	106:11	125:20	signature
237:16	106:10,22	set	152:11	271:5
248:9	164:17	31:23	153:15,20	272:12
271:21,24	212:17	52:10	154:20	signed
sending	213:3	104:12	166:21	267:22
142:8,10	215:3,13	111:16	167:25	similar
233:13	218:15	169:7	191:5	116:14
236:14	219:17	171:5	192:10	197:3
247:12	221:14,18	266:4	207:23	218:1
sends	224:19	sets	208:6	simple
237:13,18	225:16	58:12	228:12	254:2
senior	226:1,5,15	setting	233:18	258:2
11:5,9	227:17	59:11	241:17	259:1
14:22 15:1	230:10	share	showed	260:1
37:12 45:8	231:6	21:8	177:7	261:3,17,
47:25		32:21,23,		

Gina West
September 25, 2025

52

20 263:8, 12	situation 145:17	153:22 159:5	specifics 191:17	155:16 164:10,13
simply 154:25 198:12 260:2	slide 35:23,24, 25 36:5	175:25 189:13 190:19	speculate 59:17 66:16 81:6 144:25 234:25	165:1,17 167:19 168:3 169:9
simulate 265:20	slowed 238:1	specific 18:19 22:18 31:2 33:13 50:1 55:18 74:15 83:21 92:1 130:21 175:12 176:25 190:21 191:14 203:17 213:18 235:24,25 237:1 249:1 258:8	speculation 51:7 58:14,23 59:14 62:18 63:14,23 198:18	185:15,19, 22 186:4, 9,15 188:4,8 190:14,17, 25 240:4 250:10 253:17 256:8,11, 17 257:9, 10,15 263:16,23 264:11,15, 22
single 70:24	SMMC 215:24		spell 7:13	SPRING2023 HOSPITALSA FETYGRADE 3:13
SIR 3:24	soap 118:22 119:13		spending 89:8 90:19 214:13	spurred 248:9
sit 60:6 66:17 86:8,15 98:2,11 99:1 101:3 106:22 136:19 146:2 163:2 172:25 176:13 227:25 248:25 252:7	software 180:17 solely 73:4 193:4 solve 32:21 sort 55:10 67:1 80:5 171:19,22 172:18 195:4 source 203:8 span 96:19 speak 19:22,25 20:4,7 22:15 117:22 119:4,5 122:18 176:10 243:14 speaking 91:25	specifically 22:22 66:5 68:9 91:18 97:13 115:22 119:16 120:25 121:20 122:25 123:14 125:19 126:20 208:3 Specificat ions 265:8	spent 114:17 115:10 172:2 spoke 22:11,16 24:9 spoken 240:24 spring 5:1 120:24 127:18 129:23 141:3,10 143:4,7 144:2,23 146:25 147:13,19 148:4,14 152:5	St 13:18 14:9 21:7 43:14,16, 20 64:7,11 65:18,21, 22 66:4,7, 8,9,13,14, 22 67:1,2, 7,9,13,18, 19,22,23 68:16 71:21 74:18 75:15,18,
site 21:8 117:13,15 118:20 120:24 122:6 123:1,4 251:18 sitting 85:5 116:7 128:24 145:13 213:6				

Gina West
September 25, 2025

53

20 77:8, 10,12,13, 17,24 78:5,9 79:1,14, 15,19 80:2,5,7, 14,15,24 81:4,12, 16,20 82:3,13 85:20 88:17,23, 24 89:11, 15 90:11 92:16 96:2 97:3 112:16 114:20,25 115:11 116:3 169:15,16, 25 170:3,7 215:25 217:1 232:23 240:13,18 241:10,11, 14 staff 40:1 73:25 113:9,12 117:22 118:20 119:12 121:2 214:6 215:6 staffing 121:13,15 136:25	137:10,15 140:22 141:6 145:23 146:14 147:2 148:10 150:22,24 151:3 154:6 200:4 204:1 255:4 256:14 258:19 stakeholder rs 191:19 stand 18:17 52:17 standalone 16:7,24 standard 18:16,18 118:19 175:20 standardiz ed 42:19 standards 97:22 98:4,14,15 174:19 249:7,8 standpoint 245:11 staples 136:1	star 193:16,18, 19 194:4, 11 195:4, 10,11,14, 16,19 196:22 stars 193:24 194:1 start 9:8 23:25 82:2 84:11 190:22 253:25 255:19 started 14:3 32:13,16 163:12 199:11,12 233:4 starting 10:6 151:21 starts 155:19 217:15 221:17 state 7:13 199:12 stated 104:14 126:23 139:4 159:15 218:24 241:9	statement 136:21 176:21 177:2 states 132:18 227:8 statistici an 254:1 stem 15:10 STENOGRAPH ER 6:21 7:3 42:9 105:2 269:18 step 147:3 Stephany 4:21 246:21 253:10 Stet 4:16 236:16 stick 67:21 97:5 184:22 stop 24:6 92:24 93:9 94:5 123:9 125:15 214:22 220:2 223:7 stopped 112:5	124:10,15, 25 126:14 248:2,5 256:4 stopping 124:3 strange 156:3,12 strategic 51:13 strict 222:15 strike 21:15 101:21 156:6,9 268:11 270:7 stroke 92:20 structural 33:6,10 98:5 152:21 153:17,18, 24 154:3, 11,13,17, 23 155:19 260:25 261:22 262:1 structural ly 28:21 structure 30:4 stuff 171:14
--	--	--	--	--

Gina West
September 25, 2025

54

subject	162:25	surfer	95:6,16,21	150:6,20
3:11,14,	188:23	185:11	96:1,3	151:11
18,20,23,	submitting	surgeons	97:7,15	158:4
24 4:3,5,	159:25	125:12	102:20	159:4
8,9,11,13,	161:22	surgeries	103:1	161:15
16,18,20,	subsequent	239:3	107:17	163:1
23 5:1,4	ly	surprised	108:22	166:7,14,
135:7	223:14	127:20	110:14	18 170:14
163:23	substance	130:16	111:6,10,	172:10,14,
169:5	158:25	surroundin	17,20,24,	15 177:9,
171:4	sufficient	g	25 112:6,	11 178:6,
173:14	265:20	47:23	7,21,23	9,10,12,
178:5	sufficient	49:13	113:3,4,9,	13,14,17
188:16	ly	233:6	10,13,16,	181:3,8,14
212:18	98:6	238:23	18,24	183:8,16
225:13	suggest	239:9,20	114:9,12,	185:1,12
231:2	257:21	240:6	21,23	188:23,25
236:16	suggested	241:2	115:13,18,	193:3
242:7	197:7	253:24	20 116:8,	197:20
243:4	suggesting	survey	14 123:10,	200:7
246:22	197:9	4:3 5:2	18 124:4,	202:3,21
270:3	summer	15:2,22	11,22	206:17
submission	190:14,18	16:17	125:1,15,	212:22
83:22	191:1	17:3,9,18	18,25	213:5
84:7,16	207:4	68:4	126:7,15,	214:1,7,
87:3 88:3	supply	76:21,24	19 127:1,	13,23
137:16	157:13	82:24	12,22	215:5
submit	support	83:2,5,12,	128:5,23	216:8
77:25	223:25	16,21	129:13	217:11
132:23	supported	84:3,8,15,	130:2,19	218:12,17
159:9,10,	93:9	23 85:3,6,	131:18	219:5,19
14 160:12,	123:23	9,16 86:3,	132:5,8,	220:3,10
17,20	209:14	11,18,22	12,19,23	221:1
161:13	221:21	87:4,10,17	137:16	223:2,7,18
188:24	222:14	88:4,5	140:15,21	224:22
227:11,13	supportive	89:9	141:7	226:10,16
256:20	166:17,20	90:15,19	142:16,22	227:22
submits	228:4,7,9	91:16,22	143:3,7	228:5
67:8		92:13,25	144:3,9,	229:12
submitted		93:6,24	15,23	231:25
79:1 103:7		94:6,11,21	145:6,9,12	232:6
			147:4,5	243:13

Gina West
September 25, 2025

55

246:8,9	73:14,15,	22:4 23:17	63:6,13,22	112:9,24
248:5	18,20 74:1	24:22	64:13,16,	113:5,11,
254:13	81:24 97:3	25:3,8	19,22	19 114:4,
256:4,21	122:15,19	26:14,20	65:8,24	24 115:21
265:6,18,	139:5,23	27:22	67:4 68:5,	116:6,16
24	141:7	28:18	11,20,25	117:2,7
surveyed	144:19	29:17	69:10,14	118:6
122:7	148:11,15	30:15	70:1,23	121:16
201:11,12,	151:7	31:14,22	71:15,24	122:5
18 202:2	178:11	32:10,24	72:4,20	123:22
203:14	179:19	33:22 34:5	73:5 75:2,	125:2
surveying	180:4,11,	36:3,19	8,14 76:3,	126:3,12
205:11	14,21	37:2,10,16	12 77:1,	127:4,23
surveyors	182:6,23	38:1,9,14,	14,21	129:3,6,15
251:17	184:25	20 39:2,9,	78:1,10,24	130:4,11,
surveys	194:21	24 40:15,	79:2,10,21	20 133:4,
92:20	197:14	22 41:15,	81:5 82:5,	14,17,21
143:20	200:24	22 42:1,7,	9,14 83:6,	134:17,21,
202:5	201:5,14	16 43:5,22	18,20 84:5	25 135:3,
203:14	202:20	44:2,21,25	85:10,18	25 136:5
Sutaria	211:16,19,	45:11,23	86:12,23	139:19
44:15,16	25 218:17,	46:2,23	87:5,11,19	140:4,25
swear	25 219:4,	47:6,12,	88:6 89:1,	141:9,12
6:22,23	18	17,24	20,25	143:21
switch	system/	48:8,14,	90:21	144:4,16,
80:22	system	19,23	91:4,6,23	24 145:24
switched	180:18	49:9,15,22	92:5 93:7	146:8,17
81:2	systems	50:3,8,18,	94:16	148:21
sworn	15:20	25 51:6,	95:11	149:8,21
7:6	96:24	18,25	96:16	151:16
synonymous	180:2	52:4,11,24	97:16,24	155:3,21,
68:24	182:1,16	53:8,14,22	98:7,16	23 156:2,
system		54:2,14,18	99:23	4,13
11:17 13:7	T	55:1,12,17	100:5,11,	157:2,14,
14:20,21	table	56:4,16,22	17,24	21 160:2
15:7,12,16	168:15	57:4,11,24	101:6,14	163:15
16:7,8	170:18	58:13,22	102:1	164:9,21
28:11	Takagaki	59:6,13,24	103:16,18	165:11
44:19	6:18	60:18,24	107:13	167:21
	20:16,20	61:3,11,	108:3	168:12
		13,18	109:4	171:11
		62:1,17,23	111:7	172:16

Gina West
September 25, 2025

56

174:20	237:20	22:21	123:14	team
175:11,17,	238:4	33:2,20	127:5	70:22
22 176:5,	242:18	52:16	131:15	71:14
16 177:13	244:9	54:21 66:4	149:9	96:7,15,18
179:7	245:13,22	69:22	184:12	technicall
181:16,22	246:11	70:14 71:1	204:23	y
182:7,18	248:12	74:2 97:13	207:20	184:2
183:13	249:15	116:2	241:13	technology
189:12	250:8	121:19	253:6	180:9
191:22	251:10,14	125:14	254:4	telephone
192:17	254:8	127:9,18	259:13	243:18
193:7	255:15,24	151:22	talks	telling
194:7,14	258:12,21	153:1	104:17	100:21
195:7,23	259:9,22	184:21	150:23	103:2
196:13	260:4,21	190:22	196:15	137:4
197:1	261:7	192:3	Tanushree	214:5
198:17	262:4,14	229:24	158:21,22	templates
199:5	263:6,25	237:24	159:18	45:6
200:13,19	265:25	256:8	targets	ten
201:1,6,19	268:21	talked	51:13,14,	152:23
202:12	269:4,12	36:8,23	17,23	153:3
203:4	271:11,13,	58:5 60:11	52:3,10,13	197:22,25
204:2,7,14	18	70:15 74:8	57:16,21,	260:16
205:6	takes	88:22	23 58:5,9,	Tenet
206:4	96:15	123:8	12,15,20	23:11,14
208:14	215:24	177:6	59:12	26:17
210:7,21	taking	186:6	tasks	44:17,18,
214:25	7:25 8:14	188:11	72:22	19 45:7
215:7,9,12	90:9	190:16	92:21	46:15,17,
217:5	92:15,16,	197:19,22	Taylor	21,22 47:2
218:5,18	17,19	219:25	3:18 4:2,	48:7 50:23
219:6	94:11,12,	239:2	15,22	58:20
220:6	25 95:2	255:9	80:13	59:10
221:3	106:14	260:11	81:14,20	123:11
222:8	110:12	264:4	163:22	139:12
223:10,20	185:9	talking	173:14,25	140:1,3
224:24	189:4	18:19 33:3	175:8	156:23
226:21	197:13	50:9 54:22	178:4	157:7,13
227:7	talk	70:23	212:17	158:1,23
230:19	8:2 9:9	92:1,8	246:22	159:2,25
232:1	18:13	104:11		
233:12				

Gina West
September 25, 2025

57

160:10,13	97:3	131:16	96:18	190:23
161:9	114:3,9,14	172:1	98:12,20	191:1,12
162:24	233:19	194:5	103:8	206:11,15
163:9	tested	270:21	104:7	207:5,17
164:18,22	180:18	thought	109:16,22	208:19
179:18	184:19	51:22	110:13,14	209:8
180:1,3,	testified	61:18,19,	111:9,10,	211:9
10,14	7:7 39:5	21 62:20	16 113:17,	214:12,18
181:25	51:22 70:5	63:17 92:3	23 114:11,	215:3
182:6,15,	92:3	138:9	17,19,21	216:22
22 186:8	testimony	151:13	115:6,9,16	218:15
211:15,19,	6:23 9:10	155:25	116:19	219:17
25 218:2,	50:12	156:6	120:6	227:20
16 219:4,	51:19	202:9	121:2	239:2,9,
18 236:20	57:25	251:6	125:13,16	13,14,15
252:8	79:22	thread	131:4	240:6
term	108:4,11,	211:8	133:25	247:14
37:25	17 202:16	228:24	134:1	248:14,21,
38:2,7,18	223:11	229:1,3,6	135:21	22,23
39:1 69:7	241:8	230:8,17,	137:15	249:5
terms	255:16	20	139:9	250:13
10:14	testing	threshold	140:18	252:21
36:24	178:24	138:2,6,10	142:5,25	254:2,7,24
39:12	179:5,8,9	tied	144:11	255:25
55:18	180:2,3,5	221:22	146:19,22	256:3
66:3,6	184:19	227:9	147:21	263:20
71:12	tests	time	150:15	265:14
117:12	114:1	6:5 7:20	156:21	272:8
122:11	THIELK	8:6,8,20,	160:3	time-
165:9	4:15	25 9:10,25	162:6	consuming
171:16	thing	15:19 19:9	163:7	228:17
183:5	115:15	20:25 54:3	165:2,5	timeline
197:3	135:22	69:4 85:3	166:25	39:19 63:9
223:22	233:5	88:21	167:24	times
224:6	things	89:8,21	170:5	7:19 19:6,
terrible	33:4 69:17	90:18	171:15,22	8 88:19
184:20	92:19	91:13,25	172:2,17	201:13
test	94:12	92:15,18	176:15	timing
8:6 60:9	122:22	93:17	177:20,22	188:3
96:2,5,11,	126:9	94:11,12	185:25	title
13,14,24		95:8,12	186:16,22,	11:18
			23 187:18	

Gina West
September 25, 2025

58

29:13 49:4	252:7	222:12	tricky	87:15
159:19	267:10	229:17	146:24	
235:12	today's	239:22	triggered	U
titles	272:8	240:11	136:17	
29:11 31:5	told	249:22	true	U.S.
today	9:10 21:25	topic	181:9	67:23
17:12,16,	37:5 54:11	133:10	truth	uh-huh
19,22	57:20 58:6	140:7,9	6:25 7:6	8:17
18:1,5,8,	60:11	162:15	Tucson	ultimate
11,15,25	62:20 64:3	track	12:5,6,10	155:1
20:2,5,8,	71:1 79:18	41:24 42:5	16:2	177:9
25 25:17,	89:15	tracking	turn	ultimately
20 60:6	90:1,13	60:12,17	155:17	185:14
66:18 77:2	110:6	transcript	236:19	229:10
83:7 85:5	115:5	271:19	twelve	232:5
86:8,15	121:7	272:2	19:14	266:19
96:21	138:9	transcript	152:20	Um-hum
97:20	160:6	s	153:16,18,	169:4
98:2,11,12	162:5,21	19:15	23 154:9,	unaware
99:1,19	202:10	transfer	16,22	245:6
101:4	205:10	238:1	155:20	unclear
106:22	206:11,13	transmitte	198:4	198:14
109:16	209:6	d	260:25	underlined
116:7	229:7	180:20	261:5	256:25
123:8	239:6,7	transparen	two-hour	underneath
128:24	240:3	cy	96:13	30:11
136:20	241:21	204:23	two-step	174:11
145:13	Tomer	transparen	147:3	understand
146:2	158:21,22	t	type	9:1,2
147:14	159:18	200:11,17,	9:19 30:12	43:19
154:5	tool	23 201:16	32:23 33:7	61:14
162:1	180:24	202:19	39:25	63:18
164:16	181:12,21	203:2,9,25	60:15	69:1,19
172:25	183:11	204:11,18	172:5	84:2,3,7
193:21	top	205:3	175:2	86:8 99:7,
213:6	105:12	trauma	176:2	10,12,14
223:5	132:13	199:14	211:16	108:11
227:25	141:24	treated	types	117:24
229:8	176:22	146:13	59:20	125:25
235:2	185:20,23			130:25
248:25	191:8,10			

Gina West
September 25, 2025

59

131:3,25	98:25	95:3 168:3		verificati
132:3	107:9,15,	197:12,17	V	on
133:24	16,19	201:7		67:2 80:5
136:18	119:10	223:4	Vague	versus
137:9,25	128:9	247:16	72:20	6:8 148:5
141:2	131:20,23	unfamiliar	97:24	Vicki
150:14	132:10,22	37:25 38:2	98:7,16	262:19
151:5,9	133:1	unit	112:9	video
152:16	137:3,6,7,	104:3,6	113:19	6:4,6
153:22	13 138:3,	187:17	198:18	272:6
154:2,11,	17 141:3	252:20	203:4	view
15,21	146:11	United	205:6	51:10
157:17	147:1,12,	132:17	246:11	viewed
168:4,7	16 148:3,	units	259:22	238:17
176:24	13 149:6,	176:7	266:1	Virginia
188:3	9,15,19	251:22	269:4,13	10:2 11:13
193:8,11	150:3,12,	updated	validated	14:12
194:24	16,19	27:10	121:5	visits
195:1	152:10,12	42:18	202:8	66:14
196:3,8,	153:3,7,17	updates	204:20,25	voluntary
21,24	155:13	4:5 188:17	validation	99:6
197:15	156:22	upholding	35:11,12	131:14,18,
198:1,5	159:7,8,13	143:10,12	Valley	21,24
199:21	160:16	uploaded	11:11	132:2
202:9,15,	167:18	21:8	variables	192:21
18 210:13	169:19	usable	198:23	
213:18	174:23	214:14	varies	W
224:4,18	178:18	UTI	88:18	
230:11	189:5	138:25	vary	W-E-S-T
231:18	203:13	utilize	60:4	7:16
244:5	205:25	265:23	Vascular	waive
248:4	210:4,19	utilized	35:4	272:12
260:1,11	218:14,19	189:1	verbal	walk
261:4,20,	219:17	utilizing	8:16	125:13
21 262:9	222:24	119:13	227:23	wanted
264:10	243:22	201:14	228:2	151:14
266:6	255:10,25	254:3	231:12	178:23
understand	256:9,11		240:9	185:8
ing	257:13			223:24
28:7 38:7	understood			
50:12	9:5 70:8,			
	12 94:1			

Gina West
September 25, 2025

60

239:4	212:16	177:7,10	withhold	131:1
wanting	weight	178:2,3	143:19	147:13
226:15	261:23	187:22,23	witnesses	148:4,20
washing	weighting	188:13	36:23	151:23
119:13	198:21	206:10	wondering	169:15
120:8	weird	212:13	213:11	183:12
watch	156:1,7	221:10	250:25	working
117:15	167:13	225:5	Woodville	9:25 25:1,
water	west	230:4	10:2	2 95:25
118:22	3:3,22,24	232:9,23	word	170:7
119:13	4:1,5,7,9,	236:11	120:10	171:14
web	10,12,18,	241:21	192:8	172:1
182:4	20,21,24	242:2	196:18	works
webinar	5:4 6:6,10	243:1,2	197:11	39:20
107:7	7:5,10,15	249:20,21,	199:20	63:19
108:2,5	65:4	25 250:4	words	71:14
109:3	104:10	252:23	55:9 93:25	122:19
webinars	105:8,9	253:2	94:2	149:20
99:13	106:8,9	255:5,6,	148:7,8	161:9
107:10,16	134:11	13,22	work	World
108:16,18,	135:13	256:15,16,	3:23	67:23
20,22	136:10	18 257:24,	10:14,15,	worse
website	137:9	25 258:8,9	17 11:3	138:14
102:7	140:14	259:14	12:6 23:2	167:25
103:10,21	141:5,17,	265:4	72:21	wpubliccom
104:17	18 142:15,	269:21,22	88:20	ments_
105:10	22 143:2	what-if	143:11	final_web.
106:10	144:1,8,	254:4	148:5	pdf
107:4,6	14,22	what-if'	158:18,22	3:14
110:10	145:5,8,	253:18	171:4,10,	write
111:4,22,	16,21	what-ifs	13 172:6,	178:22
25	151:21	5:2 258:6	18 173:1,	219:22
weekly	155:9	whatsoever	25 177:21	writing
29:15	163:18	67:8	211:15	221:2
Wehmeyer	166:6,12,	when's	228:18	249:24
3:18 4:2	13,17	265:14	239:4	written
35:2	167:5,10,	wide	worked	25:6
163:22	18 168:9,	218:17	10:16,20	240:10
178:4	22 170:22,	withdrew	86:17	wrong
	23 171:1	163:16	102:19	
	173:11,12			

Gina West
September 25, 2025

61

138:10	17,19,20,	
221:8	21 13:2	
wrote	16:20,23	
257:14	17:1 23:10	
Y	Z	
Y-U-M-A	Zanesville	
12:20	11:24	
year		
10:11,24		
13:9 55:19		
56:11,13		
84:9 86:9		
91:11		
116:10,11		
127:10		
178:10		
182:5		
183:23		
184:9,14		
188:5		
203:15		
247:17		
248:23		
years		
9:17,19		
11:15		
12:3,12		
13:21		
15:19 16:4		
102:4,5		
107:19		
108:1,8,12		
133:3		
147:4		
181:9		
183:8		
226:11		
Yuma		
12:15,16,		

EXHIBIT A

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF FLORIDA
WEST PALM BEACH DIVISION

GOOD SAMARITAN MEDICAL)
CENTER, et al.,)
)
Plaintiffs,) CASE NO.
)
v.) 9:25-CV-80526-DMM
)
THE LEAPFROG GROUP,)
)
Defendant.)
_____)

The in-person, video-recorded deposition of Matthew Austin, taken pursuant to Federal Rule of Civil Procedure 45 and Southern District of Florida Local Rule 26.1, at the offices of Zuckerman Spaeder, LLP, 100 E. Pratt Street, Suite 2440, Baltimore, Maryland 21202, by Plaintiffs in the above-referenced action, beginning at 9:09 a.m. The deposition was taken before Marlene Kerr, a Certified Shorthand Reporter, Registered Professional Reporter, Registered Merit Reporter, Certified Realtime Reporter, Federal Certified Realtime Reporter, Notary Public.

Job No. 7616361

1 APPEARANCES: 2 Attorneys Representing Plaintiffs: 3 GIBSON, DUNN & CRUTCHER, LLP 4 BY: LEE R. CRAIN, ESQUIRE 5 BY: IASON TOGIAS, ESQUIRE 6 200 Park Avenue 7 New York, New York 10166-0193 8 212.351.2454 9 lcrain@gibsondunn.com 10 itogias@gibsondunn.com 11 12 Attorney Representing Deponent Dr. Matthew Austin and 13 The Armstrong Institute: 14 ZUCKERMAN SPAEDER 15 BY: SARA LAWSON, ESQUIRE 16 100 EAST PRATT STREET, SUITE 2440 17 BALTIMORE, MARYLAND 21202 18 410.949.1181 19 slawson@zuckerman.com 20 21 Page 2	1 INDEX OF EXAMINATION 2 WITNESS: MATTHEW AUSTIN 3 Good Samaritan, et al., The Leapfrog Group 4 Thursday, September 25, 2025 5 <table><tr><th>EXAMINATION</th><th>PAGE</th></tr><tr><td>6 By Mr. Crain</td><td>11</td></tr><tr><td>7 By Ms. Wood</td><td>362</td></tr><tr><td>8 By Mr. Crain</td><td>397</td></tr><tr><td>9</td><td></td></tr><tr><td>10</td><td></td></tr><tr><td>11 Certificate of Reporter</td><td>417</td></tr><tr><td>12 Certificate of Deponent</td><td>418</td></tr><tr><td>13 Errata</td><td>419</td></tr><tr><td>14</td><td></td></tr><tr><td>15</td><td></td></tr><tr><td>16</td><td></td></tr><tr><td>17</td><td></td></tr><tr><td>18</td><td></td></tr><tr><td>19</td><td></td></tr><tr><td>20</td><td></td></tr><tr><td>21</td><td></td></tr></table> Page 4	EXAMINATION	PAGE	6 By Mr. Crain	11	7 By Ms. Wood	362	8 By Mr. Crain	397	9		10		11 Certificate of Reporter	417	12 Certificate of Deponent	418	13 Errata	419	14		15		16		17		18		19		20		21																																	
EXAMINATION	PAGE																																																																		
6 By Mr. Crain	11																																																																		
7 By Ms. Wood	362																																																																		
8 By Mr. Crain	397																																																																		
9																																																																			
10																																																																			
11 Certificate of Reporter	417																																																																		
12 Certificate of Deponent	418																																																																		
13 Errata	419																																																																		
14																																																																			
15																																																																			
16																																																																			
17																																																																			
18																																																																			
19																																																																			
20																																																																			
21																																																																			
1 APPEARANCES (continued): 2 Attorneys Representing Defendant: 3 WILSON ELSE 4 BY: COURTNEY L. WOOD, ESQUIRE 5 161 North Clark Street, Suite 4500 6 Chicago, Illinois 60601 7 312.821.6139 8 courtney.wood@wilsonelser.com 9 10 ALSO PRESENT: 11 CURTIS ROGINSKI - Videographer 12 13 14 15 16 17 18 19 20 21 Page 3	1 INDEX OF EXHIBITS 2 WITNESS: MATTHEW AUSTIN 3 Good Samaritan, et al., The Leapfrog Group 4 Thursday, September 25, 2025 <table><tr><th>EXHIBIT NUMBER</th><th>DESCRIPTION</th><th>PAGE</th></tr><tr><td>6 Exhibit 1</td><td>Email from Ms. Binder</td><td>20</td></tr><tr><td>7 Exhibit 2</td><td>from Mr. Austin to Ms. Danforth dated May 1</td><td>23</td></tr><tr><td>8</td><td></td><td></td></tr><tr><td>Exhibit 3</td><td>Document that outlines</td><td>29</td></tr><tr><td>9</td><td>Grading methodology</td><td></td></tr><tr><td>10 Exhibit 4</td><td>Email from Mr. Austin to Ms. Danforth, cc'ing Ms. Wood</td><td>30</td></tr><tr><td>11</td><td></td><td></td></tr><tr><td>12 Exhibit 5</td><td>Matthew Austin Linked In Profile</td><td>35</td></tr><tr><td>13</td><td></td><td></td></tr><tr><td>Exhibit 6</td><td>Contract b/w Johns Hopkins University and The Leapfrog Group</td><td>42</td></tr><tr><td>14</td><td></td><td></td></tr><tr><td>15</td><td></td><td></td></tr><tr><td>Exhibit 7</td><td>Document from the Leapfrog Safety Grade website, hospitalsafetygrades.org</td><td>71</td></tr><tr><td>16</td><td></td><td></td></tr><tr><td>17</td><td></td><td></td></tr><tr><td>Exhibit 8</td><td>Printout of a webpage from Leapfrog's Hospital Safety Grade website</td><td>78</td></tr><tr><td>18</td><td></td><td></td></tr><tr><td>19</td><td></td><td></td></tr><tr><td>Exhibit 9</td><td>Hospitalsafetygrades.org website page of Frequently asked questions</td><td>102</td></tr><tr><td>20</td><td></td><td></td></tr><tr><td>21</td><td></td><td></td></tr></table> Page 5	EXHIBIT NUMBER	DESCRIPTION	PAGE	6 Exhibit 1	Email from Ms. Binder	20	7 Exhibit 2	from Mr. Austin to Ms. Danforth dated May 1	23	8			Exhibit 3	Document that outlines	29	9	Grading methodology		10 Exhibit 4	Email from Mr. Austin to Ms. Danforth, cc'ing Ms. Wood	30	11			12 Exhibit 5	Matthew Austin Linked In Profile	35	13			Exhibit 6	Contract b/w Johns Hopkins University and The Leapfrog Group	42	14			15			Exhibit 7	Document from the Leapfrog Safety Grade website, hospitalsafetygrades.org	71	16			17			Exhibit 8	Printout of a webpage from Leapfrog's Hospital Safety Grade website	78	18			19			Exhibit 9	Hospitalsafetygrades.org website page of Frequently asked questions	102	20			21		
EXHIBIT NUMBER	DESCRIPTION	PAGE																																																																	
6 Exhibit 1	Email from Ms. Binder	20																																																																	
7 Exhibit 2	from Mr. Austin to Ms. Danforth dated May 1	23																																																																	
8																																																																			
Exhibit 3	Document that outlines	29																																																																	
9	Grading methodology																																																																		
10 Exhibit 4	Email from Mr. Austin to Ms. Danforth, cc'ing Ms. Wood	30																																																																	
11																																																																			
12 Exhibit 5	Matthew Austin Linked In Profile	35																																																																	
13																																																																			
Exhibit 6	Contract b/w Johns Hopkins University and The Leapfrog Group	42																																																																	
14																																																																			
15																																																																			
Exhibit 7	Document from the Leapfrog Safety Grade website, hospitalsafetygrades.org	71																																																																	
16																																																																			
17																																																																			
Exhibit 8	Printout of a webpage from Leapfrog's Hospital Safety Grade website	78																																																																	
18																																																																			
19																																																																			
Exhibit 9	Hospitalsafetygrades.org website page of Frequently asked questions	102																																																																	
20																																																																			
21																																																																			

1 MR. TOGIAS: Iason Togias on behalf of 2 Plaintiffs with Gibson Dunn & Crutcher. 3 THE VIDEOGRAPHER: Thank you. 4 Would the court reporter please swear in 5 the witness. 6 THE COURT REPORTER: Sure. 7 Would you please raise your right hand to 8 be sworn. 9 (Witness complied.) 10 THE COURT REPORTER: Do you promise and declare 11 under penalty of perjury the testimony you are about to 12 give will be the truth, the whole truth, and nothing but 13 the truth? 14 THE WITNESS: Yes. 15 THE COURT REPORTER: Thank you. 16 (Witness sworn.) 17 MR. CRAIN: I'm sorry. Could we pause for a 18 second? 19 THE COURT REPORTER: Sure. 20 MR. CRAIN: Do we have the realtime? 21 THE COURT REPORTER: You should. Page 10	1 for the record. 2 A. Yeah, my full legal name is John Matthew 3 Austin, but I go by Matt Austin. 4 Q. And have you gone by any other names besides 5 those two? 6 A. No, I have not. 7 Q. Okay. 8 Have you ever been deposed before? 9 A. I have not. 10 Q. Okay. 11 I want to go through just some ground rules 12 at the start so we're on the same page. A couple of key 13 rules. You understand the court reporter is taking down 14 what you and I say to create a written transcript? 15 A. Uh-huh. 16 Q. And you understand this deposition is being 17 video-recorded? 18 A. Yes, I do. 19 Q. Because of Marlene and to help her out, we want 20 to make sure that we're taking time between the 21 questions and answers. So I'll do my best to let you Page 12
1 MR. CRAIN: Oh, okay. We've got it there. 2 THE COURT REPORTER: Okay. 3 MR. TOGIAS: Is it on, though? 4 THE COURT REPORTER: It's up and running. 5 MR. CRAIN: Actually, can we go off for a 6 second? I'm sorry. 7 (Discussion held off the record regarding 8 the realtime feed.) 9 THE VIDEOGRAPHER: Off the record. The time is 10 9:10 a.m. 11 (Brief pause.) 12 THE VIDEOGRAPHER: This marks the beginning of 13 media unit number two. We're going back on the record. 14 The time is 9:12 a.m. 15 EXAMINATION 16 BY MR. CRAIN: 17 Q. Good morning, Dr. Austin. 18 A. Good morning. 19 Q. My name is Lee Crain. I am counsel for 20 Plaintiffs in this action. 21 Could you please just state your full name Page 11	1 finish, and you do your best to let me finish. Fair 2 enough? 3 A. Sounds good. I'll do my best. 4 Q. It's a little unnatural, but we'll get through 5 it. 6 Answers need to be audible, so no shaking 7 heads or nodding, that sort of thing. Fair enough? 8 A. Fair enough. 9 Q. You understand you're under oath today as if 10 you were testifying in court? 11 A. Yes. 12 Q. Are you under any medications that would impair 13 your ability to testify truthfully today? 14 A. No. 15 Q. Is there any other reason you can't give 16 truthful testimony today? 17 A. No. 18 Q. Okay. 19 Occasionally, it will happen where I will 20 ask a bad question. Don't hesitate to ask if you have 21 questions, if you want me to restate the question, or if Page 13

1 you're confused. If you don't, I'm going to assume you 2 understand the question, but feel free to clarify any 3 time. Fair enough? 4 A. Fair enough. 5 Q. And then the last -- two last things. From 6 time to time, your attorney or Ms. Wood may object. 7 Unless they're instructing you not to answer, we're 8 going to ask you to answer the question. Clear enough? 9 A. That's clear enough. 10 Q. And then the last thing is we can take a break 11 any time, any time you need, any time anybody else 12 needs. The only thing we ask is not while a question is 13 pending. So we'll go through the question and answer 14 and then we can take a break, if that makes sense? 15 A. Yeah, that makes sense. 16 Q. Great. 17 Okay. So I want to just start right at the 18 top. Did you prepare for this deposition? 19 A. I did. 20 Q. Can you tell me what you did to prepare for the 21 deposition? Page 14	1 BY MR. CRAIN: 2 Q. Yes. And none of my questions are getting at 3 that. So I do not want the substance of your 4 communications with counsel. Fair enough? 5 A. Fair enough. 6 MR. TOGIAS: And just to flag, this is -- the 7 Zoom link, I don't see a live feed. 8 MR. CRAIN: We'll do it after. 9 BY MR. CRAIN: 10 Q. So how long did you meet with counsel -- 11 yesterday, you said? 12 A. Yesterday, correct. 13 Q. And how long was that meeting? 14 A. It was approximately three hours. 15 Q. Was anybody else in attendance besides 16 Ms. Lawson -- did I get that right? I'm sorry -- and a 17 paralegal? 18 A. That was it. 19 Q. Okay. And you reviewed documents during that 20 session? 21 A. We reviewed some documents. Page 16
1 A. I met with my attorney and a paralegal 2 yesterday and also reviewed some documents that they had 3 sent me. 4 Q. Did you only meet with counsel one time? 5 A. To prepare for the deposition, yes. 6 Q. Did you meet with counsel other times regarding 7 this case? 8 A. We did have an early sort of exploratory call 9 shortly after Sara was named as my counsel. 10 Q. Okay. 11 MS. LAWSON: And I'm just going to object, just 12 interpose an objection just to make sure that Dr. Austin 13 understands that you can answer with respect to sort of 14 basic details, the who, what, where, when, why, and how 15 of our discussions, but those discussions are protected 16 by the attorney-client privilege. So I would just ask 17 and instruct you not to reveal the substance of any 18 discussions that you've had with me or any other of your 19 counsel from Zuckerman Spaeder, like my partner Marty 20 Himeles as well. So just to make that clear. 21 Page 15	1 Q. Okay. Did you review documents outside of that 2 session with your counsel to prepare today? 3 A. No. 4 Q. Okay. Did you watch any videos? 5 A. No. 6 Q. Did you listen to any audio recordings? 7 A. No. 8 Q. Okay. Did you review any other -- any 9 transcripts from depositions in this case? 10 A. No. 11 Q. Did you review any transcripts of anything 12 else? 13 A. No. 14 Q. Let's see. Who have you talked to about this 15 deposition besides counsel? 16 A. So I've talked to my boss, Allen Kachalia, to 17 let him know that I was being deposed. I spoke to 18 Jordan Derk who at the time of -- or at least at the 19 start of the period was working with me on The Leapfrog 20 Group contract; and with Preeti Joshi, who currently is 21 working with me on the Leapfrog contract, my partner at Page 17

1 home, and my father who is an attorney. 2 Q. And just going down the line, what did you tell 3 Mr. Kachalia about the deposition? 4 A. I had let him know that there was a lawsuit and 5 that I was being deposed for testimony. 6 Q. And what did you talk to Mr. Derk about? 7 A. I let Mr. Derk know that he was going to be 8 receiving a subpoena for documents. We talked a little 9 bit about the lawsuit, as well as some other related 10 items. 11 Q. Did you talk about the methodology, the 12 Leapfrog Hospital Safety Grade methodology with him? 13 A. We didn't talk about that in detail. 14 Q. And what did you talk about with Ms. Joshi? 15 A. I let her know that there was going to be a 16 lawsuit and that she should come to me with any 17 questions or concerns that she had about that. And then 18 when she received notice that she needed to supply 19 documents, we talked about what she needed to supply and 20 how that would go. 21 Q. Okay. And she's a current employee at Page 18	1 Q. Okay. 2 And then did you also speak with counsel at 3 Wilson Elser, Ms. Wood's firm? 4 A. We had a brief conversation the day that I was 5 notified that I was going to be receiving a subpoena. 6 Q. Okay. And have you exchanged emails with 7 Wilson Elser? 8 A. I have not beyond the counsel at Johns Hopkins 9 requested Courtney and Kim's names and emails, and so I 10 supplied them with those. 11 Q. Okay. 12 Now, I want to just start with an exhibit 13 just to mark it. This will be Exhibit 1. 14 (Exhibit No. 1 was marked for 15 identification as of 9/25/2025.) 16 BY MR. CRAIN: 17 Q. Dr. Austin, do you recognize this document? 18 A. I do. 19 Q. And it was produced, if you see the bottom 20 right, by the Armstrong Institute? 21 A. Correct. Page 20
1 Armstrong? 2 A. Correct. 3 Q. Okay. 4 And then with regard to your partner and 5 your father, did you talk about the substance of this 6 case at all? 7 A. I talked about what I was aware of based on the 8 public press releases that both organizations had put 9 out. 10 Q. And what did you say? Just can you give us a 11 general sense? 12 A. Yeah. My general sense is it felt like there 13 was a lot of factual errors in the press release in 14 terms of what tenant was claiming, that those things 15 were just factually wrong. 16 Q. I guess we'll come back to that. 17 And then a couple of other questions. Did 18 you talk to anybody at Leapfrog about this case? 19 A. Not -- so Leapfrog did give me a heads-up that 20 I was going to be receiving a subpoena. So that was the 21 sort of extent of the conversation. Page 19	1 Q. And it's an email from Ms. Binder to a number 2 of folks, including yourself. Do you see that? 3 A. Yes, I do. 4 Q. And Ms. Binder told you, if you look towards 5 the bottom, she asked everybody in the email not to 6 email or talk about the case in writing. Do you see 7 that? 8 A. Can you point me to where that says that? 9 Q. Yes. So it says, number two: "Do not 10 communicate in writing about this matter, such as on 11 slack or email or texting." 12 Do you see that? 13 A. Yes. 14 Q. Did you adhere to that guidance? 15 A. So outside of sort of the need to communicate 16 with, say, my boss or with counsel, I did follow that. 17 Q. Okay. 18 And then she asks -- she says, number 19 one -- do you see that right above? -- "Please refer all 20 questions or concerns, whether you have them personally 21 or you hear them from external sources, to me, Missy, Page 21

1 Lauren, or Karen. Do not put them in writing. Call us 2 or come by my office." 3 Do you see that? 4 A. I do. 5 Q. Did you call any of those folks listed in 6 bullet one? 7 A. I did not. 8 Q. Okay. 9 And then did you come by her office? 10 A. I did not. 11 Q. Okay. 12 Now, did -- I want to talk just for a 13 second about the safety grade expert panel. Do you know 14 what I mean when I say that? 15 A. Yes. 16 Q. I assume you spent a decent bit of time with 17 that group. 18 A. Correct. 19 Q. Did you discuss the lawsuit with the expert, 20 the safety grade expert panel? 21 A. So we did have a meeting with the expert panel Page 22	1 Q. And it's another, if you look at the bottom 2 right, another Armstrong-produced document? 3 A. Correct. 4 Q. And the email at the top, which you'll see as 5 we go through that usually the first email is the last 6 one in the way it's printed out, but you'll see it's 7 from you to Ms. Danforth. Do you see that? 8 A. Yes. 9 Q. And if you go to the next page, there's an 10 email -- actually, it starts on the bottom of page 1 11 from you. Do you see that, that May 1? 12 A. Correct. 13 Q. And then it's an email from you, it looks like, 14 to the Hospital Safety Grade Expert Panelists. Do you 15 see that? 16 A. Correct. 17 Q. And just to get a sense, take a second if you 18 haven't read it. I just want to know was anything 19 discussed on the expert panel that goes beyond what was 20 said in this email? 21 (Witness peruses document.) Page 24
1 already scheduled, and at that meeting, the decision was 2 to share with the expert panel that a lawsuit had been 3 filed. 4 Q. And what was discussed at the meeting? Like, 5 can you give a little more of a play-by-play? 6 A. I don't know if I can give a play-by-play 7 without specific notes in front of me. I don't even 8 remember who shared with the panel that the lawsuit had 9 been filed. I don't know if that was Ms. Binder, 10 Ms. Danforth, if it was counsel for Leapfrog. I really 11 don't remember who shared that information with them. 12 And it was more just to let them know since they had 13 been involved in the safety grade. 14 Q. Okay. 15 I'm going to mark another exhibit. This is 16 Exhibit 2, another Armstrong document. 17 (Exhibit No. 2 was marked for 18 identification as of 9/25/2025.) 19 BY MR. CRAIN: 20 Q. So Dr. Austin, do you recognize this document? 21 A. I do. Page 23	1 THE WITNESS: I don't remember it being much 2 discussion beyond what's in the email. 3 BY MR. CRAIN: 4 Q. Does the email accurately depict what was 5 discussed? 6 A. Yes. 7 Q. Okay. 8 And if you go up in the email, there's an 9 email response from Ms. Danforth to you on May 1 at 10 12:35, p.m. Do you see that? 11 A. Yes. 12 Q. And she says, "Thanks, Matt. I've added Leah 13 Binder and Thomas Duff from Wilson Elser for the first 14 agenda item." Do you see that? 15 A. Correct. 16 Q. Does that refresh your recollection as to 17 whether Ms. Binder was there or whether she spoke at the 18 meeting? 19 A. I know that Ms. Binder was there, and I know 20 counsel was there, but I can't remember exactly who 21 actually led the conversation. Page 25

1 Q. Okay. 2 Do you typically lead the conversations in 3 those meetings? 4 A. We have a formal agenda, and we have sometimes 5 different individuals leading different agenda items 6 depending on the item. But I would say I'm one of the 7 primary folks for doing that. 8 Q. Okay. 9 And then just going to the top email, this 10 is an email from you to Ms. Danforth later that day. Do 11 you see that? 12 A. Yes. 13 Q. And it looks -- you say -- it's three lines 14 down -- "I quickly pulled the breakdown of Spring 2025 15 grades by survey submission status. Will work on adding 16 in percentages." Do you see that? 17 A. Yes. 18 Q. Percentages. I just -- I assume that refers to 19 the percentages that these numbers reflect? 20 A. Correct. 21 Q. Okay. And why did you pull these stats? Page 26	1 THE WITNESS: I would need to see it to 2 confirm. 3 BY MR. CRAIN: 4 Q. Okay. Yeah, let me -- what did you mean when 5 you said the methodology document? 6 A. Leapfrog makes available a public document that 7 explains the Hospital Safety Grade methodology. 8 Q. We'll grab additional documents. 9 And then on Step 1, you said survey cycle. 10 How long is that? 11 A. So if the hospital had completed a survey -- 12 this is where I'm doing this from memory. So this is 13 where -- 14 Q. It's not a memory test. 15 A. -- I want to be -- I believe what we've changed 16 it to is if the hospital had completed a survey in the 17 prior survey cycle, so if you're looking at 2025, if 18 they completed a 2024 survey, we'll use the 2024 survey 19 results. 20 Q. Okay. 21 So each cycle, just so I understand, is Page 28
1 A. To have ready for the expert panel an 2 understanding of how hospital grades break down by the 3 imputation status that Leapfrog uses or did use in the 4 Spring 2025 grades. 5 Q. And just so we're on the same page, can you 6 tell me in your words what's Step 1, what's Step 2? 7 A. Yeah. So Step 1 is that if the hospital has 8 completed a recent Leapfrog Hospital Survey, which I 9 believe is currently defined as within the last survey 10 cycle, that that historical information is used for the 11 hospital. 12 Step 2 is if the hospital does not have a 13 recent survey on record, there is an imputation 14 methodology that is laid out in the methodology document 15 that explains how those scores will be imputed. 16 Q. And just to be clear, the methodology document, 17 is it the one that's linked on the website that's about 18 28, 29 pages? 19 A. I would need to -- 20 MS. LAWSON: Object to form but go ahead. Go 21 ahead. Page 27	1 once a year? 2 A. The survey itself is a once-a-year cycle. 3 Q. And the grades are issued twice a year? 4 A. Correct. 5 Q. I think we have that document for you just to 6 make sure we're on the same page. 7 MR. CRAIN: So we'll mark this as Exhibit 3. 8 I'm taking good notes today. 9 (Exhibit No. 3 was marked for 10 identification as of 9/25/2025.) 11 BY MR. CRAIN: 12 Q. You'll see there are other exhibit markings -- 13 oh, sorry. 14 You'll see there are other deposition 15 stickers on here, but is Exhibit 3 of your deposition 16 the document you're referring to? 17 A. Yes. 18 Q. Okay. 19 Is there another document you're aware of 20 that outlines the methodology besides this? 21 A. There is a second document that explains how Page 29

1 numerical scores are converted into letter grades. 2 Q. What's the name of that document? 3 A. I don't know the official name of it. It is 4 publicly available on Leapfrog's Hospital Safety Grade 5 website. 6 Q. Got it. 7 Does that document includes also the 8 imputation methodology? 9 A. It does not. 10 Q. Okay. 11 All right. Keep on going. 12 MR. CRAIN: And then just for completeness, can 13 we do 64. And then I'm going to mark this Exhibit 4. 14 (Exhibit No. 4 was marked for 15 identification as of 9/25/2025.) 16 BY MR. CRAIN: 17 Q. This is another email produced by the Armstrong 18 Institute. Do you see that on the bottom right? 19 A. Uh-huh. 20 Q. And it's -- the top one is from you to 21 Ms. Danforth, cc'ing our friend Ms. Wood across the Page 30	1 A. We talked about the subpoena coming. 2 Q. Okay. 3 And did you have conversations, either 4 phone or Zoom or in person, with Ms. Wood and Ms. Blair? 5 A. On the 25th of July, I had a call scheduled 6 with The Leapfrog Group to discuss regular work. That 7 was the day that the subpoenas were issued for Jordan 8 and myself. So as I remember, Courtney and Kim joined 9 that call to talk about the subpoenas and that we should 10 contact Johns Hopkins University to let them know we 11 were receiving subpoenas, and also that we shouldn't be 12 chatting with our colleagues at The Leapfrog Group about 13 the lawsuit. 14 Q. Conventional wisdom. 15 A. Yeah. But that we could talk about regular 16 business. 17 Q. Okay. 18 One other question before we shift gears. 19 You came today with a folio. 20 A. Uh-huh. 21 Q. What's in that folio? Page 32
1 table. Is that correct? 2 A. Correct. 3 Q. And you say, "Missy, thanks so much for putting 4 me in touch with Courtney and Kim. I just spoke with 5 Jordan about the lawsuit. I've copied Jordan on the 6 email chain so he has Courtney and Kim's contact 7 information." 8 Do you see that email? 9 A. Yeah, I do. 10 Q. Do this reflect what we discussed earlier, the 11 discussions you had with Mr. Derk and with Wilson Elser? 12 A. Correct. 13 Q. Any other discussions beyond those talked about 14 in this email? 15 MS. LAWSON: Object to form. 16 BY MR. CRAIN: 17 Q. Yeah, let me fix it. 18 About the case? 19 A. I had had a -- yeah, I had had a conversation 20 with Jordan earlier that day. 21 Q. Okay. Page 31	1 A. It's actually the subpoenas. 2 Q. Okay. 3 A. And my pad of paper and a pen. 4 Q. Okay. I have to ask. 5 And when you say "the subpoenas," you mean 6 the document and the deposition subpoenas that led to us 7 being here today? 8 A. Correct. 9 Q. Okay. Anything else? 10 A. No. 11 Q. Okay. 12 I want to shift gears and just talk a 13 little more about your history and your education. 14 A. Uh-huh. 15 Q. So you went to the University of Michigan for 16 undergraduate? 17 A. Correct. 18 Q. Go blue! 19 And you graduated in 1995? 20 A. Correct. 21 Q. You later went to the University of Wisconsin, Page 33

1 Madison, right? 2 A. Correct. 3 Q. Okay. And you graduated with a Masters of 4 Science in Industrial Systems Engineering? 5 A. Correct. 6 Q. And then you went on to do your Ph.D.? 7 A. Correct. 8 Q. And just in a brief nugget, what is your Ph.D. 9 in? 10 A. My Ph.D. is in Industrial and Systems 11 Engineering with a focus on Healthcare Systems. 12 Q. When did you start getting interested in 13 healthcare? 14 A. 2005. 15 Q. Okay. And that was during -- that was at 16 Wisconsin, Madison? 17 A. Prior to Wisconsin, Madison. 18 Q. Got it. 19 What were you doing then? 20 A. I actually was working for Continental 21 Airlines. Page 34	1 BY MR. CRAIN: 2 Q. Dr. Austin, what I've handed you is what -- 3 well, tell me what I've handed you. 4 A. This is what appears to be my LinkedIn profile. 5 Q. Does it look generally accurate to you? 6 A. It does. 7 Q. Great. 8 And just going back, because it's not a 9 memory test, so I figured I'd ground you on the dates, 10 it says you were a director of Leapfrog Hospital Survey 11 from January 2008 to May 2012. Do you see that? 12 A. Correct. 13 Q. Is that -- is that generally right? 14 A. That is -- I actually was employed by the 15 Center for Health Systems Research and Analysis. So my 16 employer was -- 17 Q. Got it. 18 A. -- actually CHSRA. 19 Q. Okay. The one right below? 20 21 Page 36
1 Q. Interesting. How did that convert into a 2 healthcare interest? 3 A. I was interested in transitioning out of the 4 airline industry, and healthcare felt like a prime 5 opportunity for that. 6 Q. Okay. 7 And then you earned your Ph.D. I think in 8 2011. Is that right? 9 A. Correct. Yeah. 10 Q. And then between I think 2008 and 2012, you 11 were a director for The Leapfrog Group. Is that right? 12 A. That was my title -- 13 Q. Okay. 14 A. -- that Leapfrog gave me, but I was not 15 employed by The Leapfrog Group. 16 Q. Okay. 17 Let's, just to ground us, I'm going to give 18 you everybody's favorite. LinkedIn. 19 MR. CRAIN: This will be Exhibit 5. 20 (Exhibit No. 5 was marked for 21 identification as of 9/25/2025.) Page 35	1 (Whereupon, the court reporter seeks 2 clarification, which colloquy will not be 3 captured on the written record.) 4 BY MR. CRAIN: 5 Q. So you said you were employed by CHSRA during 6 that period? 7 A. Correct. 8 Q. Okay. 9 And you said a moment ago you weren't 10 employed by Leapfrog then. Have you ever been employed 11 by Leapfrog? 12 A. No. 13 Q. Okay. 14 Can you tell us the nature of your title as 15 director? 16 A. So in my role as a researcher at the Center for 17 Health Systems Research and Analysis, I was on a 18 contract with a PI who had a contract -- PI, principal 19 investigator -- with The Leapfrog Group, and I was 20 helping support that work. 21 Leapfrog wanted me to have the title Page 37

1 director of Leapfrog Hospital Survey, but that was not 2 my official work title. My official work title at 3 University of Wisconsin was researcher. 4 Q. Was the relationship you had between CHSRA and 5 Leapfrog a contractual relationship? 6 A. Yes. 7 Q. Got it. So Leapfrog had a contract with CHSRA? 8 A. Correct. 9 Q. And who was the PI at the time? 10 A. Barb Rudolph. 11 Q. Okay. And who is she? 12 A. She -- Dr. Barb Rudolph, she has a Ph.D. in 13 social work. She was a senior scientist at the Center 14 for Health Systems Research and Analysis. 15 Q. And what was her role at Leapfrog? 16 A. She helped support them with their measurement 17 and public reporting activities. 18 Q. Was she on the Leapfrog board? 19 A. She was not. 20 Q. Okay. 21 And who was the -- I can't recall if it's Page 38	1 algorithms. Really everything related to putting out a 2 survey around quality and safety of hospitals. 3 Q. And at that time, did Leapfrog assign hospital 4 safety grades? 5 A. No. 6 Q. Approximately, when did that start? 7 A. That started in the Spring of 2012. 8 Q. Okay. We'll come to that a little bit more. 9 Just to round out, after you left 10 Wisconsin, where did you go? 11 A. I came here to Baltimore and to Johns Hopkins 12 University. 13 Q. And you've been here for about 12 years. Is 14 that right? 15 A. Correct. 16 Q. And during that whole time, have you worked 17 with The Leapfrog Group continuously? 18 A. Technically, my contract with The Leapfrog 19 Group didn't start until I think July of 2012, and I had 20 arrived here in May. 21 Q. Got it. Page 40
1 president or CEO, but who was the leader of Leapfrog at 2 the time? 3 A. So Suzanne Delbanco was the CEO at that time. 4 Q. Okay. 5 And when did Ms. Binder take that role? 6 A. I believe it was early 2008. 7 Q. Okay. So approximately at the start of your 8 time working with Leapfrog. Is that right? 9 A. So I actually started working with The Leapfrog 10 Group in March of 2007 as part of a student research 11 assistantship. 12 Q. Okay. Got it. 13 So Ms. Binder came in towards the first 14 year or two of your time? 15 A. Correct. 16 Q. Okay. 17 What were your responsibilities either as a 18 director or researcher at the time? 19 A. Yeah. So I was responsible for developing 20 survey questions, analyses of data, working with experts 21 on developing measures, measure specifications, scoring Page 39	1 A. So just to clarify that. 2 Q. So from July 2012 to the present? 3 A. Correct. 4 Q. I want to shift gears and just talk about your 5 relationship and Armstrong's relationship with Leapfrog. 6 A. Uh-huh. 7 Q. So you said before, I think, there's a 8 contractual relationship between Armstrong and Leapfrog. 9 Is that right? 10 A. Correct. 11 Q. Tell me generally about how that works. 12 A. Yeah. So I serve as the principal investigator 13 on the contract for a portion of my time. So as a 14 research faculty member, I need to cover my effort with 15 grants and contracts, and so Leapfrog is part of that 16 coverage for the work I do. 17 Q. And forgive me. I just don't know. Generally, 18 what is a principal investigator? 19 A. The lead, the lead on a grant or contract. 20 Q. Got it. Okay. 21 And you said it covers a certain portion of Page 41

1 your time. Approximately, what time percentage is that? 2 A. It has ranged between 40 and 70. 3 Q. Forty and seventy. Okay. Forty and 4 seventy percent of your time? 5 A. Correct. 6 Q. And Leapfrog also covers funding for you, 7 correct? 8 A. That is the funding that I'm speaking of. 9 Q. Got it. 10 And does that come to you in the form of 11 compensation? 12 A. That money is paid to Johns Hopkins University 13 -- 14 Q. Okay. 15 A. -- who pays me a salary. 16 Q. Got it. 17 Let's look at a couple of documents. 18 MR. CRAIN: Maybe start with -- let's start 19 with 4. I'm going to mark this Exhibit 6. 20 (Exhibit No. 6 was marked for 21 identification as of 9/25/2025.) Page 42	1 A. Correct. 2 Q. And then if we can keep going to page -- I'm 3 going to refer to these numbers as Bates numbers. Do 4 you know what I mean when I say that? And I can tell 5 you if not. 6 A. Page number? 7 Q. Bates numbers. 8 A. No, I don't know what that is. 9 Q. So Bates numbers are these Armstrong numbers on 10 the bottom right. 11 A. Oh, okay. Okay. 12 Q. They're just a stamp that folks give when they 13 produced. And for some reason, there are two of them on 14 these pages, but I'm going to look at the top little 15 one, which is the page number. 16 So if you could go to Armstrong ending in 17 Bates 006, which also happens to be page 6 of the 18 contract. 19 A. Uh-huh. 20 Q. And do you see there first at the top it's 21 signed by Erica Mobley and Thomas F. Burns? Do you see Page 44
1 BY MR. CRAIN: 2 Q. So Dr. Austin, do you recognize this document? 3 A. I do. 4 Q. And it's another Armstrong-produced document, 5 right? 6 A. Correct. 7 Q. What is it? 8 A. This is the contract between Johns Hopkins 9 University and The Leapfrog Group. 10 Q. And this is a 2018 version. Do you see that? 11 A. Correct. 12 Q. And if you look at Fees and Payment, it's 13 number 4A on the first page. Do you see that? 14 A. Yes. 15 Q. And it says: "Contractor shall be paid a fee 16 not to exceed \$143,898." Do you see that? 17 A. Yes. 18 Q. Does this reflect the funding that you were 19 talking about, the payment to Armstrong? 20 A. The payment goes to Johns Hopkins University. 21 Q. Got it. Not specifically to Armstrong? Page 43	1 that? 2 A. Yes. 3 Q. And Erica Mobley, who is she? 4 A. She was at the time the director of operations 5 for The Leapfrog Group. 6 Q. She's since moved on? 7 A. Correct. 8 Q. Okay. 9 And then there's a budget further down, 10 down there. Do you see that? 11 A. Uh-huh. 12 Q. And it sort of delineates faculty, analysts, 13 and a few other things. Do you see it says faculty 14 \$59,799? 15 A. Correct. 16 Q. And that says: "40 percent of J. Matt Austin's 17 time." Do you see that? 18 A. Uh-huh. 19 Q. And that refers to you, correct? 20 A. Correct. 21 Q. And does that reflect an amount that's Page 45

1 earmarked to you ultimately at the end of the day, or 2 how does that work? 3 A. That is an amount that the university will bill 4 Leapfrog Group for my efforts on the project. 5 Q. Okay. So the university bills Leapfrog for 6 your time, correct? 7 A. Correct. 8 Q. Is it hourly or just a flat fee? 9 A. I don't know for sure. 10 Q. Got it. Okay. 11 And does your compensation rise with this 12 -- or rise -- let me strike that. Bad question. That's 13 the first of many bad questions today. 14 If Leapfrog didn't pay this money, would 15 that affect your compensation? 16 A. Can you clarify that? 17 Q. Yeah. 18 I'm trying to understand -- so this, you 19 said, doesn't get paid to you directly, correct? 20 A. Correct. 21 Q. It gets paid to the university, right? Page 46	1 Q. Yeah, how many -- 2 A. So it's not -- 3 Q. Can you ballpark how many do you have in a 4 year? 5 A. Most contracts or grants last multiple years. 6 In my 12 years at Hopkins, I've probably had 10 to 11 7 different grants and contracts. 8 Q. Okay. All toll. And that includes Leapfrog as 9 one of those 10? 10 A. Correct. 11 Q. Okay. And the reason I clarify is there are 12 multiple contracts, right? 13 A. Yeah, right. 14 Q. Yeah. 15 Okay. And then what -- so I understand 16 this number is not directly paid to you. Can you give a 17 ballpark of what percentage that number is of your total 18 compensation? 19 A. The 40 percent. 20 Q. So this \$59,799 is 40 percent of your salary in 21 that year, correct? Page 48
1 A. Correct. 2 Q. And the university gives you a salary, right? 3 A. Correct. 4 Q. What is the relationship between your salary 5 and grants generally? Let's start with that. 6 A. So as a faculty member, I'm on a three-year 7 contract, and that contract is at risk for nonrenewal if 8 I'm not covering a portion of myself in terms of grants 9 and contracts. 10 Q. Got it. Okay. 11 A. So there would be long-term impact to -- if 12 Leapfrog didn't pay the money to the university, but the 13 short-term is that there isn't an impact. I still 14 receive my salary. 15 Q. Got it. Okay. 16 So it affects your future contract with the 17 university, if any, right? 18 A. Correct. 19 Q. Okay. 20 A. As one of many grants and contracts that I've 21 had. Page 47	1 A. Correct. And then direct costs are added in 2 overhead as well. 3 Q. Yeah. And those are things like -- like what? 4 A. That includes fringe rights, so coverage of 5 health benefits -- 6 Q. Got it. 7 A. -- and that stuff and -- 8 Q. Got it. 9 A. -- then the university tacks on a percentage. 10 Q. Commission. 11 A. Yeah. 12 MS. LAWSON: Objection. 13 MR. CRAIN: Fair enough. 14 BY MR. CRAIN: 15 Q. Okay. So I just want to go through a couple of 16 these. Over -- do you have a general sense of over 17 time -- so this is a 2018 contract, correct? Has the 18 grant amount changed during -- you know, in the 19 preceding -- in the last six years? 20 A. Can you clarify when you say the grant has 21 changed? Page 49

1 Q. Yeah. 2 So I'm trying to get a sense of where the 3 numbers have gone. So there's the total number we saw 4 on the first page that's paid to Johns Hopkins. 5 A. Uh-huh. 6 Q. Has that generally gone up year over year? 7 A. There has been some fluctuation. 8 Q. Okay. 9 A. I'm trying to -- so there have been times where 10 Leapfrog has requested additional researchers at Hopkins 11 be included in the work, and so just by pure numbers, 12 the value, the dollar value of the contract has gone up 13 for that. 14 Q. Okay. 15 A. My salary has changed over time. So it has 16 increased based on just sort of salary changes, and 17 there's been some fluctuation in efforts. 18 Q. So when your salary has changed, the number 19 sort of earmarked to you as a percentage of your salary 20 goes up, correct? 21 MS. LAWSON: Object to form, but you can Page 50	1 I'll say plus or minus, that you performed in your role 2 for Leapfrog? 3 A. Yes. 4 Q. Okay. 5 And I want to focus on particularly page 6 little Bates 9. Do you see that? 7 A. Uh-huh. 8 Q. And there's -- about halfway down the page, it 9 says: "Manage the hospital safety score expert panel 10 process." Do you see that? 11 A. Uh-huh. 12 Q. And it says -- I think it's bullet A -- "Have 13 periodic communications with client-approved national 14 expert panel either via teleconferences and/or written 15 communication, to solicit guidance on: One, which 16 performance measures should be considered for inclusion 17 in future versions of the safety score composite; and, 18 two, suggested adjustments for weighting individual 19 measures within the composite. The polling of panel 20 members of these topics will involve the use of 21 structured communication techniques; e.g., the Delphi Page 52
1 answer. 2 THE WITNESS: Yeah, I mean, right. Leapfrog is 3 paying for a portion of my effort, of my total effort, 4 right. So if my salary goes up, they're paying more for 5 the portion of the effort that they're paying for. 6 BY MR. CRAIN: 7 Q. And when you say a portion of your effort, just 8 so it's clear, that means like your time on the job? 9 A. Correct. 10 Q. Let's take a look just before we move off this. 11 I want to look at Exhibit A, which is page little number 12 7. 13 A. Uh-huh. 14 Q. And this -- it says scope of work. Do you see 15 that? 16 A. Yes. 17 Q. And are you familiar generally with -- it's a 18 couple -- it's a few pages. Are you familiar with the 19 scope? 20 A. Yes, I am. 21 Q. Does this accurately depict the scope of work, Page 51	1 method." 2 Do you see that paragraph? 3 A. Uh-huh. 4 Q. Does this reflect your work with the Hospital 5 Safety Grade expert panel? 6 A. It does generally reflect that work. 7 Q. What -- are there any meaningful differences 8 between this language and what you actually do? 9 A. We've moved away recently from doing formal 10 polling of panel members. 11 Q. Okay. Does that -- is that what the Delphi 12 method refers to? 13 A. Yeah, that would be a -- 14 Q. What is the Delphi method? 15 A. The Delphi method is a -- an approach to gain 16 and understand consensus where you basically go through 17 different rounds of voting where based on the first 18 round, you sort of narrow down to a smaller subset and 19 work towards where there's consensus. 20 Q. And is that -- I see it in here, but is that 21 how it actually worked at the expert -- at the safety Page 53

1 grade expert panel? 2 A. In earlier meetings of the safety grade expert 3 panel, 2011, 2012, 2013, we did put a little more of a 4 focus on having a formal process for that. 5 Q. Okay. 6 And I think you said that you -- I don't 7 have the realtime, so I don't remember exactly what you 8 said, but you said in recent years, you've sort of 9 gotten rid of the polling feature. Is that what you 10 testified to? 11 A. Correct. 12 Q. And approximately, when did that dissipate? 13 A. Probably 2014, 2015. 14 Q. Okay. So a little while ago? 15 A. Yeah. 16 Q. Yeah, okay. 17 And then B says -- if you go back to the 18 document, it says: "Work with the national expert panel 19 to gain consensus on the direction of future versions of 20 the safety score composite and/or understand and 21 document the differences among panel members on their Page 54	1 A. 2011 through 2014. 2 Q. Okay. 3 So is it fair to say in the early days when 4 the safety grade was being created, the Board was more 5 active? 6 A. Yes, that would be a fair statement. 7 Q. And over the years, the Board has been less 8 involved with respect to changes to the safety grade 9 methodology? 10 A. I have become less involved in communicating 11 with Leapfrog's board. So I can't speak to what 12 Ms. Binder or Ms. Danforth have been communicating to 13 the Board but -- 14 Q. Got it. Okay. 15 So let me ask it this way then. This 16 document says one of your services -- if you look at the 17 top, it says: "Contractor will provide client with the 18 following services: Understand the direction set by the 19 client's Board of Directors on the hospital safety 20 score." 21 Do you feel since those early days that Page 56
1 future visions." 2 Do you see that as well? 3 A. Yes. 4 Q. Accurate depiction of what you've done for 5 Leapfrog over the years? 6 A. Yes. 7 Q. Okay. 8 And then C: "Understand the direction set 9 by client's Board of Directors on the hospital safety 10 score and keep the national expert panel conceptually 11 aligned with the board's direction." 12 Do you see that? 13 A. Yes. 14 Q. Is that -- so the first question is, is that an 15 accurate statement of what you've done for Leapfrog, you 16 know, since, let's say, 2018 to the present? 17 A. Yes. My one caveat is I think the Board of 18 Directors has been less hands-on with the safety grade 19 as they were early on. 20 Q. Okay. And when you say "early on," what time 21 period are we talking about? Page 55	1 you've had a sense of the direction set by the Board of 2 Directors? 3 A. I have not received any feedback that the 4 direction we're going is conflicting with what the Board 5 would want to do. 6 Q. Okay. 7 And have you received feedback that it's 8 consistent with what the Board would want to do? 9 A. As mentioned, I don't have as much 10 communication with the Board members. So Leapfrog staff 11 is sort of the filter for that. So I have not heard any 12 feedback that it's one way or another. 13 Q. Okay. So your understanding comes from 14 Leapfrog staff? 15 A. Correct. 16 Q. And it's your understanding of what the 17 organization wants, as opposed to the Board? 18 MS. LAWSON: Object to form. 19 BY MR. CRAIN: 20 Q. Well, what is your understanding? I'm trying 21 to get a sense of do you have an understanding of what Page 57

1 the Board wants, or do you have an understanding of what 2 Leapfrog staff want? 3 A. My direction that I've been given has been from 4 Leapfrog staff. 5 Q. Okay. 6 A. I don't know if that represents their own 7 thoughts or it represents their own thoughts and the 8 Board. I can't speak to that piece. 9 Q. And when you say "staff," who are we talking 10 about? 11 A. Leah Binder, the CEO, and Missy Danforth, the 12 senior vice president of healthcare ratings. 13 Q. Are those folks your primary contacts for 14 Leapfrog? 15 A. Yes. 16 Q. Are there others as well that you interact 17 with? 18 A. A couple of Missy Danforth's direct reports, so 19 Katie Burgraff Stewart and Jean-Luc Tilly. I have quite 20 a bit of contact with them as well. 21 Q. And Ms. Campione? Page 58	1 A. Probably Katie -- 2 Q. Okay. 3 A. -- Stewart. 4 Q. Stewart, yeah. 5 Okay. Let's just keep going. Okay. You 6 can set that -- or wait, actually. Sorry. There's one 7 other thing I want to take a look at. 8 If you go to page 7, just one page back -- 9 A. Uh-huh. 10 Q. -- and there's a list of services called manage 11 the research base. Do you see that? 12 A. Yes. 13 Q. Can you just say generally what that entails? 14 A. Yeah. So this item is related to the Leapfrog 15 annual hospital survey, and it's just sort of being 16 aware of where -- what performance measures have been 17 recently endorsed, which are sort of out there in 18 national programs, doing literature reviews on topics. 19 So basically, ensuring that the measures that Leapfrog 20 is using in its Leapfrog Hospital Survey are valid, 21 reliable, evidence-based measures. Page 60
1 A. Yes, and Alex as well. 2 Q. And what's Ms. Campione's role? 3 A. She -- I don't know her exact title, but she's 4 the one that supports the Hospital Safety Grade program 5 from Leapfrog's side in terms of the analytics and all 6 that goes with that. 7 Q. And does she work with you closely in that 8 regard? 9 A. Yeah. 10 Q. And Mr. Tilly, what's his role? 11 A. Jean-Luc Tilly has a couple of areas of the 12 Leapfrog Hospital Survey that he champions and leads, as 13 well the ambulatory surgery center survey. 14 Q. Okay. 15 And then Ms. Stewart, what's her role? 16 A. Once again, she has certain areas of the 17 Leapfrog Hospital Survey that she champions. 18 Q. Okay. 19 Who do you interact with most at Leapfrog? 20 A. Missy Danforth. 21 Q. Who is the second? Page 59	1 Q. Got it. 2 So stepping back a little bit, Leapfrog has 3 its hospital survey and its safety grades, right? 4 A. Correct. 5 Q. Are those the primary, like, sides of the 6 house, so to speak? 7 A. Those are their two primary reporting 8 initiatives, but there is the Leapfrog Ambulatory 9 Surgery Center Survey as well. 10 Q. Are you involved in any capacity in all three? 11 A. I am in all three. 12 Q. You are what? Sorry. 13 A. I am involved in all three. 14 Q. Okay. I thought you said I am an author. I 15 was going to say an author of what? But I guess I'll 16 ask that question. Do you author any of the hospital 17 survey? Do you draft any of it? 18 A. I do draft some of the survey questions, 19 measure specifications, end notes, FAQs. 20 Q. A lot of work. 21 A. It is a lot of work, yeah. Page 61

1 Q. Do you review each iteration of the hospital 2 survey? 3 A. I do. 4 Q. Top to bottom? 5 A. Not top to bottom. 6 Q. Okay. I would think that would take some time. 7 A. Yeah. 8 Q. Yeah. 9 The survey is about 350 pages. Am I right? 10 A. Correct. 11 Q. Okay. 12 And then with respect to the safety grade, 13 can you just explain your role? 14 A. Yeah. So the role has been to provide Leapfrog 15 with guidance and recommendations on the methodology, 16 and that includes what measures should be included in 17 the safety grade, how we might assign relative weights 18 to each of those measures. 19 Are you asking about currently or sort of 20 historically through the last 11 years? 21 Q. Fair question. I guess I'll start with has it Page 62	1 diminished over the years? 2 A. Not for strategic guidance, no. 3 Q. So what is diminished as compared to strategic 4 guidance? 5 A. So as an example, in the early years of the 6 Hospital Safety Grade, I actually would be the one to 7 put together a histogram of the hospital safety scores 8 from the prior round, the current round, and we would 9 discuss that as a group in terms of what changes we were 10 seeing. That is now something that Alex would do. 11 So there's sort of an analytic piece that 12 has moved more internal to Leapfrog -- 13 Q. Got it. Okay. 14 A. -- but not the strategic guidance part. 15 Q. And just what does strategic guidance mean? 16 A. Yeah. Strategic guidance is thinking about 17 what measures do we currently have in the composite 18 score, what are the changes that are happening like 19 within national programs, CMS, like measures that might 20 be retired, what are new measures that are out there, 21 what are gaps that we would like to try to fill, and are Page 64
1 changed meaningfully in the past 11 years? 2 A. I would assess that my role has actually 3 diminished as Alex, Leapfrog, has gained more sort of 4 independence in what they're doing. 5 Q. Got it. 6 So let me ask you about that. The contract 7 in here says that you're being retained to provide 8 strategic -- let me just find the right word. What does 9 it say? Strategic counseling I think. Is that the -- 10 do you recall that language? 11 A. I don't recall that language. The language I 12 typically use is to say strategic guidance. 13 Q. Guidance. That's it. Yeah, it's on page 7 14 under background, second paragraph, last sentence. You 15 see it says -- 16 A. Uh-huh. 17 Q. -- you were retained to provide client, meaning 18 Leapfrog, with strategic guidance. Do you see that? 19 A. Uh-huh. 20 Q. So to your point of Leapfrog gaining more 21 independence, has the need for strategic guidance Page 63	1 there measures out there that we could use for that. 2 So it's trying to sort of think about 3 what's the right combination of measures to have in a 4 composite score of patient safety and then to also help 5 them think about how we might relatively weight those 6 against each other. 7 Q. So fair to say it's like more holistic as 8 opposed to something more granular that Ms. Campione 9 might do? 10 A. Correct. 11 Q. Okay. 12 I'm not going to put every contract in 13 front of you. You see me flipping. 14 Let me ask a question about just grants 15 before we move on. 16 A. Uh-huh. 17 Q. So you said, for instance -- so we see in the 18 contracts the percentage has changed over time as well, 19 that the grant towards your salary goes to. Do you 20 recall that? 21 A. Correct. Page 65

1 Q. Okay. 2 So we saw in 2018 the number allocated to 3 you was 40 percent, right? Of the remaining 60 percent, 4 does that come from other grants? 5 A. Correct. 6 Q. Okay. And how many grants fill that 60, 7 ballpark? 8 A. Two or three depending on the size of them. 9 Q. Okay. And are any of them as significant in 10 proportion as Leapfrog? 11 Let me -- let me -- that's a sort of 12 unwieldy question. Let me fix that. I saw you 13 thinking. So I'll build it a little more clearly. 14 So in 2018, the amount allocated to your 15 salary was 40 percent. Is that right? 16 A. Correct. 17 Q. Okay. 18 You said of the remaining 60 percent, there 19 were two or three other grants that filled that, 20 essentially, right? 21 A. Correct. Page 66	1 MR. CRAIN: Yeah. 2 MS. LAWSON: -- because I think he testified 3 earlier that he's had like nine or ten other grants. 4 MR. CRAIN: Yeah, I hear you. 5 MS. LAWSON: Yeah. 6 BY MR. CRAIN: 7 Q. So in a given year, let's say between 2018 and 8 2025, the other grants that are not Leapfrog, if you 9 can, approximately what percentage of your compensation 10 do they -- are they? 11 A. It varies from year to year. I'm more trying 12 to just think about what's on my CV and what those 13 efforts are. They might total up to another 50 percent. 14 Q. Total. Okay. Got it. Okay, so -- 15 A. So a typical breakdown might be one that's 20, 16 one that's 20, and one that's 10. 17 Q. Okay. Got it. Okay. And I didn't mean it to 18 be a memory test. 19 A. No, no, no, no, no. I'm trying to answer 20 truthfully, but I don't really remember. 21 Q. Just your best estimate. Page 68
1 Q. Are any of those two to three grants also 2 40 percent? 3 MS. LAWSON: And are you asking just specific 4 to 2018? 5 BY MR. CRAIN: 6 Q. Specific to 2018, yeah, if you recall. 7 A. I don't recall, but I could find that out. 8 Q. Okay. 9 A. I just don't remember offhand. 10 Q. Generally, you know, to the extent you know, do 11 you -- have you had other grants that were the same 12 significance in size as Leapfrog over the years? 13 A. This would be the most significant -- 14 Q. Okay. 15 A. -- ongoing contract. 16 Q. Okay. Got it. 17 And the other two or three grants, as a 18 percentage of your compensation, can you ballpark 19 generally what they are? 20 MS. LAWSON: Object -- objection to form. And 21 maybe if you can clarify over time -- Page 67	1 A. My best estimate, yeah. 2 Q. Okay. 3 MS. LAWSON: And if you're not sure, it's okay 4 to tell him that you're not sure because he wants to 5 know -- 6 MR. CRAIN: Yeah. 7 MS. LAWSON: -- what you know. 8 THE WITNESS: Okay. 9 MR. CRAIN: I'm not asking you to guess. 10 THE WITNESS: Okay. Okay. 11 MS. LAWSON: Yes, he's not asking you to guess. 12 THE WITNESS: Okay. 13 MR. CRAIN: But your best estimate -- 14 THE WITNESS: Okay. 15 MR. CRAIN: -- approximation as the expert of 16 you. 17 THE WITNESS: Right. Okay. 18 BY MR. CRAIN: 19 Q. So let's shift gears a little bit. Are you 20 doing okay on time? 21 A. Yeah. Page 69

1 Q. Okay, good. I mean break. 2 A. Yeah. 3 Q. Okay. 4 So I want to talk a little bit more about 5 the safety grade and what it does and what's it's 6 purpose. So -- 7 MS. LAWSON: Actually, if we're going to 8 totally switch gears -- 9 MR. CRAIN: Yeah. You want to -- 10 MS. LAWSON: -- do you mind if we take a -- 11 MR. CRAIN: Yeah, yeah. No, now is fine. 12 MS. LAWSON: A break? Yeah. 13 MR. CRAIN: Yeah. Good. 14 THE VIDEOGRAPHER: This marks the end of media 15 unit number two. We're going off the record. The time 16 is 10:05 a.m. 17 THE COURT REPORTER: This gives us a chance to 18 get the realtime going, too. 19 MR. CRAIN: Oh, yeah. 20 21 Page 70	1 A. Once in a great while. 2 Q. Okay. 3 So I'm just going to -- I sort of want to 4 walk through what the safety grade is and focus on some 5 of the language in this document if we can. And I -- so 6 starting with paragraph -- the first paragraph, you see 7 there's a sentence "the purpose" -- do you see that -- 8 A. Uh-huh. 9 Q. -- at the bottom? 10 A. Uh-huh. 11 Q. "The purpose of the Leapfrog Hospital Safety 12 Grade is to bring this information to light in a way 13 that's easy for you, the consumer, to use." 14 I realize it says "this information," so I 15 probably need to go back. So I'll start at the top. 16 "One of the most significant problems with 17 today's healthcare system is the failure to make safety 18 and quality information available to the public. But 19 the public deserves this information so they can make 20 informed choices about where to receive care. 21 "The purpose of the Leapfrog Hospital Page 72
1 (Whereupon a short break was had, after 2 which the proceedings continued as 3 follows:) 4 (Exhibit No. 7 was marked for 5 identification as of 9/25/2025.) 6 THE VIDEOGRAPHER: This marks the beginning of 7 media unit number three. We're going back on the 8 record. The time is 10:22 a.m. 9 BY MR. CRAIN: 10 Q. Welcome back, Dr. Austin. 11 A. Thank you. 12 Q. It's like a commercial break on TV. 13 So I've given you what's been marked as 14 Exhibit 7. Do you recognize this document? 15 A. I do not. 16 Q. Okay. So I'll represent to you this is from 17 the Leapfrog Safety Grade website, 18 hospitalsafetygrades.org. Is that familiar to your? 19 A. I'm familiar with that website. 20 Q. Do you know -- like, are you -- do you look at 21 the website periodically or no? Page 71	1 Safety Grade is to bring this information to light in a 2 way that's easy for you, the consumer, to use." 3 Do you see that? 4 A. Yep, I do. 5 Q. Do you agree with that paragraph? 6 MS. LAWSON: So I'll just object to form. 7 And just I want to clarify. I think 8 Dr. Austin, you testified you had not seen this before. 9 THE WITNESS: Correct. 10 I would generally agree. I would maybe 11 reframe the first sentence slightly differently. 12 BY MR. CRAIN: 13 Q. How so? 14 A. I might say that one of the significant 15 problems of today's healthcare system is how to best 16 share safety and quality information with the public. 17 Q. Okay. 18 A. I think information is available. I think 19 we've struggled to help people connect to that. 20 Q. So the difference being the failure language? 21 A. Yeah. I wouldn't say failure to make. Page 73

1 Q. Okay. 2 And then do you agree that the purpose of 3 the Leapfrog Hospital Safety Grade is to bring this 4 information to light in a way that it's easy for you, 5 the consumer, to use? 6 A. Yes. 7 Q. Okay. 8 And then is it right that -- if you go down 9 to the second page -- "Our letter grade scoring system 10 allows consumers to quickly assess the safety of their 11 local hospital and choose the safest hospital to seek 12 care." Do you see that? 13 A. Yes. 14 Q. Do you agree with that statement? 15 A. Yes. 16 Q. And then it says: "As consumers use the 17 Leapfrog Hospital Safety Grade more and more, we hope 18 more hospitals will be compelled to be open about their 19 safety and quality and participate in meaningful public 20 reporting." 21 Do you see that as well? Page 74	1 Q. Okay. How often do they ask you to review the 2 website? 3 MS. LAWSON: Object to form. 4 BY MR. CRAIN: 5 Q. Generally, just over, you know, the last six 6 years. 7 A. Not very often. I mean, I don't know 8 everything that's on their website. You know, so I 9 don't know what the full scope is, so I can't speak 10 to -- 11 Q. No, I hear you. Just so we're on the same 12 page, I'm talking about hospitalsafetygrades.org. 13 A. Right. 14 Q. Are you familiar generally with that website? 15 A. Right. Yeah, yeah, yeah, yeah. Right. 16 Q. And Leapfrog -- I forget the other one but the 17 Leapfrog.org website. 18 A. Uh-huh, right. 19 Q. And one of them refers typically to the survey, 20 right? 21 A. Uh-huh. Page 76
1 A. I do. 2 Q. And do you agree with that sentiment? 3 A. I don't know what the evidence or research 4 supporting the first clause is. I wouldn't necessarily 5 be able to speak to that part, about whether consumers 6 are using the safety grade more and more, but I would 7 agree with the last part. 8 Q. The last part being we hope more hospitals will 9 be compelled to be open about their safety and quality 10 and participate in meaningful public reporting? 11 A. Yes. 12 Q. Okay. 13 And just to be clear, do you have any role 14 in the creation, drafting, revision of Leapfrog's 15 websites? 16 A. If I'm asked to review something, I will review 17 it -- 18 Q. Okay. 19 A. -- and provide back comments and feedback. But 20 they don't ask me to review every single thing on their 21 website. Page 75	1 Q. And the other one is about the safety grades, 2 correct? 3 A. Correct. 4 Q. And do you have any specific recollection 5 sitting here today of any particular page on either of 6 those two websites you were asked to opine on? 7 A. I don't remember exactly. I'm sure through 8 12 years there has been something that I have reviewed, 9 but I couldn't speak to what that is and if it's still 10 up or if it's been taken down. 11 Q. Just asking for your memory today. 12 A. Yeah, yeah. I don't. I don't know. 13 Q. And just to fine-tune it a little bit, do you 14 have any specific recollection of opining on any part of 15 the website regarding the imputation methodology? 16 A. Can you be more specific with what exactly 17 you're referencing there? 18 Q. Yeah. So are you aware of any part of 19 Leapfrog's website that articulates its imputation 20 methodology on the safety grades for nonparticipating 21 hospitals in the survey? Page 77

1 A. I know there's some information in a prior 2 exhibit that we discussed that talks about the 3 imputation. I don't know if there's something on a 4 webpage itself. I just don't know what is actually -- 5 what all the pages are and what's on them. 6 Q. Okay. Just to my question, do you have any 7 specific memory -- 8 A. No, I don't have any specific memory. 9 Q. Let me just finish the question so it's clear. 10 Do you have any specific memory of being 11 asked the opine or otherwise opining on any portion of 12 Leapfrog's website regarding the imputation methodology? 13 A. I don't remember being asked to do that. 14 Q. Okay. 15 MR. CRAIN: Let's go to 67. I'll mark another 16 document. This will be Exhibit 8. 17 (Exhibit No. 8 was marked for 18 identification as of 9/25/2025.) 19 BY MR. CRAIN: 20 Q. Dr. Austin, do you recognize this document? 21 A. I recognize that this is a printout of a Page 78	1 A. Yes. 2 Q. Is that a correct articulation of what the 3 Leapfrog Hospital Safety Grade uses? 4 A. That represents a summary of what has been the 5 formation of the Hospital Safety Grade in sort of its 6 entirety. 7 Q. Okay, fair enough. So let me ask you it this 8 way. Is that correct for the methodology as it exists 9 today? 10 A. Yes, minus that currently the safety grade I do 11 not believe is using information from other supplemental 12 data sources. 13 Q. Okay. What is the safety grade currently using 14 as a data source? 15 A. We're using data from the Centers for Medicare 16 & Medicaid Services and from the Leapfrog Hospital 17 Survey. 18 Q. Okay. So today there's no other supplemental 19 data sources being used with the grade, correct? 20 A. That is my recollection from the current 21 methodology. Page 80
1 webpage from Leapfrog's Hospital Safety Grade website. 2 Q. Do you have any reason to think that it's not 3 an accurate depiction of the website? 4 A. No, I have no reason to think so. 5 Q. Are you familiar generally with the "About the 6 Grade" website? 7 A. I'm familiar with that webpage, yes. 8 Q. I want to ask you a couple of questions about 9 the language on this page, just to your understanding. 10 Did you -- do you recall having any role in drafting 11 this page? 12 A. It is possible but I don't remember exactly 13 today. 14 Q. So page 1 -- and I apologize. There's no page 15 numbers on it but the first page and the second 16 paragraph, it says: "The Leapfrog Hospital Safety Grade 17 uses up to 30 national performance measures from the 18 Centers for Medicare & Medicaid Services, CMS, the 19 Leapfrog Hospital Survey, and information from other 20 sources of supplemental data." 21 Do you see that? Page 79	1 Q. And when did that change? Approximately. 2 MS. LAWSON: So it really is a memory test. 3 THE WITNESS: It is a memory test. 4 BY MR. CRAIN: 5 Q. If he has a memory. 6 A. I don't know the year. 7 Q. Okay. Let me refresh your recollection a 8 little bit. 9 A. Okay. 10 Q. So in 2024, am I right that the imputation 11 methodology changed? 12 A. That is my recollection, yes. 13 Q. And then prior to that, there was a different 14 imputation methodology, right? 15 A. Correct. We've actually used four or five 16 different imputation methodologies over the 11, 12 years 17 of the Hospital Safety Grade. 18 Q. Okay. 19 Can you, at a high level, I'm not asking 20 for a memory test, just generally trace what you recall 21 of those four or five different models? Page 81

1 A. Yeah, yeah, yeah. 2 So when we met with the expert panel early 3 on to talk about the idea of the Hospital Safety Grade, 4 one of the identified issues was that we were likely to 5 encounter missing data, and how did we want to address 6 the issue of missing data. 7 The expert panel laid out five different 8 ideas of sort of generally-accepted approaches of how 9 that has been addressed. 10 The -- if I can remember the five -- 11 Q. I can show you a document. 12 A. Okay. 13 And so we started initially with if we 14 didn't have data for a hospital for our measure, we 15 ignored that measure and put greater weight on the 16 measures for which we did have data. That evolved into 17 using supplementary data sources, specifically the 18 American Hospital Association survey was one of the key 19 data sources for that. 20 That evolved into calculating or assigning 21 the mean performance for hospitals based on cohorts, so Page 82	1 Q. And AHA is American Hospital Association? 2 A. Correct. 3 Q. I always mess that up. That's my aha moment. 4 I've been playing with that one. 5 MS. LAWSON: You delivered it well. 6 MR. CRAIN: Thank you. I'm going to use that 7 one at trial. 8 BY MR. CRAIN: 9 Q. So other forms of supplemental data, is there 10 any -- because CMS is not supplemental data, right? 11 Because it's covered on this page otherwise, correct? 12 A. Correct. 13 Q. Are there any other supplemental data that you 14 can recall Leapfrog using in the Hospital Safety Grade 15 scoring at any time? 16 A. Yes. So the American Hospital Association did 17 a separate survey around health information technology, 18 and we did use that to inform the scores for 19 computerized prescriber order entry. And that's one 20 that comes to my mind. There's none others that 21 immediately come to my mind, but that's not to say there Page 84
1 sort of the national mean based on the cohort that the 2 hospital fell into, and that has since evolved into 3 assigning the hospitals a lower performance score. 4 Q. That's the current methodology? 5 A. That's the current methodology. 6 Q. And when you say "lower performance score," 7 that's limited achievement? 8 A. That is correct, how Leapfrog has 9 operationalized that. 10 Q. And in the current model, am I right that there 11 are two steps, right? The first step is the historical, 12 as you said earlier? 13 A. Correct. 14 Q. The second step is the limited achievement that 15 you were referring to, correct? 16 A. Correct. 17 Q. Okay. 18 So going back to the document, when we talk 19 about supplemental data sources, generally, am I right 20 that the AHA data was a supplemental data source? 21 A. Correct. Page 83	1 weren't others. 2 Q. Okay. 3 A. I just don't recall. 4 Q. Yeah, okay. So that's helpful. 5 I want to keep going down this document. 6 If you go to the bottom of that paragraph: "The 7 Leapfrog Hospital Safety Grade methodology has been peer 8 reviewed and published in the Journal of Patient 9 Safety." 10 Do you see that? 11 A. Yes. 12 Q. Now, does the Journal of Patient Safety -- 13 there's a hyperlink there. Do you see that? 14 A. Uh-huh. 15 Q. And I don't have the document with me, but I'll 16 represent to you it goes to what I think is a 2014 17 article. 18 A. Correct. 19 Q. Does that article, the peer review that this 20 sentence is talking about to your knowledge? 21 A. Yes. Page 85

1 Q. And what does peer review mean, generally? 2 A. Peer reviewed, in at least the medical world, 3 which is really the only world I know, so that's all I 4 can speak to, when you submit to a journal, they 5 actually identify two to three external individuals to 6 actually read the manuscript, provide feedback, provide 7 recommendations of how to improve it. Those go back to 8 the editor of the journal, and the editor makes the 9 decision of what to share back with the authors in terms 10 of requested updates or revisions. 11 The peer reviewers could decide -- could 12 recommend that the article be rejected, right. They 13 don't feel like it's a high enough quality. And so it's 14 a process to sort of have some external review of the 15 work. 16 Q. And the 2014 article was peer reviewed? 17 A. Correct. 18 Q. Do you recall generally by whom? 19 A. I don't -- as an author, you're unaware of who 20 the peer reviewers are. 21 Q. Oh, interesting. Page 86	1 place at the time for the Hospital Safety Grade. 2 Q. In 2014, correct? 3 A. 2014, although -- it got published in 2014. We 4 wrote it in 2013, so this is probably an earlier 5 version. 6 Q. So do you think it's fair to say that the 7 current methodology has been peer reviewed? 8 A. I think it's fair to say that the general 9 approach remains consistent from 2013, 2014. The 10 individual measures that are included in the safety 11 grade has evolved over time. 12 Q. And just to be clear, though, to my question, 13 is it a fair statement to say the Leapfrog Hospital 14 Safety Grade methodology has been peer reviewed and 15 published in the Journal of Patient Safety in 2025? 16 A. I could argue that it does not say the current 17 Leapfrog Hospital Safety Grade methodology. It just 18 says that the methodology has been peer reviewed. 19 Q. If this is on the public consumer-facing 20 website today, do you think the consumer would 21 understand, looking at this, that this is referring to a Page 88
1 A. There's a movement recently toward moving -- 2 making that transparent, but that has not necessarily 3 been the practice. 4 Q. Got it. Okay. 5 Do you remember any feedback they gave on 6 the article? 7 A. You're really testing my memory here. 8 Q. If you don't, that's okay. 9 A. Yeah, I don't. That was 10 years ago, 11 years 10 ago. I don't remember. I'm sure there was feedback 11 from -- almost every article has some degree of 12 feedback, but I don't remember what the feedback was or 13 to the degree. 14 Q. And I don't at all mean to stretch your memory. 15 If you don't remember -- 16 A. Right. I don't. 17 Q. -- that's a perfectly fine answer, yeah, but I 18 have to ask. 19 So now going back, this article, it 20 analyzes an older methodology, right? 21 A. Correct. It was the methodology that was in Page 87	1 2014 methodology, not a 2025 methodology? 2 MS. LAWSON: Object to form. Go ahead. 3 BY MR. CRAIN: 4 Q. You can answer. 5 MS. LAWSON: You can answer. 6 THE WITNESS: I don't know what a consumer 7 would think or not think. Like, I haven't studied that. 8 BY MR. CRAIN: 9 Q. When you first -- this was the first time you 10 recall reading this sentence in a while, at least, 11 right? 12 A. The sentence meaning the one about the patient 13 safety? 14 Q. No, the one I read back to you. The Leapfrog 15 Hospital Safety Grade methodology has been peer reviewed 16 and published in the Journal of Patient Safety. 17 A. Uh-huh. 18 Q. You knew what that referred to, right? 19 A. Yes, I did. 20 Q. Did you think to yourself that's the same for 21 2025 as it was for 2014? Page 89

1 MS. LAWSON: Object to form, but you can 2 answer. 3 THE WITNESS: As I mentioned, I think the 4 general format of what we're doing with a composite 5 score made up of 25 measures that are weighted in two 6 domains remains consistent and solid throughout that 7 time frame. 8 Measures, for whatever -- I mean, measures 9 are going to come and go, right. CMS makes decisions 10 about retiring certain measures. They've added new 11 measures. So the safety grade does continue to evolve, 12 and I would say appropriately, right, like to sort of 13 keep up with the latest information and evidence. 14 BY MR. CRAIN: 15 Q. Has the imputation methodology or the 16 imputation model been peer reviewed? 17 A. That has not. 18 Q. Okay. 19 Okay. Let's keep going. I want to go to 20 -- let's see. Here we go. It's -- and I apologize. 21 There's no page number. If you go to the document, it's Page 90	1 the methodology, so I don't -- I can't speak to -- 2 Q. Fair enough. 3 A. -- how it got implemented. 4 Q. Yeah, let me fix the question. 5 Based on your knowledge of how the 6 methodology works, not whether it's been implemented 7 faithfully or not, but purely based on your 8 understanding of the methodology, is that an accurate 9 explanation or articulation of the methodology? 10 A. Yes. 11 Q. Okay. 12 A. That is what we have set as minimum data 13 thresholds. 14 Q. So I want to talk about some process measures. 15 BCMA, are you familiar with that term? 16 A. Uh-huh. 17 Q. What is BCMA? 18 A. Barcode medication administration. 19 Q. And what is CPOE? 20 A. Computerized physician order entry. 21 Q. And you're familiar with hand hygiene? Page 92
1 the first, second, third, fourth, fifth page to the 2 paragraph starting "A hospital." 3 A. Uh-huh. 4 Q. Do you see that? 5 A. Yep. 6 Q. "A hospital must have enough safety data 7 available for our experts to issue them a letter grade. 8 Hospitals missing more than six process measures, more 9 than five outcome measures, or PSI90 are not graded. 10 All hospitals are encouraged to voluntarily report 11 additional safety data through the Leapfrog Hospital 12 Survey, but they are not required to do so to receive a 13 safety grade." 14 Do you see that language? 15 A. I do. 16 Q. So let's start with process measures. Do you 17 see it says hospitals missing more than six process 18 measures...are not graded? 19 A. Uh-huh. 20 Q. Is that an accurate statement? 21 A. As far as I know. I'm not the one implementing Page 91	1 A. Correct. 2 Q. As a measure, not generally. 3 And are you familiar with IC -- IPS? 4 A. Yes, ICU physician staffing. 5 Q. And those I'm going to generally talk about now 6 as we move forward as the four imputed measures. 7 A. Uh-huh. 8 Q. Do you understand what I'm talking about? 9 A. Uh-huh. Yes, I do. 10 Q. When a hospital does not report to Leapfrog's 11 survey, does Leapfrog have any data about the hospital's 12 performance on any of those four measures? 13 A. In the imputation method for Step 1, if a 14 hospital submitted a survey in the prior year, there may 15 be data on one or more of those four measures. 16 Q. Fair enough. What about for Step 2? 17 A. For Step 2, there wouldn't be recent data, 18 right. So there wouldn't be either a survey that was 19 submitted the prior year or a survey submitted this 20 year. 21 Q. Yeah. So if a hospital has never reported to Page 93

1 Leapfrog's survey, is it fair to say that Leapfrog has 2 no data on the actual performance of that hospital on 3 those four imputed measures? 4 A. We do not have any data that's been reported 5 through the survey, correct. 6 Q. So why is that not missing data? 7 A. Some I guess it could be one's definition of 8 missing. Those missing data thresholds were really 9 intended to not assign grades to small hospitals that 10 may not have enough data from CMS. So, as an example, 11 there are smaller hospitals that may not have had enough 12 central lines inserted during the reporting period to 13 actually have a central line associated blood stream 14 infection rate. 15 And so the intent of those missing data 16 thresholds was really to make sure we weren't assigning 17 grades to hospitals for which we had unreliable 18 information. It was not necessarily intended to allow 19 hospitals not to report. 20 Q. So is missing data really supposed to be absent 21 data? Like, you mentioned folks that don't have enough Page 94	1 gave Delray a limited achievement for hand hygiene, 2 right? 3 A. That would be my understanding of how that 4 would get applied. 5 Q. And but -- so there's -- to your point a minute 6 ago, which I've now lost but I will find, you said 7 missing data would refer to a measure for which we don't 8 have a value. Isn't it right that Leapfrog has no value 9 for hand hygiene for Delray? 10 A. That would be correct. 11 Q. Okay. 12 So this paragraph is not correct, right, 13 the one we looked at on the document? 14 A. I think the distinction I would make is whether 15 an imputed score is considered missing or if it's 16 considered a value. 17 Q. You're going to have to say more about that 18 one. What do you mean by that? 19 A. Right. So Leapfrog imputed a score for Delray 20 for hand hygiene of 15 points out of 100. 21 Q. Yes. Page 96
1 central lines. 2 A. Missing data would refer to a measure for which 3 we don't have a value. 4 Q. And so just to put it concretely, when you say 5 "we don't have a value," who do you mean? 6 A. Meaning The Leapfrog Group doesn't have a 7 value. 8 Q. So how is that different -- so one of my 9 clients is Delray Medical Center in Florida, right. And 10 we always use Delray as the example. I don't know why, 11 but Delray is the example. We can pick any of them. 12 Leapfrog gave Delray a limited achievement 13 for hand hygiene. Are you generally aware of that? 14 A. I have not reviewed Delray's results but I -- 15 Q. But you understand, as the plaintiff in this 16 case, it's a nonparticipating hospital, right? 17 A. Yes, that's my understanding. 18 Q. And it's -- one of the core elements of the 19 case is the Step 2 methodology, right, for imputation? 20 A. Correct. 21 Q. So based on that, you understand that Leapfrog Page 95	1 A. So to me it sort of comes down to is that -- we 2 have a score for Delray for that measure. So it's not 3 missing. 4 Q. And how did Leapfrog pick that score? 5 A. Leapfrog -- so the reason Leapfrog chose 6 limited achievement is that has always been the bottom 7 performance category and it -- basically, given the lack 8 of information that we have about the hospital's 9 performance in hand hygiene, it felt like that was the 10 appropriate score to give, given the absence of 11 information that would tell us something otherwise, that 12 they were performing on a higher level. 13 Q. So is the assumption that Delray is performing 14 at the lowest level for hand wipe -- hand hygiene? 15 A. Given the lack of other information from them, 16 that is our assumption. 17 Q. One of the things that hand hygiene evaluates 18 is whether a hospital has a handwashing policy, right? 19 Let me strike that. 20 One of the things that the survey asks 21 about handwashing is about handwashing training. Are Page 97

1 you aware -- 2 A. Correct. Yes. 3 Q. Do you have any knowledge of any hospital that 4 does not train doctors and nurses on hand hygiene? 5 MS. LAWSON: Object to form. You can answer. 6 BY MR. CRAIN: 7 Q. Your knowledge. 8 A. There are -- to be clear, what's asked in this 9 survey isn't just about training. It's the way that the 10 training is done, who is trained, and that was not 11 necessarily universally done across all hospitals. So 12 it extends just beyond training employees. 13 Q. Okay. Fair enough. 14 So coming back to this document again, so 15 the four imputed measures, do you agree that they are 16 process measures? 17 A. They are considered either process or 18 structural measures. 19 Q. But in terms of -- I understand that Leapfrog 20 puts its measures into two buckets, process or 21 structural or outcome. Is that right? Page 98	1 grade, correct? 2 A. Those are not imputed, correct. 3 Q. Those are not imputed. They're just discarded, 4 right? 5 A. They are ignored, and their relative weights 6 are assigned proportionately to the others. 7 Q. Redistributed, right? 8 A. Redistributed. 9 Q. Yeah. I don't mean to put words in your mouth, 10 but I think it's the word I've seen. 11 So then those are process and structural 12 measures, too, right? 13 A. Correct. 14 Q. So that's seven, right? 15 A. Correct. 16 Q. Okay. 17 And just to be clear, this document doesn't 18 say -- this is the Leapfrog website. I'm looking at it 19 again. Hospitals missing more than six process measures 20 are not graded. That's what it says. It doesn't say 21 hospitals -- strike that. Page 100
1 A. Correct. 2 Q. They all fit the process or structural, right? 3 A. Correct. 4 Q. There are also three others, three other 5 process measures that when a nonreporting hospital is 6 graded are left out of the scoring methodology, right? 7 A. Can you clarify that? 8 Q. Yeah. 9 Are you familiar with safe practice one? 10 A. Yes. 11 Q. And can you remind me what it is? If you 12 don't, I can pull it out. 13 A. Yeah, it's like leadership. 14 Q. Yeah. And are you familiar with safe practice 15 two? 16 A. Yes, which is culture measurement. 17 Q. And are you familiar with total nursing care 18 per patient hour? 19 A. Yes. 20 Q. Those are the three measures that -- for 21 nonparticipating hospitals that do not go into the Page 99	1 We just walked through Leapfrog does not 2 have data for seven process measures, right? 3 MS. LAWSON: Object to form. You can answer. 4 THE WITNESS: Okay. 5 BY MR. CRAIN: 6 Q. If you're confused, I can rephrase. Let me 7 build it up. 8 So we talked about the four imputed 9 measures, right? 10 A. Correct. 11 Q. We talked about the three what I'll call 12 discarded measures, correct? Do you understand what I'm 13 saying when I say that? 14 A. Yeah, I know the three you're referring to. 15 Q. And they're all process or structural measures, 16 right? 17 A. Correct. 18 Q. And there are seven of them? 19 A. Correct. 20 Q. And yet this document tells consumers that 21 hospitals missing more than six process measures are not Page 101

1 graded. Do you see that? 2 A. That is what the document says. 3 Q. And can you tell me again why that's accurate? 4 A. For me, it comes back to the question of is it 5 an imputed score, a score, or is it missing. And I 6 would argue it's a score. So for those four imputed 7 measures, those hospitals have scores. They aren't 8 missing data. 9 Q. Aren't missing data even though Leapfrog has no 10 data for those scores? 11 A. Even though Leapfrog does not have any 12 information that was reported by the hospital through 13 the Leapfrog Hospital Survey. 14 Q. Okay. 15 Okay. All right. Let's keep going. I 16 want to also talk about -- let's see if it's on this 17 page. 18 MR. CRAIN: Can we go to tab 65. This will be 19 Exhibit 9. 20 (Exhibit No. 9 was marked for 21 identification as of 9/25/2025.) Page 102	1 And I want to talk through a few things on 2 this document. First I want to start with there is a 3 "why." "Why should people" -- yeah. "Why should people 4 worry about a hospital's patient safety. Aren't all 5 hospitals the same?" 6 Do you see that on page 2? 7 A. Yes. 8 Q. And if you go down to about midway down the 9 paragraph, it says "and all." Do you see that? 10 A. Uh-huh. 11 Q. And it says: "And all hospitals are not the 12 same. Some hospitals are much safer than others. Johns 13 Hopkins Medicine researchers estimate that patients are 14 twice as likely to die of a preventable problem at a 15 "C," "D," or "F" hospital than an "A" hospital, and over 16 50,000 lives would be saved if all hospitals performed 17 the way "A" hospitals did." 18 Do you see that? 19 A. Yes. 20 Q. And I know you didn't write this, but do you 21 have any reason to think you are not the Johns Hopkins Page 104
1 BY MR. CRAIN: 2 Q. So Dr. Austin, I've been giving you a document. 3 This one has, fortunately, a URL at the bottom. Do you 4 see that? 5 A. Uh-huh. 6 Q. And has page numbers, fortunately, too. 7 Do you recognize this document? 8 A. I do not. 9 Q. Okay. Do you have a general sense just from 10 looking at it what it purports to be at least? 11 A. Yeah, I do. 12 Q. Okay. 13 So I'll represent to you -- and you can see 14 on the URL at the bottom we pulled this off of 15 hospitalsafetygrades.org, which we talked about earlier 16 that's one of Leapfrog's websites, right? 17 A. Uh-huh. 18 Q. And this is a frequently asked questions page. 19 Do you see that? 20 A. Yes. 21 Q. Okay. Page 103	1 researcher? 2 A. No, that is me. 3 Q. And do you have any reason to think that's not 4 referring to your white paper? 5 A. I have no reason to believe that it does not 6 refer to the white paper. 7 Q. And tell me, just so we're on the same page, 8 what is the white paper to which this is referring? 9 A. The white paper that -- so we, in 2016, did a 10 white paper that was referred to as "lives lost, lives 11 saved." And in 2019, we did an update to that. So I 12 don't know -- I believe this is referring to the 2019 13 updated white paper. 14 Q. And the 2019 updated white paper did not 15 analyze "A," "B," "C," "D," and "F" hospitals under the 16 current methodology, right? 17 A. No. They were -- that was done through -- I 18 would have to go back and look at the document but 19 probably based on like the Fall 2018 safety grades. I 20 don't -- yeah. I think we put it out in 2019, but I 21 think it may have been Fall of 2018 that we actually Page 105

1 used. 2 Q. And have you published any estimates of that 3 patients are twice as likely to die of a preventable 4 problem at a "C," "D," or "F" hospital than an "A" 5 hospital based on the 2025 methodology? 6 A. No, we have not. 7 Q. Do you have any understanding as to whether 8 that is correct today, or you just don't know? 9 A. We have done some early analysis around this 10 based on 2025, and these statements would remain true. 11 Q. Okay. Based on that early analysis? 12 A. Correct. 13 Q. Okay. And when did you conduct that analysis? 14 A. We started that back in March, April, somewhere 15 in that time frame. 16 Q. Okay. And so even though this is referencing 17 the 2019 white paper and the prior methodology, you're 18 saying based on the current imputed methodology the 19 twice as likely to die language is still correct? 20 A. Yes, I would stand by that. 21 Q. You would stand by it or you do? Page 106	1 Q. Okay. Do you have any sense of when you're 2 going to publish that? 3 A. I don't have a sense of it. 4 Q. How far into the drafting are you? 5 A. I don't know how to estimate that. I mean, 6 it's actually updating the 2019 white paper. So I've 7 gone through at this point and made notes on which 8 values need to be updated, where we need to update 9 tables, but all that work would still need to be done. 10 Q. And is your analysis, would you say, an apples 11 to apples analysis between what you're doing today and 12 what was done in 2019? 13 A. It mirrors the spirit of what we did in 2019 in 14 that the measures themselves have changed between 2019 15 and now, but the approach of how we've estimated lives 16 lost and lives saved has remained consistent. 17 Q. And can you explain generally what that 18 approach is? 19 A. Yes. So what we've done is we have -- to 20 estimate the lives lost for looking at "A" hospital as 21 an aggregate, "B" hospital as an aggregate, "C" an Page 108
1 A. I do. 2 Q. Okay. 3 And how did that analysis transpire? 4 A. Transpire? Can you clarify? 5 Q. How did it come to -- how did you -- why did 6 you conduct that analysis? 7 A. Yeah. So The Leapfrog Group asked that we look 8 at doing an update from the 2019 in 2025. So it was an 9 effort to follow through on that request and to provide 10 an updated analysis of where we're at. 11 Q. And have those analyses been released publicly 12 yet? 13 A. No. 14 Q. Okay, and why is that? 15 A. We -- you would have to ask The Leapfrog Group 16 on their decision and timing on that. 17 Q. Okay. 18 And you've not -- have you drafted a new 19 white paper? 20 A. I have started working on drafting a new white 21 paper. I have not finished that. Page 107	1 aggregate, and "D" and "F" hospitals an aggregate, we 2 look at the mean incidence rates of each of the patient 3 safety events that are included in the Hospital Safety 4 Grade. And from the literature, we've identified an 5 attributable mortality rate to each of those events. 6 So as an example, for central line 7 associated blood stream infections, one in every seven 8 patients who acquires one in the hospital passes away 9 from that. So if you are in a hospital that has a 10 higher rate of those, your risk of dying from one of 11 those increases. 12 And so we apply that against the admissions 13 that are in each of those buckets, so "A" hospitals, 14 "Bs", "Cs", "Ds", and "Fs" to estimate the number of 15 lives lost due to the preventable medical mistakes that 16 are included in the Hospital Safety Grade. 17 And we estimate. Let me put that word out 18 there very clearly. It's an estimate of the number of 19 lives that are lost. 20 Q. And why do you emphasize estimate? 21 A. Because we're -- for example, one assumption Page 109

1 that we have to make is the attributable mortality rate, 2 right. We're using that same rate in all four buckets, 3 "As," "Bs," "Cs," "Ds," and "Fs." The reality is we 4 might actually see that "A" hospitals have a lower 5 mortality rate when a patient develops a CLABSI than, 6 say, like a "D" and "F." But we're assuming that that 7 mortality rate is similar across all hospitals. 8 Q. Got it. Okay. Okay, we'll come back to that a 9 little bit more. 10 Okay. So then I want to go back to this 11 FAQ just before we go into other topics. 12 A. Sure. 13 Q. I want to talk about -- let's see. I lost the 14 question. Oh, here it is, page 3. It says: "Does a 15 hospital get a better safety grade if it reports to the 16 Leapfrog Hospital Survey?" Do you see that? 17 A. Uh-huh. 18 Q. And it says: "The Hospital Safety Grade 19 reflects how well a hospital does on safety, not whether 20 they complete the Leapfrog Hospital Survey." Do you see 21 that? Page 110	1 Q. Have you conducted any analysis to assess 2 whether hospitals that do not participate in the 3 Leapfrog survey are actually less safe than hospitals 4 that do? 5 A. Not that I can think of. 6 Q. Okay. 7 MR. CRAIN: I'm going to shift gears. 8 Everybody good on time? I'm going to switch topics. 9 You good? 10 BY MR. CRAIN: 11 Q. So I want to talk about the development of the 12 imputation models. So I'm going to focus you on the 13 2024 period. Is that fair enough? 14 A. Yep. 15 Q. Okay. 16 So in April 2024, the expert panel met to 17 discuss, among other things, imputation model. Do you 18 recall that meeting? 19 A. That sounds correct. I know we had a meeting 20 with them, and I think that was the timing of when we 21 talked about that topic. Page 112
1 A. Uh-huh. 2 Q. And just one question on this line. Do you 3 believe, as, you know, familiar as you were with the 4 methodology, is that accurate with respect to 5 nonparticipating hospitals? 6 A. There are nonparticipating hospitals that have 7 received "As," "Bs," "Cs," "Ds," and "Fs." 8 Q. And do you think that is -- the Hospital Safety 9 Grade reflects how well a hospital does on safety, not 10 whether they complete the hospital survey. Do you agree 11 with that statement? 12 A. I do agree with that statement. I think 13 transparency is an important component of safety. 14 Q. Okay. Why do you say that? 15 A. Yeah. So hospitals that are choosing to share 16 their data through the Leapfrog Hospital Survey are 17 making that information transparent, and I think that 18 does tie to a safety culture of one where we want to 19 make information publicly available, hold ourselves 20 accountable. So I do think there is a link between 21 transparency and safety. Page 111	1 Q. Yeah. And I'll get you a document. 2 MR. CRAIN: Can we get 32A, just to ground the 3 discussion. This will be Exhibit 10. 4 (Exhibit No. 10 was marked for 5 identification as of 9/25/2025.) 6 BY MR. CRAIN: 7 Q. Dr. Austin, do you recognize this document? 8 A. Yes. 9 Q. Okay. And this is an email thread leading up 10 to before and after I think the April 12th, 2024, expert 11 panel meeting. Do you see that? 12 A. Yes. 13 Q. Okay. And I want to just start at the -- where 14 is the attachment? 15 MR. CRAIN: Do we have the slide deck? 32 I 16 need also. Sorry. We have them separately. 17 So let's look at the deck, which was 18 attached to this email, but I think it's separate. 19 This will be Exhibit 11. 20 (Exhibit No. 11 was marked for 21 identification as of 9/25/2025.) Page 113

1 BY MR. CRAIN: 2 Q. Okay. So now this is the deck. Do you see 3 that, Dr. Austin? 4 A. I do, yeah. 5 Q. Okay. And it's attached to a Zoom invite -- or 6 to a meeting invite you sent on -- at some point but for 7 a meeting at April 12th at 4 to 5 p.m. Do you see that? 8 A. Yes. 9 Q. Okay. 10 And this was for the safety grade expert 11 panel's meeting for I think that year, right? 12 A. I believe that was the only meeting we held 13 with them in 2024. 14 Q. Okay. 15 And so going to the deck, I'm just going to 16 walk through it with you. And if you go to slide two, 17 which is Bates ending 437364 -- do you see that? 18 A. Uh-huh. 19 Q. And you lay out three topics, right? 20 A. Uh-huh. 21 Q. The first topic is update on swearing DHA Page 114	1 A. I believe I actually am the one who probably 2 drafted this. 3 Q. Yeah. So if you look at the prior exhibit -- 4 A. Uh-huh. 5 Q. -- this is Exhibit 10. 6 A. Uh-huh. 7 Q. On page 74782, do you see that? 8 A. 782, yes. 9 Q. And there's an email at the bottom from you to 10 Ms. Campione, Ms. Danforth, and Ms. Joshi. Do you see 11 that? 12 A. Yes. 13 Q. And it goes to the next page. And you say, 14 "Attached is an updated version of the slides. Alex, 15 these are looking good. I added in a slide at the start 16 of the imputation section that outlines the problems we 17 are trying to solve." Do you see that? 18 A. Yep. 19 Q. Does that refresh your recollection as to 20 whether you drafted -- 21 A. Yep -- Page 116
1 military treatment facilities. 2 (Whereupon, the court reporter seeks 3 clarification, which colloquy will not be 4 captured on the written record.) 5 BY MR. CRAIN: 6 Q. The second is feedback on reevaluating 7 imputation model, and the third is feedback on two 8 possible new outcome measures. 9 Do you see that? 10 A. Yes, I do. 11 Q. Okay. 12 And I want to focus on the middle one. So 13 if we can skip to what is page 7366 [sic]. 14 A. Uh-huh. 15 Q. Now, do you see this slide is entitled "Problem 16 that We are Working to Solve?" 17 A. Uh-huh. 18 Q. And I want to just go back to the prior 19 exhibit. Well, I'll ask before we go there. Do you 20 recall who drafted this slide? If you don't, I can 21 refresh you. Page 115	1 Q. -- this slide? 2 A. -- it does. 3 Q. Okay. 4 Just remember to let me finish before -- 5 A. I'm sorry. 6 Q. -- and vice versa, just for Marlene. 7 So going back to the slide, why did you 8 draft this slide? 9 A. I thought it was helpful to remind the expert 10 panel of what are some of the challenges we are facing 11 with the current Hospital Safety Grade methodology and 12 why we might want to consider moving in a different 13 direction for imputation. 14 Q. Okay. And the challenges you're talking about 15 are the two bottom bullets, right? 16 A. Correct. 17 Q. Okay. And so the first one is imputed scores 18 have crept up, making imputation a more favorable choice 19 for lots of hospitals and has de incentivized true 20 transparency of performance, right? 21 A. Correct. Page 117

1 Q. Now, when you say imputation scores have crept 2 up, what's that based on? 3 A. So the imputation methodology at the time was 4 that it involved -- there was still the historic element 5 of Step 1. 6 Q. And I'll help you. I don't mean to interrupt, 7 but there's a slide that lays it out if it's helpful to 8 you. 9 A. Okay. 10 Q. It's 7369. 11 A. Uh-huh. 12 Q. Do you see that? 13 A. Yep, I do. 14 Q. Okay. Just in case it's helpful. But go on. 15 A. So the Step 1 was assigning the most recent 16 scores from the four past rounds of the safety grade, 17 and then Step 2 was actually looking at two different 18 mean performances. And what we had seen was a trend 19 with those scores were creeping up, which incentivized 20 hospitals to not report to the survey and, instead, to 21 take the imputed score. Page 118	1 A. Correct. 2 Q. But not necessarily empirical evidence of 3 nonparticipating hospitals making the decision not to 4 participate because the scores were going up? 5 A. I don't remember any evidence in that way. 6 Q. Okay. 7 Then the second -- just going back to slide 8 I think it's five, which is 7367 on the Bates number, 9 you see -- so the first bullet we just talked about is 10 primarily a problem with Step 2 in this old methodology. 11 Is that right? 12 A. Correct. 13 Q. And the second bullet is about Step 1, right? 14 A. Correct. 15 Q. And it says: "Hospitals are using Step 1 16 imputation, using their individual hospital's historical 17 data as a reason to not report on the current year 18 survey." Right? 19 A. Correct. 20 Q. Okay. So tell me a little bit about that 21 issue. Page 120
1 Q. And how did you know it was driving that 2 incentive, that was the reason they were not reporting? 3 A. That feedback was clear from hospitals. They 4 had verbally shared that with Leapfrog. 5 Q. With you? 6 A. Not with me, with Leapfrog. 7 Q. Did you talk to any hospital that shared that 8 with you personally? 9 A. No. 10 Q. Okay. 11 And who did they share it with at Leapfrog? 12 A. From what I remember, Missy Danforth. 13 Q. Any sense of how many hospitals? 14 A. I don't have a sense of that. 15 Q. And do you have any other basis of knowledge to 16 support that statement besides what you said about 17 Ms. Danforth? 18 A. We have -- we numerically had been tracking the 19 mean score. So we did have empirical evidence of that 20 going up. 21 Q. Empirical evidence of scores going up? Page 119	1 A. Yeah. Leapfrog had seen patterns where 2 hospitals were choosing to report one year, not report 3 the next year, report the next year as a way to sort of 4 keep their scores sort of used in the Hospital Safety 5 Grade without having to report to the survey every year. 6 Q. And what was your understanding of why those 7 hospitals weren't reporting every year? 8 A. I can't speak to why the hospitals were 9 choosing not to report. 10 Q. You have no understanding? 11 A. I have theories but I don't -- I haven't had 12 conversations with hospitals specifically about their 13 decision not to report. 14 Q. So same thing with respect to Step 1 -- 2 that 15 we just talked about, right? You said you -- 16 MS. LAWSON: Object to form. 17 BY MR. CRAIN: 18 Q. Yeah, let me fix it. 19 So you said I have theories but I haven't 20 had conversations with hospitals specifically about 21 their decision not to report. That goes for either Page 121

1 decision not to report about Step 1 or Step 2, right? 2 A. That is for me personally I never had 3 conversations with hospitals about that. 4 Q. And did you ever have conversations with 5 Ms. Danforth about the hospitals that are deciding not 6 to report in the Step 1 context? 7 A. Yes. 8 Q. Okay. Tell me about those conversations. 9 A. So that was a similar point of feedback, that 10 she had had conversations with hospitals who had 11 indicated -- Leapfrog also has regional leaders, which 12 you may be familiar with. I think the regional leaders 13 were also hearing from hospitals that, oh, yeah, we're 14 not going to report this year because our scores still 15 get used in the Hospital Safety Grade. 16 So there had been sort of a current of 17 we're choosing to bypass transparency. 18 Q. And was that in relation to the burden of 19 completing the survey? 20 A. That's what I can't speak to. 21 Q. So you have no knowledge about the why? Page 122	1 A. I have had conversations with hospitals -- 2 well, I guess I have had conversations with hospitals 3 about their decision to pause reporting. 4 Q. Okay. How many conversations, approximately? 5 A. Five to ten through ten years. 6 Q. Okay. 7 And have you had conversations with 8 hospitals about this imputation methodology at all at 9 any time? 10 MS. LAWSON: Well, I just want to object to 11 form. 12 Just to clarify, the imputation -- this 13 imputation methodology, are you asking about the current 14 2024? 15 MR. CRAIN: Yes. 16 MS. LAWSON: Yes. So just to clarify that. 17 THE WITNESS: I do not believe I've had any 18 conversations with hospitals about that. 19 BY MR. CRAIN: 20 Q. Okay. 21 So your knowledge today about hospitals' Page 124
1 A. I don't have any firsthand knowledge of the 2 why. 3 Q. Do you have any secondhand knowledge about the 4 why? 5 A. My secondhand knowledge would be burden would 6 be a consideration. 7 Q. Okay. And when you say "burden would be a 8 consideration," what do you mean by that? 9 A. So what I hear from hospitals generally, not 10 specific to this, is that at times, they feel like they 11 need to prioritize other quality improvement efforts and 12 may make a decision on where those priorities exist from 13 year to year. 14 Q. And when you say what you hear from hospitals, 15 that's not firsthand, right? 16 A. That has been firsthand, yes. 17 Q. So you do talk to hospitals? 18 A. I do talk to hospitals, not specifically about 19 whether they are reporting every year or every other 20 year. 21 Q. Okay. Page 123	1 decision-making with respect to reporting onto the 2 survey primarily comes from Ms. Danforth? 3 A. That would be a fair statement. 4 Q. Okay. 5 Okay. So going back to the deck, there's a 6 number of tables, and I want to go to slide -- it's the 7 slide with your proposal. Oh, here we go. Slide 13, 8 which is 7375. 9 A. Uh-huh. 10 Q. And this is the proposed future imputation 11 methodology. Do you see that? 12 A. Yes. 13 Q. Okay. This is not the methodology that 14 Leapfrog ultimately adopted, right? 15 A. Correct. 16 Q. Okay. Was this the methodology discussed at 17 the meeting? 18 A. Yes. This is what we put forward to the expert 19 panel. 20 Q. Okay. And you received feedback about this 21 proposal? Page 125

1 A. Correct. 2 Q. Right. 3 Okay. And just generally, can you explain 4 what the proposal was? 5 A. The proposal was that we would basically move 6 to a single form of imputation which would be the -- 7 that we would use Step 2b imputation for all hospitals. 8 Q. And you would -- to your point, a single form 9 of imputation, that's the retire Step 1 bullet? 10 A. Correct. We would retire Step 1, and we would 11 move all hospitals to Step 2b. 12 Q. Okay. And which is 2b? 13 A. 2b, as it's described here, is that hospitals 14 would be assigned to cohorts and then the means of 15 scores from the first year of reporting would be used to 16 calculate the means. 17 Q. Okay. 18 A. And then the hospital would be assigned that 19 mean. 20 Q. Got it. Okay. 21 And then I just want to go -- so that was Page 126	1 A. I don't know whether that is -- yeah, correct. 2 Q. Okay. 3 So I want to talk a little bit about the 4 meeting itself. Do you recall whether other expert 5 panelists proposed alternative imputation methodologies? 6 A. I really don't remember the details of that 7 call. 8 Q. Okay. 9 Do you remember who was on it? 10 A. We have meeting notes of -- from that meeting, 11 but I don't recall who exactly was on that call. 12 Q. Okay. 13 So I want to go to tab 33. This is a 14 document I don't think you've seen before, so I'll just 15 preface that so you know. 16 A. Okay. 17 MR. CRAIN: And this will be Exhibit 12. 18 (Exhibit No. 12 was marked for 19 identification as of 9/25/2025.) 20 BY MR. CRAIN: 21 Q. It's huge. I'll walk you through it. So are Page 128
1 the proposal you put out, correct? 2 A. Correct. 3 Q. And it was not the one that was adopted? 4 A. Correct. 5 Q. And we'll get to the why, but before we do 6 that, if you could go one slide back, slide 12. 7 A. Uh-huh. 8 Q. You see it says: "A slight dip in survey 9 participation occurred this past year as hospitals opted 10 to use past survey results in Step 1 imputation." Do 11 you see that? 12 A. Correct. 13 Q. So what is that based on? How did you know 14 that the slight dip was caused by hospitals using past 15 survey results in Step 1 imputation? 16 A. That is probably more just a -- based on 17 conversations that Ms. Danforth had had with hospitals. 18 I don't know if that's -- if we have anything 19 empirically to back up that statement. 20 Q. Okay. So you don't know whether that's 21 accurate or not? Page 127	1 we good? 2 A. We're good. 3 Q. Okay. 4 So if you look back at exhibit -- the 5 exhibit with the email, which I think is Exhibit 10. 6 A. Uh-huh. 7 Q. Okay? 8 Do you see at the top there'd an email from 9 Ms. Campione to you? 10 A. Uh-huh. 11 Q. And it says, "Here is the link to the recording 12 if you need it for notes. Please let me know if you 13 have any issues with it." 14 A. Uh-huh. 15 Q. And it gives a URL and password, right? 16 A. Uh-huh. 17 Q. So the expert panel meeting was recorded? 18 A. Correct. 19 Q. Was that typically how it was done? 20 A. Yes. 21 Q. Okay. Page 129

1 And do you recall watching the video of the 2 recording at any point? 3 A. I did not. 4 Q. Okay. Do you recall reviewing a Zoom 5 transcript at any point? 6 A. I do not. 7 Q. Okay. 8 So I will represent to you this, what you 9 have in front of you, is a certified transcript of that 10 recording -- 11 A. Okay. 12 Q. -- just for discussion purposes. And so I want 13 to just walk through a couple of things with you. So -- 14 and I know you haven't seen this before, so I'll walk 15 you through it. 16 So if you go to the back of the document, 17 there's an index. Do you see that? 18 A. Uh-huh -- yes. 19 Q. Sorry. Yes? 20 A. Yes. 21 Q. Okay. Page 130	1 scores to nonparticipating hospitals? 2 A. I don't remember what was exactly said. I 3 would not be surprised if the Hospital Safety Grade 4 expert panelists weren't familiar with the term "limited 5 achievement." 6 Q. Sorry. Say that again. I think that was a 7 double negative. 8 A. I would not be surprised if the Hospital Safety 9 Grade expert panelists were not familiar with the term 10 limited achievement. 11 Q. Got it. Okay. 12 Is there another term they might use? 13 A. They might have used lowest performance score. 14 Q. Okay. What about zero? 15 A. It's possible that zero could have been 16 mentioned. 17 Q. Okay. 18 So I want to go to zero, too, in the index, 19 just to close that loop. 20 MS. WOOD: And Lee, I do just want to object to 21 form. I've never seen this document before either. Has Page 132
1 So the index, I want to just focus on a few 2 things. If you go to page 9 and you go to "L," do you 3 see the word "limited" appear on the index? 4 A. I do not. 5 Q. And I want to go to the word A -- excuse me, to 6 the portion of the index for "A." Do you see the word 7 "achievement"? 8 A. I see achieving but not achievement. 9 Q. Okay. And where is achieving? There it is. 10 Do you want to -- let's flip to 36.3. So page 36, line 11 3. Tell me when you're there. 12 A. I am there. 13 Q. And it says: "But achieving consensus is 14 difficult." Do you see that? 15 A. Yes. 16 Q. So that doesn't refer to limited achievement, 17 right? 18 A. It does not use that phrase. 19 Q. So based on this index, and to the best of your 20 recollection, did anybody at any time during the meeting 21 raise the idea that you could impute limited achievement Page 131	1 this been produced in discovery? 2 MR. CRAIN: It is being produced today. 3 MS. WOOD: Okay. And when was it -- was it 4 prepared on September 11th? 5 MR. CRAIN: I do not know the date, but we can 6 talk off the record. So your objection is noted. 7 BY MR. CRAIN: 8 Q. So do you see zero, Dr. Austin, in the index? 9 A. Uh-huh. 10 Q. Okay. 11 If you go to 40, it said -- in the index, 12 it said line 7, 7 to 11. Do you see that? 13 A. Yes. 14 Q. And I just want you to look at this page from, 15 say, line 6 to 11. Does this reflect anybody proposing 16 to impose a zero score for nonparticipating hospitals? 17 A. No, it doesn't. 18 Q. Okay. 19 Okay. So is it accurate to say that no one 20 suggested, based on the index, based on your memory, 21 that imposing a zero score for nonparticipating Page 133

1 hospitals? 2 MS. LAWSON: Object to form. 3 THE WITNESS: I honestly don't remember the 4 conversation. 5 BY MR. CRAIN: 6 Q. Okay. 7 A. I will clarify that what has been assigned is 8 not zero to hospitals. 9 Q. I understand. 10 So do you remember any other proposal made 11 during the expert panel meeting besides the one that you 12 proposed in the slides that we looked at? 13 A. I don't remember. 14 Q. Okay. 15 So I'll take you to one other that is in 16 here. Do you recall -- who is Dr. Pronovost, Peter 17 Pronovost? 18 A. He is one of the Hospital Safety Grade expert 19 panelists. 20 Q. Okay. And you worked with him previously at 21 Armstrong, right? Page 134	1 lowest quartile? 2 A. I would need to go back further up in the 3 document -- 4 Q. If you want to take a look and -- 5 A. -- to understand what the context was -- 6 Q. Yeah, why don't you go back to page -- 7 A. -- because I don't know what the discussion was 8 at that point. 9 Q. Go back to page 24 and start with 10 Dr. Srinivasan. 11 Who is Dr. Srinivasan? 12 A. He's at the Centers for Disease Control and 13 Prevention. 14 Q. Okay. And take a second. 15 (Witness peruses document.) 16 THE WITNESS: So I've read it. And can you 17 repeat your question? 18 BY MR. CRAIN: 19 Q. Yeah. I wanted to know if you have an 20 understanding of what Dr. Pronovost was referring to 21 when he's talking about the bottom quartile. And I Page 136
1 A. Correct. 2 Q. Okay. 3 Now, he proposes -- if you go to pages -- 4 if you go to page 25 -- 5 A. Uh-huh. 6 Q. -- oh, wait. Sorry. Page 26. 7 A. Uh-huh. 8 Q. And you see at line 18 it says Peter Pronovost 9 and colon? 10 A. Uh-huh. 11 Q. And he says, "Peter Pronovost: Missy, though, 12 to Arjun's point, I wonder in our model do we include 13 that if they're in the lowest quartile, that they stay 14 in that? You know what I mean? At least to reduce the 15 gaming." 16 Do you recall him saying that? 17 A. That's what it says here. 18 Q. Yeah. Do you have any independent -- 19 A. I don't remember. 20 Q. Okay. 21 Do you know generally what that means, the Page 135	1 think Dr. Srinivasan talks about the bottom quartile, 2 too. And I will also preface, if you don't remember, I 3 can show you an email subsequently about the bottom 4 quartile, but I wanted to know if you have an 5 independent recollection. 6 A. I don't have a recollection of that. 7 Q. Okay. That's fine. It's not a memory test. 8 Again, we'll get to another document. I'm just going 9 through this. 10 I want to look at one other quick thing in 11 the index. If you go to "W," do you see the word 12 "willing"? 13 A. I do. 14 Q. Let's see. Where is it? 15 A. Oh, no. I don't see it. 16 Q. Yeah, I didn't see it. 17 Just to confirm, do you see the word 18 "willing" in the index? 19 A. I do not. 20 Q. Okay. 21 Do you know what the phrase "willing to Page 137

1 report" means? 2 A. That is the term that Leapfrog used prior to 3 limited achievement. 4 Q. Okay. So that was the lowest performing score, 5 right? 6 A. That was the phrase that was used for that in 7 the past. 8 Q. Okay. Do you recall when it was retired? 9 A. I could estimate 2018, 2019, somewhere around 10 there. 11 Q. And just -- I'm representing to you that the 12 index is from a certified court reporter. Based on this 13 index, the phrase "willing to report" or even just the 14 word "willing" was not discussed at this meeting, 15 correct? 16 A. I do not see the word "willing" in the index. 17 Q. Okay. 18 And you have no independent recollection of 19 a discussion of the phrase "willing to report" at the 20 meeting, right? 21 A. I do not. Page 138	1 A. And I recognize the email. 2 Q. Yeah. Okay. So you have no reason to think 3 this wasn't sent and received? 4 A. Correct. Yes. 5 Q. Okay. 6 And you'll note in the bottom it's an 7 Armstrong-produced document, right? 8 A. Correct. 9 Q. So it's an email originally from the 16th from 10 Preeti Joshi. And remind us, who is she again? 11 A. Preeti is an analyst that works for me. 12 Q. Okay. And she works on the Leapfrog account? 13 A. Correct. 14 Q. Okay. 15 And she says first in that email, "Matt, 16 please review the attached Leapfrog Hospital Safety 17 Grade HSG" -- is that Hospital Safety Grade? 18 A. Uh-huh. Correct. 19 Q. -- "expert panel meeting notes, and let me know 20 your suggestions." 21 Then she follows up, right? Page 140
1 Q. Okay. 2 Okay. I'm going to set this aside, and 3 we'll come back to it, so don't lose it. 4 (Whereupon, a discussion was held between 5 counsel regarding lunch schedule, which 6 portion was not included in the written 7 record.) 8 BY MR. CRAIN: 9 Q. Okay. So let's keep going. 10 So you mentioned there were minutes after 11 the meeting, right? 12 A. Correct. 13 Q. I want to start with tab 33A, which will be 14 Exhibit 13. 15 (Exhibit No. 13 was marked for 16 identification as of 9/25/2025.) 17 BY MR. CRAIN: 18 Q. So Dr. Austin, do you recognize this document? 19 A. I recognize the meeting notes that are behind 20 it. 21 Q. Behind it. Okay. Page 139	1 A. Correct. 2 Q. And she says -- it looks like it's a few hours 3 later that same day, April 16th -- "Matt, please 4 disregard the attachment of previous email and consider 5 the attached document for review. I accidentally attached 6 a different file with previous email." 7 Do you see that? 8 A. Yes. 9 Q. Okay. 10 And then going on to the notes, this is, 11 fair to say, her draft of the notes, right? 12 A. Correct. 13 Q. Okay. 14 And then just stepping back, does every 15 expert panel, safety grade expert panel have meeting 16 notes like these? 17 A. Yes. Could there be one or two for which we 18 just somehow didn't do them? Possibly. But the intent 19 is, yes, to have meeting notes like this. 20 Q. And is this the normal process where the person 21 who is reporting to you starts the first draft and you Page 141

1 revise? 2 A. Correct. 3 Q. Okay. And do you generally try to be accurate 4 with the meeting minutes? 5 A. Yes. 6 Q. Okay. What do you look for when you revise? 7 A. I look for accuracy. I try to highlight 8 broader themes. So as an example, often when the 9 analyst first starts working with me, the notes will be 10 incredibly, like, detailed. Sara said this. Bob said 11 this, right. So I try to sort of move it up a level, 12 right, and I try to be clear with sort of action items 13 of what we need to do next and to be clear with decision 14 points. 15 Q. Okay. And you still try to be faithful to the 16 discussion, right? 17 A. Correct. 18 Q. Okay. 19 So I'm going to set this one aside, and I 20 want to go to your version of the notes. Let's see. 21 Oh, wait. Come back. Sorry. Sorry. Let's start with Page 142	1 Q. I've been trying to understand it, too, so I 2 get it. 3 Does this seem like a fair articulation of 4 what he was saying in the call? 5 A. If it's in the notes, I would say it's probably 6 a fair articulation, but I don't remember that myself. 7 Q. Okay. 8 Now, just to be clear, looking at this, 9 there is no indication -- and you can read the bullets. 10 They're pretty short -- that anyone was proposing giving 11 hospitals a zero or limited achievement or willing to 12 report, right? 13 A. Can you repeat your question, please? 14 Q. Yeah. 15 Is there any indication in these notes that 16 someone raised the idea during the meeting of giving 17 nonparticipating hospitals a zero or limited achievement 18 or willing to report for the imputed measures? 19 MS. LAWSON: Object to form, but you can 20 answer. 21 THE WITNESS: It doesn't necessarily explicitly Page 144
1 this. I'm all out of order. 2 Okay. So if we go down to Preeti's version 3 of the notes, do you see number two? 4 A. Uh-huh. 5 Q. Proposed changes to the imputation model, 6 right? 7 A. Uh-huh. 8 Q. And if you go, it looks like one, two, three 9 bullets down, it says "Peter asked." 10 A. Uh-huh. 11 Q. "Peter asked whether Leapfrog has a way to keep 12 the low-performing hospitals in the lowest quartile 13 using this Step 2 imputation model." Do you see that? 14 A. Uh-huh. 15 Q. Okay. Was that what we looked at in the 16 transcript a little while ago? 17 A. I don't know because I actually didn't fully 18 follow what Peter was trying to ask there. 19 Q. Okay. Got it. 20 A. To be really, really honest, I -- it didn't 21 make much sense to me. Page 143	1 say that in these notes. 2 BY MR. CRAIN: 3 Q. Okay. 4 You say "explicitly." Do you have a reason 5 to believe those topics were discussed? 6 A. There was concerns about -- that Arjun raised 7 about a hospital that was performing very poorly and 8 that they would actually get an imputed score, so a 9 better score than what they would actually be -- so to 10 me that seems to be raising the question of whether the 11 current imputation model was rewarding poor performing 12 hospitals. 13 So, I mean, there could be an 14 interpretation of that. 15 Q. So you said the question was raised. My 16 question is was the answer provided, proposed answer? 17 A. I don't remember. 18 Q. Okay. 19 And do you see anything on this page from 20 what you read a few minutes ago from the transcript to 21 suggest that those solutions were proposed that I just Page 145

1 mentioned? 2 A. I don't see anything here that would indicate 3 that the actual solution that we landed on is what was 4 explicitly proposed by the expert panel. 5 Q. Okay. Let me ask you this question. Who 6 proposed the solution that you landed on? 7 A. I don't recall with certainty. 8 Q. Okay. Do you think it was Leapfrog, or do you 9 think it was the expert panel? 10 A. I'm guessing it was Leapfrog that proposed that 11 solution based on the concerns that the expert panel was 12 raising. 13 Q. Got it. 14 So to your framing before, the question was 15 raised and Leapfrog was supplying an answer? 16 A. Is your question during this call? 17 Q. During this period. April 2024 -- 18 A. I don't remember with certainty how the 19 solution that is currently in use was developed. 20 Q. Okay. 21 I want to also take a look a couple bullets Page 146	1 document and what's your understanding of this sentence, 2 and I'll try to find a line. 3 A. It's unclear to me what "them" is referring to 4 in this sentence. Like, I don't have the context to 5 remember what "them" is. To me, I was suggesting that, 6 perhaps, we needed to look at difference in performance 7 between -- yeah, I don't have a great sense just from -- 8 Q. I can take you where the -- if you go back to 9 the transcript, page 27 is where you talk about bias. 10 MS. LAWSON: And you might want to just start 11 from the page preceding, which is the page we reviewed 12 previously, and just keep going on the discussion. I 13 think that might help. 14 (Witness peruses document.) 15 THE WITNESS: The context from the transcript 16 is such that we were talking about safety net hospitals 17 and some sort of concerns about bias in measurement for 18 those safety net hospitals. 19 BY MR. CRAIN: 20 Q. Only for them? 21 A. That is the context that Kathy McDonald had Page 148
1 down. It says, "Matt mentioned." Do you see that? 2 A. Uh-huh. 3 Q. And Matt, I take it, is you? 4 A. Correct. 5 Q. "Matt mentioned it is important to see whether 6 there is an actual difference in hospitals' performance 7 and whether there is some sort of bias in the 8 measurement against them. He said to minimize the 9 second, and if there are differences in hospitals' 10 performance, we can address the structural issues to fix 11 them." 12 Do you see that? 13 A. I do. 14 Q. So taking that one by one, what does the first 15 sentence mean? 16 MS. LAWSON: Might it be helpful for him to 17 just review the transcript of what he said? 18 MR. CRAIN: Yeah. I'm pulling that out now. 19 THE WITNESS: That would be helpful. 20 BY MR. CRAIN: 21 Q. But you know what, let's start with this Page 147	1 brought up was the safety net hospitals. 2 Q. Fair enough. I get that she says that from 3 lines 3 to 11 on page 27, but you follow up, and you 4 say, "I think where I struggle is what is a true -- 5 well, where is there a true difference in performance, 6 right, and where is there some sort of bias in the 7 measurement against them. Right?" And then Kathy says, 8 "Right." And then you say, "And I think we want to 9 minimize the second." 10 And so I guess the question I have out of 11 that is what does bias mean in that context? 12 A. Bias would refer to that there is some sort 13 of -- that there is some sort of structural -- I'm 14 trying to think of the right words for this. That there 15 is some sort of structural sort of -- there's something 16 structural about safety net hospitals that disadvantages 17 them. 18 Q. So you're talking about bias about the 19 hospitals or bias about the scoring methodology? 20 A. The bias in the hospitals. And I say that 21 because I think on the next page I talk about that Page 149

1 marginalized communities tend to receive care at less 2 safe hospitals. So I think the concern is that there is 3 a bias against safety net hospitals in terms of quality 4 and safety. 5 Q. So this doesn't refer to bias in the survey -- 6 in the scoring methodology -- excuse me -- against 7 safety net hospitals? 8 A. I believe what this is referring to is actually 9 the bias in the challenges that safety net hospitals 10 face to prioritize quality and safety of care. 11 Q. And how does that factor into the imputation 12 methodology? 13 A. So safety -- well, to be clear, safety net, 14 there is no formal definition of that. If they are a 15 critical access hospital, they don't receive a Hospital 16 Safety Grade. 17 Q. What is a critical access hospital? 18 A. Critical access hospital, there is about 1,400 19 of them in the United States. They're small hospitals 20 that have 25 beds or less -- 21 Q. Got it. Page 150	1 looking at some of the safety net hospitals and just 2 making sure that they were going to be treated fairly. 3 Q. Okay. And is that -- is a difference in the 4 safety net hospitals, as compared to non-safety net 5 hospitals, their capacity to complete the survey? 6 A. I couldn't speak to that. 7 Q. Do they have fewer resources than non-safety 8 net hospitals? 9 A. They typically are more resource constrained 10 hospitals than larger hospitals -- or not larger 11 hospitals, than hospitals that are better funded. 12 Q. So did you understand Kathy to be saying that 13 she wanted to recognize the burden that they were 14 experiencing as compared to non-safety net hospitals? 15 A. I don't know if that was what she was implying 16 there. 17 Q. Okay. 18 So and then going back to your point about 19 bias, how would the imputation methodology -- strike 20 that. Sorry. 21 Going back to your point about bias, how Page 152
1 A. -- that are generally in rural areas and for 2 which the funding from the government is different, 3 basically to keep their doors open, and they are 4 generally in small, rural communities. 5 Q. And so I get there is no definition of safety 6 net hospital. What's your general understanding of what 7 that means? 8 A. One definition that I commonly use is it's 9 hospitals that care for greater proportions of patients 10 who have Medicaid as their primary insurance. 11 Q. Got it. And they can be for-profit or 12 nonprofit hospitals? 13 A. Correct. 14 Q. Okay. And so what type of -- so how does the 15 safety -- how does the imputation -- like, how does that 16 fact -- let me state the question in a real way rather 17 than stuttering way. 18 How does the safety net bias that you're 19 talking about here relate to the imputation methodology 20 that was the topic of the agenda here? 21 A. I believe what Kathy is looking at is -- was Page 151	1 could the imputation methodology take that into account? 2 A. Which imputation methodology are we discussing? 3 Q. Any one, whether -- well, how could any 4 imputation methodology take into account the bias that 5 you're identifying here apparently as to safety net 6 hospitals? 7 A. Well, there's the concern that -- I mean, one 8 potential bias is that if other safety net hospitals are 9 performing less well and you choose to not complete the 10 survey, you're going to maybe get assigned the same 11 value as your average safety net hospital. So that 12 would be one way that a safety net hospital might face a 13 bias. 14 Q. Okay. But you need the definition of what 15 qualifies as a safety net hospital, right? 16 A. Correct. And Leapfrog has its own definition 17 that it uses for that. 18 Q. Is it different from yours? 19 A. I don't know. 20 Q. Okay. You have no knowledge of what that 21 definition is? Page 153

1 A. I couldn't say with exact certainty what their 2 definition is. 3 Q. Do you know in what context they have that 4 definition? 5 A. They have it in some of their data files 6 because a lot of their data licensees like to be able to 7 drill down on that type of detail, but I don't know what 8 -- how they get that source or what they are using for 9 them. 10 Q. Okay. Okay. 11 So going back to the notes, which I believe 12 is Exhibit 13, I want to go back to the bullet. Preeti 13 said, "Matt mentioned it is important to see whether 14 there is an actual difference in hospitals' performance 15 and whether there is some sort of bias in the measures 16 against them. He said to minimize the second, and if 17 there are differences in hospitals' performance, we can 18 address the structural issues to fix them." 19 Do you see that? 20 A. I do. 21 Q. Now, she doesn't mention safety net hospitals Page 154	1 before we broke. Do you recall that? 2 A. Yes. 3 Q. I want to go back in time just a little bit. 4 The April 12th meeting, if you recall correctly from the 5 notes we saw, was between 4 and 5 o'clock. 6 A. Correct. 7 Q. And if you keep the notes out, if you look at 8 the portion where it says the attendees, do you see 9 that? 10 A. Yes. 11 Q. Dr. Romano is not on that list, right? 12 A. Correct. 13 Q. Okay. And do you recall that -- whether you 14 met with Dr. Romano earlier that day with regard to the 15 safety grade expert panel? 16 A. I can't say with certainty. 17 Q. Okay. 18 A. But I believe we met with him at some point 19 around that meeting. 20 Q. Okay. And that was -- do you recall who 21 attended that meeting? Page 156
1 there, right? 2 A. She does not. 3 Q. Okay. So -- okay. I'll leave it there. 4 MR. CRAIN: I think maybe we'll take a break 5 now. Do you want to do the lunch break now? 6 MS. LAWSON: We're off the record. 7 THE VIDEOGRAPHER: This marks the end of media 8 unit number three. We're going off the record. The 9 time is 11:49 a.m. 10 (Whereupon a lunch break was had, after 11 which the proceedings continued as 12 follows:) 13 THE VIDEOGRAPHER: This marks the beginning of 14 media unit number four. We're back on the record. The 15 time is 12:56 p.m. 16 BY MR. CRAIN: 17 Q. Okay. Welcome back. 18 A. Thank you. 19 Q. I hope you had a nice lunch. 20 A. Yeah. Thank you. 21 Q. So we were talking about the April 12th meeting Page 155	1 A. I don't recall with certainty. I could 2 estimate who I think would be there, but I can't say 3 with certainty. 4 Q. That's okay. That's okay. 5 And before we go to -- I'll refresh you 6 with a document, but before we go there, who is 7 Dr. Patrick Romano? 8 A. So Dr. Patrick Romano is one of the Hospital 9 Safety Grade expert panelists. 10 Q. And what's his background? 11 A. He is a physician and health services 12 researcher at the University of California, Davis. 13 Q. And fair to say he's an expert in something? 14 A. He is. 15 MS. LAWSON: Object to form but go ahead. 16 THE WITNESS: Yeah. He would be perceived as 17 being an expert in quality measurements in healthcare. 18 BY MR. CRAIN: 19 Q. And have you worked with him for a long time? 20 A. Yes, I have. 21 Q. Did you work with him in the early days when Page 157

1 the safety grade was being developed? 2 A. Yes. 3 Q. And was he involved in the development of the 4 first imputation model around 2020, 2021? 5 A. We worked with Dr. Romano in thinking through 6 different options for the imputation. 7 Q. Okay. And do you know how long Dr. Romano has 8 been involved in any capacity with Leapfrog? 9 THE COURT REPORTER: I'm sorry. We just lost 10 connection. 11 MR. CRAIN: Should we go off? 12 THE COURT REPORTER: Could we? 13 MR. CRAIN: Can we go off the record. 14 THE COURT REPORTER: Just one quick second. 15 THE VIDEOGRAPHER: This marks the end of media 16 unit number four. We're going off the record. The time 17 is 12:58 p.m. 18 (Whereupon, the proceedings paused due to 19 technical difficulty, after which the 20 proceedings continued as follows:) 21 THE VIDEOGRAPHER: This marks the beginning of Page 158	1 glitch, so I'll make sure we get it, how long has 2 Dr. Romano been involved with Leapfrog? 3 A. Since 2011. 4 Q. Okay. So he came on after you joined or after 5 you got involved with Leapfrog, let's say? 6 A. He was part of the Hospital Safety Grade expert 7 panel that was formed in 2011. 8 Q. When the safety grade was originally being 9 developed? 10 A. Correct. 11 Q. Okay. 12 MR. CRAIN: Okay. So I'm going to mark as 13 Exhibit 14... 14 (Exhibit No. 14 was marked for 15 identification as of 9/25/2025.) 16 BY MR. CRAIN: 17 Q. Dr. Austin, do you see this is an 18 Armstrong-produced document? 19 A. Yes. 20 Q. And it's an email from you to you. Do you see 21 that? Page 160
1 media unit number five. We're going back on the record. 2 The time is 1 o'clock p.m. 3 BY MR. CRAIN: 4 Q. Great. Okay. We're back after a technical 5 glitch, and I'm going to ask the question that we 6 started before. 7 So was Dr. Romano involved in the 8 development of the first imputation model around 9 2020/21? 10 A. He was. To clarify, that wasn't -- it depends 11 on your definition of what is an imputation model. We 12 had had other imputation approaches prior to '20 to '21. 13 Q. Fair enough. 14 Was he involved in the development of that 15 model in -- 16 A. Yes. He helped provide input and guidance. 17 Q. Okay. 18 MS. LAWSON: And just make sure that Mr. Crain 19 has finished his question, yes. 20 BY MR. CRAIN: 21 Q. And I think I had asked during the technical Page 159	1 A. Correct. 2 Q. Does this reflect notes that you took on 3 April 12th, 2024? 4 A. It reflects -- 5 Q. I'll direct you to the subject matter, the 6 subject of the email. 7 A. Yes. It was my notes from the Hospital Safety 8 Grade expert panel meeting. 9 Q. And do you have a practice of sending yourself 10 notes over email? 11 A. I do. 12 Q. Okay. So this is a true and accurate, to the 13 best of your knowledge, copy of your notes from that 14 day? 15 A. Yes. 16 Q. Okay. 17 And on the top, it says: "Patrick 18 recommend keep Step 1." Do you see that? 19 A. Yes. 20 Q. Does that refresh your recollection of whether 21 you had a meeting with Dr. Romano on April 12th? Page 161

1 A. As I mentioned, I know we met with Dr. Romano 2 around that time because he was unable to make the 3 primary call, but I don't remember the exact timing of 4 when that was. 5 Q. Okay. 6 Do you -- is it correct that these bullets 7 one, two, and three below, "Patrick recommend keep Step 8 1," reflect your notes from the discussion with 9 Dr. Romano? 10 A. That would be likely to be true, yes. 11 Q. Okay. You don't have a specific memory, but 12 that's what the document -- 13 A. Correct. 14 Q. -- indicates? 15 A. Yes. 16 Q. Okay. Again, just let's try not to talk over 17 each other. 18 Okay. And then the remainder of this 19 email, just going down, do those reflect your notes from 20 the subsequent expert safety grade panel meeting later 21 that day? Page 162	1 the last page to orient. Good? Are you there? 2 A. Can you repeat that, please? 3 Q. Sorry. 4 Can you go to page 8331, the second to the 5 last page. 6 A. Yes. 7 Q. Okay. 8 And there's an email from Ms. Campione to, 9 among others, you at 12:17 p.m.? 10 A. Yes. 11 Q. And the subject is imputation changes. Do you 12 see that? 13 A. Yes. 14 Q. So Ms. Campione writes to you and others, "Hi 15 all, please find the table we discussed below. I also 16 included the underlying issues. Please feel free to 17 edit the response to this email." Do you see that? 18 A. Yes. 19 Q. Okay. 20 Do you have a recollection of her sending 21 this email? Page 164
1 A. Yes. 2 Q. Okay. 3 That's all we need to talk about with this 4 document. You can set it aside. 5 MR. CRAIN: Now, I want to go to another 6 document. This will be 15, tab 34. 7 (Exhibit No. 15 was marked for 8 identification as of 9/25/2025.) 9 BY MR. CRAIN: 10 Q. And you will see on the bottom this was a 11 deposition exhibit from Ms. Campione as well. Do you 12 see that blue sticker? 13 A. Yes. 14 Q. Okay. 15 So the top email is from you to 16 Ms. Campione, Ms. Danforth, and Ms. Joshi. Do you see 17 that? 18 A. Yes. 19 Q. And I want to just go through -- if we could 20 start at the bottom, which is the first email, this will 21 be page -- if you could go to page 8331, the second to Page 163	1 A. I do remember seeing that table at the bottom 2 of the email, but I didn't remember the context of the 3 email. 4 Q. Do you remember seeing it from back then? Do 5 you remember from seeing it more recently? 6 A. I -- in showing this to me today, I very 7 distinctly remember her sending an email with this 8 table. 9 Q. Okay. Do you remember -- and you said you 10 don't remember the context. Do you remember anything 11 about why she sent it? 12 A. I would guess, based on what's here, it was to 13 sort of further refine a potential direction that we 14 would go for the imputation models. 15 Q. And this was about 10 days after the expert 16 panel meeting, right? 17 A. Correct. 18 Q. Okay. 19 So I want to just go through this chart a 20 little bit just to make sure we're on the same page. 21 Are you looking at the chart on 8332? Page 165

1 A. Uh-huh. 2 Q. Okay. So "no change" is the left-most column. 3 Do you see that? 4 A. Yes. 5 Q. And that's -- is it right that's basically the 6 model you had, right, at the time? 7 A. Correct. 8 Q. "Small change" says: "Shorten imputation to 9 past two rounds for Step 1." Do you see that? 10 A. Yes. 11 Q. Is that what you ultimately did, or is it 12 "moderate change" that Leapfrog ultimately imposed? 13 A. Are you asking about recent survey 14 participants? 15 Q. I'm asking -- yeah, I'm asking about Step 1 for 16 recent survey participants. I'll walk you through it. 17 I'll build it a little more clearly. 18 Under "small change" for Step 1, it says: 19 Shorten imputation to two past rounds. Do you see that? 20 A. Uh-huh. 21 Q. Does that reflect, to the best of your Page 166	1 every year, is that a more apt understanding of what the 2 Step 1 is? 3 A. I would frame it as hospitals that have not 4 submitted the most recent hospital survey. 5 Q. Got it. But for which there exists a 6 historical survey response? 7 A. Correct. 8 Q. Okay. 9 So on the top in Step 1, small change, you 10 go back to the two past rounds of the survey, right? 11 A. That is what's being proposed under small 12 change. 13 Q. Then moderate change is you shorten imputation 14 to one past round, right? 15 A. Correct. 16 Q. And is that what you testified earlier -- is 17 that what ultimately Leapfrog did for Step 1? 18 A. I would have to defer to the methodology -- 19 Q. Okay. 20 A. -- document on how that gets phrased or framed. 21 Q. Okay. Page 168
1 understanding, an imputation of a historical score in 2 the past two rounds of the hospital survey? 3 A. Can you repeat that again, please? 4 Q. Yeah. 5 To the best of your understanding, does 6 this column, does this "small change" box in Step 1 7 reflect that you would propose to impute the historical 8 score for a nonparticipating hospital for the past two 9 rounds of the hospital survey? Am I reading that right? 10 A. That is not exactly my understanding. 11 Q. Okay. Can you give me your understanding? 12 A. Yeah. My understanding is what's being 13 proposed is for hospitals that have recently completed 14 the survey, how far of a lookback would we do to see if 15 there was a recent survey. 16 Q. Got it. And was that different from what I 17 said because I said nonparticipating hospitals? 18 A. Correct. 19 Q. Yeah, okay. Let me fix that. That's a fair 20 point. 21 For hospitals that are not participating Page 167	1 What do you think is the difference? 2 A. Difference from what? 3 Q. What's your hesitation as to why this is not 4 the same thing as you understand Leapfrog is doing today 5 for Step 1? 6 A. I guess I'm a little unclear on what moderate 7 change would actually be. So that's where I'm now sort 8 of second-guessing like, well, did we implement moderate 9 or did we implement small change? 10 Q. Okay. 11 A. My understanding, putting the words aside, is 12 that what we moved to was the ability for a hospital -- 13 we would look back and see if a hospital submitted a 14 survey last year -- 15 Q. Got it. 16 A. -- and if we did, we would use that. 17 Q. Okay. 18 A. But we wouldn't go any further back than that. 19 Q. Okay. 20 A. So I don't know how that translates into these 21 exact words. Page 169

1 Q. Okay. 2 I mean, I would read one past round to be 3 last year, but I don't know if that's right. You're not 4 sure about that either? 5 A. I'm not sure about that either. 6 Q. Okay. 7 Okay. And then "drastic change" is 8 eliminate Step 1. Do you see that? 9 A. Yes. 10 Q. And that you did not do, right? 11 A. Correct. 12 Q. But that was the proposal at the April 12th 13 meeting, to retire Step 1? 14 MS. LAWSON: Object to form. 15 THE WITNESS: The proposal that we introduced 16 at the Hospital Safety Grade expert panel meeting was to 17 eliminate Step 1. 18 BY MR. CRAIN: 19 Q. Yeah. Okay. 20 Now, in Step 2, if you could just go -- I 21 don't know if you feel more comfortable walking me Page 170	1 deviations below the mean." Do you see that? 2 A. Yes. 3 Q. Now, we saw in the transcript that we looked at 4 in the notes the discussion of the lowest quartile. Is 5 this what that's referring to, to the best of your 6 understanding? 7 MS. LAWSON: Object to form. 8 THE WITNESS: I would need to re-review the 9 transcript to refresh myself on what exactly the 10 conversation was about lowest quartile. 11 BY MR. CRAIN: 12 Q. Okay. I'm trying to think should we do that. 13 Would you like to do that? I'm happy to take you back 14 to it unless you have an understanding. 15 A. I don't have -- I mean, I saw in the 16 transcript there was conversation about lowest quartile. 17 Q. Yeah. 18 A. And there's, obviously, conversation here about 19 bottom quartile. I don't know if those two 20 conversations are the same thing. That's what I don't 21 know. Page 172
1 through it, or I could walk you through it, but Step 2, 2 the no change, it says: "Impute with the mean of first 3 time scores for their cohort." Do you see that? 4 A. Yes. 5 Q. And is that a no change, or is that sort of an 6 adaptation? I had understood the Step 2 to be the mean 7 of first time versus the mean of the cohort generally, 8 right? 9 A. At the time, the nonsurvey -- so Step 2 was -- 10 yes, it was the lower of the mean of either first time 11 respondents or the mean of the cohort. 12 Q. Yeah, okay. So slightly different from what 13 the no change says here, right? 14 A. Correct. 15 Q. Okay. 16 And that small change -- there's a no 17 change, which is interesting. Do you see that? 18 A. Correct. 19 Q. Okay. 20 And then moderate change says: "Assign 21 hospitals to the bottom quartile or several standard Page 171	1 Q. Okay. So you don't have an independent 2 recollection of whether this column comes from the 3 discussion of the expert panel meeting or not? 4 A. Correct. I do not have an independent 5 recollection. 6 Q. Okay. 7 And then on the last one, the drastic 8 change, it says: "Impute with limited achievement 9 scores," right? 10 A. Correct. 11 Q. Okay. 12 And, again, we looked at the index, and 13 there was no discussion of limited achievement, right, 14 at least based -- 15 MS. LAWSON: Object to form. 16 BY MR. CRAIN: 17 Q. At least based on the index? 18 MS. LAWSON: Object to form. 19 THE WITNESS: Correct. There was no use of 20 that explicit term. 21 BY MR. CRAIN: Page 173

1 Q. Yeah. 2 And there was no use of the term 3 willingness, as in willingness to report, right? 4 MS. LAWSON: Object to form. 5 THE WITNESS: Correct. 6 BY MR. CRAIN: 7 Q. Okay. 8 And in the index at least, when we looked 9 at the word "zero," there was no discussion of anybody 10 proposing that nonparticipating hospitals should get 11 zero in Step 2, right? 12 MS. LAWSON: Object to form. Go ahead. 13 THE WITNESS: Correct. 14 BY MR. CRAIN: 15 Q. Okay. 16 So let's go up a little bit on this box. 17 And you respond, do you see that, 12:27 p.m.? 18 A. I -- 19 Q. I can give you a page number if you need it. 20 A. I do -- yep. 21 Q. Got it? Page 174	1 information to the Leapfrog Hospital Survey about their 2 staffing, we were coming to the conclusion that they 3 didn't meet the staffing model that Leapfrog requires. 4 Q. Got it. 5 So you made the assumption based on the 6 existence of an ICU that they were performing at a level 7 of limited achievement? 8 A. To clarify, I'm not sure we were making an 9 assumption. We were -- we had a lack of information 10 about their staffing models. That would be the 11 equivalent of assigning limited achievement. 12 Q. Got it. 13 And is that, to your knowledge, 14 communicated anywhere on the Leapfrog website to 15 consumers? 16 A. I don't know. 17 Q. Okay. 18 Is that communicated in the methodology 19 document, that that's why Leapfrog assigns limited 20 achievement for IPS for nonparticipating hospitals? 21 A. I don't know for certainty. Page 176
1 A. Yep. I do, yes. 2 Q. And you said, "Alex, this looks great. I'm 3 wondering do we, one, want to reflect that we're 4 already" -- doing -- "using" -- sorry -- "drastic change 5 for Step 2 for IPS? And, two, do we want to use a 6 different term for drastic change, like large change?" 7 Do you see that? 8 A. Yes. 9 Q. So just breaking that down, number one, can you 10 tell me what you understood yourself to mean when you 11 said: Do we want to reflect that we're already using 12 drastic change for Step 2 for IPS? 13 A. So as I remember it, we had already moved 14 imputation for IPS to be limited achievement. 15 Q. And when did that come about? 16 A. I don't remember exactly. 17 Q. Okay. And do you remember the basis? 18 A. The basis is we actually had information from 19 CMS, Centers for Medicare and Medicaid Services, that 20 could tell us whether a hospital operated an ICU. And 21 if they operated an ICU, and they had not submitted Page 175	1 Q. Okay. Do you want to take a look? 2 A. I can. 3 Q. I'm happy to take you there. That's Exhibit 3. 4 A. That sounds correct. 5 Q. I wrote them down today. 6 A. If my memory serves me right. 7 Q. Do you have it, Dr. Austin? 8 A. I do. 9 Q. And if you go to page 10, it talks about the 10 IPS model -- or the measure. 11 MS. LAWSON: This is for Spring 2025? 12 MR. CRAIN: Correct. 13 BY MR. CRAIN: 14 Q. The IPS, as you testified a minute ago, I 15 think, did not change, right, the imputation 16 methodology? 17 A. That was my comment back to Alex. 18 Q. Okay. Yeah. 19 But to the best of your recollection today, 20 between 2024 and 2025, Step 2 for IPS was always limited 21 achievement, right? Page 177

1 A. Correct. 2 Q. Okay. 3 So are you on page 10? 4 A. I am. 5 Q. Okay. So just take a look and read the IPS 6 block. 7 A. Yep. I have, yes. 8 Q. And does it provide any explanation, the 9 explanation you just gave for why hospitals receive 10 limited achievement if they don't participate in the 11 survey? 12 A. You would need to follow the last line that 13 says if a hospital didn't submit a survey, you need to 14 look at using secondary data sources. 15 Q. Okay. Let's go to that page. That's page 15? 16 Take a look. And it's on 15 and 16? 17 A. Yes. 18 Q. Yeah. Is there an explanation there? 19 A. On page 16 there is. 20 Q. Let's see. Where is it? 21 A. Note about IPS: Only hospitals that operate an Page 178	1 hospital is assigned a point value that is equivalent to 2 receiving limited achievement for this measure on the 3 Leapfrog Hospital Survey. 4 Q. And so what you testified a minute ago, though, 5 was that the -- tell me if I'm misunderstanding -- that 6 the assumption is if a hospital has an ICU and is not 7 reporting, it's not meeting Leapfrog's standards, right? 8 A. We have assigned a score to hospitals. If we 9 know they operate an ICU based on the CMS cost report, 10 and they don't report to the Leapfrog Hospital Survey, 11 we are assigning them a score of limited achievement. 12 Q. Yes, but that was not directly responsive to my 13 question which was -- and I'll go back just to make sure 14 I say it the right way. 15 What you said a minute ago was that the 16 assumption is that if a hospital has an ICU, and they 17 are not reporting, that they are not meeting Leapfrog's 18 standards, right? That's what you said. 19 A. Correct. And then I corrected myself and did 20 not use the word "assumption." That was a poor choice 21 of word there. Page 180
1 adult or pediatric medical and/or surgical or neuro ICU 2 are eligible for Step 2 imputation of the IPS measure. 3 A hospital's ICU designation is determined from the 4 number of beds reported on Worksheet 5-3 Part 1 of the 5 hospital's most recent CMS cost report. If your 6 hospital does not operate an ICU but shares a CMS 7 certification number, please contact the help desk. 8 Q. Sorry. I see that on page 15. You see it on 9 16? 10 A. I see it on 16. 11 MS. LAWSON: I also see it on 16. 12 THE WITNESS: Under Step 2. 13 BY MR. CRAIN: 14 Q. Step 2. Okay. 15 And your testimony is that language 16 communicates that if a hospital has an ICU and doesn't 17 participate, it automatically gets limited achievement? 18 A. That is the first sentence under Step 2. 19 Q. Okay. 20 A. If the hospital does not have historical data 21 from the last two rounds of the safety grade, the Page 179	1 Q. Okay. That's what I'm trying to understand. 2 A. Correct. 3 Q. Okay. 4 So maybe you tell me in your words then, 5 because now I'm a little confused by the change, why 6 does a hospital get assigned limited achievement if it 7 has an ICU and does not participate? 8 A. They receive a score of limited achievement 9 because we know they have an ICU, and we don't have any 10 information that would tell us whether or not they are 11 meeting the staffing models that Leapfrog asks hospitals 12 to have in the ICU. 13 Q. So why not impose some achievement and not 14 limited achievement? 15 A. Because the way Leapfrog's standards are set in 16 the survey is there are clear criteria of what needs to 17 be met for some achievement, considerable achievement, 18 and achieved the standard. And if you don't meet the 19 criteria for some achievement, you're in the limited 20 achievement bucket. 21 Q. But, again, you don't know either way whether a Page 181

1 given hospital is meeting some versus limited or -- I 2 forgot -- the top one, right? 3 A. Correct. 4 Q. Okay. 5 Okay. So let's go back to this document. 6 So that covers IPS Step 2. 7 The second part says, "Do we want to use a 8 different term for drastic change like large change?" 9 Why did you not like the phrase "drastic change"? 10 MS. LAWSON: Object to form. 11 BY MR. CRAIN: 12 Q. Did you not like the word "drastic change"? 13 A. I did not like the word "drastic change." 14 Q. With that now established, why did you not like 15 the phrase "drastic change"? 16 A. I'm trying to think. It felt -- it felt 17 sensational. 18 Q. Okay. What do you mean by sensational? 19 A. I personally think of the word "drastic" as 20 having sort of a sensational connotation, right. It's 21 extreme. Page 182	1 chart is revised on page 8330? 2 A. Yes. 3 Q. And that, as best I can tell, is just changing 4 to reflect the limited achievement, you know, for IPS, 5 right? 6 MS. LAWSON: And Dr. Austin, you can read -- 7 feel free to read through the whole email chain if you 8 need that to refresh your recollection. 9 (Witness peruses document.) 10 THE WITNESS: Can you repeat your question, 11 please? 12 BY MR. CRAIN: 13 Q. Yeah. I'm just looking at 8330, and it looks 14 like the change on the chart is just as you noted 15 before, that IPS was already doing the impute limited 16 achievement. 17 A. Correct. 18 Q. So there's no change there, right? 19 A. That is the only change from the prior chart. 20 Q. Yeah. Sorry. There's no change to IPS under 21 this chart? Page 184
1 Q. Got it. Dramatic? 2 A. Dramatic. That would be a better word. 3 Q. We work with words for a living. 4 MS. LAWSON: I struggled not to interpose my 5 own. 6 BY MR. CRAIN: 7 Q. So did you feel dramatic was inaccurate or it 8 was a problem with the messaging and how it might be 9 received? 10 A. My concern was the messaging and how it would 11 be received. 12 Q. Okay. 13 MR. CRAIN: Oh, I'm sorry. Iason tells me I 14 said dramatic. No, I meant dramatic. 15 MR. TOGIAS: Oh, you meant it? 16 MR. CRAIN: Yeah. 17 MR. TOGIAS: Okay. Sorry. 18 MR. CRAIN: I meant dramatic. 19 BY MR. CRAIN: 20 Q. Let's see. Okay. So let's keep going up. Let 21 me see if there's anything else here. So you see the Page 183	1 A. Correct. 2 Q. Yeah. 3 Okay. Let's set this aside. Keep it at 4 the ready. 5 MR. CRAIN: Can I get 36. I'll mark this as 6 Exhibit 16. 7 (Exhibit No. 16 was marked for 8 identification as of 9/25/2025.) 9 BY MR. CRAIN: 10 Q. So Dr. Austin, do you recognize this document? 11 A. Yes. It's an email between myself and Leapfrog 12 staff. 13 Q. You get the hang of it now, these documents. 14 And you see on the bottom right it's an 15 Armstrong-produced document, right? 16 A. Correct. 17 Q. Okay. I want to start -- just go to the bottom 18 again to the first email in the chain, and if you need a 19 minute, take it. Whenever you're ready. 20 (Witness peruses document.) 21 THE WITNESS: Yes. Page 185

1 BY MR. CRAIN: 2 Q. Okay. 3 So the first email on the bottom is from 4 Ms. Campione, and it's to Ms. Danforth, you, and 5 Ms. Joshi. Do you see that at 5:41 p.m.? 6 A. Yes. 7 Q. And the subject is Step 2 imputation scores. 8 Do you see that? 9 A. Yes. 10 Q. And she says, "Hi all. I have some bad/good 11 news. The Step 2 scores aren't what we would like. 12 Turns out the hospitals that do the survey perform very 13 well. The BCMA scores below will likely drop with the 14 methodology changes, though." 15 Do you see that? 16 A. Yes. 17 Q. Do you have any understanding today of what she 18 meant by the Step 2 scores aren't what we would like? 19 MS. LAWSON: Object to form. Go ahead. 20 (Witness peruses documents.) 21 THE WITNESS: Where I'm hesitating is my sense Page 186	1 (Whereupon, the court reporter seeks 2 clarification, which colloquy will not be 3 captured on the written record.) 4 BY MR. CRAIN: 5 Q. Let's go up. You respond. Do you see that? 6 A. Yes. 7 Q. And you say, "Alex, would it be easy to look at 8 the same for first time reporters? We may have to 9 consider the option of just assigning the score for 10 limited achievement, which is actually consistent with 11 how we are approaching IPS." 12 Do you see that? 13 A. Yes. 14 Q. Okay. 15 Does this refresh your recollection as to 16 what she was running and why she was doing this? 17 A. Not really. 18 Q. Okay. It doesn't have to. That's okay. 19 A. Okay. 20 Q. Okay. So she responds it looks like five 21 minutes later. She says, "Not too difficult. I would Page 188
1 is she was looking at a subset of hospitals, and I don't 2 remember what that subset of hospitals was. 3 BY MR. CRAIN: 4 Q. Okay. 5 Do you remember the purpose of her running 6 that subset? 7 A. My recollection is it's somehow connected back 8 to conversations with the expert panel about imputation 9 and one of the scenarios that maybe someone suggested we 10 look at, but I couldn't explicitly say which scenario 11 that was. 12 Q. So we talked a little bit about quartile, 13 right? Do you remember that discussion? 14 A. Uh-huh. 15 Q. If you look at the chart right below her text, 16 do you see it says Mean of Bottom Quartile? 17 A. Yes. 18 Q. Okay. And it says the CPOE, hand hygiene, and 19 BCMA scores. Do you see that? 20 A. Yes. 21 Q. And I'll work you up the email now. Page 187	1 predict they're just slightly lower." And then you 2 respond at the top, "Thanks. Then maybe not worth the 3 effort." 4 Do you see all of that? 5 A. Yes. 6 Q. Okay. 7 Do you have any recollection today about 8 why you would say it's not worth the effort? 9 A. What I interpreted from Alex's statement was 10 that the results wouldn't be much different than what 11 she had originally produced. 12 Q. And the -- go ahead. Sorry. 13 A. So it didn't seem worth the analytical effort 14 to update it for something that wasn't meaningful 15 different -- meaningfully different in terms of Leapfrog 16 deciding how it wanted to move forward. 17 Q. And meaningfully different in this case meaning 18 lower, right? 19 A. Correct. She indicated that they would be 20 slightly lower. 21 Q. And you all wanted the numbers to be lower, Page 189

1 right? 2 MS. LAWSON: Object to form. 3 BY MR. CRAIN: 4 Q. You can answer. 5 A. There were concerns that the mean scores that 6 we had been using for imputation had been going up 7 considerably which created a disincentive for hospitals 8 to actually complete the survey. 9 Q. Yes. We saw that in the safety grade meeting, 10 right, that there were concerns that imputation scores 11 were creeping up? 12 A. That was one of the noted -- yeah. 13 Q. Right. On the slide that you drafted. 14 A. Correct. 15 Q. That was one of the bullets, right? 16 A. Correct. 17 Q. And in response to that, we saw that 18 Dr. Pronovost suggested a quartile approach, right? 19 MS. LAWSON: Object to form. 20 THE WITNESS: Once again, I -- in reading the 21 transcript, it wasn't super clear what Peter was exactly Page 190	1 9:11 p.m. This is on page 2128. Do you see it? 2 A. Uh-huh. 3 Q. She said, "This is sort of what I was afraid of 4 but somehow more stark seeing the actual numbers. I do 5 think that we need to at least go wider" -- which I 6 understand to mean consider -- "going to limited 7 achievement." Do you see that? 8 A. Yes. 9 Q. Okay. 10 Do you understand what she is saying in 11 this email? 12 A. My understanding is she was indicating that the 13 numbers aligned with what she thought might be the case 14 and was recommending that we need to consider going to 15 limited achievement. 16 Q. Okay. 17 So just to build this out a little bit, at 18 this time, under the methodology that was governing, the 19 imputation under Step 2 was a straight mean, not a 20 lowest quartile mean but a straight mean, right? Do you 21 understand what I mean? Page 192
1 discussing or suggesting. 2 BY MR. CRAIN: 3 Q. Let me phrase it a little bit differently that 4 I hope will be easier. 5 At the expert panel meeting, in the 6 transcript we saw him say the word "quartile." Fair? 7 A. Fair. 8 Q. Okay. 9 And then 10 days later -- let me just 10 double check. More than 10 days later we have 11 Ms. Campione sending around a chart that lays out, among 12 other things, the mean of bottom quartile. Do you see 13 that? That's on the last page. 14 A. Yes. 15 Q. Okay. 16 But the numbers are too high there, right? 17 MS. LAWSON: Object to form. 18 THE WITNESS: I don't know how to respond to 19 that. I mean, all of the data are here. 20 BY MR. CRAIN: 21 Q. So let's go to Ms. Danforth's email of Page 191	1 A. It was a -- there were two values that were 2 calculated for each hospital. There was the overall 3 mean and I believe that of -- the first time reporters 4 in the hospital got the lower of those two values. 5 Q. And the concern was those means were too high, 6 right? 7 A. The concern was that those means 8 disincentivized hospitals to report into the survey. 9 Q. Yes. Okay. Because they were too high, right? 10 A. Because they would give hospitals a lot of 11 credit when they wouldn't have to necessarily 12 demonstrate anything for that. 13 Q. Okay. 14 And you say when they wouldn't have to 15 demonstrate anything for that, but do you have any 16 empirical knowledge of whether that credit, so to speak, 17 would have been due as a matter of performance? 18 A. We don't have any empirical evidence on what a 19 hospital's performance would be when they don't report 20 because we don't actually have those data. 21 Q. On the measures for which you don't have data, Page 193

1 right? What I mean is you have other data, like CMS 2 data for those hospitals? 3 A. Correct. 4 Q. That's all I meant. 5 So then Ms. Campione runs a different mean, 6 right? The mean in this email is not the mean that you 7 all had been imputing as a part of Step 2 in the prior 8 methodology. Is that right? 9 A. My understanding is the very bottom table -- 10 Q. Uh-huh. 11 A. -- where it says current Step 2 means for 12 reference are what the means had been that we were using 13 at the time. 14 Q. Okay. 15 And so but the mean in the top part where 16 it says the Mean of Bottom Quartile, am I understanding 17 right that that's taking the bottom quartile of 18 hospitals and calculating the mean of those hospitals? 19 A. That's what I don't know was what sample of 20 hospitals she was using for that calculation. I don't 21 know if it was all hospitals or if it was a subset of Page 194	1 A. Yes. 2 Q. And this is an email thread between you and 3 Ms. Joshi, right? 4 A. Yes. 5 Q. And this, if you look at the bottom two emails 6 on the first page, that's the emails we saw at a prior 7 exhibit where she's sending you her draft of the notes, 8 right? 9 A. Yes. 10 Q. Okay. And you say -- this is on May 14th. Do 11 you see that date? 12 A. Yes. 13 Q. So it's a few days after the email we just 14 looked at, which was dated April 22nd. Do you see that? 15 A. Yes. 16 Q. Okay. So this is after you've gone through the 17 analysis of the bottom quartile mean. It's after you've 18 gone through that email thread we just saw, right? 19 A. Yes. 20 Q. Okay. 21 In between that period of April 12th and Page 196
1 hospitals. 2 Q. Okay. 3 So how would it work to calculate the mean 4 of bottom quartile for all hospitals? 5 A. I would take the full dataset of hospitals for 6 which we have data, identify the bottom 25 percent, and 7 calculate the mean of that sample. 8 Q. Okay. And do you have any reason to think 9 that's not what she did? 10 A. I don't have any reason to think it's not what 11 she did, but I also don't know that is what she did. 12 Q. Okay. Okay. 13 Okay. So we can set that aside. 14 MR. CRAIN: Okay. Let's go to tab 38. This 15 will be Exhibit 17. 16 (Exhibit No. 17 was marked for 17 identification as of 9/25/2025.) 18 BY MR. CRAIN: 19 Q. Okay. Dr. Austin, you have Exhibit 17, and you 20 see on the bottom it's an Armstrong document ending 21 16473? Page 195	1 now May 14th, do you recall any other discussions you 2 had with members of the expert panel about the 3 imputation model? 4 A. I don't remember. 5 Q. Okay. You don't -- just to be clear, you don't 6 remember either way? 7 A. I don't remember either way. 8 Q. Okay. 9 So I want to go to the Word document here 10 of the attachment. And do you see -- is it -- these are 11 your revisions to the notes, correct? 12 A. Yes. 13 Q. And I want to walk through a few of these. You 14 start by at the top adding Tim Vogus to the attendees? 15 A. Yes. 16 Q. Any idea how you remembered he was there a 17 month later? 18 A. To be clear, I sent the edits back to Preeti a 19 month later. 20 Q. That's what the email suggests. If you look -- 21 look on page 1. Page 197

1 A. But that doesn't mean I made the edits a month 2 later. 3 Q. Oh, so I'll represent to you that the metadata 4 shows that these are your changes. 5 A. Okay. 6 Q. I'm trying to see if there is a comment, too. 7 No. But I'll represent to you that the attachment shows 8 that you -- like you inserted the track changes. 9 Do you have any reason to think you didn't? 10 A. No. I'm wondering about the timing of when I 11 made the edits. 12 Q. Got it. Okay. That I don't know as well. So 13 you're saying you could have made these edits earlier? 14 A. Correct. 15 Q. Got it. Okay. 16 Do you recall, to do these edits, did you 17 watch the video of the meeting? 18 A. No. 19 Q. Okay. So you were going from memory, you 20 think? 21 A. Yes, and my own notes. Page 198	1 A. Yes. 2 Q. And I won't read them because we've been 3 through them, but just looking yourself at Step 1 and 4 Step 2, consistent with the slide deck that we saw? 5 A. Yes. 6 Q. And then you say, "Leapfrog's proposal was to 7 retire Step 1 of the model and use only Step 2, 8 assigning hospitals the mean score for their cohort." 9 Do you see that? 10 A. Yes. 11 Q. And then I want to skip down a bullet that you 12 delete. Do you see that? 13 A. Yes. 14 Q. And it says, "Missy gave an example of Stewart 15 Health System and said that Leapfrog's purpose by 16 implementing the Step 2 imputation model is not to 17 penalize hospitals or to motivate them to submit a 18 survey, but they don't want to report hospitals with the 19 highest scores when hospitals are not submitting the 20 hospital survey." 21 Do you recall why you deleted that bullet? Page 200
1 Q. And your own notes. And your own notes, would 2 they have been different from the email we saw earlier 3 where you sent it to and from yourself? 4 A. No. That was the extent. 5 Q. So I'm going to skip bullet one, which is on 6 the military treatment facilities again, and I want to 7 focus on your edits to bullet two. Do you see those? 8 A. Yes. 9 Q. Okay. And you say, "Matt provided the expert 10 panel with a quick overview of the current imputation 11 model approaches Leapfrog has been using and some of the 12 challenges those approaches have created for issuing 13 accurate grades." Do you see that? 14 A. Yes. 15 Q. Okay. And to the best of your recollection, 16 that is an accurate statement of what occurred at the 17 meeting, right? 18 A. Yes. 19 Q. Okay. 20 Then you say, "The current imputation model 21 has two steps when data are missing." Do you see that? Page 199	1 A. I believe I deleted that bullet because it felt 2 like a little too micro of a note to include in a 3 meeting summary. 4 Q. Got it. So it was not an edit for substance? 5 A. Can you define that? 6 Q. Yeah. Fair enough. 7 Did you delete it because you disagreed 8 that anything -- with anything in that bullet? 9 A. No, that was not my reason for deleting it. 10 Q. Okay. 11 Then let's keep going. So you then go -- 12 there's a bullet we looked at before. "Matt mentioned 13 it's important to see whether there is an actual 14 difference in hospitals' performance and whether there 15 is some sort of bias in the measurement against them. 16 He said to minimize the second, and if there are 17 differences in hospitals' performance, we can address 18 the structural issues to fix them." 19 Do you see that? 20 A. Yes. 21 Q. And you deleted that one as well, right? Page 201

1 A. Yes. 2 Q. And similar, not to be so granular in the 3 meetings? 4 A. Yes. 5 Q. And then you added a bullet and you say, "The 6 experts' panel were in support of having hospitals share 7 their current performance, so liked the idea of imputing 8 the equivalent of willing to report to hospitals that do 9 not submit a survey." 10 Do you see that? 11 A. Yes. 12 Q. Now, you recall looking at the index of the 13 transcript, right? 14 A. Yes. 15 Q. And we saw the phrase "willing" did not appear 16 at least in the index, correct? 17 A. Yes. 18 Q. Where did this line come from? 19 A. So as mentioned, I'm not sure the expert panel 20 would have necessarily used the term "willing to report" 21 in their conversation. I would need to go back to the Page 202	1 Q. Okay. 2 And then just to go back, do you remember 3 the chart we looked at, the drastic change chart? 4 A. Yes. 5 Q. You want to look at it again just so we're 6 not -- and that is exhibit -- 7 A. Fifteen. 8 Q. Fifteen. Let's look at 15. And we can go to 9 the last page, 18332. Do you see that? 10 A. Yes. 11 Q. Okay. 12 And is it your testimony that the bottom 13 right box is the same as this willing to report? 14 A. Yes. 15 Q. Okay. And the bottom right box says impute 16 with limited achievement scores, right? 17 A. Yes. 18 Q. So your testimony is that at the meeting at 19 least somebody discussed the notion of imputing limited 20 achievement scores, maybe not by that word, and that 21 others agreed, right? Page 204
1 transcript, but my guess is that there was communication 2 about putting them in the lowest performance category. 3 Q. Okay. So the phrase you would be looking for 4 is lowest performance category? 5 A. Or some context of that. 6 Q. Okay. And presumably you would want to review 7 the whole thing before committing one way or another? 8 A. Correct. 9 Q. Fair enough. 10 Okay. So to the best of your 11 recollection -- so strike that. 12 When creating the notes, you would have 13 wanted to be accurate, right? 14 A. Correct. 15 Q. Okay. And so just looking at these notes and 16 your edits, your best understanding of these edits is 17 that at some point somebody discussed the concept of 18 giving them the willing to report grade, right? 19 A. Correct. 20 Q. Okay. 21 A. And that others agreed with that point of view. Page 203	1 MS. LAWSON: Object to form. 2 THE WITNESS: From my notes here, it indicates 3 that the expert panel supported the idea of assigning 4 the bottom performance category. 5 BY MR. CRAIN: 6 Q. Okay. And do you recall -- strike that. 7 Okay. You can set that aside. 8 MR. CRAIN: Let's go to tab 43. This is going 9 to be Exhibit 18. 10 (Exhibit No. 18 was marked for 11 identification as of 9/25/2025.) 12 BY MR. CRAIN: 13 Q. All right. This is an email. The top one is 14 from Ms. Binder to Ms. Campione, cc'ing you and 15 Ms. Danforth. Do you see that? 16 A. Yes. 17 Q. Okay. And do you recognize this document? 18 MS. LAWSON: You can take a minute to read 19 through it all. 20 THE WITNESS: The email or the -- 21 BY MR. CRAIN: Page 205

1 Q. Let's start with the email. Do you recognize 2 the email? 3 A. Yes. 4 Q. Okay. You recall it today? 5 A. Can you clarify that? 6 Q. Yeah. Do you recall receiving it? 7 A. I do recall Alex putting together a document 8 with the proposed changes to the methodology that would 9 go out for public comment. 10 Q. And is that the document, at least in edited 11 form, on page 9813? 12 A. Yes. 13 Q. Okay. And do you recall did any members of the 14 expert panel review and revise the document? 15 A. I don't remember explicitly if we shared this 16 document with them. 17 Q. Yeah. Okay. I mean -- I'll move on from that. 18 I'll move on from that. 19 So the attachment, do you see it says 20 Request for Public Comment? 21 A. Yes. Page 206	1 But go down to the third line. The 2 original text said: "The panel recognized that the 3 current imputation method, which is used to fill in 4 missing data among hospitals that did not complete the 5 most recent Leapfrog survey, have influenced hospital 6 survey participation and may no longer be valid." 7 Do you see that? 8 A. Yes. 9 Q. Okay. She changed it to: "The panel advised 10 that Leapfrog modify the current imputation method, 11 which is used to fill in missing data among hospitals 12 that did not complete the most recent Leapfrog survey." 13 Is that consistent with your recollection 14 of who was advising? Did the panel actually advise 15 Leapfrog to change the methodology? 16 MS. LAWSON: Object to form but go ahead. 17 THE WITNESS: The Leapfrog Group has full 18 decision-making authority around its ratings and rating 19 systems and methodologies. So myself and all of the 20 expert panels are acting in an advisory capacity to 21 Leapfrog for that. Page 208
1 Q. Do you recall reviewing the document? 2 A. I don't recall. 3 Q. Okay. Just your best answer. That's all we 4 ask. 5 So I want to go -- I'll represent to you on 6 page 9814 these are Ms. Binder's tracked change edits to 7 the documents, and I want to just note a few things that 8 she tweaked. So if you go to the second -- tell me when 9 you're ready. No worries. 10 MS. LAWSON: The font is so small. 11 MR. CRAIN: Yeah, it is small. Sorry about 12 that. 13 BY MR. CRAIN: 14 Q. Are you good, Dr. Austin? 15 A. Yes. 16 Q. Okay. 17 So if you go to the second paragraph, to 18 ensure, do you see that? 19 A. Yes. 20 Q. And I apologize. It's in black and white, too, 21 which makes it harder. Page 207	1 BY MR. CRAIN: 2 Q. Okay. 3 So is this accurate, this change? 4 A. Yeah, that change would be accurate. 5 Q. Okay. 6 And then if we go down, I want you to look 7 at -- can you read what she cut in the next paragraph? 8 A. Yes. 9 Q. Okay. "Note that Step 1 imputation will be 10 temporarily paused" -- oh, sorry. That's not the one I 11 wanted. 12 Go back up, excuse me, to the prior 13 paragraph. She cut a sentence: "The collective 14 recommendation was for Leapfrog to modify its current 15 imputation approach to encourage survey participation 16 and to improve user's confidence in the data that are 17 used to calculate scores." 18 Do you see that? 19 A. Yes. 20 Q. Okay. Was that accurate? 21 MS. LAWSON: Just to be clear, you're asking Page 209

1 was the sentence that she struck, that the collective 2 recommendation, was that sentence accurate? 3 MR. CRAIN: Correct. Not the strike. I don't 4 want to know if the strike was accurate. I want to know 5 if the sentence as written was accurate. 6 THE WITNESS: Okay. 7 (Witness peruses document.) 8 THE WITNESS: Yes.	1 sounds like nobody participates in the survey and our on 2 TEP questions our validity. Did you have that same 3 reaction reading it? 4 A. That wasn't my own read of that sentence. 5 Q. What was your read of the sentence? 6 A. That we wanted to improve confidence in the 7 data that we were using and the score. 8 Q. And to encourage participation? 9 A. That would be a byproduct of that change. 10 Q. How would that be a byproduct? 11 A. If we're no longer imputing the mean scores, it 12 might encourage some hospitals, specifically those that 13 are performing better than the mean, to actually come in 14 and share their performance. I take that back. They 15 would have been already incentivized to do that. 16 It would incentivize hospitals that didn't 17 report and were below the mean to come in and report. 18 Q. Because the new score would be lower than their 19 performance? 20 A. Correct. 21 Q. Okay. And the new score would not necessarily
9 BY MR. CRAIN: 10 Q. Okay. 11 Now, I want to go to her email. And what 12 she says is -- are you at the top? 13 A. Yes. 14 Q. The second paragraph: "I don't think we need 15 the sentence about influencing survey participation and 16 giving people confidence in validity. It sounds 17 defensive, like nobody participates in the survey and 18 our own TEP questions our validity. Actually, this 19 change affects a minority of hospitals and optimizes the 20 grade's already strong validity. Anyway, it's not 21 necessary to get into the why. It's enough that the Page 210	Page 212
1 expert panel advised us to do the imputation in a 2 different way and not treat older, better data in an 3 equivalent way to new data." 4 Do you see that? 5 A. Yes. 6 Q. Okay. 7 And then did you agree that it sounded 8 defensive -- that's my first question -- the changes 9 that she cut? 10 MS. LAWSON: Object to form. 11 I think, just to clarify, do you agree that 12 the sentence she cut sounded defensive? 13 MR. CRAIN: Correct. 14 (Witness peruses document). 15 THE WITNESS: That wouldn't be the word I would 16 use to describe that sentence. 17 BY MR. CRAIN: 18 Q. What word would you use? 19 A. Explanatory. 20 Q. Okay. 21 And do you agree -- I mean, she says it Page 211	1 reflect their actual performance? 2 A. It's undetermined whether it would reflect 3 their performance or not. 4 Q. Because you don't know either way? 5 A. Because we don't know, exactly, where each 6 hospital is at. 7 Q. Yes. Okay. 8 And then I want to go back to her email. 9 And she says, "I think when we respond to the public 10 comments, we can be more pointed and specific about the 11 survey and imputation reasoning, if necessary. The 12 comments will give us a good gauge on the extent to 13 which we need to reveal all our reasoning and whether 14 the expert panelists will truly stand up for it when 15 push comes to shove." 16 Do you see that paragraph? 17 A. Yes. 18 Q. What's your understanding of what she meant 19 here? 20 A. That the -- putting out the proposed changes 21 wasn't the time to share all of the logic which led to Page 213

1 the decision to propose this, that that could come out 2 during the responses to the comments. 3 Q. And do you have any understanding by what she 4 means of whether the expert panelists will truly stand 5 up for it when push comes to shove? 6 A. I believe she meant that there could be some 7 pushback from hospitals about this proposed change and 8 would the expert panel stand with Leapfrog in this -- in 9 moving forward in this direction. 10 Q. Had the expert panel ever not stood with 11 Leapfrog in a change to the methodology? 12 A. No. 13 Q. Okay. So any understanding as to why this 14 might be different? 15 A. This change was the most direct in confronting 16 hospitals about their lack of participation in the 17 survey. 18 Q. What do you mean by direct? 19 A. In the past, all the imputation models, from 20 ignoring the measure to using secondary data sources to 21 calculating, assigning you the national mean didn't Page 214	1 transparent but didn't meet the standards that Leapfrog 2 had set. 3 So we don't have -- can you repeat your 4 question again, please? 5 Q. Sure. Sure. 6 I said -- you said -- so you talked about 7 one goal was the confidence of the data, right, and what 8 I asked was how does it improve the confidence of the 9 data to automatically assign nonparticipating hospitals 10 limited achievement on the four imputed metrics? 11 A. So when we were calculating the national mean 12 for hospitals, we don't necessarily have any information 13 that that hospital is an average performer in that area. 14 We are assuming they are average, and in a normal 15 distribution, half of hospitals are below the average. 16 So because we don't know anything about the 17 hospital and their performance in that way, in some ways 18 this idea of willing to report actually better reflects 19 what we do know. 20 Q. Better -- okay. 21 So I want to go and look at -- let's get Page 216
1 necessarily direct -- confront a hospital to say you're 2 not submitting data and that's a problem with us. 3 We gave them sort of a pass. We found 4 another way to give them a score. So this was the most 5 direct confrontation on that. 6 Q. Was that the goal of the change? 7 A. I think the goal was multifold. 8 Q. Okay. 9 A. I think one, as mentioned, was to improve the 10 confidence of the data in terms of what data we were 11 using to calculate the scores. A secondary goal was to 12 increase or incentivize survey participation. 13 Q. Okay. 14 And then the confidence of the data, how 15 does it improve the confidence of the data to 16 automatically assign nonparticipating hospitals limited 17 achievement on the four imputed measures? 18 A. In the framework of the idea being that if we 19 don't have any information about your hospital -- so the 20 historical use of willing to report, the idea was that 21 was to acknowledge hospitals who were willing to be Page 215	1 concrete with this. 2 MR. CRAIN: So this is Exhibit 19. 3 (Exhibit No. 19 was marked for 4 identification as of 9/25/2025.) 5 BY MR. CRAIN: 6 Q. So Dr. Austin, do you recognize this page, at 7 least generally? 8 A. Yes. 9 Q. Okay. This is the Delray Medical Center 10 Hospital Safety Grade page, right? 11 A. Yes. 12 Q. Have you ever seen Delray in particular? 13 A. No. 14 Q. Okay. But you know generally the format of how 15 these pages work, right? 16 A. Yes. 17 Q. Okay. So it's not necessarily the best because 18 it's a paper, and you can see it on a website instead, 19 but you get the gist, right? 20 A. Yes. 21 Q. So I want to go down the page. You see at the Page 217

1 top it says big "F," right, for Delray? 2 A. Yes. 3 Q. Okay. 4 And I want to go to page 2. And so this is 5 specifically on the handwashing measure, right? 6 A. Yes. 7 Q. And if you go just back to page 1, and it's a 8 little hard to tell because -- but if you line up the 9 handwashing at the top of page 2 with the gas gauge, do 10 you see that? 11 A. Yes. 12 Q. And there's a red gas gauge above handwashing, 13 right? And then it says: The hospital's score is 15, 14 right? 15 A. Yes. 16 Q. And it says: Worst hospital's score is 15, 17 correct? 18 A. Yes. 19 Q. And then it says: What safer hospitals do. 20 And before I go into that, I just want to 21 clarify again. Did you have any role in editing this Page 218	1 meeting Leapfrog's standard for hand hygiene, and, 2 therefore, in the absence of information, we're going to 3 assign the equivalent of willing to report, which is now 4 limited achievement. 5 Q. Even though they're not willing to report, 6 right? Correct? 7 A. Correct. 8 Q. Yeah. 9 So how does a consumer looking at this 10 page, though, feel confidence that the grade is 11 accurate? 12 A. I haven't studied how consumers review and 13 interpret this information, so I don't know if I can 14 speak to how they would interpret this. 15 Q. You buy things, right? 16 A. I do. 17 Q. And do you look at consumer reports, other 18 ratings types for products? 19 A. Yes. 20 Q. Do you trust that the rating is accurate that 21 those reports provide? Page 220
1 website, not specific to Delray but the safety grade 2 pages, generally? 3 A. I did review and help edit the descriptions 4 that are -- the handwashing and what safer hospitals do. 5 Q. Okay. So you're familiar with this language? 6 A. Yes. 7 Q. Okay. 8 And it says: "What safer hospitals do. 9 Hospitals provide training and implement policies to 10 make sure all hospital staff cleans their hands before 11 touching a patient." Do you see that? 12 A. Yes. 13 Q. Okay. 14 Now, you said a goal of the new 15 methodology, the first goal was -- let me just go back 16 to what it was. It's confidence in the data, right? 17 A. Correct. 18 Q. How does putting Delray at a 15 for handwashing 19 give confidence in the data? 20 A. Once again, we don't have any information from 21 Delray Medical Center about how they are doing toward Page 219	1 MS. LAWSON: Object to form. Go ahead. 2 THE WITNESS: I think it depends on the source. 3 BY MR. CRAIN: 4 Q. Fair enough. Give me one that you trust. 5 A. I can't think of one offhand, but I'd be more 6 inclined to trust something that was an individual 7 reviewing products against similar products. 8 Q. Okay. I'm not sure I understood that, but can 9 you clarify? Sorry. 10 A. Yeah. Meaning like if I wanted to buy a new 11 coffee maker -- 12 Q. Yeah. 13 A. -- I would be more inclined to trust someone 14 who has reviewed coffee maker A against B, C, and D -- 15 Q. Okay. Got it. 16 A. -- than someone just chiming in about coffee 17 maker A and what their experience was. 18 Q. Okay. That's -- okay. We can work with that 19 one. 20 So my question is if you have coffee maker 21 -- in your first analogy, right, coffee maker A, B, C, Page 221

1 and D, he's reviewing them all. If you find out that 2 for a subset of the coffee makers he's giving you 3 information about the quality of the product without 4 actually having reviewed it, does that instill 5 confidence in you or no? 6 A. It might give me pause. 7 Q. And how is that different from what we see 8 here? 9 A. Can you clarify that question? 10 Q. Yeah. So you said it might give you pause if 11 for certain of the coffee makers the ultimate rating 12 included measures for which the reviewer didn't have any 13 information, right? How is that different from 14 handwashing for Delray? 15 A. So I think what's notable is that the score has 16 an asterisk, which explains, I believe, how that score 17 was arrived at. 18 Q. So we'll come to the asterisk in a second. I'm 19 trying to get a sense of you said one of the goals of 20 the new model was to instill confidence in the data. 21 And you said another goal was to encourage Page 222	1 A. That's what we're representing here is that we 2 have no information. That's what the asterisk is 3 telling you is we have no information. 4 Q. Okay. So the asterisk, you're saying -- so 5 does the asterisk undermine the score? 6 A. No. The asterisk is saying the hospital 7 declined to report their performance, so the score 8 reflects the lack of information available. 9 Q. So then how can the consumer feel confident 10 that the ultimate grade is accurate? 11 A. So Leapfrog is fully transparent with the 12 information it presents. A patient can review each of 13 the measures, decides what's important to them, what's 14 not important to them, and make decisions based on that 15 and other pieces of information that they may look for 16 and acquire. 17 Q. So I take the talking point. Do -- when you 18 say they're fully transparent, is that referring to the 19 methodology document that we looked at as Exhibit 3? 20 A. That is the methodology document. That is how 21 each of the individual scores on each of the individual Page 224
1 participation, right? How does it instill confidence in 2 data to represent that a hospital got the lowest score 3 on hand hygiene when you have no information about their 4 performance otherwise? Doesn't that undermine 5 confidence in the data? 6 MS. LAWSON: Object to form. 7 MR. CRAIN: Two questions. 8 MS. LAWSON: Two questions. 9 BY MR. CRAIN: 10 Q. You can pick either one or I can restart, 11 either or. 12 A. Can you restart? 13 Q. Sure. So -- that's a fair ask. 14 So I want to understand how does it instill 15 confidence in data to represent that a hospital got the 16 lowest score in hand hygiene where this page says 17 hospitals that are safer provide training and implement 18 policies to make sure all hospital staff cleans their 19 hands before touching a patient. How does it instill 20 confidence in data to give a hospital the lowest score 21 on that metric with no information? Page 223	1 measures make up the composite. 2 Q. So let's take a different hospital. Delray, 3 you understand, got Step 2 imputation, right? 4 A. Yes. 5 Q. If I showed you a hospital for Step 1 6 imputation, is the website any different? 7 A. I don't know the answer to that. 8 Q. Okay. I will represent to you it's the same 9 asterisk. How does a consumer know whether a 10 nonparticipating hospital got Step 1 or Step 2 11 imputation? 12 A. I don't know enough about what those different 13 scenarios are on the website, so I can't. 14 Q. Do you have any reason to believe that Leapfrog 15 actually communicates to the consumer that Wood hospital 16 or Austin hospital got Step 1, as opposed to Crain 17 hospital Step 2? 18 MS. LAWSON: Object to form. Go ahead. 19 THE WITNESS: To answer that, I would need to 20 see an example of a hospital that had Step 1 imputation. 21 BY MR. CRAIN: Page 225

1 Q. Okay. But you have no reason today to think 2 that there is any difference in the presentation? 3 A. I don't know whether there is or is not. 4 Q. Okay. 5 Where on the page in front of you does it 6 say how the score was assigned? 7 A. Can you clarify that question? 8 Q. Yes. 9 So you pointed to the asterisk on this 10 package, right, and it says a score was assigned, right? 11 A. Correct. 12 Q. And you said you had a role in at least 13 reviewing that asterisk, right? 14 A. I don't know that that's true or not true. 15 Q. Okay. You said you had a role in reviewing 16 something on this page. 17 A. I reviewed the descriptions underneath 18 handwashing and what safer hospitals do. 19 Q. Got it. But you don't recall whether you 20 reviewed the asterisk? 21 A. Correct. Page 226	1 Q. Is that what you're saying? 2 A. I don't know how people read and interpret 3 things. 4 Q. Okay. 5 Do you think this is a clear explication of 6 how the score was assigned? 7 A. I think it puts in words what Leapfrog did. It 8 puts Step 2 into words. 9 Q. How does it put Step 2 into words? 10 A. There was a lack of information available -- 11 Q. Uh-huh. 12 A. -- so a score was assigned to reflect the lack 13 of information. 14 Q. But a score could be assigned in any way, 15 right? How would a consumer know that it was assigned 16 with an automatic limited achievement? 17 MS. LAWSON: Object to form. 18 THE WITNESS: From the text that's there and 19 the asterisk, I'm not sure they would know how that was 20 assigned. 21 BY MR. CRAIN: Page 228
1 Q. Okay. 2 So it says a score was assigned, right? 3 Where does it say how the score was assigned? 4 A. Can you clarify the "how"? 5 Q. Sure. I'll give you an example. This was -- 6 let's say a hospital is assigned a score through Step 1. 7 Where would it say that on this page? 8 A. I don't know where Leapfrog chose to put that. 9 Q. Okay. 10 Where does it say that Delray received a 11 score under Step 2? 12 A. That's what the asterisk is noting is that it 13 was -- they declined to report their performance, so a 14 score was assigned to reflect the lack of information 15 available. 16 Q. So you're saying that somebody reading that 17 will understand that the assignment of the score was 18 under Step 2? 19 MS. LAWSON: Object to form. 20 21 BY MR. CRAIN: Page 227	1 Q. Okay. Thank you. 2 And are you aware of any other page on 3 Leapfrog's website where that's explained besides 4 Exhibit 3, the methodology document? 5 A. I don't know if it is or not. 6 Q. Okay. 7 MR. CRAIN: Okay. Let's -- let's see. How 8 long have we been going? About an hour. Are you good 9 to keep going, or do you want a break? 10 THE WITNESS: Yep. I'm good. 11 MS. LAWSON: I was going to say can we take a 12 quick break? 13 MR. CRAIN: Yeah, that's fine. It's been about 14 an hour. It's not an endurance test. 15 THE VIDEOGRAPHER: This marks the end of media 16 unit number five. We're off the record. The time is 17 2:13 p.m. 18 (Whereupon a short break was had, after 19 which the proceedings continued as 20 follows:) 21 THE VIDEOGRAPHER: This marks the beginning of Page 229

1 media unit number six. We're going back on record. The 2 time is 2:38 p.m. 3 BY MR. CRAIN: 4 Q. So Dr. Austin, we were talking about the 5 website, and I think that's what you have in your hand. 6 You can put that aside for now. We're going to go back 7 to what we were talking about before we went down the 8 website rabbit hole. 9 You recall we were looking at Ms. Binder's 10 edits to the -- the public comment document. Do you 11 recall that? 12 A. Yes. 13 Q. Okay. 14 I just want to show you another email. 15 MR. CRAIN: This will be Exhibit 20. 16 (Exhibit No. 20 was marked for 17 identification as of 9/25/2025.) 18 BY MR. CRAIN: 19 Q. All right. Dr. Austin, you see the document, 20 the email at the top is from you? 21 A. Yes. Page 230	1 Q. And Patrick refers to Dr. Romano? 2 A. Correct. 3 Q. Okay. Both of whom have been involved with 4 Leapfrog for many years, right? 5 A. Correct. 6 Q. And you respond at 4:25. Do you see that? 7 A. Yes. 8 Q. And you say, "My only note is the "why" has 9 been edited out the explanation. So you don't really 10 explain why this change is being done. But it reads 11 fine. No concerns." Do you see that? 12 A. Yes. 13 Q. So you noted that the "why" was edited out, 14 right? 15 A. Yes. 16 Q. Would you have preferred to keep it in? 17 A. Prefer is, perhaps, a strong term. The 18 communication is coming from The Leapfrog Group, so they 19 get the final call on what it says. I thought it was -- 20 it would be stronger to sort of explain why we were 21 doing this. Page 232
1 Q. Okay. Do you recognize this email thread? 2 A. Yeah. It's a continuation of the prior one. 3 Q. Yeah, the one -- the prior one being where 4 Ms. Binder gave her comments, right? 5 A. Correct. 6 Q. And do you see Ms. Danforth forwards you 7 Ms. Binder's email that we were looking at before, and 8 she says, "Hi, Matt. Since she mostly updated the parts 9 Peter and Patrick helped with, you can take a look and 10 let us know if you have any concerns? We'd love to get 11 this out Monday or Tuesday next week." 12 Do you see that? 13 A. Yes. 14 Q. First of all, does this refresh your 15 recollection as to whether Peter and Patrick helped with 16 this document? 17 A. Yeah. I will take it at its value or face 18 value. That's what it says, so that's what they had 19 done. 20 Q. And Peter refers to Dr. Pronovost? 21 A. Correct. Page 231	1 Q. So you thought -- okay. Got it. 2 And why did you think it would be stronger 3 to explain why you were doing it? 4 A. I think generally people like a context to why 5 something is being done. 6 Q. Would it have been more transparent to explain 7 the reasoning? 8 A. I don't know if transparent is the word I would 9 use for that. It would have been more complete. 10 Q. Okay. 11 Okay. You can set that one aside. 12 Let's see. So just going back to the 13 comment document, right, that we saw. You're aware that 14 it was issued to the public, right? 15 A. Yes. 16 Q. And you're aware that the public commented on 17 the proposal, right? 18 A. Yes. 19 Q. Did you have any role in reviewing the 20 comments? 21 A. I don't remember. Page 233

1 Q. Okay. Do you remember anything about the 2 comments generally? 3 A. I don't. 4 Q. Okay. Let's take a look at some and just see 5 if it jogs your memory. 6 MR. CRAIN: Iason, can you give me 45. 7 This will be Exhibit 21. 8 (Exhibit No. 21 was marked for 9 identification as of 9/25/2025.) 10 BY MR. CRAIN: 11 Q. Okay. Exhibit 21. So take a look at this 12 document, Dr. Austin. Do you recognize it at all? 13 A. I do not. 14 Q. Okay. I'm just going to read -- this is an 15 email from the Leapfrog help desk to Ms. Campione. I'm 16 just going to read -- do you see down the page it says 17 Becky Wenthold? 18 A. Yes. 19 Q. And she said, "I was [sic.] disappointed with 20 the 2024 proposed changes. These changes will penalize 21 hospitals that do not submit a Leapfrog survey. The Page 234	1 produced something and said I had reviewed it, it's 2 probably true, but I don't remember reviewing the 3 comments. 4 Q. Okay. It's possible but you just don't have a 5 recollection? 6 A. Correct. 7 Q. Okay. 8 And fair to say you disagree with what I 9 read, with her comment, or no? 10 MS. LAWSON: Object to form but go ahead. 11 BY MR. CRAIN: 12 Q. I can rephrase if it's helpful. 13 A. Could you rephrase? 14 Q. Yeah. 15 Is there any portion of what I read to you 16 from her comment that you agree with? 17 A. Of the sentences you've read or the ones that 18 go beyond that? 19 Q. Will your answer change? 20 A. It will. 21 Q. Okay. Start with the sentences I've read. Page 236
1 public will not understand nor dig into the methodology 2 of these grades, and hospitals will be falsely 3 represented with a lower grade because they choose not 4 to complete a survey. The survey is extremely time 5 intensive and, in a time when hospitals are barely 6 breaking even financially, they do not have the 7 resources to commit to this survey." 8 Do you see that? 9 A. Yes. 10 Q. You don't recall comments to this effect? 11 A. I do not remember reviewing Ms. Wenthold's 12 comments. 13 Q. Do you recall any other comments? 14 A. I don't remember reviewing the comments. 15 Q. Do you recall comments in favor of the change? 16 A. I don't remember seeing the comments that came 17 in from the public comment period. 18 Q. Okay. So just to close the loop, you have no 19 memory either way? 20 A. I have no memory of seeing them, but I see a 21 lot of information and a lot of -- so if someone Page 235	1 A. The sentences you have read, obviously, the 2 first sentence is her own opinion of what she sort of 3 sees the situation as. I don't disagree that the 4 changes will penalize hospitals that don't submit a 5 Leapfrog survey. 6 Q. Okay. 7 A. Her statement about the public won't understand 8 or dig into the methodology of these grades, I'm not 9 sure her nor I really know that to be the truth. 10 Q. Okay. 11 A. Hospitals will be falsely represented with a 12 lower grade I don't think is necessarily a truthful 13 statement. 14 Q. Is it possible because you don't know the 15 actual performance of nonrepresenting hospitals -- 16 nonparticipating hospitals, excuse me? 17 A. Correct. So if she said possibly represented 18 with a lower grade. 19 Q. So let me ask it this way. Is it possible that 20 at least some hospitals will be falsely represented with 21 a lower grade than they otherwise would achieve based on Page 237

1 performance? 2 A. Right. So imputation by definition is trying 3 to estimate performance, and there is almost, by 4 definition, going to be some error, and that error may 5 be in the measured entity's favorite. It may be in the 6 measured entity's unfavor or disfavor. 7 But, I mean, it's imputation, right. So we 8 don't know the answer. So, therefore, we're trying to 9 estimate or guess an answer. So by definition, 10 imputation is going to have an error associated with it. 11 So when we were imputing higher scores with 12 a means for many hospitals, there was an error 13 associated with that as well. 14 Q. So it's your testimony that imputation is an 15 estimation of actual performance? 16 A. Correct. 17 Q. And is that true with regard to the automatic 18 assignment of limited achievement? 19 A. If we're imputing a score like we were doing 20 with limited achievement, there is the possibility for 21 error. Page 238	1 A. Correct. 2 Q. So you are saying that's an estimation of their 3 actual performance on handwashing? 4 A. Yes. 5 Q. Okay. And that, again, is based on no data to 6 support it, right? 7 A. That is based on a lack of data. 8 Q. Yes. Okay. But it's an estimate, right? 9 A. It's an estimate. 10 Q. Okay. 11 Okay. Let's go back to the comment. 12 A. Okay. This extremely time intensive, once 13 again, extremely is a relative term, so I don't know how 14 Ms. Wenthold would define extremely. 15 Q. How would you characterize the burden? 16 A. What I hear from hospitals or I've heard from 17 hospitals is that it takes about 40-person hours to 18 complete it the first time but that in future years, as 19 hospitals refine their internal processes for reporting, 20 that that burden decreases. 21 Q. Okay. And which hospitals have you heard that Page 240
1 Q. So my question is a little bit different. So 2 let's break it down a little bit. 3 A. Okay. 4 Q. In the prior model for imputation, prior to 5 2024, let's go prior to 2021, you used American Hospital 6 Association data -- we had our aha moment -- to impute a 7 score for the hospitals, right? 8 A. Correct. 9 Q. Okay. And was that an estimation based on the 10 AHA data? 11 A. Yes. 12 Q. Okay. 13 Then when you get to 2024, you impute 14 limited achievement, correct? 15 A. Correct. 16 Q. Is that an estimation of performance or no? 17 A. That is an estimation of performance. 18 Q. Okay. 19 So going back to the website we looked at, 20 again for Delray you impute limited achievement on 21 handwashing, right? Page 239	1 from? 2 A. I've heard that from Johns Hopkins Hospital 3 when I queried them on that question. I've heard that 4 from other hospitals that I couldn't necessarily name, 5 but that's just from poor memory. 6 Q. Fair enough. 7 Ballpark, how many did you ask? 8 A. I've maybe have heard that from three or four. 9 Q. Okay. 10 So going back to the comment. 11 A. Yeah. So what I would -- she is correct that 12 there is no option for the submission for a survey for a 13 health system; that Leapfrog's policy, since its 14 inception, has been for each individual brick and mortar 15 hospital to complete its own survey. 16 And her statement about excellent outcomes 17 will no longer be able to receive an A is actually 18 incorrect because there were two hospitals that actually 19 did get an A that did not complete a survey. 20 Q. Nationwide, right? 21 A. Nationwide. Page 241

1 Q. And that was on that first email we looked at 2 where you were pulling information -- 3 A. Yes. 4 Q. -- for the lawsuit, right? 5 A. Yes. 6 Q. Just to make sure, I think that was Exhibit 1. 7 Okay. That's helpful. 8 MR. CRAIN: Okay. Let's go to tab 47. This 9 will be Exhibit 22. 10 (Exhibit No. 22 was marked for 11 identification as of 9/25/2025.) 12 BY MR. CRAIN: 13 Q. I'm sorry. This one is very small. 14 Dr. Austin, this is another comment, which 15 I think was submitted through what I believe is 16 Leapfrog's Zendesk platform. Do you see that? 17 A. Yes. 18 Q. My guess is -- have you not -- have you seen 19 this document before? 20 A. No, I haven't. 21 Q. Okay. So I want to just take you to the Page 242	1 Q. To your understanding. 2 MS. LAWSON: I mean to your understanding. 3 BY MR. CRAIN: 4 Q. It's always to your understanding. 5 A. Right. 6 So the impetus for the Hospital Safety 7 Grade -- let me take us back a little bit in time. 8 So since 2001, Leapfrog has been doing a 9 voluntary survey of hospitals around quality and safety 10 practices. It has collected those data and made those 11 publicly available. One of the concerns for that model 12 is Leapfrog was collecting a lot of different data 13 points and reporting those out as individual data 14 points. 15 And what we know from conversations with 16 consumers and patients is that they strongly prefer 17 composite scores, star ratings, letter grades, that they 18 find that much more digestible. 19 Q. Easier to understand? 20 A. Easier to understand. 21 In addition to wanting to move towards a Page 244
1 bottom, and I think that's the comment. Do you see it's 2 from it looks like Alana Noble? 3 A. Yes. 4 Q. And she says, "We strongly disagree with the 5 proposed Fall 2024 Step 2 imputation. If Leapfrog is 6 going to implement this change, they need to offer 7 hospitals an option to opt out of being graded rather 8 than penalize a hospital for not submitting the resource 9 intensive survey. The survey is very resource intensive 10 outside of existing regulatory, quality operations and 11 quality improvement efforts. Hospitals that do not have 12 the resources to do the survey annually should not be so 13 adversely punished, especially in the post-COVID era 14 when resources are increasingly hard to come by and 15 retain." 16 And my question to you is: Why can't 17 Leapfrog give hospitals an option to opt out of being 18 graded? 19 MS. LAWSON: Object to form. 20 You can answer. 21 BY MR. CRAIN: Page 243	1 letter grade, Leapfrog also wanted to -- the model that 2 Leapfrog was working from was the restaurant ratings in 3 like New York City, Los Angeles, right, where the health 4 department comes in. They do an assessment of the 5 restaurant, and the hospital has to post a letter grade 6 in their window with an A, a B, or a C. 7 And one of Leapfrog's board members 8 supposedly thought, oh, wouldn't it be great if we could 9 ask hospitals to do the same thing around the idea of 10 patient safety. 11 The concern with making it voluntary is 12 that it is a relative score, right. So the methodology 13 is such that hospitals are being compared to the 14 national mean, the standard deviation of the national 15 sample. And so it would be difficult to issue grades if 16 we were pulling from a selected subset of hospitals. 17 Q. Is that still true today where 80 percent of 18 inpatient beds are I think represented on the Leapfrog 19 survey? 20 A. So I see that as a little bit of a chicken and 21 egg situation. Page 245

1 Q. Okay. Tell me why. 2 A. That if Leapfrog made it voluntary, one 3 potential consequence of that would be fewer hospitals 4 would report to the survey, and, therefore, you would 5 lose that 80 percent capture that is currently there. 6 Q. Is it fair to characterize that as a slippery 7 slope problem? 8 A. I don't know how to characterize a slippery 9 slope. 10 Q. Okay. 11 I guess what I mean by that is you're 12 suggesting that if you make it voluntary, the number 13 20 percent of inpatient beds that were not responding 14 would increase, right? 15 A. That could be a potential consequence. 16 Q. Okay. 17 So to encourage greater participation, it 18 cannot be voluntary. Is that right? Take your time. 19 A. So one of the challenges Leapfrog was trying to 20 address with the Hospital Safety Grade was that there 21 had been a plateauing of hospital participation in the Page 246	1 Q. Yeah. 2 A. Or not rephrase but repeat the question. 3 Q. Oh, repeat? Yeah, repeat I can do because I 4 have the realtime. 5 We've talked a lot about how there are 6 errors with any imputation methodology, correct? 7 A. Correct. 8 Q. Isn't the most accurate way to get safety 9 information out there to not impute? 10 A. Are we discussing the scores, or are we 11 discussing the grades? 12 Q. Let's do both. Start with the score. 13 A. So for the score, I think that would have a 14 little more of an influence -- let me say that again. 15 The decision to impute a score would impact the overall 16 score. 17 Q. The overall grade? 18 A. The overall -- so just to clarify, when we 19 calculate the grade, what we're actually calculating is 20 a score, a numerical score. So each hospital has a 21 numerical score that's calculated. Those numerical Page 248
1 survey. 2 Q. Okay. 3 A. And, therefore, we only had quality and safety 4 information for a -- not a small, a fraction of the 5 hospitals in the United States. And so by making it 6 nonvoluntary was an opportunity to have safety 7 information out there about as many hospitals in the 8 U.S. as possible. 9 And so if you make it voluntary, you sort 10 of defeat that goal of trying to have safety information 11 for as many as possible. 12 Q. Has that goal overtaken any goal to report 13 accurately on safety? 14 A. No. 15 Q. Okay. And why is that? Because -- strike 16 that. 17 We've talked a lot about how there are 18 errors, right, with any imputation methodology. Isn't 19 the most accurate way to get safety information out 20 there to not impute? 21 A. Can you rephrase the question? Page 247	1 scores then get converted into letter grades. 2 Q. Yes. Got it. 3 A. So the letter grade, by definition, is a range 4 of scores, right. So it's less sensitive to the 5 decision to impute one measure or not to impute a 6 measure. 7 If we're talking about the actual numerical 8 score, the accuracy would be improved without 9 imputation. 10 Q. Okay. 11 So is it right that Leapfrog has 12 prioritized as a goal increasing participation as 13 compared to the accuracy of the score? 14 A. So when you say participation, what are you 15 referring to? 16 Q. Participation in the survey. Let me rephrase 17 it so it's clear. 18 Is it fair to say that Leapfrog has 19 prioritized encouraging greater participation in the 20 survey as compared to greater accuracy in the scoring of 21 a safety grade? Page 249

1 A. I don't see it as an absolute tradeoff in that 2 way. 3 Q. Okay. Is it -- why is that? 4 A. Because I think you can work towards both 5 goals. I don't think you necessarily have to completely 6 have one goal be worked towards at the detriment of the 7 other goal. 8 Q. You don't think that's what's happening with 9 imputation? 10 A. So to be clear, the decision to impute scores 11 is primarily driven by the desire to have more accuracy 12 in what we are issuing as a score grade. A potential 13 benefit of that is that hospitals may choose to come in 14 and report to the survey. 15 So that's why I don't see them as 16 necessarily diametrically opposed goals. 17 Q. Is the most accurate way to score excluding 18 imputation altogether? 19 A. Yes. As previously stated, you would have a 20 more accurate score without imputation. 21 Q. Okay. Page 250	1 Leapfrog feel it can't allow an opt out? 2 A. This is my own speculation because I have not 3 discussed with Leapfrog this scenario. One might be 4 concerned that if you allow hospitals to opt out, most 5 of them will, and now what is your rating program if you 6 don't have many participates. 7 Q. And it's also -- what is your rating program, 8 meaning the grade, the survey, or both? 9 A. Potentially both. 10 Q. And going back to the restaurant analogy. You 11 mentioned the L.A. restaurant grades. Do you think 12 that's a fair analogy to what Leapfrog is able to do? 13 MS. LAWSON: Object to form. 14 BY MR. CRAIN: 15 Q. To your knowledge. 16 A. So Leapfrog can't require hospitals to post a 17 letter grade in their window. 18 Q. It also, unlike a regulatory agency, can't 19 compel participation, right? As a legal matter, right? 20 A. I will defer to lawyers on that. 21 Q. Fair enough. Okay. Page 252
1 And so going -- I don't know if I got an 2 answer to this question, though, but let me just be 3 really clear. So this comment says if Leapfrog is going 4 to implement this change, they need to offer hospitals 5 an option to opt out, right? 6 First, I guess stepping back, do you recall 7 any discussion of an opt out internally to either the 8 expert panel or Leapfrog? 9 A. No. That's never been the conversation. 10 Q. Okay. And why can an opt out not be provided? 11 A. If -- is your question is it possible for 12 Leapfrog to implement an opt out? 13 Q. Well, so -- 14 A. Or -- 15 Q. Yeah, fair question. 16 So there's the question of whether it's 17 physically possible. I assume it's physically possible 18 to implement an opt out, right? 19 A. Yes. 20 Q. Yeah. 21 Why does -- to your knowledge, why does Page 251	1 Let me ask -- 2 A. Leapfrog, what it's doing is it's using 3 publicly available data to make an assessment of a 4 hospital's patient safety performance. 5 Q. And it's also using the lack of data, right, to 6 make an assessment of performance? 7 A. That's using what data are available. 8 Q. Yeah. 9 A. And in some situations, that is data that's not 10 available. 11 Q. Yeah. Okay. 12 Okay. You can set that one aside. 13 I want to talk a little bit about the 14 imputed measures themselves so -- and we talked about 15 earlier in the day, it feels like hours ago, BCMA, CPOE, 16 IPS, and hand hygiene, right? 17 A. Correct. 18 Q. So I've been trying to understand why are those 19 the four that are imputed as compared to the three what 20 I called earlier in the day discarded measures. You may 21 feel free to call them something else, but why are those Page 253

1 different? 2 A. It is somewhat a function of historical 3 artifact and when the measure was introduced to the 4 Leapfrog Hospital Survey. So within those three 5 measures, we put the two safe practices into one bucket 6 and hand hygiene in the other bucket. 7 Q. Okay. 8 A. The safe practices I put in the sort of 9 historical artifact bucket in that when the decision was 10 to move towards secondary data sources, like the aha, 11 AHA hospital survey -- 12 Q. That's my favorite. 13 A. There wasn't any data within that AHA survey 14 that matched up with those safe practices. Like, there 15 was nothing about leadership. There was nothing about 16 culture measurement. 17 So at that time, the decision was, okay, 18 we're going to continue to hold those in the 19 we're-just-going-to-ignore-the-measure-if-you-don't-have 20 -it bucket, which was the original imputation. 21 That historical sort of artifact has just Page 254	1 Q. And it's one of your notes to yourself. Do you 2 see that? 3 A. Yes. 4 Q. And it says: "Notes for today's call with 5 Dr. Romano." [sic] Right? 6 A. Yes. 7 Q. Okay. 8 April 12th, coincidentally, 2019. Do you 9 see that? I say coincidentally because the expert panel 10 meeting was also April 12th. 11 A. Okay. 12 MS. LAWSON: Of 2024. 13 MR. CRAIN: Yeah, of 2024. Sorry. It was my 14 own aha moment. 15 BY MR. CRAIN: 16 Q. So going down, you say, "Patrick, to guide 17 today's call, I put together some quick notes." Do you 18 see that? 19 A. Yes. 20 Q. And I can't tell if you sent this to him or 21 they were just talking points. Any sense? Page 256
1 sort of rolled forward. 2 Q. Okay. Fair to say it was grandfathered in? 3 A. Yeah. It's a historical artifact of where we 4 started and where we're at. 5 The nursing workforce -- 6 Q. Yep. 7 A. -- was just recently introduced to the Leapfrog 8 Hospital Survey, and the collective wisdom was perhaps 9 we don't have enough experience in data with that to 10 impute scores. 11 Q. So very helpful on the three. 12 I want to ask you also about the four, why 13 they are imputed, and I have a document that I think 14 might help us in what I've been trying to figure out. 15 MR. CRAIN: So this will be Exhibit 23. 16 (Exhibit No. 23 was marked for 17 identification as of 9/25/2025.) 18 BY MR. CRAIN: 19 Q. So this is another Armstrong-produced document. 20 You see that on the bottom, right? 21 A. Yes. Page 255	1 A. They were notes for myself, I believe, for the 2 conversation with Dr. Romano. 3 Q. And do you remember this conversation? Feel 4 free to take a second to read through it if it's 5 helpful. 6 (Witness peruses document.) 7 THE WITNESS: Okay. 8 BY MR. CRAIN: 9 Q. Do you remember the context of this discussion? 10 A. I don't with certainty but based on the -- 11 Q. Context clues? 12 A. -- context clues, it would be to talk about 13 maybe changing the imputation approach -- 14 Q. And -- 15 A. -- and missing data thresholds. 16 Q. Okay. 17 And you see it mentions AHA responses sort 18 of towards the bottom third of the page? 19 A. AHA responses? 20 Q. There's a bullet that says exceptions are BCMA. 21 A. Yes. Page 257

1 Q. Okay. 2 And just stepping back for a second, do you 3 recall a time where Leapfrog no longer had access to the 4 AHA data? 5 A. There was a point where AHA revoked Leapfrog's 6 license to use the data. 7 Q. Do you know why they did that? 8 A. My understanding is they had gotten -- strike 9 that. 10 I don't know why AHA revoked the license. 11 Q. When you said "my understanding," did you have 12 something that you heard about it? 13 A. I had heard that, you know, they were getting 14 complaints from their member hospitals about how those 15 data were being used by Leapfrog. 16 Q. Got it. 17 And complaints with respect to the 18 imputation into the methodology? 19 A. Complaints on two fronts. One was how the data 20 were being translated into scores for Leapfrog. Also, 21 some of the hospitals' data were pretty old, and they Page 258	1 Do you know where she got it? 2 A. I don't know. 3 Q. Okay. 4 Anything else you remember about why AHA 5 stopped licensing? 6 A. That's all I'm aware of. 7 Q. Okay. 8 So I want to look specifically at -- you 9 see in this document imputing data? 10 A. Yes. 11 Q. If you go down to the third bullet -- well, 12 let's go to the second bullet first for context. It 13 says: "Current Approach: Exclude the measure and 14 recalculate the weights for the affected hospitals using 15 only those measures for which data are available." 16 Do you see that? 17 A. Yes. 18 Q. And can you sort of translate what that means? 19 A. Yeah. So the earliest approach of imputation 20 that we followed was to -- if a hospital was missing a 21 measure, we ignored that measure and we redistributed Page 260
1 felt like it was outdated and there really wasn't a 2 mechanism for them to update it. And there were sort of 3 logistical challenges, and my understanding is I think 4 AHA was like, we're out. 5 Q. We're out of this business? 6 A. Right -- what's that? 7 Q. We're out of this business? 8 A. We're out of this business. 9 Q. And when you say old, so I know like CMS data 10 has a lag, right? Yes? 11 A. Some of it does, yes. 12 Q. Was the AHA data a bigger lag than CMS? 13 A. I don't know the exact lag period for the AHA 14 survey. 15 Q. And what you had heard about why the AHA did 16 not want to license anymore, do you recall who that came 17 from? 18 A. The information that I heard from? 19 Q. Yeah, that you just shared with us about -- 20 A. From Missy Danforth. 21 Q. Got it. Okay. So Ms. Danforth told you that. Page 259	1 the weights to other measures for which they did have 2 data. 3 Q. Okay. 4 And then there's a -- the next bullet says 5 exceptions, right? 6 A. Correct. 7 Q. And it says: "Exceptions are BCMA, CPOE, and 8 IPS, in which case we have created crosswalks between 9 the AHA responses and Leapfrog performance categories." 10 Do you see that? 11 A. Yes. 12 Q. What does the crosswalk mean? 13 A. The crosswalk was we looked at -- for hospitals 14 that reported to both the AHA survey and to the Leapfrog 15 Hospital Survey, we were able to compare their responses 16 on both and understand in an aggregate way what the 17 relationship was between a hospital's responses to the 18 AHA survey and how they were performing on the Leapfrog 19 Hospital Survey standards. 20 Q. So just to rearticulate, is it fair to say that 21 you had identified that the AHA data was a reasonable Page 261

1 enough proxy for the BCMA, CPOE, and IPS scores for 2 Leapfrog? 3 A. In our review and discussions of the AHA 4 survey, we felt like it represented a reasonable 5 approximation of the same quality -- or the same safety 6 standards. 7 Q. And is that the original reason why those three 8 became imputed measures, as opposed to discarded 9 measures? 10 A. Yes. 11 Q. Okay. 12 After Leapfrog lost the AHA data, do you 13 recall any time at which other crosswalks were 14 considered? 15 A. We explored other potential secondary data 16 sources. I can specifically remember having lots of 17 calls with HIMMS, H-I-M-M-S, which is a technology 18 consortium, to see if we could get relevant data related 19 to computerized physician order entry. And as we 20 reviewed their data, we didn't feel confident in that it 21 was getting us the same thing that we needed. Page 262	1 historical fact of Leapfrog having those crosswalks to 2 the AHA data, that those three are imputed as opposed to 3 other measures that are discarded that you're aware of? 4 A. I could argue that there is, perhaps, some 5 clinical, additional clinical relevance to those. I 6 mean, they do get higher weights in the safety grade. 7 They have been shown to be more effective as it relates 8 to safety and improving safety. So that's what I would 9 speak to. 10 Q. So my question is a little different, though. 11 You are, I think, providing a reason for why those are 12 valuable measures, right? 13 A. Correct. 14 Q. And, in fact, I could show you websites. I'll 15 just represent to you that sometimes Leapfrog puts out 16 information that says those are among the most important 17 measures. It sounds like you might agree with that? 18 A. Correct. 19 Q. Yeah. And they're significantly weighted, 20 right? 21 A. They have higher weights than some other Page 264
1 So we explored other options, just nothing 2 met. 3 Q. Okay. 4 So is it fair to say that those three 5 measures were essentially grandfathered in from the 6 period in which Leapfrog was using AHA as the crosswalks 7 to the Leapfrog scores? 8 A. We had been imputing scores for those measures 9 using the AHA datasets. That would be true. 10 Q. And it was grandfathered into the next 11 instantiation of the imputation methodology? 12 A. I would need to have better notes on what was 13 the next phase of the imputation methodology -- 14 Q. Okay. 15 A. -- to remember what came next after that. 16 Q. Fair enough. Fair enough. 17 So subsequently -- like, the current 18 methodology still imputes on these three measures, 19 right? 20 A. Correct. 21 Q. Is there any particular reason, except for the Page 263	1 measures. 2 Q. I think the four imputed measures are 3 approximately a quarter to 30 percent of the grade. Are 4 you aware of that? 5 A. I couldn't agree or disagree with that. 6 Q. I mean, it's in the methodology document. 7 A. Right. 8 Q. We can set it aside. I'm not trying to, you 9 know, test you on it. It's all right. 10 So you're giving me reasons for why they 11 are important measures, correct? I want to know the -- 12 whether there's an empirical reason or an evidence-based 13 reason for continuing imputation of them outside of the 14 crosswalks that we see in this email. 15 MS. LAWSON: Do you understand the question? 16 Are you clear on what the question is? 17 THE WITNESS: I think I am. 18 MS. LAWSON: Okay. I think he's asking is 19 there a historical -- like, other than the historical 20 experience -- 21 MR. CRAIN: I think I'd asked just for no Page 265

1 speaking objections or coaching. 2 MS. LAWSON: Yeah, but I just want to make sure 3 that he's clear because we're covering this a second 4 time. We've asked it a -- you know, and I understand. 5 So I understand what your question is, and I just want 6 to make sure he understands so he can answer what you're 7 asking. 8 BY MR. CRAIN: 9 Q. Let me ask it again because I want to make sure 10 the record is clear. 11 So I said: You're giving me reasons for 12 why they are important measures, correct? 13 A. Correct. 14 Q. And I want to know whether there is an 15 empirical reason or some evidence-based reason for 16 continuing to impute these three measures in this email 17 outside of the crosswalks that Leapfrog had identified 18 between the AHA responses and Leapfrog performance 19 categories. 20 A. So the reason it would be important to keep 21 those measures in and to be imputed is because they have Page 266	1 Q. Yeah. Glad to. 2 The automatic assignment of limited 3 achievement for the four imputed measures for a 4 nonparticipating hospital is not grounded in any actual 5 evidence about a nonparticipating hospital's performance 6 today, correct? 7 A. Back to the earlier point, we know the hospital 8 is not being transparent about their safety performance 9 and that safety is an important component of a culture 10 of safety. 11 Q. Okay. So I'll go down the line. An automatic 12 assignment of limited achievement for BCMA is not 13 grounded in any actual facts about a hospital's 14 performance on BCMA, right? 15 A. An imputed score is based on an assumption. 16 Q. Okay. And not actual facts on the ground about 17 performance, right? 18 A. Correct. 19 Q. Okay. 20 A. And that's true of all imputation. 21 Q. It wasn't necessarily true when you had the Page 268
1 a significant impact to patient safety. So to create a 2 composite score that doesn't include those measures 3 would be missing some very key components. 4 Q. For Step 2, where you're automatically 5 assigning limited achievement, doesn't that rationale 6 cut the other way? 7 A. I would disagree. We're actually imputing a 8 score for those because those measures are important. 9 Q. So I take it that those measures are important. 10 Set that aside for a second. 11 We've talked about the limited achievement, 12 right, the automatic assignment is not grounded in any 13 actual evidence about a given hospital's performance, 14 right, today? 15 A. The imputation is -- has an error component to 16 it by definition. 17 Q. Yes. So just -- I want you to answer my 18 question yes or no. The automatic assignment is not 19 grounded in any actual evidence about a given hospital's 20 performance today, correct? 21 A. Can you repeat that? Page 267	1 crosswalks, right? 2 A. That's not completely true. 3 Q. Okay. Explain it for me. 4 A. Because when we had the crosswalks, we were 5 looking at large numbers of hospitals. So we might have 6 had 500 hospitals that reported to both the Leapfrog 7 Hospital Survey and the AHA survey. What we looked at 8 was what was basically the average performance. 9 If a hospital answered this in the AHA 10 survey, how did they, on average, perform on the 11 Leapfrog Hospital Survey? Some of the hospitals 12 performed better. Some performed worse. So there is a 13 degree of error there in imputation. 14 Q. But you had some sort of analysis to build that 15 out, right? 16 A. We had some secondary data sources to help us 17 inform those imputed scores. 18 Q. And today, for the methodology, there is no 19 secondary data source to help you inform the imputed 20 assignment of limited achievement? 21 A. Correct. Page 269

1 Q. Okay. 2 So is it fair to say that the reason these 3 three remain as imputed measures is largely, as you said 4 for the other ones, a historical artifact or no? 5 A. I think it's a combination of historical 6 artifact and their importance to the broad concept of 7 patient safety. 8 Q. Got it. Okay. So they're significant, so 9 Leapfrog didn't want to lose them, and also they had 10 been imputing based on other secondary data sources. 11 That combination is why they are still imputed measures 12 today. Is that fair? 13 A. Fair. 14 Q. Okay. 15 Why hand hygiene, which is not represented 16 here? Can you give me the history of that one? 17 A. So hand hygiene was introduced to the Leapfrog 18 Hospital Survey after -- well, don't quote me on this. 19 I believe after the AHA had pulled their data license. 20 Q. Okay. Got it. 21 Okay. So you had no opportunity to create Page 270	1 (Exhibit No. 24 was marked for 2 identification as of 9/25/2025.) 3 BY MR. CRAIN: 4 Q. This is an Armstrong-produced document. Do you 5 see that on the bottom right? 6 A. Yes. 7 Q. And the top email is from you to a group of 8 folks at Leapfrog, I think, and Preeti Joshi. Do you 9 see that? And maybe a couple others. 10 A. Yes. 11 Q. And there's an attachment. It says: Leapfrog 12 Hand Hygiene Report Analysis June 3, 2024. Do you see 13 that? 14 A. Yes. 15 Q. And you write to the group, "As a follow-up 16 from our meeting a few weeks ago, attached are the 17 requested analyses for the hand hygiene report. I think 18 the analyses are pretty self-explanatory, but we are 19 happy to have a call to review if that would be 20 helpful." 21 Do you see that? Page 272
1 the crosswalk, correct? 2 A. Correct. 3 Q. Okay. 4 I want to show a document. So talking 5 about hand hygiene, again, is it your testimony today 6 that the limited achievement automatic assignment of 7 hand hygiene for nonparticipating hospitals in Step 2 -- 8 stay with me -- is an accurate reflection of a 9 hospital's hand hygiene performance, an accurate 10 estimation? 11 A. My testimony is that it's an imputed score for 12 that hospital's performance on hand hygiene. 13 Q. And is it an accurate estimation of their 14 performance on the ground? 15 A. Imputation, by definition, has error. 16 Q. Okay. So for certain hospitals it may be 17 inaccurate? 18 A. Correct. 19 Q. Okay. 20 So I want to look at -- 21 MR. CRAIN: This will be Exhibit 24. Page 271	1 A. Yes. 2 Q. And then you go in I guess starting with -- 3 first question: Did you draft -- I'm looking at page 4 5116. Do you see that? 5 A. Yes. 6 Q. Did you draft what looks like it's titled 7 Leapfrog Hand Hygiene Analysis for Landslide Report? 8 A. Preeti Joshi did this. 9 Q. Okay. Did you review it? 10 A. Yes. 11 Q. Okay. And what was the purpose of this 12 document? 13 A. Leapfrog was interested in putting out a 14 national report on its hand hygiene standard and where 15 hospitals had -- how they've improved over time on the 16 standard. 17 Q. Okay. 18 And so you go, it looks like to me, you go 19 question by question through the Leapfrog survey. Is 20 that right? 21 A. We looked at it both at the individual question Page 273

1 level -- yes. In this first part, it's looking at each 2 individual question. 3 Q. Okay. And fair to say for some questions there 4 is pretty -- you know, there's change between 2020 and 5 2023, and for others there's less change. Is that 6 right? I can be more concrete. 7 MS. LAWSON: I was going to object to form 8 there. 9 MR. CRAIN: Fair enough. I'll take it back. 10 BY MR. CRAIN: 11 Q. So question number one is provision of hand 12 hygiene training. Do you see that? 13 A. Yes. 14 Q. And in 2020, it looks like 92.8 percent -- 15 well, tell me what the percentage reflects. 16 A. Yeah, that represents the percentage of 17 hospitals -- yeah, the denominator is the number of 18 hospitals that submitted responses to the hand hygiene 19 section of the Leapfrog survey. So the numerator would 20 be those that answered yes, that they meet Leapfrog's 21 requirements for that question. Page 274	1 hand hygiene questions. Is that fair to say or no? 2 A. So Leapfrog actually has fairly high standards, 3 and so for a hospital to meet a domain, they actually 4 have to answer "yes" to all of the questions in that 5 domain. 6 So, for example, in domain training and 7 education, only 85.7 percent answered yes to question 8 two in 2023. So at most, 85.7 percent of hospitals meet 9 that domain, and it's probably something less than that, 10 right. 11 So looking at individual questions may not 12 be the most accurate indicator of how hospitals are 13 doing on each of the domains as Leapfrog has defined 14 them. 15 Q. Okay. So in each of these four domains, you're 16 saying only the lowest denominator respondent are those 17 that passed the domain? 18 A. The lowest percentage within a domain would be 19 the absolute ceiling of the percentage of hospitals that 20 can meet that domain. 21 Q. Got it. Okay. Page 276
1 Q. So 92.8 percent of hospitals in 2020 responding 2 to the survey met question one. Is that right? 3 A. Yes. 4 Q. Okay. 5 And that increases to 96.8 percent in 2021, 6 96.8 percent in 2022, and 97.9 percent in 2023. Do you 7 see that? 8 A. Yes. 9 Q. Okay. 10 And I guess the question that I have on any 11 of these, really, is: Is it your assumption that a 12 hospital that is not participating in the survey will 13 perform worse than these numbers as compared to the 14 participating hospitals? 15 A. Can you say that one more time, please? 16 Q. Yeah. So I'm trying to get at -- let's back up 17 a little bit. 18 So I'm trying to understand why Leapfrog 19 imputes for hand hygiene, right. And my question is it 20 seems like, at least based on this analysis, that most 21 hospitals, at least that report, do fairly well on the Page 275	1 So for domain one, the most -- the highest 2 number of hospitals that would have met that domain are 3 85.7 percent of responding hospitals in 2023, correct? 4 A. Correct. 5 Q. Okay. 6 And do you have any basis to suggest that 7 nonperforming hospitals would be so much worse in 8 performance than 85.7 percent? 9 A. We don't have any information to know how they 10 would perform. 11 Q. So why is it fair to those hospitals to give 12 them the lowest score when the gross majority of 13 hospitals, at least in this domain, pass? 14 MS. LAWSON: Object to form. Go ahead. 15 THE WITNESS: So there are 15 percent of 16 hospitals, at least, that are not meeting the domain, 17 right. So how would we know if hospitals that don't 18 report are part of that 15 percent or part of the 19 85 percent? 20 21 BY MR. CRAIN: Page 277

1 Q. You don't know either way, right? 2 A. We don't know either way. 3 Q. Okay. But you assume that the hospitals in 4 that domain that are not reporting are necessarily part 5 of the 15 percent, right? 6 A. We don't have any information about those 7 hospitals, so we are imputing a score. 8 Q. You're imputing a score that estimates that 9 their performance is failing, essentially? 10 A. That they are in the bottom performance 11 category. 12 Q. Okay. 13 And then if you go to domain two, this is 14 infrastructure, do you see that? 15 A. Yes. 16 Q. And this is things like hand sanitizers? 17 A. Correct. 18 Q. Okay. 19 Forgive the question, but have you ever 20 been to a hospital for care? 21 A. Yes. Page 278	1 A. -- in 2023 -- 2 Q. In 2023, correct. 3 A. -- would be the absolute ceiling. 4 Q. Yes. 5 Do you have any sense for what the number 6 actually is for the number of hospitals that passed this 7 domain? 8 A. I don't know offhand. 9 Q. Okay. Fair to say it's likely quite high 10 because of these numbers? 11 MS. LAWSON: Object to form but go ahead. 12 THE WITNESS: Yeah, I mean, I could -- you 13 know, you could assume that all of these were 14 independent, and if you multiply them together, you 15 would come up with an answer that's somewhere in the 16 63 percent, which is probably the floor. So it's 17 somewhere between 63 and 90.5. 18 BY MR. CRAIN: 19 Q. Okay. 20 So but, again, for hospitals that don't 21 participate, for this domain, effectively, they get the Page 280
1 Q. Do you recall any room that you were in without 2 a sanitizer? 3 MS. LAWSON: Object to form. 4 THE WITNESS: So the Leapfrog survey questions 5 about hand sanitizers are fairly specific about the 6 location of them, whether they produce the correct 7 amount of alcohol-based hand gel, and whether or not the 8 hospital does audits to know if they actually have hand 9 gel in them. Because I think we've all experienced 10 going up to one and nothing comes out. 11 BY MR. CRAIN: 12 Q. Not fun. 13 A. So there is more than just about do you have 14 hand sanitizer dispensers. There's a lot more to that 15 standard. 16 Q. Fair enough. 17 So taking your bottom number, if you look 18 at domain two, this would imply that 90.5 percent, at a 19 maximum, passed this domain, right? 20 A. Ninety-one -- 90.5 -- 21 Q. Ninety point five, right. Page 279	1 lowest possible score, right? 2 A. So to be clear, the hand hygiene standard has 3 five domains. For a hospital to be in achieved the 4 standard, they need to -- if they're only collecting 100 5 hand hygiene observations a month, they need to meet all 6 five domains, which means they're saying "yes" to every 7 single question. 8 Q. Okay. 9 A. Seventy-four percent of hospitals in 2023 10 achieved the standard, so 26 percent did not. 11 Q. Yep. Okay. And that achieved the standard is 12 the highest, right? 13 A. Correct. 14 Q. Then how do you quantify the next three down? 15 A. We have a scoring algorithm that's available 16 online that details that. I couldn't recite what that 17 is, but the idea is basically if you meet a subset of 18 the domains, you get one category; if you meet fewer 19 domains, you get a lower category. 20 Q. Okay. 21 A. It's sort of assessed at the domain level but Page 281

1 then it rolls up into an overall score. 2 Q. Okay. No, fair enough. 3 So I guess then my question is why is hand 4 hygiene one of the imputed measures and not one of the 5 discarded measures? 6 A. Because its clinical relevance to patient 7 safety is paramount. 8 Q. Okay. 9 So, again, it's the same point. When we 10 talked about the other three, there were two reasons. 11 The first was the historical what I call grandfathering 12 in combined with the significance, right? 13 A. Correct. 14 Q. For this one, there's no historical, but it's 15 just, you're saying, it's so important, Leapfrog feels 16 it has to impute? 17 A. Correct. 18 Q. Okay. Okay. Let's leave it at that. 19 A. Okay. 20 MR. CRAIN: All right. I think we've been 21 going about an hour. Do you mind if we take a break? Page 282	1 A. Yes. 2 Q. Okay. And the subject is: Final updates to 3 Leapfrog Hospital Safety Grade methodology for Fall of 4 2024. Do you see that? 5 A. Yes. 6 Q. And generally, can you tell me what this email 7 is? 8 A. This email is an email to the expert panel with 9 the attachment of the final updates to the safety grade 10 methodology for Fall of 2024. 11 Q. Okay. And you say, "Based on the expert 12 panel's thoughtful input and guidance, Leapfrog has 13 decided to move forward with updates to imputation 14 methodology used in the Hospital Safety Grade, effective 15 Fall '24." Do you see that? 16 A. Yes. 17 Q. Okay. Fall of 2024. Sorry. I think I said 18 that wrong. Do you see that as well? 19 A. Yes. 20 Q. Okay. 21 Now, just for the record, I want to be Page 284
1 MS. LAWSON: That's fine. 2 MR. CRAIN: Okay. Courtney, are you good? 3 MS. WOOD: Uh-huh. 4 THE VIDEOGRAPHER: This marks the end of media 5 unit number six. We're going off the record. The time 6 is 3:26 p.m. 7 (Whereupon a short break was had, after 8 which the proceedings continued as 9 follows.) 10 (Exhibit No. 25 was marked for 11 identification as of 9/25/2025.) 12 THE VIDEOGRAPHER: This marks the beginning of 13 media unit number seven. We're going back on the 14 record. The time is 3:43 p.m. 15 BY MR. CRAIN: 16 Q. Thank you, Dr. Austin. 17 So I've handed you what has been marked as 18 Exhibit 25. Do you see that document? 19 A. Yes. 20 Q. And this is an email from you to what I think 21 is the safety grade expert panel. Do you see that? Page 283	1 clear. Did Leapfrog decide to adopt this methodology, 2 or did the expert panel decide to adopt it? 3 A. Leapfrog makes all the decisions about their 4 ratings and ratings programs. The work of the expert 5 panel, expert panels, myself, is all in a recommendation 6 advisory capacity. 7 Q. Okay. And are you aware of any document in 8 which the expert panel weighed in on this final proposal 9 as a group? 10 A. Not that I am aware of. Not that I'm aware of. 11 Q. Okay. 12 Do you know sitting today whether the 13 entire expert panel approved of this path forward? 14 A. We did not query the expert panel about whether 15 they approved this or not. 16 Q. Okay. Is it your view that they did approve 17 it? 18 A. It is -- from my point of view, we heard their 19 input and guidance. Leapfrog made a decision of how it 20 wanted to move forward, and we communicated that to the 21 expert panel. Page 285

1 Q. Okay. 2 Okay. All right. You can set that aside. 3 MR. CRAIN: Okay. I want to move on to another 4 topic. Tab 15, please. This will be Exhibit 26. 5 (Exhibit No. 26 was marked for 6 identification as of 9/25/2025.) 7 BY MR. CRAIN: 8 Q. All right. So Dr. Austin, you have in front -- 9 well, what do you have in front of you? 10 A. I have in front of me our 2013 prepublished 11 ahead of print publication from the Journal of Patient 12 Safety. 13 Q. And we talked about this document a little bit 14 earlier today, right? 15 A. Correct. 16 Q. Okay. This is the document that was peer 17 reviewed that analyzed the methodology at least as it 18 stood back in 2023, right? 19 A. This was the methodology in 2012, early 2013. 20 Q. Okay. And you are the lead author on this 21 paper, correct? Page 286	1 Q. Okay. And it says, the next sentence -- 2 A. And we do some analyses of early rounds of the 3 grades to demonstrate what that looks like. 4 Q. Some early rounds of the grades to 5 demonstrate -- say more about what you mean. 6 A. Yeah. So let me look in the -- so we had done 7 some data analysis using composite safety scores for 8 2,652 general acute care hospitals, and we calculated 9 safety scores for those. 10 Q. Okay. 11 A. And we show that in figure one. 12 And then in tables two and three, we did 13 some analysis to look at how those safety scores varied 14 by different hospital characteristics, as well as by 15 state in the United States. 16 Q. Okay. And this is the document that we saw 17 that was linked to Leapfrog's website, right? 18 A. Correct. 19 Q. Okay. 20 I want to go to page 4, and I think it's 21 Bates number 668. Page 288
1 A. Correct. 2 Q. As well as it looks like other folks on the 3 expert panel, safety grade expert panel? 4 A. Correct. 5 Q. And I see, for instance, Dr. Romano is here, 6 right? 7 A. Correct. 8 Q. Okay. 9 I want to ask you a few questions about 10 this. I'm going to go to -- starting at the top, do you 11 see the little -- on the left side at the top it says 12 "Methods." 13 A. Yes. 14 Q. And it says: "The Leapfrog Group sought advice 15 [sic.] from a panel of national patient safety experts 16 to develop a composite score." Do you see that? 17 A. Yes. 18 Q. Does that describe generally what this paper is 19 about? 20 A. The paper describes how -- the process Leapfrog 21 used to develop a composite score. Page 287	1 A. Yes. 2 Q. And there's a section, Dealing with Missing 3 Data. Do you see that? 4 A. Yes. 5 Q. And it says: "Although the expert panel 6 selected nationally reported measures, some data were 7 missing for hospitals that did not report to The 8 Leapfrog Group, and other data were missing because 9 hospitals did not meet CMS's minimum sample requirements 10 to publicly report their results." 11 Do you see that? 12 A. Yes. 13 Q. So this is the section that's, for lack of a 14 better word, dealing with missing data, right? 15 A. Correct. 16 Q. Okay. 17 So the next paragraph lays out, what it 18 looks like, five possible approaches for assessing 19 hospital performance when data were missing. Do you see 20 that? 21 A. Yes. Page 289

1 Q. Okay. And I'm going to not march through, but 2 it looks like number four is: "Give the hospital zero 3 credit for the measure." Do you see that? 4 A. Yes. 5 Q. And that's not -- Leapfrog has never done zero, 6 right? 7 A. Correct. 8 Q. They've done limited achievement, correct? 9 A. Correct. 10 Q. Okay. And limited achievement, just to be 11 clear, is the lowest measure, which can range anywhere 12 from 5 to 25 depending on the measure, right? 13 A. Correct. 14 Q. Okay. 15 And then number five says: "Exclude the 16 measure and recalibrate the weights for the affected 17 hospitals using only those measures for which data are 18 available." Right? 19 A. Correct. 20 Q. Now, the -- if you look at -- further down 21 there's a paragraph that says "After." Do you see that? Page 290	1 So then the paragraph keeps going. The 2 next sentence is -- let's see. It's on the top of page 3 4 on the right side. "In this way." Do you see that? 4 A. Yes. 5 Q. "In this way, we avoided making questionable 6 assumptions about the performance of hospitals with 7 missing data, and we also maintain variation of the 8 final calculated scores by not imputing identical values 9 for all missing observations." 10 Do you see that language? 11 A. Yes. 12 Q. Okay. 13 So at least as of 2013, Leapfrog -- this 14 group of authors peer reviewed, came to the conclusion 15 that excluding the measure was the way to avoid making 16 questionable assumptions about the performance for 17 hospitals. Do you see that? 18 A. Yes. 19 Q. Okay. That changed, right? 20 A. That has evolved. 21 Q. Okay. Is it your view that Leapfrog is making Page 292
1 A. Yes. 2 Q. Okay. And it says: "After conducting 3 sensitivity analyses using each of the above approaches, 4 the panel recommended approach number five to address 5 missing data, excluding the measure for a hospital and 6 recalibrating the weights for those measures for which 7 performance data were available, for most measures." 8 Do you see that? 9 A. Yes. 10 Q. Okay. And was that generally the approach that 11 Leapfrog took in the ensuing years? 12 A. That was the approach Leapfrog used initially 13 with the hospital safety grades. 14 Q. Okay. 15 A. As previously mentioned, Leapfrog has evolved 16 its imputation approaches, working through actually at 17 least four out of the five here. 18 Q. Fair enough, yeah. So it's been a moving 19 target. 20 A. It's been evolving. 21 Q. Evolving. Fair enough. Page 291	1 questionable assumptions today about the performance of 2 hospitals? 3 A. I don't believe that to be true. 4 Q. Okay. What's changed between this analysis and 5 today? 6 A. So what has changed is that the -- that we've 7 actually evolved through different imputation 8 approaches. So we started with number five, right. 9 Then we moved to number two, imputing based on other 10 available data. Then we moved to number one, which is 11 imputing performance at the national mean or median, 12 although we did that by cohorts. And then we eventually 13 landed here now at number three, which is imputing a 14 score above or below the median or mean. 15 So all of these are valid imputation 16 approaches. I think the choice of an imputation 17 approach needs to be in the context of sort of time, 18 place, situation. 19 So in 2012, when Leapfrog rolled out these 20 hospital safety grades, hospitals did not know these 21 were coming. So that needed to be sort of the context Page 293

1 in which an imputation decision was made. 2 If we fast-forward to 2024, now we've been 3 issuing safety grades for 25 rounds. Hospitals are very 4 aware of the grades. They're very aware of the measures 5 that go into the survey, and so you might have your 6 imputation approach evolve with that. 7 Q. So the assumptions change? 8 A. I don't know if assumptions have changed, but 9 the context has changed. 10 Q. So let me -- so first going back, you said 11 number three, impute a score above or below the median 12 or mean; e.g., minus one standard deviation. Do you see 13 that? 14 A. Yes. 15 Q. That's not what Leapfrog does today, right? 16 A. It is imputing a score below the mean. 17 Q. Below the mean, fair, but not by one standard 18 deviation, right? 19 A. That was just an example of how that could be 20 operationalized. 21 Q. The measure of limited achievement is more than Page 294	1 A. From my point of view, it feels like the 2 context and times have changed, and so I would say, yes, 3 that would feel like a more fair decision to make. 4 Q. More fair. Okay. 5 Is it more or less fair than limited 6 achievement? 7 A. It's probably less fair to assign zero than 8 limited achievement. With limited achievement, 9 hospitals are getting some credit. They're not getting 10 zero credits. 11 Q. No one gets zero, right? 12 A. No one gets zero. 13 Q. Okay. Zero is not an available score, correct? 14 A. Correct. 15 Q. Okay. 16 Then so the questionable assumption, just 17 to make sure I understand it, is about the startup of 18 the safety grade, as opposed to assumptions about 19 performance generally? 20 A. It's assumptions about the rollout of the 21 imputation and whether or not it was fair to assign a Page 296
1 one standard deviation below, right? 2 A. I have not looked at a distribution of scores 3 to be able to answer that. 4 Q. Do you have an estimate as to what -- how much 5 lower than the standard deviation below -- one standard 6 deviation below the mean it is? 7 A. I don't know what that would be. 8 Q. Okay. 9 Okay. So going back, do you recall what 10 the questionable assumption the authors were worried 11 about in this paper was? 12 A. So I think the biggest concern was around 13 option number four, which would be to give the hospitals 14 zero credit for not reporting to Leapfrog. 15 Q. Why is that the biggest concern? 16 A. That was a concern in that hospitals didn't 17 know that this was coming, that we weren't really being 18 fair to hospitals to just assign zero right from the 19 get-go for not reporting. 20 Q. Is it more fair to assign -- would it be more 21 fair to assign zero now? Page 295	1 score that penalized hospitals when they didn't know 2 that the safety grades were coming. 3 Q. Do you know if that language is in this paper? 4 A. I'm not sure that that -- I would have to 5 reread it. 6 Q. I mean, if you want to take a second and read 7 this section, which I think is the only section dealing 8 with this and just goes to the next page, I'm curious 9 does it articulate that as the questionable assumption 10 in here. 11 A. So in the -- that paragraph at the top of page 12 4, in the second paragraph it says: Finally, the third 13 and fourth approaches were rejected to avoid creating a 14 structural bias in favor of Leapfrog reporting 15 hospitals. 16 So as I mentioned, there was a concern 17 about doing that right from the get-go. 18 Q. But that doesn't say get-go, though. It's 19 talking about reporting versus nonreporting, right? 20 A. It was at that -- the article was written at a 21 point in time with experience only up until that point Page 297

1 of time, and that was our experience up 'til that point. 2 Q. Is there any structural bias today in favor of 3 reporting hospitals? 4 A. There are hospitals that report to the Leapfrog 5 Hospital Survey that score limited achievement. So a 6 score of limited achievement is not just for hospitals 7 that don't report. There are some hospitals that report 8 that receive that score as well. 9 Q. What does structural bias mean? 10 A. I guess in that context I would think of it as 11 some sort of bias in how we assign scores based on 12 whether they report or don't report to Leapfrog. 13 Q. And so based on that definition, you're still 14 maintaining there's no structural bias in favor of 15 reporting hospitals? 16 A. Based on what we just discussed, I would say 17 there is a structural bias against nonreporting 18 Leapfrog -- nonreporting hospitals. 19 Q. Okay. There is a structural bias? 20 A. There is a structural bias. 21 Q. Okay. That makes sense. Okay. Page 298	1 Q. Got it. 2 So the methodology doesn't take any 3 measures to address that structural bias? 4 A. Correct. 5 Q. Okay. 6 Okay. And then the other -- if you keep 7 going on that paragraph, it says: "By scoring hospitals 8 on" -- tell me when you're ready. 9 "By scoring hospitals on the available 10 data, the composite scores were based on what was known 11 about the hospital's performance, with no penalties for 12 missing data." 13 Do you see that? 14 A. Yes. 15 Q. Okay. Now, that also is different for today, 16 right? 17 A. That is different than today. 18 Q. Okay. 19 And at this time, scoring hospitals based 20 on what was known about the hospital's performance was 21 something this group of authors deemed advisable, right? Page 300
1 And that's one of the reasons this group of 2 authors, which included yourself and many of the safety 3 grade expert panelists, like Dr. Romano, rejected this, 4 it looks like, the third and four approaches, right? 5 A. At that point in time. 6 Q. Okay. And your position is the structural bias 7 has changed? 8 A. It's not that it has changed. It is more 9 apparent and can be addressed, right. So in the early 10 days of the safety grade, hospitals didn't even know 11 these grades were coming. A lot of them had never 12 completed the Leapfrog Hospital Survey. 13 Fast-forward 12 years, we're in a different 14 place where hospitals are very aware of the safety 15 grades. They're very aware of the survey, and so the 16 context has changed. 17 Q. So just to be clear, when you say addressed, 18 that's not addressing within the methodology. That's an 19 addressing in the context of hospitals could decide to 20 report? 21 A. Correct. Page 299	1 A. So to be clear, what we're representing is the 2 Hospital Safety Grade methodology. Not all authors were 3 part of the expert panel. And just to remind you, all 4 of the decisions about the methodology are ultimately 5 Leapfrog's to make. 6 Q. Yes. 7 A. So what we're writing up is the implications of 8 that decision. So when you asked about whether authors 9 agreed, to me it's not an agreement or disagreement. 10 It's were we stating what the facts were at that time. 11 Q. Okay. No, that's fair. So I got it. So 12 you're saying it's an empirical observation? 13 A. Correct. 14 Q. So the observation is by scoring hospitals on 15 the available data, the composite scores were based on 16 what was known about the hospital's performance with no 17 penalties for missing data. You're saying, just to make 18 sure I understand, you're not making a judgment about 19 whether that's good or bad. You're saying it's what's 20 being done? 21 A. Correct. Page 301

1 Q. Okay. Got it. 2 Now, this is the paper that Leapfrog touts 3 as having peer reviewed its methodology, right? 4 A. Correct. 5 Q. But there are multiple components, at least in 6 this paragraph that we've seen, that don't apply 7 anymore, right? 8 A. There are -- can you repeat the question? 9 Q. So we've walked through this paragraph about 10 different observations, the questionable assumptions, 11 the structural bias, and then the penalties for missing 12 data, all of which you said are not what Leapfrog does 13 today. They're not reflective of the methodology 14 Leapfrog uses today, correct? 15 A. Correct. 16 Q. Is it fair to say that this paper is a peer 17 reviewed assessment of the methodology today? 18 A. I'm going to be a little careful because I 19 don't know if Leapfrog's website says that it's a peer 20 reviewed of today, right. It's a peer reviewed of their 21 methodology, right. Page 302	1 measure. 2 Q. So we talked about, maybe an hour ago, that the 3 imputed measures are significant, right? 4 A. I don't know if that's what we discussed. 5 Q. Okay. You talked about how they're 6 clinically -- they matter, right? 7 A. Correct. They're important elements of patient 8 safety. 9 Q. Yes. 10 A. Yes. 11 Q. And they weight quite heavily, right? 12 A. They make up somewhere between 20 and 13 30 percent. 14 Q. Yes, as we talked about. 15 A. Yeah. 16 Q. Is it -- so 30 percent, 20 to 30 percent of the 17 methodology is derived from an imputation model that 18 this paper did not comment on, correct? 19 MS. LAWSON: Object to form. Go ahead. 20 THE WITNESS: As listed under the imputation 21 methods, one of them is exactly what we're doing today. Page 304
1 So I'll go back to the previous point that 2 I think the overall structure of the composite score, 3 that it's based on two domains of measures, the data 4 sources, we're going to do relative weights, has 5 remained consistent and constant through time. 6 Have some of the individual decisions about 7 imputation -- obviously, some of that has evolved and 8 changed. So I don't know how to say whether or not it's 9 a fair representation of Leapfrog's methodology or not. 10 Q. Do you agree, yes or no, that Leapfrog's 11 current methodology has been peer reviewed? 12 A. Are you speaking of the Fall 2024 methodology? 13 Q. The one that's operative today. 14 A. I think it sort of depends on your definition 15 of what we mean by methodology. And I don't mean to get 16 into semantics, but I would still come back to like the 17 general structure of all of this is still the same. 18 Some of the nuance differences are different, but that 19 happens continuously throughout the last 12 years. 20 So I don't know how you would write a new 21 paper every time we change one measure or re-weight one Page 303	1 BY MR. CRAIN: 2 Q. Which one? Three? 3 A. Number three. 4 Q. Okay. Impute a score below the mean, correct? 5 A. Correct. 6 Q. Okay. I guess this doesn't say how much far 7 below, right? 8 A. Correct. 9 Q. Because if the means that we saw earlier from 10 Ms. Campione's emails were in the 70s, 80s, and 90s, and 11 the imputation is 15, was that the type of difference 12 below the mean that you were contemplating when you 13 wrote this piece? 14 A. I think there was room for -- there was room 15 for decisions to be made around number three and what 16 sort of score above or below the mean or median. The 17 minus one standard deviation was just an example. 18 Obviously, number four is a more extreme example of 19 zero. So there's a range of options in between those 20 two. 21 Q. Okay. Page 305

1 So then I guess going back to my question, 2 we've talked about the imputation methodologies being 20 3 or 30 percent, being significant. Is it fair to say 4 that the current methodology has been peer reviewed 5 given that that substantial portion of it was never 6 reviewed? 7 A. I don't know how to answer that. I feel like 8 it is fair to say that because the primary structure of 9 the methodology has remained the same. Now, others 10 could have a different assessment of that. Some could 11 say, oh, wow, the imputation approaches make this 12 nonrepresentative. I guess that's just a disagreement 13 in how maybe we see the world. 14 Q. Okay. Fair enough. 15 So let me ask this question. The 16 imputation model, has that been peer reviewed? 17 A. No. 18 Q. Okay. 19 Okay. You can set that aside. 20 MR. CRAIN: Let's go to tab 21. This will be 21 Exhibit 27. Page 306	1 is a big, bold "Unintentional consequences of how we 2 currently treat missing data"? Do you see that header 3 on page -- it's the first page? 4 A. Yes. 5 Q. Okay. And I want to go to page 2. And do you 6 see the bullet number two? 7 A. Yes. 8 Q. It says: "Imputation of the score when we have 9 missing data." 10 A. Yes. 11 Q. And it says: "Matt mentioned that expert panel 12 discussed this in the past and did not feel it supported 13 the goal of the safety grade." Do you see that? 14 A. Yes. 15 Q. So I want to break this down a little bit. 16 Now, do you recall making this statement at 17 an expert panel meeting? I recognize it's a while ago. 18 A. I don't remember -- 19 Q. Okay. 20 A. -- that conversation. 21 Q. Is it accurate, to the best of your knowledge Page 308
1 (Exhibit No. 27 was marked for 2 identification as of 9/25/2025.) 3 BY MR. CRAIN: 4 Q. Okay. So this is another, you see at the 5 bottom, Armstrong-produced document? 6 A. Yes. 7 Q. Do you recognize this one? 8 A. Yes. Well, it's been a while. 9 Q. What does it look like? 10 A. It says it's the meeting agenda. What it 11 actually represents is notes from the meeting. 12 Q. Maybe somebody built out the notes within the 13 agenda? 14 A. Correct. 15 Q. Okay. 16 A. And we just forgot to change the title. 17 Q. Any reason to think this isn't a true and 18 accurate depiction? 19 A. No. 20 Q. So I just have a couple of questions. If you 21 go to -- where is it again -- page 76, do you see theirs Page 307	1 today, that, looking at the top bullet, imputation of 2 the score when you have missing data is something the 3 expert panel discussed in the past? 4 A. So, yes, we have discussed imputation with 5 them. 6 Q. Okay. Just to build out the -- 7 A. Right. Yes, that's fine. 8 Q. Just to get on the same page. 9 A. Yes. 10 Q. And now it says: Did not feel it supported the 11 goal of the safety grade. 12 A. I don't know what that refers to. 13 Q. Okay. 14 A. I will take ownership that the note-taking here 15 may not have been all that accurate, because I don't 16 even know what that refers to because I don't think they 17 -- they have never indicated that imputing scores 18 doesn't support the goal of the safety grade. 19 Q. Okay. 20 A. So I'm thinking that there might have been some 21 nuance to that that wasn't captured in the notes. Page 309

1 Q. What could the goal have been referring to? 2 A. I don't know for sure. 3 Q. Okay. 4 So if you go to the next bullet, do you see 5 how -- "Imputing scores for individual measures, like 6 safe practices, would incentivize them to report on the 7 survey." Do you see that? 8 A. Yes. 9 Q. First of all, does that reflect that the safety 10 grade expert panel considered imputing for safe 11 practices? 12 A. That was something that was, I guess, discussed 13 at that meeting. 14 Q. And as we talked about before, was decided 15 against, right? 16 A. Leapfrog has never imputed scores for -- 17 Q. Safe practices? 18 A. -- safe practices. 19 Q. One or two? 20 A. One or two. 21 Q. Now, imputing -- it says: "Imputing scores for Page 310	1 Q. And goal -- we talked about goals. 2 So you have no recollection or 3 understanding as to why imputation, at least at this 4 time, would be deemed not supportive of the goal of the 5 safety grade, at least the two goals that we've talked 6 about? 7 A. Yeah. I do not understand how that note ties 8 to everything else I know and understand. 9 Q. Okay. So you just don't remember, or it just 10 doesn't make sense anymore? 11 A. I don't remember what that was intending to -- 12 Q. To say? 13 A. To say. 14 Q. Okay. I have to ask. 15 Okay. Let me just see. Yeah. Okay. You 16 can set that aside. 17 MR. CRAIN: And then just one more historical 18 document. Can we do tab 30. This is Exhibit 28. 19 (Exhibit No. 28 was marked for 20 identification as of 9/25/2025.) 21 Page 312
1 individual measures would incentivize them to report on 2 the survey." Is that different from the goal reflective 3 in bullet one? 4 A. That I don't know how those connect. 5 Q. We've talked a little bit today about what the 6 goals of the safety grade are. I think we've talked 7 about information, right, as one goal, getting 8 information out there, correct? 9 A. Correct. 10 Q. We've talked about accuracy as another goal, 11 correct? 12 A. Yes. 13 Q. Are there any other goals that you can think 14 of, of the safety grade, that we haven't -- besides 15 those two? 16 A. None come to -- immediately come to mind. 17 Q. Okay. 18 So looking at this bullet, you noted 19 earlier today you endeavor to be accurate in these 20 notes, right? 21 A. That is our goal. Page 311	1 BY MR. CRAIN: 2 Q. Dr. Austin, you have in front of you an email 3 thread between you, Ms. Danforth, Mr. Card, and Emma 4 Domico. Do you see that? 5 A. Correct. 6 Q. Who is Emma Domico? 7 A. Emma was the research analyst who was working 8 for me at the time on the Leapfrog contract. 9 Q. What Ms. Joshi does now? 10 A. Correct. She was in between Jordan and Preeti. 11 Q. Got it. 12 And who is Mr. Card? 13 A. Mr. Card worked for The Leapfrog Group and was 14 the analyst who was supporting the Hospital Safety 15 Grade. So he preceded Alex. 16 Q. Got it. 17 So I want to just look -- so it's a little 18 bit of a confusing email, but I'm going to walk you 19 through at least how I think I read it. So go to the 20 bottom, which is the first one. 21 A. Yes. Page 313

1 Q. And it's from you and it's dated August 25th, 2 2021, right? 3 A. Yes. 4 Q. And just for context, is this around the time 5 where AHA was rescinding the license? 6 A. I don't know -- I don't know the timing of the 7 AHA license. 8 Q. Okay. Do you remember generally what was 9 happening in 2021? 10 A. I don't other than COVID was. 11 Q. Fair enough. We all remember that one. 12 A. Yeah, but I don't remember what -- I don't 13 remember the timing of the AHA data because that was all 14 between Leapfrog and -- 15 Q. Got it. Okay. 16 So I will at least represent to you that 17 this was -- well, we'll go through the document. 18 A. Okay. 19 Q. So you write -- you say, "Missy, Andrew: Next 20 Friday is the HSG" -- Hospital Safety Grade. Yes? Is 21 that right? Page 314	1 Do you see that? 2 A. Yes. 3 Q. Now, we'll come back to this, but I just want 4 to explain to you what the gray is. So if you go one 5 up, the prior page, you see Ms. Danforth writes: "See 6 below"? 7 A. Yes. 8 Q. Okay. 9 So the gray, is it correct to say, those 10 are her comments interlined with your agenda? 11 A. Yes. 12 Q. Okay. 13 So on number two, she says in response to 14 your agenda point, she says, "Yes, and the idea to 15 impute for all missing, including safe practices and HH. 16 I will send a follow-up to the email that Andrew sent." 17 So can you tell me generally what are you 18 proposing as an agenda item, and what did you 19 understanding her response was? 20 A. So what we were proposing as an agenda item was 21 to discuss with the expert panel our imputation methods Page 316
1 A. Yes. 2 Q. Okay. 3 A. Correct. 4 Q. -- "expert panel call. As Emma and I were 5 walking through agenda items, we would benefit from your 6 input/expertise." Do you see that? 7 A. Yes. 8 Q. And I want to focus on number two and start 9 with the bold. Do you see there's two pieces of text. 10 There's a bold and a sort of grayed one on each line? 11 A. Yes. 12 Q. Okay. So let's start with the bold. You say, 13 number two: "How to score hospitals missing 14 process/structural measures. Are we looking for 15 suggestions on imputation methods?" Do you see that? 16 A. Yes. 17 Q. And then if you go to four, it says: 18 "Penalizing hospitals if they don't report. Is this 19 part of agenda item number two? And is Leapfrog really 20 open to this idea? If not, I don't want to keep asking 21 their opinions." Page 315	1 for process and structural measures. 2 Q. Okay. 3 A. And Missy suggested back the idea that maybe we 4 impute for all missing, including safe practices and 5 hand hygiene. 6 Q. Okay. 7 And then if you go to four, you say -- you 8 have a separate agenda item, right? 9 A. Correct. 10 Q. And it says: "Penalizing hospitals if they 11 don't report. Is this part of agenda item number two? 12 And is Leapfrog really open to this idea?" You all caps 13 "really." Do you see that? 14 A. Yes. 15 Q. So why were you all capping really? 16 A. So back to attachment 27, back to Old Town 17 Alexandria, the Hilton, that was actually a point where 18 the expert panel actually brought up the idea of moving 19 towards an imputation approach where -- to penalize 20 hospitals -- 21 Q. Okay. Page 317

1 A. -- if they didn't complete the Leapfrog 2 Hospital Survey. 3 So even though it got implemented in 2024, 4 as far back as 2017 conversations were happening about 5 whether or not this was the direction to go into. 6 Q. Okay. 7 A. So in 2021, it was like, is Leapfrog open to 8 this? Are they not open to this? I don't want to keep 9 asking the expert panel over and over again about this 10 if Leapfrog is not open to moving in this direction. 11 Q. Okay. 12 A. So that was the intent of that. 13 Q. And by this direction, you mean a penalty? 14 A. It could be a penalty. It could be an 15 imputation below the mean or median. It could take many 16 different forms, and I don't think a specific proposal 17 had been floated at that point. 18 Q. Okay. 19 And then -- so look at her response. She 20 says: "Remove. This is really covered in number two." 21 Do you see that? Page 318	1 transparent. So that was one idea of how that could be 2 manifested. This could be other ways of manifesting it. 3 Q. Yeah. No, I get that. I'm just trying to 4 understand. So the agenda item number two is how to 5 score hospitals missing process and structural measures. 6 Do you see that? 7 A. Correct. 8 Q. And the question of penalizing hospitals is 9 bound up in that discussion as well, correct? 10 A. I think what Missy was saying is she didn't see 11 that as being a unique part of the agenda, that that 12 would be -- could be incorporated into number two. 13 Q. Well, she said covered in number two, right? 14 A. Correct. 15 Q. And you agree with her? 16 A. I would agree that that, as we've discussed, 17 that that is an option for imputation. 18 Q. And is it fair to say over the years when this 19 topic has come up, the notion of penalizing hospitals 20 has been covered by the topic in number two? 21 A. It's been brought up in that space, yeah. Page 320
1 A. Correct. 2 Q. Okay. And it sounds like you agree with that? 3 A. Well, I agree that that decision is part of 4 imputation, right. So as we go back to the five 5 imputation methods, number three was one of the possible 6 options, right. So that is part of the imputation 7 discussion is do we impute that a hospital is an average 8 performer? Do we impute that they're a better 9 performer? Right? Like, those are all decisions around 10 imputation. 11 Q. So and when you say "those," you mean the 12 decision of whether to penalize a hospital is part of 13 the analysis of how to impute or whether to impute? 14 A. So there were a couple of approaches that could 15 be taken, right. So if we go back to number 27, Old 16 Town Alexandria, one suggestion from the expert panel 17 was, well, would we want to assign some sort of explicit 18 negative penalty. 19 So we wouldn't necessarily work that into 20 the imputation of individual scores, but we would take 21 so much off of the final score for not being Page 319	1 Q. Okay. Okay. 2 Let me take another look. I think that may 3 be it for this email. Yeah, we can set this one aside. 4 So I'm going to shift gears again. We're 5 getting there. 6 A. How many gears are there on this car? 7 Q. I've got a lot of gears. I've got a lot of 8 gears. We're getting close to the end gear. I've only 9 got so much time. 10 I want to talk about the 2019 white paper. 11 A. Okay. 12 Q. Okay? Oh, you seem excited for it. 13 A. I love it. 14 Q. Okay. 15 MR. CRAIN: So I want to start with -- let's go 16 to tab 58. And this is Exhibit 29. 17 (Exhibit No. 29 was marked for 18 identification as of 9/25/2025.) 19 BY MR. CRAIN: 20 Q. So, Dr. Austin, you see this is an email from 21 you to Ms. Campione, Ms. Danforth, and Ms. Bailey from Page 321

1 2025. 2 A. Yes. So this is not in reference to the 3 2019 -- 4 Q. Yes. 5 A. -- report. 6 Q. It's the lives saved, lives lost, right? 7 A. Correct. 8 Q. Okay. This was the update you were talking 9 about, right? 10 A. This is the update that we've worked on but 11 have not published. 12 Q. Okay. I want to walk through this one, if I 13 can. 14 A. Okay. 15 Q. Okay. So maybe I was a little unfair. I'm 16 starting with 2025 and then I want to lead into the 17 white paper -- 18 A. Okay. 19 Q. -- but I want to talk about your numbers here. 20 A. Okay. 21 Q. Okay? Page 322	1 analysis done on the 2016 white paper, and the 2019 2 reflects the update? 3 A. Correct. 4 Q. Okay. And 2025 reflects, at least in draft 5 form, what the current numbers would be? 6 A. They represent, if we were to maintain the same 7 methodology we used in 2019, what the numbers would look 8 like in 2025. 9 Q. Okay. Can you -- and I'm happy to give you 10 documents if it's helpful, but can you generally 11 describe what that methodology is? 12 A. Yep. 13 Q. And if you need a document, we can get you that 14 document. 15 A. No, no. I can. 16 So what we do is for each grade, "A", "B", 17 "C", and we lump "D" and "Fs" together -- 18 Q. Why is that? 19 A. Primarily due to small sample sizes of "F" 20 hospitals. 21 Q. Got it. Page 324
1 So let's go to page -- so I want to look 2 at -- you see Ms. Campione's email on the bottom? It's 3 from her to you, and there's a table on page 0900. Do 4 you see that? 5 A. Yes. 6 Q. Okay. Now, this table -- tell me what this 7 table is. 8 A. So what this table represents is for three 9 points in time, 2016, 2019, and 2025, we have estimated 10 the number of lives lost due to preventable medical 11 mistakes that are captured through the Leapfrog Hospital 12 Safety Grade measures. 13 We also have estimated the number of lives 14 that could be saved if "B," "C," "D," and "F" hospitals 15 all performed as well as "A" hospitals. So we've 16 estimated that at three different points in time. 17 We also have done relative comparisons 18 between "B" and "A" hospitals, "C" and "A", "D" and "A" 19 and "F", and then we break the numbers down. 20 Q. So the chart that we're looking at here on page 21 0900, is it correct that the 2016 column reflects the Page 323	1 A. We're looking at less than 20 or 25. 2 Q. Okay. 3 A. For each of the outcome measures that are 4 included in the Hospital Safety Grade, we calculate a 5 mean incidence rate for each cohort of hospitals. So 6 "A" hospitals, how do they do on foreign objects 7 retained? "B" hospitals, how do they do on foreign 8 objects retained? 9 So we have basically an estimated incidence 10 rate of these events by hospitals. 11 Q. And just to translate that, estimated incidence 12 rate means how many times this thing happened? 13 A. Correct. 14 So we display it as a percentage, right? 15 You can think of like, oh, 1.2 percent of patients 16 develop a central line associated blood stream infection 17 in an "A" hospital. Some of those measures, outcome 18 measures are applicable just to patients who have had 19 surgery. Some are just applicable to patients who have 20 been in the intensive care unit. 21 And so we discount the total patients based Page 325

1 on who those -- who those measures apply to. 2 Q. Yep. 3 A. Then in terms of estimating the lives lost, 4 from the literature, we've identified the attributable 5 mortality rate to that event happening to a patient in a 6 hospital and their -- yeah, attributable mortality rate. 7 So as previously discussed, like for 8 central line associated blood stream infections, one out 9 of every seven patients who develop C infection in the 10 hospital will die. 11 And we're using that same attributable 12 mortality rate for all categories of hospitals. So that 13 is one of our limitations. We may have variation in 14 that "A" hospitals could actually have a lower mortality 15 rate than "D" and "F" hospitals, but we're making the 16 assumption of that mortality rate. 17 And so that is -- and then in addition to 18 the outcome measures, we're also using ICU physician 19 staffing because there is strong evidence linking 20 improvements in intensivists managing and comanaging 21 patients in the ICU and reduced mortality hospital-wide. Page 326	1 no intensivist and high intensivist staffing. 2 And so we actually go back to seventh or 3 eighth grade math, and we have the slope of a line. And 4 this is where hospitals are now at, and, therefore, if 5 we calculate the slope, it would be this point on the 6 line. 7 Q. Oh, boy. You're testing my math skills. 8 A. I test my own as well. 9 And so basically, hospitals that are fully 10 implemented we think have -- we estimate that they have 11 achieved the full impact of that. 12 Q. Okay. 13 A. And if hospitals are somewhere along that 14 continuum, they've achieved a portion of that impact. 15 Q. Okay. 16 So the mortality rating for ICU physician 17 staffing, am I right that it is based on a 2004 article 18 by Dr. Pronovost? 19 A. It's definitely by an article by Dr. Pronovost. 20 I couldn't speak to the year. 21 Q. Okay. Can we grab it? Page 328
1 Q. Okay. 2 A. Well, both in the ICU and hospital-wide. And 3 so that's the one process and structural method that we 4 use as part of the analysis. 5 Q. So looking at this chart again, just as a 6 grounding mechanism, it looks like to me that there are 7 19 outcome measures and 1 process measure. Is that 8 right? That's what I'm seeing, the 19 and the 1. 9 A. Correct. 10 Q. Okay. And the one is, as you said, ICU 11 physician staffing, correct? 12 A. Correct. 13 Q. Okay. And so basically you're taking the 14 incidence times the mortality and outputting the amount 15 of estimated deaths? 16 A. We are for the outcome measures. 17 Q. Okay. 18 A. What we're doing for ICU physician staffing is 19 we're going back to the historical literature that 20 established the standard to say that there is a 21 30 percent reduction in hospital-wide mortality between Page 327	1 A. I don't disagree with you that it was 2004. 2 Q. You don't know for sure? 3 A. I don't know for sure. 4 Q. I'll represent to you it's 2004. We may as 5 well pull it out. We have it if you want to take a 6 look. 7 A. Okay. 8 Q. My question is have you looked at the research 9 that's come sense to test that estimate? 10 A. So Leah Binder at The Leapfrog Group has asked 11 us to look at that. We have not found anything recently 12 that would be a better way for us to estimate that 13 value. 14 Q. Okay. 15 So I guess, one, have you heard of -- 16 there's an article by -- do you know who Deena Kelly 17 Costa is? 18 A. I do not. 19 Q. Okay. I guess I'll just mark it to see if 20 you've seen this article before. 21 MR. CRAIN: Let's mark it as Exhibit 30. Page 329

1 (Exhibit No. 30 was marked for 2 identification as of 9/25/2025.) 3 BY MR. CRAIN: 4 Q. Does this article look familiar to you at all? 5 A. I'm not familiar with it. 6 Q. Okay. 7 So the title is: The Association Between 8 Daytime Intensivist Physician Staffing and Mortality in 9 the Context of Other ICU Organizational Practices: A 10 Multicenter Cohort Study. 11 Do you see that? 12 A. Yes. 13 Q. Do any of the authors -- are they familiar to 14 you, Dr. Wallace, Dr. Kahn, and Dr. Costa? 15 A. I do not know any of them. 16 Q. Okay. 17 Do you know the journal here? 18 A. I am familiar with critical care medicine, yes. 19 Q. Reputable journal? 20 A. As far as I know. 21 Q. Okay. Page 330	1 individually to assess whether there is a relationship 2 or not a relationship, right. I think if we think about 3 -- through humankind, there's lots of studies that have 4 been done. One will show red wine is good for the 5 heart. The next one will show, oh, no, you should stay 6 away from alcohol, right. And over time we sort of 7 build a body of literature. 8 What an additional -- one of the strengths 9 of the Pronovost article, if I'm remembering it 10 correctly, is it was actually a meta analysis. So it 11 actually looked at 15 to 20 different studies and 12 synthesized those results. 13 So it's not to say that every study is 14 going to show a relationship, but one study doesn't 15 necessarily negate a wider body of literature. 16 BY MR. CRAIN: 17 Q. Okay. 18 This is dated 2015. Do you see that? 19 A. Correct. 20 Q. And you've not seen this article, right? 21 A. I have not seen this. Page 332
1 Now, I want to go down to Measurements and 2 Main Results, and there's a sentence just at the end 3 which seems to sort of give the bottom line starting 4 with "there." Do you see that? 5 A. Yes. 6 Q. "There was no association between daytime 7 intensivist physician staffing and in-hospital 8 mortality. After adjusting for interprofessional rounds 9 and protocols for mechanical ventilation, the effect of 10 daytime intensivist physician staffing remained 11 nonsignificant." 12 Do you see that? 13 A. Yes. 14 Q. I know you haven't read this article, but at 15 least based on the first page -- and feel free if you 16 want to flip through -- does this undermine the 17 assumptions that the white paper makes with respect to 18 IPS and mortality? 19 MS. LAWSON: Object to form. 20 THE WITNESS: So I think in research there 21 is -- I don't think one can look at one study Page 331	1 Q. Okay. Is it something that you think you 2 should review in the next iteration or no? 3 A. I would be happy to review it and see what we 4 come to in terms of a conclusion. 5 Q. Okay. Okay. 6 So I want to go back to -- I want to just 7 go back to the chart again. 8 A. Yeah. Okay. 9 MS. LAWSON: Is that Exhibit 29? 10 MR. CRAIN: Yeah, 29, the email and the invite. 11 BY MR. CRAIN: 12 Q. Now, I want to just look at the differences in 13 mortality, right. So when you look at -- just take -- 14 starting with "D" and "F," right, at the bottom. Do you 15 see that? 16 A. Yes. 17 Q. It says, focusing primarily -- focusing on the 18 outcome measures. It says 1.46 in 2019. Do you see 19 that? 20 A. For "D" and "F," correct. 21 Q. Correct. Page 333

1 And is that, just to make sure I understand 2 the numbers, is 1.46, that's 1.46 deaths? 3 A. Correct. 4 Q. Okay. 5 And then if you go down to "C," it's 1.40, 6 right? 7 A. Correct. 8 Q. To "B," it's 1.31, right? 9 A. Correct. 10 Q. And 1.22 for "A." Do you see that? 11 A. Correct. 12 Q. Is the difference just for outcome measures 13 between 1.22 for an "A" and 1.46 statistically 14 significant in your view? 15 A. I would need to do a statistical test to 16 determine whether that there is a statistical difference 17 there. 18 Q. Okay. It's not twice, right? There are not 19 two times as many deaths between -- in that comparison, 20 right? 21 A. Not in just comparing the outcome measures. Page 334	1 twice, both in the outcome measures and the ICU 2 physician staffing. 3 So the methodological decision was to cut 4 the outcome measures in half. So we take each value and 5 divide by two so that we aren't double counting between 6 the two. 7 Q. And what was that based on? That's the 8 50 percent number? 9 A. Yeah, the 50 percent. That was just an 10 educated guess. 11 Q. Okay. Is it based on a study or is it based on 12 -- 13 A. No. It was just sort of a collective wisdom of 14 people. 15 Q. The authors or other people? 16 A. Other people as well. 17 Q. Who were the other people? 18 A. So the initial work for this actually came out 19 of some work that The Leapfrog Group had done, Leah 20 Binder, with another consultant. 21 Q. Okay. Who is that? Page 336
1 Q. Just comparing the outcome measures. 2 A. Correct. 3 Q. With respect to the ICU physician staffing, 4 fair to say the difference is more substantial, right? 5 A. Correct. 6 Q. Is the -- would you agree that the analysis 7 places -- like the number of deaths in the analysis is 8 significantly weighted to the ICU physician staffing 9 metric? 10 A. Yes. Although, there is a methodological 11 clarification that I should make because this will help 12 explain it to some degree. We actually take the number 13 of outcome measures, or we take the lives lost in the 14 outcome measures and actually divide that by two. 15 Q. Okay. 16 A. And the reason we do that is because we 17 recognize that there are some deaths that are probably 18 occurring in the ICU that are a result of not good care, 19 right. 20 So you may have developed a central line 21 blood stream infection. We didn't want to count that Page 335	1 A. I don't remember his name. 2 Q. Okay. 3 A. I can sort of picture him, but I don't remember 4 the name. And so it was out of that that the decision 5 was made to multiply it by 50 percent. 6 Q. Okay. 7 So if we look at the bottom, you're saying 8 that "D" and "F," the actual number is closer to 3 than 9 1.46? 10 A. Correct. 11 Q. Okay. Got it. 12 Okay. So then that's still I guess -- my 13 question still remains. The biggest difference, at 14 least it appears to me, between a "D" and "F" hospital 15 and an "A" hospital is the physician staffing mortality. 16 Is that right? 17 A. That is -- from what we're able to quantify in 18 terms of harm, that is where the biggest differences 19 are. 20 Q. Okay. And the mortality rating for that is 21 based on the Pronovost article, right? Page 337

1 A. Correct. 2 Q. Okay. 3 And then so let's go to another document. 4 I want to look primarily -- let's look at the chart, 5 actually, on the right side, so the 2025 metric. 6 A. Okay. 7 Q. Now, in all -- this is the first time, at least 8 for IPS and I think everywhere else, there's a slash. 9 Do you see that? 10 A. Yes. 11 Q. What does the slash reflect? 12 A. The slash is reflecting if we -- the value to 13 the right of the slash would be if we were to remove the 14 imputed scores for IPS. 15 Q. Yeah. And say more about that. You mean 16 remove the mortality for nonparticipating hospitals? 17 A. No. We would remove -- if a hospital had an 18 IPS score that was imputed, we would remove that from 19 the calculation. 20 Q. Okay. And that's the right side? 21 A. That is the right side. Page 338	1 pretty different. 2 BY MR. CRAIN: 3 Q. Fair enough. 4 If you go to "D" and "F," the difference is 5 7.98 on the left and 3.89 on the right. Do you see 6 that? 7 A. Correct. 8 Q. And if you go to "C," 4.92 and 2.52, right? 9 A. Correct. 10 Q. Now, the differences get smaller. So "B," it's 11 2.12 and 2.01, right? 12 A. Correct. 13 Q. And then "A," it's 1.53 versus 1.5, right? 14 A. Correct. 15 Q. And if I recall correctly, there were only two 16 hospitals that got an "A" with imputed scores, right? 17 A. Correct. 18 Q. So that -- did that explain why that's so close 19 together? Correct? 20 A. I would need to go back and look at the math, 21 but your statement about that there's two hospitals is Page 340
1 Q. So the left side reflects -- tell me if this is 2 wrong. I'm just trying to understand. The left side of 3 the slash reflects the hospitals that are participating 4 with IPS scores based on their actual performance data, 5 and the right side includes nonparticipating hospitals 6 with the limited achievement assignment? 7 A. So the left-hand side would be the scores for 8 all hospitals that received a safety grade, including 9 those that were imputed. 10 Q. Okay. 11 A. The right-hand side would be just hospitals 12 that had a score reported through the Leapfrog Hospital 13 Survey. 14 Q. And that's the 80 percent of inpatient beds 15 we've been talking about? 16 A. Correct. 17 Q. Okay. Got it. 18 So the numbers are pretty different, right, 19 at least in certain categories? 20 MS. LAWSON: Object to form. Go ahead. 21 THE WITNESS: I don't know how you would define Page 339	1 correct. 2 Q. Yeah. Okay. 3 Do you have a theory as to why the numbers 4 are so different left and right, at least for "D" and 5 "F" and "C"? 6 A. The difference between the two values is the 7 inclusion or exclusion of the imputed values. 8 Q. Is the number on the left or the right more 9 likely an accurate estimate? 10 MS. LAWSON: Object to form. 11 BY MR. CRAIN: 12 Q. Let me step back. You're trying to estimate 13 mortality of "A," "B," "C," "D," and "F" hospitals, 14 right? 15 A. Correct. 16 Q. You want to be accurate in the estimate as best 17 you can? 18 A. Yes, recognizing it's an estimate. 19 Q. Yes. So I'm going to posit that 4.92 versus 20 2.52 for the "C" hospitals, pretty different number of 21 deaths. Is that fair to say or you disagree? I mean, Page 341

1 it's almost double, right, on the left side. 2 A. That last part is true. It is almost double. 3 Q. So we'll just go with numerical. It's almost 4 double. 5 What is a more accurate estimate of the 6 mortality of "C" hospitals as a result of ICU physician 7 staffing? Is it 4.92 or is it 2.52? 8 A. I will say both are incorrect. 9 Q. Okay. I'm eager to hear why. 10 A. Well, one includes imputed values, which, by 11 definition, are not exact values. 12 Q. Okay. 13 A. The other one is excluding hospitals that we 14 don't have any data for. So there is some lives lost 15 attached to them. So both of them are actually -- both 16 of them are estimates in two different scenarios. 17 Q. You said a moment ago both of them are 18 incorrect. 19 A. Okay. Both of them are incorrect. 20 Q. Okay. 21 A. It's an estimate, so unless you hit it right on Page 342	1 can read it all, but the tenor seems to be there's a 2 discussion about whether you include the imputed scores 3 in the mortality or not, right? 4 MS. LAWSON: Take a minute and read the email. 5 MR. CRAIN: Yeah, take a second. 6 (Witness peruses document.) 7 THE WITNESS: So, yeah, this is -- the tenor is 8 about the table that we just went through. 9 BY MR. CRAIN: 10 Q. Whether to include the imputed scores or not, 11 right? 12 A. Correct. 13 Q. Okay. 14 And you at the end say, "I would vote for 15 keeping the imputed IPS scores in place. My guess is 16 the averages with the imputed scores are closer to the 17 truth than averages excluding the imputed scores." 18 Right? 19 A. Correct. 20 Q. So what's that based on? 21 A. Well, I think I used the word "guess," so I Page 344
1 the dot, an estimate is going to be incorrect. 2 Q. Which one is more incorrect? 3 A. I don't know how to judge that. 4 Q. Okay. So you don't know one way or another? 5 A. I don't know one way or another. 6 Q. Okay. 7 MR. CRAIN: So I want to take a look at a few 8 documents here. Give me one second. Oh, no wonder I 9 can't find it. It's actually in this document. Iason 10 knows them better than I do. 11 THE WITNESS: Which one? 12 BY MR. CRAIN: 13 Q. So this is Exhibit 30, what we were just 14 looking at -- oh, sorry, 29 I mean was the chart. 15 MS. LAWSON: 29. 16 MR. CRAIN: Yeah, Exhibit 29 with the chart. 17 BY MR. CRAIN: 18 Q. Okay. And this is from you to Ms. Campione, 19 Ms. Danforth, and Ms. Bailey, right? 20 A. Correct. 21 Q. Okay. So you send an email, and the tenor -- I Page 343	1 will qualify that. I guess it's somewhat informed by 2 that, you know, hospitals that choose not to disclose 3 likely may not be meeting Leapfrog's standards. Because 4 if they were meeting them, they would be more likely to 5 disclose them. So it was probably with that assumption. 6 Q. So that -- so okay. But it's multiple levels 7 of assumptions, right? I can build it out to see what I 8 mean. 9 So assumption one is that hospitals that 10 are not reporting are not meeting Leapfrog's standards, 11 right? 12 A. That is the assumption I just stated. 13 Q. And assumption two is that the failure to meet 14 Leapfrog's standards yields a higher mortality rate? 15 A. Correct, based on the literature. 16 Q. Okay. So it's an assumption, but you're saying 17 it's backed by literature? 18 A. Correct. 19 Q. And, again, meaning the Pronovost article? 20 A. Correct. 21 Q. Okay. So your guess is based on those two Page 345

1 assumptions? 2 A. Correct. 3 Q. Okay. 4 Do you have any understanding of where 5 Leapfrog is landing on this question, whether to include 6 the imputed or nonimputed? 7 A. I do not know. 8 Q. And just going back to the chart, I want to 9 just look at the numbers. Just go right to the top. 10 You see lives lost, lives saved? Do you see that? 11 A. Yes. 12 Q. Okay. And it's -- the numbers, again, you 13 know, are -- so I'll be factual about it. Lives lost, 14 if you exclude the imputed hospitals, it's about 30,000 15 fewer, right? 16 A. Correct. 17 Q. Okay. And if you exclude the imputed values, 18 it's also about 30,000 fewer on lives saved, right? 19 A. Correct. 20 Q. Okay. And so your view is that it is -- your 21 best guess is that those 30,000 are -- bear some Page 346	1 MR. CRAIN: Yeah, I think that's right. 2 BY MR. CRAIN: 3 Q. Page 2 and it's under the second -- we talked 4 about -- remember this question? "Why should people 5 worry about a hospital's patient safety?" Do you 6 remember that? 7 A. Yes. 8 Q. And if you go to the end of that paragraph: 9 "All hospitals are not the same. Some hospitals are 10 much safer than others. John Hopkins Medicine 11 researchers estimate that patients are twice as likely 12 to die of a preventable problem at a "C," "D," or "F" 13 hospital than an "A" hospital, and over 50,000 lives 14 would be saved if all hospitals performed the way "A" 15 hospitals did." 16 Do you see that? 17 A. Yes. 18 Q. Okay. Now, first of all, the 50,000 lives, 19 based on this chart, going back to Exhibit 29, refers to 20 2019, right? 21 A. Correct. Page 348
1 relation -- have some accuracy to them -- strike that. 2 That was a bad question. I know you were going to 3 object. And it was fair. 4 So let me ask another question then. 5 You said the numbers bear out the twice as 6 likely mortality point. Do you remember earlier in the 7 day we talked about Leapfrog says on its website that 8 Johns Hopkins researchers say you're two times likely to 9 die if you go to a "D" or an "F" hospital, as opposed to 10 an "A"? 11 A. I remember that conversation, but I don't 12 remember in what context. 13 Q. We were looking at the website, which we can 14 look at if someone will tell me the exhibit number, and 15 we talked about -- so maybe we can get that document out 16 just to ground us. I think it's exhibit -- 17 MR. TOGIAS: It was tab 65. 18 MR. CRAIN: Sixty-five. So that's Exhibit 9. 19 MR. TOGIAS: Frequently asked questions. 20 MR. CRAIN: Yeah. 21 MS. LAWSON: It's on page 2. Page 347	1 Q. Okay. 2 Your 2025 numbers, I understand, are in 3 draft form, but it would either be 49,000 or 20,000 4 depending on the imputed scores, right? 5 A. Correct. 6 Q. Okay. 7 Now, this Johns Hopkins Medicine 8 researchers estimate that patients are twice as likely 9 to die of a preventable problem at a "C," "D," or "F" 10 hospital than an "A" hospital, do you see that? 11 A. Yes. 12 Q. Now, that -- is that based on the 2019 numbers? 13 A. Yes. 14 Q. Okay. 15 Now, you had said that that was also true 16 as for 2025, albeit in draft form. Do you recall that 17 testimony? 18 A. I think I mentioned that we were seeing 19 probably similar trends. 20 Q. Okay. Is that reflected here? Can you explain 21 to me just on this chart how that works? Page 349

1 A. Yeah. So I think Leapfrog took a little 2 liberty with the "twice," but if you take the 87 and the 3 91.8 -- 4 Q. Where are you on that? 5 A. Sorry. 2019. 6 Q. Yep. Yep. I see that. 7 A. Those are close to 100 percent, or one could 8 make the argument, so that would be twice as likely -- 9 Q. From 2019? 10 A. From 2019. 11 Q. Okay. 12 And what about today? 13 A. And then today the numbers are actually higher. 14 I was just sort of hedging a little bit about what that 15 would be because they range anywhere between 16 46.6 percent and 353.6. 17 Q. Okay. So that's -- it's different whether you 18 include the imputed or not, right? 19 A. Correct. 20 Now, as I look at this further, what I 21 think I would argue is that the number of lives saved Page 350	1 A. It's fewer lives lost. So we've seen 2 improvements. We've gone from 161,000 lives lost due to 3 medical error to 134,000. 4 Q. It's fewer lives lost than 2019 but more lives 5 lost than without the imputed values? 6 A. Correct. 7 Q. Okay. 8 And then you're saying -- so how does that 9 equate now to the twice as likely to die for "C," "D," 10 and "F"? Can you walk me through that? 11 A. Yeah, yeah. So that's what I was -- if you 12 look at the -- 13 Q. The percent. 14 A. -- 2019 column -- 15 Q. Yes, that I'm clear on. 16 A. The "C" versus "A," "D" and "F" versus "A," 17 those are somewhere in the 100 percent range. Like I 18 said, I think Leapfrog took a little liberty there. 19 Q. Yeah. 20 But 2025? 21 A. For 2025, if we exclude -- if we include the Page 352
1 when we take out the imputed scores, the 20,252, is such 2 a significant drop-off. I don't know if that's -- 3 that's where I had caution about why I thought that 4 seemed questionable to exclude the imputed scores. 5 Same with the 105. To be more clear, the 6 105 is quite a drop, and I don't think we've seen that 7 level of improvement in patient safety in the country, 8 and so I think that would oversell our efforts in 9 patient safety. 10 Q. Is this an annual number? 11 A. That would be an annual number. 12 Q. Okay. 13 A. Correct. 14 Q. So you're saying it would surprise you if it 15 was only 105,000 patients dying, as opposed to 161,000? 16 A. Correct. 17 Q. Okay. Got it. Okay. 18 A. So the 134 on the face felt like more of a 19 reasonable level of improvement that we would have seen. 20 Q. Because it's fewer lives -- it's more lives 21 lost? Page 351	1 imputed scores, it's actually 133 to 353,000. We would 2 have to do some sort of blended average of those since 3 it says "C," "D," and "F." 4 Q. Yeah. And if you don't include it, it's 46 to 5 204? 6 A. Correct. 7 Q. Okay. And as you said, blended average because 8 there are -- I think there are more "C" hospitals -- 9 A. There's a lot more "C" hospitals, right. 10 Q. Okay. Got it. 11 So maybe you just don't know today, but do 12 you have an estimate today as to whether it's really 13 accurate that you're twice as likely to die if you go to 14 a "C," "D," or "F" hospital as compared to an "A" 15 hospital? 16 A. Well, given my statement in the email about 17 Leapfrog, that I feel like the numbers with the imputed 18 scores are more reflective of the actual reality, that 19 would be something greater than twice. It would be 20 probably two and a half times. 21 Q. So -- Page 353

1 A. So what we're seeing nationally is bigger gaps 2 between "A" hospitals and hospitals at the back of the 3 pack. 4 Q. And what's driving that in your view? 5 A. I believe it's -- I think hospitals have -- 6 some hospitals have chosen to really invest time, 7 resources, energy, have created more of a learning 8 health system. I think they have just prioritized 9 safety in ways that other hospitals have chosen not to. 10 Q. And when you say those hospitals, you're 11 talking about the ones that report or the ones that 12 don't report? 13 A. A combination. 14 Q. Okay. 15 Okay. And then I'm going to show you one 16 more document. 17 So if you actually keep that exhibit in 18 front of you, 29, do you see there's a document -- go to 19 the first page. 20 A. Of 29? 21 Q. Of 29, yeah. Page 354	1 version, yeah, 2025 version. 2 Q. And are you the author of this document? 3 A. Myself and the analyst together. 4 Q. Okay. Got it. 5 Okay. And this is a true and correct copy 6 of the Excel Spreadsheet we're talking about? 7 A. As far as from what I can see, yes. 8 Q. Yeah. And the two pages, right? 9 A. Yeah. 10 Q. Okay. 11 MR. CRAIN: Okay. Can we take five? Go off. 12 THE VIDEOGRAPHER: This marks the end of media 13 unit number seven. We're going off the record. The 14 time is 4:55 p.m. 15 (Whereupon a short break was had, after 16 which the proceedings continued as 17 follows:) 18 (Exhibit No. 32 was marked for 19 identification as of 9/25/2025.) 20 THE VIDEOGRAPHER: This marks the beginning of 21 media unit number eight. We're going back on the Page 356
1 A. Okay. 2 Q. The email that we've been talking about with 3 the chart. 4 A. Yeah. 5 Q. Do you see there's an attachment that says 6 Lives Lost, Lives Saved Calculator 250515? 7 A. Yeah. 8 Q. Okay. 9 MR. CRAIN: So I just want to mark this as 10 Exhibit 31. 11 (Exhibit No. 31 was marked for 12 identification as of 9/25/2025.) 13 BY MR. CRAIN: 14 Q. So this is an Excel Spreadsheet. Do you see 15 the document? 16 A. Yes, I do. 17 Q. Do you know what this document is? 18 A. Yeah. It's the excel file we use to calculate 19 the lives lost and lives saved. 20 Q. And is that the one attached to this email? 21 A. This is the 2025 -- actually, this is the '25 Page 355	1 record. The time is 5:07 p.m. 2 BY MR. CRAIN: 3 Q. All right. Thank you, Dr. Austin. We're in 4 the home stretch. 5 I've given you what's been marked as 6 Exhibit 32. Do you see it's an Armstrong-produced 7 Document, 14327? 8 A. Yes. 9 Q. Okay. And it's an email from Mr. Derk to you. 10 Do you see that? 11 A. Yes. 12 Q. And it's dated June 5th, 2019? 13 A. Yes. 14 Q. And it says, Subject: Lives Saved 15 Presentation. Do you see that? 16 A. Correct. 17 Q. And there's an attachment. Can you read that 18 attachment into the record? 19 A. Lives lost, Leapfrog partners 02190610.pptx 20 [sic.] 21 Q. And the rest of the document, is that the pptx Page 357

1 you just mentioned? 2 A. In reviewing it, I believe that is the case, 3 but there's nothing on here indicating the file name 4 so -- 5 Q. Fair enough. 6 If you look at the title, is says: Lives 7 Lost, Lives Saved: The Comparative Analysis. 8 Do you see that? 9 A. Yes. 10 Q. And it's dated June 10th, 2019? 11 A. Yes. 12 Q. Okay. 13 So to the best of your understanding, this 14 is the PowerPoint attached to the email? 15 A. Yes. 16 Q. And I'll also note Armstrong produced it 17 sequentially from 14327 and forward. 18 A. Yeah. The only thing that strikes me as a bit 19 odd is how the presentation is dated June 10th, 2019, 20 but he sent the email on June 5th, 2019. 21 Q. Could it have been a draft? Page 358	1 and accurate depiction of the email and the attachment? 2 A. No, there's no reason to believe that. 3 Q. Okay. 4 Do you remember anything about this 5 presentation at all? 6 A. I don't other than I think we were trying to 7 summarize the lives lost, lives saved analysis. 8 Q. Okay. So just flipping through, that's what 9 this PowerPoint does, it summarizes the methodology? 10 A. Yes. 11 Q. Okay. 12 And then I think you can set that one 13 aside. 14 And then just a question going back to the 15 2019 white paper. Was the 2019 white paper peer 16 reviewed? 17 A. It was not peer reviewed. 18 Q. Was the 2016 white paper peer reviewed? 19 A. The 2016 paper was reviewed by a couple of my 20 colleagues. 21 Q. Is that peer reviewed in the way that we talked Page 360
1 A. That's a possibility. 2 Q. Like for a future presentation? 3 A. Yeah. That makes sense. 4 Q. So flip through the PowerPoint and just -- you 5 know, does it look like a true and accurate depiction of 6 the PowerPoint presentation that either you or he 7 prepared? 8 A. Are you asking me to verify whether each slide 9 is accurate? 10 Q. No, no. Fair enough. Let me start over. 11 Do you recognize this PowerPoint 12 presentation? 13 A. I don't remember this PowerPoint presentation. 14 Q. Okay. Do you recall giving a presentation in 15 2019 on the lives lost, lives saved? 16 A. I don't remember that -- 17 Q. Okay. 18 A. -- but that's not to say I didn't do it. 19 Q. Okay. 20 Any reason to think this is not -- you 21 know, again, produced by Armstrong -- this is not a true Page 359	1 about earlier? 2 A. Peer reviewed in terms of journal articles is 3 usually the editors selecting who is going to review 4 your paper. This was me asking two colleagues who I 5 knew and trusted to look through it and provide input 6 and comments. 7 Q. So not peer reviewed in the academic sense? 8 A. Correct. 9 Q. Okay. 10 And 2019 was not peer reviewed in any 11 sense? 12 A. Correct, in the sense that it was an update 13 from 2016. So all we had done was update numbers. 14 Q. Is it right that Ms. Binder edited the white 15 paper in 2019? 16 A. It is possible that Ms. Binder provided some 17 edits to the white paper. 18 Q. Okay. 19 MR. CRAIN: With that, I will, pursuant to the 20 agreement of the parties, for division of time, pass the 21 witness and reserve the balance for recross. Page 361

1 MS. WOOD: You want to go off the record while 2 I get mic'd up? 3 MR. CRAIN: It's up to you. I'm happy to go 4 off. Yeah, that's fine. Let's go off. 5 THE VIDEOGRAPHER: This marks the end of media 6 unit number eight. We're going off the record. The 7 time is 5:11 p.m. 8 (Whereupon a short break was had, after 9 which the proceedings continued as 10 follows:) 11 THE VIDEOGRAPHER: This marks the beginning of 12 unit number nine. We're going back on the record. The 13 time is 5:13 p.m. 14 EXAMINATION 15 BY MS. WOOD: 16 Q. Dr. Austin, my name is Courtney Wood. I 17 represent the defendant, The Leapfrog Group, in this 18 matter. 19 I know you testified earlier that we had 20 met before previously when the subpoena came in. It's 21 good to see you again. Page 362	1 Q. My apologies because I'm not going to know what 2 page it's on but -- 3 A. That's fine. I actually know. It is actually 4 on page 6 and 7; 10, correct. 5 Q. Okay. Perfect. 6 And then is it fair to me -- for me to say 7 that those 10 outcome measures all come from CMS data? 8 A. For the five healthcare-associated infections, 9 the primary data source is the Leapfrog Hospital Survey, 10 and a secondary data source is the Centers for Medicare 11 & Medicaid Services. 12 Q. Correct. 13 And then for the process and structural 14 measures, there are 12 of those. Is that correct? 15 A. Correct. 16 Q. Okay. 17 And then are you aware that of those -- 18 well, let's strike that. 19 So the 12 structural and process measures 20 come from survey data. Is that correct? 21 A. The seven of them, the Leapfrog Hospital Survey Page 364
1 A. Good to see you as well. 2 Q. I don't have much to ask you today. However, I 3 have enjoyed listening to all of your testimony today, 4 and we appreciate you being here, so I just want to 5 thank you for that. 6 But to start, are you familiar with the 7 hospital grade calculator? 8 A. Yes, I am. 9 Q. Okay. And so is it fair to me -- fair for me 10 to say that there are 10 outcome measures that are 11 included on that grade calculator? 12 A. I couldn't speak to the current version of the 13 calculator. I have not seen it. 14 Q. Okay. But to your knowledge, are there 10 15 outcome measures that are used in the methodology 16 currently? 17 A. Can I refer to the -- 18 Q. Sure. Yeah. 19 A. Okay. 20 Q. Was that Exhibit 3? 21 A. I think it's Exhibit 3, yeah. Page 363	1 is the primary data source. For 5 out of the 12, the 2 Centers for Medicare & Medicaid Services is the primary 3 data source. 4 Q. Right. And then we call those HCAHPS. 5 A. Correct. 6 (Whereupon, the court reporter seeks 7 clarification, which colloquy will not be 8 captured on the written record.) 9 BY MS. WOOD: 10 Q. Okay. And so to your knowledge, if a hospital 11 does not respond to the Leapfrog survey, then it does 12 not receive a score for the safe practices 1, safe 13 practices 2, and then the nursing care hours per patient 14 day. We were talking about that earlier. Is that still 15 correct? 16 A. Correct. 17 Q. Okay. 18 And so then to your knowledge, when a 19 nonreporting hospital does not respond to the hospital 20 survey, then those weights are redistributed to the 21 other nine measures in that process and structural? Page 365

1 A. Correct. 2 Q. Okay. 3 MR. CRAIN: I'm just going to object to form. 4 BY MS. WOOD: 5 Q. Okay. And then of those nine measures, we had 6 just indicated that five of those are the HCAHPS and 7 then the other four are the imputed measures that we 8 were talking about earlier. Is that correct? 9 A. So of the 12, process and structural measures, 10 5 of them come from HCAHPS, which is a patient 11 experience survey that goes to patients. The other 12 seven, the Leapfrog Hospital Survey is the primary data 13 source. 14 As previously discussed, four of those are 15 imputed if the hospital doesn't respond to the survey 16 and three are not imputed. 17 Q. Right. Okay. 18 So what I'm trying to get at is when the 19 hospital doesn't respond -- so those three that we were 20 talking about, the safe practice 1, the safe practice 2, 21 and then the nursing, we take those out and then the Page 366	1 scores now play a bigger role in going into the Hospital 2 Safety Grade. Is that correct? 3 MS. LAWSON: Object to form. 4 MR. CRAIN: Objection. 5 MS. LAWSON: You can still answer. 6 THE WITNESS: If the hospital does not have 7 data for those three measures, safe practice 1, safe 8 practice 2, nursing workforce, or nursing hours per 9 patient day, more weight is put on the remaining nine 10 measures and that would include the five HCAHPS 11 measures. 12 BY MS. WOOD: 13 Q. Right. 14 So is it fair to say then that if a 15 hospital had poor HCAHPS scores, then those would be 16 weighed heavier and could have a greater impact on the 17 Hospital Safety Grade? 18 MR. CRAIN: Objection to form. 19 THE WITNESS: So independent of the hospital's 20 performance, more weight would be put on those nine 21 measures. So I guess I'm just clarifying that whether Page 368
1 weights are redistributed on those other nine, which are 2 the five HCAHPS and then the four imputed measures. Is 3 that correct? 4 MR. CRAIN: Objection to form. I just want to 5 lodge a standing objection to the leading, and then I 6 won't interrupt. But is it okay to stipulate to that? 7 MS. WOOD: Sure. 8 BY MS. WOOD: 9 Q. Is that your understanding? 10 A. Yes. 11 Q. Okay. 12 And would you agree with me when I say -- 13 if I made the assertion that if a hospital performed 14 poorly on their HCAHPS scores, then those measures now 15 are getting greater impact on the overall grade? 16 MS. LAWSON: Object to form. 17 BY MS. WOOD: 18 Q. Yeah, let me rephrase it. 19 So since the weights are now a little bit 20 heavier on those HCAHPS scores and the four imputed 21 scores, it would be arguable that those five HCAHPS Page 367	1 they're a good performer or poor performer, more weight 2 is going to be put on those. 3 BY MS. WOOD: 4 Q. Understood. And I would agree with that. 5 And do you have any opinion on how 6 significant that impact can be, whether, you know, say 7 if you're a great hospital and you have great HCAHPS 8 scores, and say you have bad -- and then you get the 9 imputed score because you're a nonresponding hospital, 10 do you have any opinion on what that impact might look 11 like on the Hospital Safety Grade? 12 MR. CRAIN: Object to form. 13 MS. LAWSON: Object to form. 14 THE WITNESS: So the -- I mean, one could test 15 out different scenarios of that question, right. So one 16 could -- the hospital may do really well on certain 17 measures, may not do well on others. There's not 18 necessarily universal, like, just because you're doing 19 well on one HCAHPS, that you're doing well on all 20 HCAHPS. 21 So one could sort of empirically test Page 369

1 different what-if scenarios, but I don't know if there's 2 a universal answer to your question. 3 BY MS. WOOD: 4 Q. Okay. 5 And so would it be true that if a hospital 6 was performing well on those five HCAHPS scores and then 7 still got those low imputed scores, that maybe those 8 five HCAHPS scores would actually -- let me rephrase 9 that. 10 So if the five HCAHPS scores were really 11 great scores and then you got those four imputed scores, 12 would it be fair to say that maybe those four imputed 13 scores wouldn't really have an impact then on the 14 overall Hospital Safety Grade? 15 MR. CRAIN: Objection to form. 16 THE WITNESS: There would be a potential 17 scenario where if the hospital does well on the HCAHPS 18 scores and does well on the outcome measures, that they 19 could have a pretty good safety score and safety grade. 20 BY MS. WOOD: 21 Q. Okay. And then would that be applicable as Page 370	1 we needed to translate those into some sort of numerical 2 value. 3 And so we've used different approaches 4 through the years and for different measures for how to 5 assign those values. If we use hand hygiene as an 6 example, the assigned values are 100, 75, 50, and 25. 7 It was basically to give hospitals some numerical credit 8 for being in a performance category. 9 Q. And is it true that those numerical values on 10 the performance is used for both reporting and 11 nonreporting hospitals? 12 A. So the imputed values for those four measures 13 match what hospitals who report and get limited 14 achievement receive. 15 Q. Okay. 16 And do you ever recall speaking with 17 anybody, whether it's the expert panel or anybody at 18 Leapfrog, about considering imputing a zero for any of 19 those four measures rather than doing the limited 20 achievement, the considerable achievement? 21 A. I don't remember any explicit discussion about Page 372
1 well if there were poor scores for the HCAHPS? 2 A. Once again, it's -- the measures are not looked 3 at simply in isolation, right, because I think one would 4 also need to look at the outcome measures. So just -- 5 it needs to be a slightly more holistic view of 6 performance. 7 Q. Okay. 8 And then we were talking about earlier how 9 there is never a zero that is imputed for any of those 10 four measures. Is that correct? 11 A. To the best of my recollection, that is 12 correct. 13 Q. Okay. And do you know why that is? 14 A. So we -- for the Leapfrog Hospital Survey 15 measures, we did have to come up with a way to assign a 16 numerical value to the performance categories, right. 17 So in the Leapfrog Hospital Survey, for those four 18 imputed measures hospitals get reported out as achieved 19 the standard, considerable achievement, some 20 achievement, and limited achievement. But for purposes 21 of incorporating those into the Hospital Safety Grade, Page 371	1 zero; although, it's not to say that that hasn't come up 2 as a potential option. 3 Q. Okay. 4 And I want to look at Exhibit 27 again, and 5 this is the -- I think you had said earlier that these 6 were actually your notes from this expert panel meeting. 7 Was that right? 8 A. These were a set of notes. 9 Q. Okay. Because it just had said agenda at the 10 top, but then I think you had said that these were notes 11 following -- 12 A. These are notes. I don't -- your question was 13 are these my notes. I don't know if they were my notes 14 or if these were notes prepared by someone else. 15 Q. Oh, okay. That's fair. But these would have 16 been notes following that meeting on this day? 17 A. Correct. 18 Q. And then if we can flip to that second page and 19 number three, and it's the last bullet point under 20 number three. It says: "The panel wondered what the 21 distributions would look like if Leapfrog assigned a Page 373

1 score of zero or lowest score possible for the missing 2 elements. Matt and Jordan will look into this following 3 the meeting." 4 Does that refresh your recollection in any 5 way on whether you or Jordan looked into that? 6 A. I don't remember what scenarios we actually ran 7 as a result of that meeting. It's possible that we -- I 8 don't remember. We could have just ran the lowest 9 possible scores. I don't know if we ran zero. I would 10 have to be refreshed on that. 11 Q. Yeah. That's okay. 12 And then do you remember anything else 13 regarding -- any other discussions during this meeting 14 about imputing zeros for those imputed measures? 15 A. Other than what's in the notes -- 16 Q. Okay. 17 A. -- that the panel discussed that as a potential 18 scenario. 19 Q. Okay. 20 And then even after seeing this bullet 21 point, you don't recall speaking to anybody else on the Page 374	1 BY MS. WOOD: 2 Q. Okay. And so then we were -- I was going to 3 use the handwashing as an example as well. So it's your 4 understanding that 15 is the imputed score for limited 5 achievement for handwashing? 6 A. Let me refer to Exhibit No. 3. 7 Q. Sure. No problem. 8 A. So slide 16 hand hygiene. Was that your -- 9 Q. Yep. 10 A. Fifteen is the -- 11 Q. Limited? 12 A. -- yep, limited achievement. 13 Q. Perfect. Thank you. 14 And then we were looking at Exhibit 3 again 15 for that, page 16. Hand hygiene, limited achievement, 16 the corresponding measure score is 15. 17 And so I think what you had just testified, 18 that that is both for nonreporting and reporting 19 hospitals, correct? 20 A. That is the score that's assigned to 21 nonreporting hospitals as well as reporting hospitals Page 376
1 expert panel about this? 2 A. I don't remember. 3 Q. Do you recall if you ever spoke with Arjun 4 about this? 5 MR. CRAIN: Objection to form. 6 THE WITNESS: I don't remember if I spoke to 7 Arjun in particular about this topic. 8 BY MS. WOOD: 9 Q. Okay. 10 And usually, after following expert panel 11 meetings, do you ever reach out to some of the panelists 12 to discuss bullet points like this independently? 13 A. Yeah, we do. 14 Q. Okay. So it wouldn't be weird if you had 15 spoken with Arjun, but you just don't recall today? 16 That's something that you might do? 17 A. Correct. 18 Q. Okay. In addition to other panel members as 19 well. Arjun is just an example. 20 A. Correct. 21 MR. CRAIN: Objection to form. Page 375	1 who failed to meet the some achievement criteria. 2 Q. Right. 3 And so would you agree with me that 4 nonreporting hospitals are actually still receiving a 5 benefit by reviewing a score -- receiving a score that 6 is based on responding hospitals? 7 MS. LAWSON: Object to form. 8 MR. CRAIN: Object to form. 9 THE WITNESS: They are receiving a score -- can 10 you maybe explain more about when you say benefit? 11 BY MS. WOOD: 12 Q. Sure. 13 So if I'm a reporting hospital and I meet 14 the criteria for limited achievement, I get a 15 15 imputed. Is that correct? 16 A. Repeat that one more time. 17 Q. Sure. 18 So a hospital that responds to the survey 19 and they are filling out the hand hygiene portion of the 20 survey and based on the criteria they receive a 15 and 21 they get the limited achievement? Page 377

1 A. If the hospital doesn't meet the criteria for a 2 higher performance category -- 3 Q. Correct. 4 A. -- they will get limited achievement. 5 Q. Right. 6 But then for the nonresponding hospitals, 7 we don't necessarily know what their hand hygiene 8 policies may be -- or I think earlier we were talking 9 about the hand sanitizer. You had mentioned that there 10 were several different criteria, correct? 11 A. Correct. 12 Q. And so would you say to me -- or would you 13 agree with me when I say that assigning a nonresponding 14 hospital the same score for limited achievement as a 15 responding hospital is giving the nonresponding hospital 16 a benefit? 17 MR. CRAIN: Objection to form. 18 MS. LAWSON: Object to form also. 19 THE WITNESS: I think that's a little bit in 20 the eye of the beholder. Is it better than zero? Yes. 21 Is it as good as 50? No. Page 378	1 quickly, and I will have you -- I'm sorry. I'll wait 2 until you're there. And then it's like this webpage. 3 Yes. 4 Okay. And can you flip to the second page 5 that we were talking about earlier. And then you see 6 the asterisk next to the number 15, and it says "This 7 Hospital's Score"? 8 A. Yes. 9 Q. And you would agree with me that that's the 10 limited achievement score for handwashing, correct? 11 A. That 15 is the same value that's assigned, yes, 12 to hospitals that receive limited achievement. 13 Q. Okay. 14 And then right next to it on the right 15 there it says "handwashing." So this would indicate 16 that this hospital, Delray Medical Center, received a 15 17 on the handwashing measure? 18 A. Yes. 19 Q. Okay. 20 And then I know earlier we were talking 21 about the asterisk next to the number 15 indicates to Page 380
1 BY MS. WOOD: 2 Q. Right. 3 A. So I don't know how to really answer that. 4 Q. Okay. So I guess I can ask it another way. 5 So if Leapfrog is not imputing a zero, 6 rather, they're imputing the 15, is Leapfrog making an 7 assumption that the hospitals who are not reporting are 8 actually performing to some extent rather than not 9 performing at all? 10 MR. CRAIN: Objection to form. 11 THE WITNESS: So Leapfrog in that situation is 12 giving nonreporting hospitals an equivalent score to 13 hospitals that have not met the criteria for some 14 achievement, and that can be a range, right. That can 15 be from a hospital that barely missed some achievement 16 to a hospital who has done nothing. 17 So there is a range of hospitals that are 18 getting the limited achievement based on responding. 19 BY MS. WOOD: 20 Q. Understood. 21 And now I want to look at Exhibit 19 Page 379	1 the reader to go down to the end of the webpage there to 2 that disclosure. 3 A. Yes. 4 Q. Okay. And that disclosure says: "The hospital 5 declined to report their performance on this measure, so 6 a score was assigned to reflect the lack of information 7 available." Is that right? 8 A. Yes. 9 Q. Okay. 10 And I think earlier we were talking about 11 the "how," and I believe the question that you were 12 asked was does this webpage show how the score was 13 assigned. Do you recall being asked that question? 14 A. Yes. 15 Q. Okay. And would you agree with me that when it 16 says, so a score was assigned to reflect the lack of 17 information available, that that does indicate the how 18 here? 19 MR. CRAIN: Objection to form. 20 THE WITNESS: So I personally would agree with 21 that. I think the opposing counsel saw that Page 381

1 differently. 2 BY MS. WOOD: 3 Q. That's fair. I would agree with you on that 4 one. 5 So let's take it one step further. So if 6 we go back up to where the asterisk is linked to under 7 the hospital safety score 15 asterisk, and then do you 8 see right below that it says best hospital's score 100? 9 A. Yes. 10 Q. And then right below that it says average 11 hospital's score 74.40? 12 A. Yes. 13 Q. And then right below that it says worst 14 hospital's score 15? 15 A. Yes. 16 Q. Okay. 17 And so would you agree with me now, looking 18 at it from this perspective, considering those four 19 hospital scores in conjunction with the asterisk and the 20 disclosure at the bottom, that that shows how the scores 21 are assigned for this handwashing measure? Page 382	1 that matches at the bottom the worst hospital's score 2 15? It just doesn't include the asterisk? 3 A. Correct. 4 Q. Okay. 5 And I think earlier you may have testified 6 about whether or not the imputation model and the 7 current methodology penalizes hospitals. Do you 8 remember testifying about that? 9 A. We had a lot of conversation about imputation 10 today, so I would need to be refreshed on what -- 11 Q. Sure. 12 A. Yeah, more detail might be needed there. 13 Q. Sure. 14 In your view, when Leapfrog was considering 15 the Fall 2024 methodology change, was the intent or the 16 purpose to change this imputation model to penalize 17 hospitals? 18 A. The goal was not to assess a penalty. The 19 goals were to improve the accuracy of the data and to 20 incentivize -- as a sub goal, incentivize survey 21 participation. Page 384
1 MS. LAWSON: Object to form. 2 MR. CRAIN: Object to form. 3 THE WITNESS: I personally don't think that the 4 display of the other three scores, the best hospital 5 average and worst, helps nor hurts the explanation of 6 how that 15 was assigned. 7 BY MS. WOOD: 8 Q. Okay. But do you think it makes it easier for 9 the reader of this webpage to look and see that if 15 is 10 this hospital's score and 15 is the worst hospital's 11 score, they can come to the conclusion that this 12 hospital is being assigned the worst hospital's score? 13 MS. LAWSON: Object to form. 14 MR. CRAIN: Objection to form. 15 THE WITNESS: I don't want to speculate what 16 people who come to the website, how they understand the 17 material. 18 BY MS. WOOD: 19 Q. That's fair. 20 But you would agree with me that at the 21 top, when it says this hospital's score 15 asterisk, Page 383	1 Q. Okay. 2 And then would it be fair to say that, 3 rather, the result then of the Fall 2024 methodology 4 change may be that hospitals feel penalized by receiving 5 those limited achievement scores? 6 MS. LAWSON: Object to form. 7 MR. CRAIN: Object to form. 8 THE WITNESS: I can't speak to how hospitals 9 feel. 10 BY MS. WOOD: 11 Q. Okay. 12 I think you said earlier that the 13 penalization is a byproduct of the imputation score. Do 14 you remember? And I'm not trying to mischaracterize 15 your testimony in any way. I just remember you 16 referencing it as being a byproduct. 17 A. Yeah, there may be a feeling of, yes, a 18 penalty. 19 Q. Okay. But that wasn't the intent or the 20 purpose of Leapfrog, to your knowledge? 21 A. That was not the stated intent. Page 385

1 Q. Okay. 2 Do you believe that hospitals should report 3 to the Leapfrog Hospital Survey? 4 A. I do. 5 Q. And why do you believe that? 6 A. Because I am a strong believer in transparency. 7 I think in transparency we create a better healthcare 8 system where we understand where our successes are, 9 where our failures are, and that those who are using the 10 healthcare system and those who are paying for the 11 healthcare system know how it's operated. 12 Q. And I know you have testified earlier that 13 sometimes you speak with hospitals in various 14 capacities. Have you ever heard any hospitals refer to 15 the Leapfrog Hospital Survey as kind of a benchmark or 16 an outline to improve their patient safety? 17 A. I -- can you repeat the question? 18 Q. Sure. Yeah. 19 I just know earlier you had testified that 20 sometimes you speak to hospitals in different 21 capacities. So the question I'm about to ask you, I'm Page 386	1 over that one. 2 BY MS. WOOD: 3 Q. Based on all your experience and working with 4 Leapfrog, it's been over a decade, almost two decades, 5 would you say that you understand what Leapfrog's 6 mission is? 7 A. Yes. 8 Q. And can you explain that to me in your own 9 words? 10 A. To me, it would be to drive improvements in the 11 quality of our healthcare system primarily using 12 transparency as the mechanism to do that. 13 Q. And do you believe that that's always been 14 Leapfrog's mission? 15 A. Yes. 16 Q. And do you believe that continues to be 17 Leapfrog's mission today? 18 A. Yes. 19 Q. Okay. 20 And so in your experience as a researcher 21 and as a principal faculty member at the Armstrong Page 388
1 not insinuating that you have heard this before. I'm 2 asking if anybody at a hospital has discussed this with 3 you before. 4 But have any of the hospitals told you 5 that -- sorry. Now I'm forgetting my own question -- 6 oh, that the Leapfrog Hospital Survey helps them put in 7 benchmarks and outline how they can improve on patient 8 safety measures? 9 A. So for purposes of the Leapfrog Hospital 10 Survey, I have had at least one conversation with a 11 hospital who does see the survey as an opportunity for 12 benchmarking their performance relative to others. 13 Q. And do you believe that to be true? 14 A. I believe it is a source of information for 15 hospitals on a very broad quality improvement journey. 16 Q. And based on your experience in working with 17 Leapfrog, would you understand that you -- or would you 18 testify to me that you understand the mission of 19 Leapfrog? 20 MR. CRAIN: Objection to form. 21 MS. WOOD: Yeah, I can fix that. I tripped Page 387	1 Institute for patient safety and quality, do you believe 2 that Leapfrog's Hospital Safety Grade provides a benefit 3 to consumers? 4 A. I think sharing information in summary form is 5 what patients and consumers are seeking. So whether 6 that be a star rating, a letter grade, the research is 7 clear that that is what they find helpful for their 8 decision-making. 9 Q. Okay. 10 And have you done any research on whether 11 or not the patients benefit from those star ratings or 12 the Hospital Safety Grade? 13 A. No, I have not done any research on that. 14 Q. Have you read any research or peer reviewed 15 articles on that? 16 A. I have read some research on consumers' use of 17 publicly available quality and safety information. I 18 can't say it's the most recent. There may be more 19 recent information out there. 20 Q. And do you believe that consumers would lose 21 any sort of benefit if hospitals were not graded through Page 389

1 the Hospital Safety Grade? 2 MR. CRAIN: Objection to form. 3 THE WITNESS: Can you repeat the question one 4 time? 5 BY MS. WOOD: 6 Q. Sure. 7 If Leapfrog stopped grading hospitals, do 8 you think that that would have any negative impact on 9 consumers? 10 A. So the greatest benefit that's been noted for 11 public reporting of quality and safety information has 12 actually been the hospital's use of that information to 13 drive improvements within their own healthcare system. 14 -- hospital or healthcare system. 15 I don't want to be the bottom performer, 16 right, so I'm going to do what I need to do to get out 17 of the bottom. So in a sense, that improvement in 18 quality and safety has universal benefit, right. 19 Every patient that comes to that hospital 20 has some benefit of the hospital working to improve 21 their quality and safety. Page 390	1 care. 2 BY MS. WOOD: 3 Q. And are you aware of any other rating systems 4 that are comparable to Leapfrog? 5 MR. CRAIN: Objection to form. 6 THE WITNESS: Can you define comparable? 7 BY MS. WOOD: 8 Q. Sure. 9 Do you believe think -- do you believe that 10 Leapfrog has any direct competitors? 11 A. There's no other entity I know that's putting 12 out a composite, composite and noncomposite 13 information -- well, let me start again. 14 I'm not aware of any other entity that's 15 putting out a composite score around the specific area 16 of patient safety. There are other entities, like the 17 Centers for Medicare & Medicaid Services that do publish 18 information about the quality and safety of care, 19 similar to what Leapfrog does. 20 Q. And do you have any knowledge about the CMS 21 star ratings? Page 392
1 Q. And would you say that the Hospital Safety 2 Grade also creates some competition between the 3 hospitals? 4 A. I don't know enough about that. 5 Q. Okay. I just wasn't sure if that's what you 6 were getting at. So that's okay. 7 And so then is it fair to say that if 8 Leapfrog stopped grading hospitals and now patients did 9 not have access to information on patient safety and 10 these measures, that could potentially harm patients? 11 A. I don't know about what the implications of 12 that would be. 13 Q. Okay. 14 Do you think that when patients have the 15 most accurate and transparent data when making their 16 informed decisions on where to treat, that that makes 17 them safer and protects them? 18 MS. LAWSON: Object to form. 19 MR. CRAIN: Object to form. 20 THE WITNESS: I believe that having information 21 is helpful in making a decision to where to receive Page 391	1 A. I do. 2 Q. And what is your knowledge with regard to the 3 CMS star ratings? 4 MR. CRAIN: Object to form. 5 BY MS. WOOD: 6 Q. I guess we can start with do you have 7 experience with working with CMS in regard to those CMS 8 star ratings? 9 A. I do. I served on their technical expert 10 panel. 11 Q. Okay. Can you explain to me a little bit what 12 that was like? 13 A. Yeah. So that is a -- this is actually written 14 into federal legislation that CMS needs to publish a 15 star rating for hospitals. It is considered to be a 16 summary of all of the information that is shared on 17 their care compare website. 18 So early on in the technical expert panel 19 meetings, I would say, well, what are we actually trying 20 to measure? And the contractor was like, well, we're 21 supposed to summarize all the information. I'm like, Page 393

1 well, what's the underlying construct? We're just 2 supposed to summarize the information. 3 So it's not clear exactly what CMS is 4 measuring, but it is intended to be a summary of 5 information. And so what they do is they take the 6 measures that are publicly reported and have put those 7 into domains, and different domains get different 8 weights. They use Z-scores. It's all -- it's very 9 similar to how Leapfrog has gone about calculating 10 scores but just with a different set of measures and a 11 different set of constructs. 12 Q. To your knowledge, does CMS have any patient 13 safety measures that go into that star rating system? 14 A. They do. 15 Q. Okay. 16 And I know Leapfrog on their website 17 usually says, when looking at the Hospital Safety Grade, 18 consider other options or look to other sources. Does 19 that sound familiar to you? 20 MS. LAWSON: Object to form. 21 MR. CRAIN: Object to form. Page 394	1 MR. CRAIN: Object to form. 2 THE WITNESS: So I can speak to my experience 3 with Johns Hopkins Medicine. The Board of Directors for 4 Johns Hopkins Medicine, as well as senior leaders, 5 have -- are very, very interested in the hospital safety 6 grades. And when they see that the safety grades are 7 dropping, there is usually a call for what's going to be 8 done to get us back to an "A" or to a "B." 9 So I think it's been a way to engage health 10 system leaders, Board of Directors, around the issue of 11 patient safety. That's just my experience with Johns 12 Hopkins Medicine. 13 BY MS. WOOD: 14 Q. Yeah. 15 And then does Johns Hopkins Medicine also 16 discuss their star ratings? 17 A. I believe so. 18 MS. WOOD: I think that's all that I have for 19 you. 20 THE WITNESS: Thank you. 21 MR. CRAIN: I have a little recross. Page 396
1 THE WITNESS: I don't know what's said on the 2 website so... 3 BY MS. WOOD: 4 Q. Okay. Have you ever heard people at Leapfrog 5 discuss that patients should not only consider the 6 Hospital Safety Grade when choosing where to seek care? 7 A. Yes. 8 Q. Okay. And would you say that other -- strike 9 that. 10 Another source that patients could look at 11 is CMS star ratings. Is that correct? 12 MR. CRAIN: Object to form. 13 THE WITNESS: That is another publicly 14 available rating of hospitals. 15 BY MS. WOOD: 16 Q. And do you have any knowledge on how, I guess, 17 popular those star ratings are? You know, in your line 18 of business or speaking with hospitals, do you tend to 19 see that people rely on them or talked about relying on 20 them? 21 MS. LAWSON: Object to form. Page 395	1 FURTHER EXAMINATION 2 BY MR. CRAIN: 3 Q. So just a few questions, Dr. Austin. 4 At one point counsel was asking you 5 questions about whether the Leapfrog survey was a 6 benchmark. Do you recall that line of questions? 7 A. Correct. 8 Q. And you said something like hospitals don't 9 want to be the bottom performers. Do you recall 10 testifying something to that effect? 11 A. Correct. 12 Q. Why don't hospitals want to be a bottom 13 performer? 14 A. What I hear is that, specifically when you're 15 dealing with physicians, they generally are individuals 16 who have excelled throughout their lifetime in terms of 17 academics and don't want to be perceived as being at the 18 bottom. 19 Q. So to put it concretely, doctors working at a 20 hospital don't want to work for an "F." Is that fair to 21 say? Page 397

1 A. I can't speak for doctors working at "F" 2 hospitals. 3 Q. But the ones, the doctors you were just talking 4 about -- 5 A. Yeah, they would -- yes. They would not want 6 to work at an "F" hospital. 7 Q. And fair to say that an "F" can damage a 8 hospital's reputation? 9 MS. LAWSON: Object to form. 10 THE WITNESS: I don't know -- well, what 11 reputation are you referring to? 12 BY MR. CRAIN: 13 Q. Fair enough. 14 So hospitals -- in your experience, do 15 hospitals have reputation in their communities, just 16 reputations for quality of care, for safety, that sort 17 of thing? 18 A. I think there are perceptions within 19 communities around which hospitals have higher quality 20 care than others. 21 Q. Can an "F" hospital -- can an "F" grade from Page 398	1 counsel went back to look at the Delray website again, 2 right. And you testified something to the effect of the 3 asterisk at the bottom of the page explains the how a 4 grade is assigned, right? 5 So I don't have a piece of paper for you, 6 but I'm going to do something a little avant-garde and 7 show you a website. 8 So I want to just direct you -- and just so 9 counsel can see, it's another Hospital Safety Grade 10 website. Do you see that? 11 So this is a hospitalsafetygrade.org 12 website. Can you see it okay? 13 A. I can. 14 Q. And do you see it says Pikeville Medical 15 Center? Do you see that? 16 A. Yes. 17 Q. And Pikeville is in Pikeville, Kentucky. Do 18 you know anything about Pikeville, Kentucky? 19 A. I do not. 20 Q. Okay. 21 What's the grade it gets? Page 400
1 Leapfrog influence that perception? 2 A. I don't know. 3 Q. You have no opinion one way or another? 4 A. You didn't ask my opinion. You asked what I 5 knew. 6 Q. Okay. Fair enough. Fair enough. 7 Do you have an opinion? 8 You're getting good at this. 9 A. I don't know how much -- if reputation is -- 10 well, let me start over. 11 I don't know how -- I don't know the 12 literature well enough to know how hospitals form 13 reputations in their communities. 14 Q. Okay. 15 A. Obviously, a component of that is consumers and 16 patients directly. There is media. There's a lot of 17 different influences, and I don't know how each of those 18 is tying into the Hospital Safety Grade and influencing 19 the reputation. 20 Q. Okay. Fair enough. I get it. 21 Okay. We talked -- you went back -- Page 399	1 A. They received a "D" in the Spring 2025 Hospital 2 Safety Grade. 3 Q. Okay. 4 So I want to go down and just look at safe 5 medication administration. Do you see that's toggled 6 there? 7 A. Yes. 8 Q. And that is the BCMA? 9 A. Correct. 10 Q. Okay. 11 So now, do you see what their score is? 12 A. It's a 25. 13 Q. Okay. And what's the worst score? 14 A. Twenty-five. 15 Q. Okay. And it has the little asterisk, right? 16 A. Correct. 17 Q. Now, read the asterisk for me. Can you read it 18 into the record? 19 A. The hospital declined to report their 20 performance on this measure, so a score was assigned to 21 reflect the lack of information available. Page 401

1 Q. Do you have any idea how the score was imputed? 2 A. Are you asking me do I know that, or do I know 3 that from what I'm reading there? 4 Q. From the information you have gathered from 5 this website or otherwise -- but you don't know 6 Pikeville, so I assume it's from this website -- how was 7 Pikeville's limited achievement score assigned? 8 A. I, Matt Austin, know that it was assigned based 9 on them not reporting to the survey, and they get 10 assigned a score based on that nonsubmission. 11 Q. So that's why it was assigned, right? It was 12 assigned because they didn't report, right? 13 A. Uh-huh. 14 Q. The question of how it was assigned I see as 15 conceptually different. Does that seem fair to you or 16 no? 17 A. I guess I see them as linked and maybe one in 18 the same. That's where I'm struggling to distinguish. 19 Q. So let me -- I can make it more concrete. 20 The imputation methodology as it applies 21 today has two steps, right? Page 402	1 whether Pikeville got limited achievement through Step 1 2 or Step 2, correct? 3 A. I don't know that. 4 Q. Now, you -- sorry. Just to be clear. Correct? 5 A. Correct. I do not know whether they were 6 assigned a Step 1 or Step 2. 7 Q. Now, is it fair to say Step 1 is a little more 8 accurate because it relies at least on the prior year's 9 survey that Pikeville or another hospital might submit? 10 A. The underlying assumption is that a hospital's 11 specific information from a recent time period would be 12 a better indicator of current performance than just a 13 general imputed score. 14 Q. So Step 1 can be a better, I think you said, 15 better indicator of current performance, right? 16 A. Correct. 17 Q. Okay. And yet you have no idea whether 18 Pikeville is Step 1 or Step 2, right? 19 A. Not from what's shown here. 20 Q. Which, again -- can you state for the record 21 what is being shown here? Page 404
1 A. Correct. 2 Q. Right? There is Step 1, historical, and Step 3 2, limited achievement, right? 4 A. Correct. 5 Q. Do you have any idea how Pikeville -- which 6 step was applied to Pikeville? 7 A. I know from the Hospital Safety Grade 8 methodology that declining to report on the measure is 9 what resulted in them getting a score assigned. 10 Q. But I'm asking a different question. I'll just 11 do it more directly. Did Pikeville get assigned limited 12 achievement through Step 1 or Step 2? 13 A. I don't know from what this is telling me 14 whether -- 15 Q. And yet, to be clear, you testified earlier 16 that this asterisk explained how the score was assigned, 17 right? 18 A. I testified that the why and how to me were 19 sort of one in the same. 20 Q. Okay. So then just setting the semantics 21 aside, just looking at this asterisk, you have no idea Page 403	1 A. What's being shown here is the hospital's score 2 with an asterisk, which says the hospital declined to 3 report their performance on this measure, so a score was 4 assigned to reflect the lack of information available. 5 So that could be either Step 1 or Step 2. 6 Q. Great. Okay. 7 So we'll set Pikeville aside, our dear 8 friends in Kentucky. 9 A couple other questions. So counsel 10 raised the question of whether the limited achievement 11 score was a benefit, right? Do you recall that line? 12 A. Yes. 13 Q. Okay. Is it your testimony that assigning 14 limited achievement automatically in Step 2 is a 15 benefit? 16 A. I did not testify to that. 17 Q. I just want to understand if it is your 18 testimony. 19 A. That is my testimony, that it is not 20 necessarily a benefit. 21 Q. Can it be a benefit ever? Page 405

1 A. For some hospitals it could be a benefit. 2 Q. Now, why is that, though? 3 A. If the alternative was to assign zero, 4 assigning a 15 is better than a zero. But if we 5 assign -- if the decision was to assign 50, assigning 15 6 would be a negative. So I don't know if there's a 7 universal way of answering that question. 8 Q. Fair enough. So let me just lay it out this 9 way. If a hospital participated in the survey and 10 failed on every hand hygiene question, what score did 11 they get? 12 A. They would receive limited achievement. 13 Q. They wouldn't achieve zero, right? 14 A. They would be scored as limited achievement. 15 Q. So what is the benefit vis-à-vis the 16 nonparticipating hospital and the hospital that scores 17 zero down the line? Is there a benefit? Let's start 18 with that. 19 A. Can you repeat that again? 20 Q. Yeah. 21 Counsel was suggesting there's a benefit Page 406	1 honestly can't remember if it was this meeting or a 2 different meeting. 3 Q. I guess what I'll say is do you remember, 4 actually have a memory of what was said, or you just 5 have no reason to doubt the notes? 6 A. I have -- I do remember at this in-person 7 meeting, I do remember the conversation about whether an 8 explicit penalty should be something that's on the table 9 or if Leapfrog should consider assigning an explicit 10 penalty. 11 Q. Okay. 12 A. I do remember that, but I don't remember 13 whether it was this meeting or another meeting. But 14 when I look at these notes, this seems to corroborate 15 that it was this meeting. 16 Q. Okay. Fair enough. 17 And then I want you to just tell me 18 everything you remember about the discussion about the 19 penalty you're referring to just so it's clear. 20 A. So what I remember, which may be different than 21 what's in the notes, is specifically Dr. Andrew Bindman, Page 408
1 that Leapfrog gives limited achievement versus zero. 2 But just to be clear, no hospital gets zero, right? 3 A. In the current scoring methodology, no hospital 4 gets zero. 5 Q. Even if the hospital failed every one of the 6 questions we looked at for hand hygiene, they would get 7 I think it's 15, right? 8 A. Correct. 9 Q. Okay. 10 A couple other lines. So we talked about 11 the Alexandria, Virginia notes. Do you remember that 12 document? 13 A. Yes. 14 Q. I think that was Exhibit -- 15 A. Twenty-seven. 16 Q. -- 27. And you said at one point other than 17 the notes, I don't remember anything. I just want the 18 record to be clear. Do you remember the meeting, or are 19 you just looking at the notes? 20 A. I remember having an in-person meeting with the 21 expert panel. I can picture a conference room. I Page 407	1 who at the time was the head of -- the director of the 2 Agency for Healthcare Research and Quality, which is the 3 federal agency that oversees quality and safety work. 4 From what I remember, Andy is -- broached the subject 5 of, well, hospitals should just be reporting to the 6 survey. Shouldn't we just like assign some sort of 7 penalty for them if they aren't reporting? That will 8 get them to report. 9 Q. Fair enough. Okay. 10 A. So that's what I remember. 11 Q. Yep. 12 A. Because I sort of remember where I was sitting, 13 where he was sitting. 14 Q. Okay. And anything else you remember about 15 that -- 16 A. No. That's what I remember. 17 Q. Okay. 18 A couple of last questions. HCAHPS. So 19 you talked a little bit with counsel about HCAHPS, 20 right? 21 A. Correct. Page 409

1 Q. What does HCAHPS measure? 2 A. HCAHPS measures the patient experience of their 3 inpatient hospital stay. 4 Q. Okay. So if a hospital is loud, is that 5 reflected in HCAHPS? 6 A. So there are different domains within the 7 HCAHPS survey. One is quietness of the hospital 8 environment. 9 Q. Okay. Can you give us a sense of the others? 10 A. Yeah. So the five that are included in the 11 Hospital Safety Grade include physician communication, 12 nurse communication, communication about medicines. 13 Q. Not a memory test. 14 A. The other -- the five that we've included are 15 all related to communication -- 16 Q. Okay. 17 A. -- and sort of the importance of communication 18 as it relates to patient safety. 19 Q. And there are other HCAHPS domains that are not 20 included? 21 A. Correct. Page 410	1 measures -- 2 Q. Yes. 3 A. Yes, in each domain. 4 Q. So I want to just -- a quick question for you. 5 Does Leapfrog -- for nonparticipating hospitals that are 6 imputed, does Leapfrog impute secondary data to assign a 7 score? 8 A. Is -- can you repeat that? 9 Q. Yeah, let me break it down. So let's go back 10 to the AHA days, right. So back then when Leapfrog was 11 using the American Hospital Association data, it was 12 using the AHA data as a secondary source that it was 13 imputing into the safety grade score. Is that fair or 14 no? 15 A. Correct. So the AHA data was the data that was 16 being used to impute a score. 17 Q. Okay. Because the imputation model is not 18 secondary data itself. It's a method of imputing 19 secondary data, right? 20 A. Correct. 21 Q. Okay. To impute, one needs secondary data, Page 412
1 Q. Okay. 2 And HCAHPS, as you said, relates primarily 3 to patient satisfaction? 4 A. Patient experience. 5 Q. Experience. I'm sorry. 6 A. Yes, which is considered a different construct 7 than patient satisfaction. 8 Q. Got it. And is it a different construct from 9 safety? 10 A. There are -- there is probably some conceptual 11 overlap between safety and patient experience. 12 Q. Okay. 13 A. There's probably some overlap between patient 14 experience and patient satisfaction, to be fair. 15 Q. So like a Venn diagram? 16 A. Correct. 17 Q. Okay. Got it. 18 I think the last sequence, I want to go 19 back to Exhibit 3, the methodology document that you 20 were asked about. Do you recall that? 21 A. I remember being asked about the number of Page 411	1 right? 2 A. No. 3 Q. No. Okay. Tell me why. 4 A. So as outlined in the famous email where we 5 list the five different imputation options, one of them 6 is using secondary data to arrive at some sort of 7 estimate of the hospital's performance. 8 Q. Got it. 9 A. But one could just assign zero. One could 10 assign some value above or below the mean, right. So 11 one does not necessarily require secondary data to 12 impute a score. 13 Q. Okay. But if one is imputing secondary data, 14 there needs to be a secondary data source, in theory, 15 right? 16 A. Correct. 17 Q. Okay. 18 So I want to go to page 5 of the 19 methodology document, Exhibit 3. You see it's the 20 measures you were talking about before? 21 A. Yes. Page 413

1 Q. And do you see the top three at least are three 2 of the imputed measures, right? 3 A. Which page are you on? 4 Q. I'm looking at five. 5 A. Okay. 6 MS. LAWSON: Is it four of the slide, or is it 7 five of the slide? 8 BY MR. CRAIN: 9 Q. Oh, I'm sorry. It's the one -- I may be -- 10 page 4. You're right. Page 4. 11 A. Okay. 12 Q. Okay. I'm pulling if off my electronic 13 version. 14 So my question is do you see where it says 15 Computerized Physician Order Entry right there? 16 A. Yes. 17 Q. And Primary Data Source is the 2024 Leapfrog 18 Hospital Survey, right? 19 A. Right. 20 Q. That's accurate, correct? 21 A. Correct. Page 414	1 You good? 2 You're free to go unless Sara wants to go. 3 MS. LAWSON: We can go off the record. 4 MR. CRAIN: Off the record. 5 THE VIDEOGRAPHER: This concludes the 6 deposition of Dr. Matthew Austin. This ends media unit 7 number nine. We're off the record. The time is 8 6:06 p.m. 9 THE COURT REPORTER: Ms. Lawson, will you be 10 handling signature for the witness, or are you waiving 11 signature? 12 MS. LAWSON: We'll read and sign. 13 She'll prepare a transcript of it so that 14 you can review your testimony and note any corrections. 15 THE COURT REPORTER: Ms. Wood, do you need a 16 rough draft as well? 17 MS. WOOD: Yes, if I can get a rough as soon as 18 possible. 19 (The deposition adjourned at 6:06 P.M.) 20 21 Page 416
1 Q. Secondary data source says the imputation model 2 applied, right? 3 A. Correct. 4 Q. For any hospital under Step 2, there isn't a 5 secondary data, right? 6 A. In the -- are you asking about the current? 7 Q. Yes. 8 A. In the current methodology, there is not 9 secondary data, correct. 10 Q. Under Step 2? 11 A. Under Step 2. 12 Q. Is there under Step 1, or would you not call 13 the historical secondary data? 14 A. I wouldn't call that secondary data. 15 Q. Okay. 16 So fair to say for CPOE, BCMA, IPS, and 17 hand hygiene there is no secondary data? 18 A. We are currently not using secondary data as 19 part of the imputation models. 20 Q. Okay. 21 MR. CRAIN: Okay. Nothing further from me. Page 415	1 I, Marlene Kerr, a Notary Public of the 2 District of Columbia, do hereby certify that the 3 within-named witness personally appeared before me at 4 the time and place herein set out, and after having been 5 duly sworn by me, according to law, was examined by 6 counsel. 7 I further certify that the examination was 8 recorded stenographically by me, and this transcript is 9 a true record of the proceedings. 10 I further certify that I am not of counsel 11 to any of the parties, nor in any way interested in the 12 outcome of this action. 13 As witness my hand this 29th day of 14 September, 2025. 15 16  Marlene Kerr Notary Public 17 18 19 My Commission Expires: 20 July 28, 2026. 21 Page 417

1 CERTIFICATE OF DEPONENT 2 3 I hereby certify that I have read and 4 examined the foregoing transcript, and the same is a 5 true and accurate record of the testimony given by me. 6 7 Any additions or corrections that I feel 8 are necessary will be made on the Errata Sheet. 9 10 _____ 11 Matthew Austin 12 _____ 13 Date 14 15 (If needed, make additional copies of the Errata Sheet 16 on the next page or use a blank piece of paper.) 17 18 Job Number: 7616361 19 20 21 Page 418	1 2 September 29, 2025 3 Good Samaritan Medical Center Inc, Et Al. v. The Leapfrog Group 4 DEPOSITION OF: Dr. Matthew Austin (# 7616361) 5 The above-referenced witness transcript is 6 available for read and sign. 7 Within the applicable timeframe, the witness 8 should read the testimony to verify its accuracy. If 9 there are any changes, the witness should note those 10 on the attached Errata Sheet. 11 The witness should sign and notarize the 12 attached Errata pages and return to Veritext at 13 errata-tx@veritext.com. 14 According to applicable rules or agreements, if 15 the witness fails to do so within the time allotted, 16 a certified copy of the transcript may be used as if 17 signed. 18 Yours, 19 Veritext Legal Solutions 20 21 22 23 24 25 Page 420
1 ERRATA SHEET 2 WITNESS: MATTHEW AUSTIN 3 Good Samaritan Medical, et al., vs. The Leapfrog Group 4 Thursday, September 25, 2025 5 PAGE/LINE SHOULD READ REASON FOR CHANGE 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____ 20 _____ 21 JOB NUMBER: 7616361 Page 419	

[& - 161,000]

&	366:20 368:7	11 4:6 6:8 48:6	134,000 352:3
& 2:3 9:18 10:2	403:2,12 404:1	62:20 63:1	139 6:11
79:18 80:16	404:6,7,14,18	81:16 87:9	14 6:12,19
364:11 365:2	405:5 415:12	113:19,20	160:13,14
392:17	1,400 150:18	133:12,15	143,898 43:16
0	1.2 325:15	149:3	14327 357:7
006 44:17	1.22 334:10,13	113 6:6,8	358:17
02190610.pptx	1.31 334:8	11:49 155:9	14th 196:10
357:19	1.40 334:5	11th 133:4	197:1
08526 9:9	1.46 333:18	12 6:9 40:13	15 6:15 96:20
0900 323:3,21	334:2,2,13	48:6 77:8	163:6,7 178:15
1	337:9	81:16 127:6	178:16 179:8
1 5:6,7 20:13	1.5 340:13	128:17,18	204:8 218:13
20:14 24:10,11	1.53 340:13	299:13 303:19	218:16 219:18
25:9 27:6,7	10 6:6 48:6,9	364:14,19	277:15,18
28:9 79:14	68:16 87:9	365:1 366:9	278:5 286:4
93:13 118:5,15	113:3,4 116:5	128 6:9	305:11 332:11
120:13,15	129:5 165:15	12:17 164:9	376:4,16
121:14 122:1,6	177:9 178:3	12:27 174:17	377:14,20
126:9,10	191:9,10	12:35 25:10	379:6 380:6,11
127:10,15	363:10,14	12:56 155:15	380:16,21
159:2 161:18	364:4,7	12:58 158:17	382:7,14 383:6
162:8 166:9,15	100 1:13 2:16	12th 6:6,8	383:9,10,21
166:18 167:6	96:20 281:4	113:10 114:7	384:2 406:4,5
168:2,9,17	350:7 352:17	155:21 156:4	407:7
169:5 170:8,13	372:6 382:8	161:3,21	16 6:17 178:16
170:17 179:4	10166-0193 2:7	170:12 196:21	178:19 179:9
197:21 200:3,7	102 5:19	256:8,10	179:10,11
209:9 218:7	105 351:5,6	13 6:11 125:7	185:6,7 376:8
225:5,10,16,20	105,000 351:15	139:14,15	376:15
227:6 242:6	10:05 70:16	154:12	160 6:12
327:7,8 365:12	10:22 71:8	133 353:1	161 3:5
	10th 358:10,19	134 351:18	161,000 351:15
			352:2

[163 - 2025]

163 6:15	243:5 267:4	41:2 54:3	359:15 360:15
16473 195:21	271:7 308:5	286:19 293:19	360:15 361:10
16th 140:9	347:21 348:3	2013 7:19 54:3	361:15
141:3	365:13 366:20	88:4,9 286:10	2020 158:4
17 6:18 195:15	368:8 403:3,12	286:19 292:13	274:4,14 275:1
195:16,19	404:2,6,18	2014 54:13	2020/21 159:9
18 7:6 135:8	405:5,14 415:4	56:1 85:16	2021 8:7 158:4
205:9,10	415:10,11	86:16 88:2,3,3	239:5 275:5
18332 204:9	2,652 288:8	88:9 89:1,21	314:2,9 318:7
185 6:17	2.01 340:11	2015 54:13	2022 275:6
19 7:8 217:2,3	2.12 340:11	332:18	2023 274:5
327:7,8 379:21	2.52 340:8	2016 105:9	275:6 276:8
197 6:18	341:20 342:7	323:9,21 324:1	277:3 280:1,2
1995 33:19	20 5:6 7:9	360:18,19	281:9 286:18
2	68:15,16	361:13	2024 6:6 7:16
2 5:7 23:16,17	159:12 230:15	2017 318:4	7:18 28:18,18
27:6,12 93:16	230:16 246:13	2018 43:10	81:10 112:13
93:17 95:19	304:12,16	49:17 55:16	112:16 113:10
104:6 118:17	306:2 325:1	66:2,14 67:4,6	114:13 124:14
120:10 121:14	332:11	68:7 105:19,21	146:17 161:3
122:1 143:13	20,000 349:3	138:9	177:20 234:20
170:20 171:1,6	20,252 351:1	2019 8:15	239:5,13 243:5
171:9 174:11	200 2:6	105:11,12,14	256:12,13
175:5,12	2001 244:8	105:20 106:17	272:12 284:4
177:20 179:2	2004 328:17	107:8 108:6,12	284:10,17
179:12,14,18	329:1,4	108:13,14	294:2 303:12
182:6 186:7,11	2005 34:14	138:9 256:8	318:3 384:15
186:18 192:19	2007 39:10	321:10 322:3	385:3 414:17
194:7,11 200:4	2008 35:10	323:9 324:1,7	2025 4:4 5:4
200:7,16 218:4	36:11 39:6	333:18 348:20	6:4 7:4 8:4,10
218:9 225:3,10	2011 35:8 54:3	349:12 350:5,9	9:4 26:14 27:4
225:17 227:11	56:1 160:3,7	350:10 352:4	28:17 68:8
227:18 228:8,9	2012 35:10	352:14 357:12	88:15 89:1,21
	36:11 40:7,19	358:10,19,20	106:5,10 107:8

[2025 - 40]

177:11,20 322:1,16 323:9 324:4,8 338:5 349:2,16 352:20,21 355:21 356:1 401:1 417:14 419:4 420:2 2026 417:19 204 353:5 205 7:6 21 7:11 159:12 234:7,8,11 306:20 212.351.2454 2:8 21202 1:14 2:17 2128 192:1 217 7:8 22 7:12 242:9 242:10 22nd 196:14 23 5:7 7:14 255:15,16 230 7:9 234 7:11 24 7:15 136:9 271:21 272:1 284:15 242 7:12 2440 1:14 2:16 25 4:4 5:4 6:4 7:4,17 8:4,7	90:5 135:4 150:20 195:6 283:10,18 290:12 294:3 325:1 355:21 372:6 401:12 419:4 250515 355:6 255 7:14 25th 9:4 32:5 314:1 26 7:19 135:6 281:10 286:4,5 26.1 1:13 27 8:6 148:9 149:3 306:21 307:1 317:16 319:15 373:4 407:16 272 7:15 28 8:7 27:18 312:18,19 417:19 283 7:17 286 7:19 29 5:8 8:9 27:18 321:16 321:17 333:9 333:10 343:14 343:15,16 348:19 354:18 354:20,21 420:2	29th 417:13 2:13 229:17 2:38 230:2 2b 126:7,11,12 126:13 3 3 5:8 7:16 29:7 29:9,15 110:14 131:11 149:3 177:3 224:19 229:4 272:12 337:8 363:20 363:21 376:6 376:14 411:19 413:19 3.89 340:5 30 5:10 8:12 79:17 265:3 304:13,16,16 306:3 312:18 327:21 329:21 330:1 343:13 30,000 346:14 346:18,21 307 8:6 31 8:13 355:10 355:11 312 8:7 312.821.6139 3:7 31896 417:16 32 8:15 113:15 356:18 357:6	321 8:9 32a 113:2 33 128:13 330 8:12 33a 139:13 34 163:6 35 5:12 350 62:9 353,000 353:1 353.6. 350:16 355 8:13 356 8:15 36 131:10 185:5 36.3. 131:10 362 4:7 38 195:14 397 4:8 3:26 283:6 3:43 283:14 4 4 5:10 30:13,14 42:19 114:7 156:5 288:20 292:3 297:12 414:10,10 4.92 340:8 341:19 342:7 40 42:2 45:16 48:19,20 66:3 66:15 67:2 133:11 240:17
--	---	---	--

[410.949.1181 - a.m.]

410.949.1181 2:18 417 4:11 418 4:12 419 4:13 42 5:13 43 205:8 437364 114:17 45 1:12 234:6 4500 3:5 46 353:4 46.6 350:16 47 242:8 49,000 349:3 4:25 232:6 4:55 356:14 4a 43:13	58 321:16 59,799 45:14 48:20 5:07 357:1 5:11 362:7 5:13 362:13 5:41 186:5 5th 357:12 358:20	7367 120:8 7369 118:10 7375 125:8 74.40 382:11 74782 116:7 75 372:6 76 307:21 7616361 1:21 418:18 419:21 420:4 78 5:17 782 116:8	35:21 42:21 71:5 78:18 102:21 113:5 113:21 128:19 139:16 160:15 163:8 185:8 195:17 205:11 217:4 230:17 234:9 242:11 255:17 272:2 283:11 286:6 307:2 312:20 321:18 330:2 355:12 356:19 90.5 279:18,20 90.5. 280:17 90s 305:10 91.8 350:3 92.8 274:14 275:1 96.8 275:5,6 97.9 275:6 9813 206:11 9814 207:6 9:09 1:16 9:3 9:10 11:10 9:11 192:1 9:12 11:14 9:25 1:6 9:9
5	6	8	
5 5:12 8:15 35:19,20 114:7 156:5 290:12 365:1 366:10 413:18 5-3 179:4 50 68:13 336:8 336:9 337:5 372:6 378:21 406:5 50,000 104:16 348:13,18 500 269:6 5116 273:4	6 5:13 42:19,20 44:17 133:15 364:4 60 66:3,6,18 60601 3:6 63 280:16,17 64 30:13 65 102:18 347:17 668 288:21 67 78:15 6:06 416:8,19	8 5:17 78:16,17 80 245:17 246:5 339:14 80526 1:6 80s 305:10 8330 184:1,13 8331 163:21 164:4 8332 165:21 85 277:19 85.7 276:7,8 277:3,8 87 350:2	
	7	9	a
	7 5:15 51:12 60:8 63:13 71:4,14 133:12 133:12 364:4 7.98 340:5 70 42:2 70s 305:10 71 5:15 7366 115:13	9 5:19 52:6 102:19,20 131:2 347:18 9/25/2025 20:15 23:18 29:10 30:15	a.m. 1:16 9:3 11:10,14 70:16 71:8 155:9

[ability - actually]

ability 13:13 169:12	accurate 36:5 55:4,15 79:3	131:7,8,16,21 132:5,10 138:3	405:10,14 406:12,14
able 75:5 154:6 241:17 252:12 261:15 295:3 337:17	91:20 92:8 102:3 111:4 127:21 133:19 142:3 161:12	144:11,17 173:8,13 175:14 176:7 176:11,20	407:1 achieving 131:8,9,13
above 1:15 21:19 218:12 291:3 293:14 294:11 305:16 413:10 420:5	199:13,16 203:13 209:3,4 209:20 210:2,4 210:5 220:11 220:20 224:10	177:21 178:10 179:17 180:2 180:11 181:6,8 181:13,14,17 181:17,19,20	acknowledge 215:21 acquire 224:16 acquires 109:8 acting 208:20 action 1:15 11:20 142:12 417:12
absence 97:10 220:2	247:19 248:8 250:17,20 271:8,9,13	184:4,16 188:10 192:7 192:15 204:16	active 56:5 activities 38:17 actual 94:2 146:3 147:6 154:14 192:4 201:13 213:1 237:15 238:15 240:3 249:7 267:13,19 268:4,13,16 337:8 339:4 353:18
absent 94:20	276:12 307:18 308:21 309:15 311:19 341:9 341:16 342:5 353:13 359:5,9 360:1 391:15	204:20 215:17 216:10 220:4 228:16 238:18 238:20 239:14 239:20 267:5 267:11 268:3 268:12 269:20 271:6 290:8,10 294:21 296:6,8 296:8 298:5,6 339:6 371:19 371:20,20 372:14,20,20 376:5,12,15 377:1,14,21 378:4,14 379:14,15,18 380:10,12 385:5 402:7 403:3,12 404:1	actual 94:2 146:3 147:6 154:14 192:4 201:13 213:1 237:15 238:15 240:3 249:7 267:13,19 268:4,13,16 337:8 339:4 353:18 actually 11:5 24:10 25:21 33:1 34:20 36:14,18 39:9 53:8,21 60:6 63:2 64:6 70:7 78:4 81:15 86:5,6 94:13 105:21 108:6
absolute 250:1 276:19 280:3	308:21 309:15 311:19 341:9 341:16 342:5 353:13 359:5,9 360:1 391:15 404:8 414:20 418:5		
academic 361:7	accurately 25:4 51:21 247:13		
academics 397:17	achieve 237:21 406:13		
accepted 82:8	achieved 181:18 281:3 281:10,11 328:11,14 371:18		
access 150:15 150:17,18 258:3 391:9	achievement 83:7,14 95:12 96:1 97:6		
accidentally 141:5			
account 140:12 153:1,4			
accountable 111:20			
accuracy 142:7 249:8,13,20 250:11 311:10 347:1 384:19 420:8			

[actually - aha]

110:4 112:3 116:1 118:17 143:17 145:8,9 150:8 169:7 175:18 188:10 190:8 193:20 208:14 210:18 212:13 216:18 222:4 225:15 241:17,18 248:19 267:7 276:2,3 279:8 280:6 291:16 293:7 307:11 317:17,18 326:14 328:2 332:10,11 335:12,14 336:18 338:5 342:15 343:9 350:13 353:1 354:17 355:21 364:3,3 370:8 373:6 374:6 377:4 379:8 390:12 393:13 393:19 408:4 acute 288:8 adaptation 171:6 added 25:12 49:1 90:10 116:15 202:5	adding 26:15 197:14 addition 244:21 326:17 375:18 additional 28:8 50:10 91:11 264:5 332:8 418:15 additions 418:7 address 82:5 147:10 154:18 201:17 246:20 291:4 300:3 addressed 82:9 299:9,17 addressing 299:18,19 adhere 21:14 adjourned 416:19 adjusting 331:8 adjustments 52:18 administration 92:18 401:5 admissions 109:12 adopt 285:1,2 adopted 125:14 127:3 adult 179:1 adversely 243:13	advice 287:14 advisable 300:21 advise 208:14 advised 208:9 211:1 advising 208:14 advisory 208:20 285:6 affect 46:15 affected 260:14 290:16 affects 47:16 210:19 afraid 192:3 agency 252:18 409:2,3 agenda 8:6 25:14 26:4,5 151:20 307:10 307:13 315:5 315:19 316:10 316:14,18,20 317:8,11 320:4 320:11 373:9 aggregate 108:21,21 109:1,1 261:16 ago 37:9 54:14 87:9,10 96:6 143:16 145:20 177:14 180:4 180:15 253:15	272:16 304:2 308:17 342:17 agree 73:5,10 74:2,14 75:2,7 98:15 111:10 111:12 211:7 211:11,21 236:16 264:17 265:5 303:10 319:2,3 320:15 320:16 335:6 367:12 369:4 377:3 378:13 380:9 381:15 381:20 382:3 382:17 383:20 agreed 203:21 204:21 301:9 agreement 301:9 361:20 agreements 420:14 aha 83:20 84:1 84:3 239:6,10 254:10,11,13 256:14 257:17 257:19 258:4,5 258:10 259:4 259:12,13,15 260:4 261:9,14 261:18,21 262:3,12 263:6 263:9 264:2 266:18 269:7,9
---	---	---	--

[aha - apparently]

270:19 314:5,7 314:13 412:10 412:12,15 ahead 7:19 27:20,21 89:2 157:15 174:12 186:19 189:12 208:16 221:1 225:18 236:10 277:14 280:11 286:11 304:19 339:20 airline 35:4 airlines 34:21 al 1:4 4:3 5:3 6:3 7:3 8:3 9:7 419:3 420:3 alana 243:2 albeit 349:16 alcohol 279:7 332:6 alex 59:1 63:3 64:10 116:14 175:2 177:17 188:7 206:7 313:15 alex's 189:9 alexandria 317:17 319:16 407:11 algorithm 281:15 algorithms 40:1	aligned 55:11 192:13 allen 17:16 allocated 66:2 66:14 allotted 420:15 allow 94:18 252:1,4 allows 74:10 alternative 128:5 406:3 altogether 250:18 ambulatory 59:13 61:8 american 82:18 84:1,16 239:5 412:11 amount 45:21 46:3 49:18 66:14 279:7 327:14 analogy 221:21 252:10,12 analyses 39:20 107:11 272:17 272:18 288:2 291:3 analysis 7:16 36:15 37:17 38:14 106:9,11 106:13 107:3,6 107:10 108:10 108:11 112:1	196:17 269:14 272:12 273:7 275:20 288:7 288:13 293:4 319:13 324:1 327:4 332:10 335:6,7 358:7 360:7 analyst 140:11 142:9 313:7,14 356:3 analysts 45:12 analytic 64:11 analytical 189:13 analytics 59:5 analyze 105:15 analyzed 286:17 analyzes 87:20 andrew 314:19 316:16 408:21 andy 409:4 angeles 245:3 annual 60:15 351:10,11 annually 243:12 answer 14:7,8 14:13 15:13 51:1 68:19 87:17 89:4,5 90:2 98:5 101:3 144:20	145:16,16 146:15 190:4 207:3 225:7,19 236:19 238:8,9 243:20 251:2 266:6 267:17 276:4 280:15 295:3 306:7 368:5 370:2 379:3 answered 269:9 274:20 276:7 answering 406:7 answers 12:21 13:6 anybody 14:11 16:15 19:18 131:20 133:15 174:9 372:17 372:17 374:21 387:2 anymore 259:16 302:7 312:10 anyway 210:20 apologies 364:1 apologize 79:14 90:20 207:20 apparent 299:9 apparently 153:5
---	--	---	--

[appear - asked]

appear 131:3 202:15	319:14 372:3	arguable 367:21	332:9,20 337:21 345:19
appeared 417:3	approaching 188:11	argue 88:16	articles 361:2
appears 36:4 337:14	appropriate 97:10	102:6 264:4 350:21	389:15
apples 108:10 108:11	appropriately 90:12	argument 350:8	articulate 297:9
applicable 325:18,19 370:21 420:7 420:14	approve 285:16	arjun 145:6 375:3,7,15,19	articulates 77:19
applied 96:4 403:6 415:2	approved 52:13 285:13 285:15	arjun's 135:12	articulation 80:2 92:9 144:3,6
applies 402:20	approximately 16:14 39:7 40:6 42:1 54:12 68:9 81:1 124:4 265:3	armstrong 2:13 9:17 19:1 20:20 23:16 24:2 30:17 41:8 43:4,19 43:21 44:9,16 134:21 140:7 160:18 185:15 195:20 255:19 272:4 307:5 357:6 358:16 359:21 388:21	artifact 254:3,9 254:21 255:3 270:4,6
apply 109:12 302:6 326:1	approximation 69:15 262:5	armstrong's 41:5	aside 139:2 142:19 163:4 169:11 185:3 195:13 205:7 230:6 233:11 253:12 265:8 267:10 286:2 306:19 312:16 321:3 360:13 403:21 405:7
appreciate 363:4	april 6:6,8 106:14 112:16 113:10 114:7 141:3 146:17 155:21 156:4 161:3,21 170:12 196:14 196:21 256:8 256:10	arrive 413:6	asked 5:20 21:5 75:16 77:6 78:11,13 98:8 103:18 107:7 143:9,11 159:21 216:8 265:21 266:4 301:8 329:10 347:19 381:12 381:13 399:4
approach 53:15 88:9 108:15,18 190:18 209:15 257:13 260:13 260:19 291:4 291:10,12 293:17 294:6 317:19	apt 168:1	arrived 40:20 222:17	
approaches 82:8 159:12 199:11,12 289:18 291:3 291:16 293:8 293:16 297:13 299:4 306:11	area 216:13 392:15	article 8:12 85:17,19 86:12 86:16 87:6,11 87:19 297:20 328:17,19 329:16,20 330:4 331:14	
	areas 59:11,16 151:1		

[asked - attorney]

411:20,21 asking 62:19 67:3 69:9,11 77:11 81:19 124:13 166:13 166:15,15 209:21 265:18 266:7 315:20 318:9 359:8 361:4 387:2 397:4 402:2 403:10 415:6 asks 21:18 97:20 181:11 assertion 367:13 assess 63:2 74:10 112:1 332:1 384:18 assessed 281:21 assessing 289:18 assessment 245:4 253:3,6 302:17 306:10 assign 40:3 62:17 94:9 171:20 215:16 216:9 220:3 295:18,20,21 296:7,21 298:11 319:17 371:15 372:5 406:3,5,5	409:6 412:6 413:9,10 assigned 100:6 126:14,18 134:7 153:10 180:1,8 181:6 226:6,10 227:2 227:3,6,14 228:6,12,14,15 228:20 372:6 373:21 376:20 380:11 381:6 381:13,16 382:21 383:6 383:12 400:4 401:20 402:7,8 402:10,11,12 402:14 403:9 403:11,16 404:6 405:4 assigning 82:20 83:3 94:16 118:15 176:11 180:11 188:9 200:8 205:3 214:21 267:5 378:13 405:13 406:4,5 408:9 assignment 227:17 238:18 267:12,18 268:2,12 269:20 271:6 339:6	assigns 176:19 assistantship 39:11 associated 94:13 109:7 238:10,13 325:16 326:8 364:8 association 82:18 84:1,16 239:6 330:7 331:6 412:11 assume 14:1 22:16 26:18 251:17 278:3 280:13 402:6 assuming 110:6 216:14 assumption 97:13,16 109:21 176:5,9 180:6,16,20 268:15 275:11 295:10 296:16 297:9 326:16 345:5,9,12,13 345:16 379:7 404:10 assumptions 292:6,16 293:1 294:7,8 296:18 296:20 302:10 331:17 345:7 346:1	asterisk 222:16 222:18 224:2,4 224:5,6 225:9 226:9,13,20 227:12 228:19 380:6,21 382:6 382:7,19 383:21 384:2 400:3 401:15 401:17 403:16 403:21 405:2 attached 113:18 114:5 116:14 140:16 141:5,5 272:16 342:15 355:20 358:14 420:10 420:12 attachment 7:16 113:14 141:4 197:10 198:7 206:19 272:11 284:9 317:16 355:5 357:17,18 360:1 attendance 16:15 attended 156:21 attendees 156:8 197:14 attorney 2:12 14:6 15:1,16
--	--	---	---

[attorney - back]

18:1 attorneys 2:2 3:2 attributable 109:5 110:1 326:4,6,11 audible 13:6 audio 17:6 audits 279:8 august 8:7 314:1 austin 1:11 2:12 4:2 5:2,7 5:10,12 6:2,12 6:13,15,17 7:2 7:7 8:2,7,9,16 9:5,16 11:17 12:3,3 15:12 20:17 23:20 36:2 43:2 71:10 73:8 78:20 103:2 113:7 114:3 133:8 139:18 160:17 177:7 184:6 185:10 195:19 207:14 217:6 225:16 230:4,19 234:12 242:14 283:16 286:8 313:2 321:20 357:3 362:16 397:3 402:8	416:6 418:11 419:2 420:4 austin's 45:16 author 61:14 61:15,16 86:19 286:20 356:2 authority 208:18 authors 86:9 292:14 295:10 299:2 300:21 301:2,8 330:13 336:15 automatic 228:16 238:17 267:12,18 268:2,11 271:6 automatically 179:17 215:16 216:9 267:4 405:14 available 28:6 30:4 72:18 73:18 91:7 111:19 224:8 227:15 228:10 244:11 253:3,7 253:10 260:15 281:15 290:18 291:7 293:10 296:13 300:9 301:15 381:7 381:17 389:17 395:14 401:21	405:4 420:6 avant 400:6 avenue 2:6 average 153:11 216:13,14,15 269:8,10 319:7 353:2,7 382:10 383:5 averages 344:16,17 avoid 292:15 297:13 avoided 292:5 aware 19:7 29:19 60:16 77:18 95:13 98:1 229:2 233:13,16 260:6 264:3 265:4 285:7,10 285:10 294:4,4 299:14,15 364:17 392:3 392:14 b b 5:13 54:17 105:15 108:21 221:14,21 245:6 323:14 323:18 324:16 325:7 334:8 340:10 341:13 396:8	back 11:13 19:16 36:8 54:17 60:8 61:2 71:7,10 72:15 75:19 83:18 86:7,9 87:19 89:14 98:14 102:4 105:18 106:14 110:8,10 115:18 117:7 120:7 125:5 127:6,19 129:4 130:16 136:2,6 136:9 139:3 141:14 142:21 148:8 152:18 152:21 154:11 154:12 155:14 155:17 156:3 159:1,4 165:4 168:10 169:13 169:18 172:13 177:17 180:13 182:5 187:7 197:18 202:21 204:2 209:12 212:14 213:8 218:7 219:15 230:1,6 233:12 239:19 240:11 241:10 244:7 251:6 252:10 258:2 268:7
---	---	--	--

[back - benefit]

274:9 275:16 283:13 286:18 294:10 295:9 303:1,16 306:1 316:3 317:3,16 317:16 318:4 319:4,15 327:19 328:2 333:6,7 340:20 341:12 346:8 348:19 354:2 356:21 360:14 362:12 382:6 396:8 399:21 400:1 411:19 412:9,10 backed 345:17 background 63:14 157:10 bad 13:20 46:12,13 186:10 301:19 347:2 369:8 bailey 8:10 321:21 343:19 balance 361:21 ballpark 48:3 48:17 66:7 67:18 241:7 baltimore 1:14 2:17 40:11 barb 38:10,12 barcode 92:18	barely 235:5 379:15 base 60:11 based 19:7 50:16 53:17 60:21 82:21 83:1 92:5,7 95:21 105:19 106:5,10,11,18 118:2 127:13 127:16 131:19 133:20,20 138:12 146:11 165:12 173:14 173:17 176:5 180:9 224:14 237:21 239:9 240:5,7 257:10 265:12 266:15 268:15 270:10 275:20 279:7 284:11 293:9 298:11,13,16 300:10,19 301:15 303:3 325:21 328:17 331:15 336:7 336:11,11 337:21 339:4 344:20 345:15 345:21 348:19 349:12 377:6 377:20 379:18 387:16 388:3	402:8,10 basic 15:14 basically 53:16 60:19 97:7 126:5 151:3 166:5 269:8 281:17 325:9 327:13 328:9 372:7 basis 119:15 175:17,18 277:6 bates 44:3,7,9 44:17 52:6 114:17 120:8 288:21 bcma 92:15,17 186:13 187:19 253:15 257:20 261:7 262:1 268:12,14 401:8 415:16 beach 1:2 9:9 bear 346:21 347:5 becky 234:17 beds 150:20 179:4 245:18 246:13 339:14 beginning 1:15 11:12 71:6 155:13 158:21 229:21 283:12 356:20 362:11	behalf 9:16,21 10:1 beholder 378:20 believe 27:9 28:15 39:6 80:11 105:5,12 111:3 114:12 116:1 124:17 145:5 150:8 151:21 154:11 156:18 193:3 201:1 214:6 222:16 225:14 242:15 257:1 270:19 293:3 354:5 358:2 360:2 381:11 386:2,5 387:13 387:14 388:13 388:16 389:1 389:20 391:20 392:9,9 396:17 believer 386:6 benchmark 386:15 397:6 benchmarking 387:12 benchmarks 387:7 benefit 250:13 315:5 377:5,10 378:16 389:2 389:11,21
---	--	--	--

[benefit - bottom]

390:10,18,20	bias 147:7	bit 18:9 22:16	board's 55:11
405:11,15,20	148:9,17 149:6	40:8 58:20	bob 142:10
405:21 406:1	149:11,12,18	61:2 69:19	body 332:7,15
406:15,17,21	149:19,20	70:4 77:13	bold 308:1
benefits 49:5	150:3,5,9	81:8 110:9	315:9,10,12
best 12:21 13:1	151:18 152:19	120:20 128:3	boss 17:16
13:3 68:21	152:21 153:4,8	156:3 165:20	21:16
69:1,13 73:15	153:13 154:15	174:16 187:12	bottom 20:19
131:19 161:13	201:15 297:14	191:3 192:17	21:5 24:1,10
166:21 167:5	298:2,9,11,14	239:1,2 244:7	30:18 44:10
172:5 177:19	298:17,19,20	245:20 253:13	62:4,5 72:9
184:3 199:15	299:6 300:3	275:17 286:13	85:6 97:6
203:10,16	302:11	308:15 311:5	103:3,14 116:9
207:3 217:17	big 218:1 308:1	313:18 350:14	117:15 136:21
308:21 341:16	bigger 259:12	358:18 367:19	137:1,3 140:6
346:21 358:13	354:1 368:1	378:19 393:11	163:10,20
371:11 382:8	biggest 295:12	409:19	165:1 171:21
383:4	295:15 337:13	black 207:20	172:19 185:14
better 110:15	337:18	blair 32:4	185:17 186:3
145:9 152:11	bill 46:3	blank 418:16	187:16 191:12
183:2 211:2	bills 46:5	blended 353:2	194:9,16,17
212:13 216:18	binder 5:6 7:6	353:7	195:4,6,20
216:20 263:12	21:1,4 23:9	block 178:6	196:5,17
269:12 289:14	25:13,17,19	blood 94:13	204:12,15
319:8 329:12	39:5,13 56:12	109:7 325:16	205:4 243:1
343:10 378:20	58:11 205:14	326:8 335:21	255:20 257:18
386:7 404:12	231:4 329:10	blue 33:18	272:5 278:10
404:14,15	336:20 361:14	163:12	279:17 307:5
406:4	361:16	board 38:18	313:20 323:2
beyond 20:8	binder's 7:10	55:9,17 56:4,7	331:3 333:14
24:19 25:2	207:6 230:9	56:11,13,19	337:7 382:20
31:13 98:12	231:7	57:1,4,8,10,17	384:1 390:15
236:18	bindman	58:1,8 245:7	390:17 397:9
	408:21	396:3,10	397:12,18

[bottom - campione's]

400:3 bound 320:9 box 167:6 174:16 204:13 204:15 boy 328:7 break 14:10,14 27:2 70:1,12 71:1,12 155:4 155:5,10 229:9 229:12,18 239:2 282:21 283:7 308:15 323:19 356:15 362:8 412:9 breakdown 26:14 68:15 breaking 175:9 235:6 brick 241:14 brief 11:11 20:4 34:8 bring 72:12 73:1 74:3 broached 409:4 broad 270:6 387:15 broader 142:8 broke 156:1 brought 149:1 317:18 320:21 bs 109:14 110:3 111:7	bucket 181:20 254:5,6,9,20 buckets 98:20 109:13 110:2 budget 45:9 build 66:13 101:7 166:17 192:17 269:14 309:6 332:7 345:7 built 307:12 bullet 22:6 52:12 120:9,13 126:9 154:12 199:5,7 200:11 200:21 201:1,8 201:12 202:5 257:20 260:11 260:12 261:4 308:6 309:1 310:4 311:3,18 373:19 374:20 375:12 bullets 117:15 143:9 144:9 146:21 162:6 190:15 burden 122:18 123:5,7 152:13 240:15,20 burgraff 58:19 burns 44:21 business 32:16 259:5,7,8	395:18 buy 220:15 221:10 bypass 122:17 byproduct 212:9,10 385:13,16 c c 2:1 3:1 9:1 55:8 104:15 105:15 106:4 108:21 221:14 221:21 245:6 323:14,18 324:17 326:9 334:5 340:8 341:5,13,20 342:6 348:12 349:9 352:9,16 353:3,8,9,14 calculate 8:14 126:16 195:3,7 209:17 215:11 248:19 325:4 328:5 355:18 calculated 193:2 248:21 288:8 292:8 calculating 82:20 194:18 214:21 216:11 248:19 394:9	calculation 194:20 338:19 calculator 355:6 363:7,11 363:13 california 157:12 call 7:14 15:8 22:1,5 32:5,9 101:11 128:7 128:11 144:4 146:16 162:3 232:19 253:21 256:4,17 272:19 282:11 315:4 365:4 396:7 415:12 415:14 called 60:10 253:20 calls 262:17 campione 6:15 7:6,11 8:10 58:21 65:8 116:10 129:9 163:11,16 164:8,14 186:4 191:11 194:5 205:14 234:15 321:21 343:18 campione's 59:2 305:10 323:2
--	---	--	---

[capacities - characteristics]

capacities 386:14,21	326:12 339:19 371:16	339:19 369:16	182:15 184:14
capacity 61:10	category 97:7	certainty 146:7	184:18,19,20
152:5 158:8	203:2,4 205:4	146:18 154:1	204:3 207:6
208:20 285:6	278:11 281:18	156:16 157:1,3	208:15 209:3,4
capping 317:15	281:19 372:8	176:21 257:10	210:19 212:9
caps 317:12	378:2	certificate 4:11	214:7,11,15
capture 246:5	caused 127:14	4:12 418:1	215:6 232:10
captured 37:3	caution 351:3	certification	235:15 236:19
115:4 188:3	caveat 55:17	179:7	243:6 251:4
309:21 323:11	cc'ing 5:10 7:6	certified 1:17	274:4,5 294:7
365:8	30:21 205:14	1:18,19 6:9	303:21 307:16
car 321:6	ceiling 276:19	130:9 138:12	384:15,16
card 8:8 313:3	280:3	420:16	385:4 419:5
313:12,13	center 1:4 7:8	certify 417:2,7	changed 28:15
care 72:20	9:6 36:15	417:10 418:3	49:18,21 50:15
74:12 99:17	37:16 38:13	chain 31:6	50:18 63:1
150:1,10 151:9	59:13 61:9	184:7 185:18	65:18 81:11
278:20 288:8	95:9 217:9	challenges	108:14 208:9
325:20 330:18	219:21 380:16	117:10,14	292:19 293:4,6
335:18 365:13	400:15 420:3	150:9 199:12	294:8,9 296:2
392:1,18	centers 79:18	246:19 259:3	299:7,8,16
393:17 395:6	80:15 136:12	champions	303:8
398:16,20	175:19 364:10	59:12,17	changes 50:16
careful 302:18	365:2 392:17	chance 70:17	56:8 64:9,18
case 1:5 9:9	central 94:12	change 81:1	143:5 164:11
15:7 17:9 19:6	94:13 95:1	166:2,8,12,18	186:14 198:4,8
19:18 21:6	109:6 325:16	167:6 168:9,12	206:8 211:8
31:18 95:16,19	326:8 335:20	168:13 169:7,9	213:20 234:20
118:14 189:17	ceo 39:1,3	170:7 171:2,5	234:20 237:4
192:13 261:8	58:11	171:13,16,17	420:9
358:2	certain 41:21	171:20 173:8	changing 184:3
categories	59:16 90:10	175:4,6,6,12	257:13
261:9 266:19	222:11 271:16	177:15 181:5	characteristics
		182:8,8,9,12,13	288:14

[characterize - column]

characterize 240:15 246:6,8	claiming 19:14	250:10 251:3	392:20 393:3,7
chart 165:19,21	clarification 37:2 115:3	265:16 266:3	393:7,14 394:3
184:1,14,19,21	188:2 335:11	266:10 281:2	394:12 395:11
187:15 191:11	365:7	285:1 290:11	cms's 289:9
204:3,3 323:20	clarify 14:2	299:17 301:1	coaching 266:1
327:5 333:7	41:1 46:16	351:5 352:15	coffee 221:11
338:4 343:14	48:11 49:20	389:7 394:3	221:14,16,20
343:16 346:8	67:21 73:7	403:15 404:4	221:21 222:2
348:19 349:21	99:7 107:4	407:2,18	222:11
355:3	124:12,16	408:19	cohort 83:1
chatting 32:12	134:7 159:10	clearly 66:13	171:3,7,11
check 191:10	176:8 206:5	109:18 166:17	200:8 325:5
chicago 3:6	211:11 218:21	client 15:16	330:10
chicken 245:20	221:9 222:9	52:13 56:17	cohorts 82:21
chiming 221:16	226:7 227:4	63:17	126:14 293:12
choice 117:18	248:18	client's 55:9	coincidentally
180:20 293:16	clarifying	56:19	256:8,9
choices 72:20	368:21	clients 95:9	colleagues
choose 74:11	clark 3:5	clinical 264:5,5	32:12 360:20
153:9 235:3	clause 75:4	282:6	361:4
250:13 345:2	cleans 219:10	clinically 304:6	collected
choosing	223:18	close 132:19	244:10
111:15 121:2,9	clear 14:8,9	235:18 321:8	collecting
122:17 395:6	15:20 27:16	340:18 350:7	244:12 281:4
chose 97:5	51:8 75:13	closely 59:7	collective
227:8	78:9 88:12	closer 337:8	209:13 210:1
chosen 354:6,9	98:8 100:17	344:16	255:8 336:13
chsra 36:18	119:3 142:12	clues 257:11,12	colloquy 37:2
37:5 38:4,7	142:13 144:8	cms 64:19	115:3 188:2
city 245:3	150:13 181:16	79:18 84:10	365:7
civil 1:11	190:21 197:5	90:9 94:10	colon 135:9
clabsi 110:5	197:18 209:21	175:19 179:5,6	columbia 417:2
	228:5 249:17	180:9 194:1	column 166:2
		259:9,12 364:7	167:6 173:2

[column - completing]

323:21 352:14 comanaging 326:20 combination 65:3 270:5,11 354:13 combined 282:12 come 18:16 19:16 22:2,9 40:8 42:10 66:4 84:21 90:9 107:5 110:8 139:3 142:21 175:15 202:18 212:13 212:17 214:1 222:18 243:14 250:13 280:15 303:16 311:16 311:16 316:3 320:19 329:9 333:4 364:7,20 366:10 371:15 373:1 383:11 383:16 comes 57:13 84:20 97:1 102:4 125:2 173:2 213:15 214:5 245:4 279:10 390:19 comfortable 170:21	coming 32:1 98:14 176:2 232:18 293:21 295:17 297:2 299:11 comment 7:12 177:17 198:6 206:9,20 230:10 233:13 235:17 236:9 236:16 240:11 241:10 242:14 243:1 251:3 304:18 commented 233:16 comments 7:10 75:19 213:10 213:12 214:2 231:4 233:20 234:2 235:10 235:12,13,14 235:15,16 236:3 316:10 361:6 commercial 71:12 commission 49:10 417:18 commit 235:7 committing 203:7 commonly 151:8	communicate 21:10,15 communicated 176:14,18 285:20 communicates 179:16 225:15 communicating 56:10,12 communication 52:15,21 57:10 203:1 232:18 410:11,12,12 410:15,17 communicati... 16:4 52:13 communities 150:1 151:4 398:15,19 399:13 comparable 392:4,6 comparative 358:7 compare 261:15 393:17 compared 64:3 152:4,14 245:13 249:13 249:20 253:19 275:13 353:14 comparing 334:21 335:1	comparison 334:19 comparisons 323:17 compel 252:19 compelled 74:18 75:9 compensation 42:11 46:11,15 48:18 67:18 68:9 competition 391:2 competitors 392:10 complaints 258:14,17,19 complete 110:20 111:10 152:5 153:9 190:8 208:4,12 233:9 235:4 240:18 241:15 241:19 318:1 completed 27:8 28:11,16,18 167:13 299:12 completely 250:5 269:2 completeness 30:12 completing 122:19
---	---	---	--

[complied - consumer]

complied 10:9	190:5,10	confront 215:1	considerably
component	231:10 232:11	confrontation	190:7
111:13 267:15	244:11	215:5	consideration
268:9 399:15	concludes	confronting	123:6,8
components	416:5	214:15	considered
267:3 302:5	conclusion	confused 14:1	52:16 96:15,16
composite	176:2 292:14	101:6 181:5	98:17 262:14
52:17,19 54:20	333:4 383:11	confusing	310:10 393:15
64:17 65:4	concrete 217:1	313:18	411:6
90:4 225:1	274:6 402:19	conjunction	considering
244:17 267:2	concretely 95:4	382:19	372:18 382:18
287:16,21	397:19	connect 73:19	384:14
288:7 300:10	conduct 106:13	311:4	consistent 57:8
301:15 303:2	107:6	connected	88:9 90:6
392:12,12,15	conducted	187:7	108:16 188:10
computerized	112:1	connection	200:4 208:13
84:19 92:20	conducting	158:10	303:5
262:19 414:15	291:2	connotation	consortium
concept 203:17	conference	182:20	262:18
270:6	407:21	consensus	constant 303:5
conceptual	confidence	53:16,19 54:19	constrained
411:10	209:16 210:16	131:13	152:9
conceptually	212:6 215:10	consequence	construct 394:1
55:10 402:15	215:14,15	246:3,15	411:6,8
concern 150:2	216:7,8 219:16	consequences	constructs
153:7 183:10	219:19 220:10	308:1	394:11
193:5,7 245:11	222:5,20 223:1	consider	consultant
295:12,15,16	223:5,15,20	117:12 141:4	336:20
297:16	confident 224:9	188:9 192:6,14	consumer
concerned	262:20	394:18 395:5	72:13 73:2
252:4	confirm 28:2	408:9	74:5 88:19,20
concerns 18:17	137:17	considerable	89:6 220:9,17
21:20 145:6	conflicting 57:4	181:17 371:19	224:9 225:9,15
146:11 148:17		372:20	228:15

[consumers - correct]

consumers 74:10,16 75:5 101:20 176:15 220:12 244:16 389:3,5,16,20 390:9 399:15 cont 6:1 7:1 8:1 contact 31:6 32:10 58:20 179:7 contacts 58:13 contemplating 305:12 context 122:6 136:5 148:4,15 148:21 149:11 154:3 165:2,10 203:5 233:4 257:9,11,12 260:12 293:17 293:21 294:9 296:2 298:10 299:16,19 314:4 330:9 347:12 continental 34:20 continuation 7:9 231:2 continue 90:11 254:18 continued 3:1 71:2 155:11 158:20 229:19	283:8 356:16 362:9 continues 388:16 continuing 265:13 266:16 continuously 40:17 303:19 continuum 328:14 contract 5:13 17:20,21 37:18 37:18 38:7 40:18 41:13,19 43:8 44:18 47:7,7,16 49:17 50:12 63:6 65:12 67:15 313:8 contractor 43:15 56:17 393:20 contracts 41:15 47:9,20 48:5,7 48:12 65:18 contractual 38:5 41:8 control 136:12 conventional 32:14 conversation 19:21 20:4 25:21 31:19 134:4 172:10	172:16,18 202:21 251:9 257:2,3 308:20 347:11 384:9 387:10 408:7 conversations 26:2 32:3 121:12,20 122:3,4,8,10 124:1,2,4,7,18 127:17 172:20 187:8 244:15 318:4 convert 35:1 converted 30:1 249:1 copied 31:5 copies 418:15 copy 161:13 356:5 420:16 core 95:18 correct 16:12 19:2 20:21 22:18 24:3,12 24:16 25:15 26:20 29:4 31:1,2,12 33:8 33:17,20 34:2 34:5,7 35:9 36:12 37:7 38:8 39:15 40:15 41:3,10 42:5,7 43:6,11 44:1 45:7,15	45:19,20 46:6 46:7,19,20 47:1,3,18 48:10,21 49:1 49:17 50:20 51:9 54:11 57:15 61:4 62:10 65:10,21 66:5,16,21 73:9 77:2,3 80:2,8,19 81:15 83:8,13 83:15,16,21 84:2,11,12 85:18 86:17 87:21 88:2 93:1 94:5 95:20 96:10,12 98:2 99:1,3 100:1,2,13,15 101:10,12,17 101:19 106:8 106:12,19 112:19 117:16 117:21 120:1 120:12,14,19 125:15 126:1 126:10 127:1,2 127:4,12 128:1 129:18 135:1 138:15 139:12 140:4,8,13,18 141:1,12 142:2 142:17 147:4
---	--	--	--

[correct - court]

151:13 153:16	269:21 271:1,2	346:2,16,19	corroborate
156:6,12	271:18 277:3,4	348:21 349:5	408:14
160:10 161:1	278:17 279:6	350:19 351:13	cost 179:5
162:6,13	280:2 281:13	351:16 352:6	180:9
165:17 166:7	282:13,17	353:6 356:5	costa 8:12
167:18 168:7	286:15,21	357:16 361:8	329:17 330:14
168:15 170:11	287:1,4,7	361:12 364:4	costs 49:1
171:14,18	288:18 289:15	364:12,14,15	counsel 9:13
173:4,10,19	290:7,8,9,13,19	364:20 365:5	11:19 15:4,6,9
174:5,13 177:4	296:13,14	365:15,16	15:19 16:4,10
177:12 178:1	299:21 300:4	366:1,8 367:3	17:2,15 20:2,8
180:19 181:2	301:13,21	368:2 371:10	21:16 23:10
182:3 184:17	302:4,14,15	371:12 373:17	25:20 139:5
185:1,16	304:7,18 305:4	375:17,20	381:21 397:4
189:19 190:14	305:5,8 307:14	376:19 377:15	400:1,9 405:9
190:16 194:3	311:8,9,11	378:3,10,11	406:21 409:19
197:11 198:14	313:5,10 315:3	380:10 384:3	417:6,10
202:16 203:8	316:9 317:9	395:11 397:7	counseling 63:9
203:14,19	319:1 320:7,9	397:11 401:9	count 335:21
210:3 211:13	320:14 322:7	401:16 403:1,4	counting 336:5
212:20 218:17	323:21 324:3	404:2,4,5,16	country 351:7
219:17 220:6,7	325:13 327:9	407:8 409:21	couple 12:12
226:11,21	327:11,12	410:21 411:16	19:17 42:17
231:5,21 232:2	332:19 333:20	412:15,20	49:15 51:18
232:5 236:6	333:21 334:3,7	413:16 414:20	58:18 59:11
237:17 238:16	334:9,11 335:2	414:21 415:3,9	79:8 130:13
239:8,14,15	335:5 337:10	corrected	146:21 272:9
240:1 241:11	338:1 339:16	180:19	307:20 319:14
248:6,7 253:17	340:7,9,12,14	corrections	360:19 405:9
261:6 263:20	340:17,19	416:14 418:7	407:10 409:18
264:13,18	341:1,15	correctly 156:4	court 1:1 9:8
265:11 266:12	343:20 344:12	332:10 340:15	9:11 10:4,6,10
266:13 267:20	344:19 345:15	corresponding	10:15,19,21
268:6,18	345:18,20	376:16	11:2,4 12:13

[court - creation]

13:10 37:1 70:17 115:2 138:12 158:9 158:12,14 188:1 365:6 416:9,15 courtney 3:4 9:20 20:9 31:4 31:6 32:8 283:2 362:16 courtney.wood 3:8 cover 41:14 coverage 41:16 49:4 covered 84:11 318:20 320:13 320:20 covering 47:8 266:3 covers 41:21 42:6 182:6 covid 243:13 314:10 cpoe 92:19 187:18 253:15 261:7 262:1 415:16 crain 2:4 4:6,8 9:18,18 10:17 10:20 11:1,5 11:16,19 16:1 16:8,9 20:16 23:19 25:3	28:3 29:7,11 30:12,16 31:16 35:19 36:1 37:4 42:18 43:1 49:13,14 51:6 57:19 67:5 68:1,4,6 69:6,9,13,15,18 70:9,11,13,19 71:9 73:12 76:4 78:15,19 81:4 84:6,8 89:3,8 90:14 98:6 101:5 102:18 103:1 112:7,10 113:2 113:6,15 114:1 115:5 121:17 124:15,19 128:17,20 133:2,5,7 134:5 136:18 139:8,17 145:2 147:18,20 148:19 155:4 155:16 157:18 158:11,13 159:3,18,20 160:12,16 163:5,9 170:18 172:11 173:16 173:21 174:6 174:14 177:12 177:13 179:13	182:11 183:6 183:13,16,18 183:19 184:12 185:5,9 186:1 187:3 188:4 190:3 191:2,20 195:14,18 205:5,8,12,21 207:11,13 209:1 210:3,9 211:13,17 217:2,5 221:3 223:7,9 225:16 225:21 227:21 228:21 229:7 229:13 230:3 230:15,18 234:6,10 236:11 242:8 242:12 243:21 244:3 252:14 255:15,18 256:13,15 257:8 265:21 266:8 271:21 272:3 274:9,10 277:21 279:11 280:18 282:20 283:2,15 286:3 286:7 305:1 306:20 307:3 312:17 313:1 321:15,19 329:21 330:3	332:16 333:10 333:11 340:2 341:11 343:7 343:12,16,17 344:5,9 347:18 347:20 348:1,2 355:9,13 356:11 357:2 361:19 362:3 366:3 367:4 368:4,18 369:12 370:15 375:5,21 377:8 378:17 379:10 381:19 383:2 383:14 385:7 387:20 390:2 391:19 392:5 393:4 394:21 395:12 396:1 396:21 397:2 398:12 414:8 415:21 416:4 create 12:14 267:1 270:21 386:7 created 56:4 190:7 199:12 261:8 354:7 creates 391:2 creating 203:12 297:13 creation 75:14
--	---	--	---

[credit - data]

credit 193:11 193:16 290:3 295:14 296:9 372:7 credits 296:10 creeping 118:19 190:11 crept 117:18 118:1 criteria 181:16 181:19 377:1 377:14,20 378:1,10 379:13 critical 150:15 150:17,18 330:18 crosswalk 261:12,13 271:1 crosswalks 261:8 262:13 263:6 264:1 265:14 266:17 269:1,4 crutcher 2:3 9:19 10:2 cs 109:14 110:3 111:7 culture 99:16 111:18 254:16 268:9 curious 297:8	current 18:21 64:8 80:20 83:4,5,10 88:7 88:16 105:16 106:18 117:11 120:17 122:16 124:13 145:11 194:11 199:10 199:20 202:7 208:3,10 209:14 260:13 263:17 303:11 306:4 324:5 363:12 384:7 404:12,15 407:3 415:6,8 currently 17:20 27:9 62:19 64:17 80:10,13 146:19 246:5 308:2 363:16 415:18 curtis 3:11 9:10 cut 209:7,13 211:9,12 267:6 336:3 cv 1:6 9:9 68:12 cycle 27:10 28:9,17,21 29:2	109:1 110:6 221:14 222:1 323:14,18 324:17 326:15 333:14,20 337:8,14 340:4 341:4,13 347:9 348:12 349:9 352:9,16 353:3 353:14 401:1 damage 398:7 danforth 5:7 5:10 6:15 7:7 8:8,10 23:10 24:7 25:9 26:10 30:21 56:12 58:11 59:20 116:10 119:12,17 122:5 125:2 127:17 163:16 186:4 205:15 231:6 259:20 259:21 313:3 316:5 321:21 343:19 danforth's 58:18 191:21 data 39:20 79:20 80:12,14 80:15,19 82:5 82:6,14,16,17 82:19 83:19,20 83:20 84:9,10	84:13 91:6,11 92:12 93:11,15 93:17 94:2,4,6 94:8,10,15,20 94:21 95:2 96:7 101:2 102:8,9,10 111:16 120:17 154:5,6 178:14 179:20 191:19 193:20,21 194:1,2 195:6 199:21 208:4 208:11 209:16 211:2,3 212:7 214:20 215:2 215:10,10,14 215:15 216:7,9 219:16,19 222:20 223:2,5 223:15,20 239:6,10 240:5 240:7 244:10 244:12,13 253:3,5,7,9 254:10,13 255:9 257:15 258:4,6,15,19 258:21 259:9 259:12 260:9 260:15 261:2 261:21 262:12 262:15,18,20 264:2 269:16
	d		
	d 9:1 104:15 105:15 106:4		

[data - deleted]

269:19 270:10	day 20:4 26:10	120:3 121:13	defeat 247:10
270:19 288:7	31:20 32:7	121:21 122:1	defendant 1:8
289:3,6,8,14,19	46:1 141:3	123:12 124:3	3:2 9:21
290:17 291:5,7	156:14 161:14	125:1 142:13	362:17
292:7 293:10	162:21 253:15	208:18 214:1	defensive
300:10,12	253:20 347:7	248:15 249:5	210:17 211:8
301:15,17	365:14 368:9	250:10 254:9	211:12
302:12 303:3	373:16 417:13	254:17 285:19	defer 168:18
308:2,9 309:2	days 56:3,21	294:1 296:3	252:20
314:13 339:4	157:21 165:15	301:8 319:3,12	define 201:5
342:14 364:7,9	191:9,10	336:3 337:4	240:14 339:21
364:10,20	196:13 299:10	389:8 391:21	392:6
365:1,3 366:12	412:10	406:5	defined 27:9
368:7 384:19	daytime 330:8	decisions 90:9	276:13
391:15 412:6	331:6,10	224:14 285:3	definitely
412:11,12,15	dealing 289:2	301:4 303:6	328:19
412:15,18,19	289:14 297:7	305:15 319:9	definition 94:7
412:21 413:6	397:15	391:16	150:14 151:5,8
413:11,13,14	dear 405:7	deck 6:8 113:15	153:14,16,21
414:17 415:1,5	deaths 327:15	113:17 114:2	154:2,4 159:11
415:9,13,14,17	334:2,19 335:7	114:15 125:5	238:2,4,9
415:18	335:17 341:21	200:4	249:3 267:16
dataset 195:5	decade 388:4	declare 10:10	271:15 298:13
datasets 263:9	decades 388:4	declined 224:7	303:14 342:11
date 133:5	decent 22:16	227:13 381:5	degree 87:11
196:11 418:13	decide 86:11	401:19 405:2	87:13 269:13
dated 5:7 6:19	285:1,2 299:19	declining 403:8	335:12
8:15 196:14	decided 284:13	decreases	deincentivized
314:1 332:18	310:14	240:20	117:19
357:12 358:10	decides 224:13	deemed 300:21	delbanco 39:3
358:19	deciding 122:5	312:4	delete 200:12
dates 36:9	189:16	deena 8:12	201:7
davis 157:12	decision 23:1	329:16	deleted 200:21
	86:9 107:16		201:1,21

[deleting - different]

deleting 201:9	deponent 2:12	detail 18:13	die 104:14
delineates	4:12 418:1	154:7 384:12	106:3,19
45:12	deposed 12:8	detailed 142:10	326:10 347:9
delivered 84:5	17:17 18:5	details 15:14	348:12 349:9
delphi 52:21	deposition 1:10	128:6 281:16	352:9 353:13
53:11,14,15	1:16 9:5 12:16	determine	difference
delray 7:8 95:9	14:18,21 15:5	334:16	73:20 147:6
95:10,11,12	17:15 18:3	determined	148:6 149:5
96:1,9,19 97:2	29:14,15 33:6	179:3	152:3 154:14
97:13 217:9,12	163:11 416:6	detriment	169:1,2 201:14
218:1 219:1,18	416:19 420:4	250:6	226:2 305:11
219:21 222:14	depositions	develop 287:16	334:12,16
225:2 227:10	17:9	287:21 325:16	335:4 337:13
239:20 380:16	derived 304:17	326:9	340:4 341:6
400:1	derk 8:16 17:18	developed	differences
delray's 95:14	18:6,7 31:11	146:19 158:1	53:7 54:21
demonstrate	357:9	160:9 335:20	147:9 154:17
193:12,15	describe	developing	201:17 303:18
288:3,5	211:16 287:18	39:19,21	333:12 337:18
denominator	324:11	development	340:10
274:17 276:16	described	112:11 158:3	different 26:5,5
department	126:13	159:8,14	48:7 53:17
245:4	describes	develops 110:5	81:13,16,21
depending 26:6	287:20	deviation	82:7 95:8
66:8 290:12	description 5:5	245:14 294:12	117:12 118:17
349:4	6:5 7:5 8:5	294:18 295:1,5	141:6 151:2
depends 159:10	descriptions	295:6 305:17	153:18 158:6
221:2 303:14	219:3 226:17	deviations	167:16 171:12
depict 25:4	deserves 72:19	172:1	175:6 182:8
51:21	designation	dha 114:21	189:10,15,15
depiction 55:4	179:3	diagram	189:17 194:5
79:3 307:18	desire 250:11	411:15	199:2 211:2
359:5 360:1	desk 7:11 179:7	diametrically	214:14 222:7
	234:15	250:16	222:13 225:2,6

[different - district]

225:12 239:1	214:15,18	264:3 282:5	173:3,13 174:9
244:12 254:1	215:1,5 392:10	disclose 345:2,5	187:13 251:7
264:10 288:14	400:8	disclosure	257:9 319:7
293:7 299:13	direction 54:19	381:2,4 382:20	320:9 344:2
300:15,17	55:8,11 56:18	discount	372:21 408:18
302:10 303:18	57:1,4 58:3	325:21	discussions
306:10 311:2	117:13 165:13	discovery	15:15,15,18
318:16 323:16	214:9 318:5,10	133:1	31:11,13 197:1
332:11 339:18	318:13	discuss 22:19	262:3 374:13
340:1 341:4,20	directly 46:19	32:6 64:9	disease 136:12
342:16 350:17	48:16 180:12	112:17 316:21	disfavor 238:6
369:15 370:1	399:16 403:11	375:12 395:5	disincentive
372:3,4 378:10	director 35:11	396:16	190:7
386:20 394:7,7	36:10 37:15	discussed 23:4	disincentivized
394:10,11	38:1 39:18	24:19 25:5	193:8
399:17 402:15	45:4 409:1	31:10 78:2	dispensers
403:10 408:2	directors 55:9	125:16 138:14	279:14
408:20 410:6	55:18 56:19	145:5 164:15	display 325:14
411:6,8 413:5	57:2 396:3,10	203:17 204:19	383:4
differently	disadvantages	252:3 298:16	disregard
73:11 191:3	149:16	304:4 308:12	141:4
382:1	disagree 236:8	309:3,4 310:12	dissipate 54:12
difficult 131:14	237:3 243:4	320:16 326:7	distinction
188:21 245:15	265:5 267:7	366:14 374:17	96:14
difficulty	329:1 341:21	387:2	distinctly 165:7
158:19	disagreed	discussing	distinguish
dig 235:1 237:8	201:7	153:2 191:1	402:18
digestible	disagreement	248:10,11	distribution
244:18	301:9 306:12	discussion 11:7	216:15 295:2
diminished	disappointed	25:2 113:3	distributions
63:3 64:1,3	234:19	130:12 136:7	373:21
dip 127:8,14	discarded	138:19 139:4	district 1:1,1
direct 49:1	100:3 101:12	142:16 148:12	1:12 9:7,8
58:18 161:5	253:20 262:8	162:8 172:4	417:2

[divide - draft]

divide 335:14 336:5 division 1:2 9:9 361:20 dmm 1:6 9:9 doctors 98:4 397:19 398:1,3 document 5:8 5:15 20:17 23:16,20 24:2 24:21 27:14,16 28:5,6 29:5,16 29:19,21 30:2 30:7 33:6 43:2 43:4 54:18,21 56:16 71:14 72:5 78:16,20 82:11 83:18 85:5,15 90:21 96:13 98:14 100:17 101:20 102:2 103:2,7 104:2 105:18 113:1,7 128:14 130:16 132:21 136:3,15 137:8 139:18 140:7 141:5 148:1,14 157:6 160:18 162:12 163:4,6 168:20 176:19 182:5 184:9 185:10,15,20 195:20 197:9	205:17 206:7 206:10,14,16 207:1 210:7 211:14 224:19 224:20 229:4 230:10,19 231:16 233:13 234:12 242:19 255:13,19 257:6 260:9 265:6 271:4 272:4 273:12 283:18 285:7 286:13,16 288:16 307:5 312:18 314:17 324:13,14 338:3 343:9 344:6 347:15 354:16,18 355:15,17 356:2 357:7,21 407:12 411:19 413:19 documents 15:2 16:19,21 17:1 18:8,19 28:8 42:17 185:13 186:20 207:7 324:10 343:8 doing 26:7 28:12 34:19 53:9 60:18	63:4 69:20 90:4 107:8 108:11 169:4 175:4 184:15 188:16 219:21 232:21 233:3 238:19 244:8 253:2 276:13 297:17 304:21 327:18 369:18 369:19 372:19 dollar 50:12 domain 276:3,5 276:6,9,17,18 276:20 277:1,2 277:13,16 278:4,13 279:18,19 280:7,21 281:21 412:3 domains 90:6 276:13,15 281:3,6,18,19 303:3 394:7,7 410:6,19 domico 8:8 313:4,6 doors 151:3 dot 343:1 double 132:7 191:10 336:5 342:1,2,4 doubt 408:5	dr 2:12 7:14 9:5,16 11:17 15:12 20:17 23:20 36:2 38:12 43:2 71:10 73:8 78:20 103:2 113:7 114:3 133:8 134:16 136:10,11,20 137:1 139:18 156:11,14 157:7,8 158:5 158:7 159:7 160:2,17 161:21 162:1,9 177:7 184:6 185:10 190:18 195:19 207:14 217:6 230:4,19 231:20 232:1 234:12 242:14 256:5 257:2 283:16 286:8 287:5 299:3 313:2 321:20 328:18,19 330:14,14,14 357:3 362:16 397:3 408:21 416:6 420:4 draft 61:17,18 117:8 141:11 141:21 196:7
---	--	---	--

[draft - eliminate]

273:3,6 324:4 349:3,16 358:21 416:16 drafted 107:18 115:20 116:2 116:20 190:13 drafting 75:14 79:10 107:20 108:4 dramatic 183:1 183:2,7,14,14 183:18 drastic 170:7 173:7 175:4,6 175:12 182:8,9 182:12,13,15 182:19 204:3 drill 154:7 drive 388:10 390:13 driven 250:11 driving 119:1 354:4 drop 186:13 351:2,6 dropping 396:7 ds 109:14 110:3 111:7 due 109:15 158:18 193:17 323:10 324:19 352:2 duff 25:13	duly 417:5 dunn 2:3 9:18 10:2 dying 109:10 351:15 e e 1:13 2:1,1 3:1 3:1 9:1,1 e.g. 52:21 294:12 eager 342:9 earlier 31:10 31:20 54:2 68:3 83:12 88:4 103:15 156:14 168:16 198:13 199:2 253:15,20 268:7 286:14 305:9 311:19 347:6 361:1 362:19 365:14 366:8 371:8 373:5 378:8 380:5,20 381:10 384:5 385:12 386:12 386:19 403:15 earliest 260:19 early 15:8 39:6 55:19,20 56:3 56:21 64:5 82:2 106:9,11	157:21 286:19 288:2,4 299:9 393:18 earmarked 46:1 50:19 earned 35:7 easier 191:4 244:19,20 383:8 east 2:16 easy 72:13 73:2 74:4 188:7 edit 164:17 201:4 219:3 edited 206:10 232:9,13 361:14 editing 218:21 editor 86:8,8 editors 361:3 edits 197:18 198:1,11,13,16 199:7 203:16 203:16 207:6 230:10 361:17 educated 336:10 education 33:13 276:7 effect 235:10 331:9 397:10 400:2 effective 264:7 284:14	effectively 280:21 effort 41:14 51:3,3,5,7 107:9 189:3,8 189:13 efforts 46:4 50:17 68:13 123:11 243:11 351:8 egg 245:21 eight 356:21 362:6 eighth 328:3 either 32:3 39:17 52:14 77:5 93:18 98:17 121:21 132:21 170:4,5 171:10 181:21 197:6,7 213:4 223:10,11 235:19 251:7 278:1,2 349:3 359:6 405:5 electronic 414:12 element 118:4 elements 95:18 304:7 374:2 eligible 179:2 eliminate 170:8 170:17
---	--	--	--

[elser - estimate]

elser 3:3 9:20 20:3,7 25:13 31:11	284:6,8,8 313:2,18 316:16 321:3 321:20 323:2 333:10 343:21 344:4 353:16 355:2,20 357:9 358:14,20 360:1 413:4	246:17 encouraged 91:10 encouraging 249:19 endeavor 311:19 endorsed 60:17 ends 416:6 endurance 229:14 energy 354:7 engage 396:9 engineering 34:4,11 enjoyed 363:3 ensuing 291:11 ensure 207:18 ensuring 60:19 entails 60:13 entire 285:13 entirety 80:6 entities 392:16 entitled 115:15 entity 392:11 392:14 entity's 238:5,6 entry 84:19 92:20 262:19 414:15 environment 410:8 equate 352:9	equivalent 176:11 180:1 202:8 211:3 220:3 379:12 era 243:13 erica 44:21 45:3 errata 4:13 418:8,15 419:1 420:10,12,13 error 238:4,4 238:10,12,21 267:15 269:13 271:15 352:3 errors 19:13 247:18 248:6 especially 243:13 esquire 2:4,5 2:15 3:4 essentially 66:20 263:5 278:9 established 182:14 327:20 estimate 68:21 69:1,13 104:13 108:5,20 109:14,17,18 109:20 138:9 157:2 238:3,9 240:8,9 295:4 328:10 329:9 329:12 341:9
email 5:6,10 6:6,12,15,17,18 7:6,9,11,15 8:7 8:9,15 21:1,5,6 21:11 24:4,5 24:10,13,20 25:2,4,8,9 26:9 26:10 30:17 31:6,8,14 113:9,18 116:9 129:5,8 137:3 140:1,9,15 141:4,6 160:20 161:6,10 162:19 163:15 163:20 164:8 164:17,21 165:2,3,7 184:7 185:11 185:18 186:3 187:21 191:21 192:11 194:6 196:2,13,18 197:20 199:2 205:13,20 206:1,2 210:11 213:8 230:14 230:20 231:1,7 234:15 242:1 265:14 266:16 272:7 283:20	emails 20:6,9 196:5,6 305:10 emma 8:8 313:3,6,7 315:4 emphasize 109:20 empirical 119:19,21 120:2 193:16 193:18 265:12 266:15 301:12 empirically 127:19 369:21 employed 35:15 36:14 37:5,10,10 employee 18:21 employees 98:12 employer 36:16 encounter 82:5 encourage 209:15 212:8 212:12 222:21		

[estimate - exhibit]

341:12,16,18	120:2,5 193:18	227:5 276:6	7:17,19 8:5,6,7
342:5,21 343:1	265:12 266:15	294:19 305:17	8:9,12,13,15
348:11 349:8	267:13,19	305:18 372:6	20:12,13,14
353:12 413:7	268:5 326:19	375:19 376:3	23:15,16,17
estimated	evolve 90:11	exceed 43:16	29:7,9,12,15
108:15 323:9	294:6	excel 8:13	30:13,14 35:19
323:13,16	evolved 82:16	355:14,18	35:20 42:19,20
325:9,11	82:20 83:2	356:6	51:11 71:4,14
327:15	88:11 291:15	excelled 397:16	78:2,16,17
estimates 106:2	292:20 293:7	excellent	102:19,20
278:8 342:16	303:7	241:16	113:3,4,19,20
estimating	evolving	except 263:21	115:19 116:3,5
326:3	291:20,21	exceptions	128:17,18
estimation	exact 59:3	257:20 261:5,7	129:4,5,5
238:15 239:9	154:1 162:3	exchanged 20:6	139:14,15
239:16,17	169:21 259:13	excited 321:12	154:12 160:13
240:2 271:10	342:11	exclude 260:13	160:14 163:7
271:13	exactly 25:20	290:15 346:14	163:11 177:3
et 1:4 4:3 5:3	54:7 77:7,16	346:17 351:4	185:6,7 195:15
6:3 7:3 8:3 9:6	79:12 128:11	352:21	195:16,19
419:3 420:3	132:2 167:10	excluding	196:7 204:6
evaluates 97:17	172:9 175:16	250:17 291:5	205:9,10 217:2
event 326:5	190:21 213:5	292:15 342:13	217:3 224:19
events 109:3,5	304:21 394:3	344:17	229:4 230:15
325:10	examination	exclusion 341:7	230:16 234:7,8
eventually	4:1,5 11:15	excuse 131:5	234:11 242:6,9
293:12	362:14 397:1	150:6 209:12	242:10 255:15
everybody 21:5	417:7	237:16	255:16 271:21
112:8	examined	exhibit 5:5,6,7	272:1 283:10
everybody's	417:5 418:4	5:8,10,12,13,15	283:18 286:4,5
35:18	example 64:5	5:17,19 6:5,6,8	306:21 307:1
evidence 60:21	94:10 95:10,11	6:9,11,12,15,17	312:18,19
75:3 90:13	109:6,21 142:8	6:18 7:5,6,8,9	321:16,17
119:19,21	200:14 225:20	7:11,12,14,15	329:21 330:1

[exhibit - f]

333:9 343:13 343:16 347:14 347:16,18 348:19 354:17 355:10,11 356:18 357:6 363:20,21 373:4 376:6,14 379:21 407:14 411:19 413:19 exhibits 5:1 6:1 7:1 8:1 exist 123:12 existence 176:6 existing 243:10 exists 80:8 168:5 experience 221:17 255:9 265:20 297:21 298:1 366:11 387:16 388:3 388:20 393:7 396:2,11 398:14 410:2 411:4,5,11,14 experienced 279:9 experiencing 152:14 expert 6:7,10 6:14 22:13,19 22:20,21 23:2 24:14,19 27:1	52:9,14 53:5 53:21 54:1,2 54:18 55:10 69:15 82:2,7 112:16 113:10 114:10 117:9 125:18 128:4 129:17 132:4,9 134:11,18 140:19 141:15 141:15 146:4,9 146:11 156:15 157:9,13,17 160:6 161:8 162:20 165:15 170:16 173:3 187:8 191:5 197:2 199:9 202:19 205:3 206:14 208:20 211:1 213:14 214:4,8,10 251:8 256:9 283:21 284:8 284:11 285:2,4 285:5,8,13,14 285:21 287:3,3 289:5 299:3 301:3 308:11 308:17 309:3 310:10 315:4 316:21 317:18 318:9 319:16 372:17 373:6	375:1,10 393:9 393:18 407:21 expertise 315:6 experts 39:20 91:7 202:6 287:15 expires 417:18 explain 62:13 108:17 126:3 232:10,20 233:3,6 269:3 316:4 335:12 340:18 349:20 377:10 388:8 393:11 explained 229:3 403:16 explains 27:15 28:7 29:21 222:16 400:3 explanation 92:9 178:8,9 178:18 232:9 383:5 explanatory 211:19 272:18 explication 228:5 explicit 173:20 319:17 372:21 408:8,9 explicitly 144:21 145:4 146:4 187:10	206:15 exploratory 15:8 explored 262:15 263:1 extends 98:12 extent 19:21 67:10 199:4 213:12 379:8 external 21:21 86:5,14 extreme 182:21 305:18 extremely 235:4 240:12 240:13,14 eye 378:20 f f 44:21 104:15 105:15 106:4 109:1 110:6 218:1 323:14 323:19 324:19 326:15 333:14 333:20 337:8 337:14 340:4 341:5,13 347:9 348:12 349:9 352:10,16 353:3,14 397:20 398:1,6 398:7,21,21
---	---	--	--

[face - feels]

face 150:10 153:12 231:17 351:18	141:11 144:3,6 149:2 157:13 159:13 167:19	408:16 409:9 411:14 412:13 415:16	father 18:1 19:5
facilities 115:1 199:6	191:6,7 201:6 203:9 221:4	fairly 152:2 275:21 276:2 279:5	favor 235:15 297:14 298:2 298:14
facing 88:19 117:10	223:13 236:8 241:6 246:6	faithful 142:15	favorable 117:18
fact 151:16 264:1,14	249:18 251:15 252:12,21	faithfully 92:7	favorite 35:18 238:5 254:12
factor 150:11	255:2 261:20	fall 7:18 105:19 105:21 243:5	feature 54:9
facts 268:13,16 301:10	263:4,16,16 270:2,12,13	284:3,10,15,17 303:12 384:15 385:3	federal 1:11,19 393:14 409:3
factual 19:13 346:13	274:3,9 276:1 277:11 279:16	falsely 235:2 237:11,20	fee 43:15 46:8
factually 19:15	280:9 282:2	familiar 51:17 51:18 71:18,19	feed 11:8 16:7
faculty 41:14 45:12,13 47:6 388:21	291:18,21 294:17 295:18 295:20,21	76:14 79:5,7 92:15,21 93:3 99:9,14,17	feedback 57:3 57:7,12 75:19 86:6 87:5,10 87:12,12 115:6 115:7 119:3 122:9 125:20
failed 377:1 406:10 407:5	296:3,4,5,7,21 301:11 302:16	111:3 122:12 132:4,9 219:5 330:4,5,13,18 363:6 394:19	feel 14:2 56:21 86:13 123:10 164:16 170:21 183:7 184:7 220:10 224:9 252:1 253:21 257:3 262:20 296:3 306:7 308:12 309:10 331:15 353:17 385:4,9 418:7
failing 278:9	303:9 306:3,8 306:14 314:11	famous 413:4	feeling 385:17
fails 420:15	320:18 335:4 340:3 341:21	faq 110:11	feels 253:15 282:15 296:1
failure 72:17 73:20,21 345:13	347:3 358:5 359:10 363:9,9	faqs 61:19	
failures 386:9	364:6 368:14 370:12 373:15	far 91:21 108:4 167:14 305:6 318:4 330:20 356:7	
fair 13:1,7,8 14:3,4 16:4,5 49:13 56:3,6 62:21 65:7 80:7 88:6,8,13 92:2 93:16 94:1 98:13 112:13 125:3	382:3 383:19 385:2 391:7 397:20 398:7 398:13 399:6,6 399:20 402:15 404:7 406:8	fast 294:2 299:13	

[fees - follows]

fees 43:12	164:15 222:1	237:2 240:18	flip 131:10
fell 83:2	244:18 343:9	242:1 251:6	331:16 359:4
felt 19:12 35:4	389:7	260:12 273:3	373:18 380:4
97:9 182:16,16	fine 70:11	274:1 282:11	flipping 65:13
201:1 259:1	77:13 87:17	294:10 308:3	360:8
262:4 351:18	137:7 229:13	310:9 313:20	floated 318:17
fewer 152:7	232:11 283:1	331:15 338:7	floor 280:16
246:3 281:18	309:7 362:4	348:18 354:19	florida 1:1,12
346:15,18	364:3	firsthand 123:1	9:8 95:9
351:20 352:1,4	finish 13:1,1	123:15,16	fluctuation
fifteen 204:7,8	78:9 117:4	fit 99:2	50:7,17
376:10	finished 107:21	five 81:15,21	focus 34:11
fifth 91:1	159:19	82:7,10 91:9	52:5 54:4 72:4
figure 255:14	firm 20:3	120:8 124:5	112:12 115:12
288:11	first 24:5 25:13	159:1 188:20	131:1 199:7
figured 36:9	39:13 43:13	229:16 279:21	315:8
file 141:6	44:20 46:13	281:3,6 289:18	focusing
355:18 358:3	50:4 53:17	290:15 291:4	333:17,17
filed 23:3,9	55:14 72:6	291:17 293:8	folio 32:19,21
files 154:5	73:11 75:4	319:4 347:18	folks 21:2 22:5
fill 64:21 66:6	79:15 83:11	356:11 364:8	26:7 44:12
208:3,11	89:9,9 91:1	366:6 367:2,21	58:13 94:21
filled 66:19	104:2 114:21	368:10 370:6,8	272:8 287:2
filling 377:19	117:17 120:9	370:10 401:14	follow 21:16
filter 57:11	126:15 140:15	410:10,14	107:9 143:18
final 7:17	141:21 142:9	413:5 414:4,7	149:3 178:12
232:19 284:2,9	147:14 158:4	fix 31:17 66:12	272:15 316:16
285:8 292:8	159:8 163:20	92:4 121:18	followed
319:21	171:2,7,10	147:10 154:18	260:20
finally 297:12	179:18 185:18	167:19 201:18	following 56:18
financially	186:3 188:8	387:21	373:11,16
235:6	193:3 196:6	flag 16:6	374:2 375:10
find 63:8 67:7	211:8 219:15	flat 46:8	follows 71:3
96:6 148:2	221:21 231:14		140:21 155:12

[follows - funded]

158:20 229:20 283:9 356:17 362:10 font 207:10 foregoing 418:4 foreign 325:6,7 forget 76:16 forgetting 387:5 forgive 41:17 278:19 forgot 182:2 307:16 form 27:20 31:15 42:10 50:21 57:18 67:20 73:6 76:3 89:2 90:1 98:5 101:3 121:16 124:11 126:6,8 132:21 134:2 144:19 157:15 170:14 172:7 173:15 173:18 174:4 174:12 182:10 186:19 190:2 190:19 191:17 205:1 206:11 208:16 211:10 221:1 223:6 225:18 227:19 228:17 236:10	243:19 252:13 274:7 277:14 279:3 280:11 304:19 324:5 331:19 339:20 341:10 349:3 349:16 366:3 367:4,16 368:3 368:18 369:12 369:13 370:15 375:5,21 377:7 377:8 378:17 378:18 379:10 381:19 383:1,2 383:13,14 385:6,7 387:20 389:4 390:2 391:18,19 392:5 393:4 394:20,21 395:12,21 396:1 398:9 399:12 formal 26:4 53:9 54:4 150:14 format 90:4 217:14 formation 80:5 formed 160:7 forms 84:9 318:16 fortunately 103:3,6	forty 42:3,3 forward 93:6 125:18 189:16 214:9 255:1 284:13 285:13 285:20 294:2 299:13 358:17 forwards 231:6 found 215:3 329:11 four 81:15,21 93:6,12,15 94:3 98:15 101:8 102:6 110:2 118:16 155:14 158:16 215:17 216:10 241:8 253:19 255:12 265:2 268:3 276:15 281:9 290:2 291:17 295:13 299:4 305:18 315:17 317:7 366:7,14 367:2 367:20 370:11 370:12 371:10 371:17 372:12 372:19 382:18 414:6 fourth 91:1 297:13 fraction 247:4	frame 90:7 106:15 168:3 framed 168:20 framework 215:18 framing 146:14 free 14:2 164:16 184:7 253:21 257:4 331:15 416:2 frequently 5:20 103:18 347:19 friday 314:20 friend 30:21 friends 405:8 fringe 49:4 front 23:7 65:13 130:9 226:5 286:8,9 286:10 313:2 354:18 fronts 258:19 fs 109:14 110:3 111:7 324:17 full 11:21 12:2 76:9 195:5 208:17 328:11 fully 143:17 224:11,18 328:9 fun 279:12 function 254:2 funded 152:11
---	---	--	---

[funding - go]

funding 42:6,8 43:18 151:2 further 45:9 136:2 165:13 169:18 290:20 350:20 382:5 397:1 415:21 417:7,10 future 47:16 52:17 54:19 55:1 125:10 240:18 359:2	gel 279:7,9 general 19:11 19:12 49:16 88:8 90:4 103:9 151:6 288:8 303:17 404:13 generally 36:5 36:13 41:11,17 47:5 50:6 51:17 53:6 60:13 67:10,19 73:10 76:5,14 79:5 81:20 82:8 83:19 86:1,18 93:2,5 95:13 108:17 123:9 126:3 135:21 142:3 151:1,4 171:7 217:7,14 219:2 233:4 234:2 284:6 287:18 291:10 296:19 314:8 316:17 324:10 397:15 getting 16:2 34:12 258:13 262:21 296:9,9 311:7 321:5,8 367:15 379:18 391:6 399:8 403:9	gibson 2:3 9:18 10:2 gibsondunn.c... 2:9,10 gist 217:19 give 10:12 13:15 19:10,19 23:5,6 35:17 44:12 48:16 97:10 167:11 174:19 193:10 213:12 215:4 219:19 221:4 222:6,10 223:20 227:5 234:6 243:17 270:16 277:11 290:2 295:13 324:9 331:3 343:8 372:7 410:9 given 58:3 68:7 71:13 97:7,10 97:15 182:1 267:13,19 306:5 353:16 357:5 418:5 gives 47:2 70:17 129:15 407:1 giving 103:2 144:10,16 203:18 210:16 222:2 265:10	266:11 359:14 378:15 379:12 glad 268:1 glitch 159:5 160:1 go 11:5 12:3,11 14:13 18:20 24:5,9 25:8 27:20,20 33:18 40:10 44:16 49:15 53:16 54:17 60:8 72:15 74:8 78:15 85:6 86:7 89:2 90:9 90:19,20,21 99:21 102:18 104:8 105:18 110:10,11 114:16 115:18 115:19 118:14 125:6,7 126:21 127:6 128:13 130:16 131:2,2 131:5 132:18 133:11 135:3,4 136:2,6,9 137:11 142:20 143:2,8 148:8 154:12 156:3 157:5,6,15 158:11,13 163:5,19,21 164:4 165:14
g			
g 9:1 gain 53:15 54:19 gained 63:3 gaining 63:20 gaming 135:15 gaps 64:21 354:1 garde 400:6 gas 218:9,12 gathered 402:4 gauge 213:12 218:9,12 gear 321:8 gears 32:18 33:12 41:4 69:19 70:8 112:7 321:4,6 321:7,8			

[go - good]

165:19 168:10	316:4 317:7	116:13 121:21	220:2 229:8,9
169:18 170:20	318:5 319:4,15	297:8 366:11	229:11 230:1,6
174:12,16	321:15 323:1	going 9:3 11:13	233:12 234:14
177:9 178:15	328:2 331:1	14:1,8 15:11	234:16 238:4
180:13 182:5	333:6,7 334:5	18:2,7,15	238:10 239:19
185:17 186:19	338:3 339:20	19:20 20:5	241:10 243:6
188:5 189:12	340:4,8,20	23:15 26:9	251:1,3 252:10
191:21 192:5	342:3 346:9	30:11,13 35:17	254:18,19
195:14 197:9	347:9 348:8	36:8 42:19	256:16 274:7
201:11 202:21	353:13 354:18	44:2,3,14 57:4	279:10 282:21
204:2,8 205:8	356:11 362:1,3	60:5 61:15	283:5,13
206:9 207:5,8	362:4 381:1	65:12 70:7,15	287:10 290:1
207:17 208:1	382:6 394:13	70:18 71:7	292:1 294:10
208:16 209:6	401:4 411:18	72:3 83:18	295:9 300:7
209:12 210:11	412:9 413:18	84:6 85:5	302:18 303:4
213:8 216:21	416:2,2,3	87:19 90:9,19	306:1 313:18
217:21 218:4,7	goal 215:6,7,11	93:5 96:17	321:4 327:19
218:20 219:15	216:7 219:14	102:15 108:2	332:14 341:19
221:1 225:18	219:15 222:21	112:7,8,12	343:1 346:8
230:6 236:10	247:10,12,12	114:15,15	347:2 348:19
236:18 239:5	249:12 250:6,7	117:7 119:20	354:15 356:13
240:11 242:8	308:13 309:11	119:21 120:4,7	356:21 360:14
260:11,12	309:18 310:1	122:14 125:5	361:3 362:6,12
268:11 273:2	311:2,7,10,21	137:8 139:2,9	364:1 366:3
273:18,18	312:1,4 384:18	141:10 142:19	368:1 369:2
277:14 278:13	384:20	148:12 152:2	376:2 390:16
280:11 287:10	goals 222:19	152:18,21	396:7 400:6
288:20 294:5	250:5,16 311:6	153:10 154:11	good 1:3 4:3
295:19 297:17	311:13 312:1,5	155:8 158:16	5:3 6:3 7:3 8:3
297:18 303:1	384:19	159:1,5 160:12	9:2,6 11:17,18
304:19 306:20	goes 24:19	162:19 183:20	13:3 29:8 70:1
307:21 308:5	43:20 50:20	190:6 192:6,14	70:13 112:8,9
310:4 313:19	51:4 59:6	198:19 199:5	116:15 129:1,2
314:17 315:17	65:19 85:16	201:11 205:8	164:1 186:10

[good - grounded]

207:14 213:12 229:8,10 283:2 301:19 332:4 335:18 362:21 363:1 369:1 370:19 378:21 399:8 416:1 419:3 420:3 gotten 54:9 258:8 governing 192:18 government 151:2 grab 28:8 328:21 grade 5:16,18 6:13 7:8,18 18:12 22:13,20 23:13 24:14 28:7 30:4 53:5 54:1,2 55:18 56:4,8 59:4 62:12,17 64:6 70:5 71:17 72:4,12 73:1 74:3,9,17 75:6 79:1,6,16 80:3 80:5,10,13,19 81:17 82:3 84:14 85:7 88:1,11,14,17 89:15 90:11 91:7,13 100:1	109:4,16 110:15,18 111:9 114:10 117:11 118:16 121:5 122:15 132:3,9 134:18 140:17,17 141:15 150:16 156:15 157:9 158:1 160:6,8 161:8 162:20 170:16 179:21 190:9 203:18 217:10 219:1 220:10 224:10 235:3 237:12 237:18,21 244:7 245:1,5 246:20 248:17 248:19 249:3 249:21 250:12 252:8,17 264:6 265:3 283:21 284:3,9,14 287:3 296:18 299:3,10 301:2 308:13 309:11 309:18 310:10 311:6,14 312:5 313:15 314:20 323:12 324:16 325:4 328:3 339:8 363:7,11 367:15 368:2	368:17 369:11 370:14,19 371:21 389:2,6 389:12 390:1 391:2 394:17 395:6 398:21 399:18 400:4,9 400:21 401:2 403:7 410:11 412:13 grade's 210:20 graded 91:9,18 99:6 100:20 102:1 243:7,18 389:21 grades 26:15 27:2,4 29:3 30:1 40:4 61:3 77:1,20 94:9 94:17 105:19 199:13 235:2 237:8 244:17 245:15 248:11 249:1 252:11 288:3,4 291:13 293:20 294:3,4 297:2 299:11 299:15 396:6,6 grading 5:9 390:7 391:8 graduated 33:19 34:3 grandfathered 255:2 263:5,10	grandfathering 282:11 grant 41:19 49:18,20 65:19 grants 41:15 47:5,8,20 48:5 48:7 65:14 66:4,6,19 67:1 67:11,17 68:3 68:8 granular 65:8 202:2 gray 316:4,9 grayer 315:10 great 14:16 36:7 72:1 148:7 159:4 175:2 245:8 369:7,7 370:11 405:6 greater 82:15 151:9 246:17 249:19,20 353:19 367:15 368:16 greatest 390:10 gross 277:12 ground 12:11 35:17 36:9 113:2 268:16 271:14 347:16 grounded 267:12,19 268:4,13
---	--	---	--

[grounding - healthcare]

grounding 327:6	344:21 345:1 345:21 346:21	278:16 279:5,7 279:8,14 281:2	happy 172:13 177:3 272:19
group 1:7 4:3 5:3,14 6:3 7:3 8:3 9:7,21 17:20 22:17 32:6,12 35:11 35:15 37:19 39:10 40:17,19 43:9 45:5 46:4 64:9 95:6 107:7,15 208:17 232:18 272:7,15 285:9 287:14 289:8 292:14 299:1 300:21 313:13 329:10 336:19 362:17 419:3 420:3	368:21 379:4 393:6 395:16 402:17 408:3 guessing 146:10 169:8 guidance 21:14 52:15 62:15 63:12,13,18,21 64:2,4,14,15,16 159:16 284:12 285:19 guide 256:16	281:5 282:3 317:5 339:7,11 372:5 376:8,15 377:19 378:7,9 406:10 407:6 415:17 417:13 handed 36:2,3 283:17 handling 416:10 hands 55:18 219:10 223:19 handwashing 97:18,21,21 218:5,9,12 219:4,18 222:14 226:18 239:21 240:3 376:3,5 380:10 380:15,17 382:21 hang 185:13 happen 13:19 happened 325:12 happening 64:18 250:8 314:9 318:4 326:5 happens 44:17 303:19	324:9 333:3 362:3 hard 218:8 243:14 harder 207:21 harm 337:18 391:10 hcahps 365:4 366:6,10 367:2 367:14,20,21 368:10,15 369:7,19,20 370:6,8,10,17 371:1 409:18 409:19 410:1,2 410:5,7,19 411:2 head 409:1 header 308:2 heads 13:7 19:19 health 36:15 37:17 38:14 49:5 84:17 157:11 200:15 241:13 245:3 354:8 396:9 healthcare 34:11,13 35:2 35:4 58:12 72:17 73:15 157:17 364:8
guess 19:16 61:15 62:21 69:9,11 94:7 124:2 149:10 165:12 169:6 203:1 238:9 242:18 246:11 251:6 273:2 275:10 282:3 298:10 305:6 306:1,12 310:12 329:15 329:19 336:10 337:12 344:15	h h 262:17 half 216:15 336:4 353:20 halfway 52:8 hand 7:15 10:7 92:21 95:13 96:1,9,20 97:9 97:14,14,17 98:4 187:18 220:1 223:3,16 230:5 253:16 254:6 270:15 270:17 271:5,7 271:9,12 272:12,17 273:7,14 274:11,18 275:19 276:1		

[healthcare - hospital]

386:7,10,11 388:11 390:13 390:14 409:2 hear 21:21 68:4 76:11 123:9,14 240:16 342:9 397:14 heard 57:11 240:16,21 241:2,3,8 258:12,13 259:15,18 285:18 329:15 386:14 387:1 395:4 hearing 122:13 heart 332:5 heavier 367:20 368:16 heavily 304:11 hedging 350:14 held 11:7 114:12 139:4 help 7:11 12:19 65:4 73:19 118:6 148:13 179:7 219:3 234:15 255:14 269:16,19 335:11 helped 38:16 159:16 231:9 231:15	helpful 85:4 117:9 118:7,14 147:16,19 236:12 242:7 255:11 257:5 272:20 324:10 389:7 391:21 helping 37:20 helps 383:5 387:6 hesitate 13:20 hesitating 186:21 hesitation 169:3 hh 316:15 hi 164:14 186:10 231:8 high 81:19 86:13 191:16 193:5,9 276:2 280:9 328:1 higher 97:12 109:10 238:11 264:6,21 345:14 350:13 378:2 398:19 highest 200:19 277:1 281:12 highlight 142:7 hilton 317:17 himeles 15:20 himms 262:17	histogram 64:7 historic 118:4 historical 27:10 83:11 120:16 167:1,7 168:6 179:20 215:20 254:2,9,21 255:3 264:1 265:19,19 270:4,5 282:11 282:14 312:17 327:19 403:2 415:13 historically 62:20 history 33:13 270:16 hit 342:21 hold 111:19 254:18 hole 230:8 holistic 65:7 371:5 home 18:1 357:4 honest 143:20 honestly 134:3 408:1 hope 74:17 75:8 155:19 191:4 hopkins 5:13 20:8 32:10 40:11 42:12	43:8,20 48:6 50:4,10 104:13 104:21 241:2 347:8 348:10 349:7 396:3,4 396:12,15 hospital 5:18 6:13 7:8,18 18:12 24:14 27:2,7,8,11,12 28:7,11,16 30:4 36:10 38:1 40:3 52:9 53:4 55:9 56:19 59:4,12 59:17 60:15,20 61:3,16 62:1 64:6,7 72:11 72:21 74:3,11 74:11,17 79:1 79:16,19 80:3 80:5,16 81:17 82:3,14,18 83:2 84:1,14 84:16 85:7 88:1,13,17 89:15 91:2,6 91:11 93:10,14 93:21 94:2 95:16 97:18 98:3 99:5 102:12,13 104:15,15 106:4,5 108:20
--	--	---	--

[hospital - hospitals]

108:21 109:3,8	246:20,21	377:13,18	382:14 383:10
109:9,16	248:20 254:4	378:1,14,15,15	383:10,12,21
110:15,16,18	254:11 255:8	379:15,16	384:1 390:12
110:19,20	260:20 261:15	380:16 381:4	398:8 404:10
111:8,9,10,16	261:19 268:4,7	382:7,19 383:4	405:1 413:7
117:11 119:7	269:7,9,11	383:12 386:3	hospitals 40:2
121:4 122:15	270:18 275:12	386:15 387:2,6	74:18 75:8
126:18 132:3,8	276:3 278:20	387:9,11 389:2	77:21 82:21
134:18 140:16	279:8 281:3	389:12 390:1	83:3 91:8,10
140:17 145:7	284:3,14	390:14,19,20	91:17 94:9,11
150:15,15,17	288:14 289:19	391:1 394:17	94:17,19 98:11
150:18 151:6	290:2 291:5,13	395:6 396:5	99:21 100:19
153:11,12,15	293:20 298:5	397:20 398:6	100:21 101:21
157:8 160:6	299:12 301:2	398:21 399:18	102:7 104:5,11
161:7 167:2,8	313:14 314:20	400:9 401:1,19	104:12,16,17
167:9 168:4	318:2 319:7,12	403:7 404:9	105:15 109:1
169:12,13	323:11 325:4	405:2 406:9,16	109:13 110:4,7
170:16 175:20	325:17 326:6	406:16 407:2,3	111:5,6,15
176:1 178:13	326:10,21	407:5 410:3,4	112:2,3 117:19
179:6,16,20	327:2,21 331:7	410:7,11	118:20 119:3
180:1,3,6,10,16	337:14,15	412:11 414:18	119:13 120:3
181:6 182:1	338:17 339:12	415:4	120:15 121:2,7
193:2,4 200:20	347:9 348:13	hospital's	121:8,12,20
208:5 213:6	348:13 349:10	93:11 97:8	122:3,5,10,13
215:1,19	349:10 353:14	104:4 120:16	123:9,14,17,18
216:13,17	353:15 363:7	179:3,5 193:19	124:1,2,8,18,21
217:10 219:10	364:9,21	218:13,16	126:7,11,13
223:2,15,18,20	365:10,19,19	253:4 261:17	127:9,14,17
224:6 225:2,5	366:12,15,19	267:13,19	132:1 133:16
225:10,15,16	367:13 368:1,6	268:5,13 271:9	134:1,8 143:12
225:17,20	368:15,17	271:12 300:11	144:11,17
227:6 239:5	369:7,9,11,16	300:20 301:16	145:12 147:6,9
241:2,15 243:8	370:5,14,17	348:5 368:19	148:16,18
244:6 245:5	371:14,17,21	380:7 382:8,11	149:1,16,19,20

[hospitals - huh]

150:2,3,7,9,19	244:9 245:9,13	328:4,9,13	282:21 304:2
151:9,12 152:1	245:16 246:3	338:16 339:3,5	hourly 46:8
152:4,5,8,10,10	247:5,7 250:13	339:8,11	hours 16:14
152:11,11,14	251:4 252:4,16	340:16,21	141:2 240:17
153:6,8 154:14	258:14,21	341:13,20	253:15 365:13
154:17,21	260:14 261:13	342:6,13 345:2	368:8
167:13,17,21	269:5,6,11	345:9 346:14	house 61:6
168:3 171:21	271:7,16	348:9,9,14,15	hsg 140:17
174:10 176:20	273:15 274:17	353:8,9 354:2	314:20
178:9,21 180:8	274:18 275:1	354:2,5,6,9,10	huge 128:21
181:11 186:12	275:14,21	371:18 372:7	huh 12:15
187:1,2 190:7	276:8,12,19	372:11,13	30:19 32:20
193:8,10 194:2	277:2,3,7,11,13	376:19,21,21	33:14 41:6
194:18,18,20	277:16,17	377:4,6 378:6	44:19 45:11,18
194:21 195:1,4	278:3,7 280:6	379:7,12,13,17	50:5 51:13
195:5 200:8,17	280:20 281:9	380:12 384:7	52:7,11 53:3
200:18,19	288:8 289:7,9	384:17 385:4,8	60:9 63:16,19
201:14,17	290:17 292:6	386:2,13,14,20	65:16 72:8,10
202:6,8 208:4	292:17 293:2	387:4,15	76:18,21 85:14
208:11 210:19	293:20 294:3	389:21 390:7	89:17 91:3,19
212:12,16	295:13,16,18	391:3,8 393:15	92:16 93:7,9
214:7,16	296:9 297:1,15	395:14,18	103:5,17
215:16,21	298:3,4,6,7,15	397:8,12 398:2	104:10 110:17
216:9,12,15	298:18 299:10	398:14,15,19	111:1 114:18
218:19 219:4,8	299:14,19	399:12 406:1	114:20 115:14
219:9 223:17	300:7,9,19	409:5 412:5	115:17 116:4,6
226:18 234:21	301:14 315:13	hospitalsafet...	118:11 125:9
235:2,5 237:4	315:18 317:10	400:11	127:7 129:6,10
237:11,15,16	317:20 320:5,8	hospitalsafet...	129:14,16
237:20 238:12	320:19 323:14	5:16,19 103:15	130:18 133:9
239:7 240:16	323:15,18	hospitalsafet...	135:5,7,10
240:17,19,21	324:20 325:5,6	71:18 76:12	140:18 143:4,7
241:4,18 243:7	325:7,10	hour 99:18	143:10,14
243:11,17	326:12,14,15	229:8,14	147:2 166:1,20

[huh - improved]

187:14 192:2 194:10 228:11 283:3 402:13 humankind 332:3 hurts 383:5 hygiene 7:16 92:21 95:13 96:1,9,20 97:9 97:14,17 98:4 187:18 220:1 223:3,16 253:16 254:6 270:15,17 271:5,7,9,12 272:12,17 273:7,14 274:12,18 275:19 276:1 281:2,5 282:4 317:5 372:5 376:8,15 377:19 378:7 406:10 407:6 415:17 hyperlink 85:13	icu 93:4 175:20 175:21 176:6 179:1,3,6,16 180:6,9,16 181:7,9,12 326:18,21 327:2,10,18 328:16 330:9 335:3,8,18 336:1 342:6 idea 82:3 131:21 144:16 197:16 202:7 205:3 215:18 215:20 216:18 245:9 281:17 315:20 316:14 317:3,12,18 320:1 402:1 403:5,21 404:17 ideas 82:8 identical 292:8 identification 20:15 23:18 29:10 30:15 35:21 42:21 71:5 78:18 102:21 113:5 113:21 128:19 139:16 160:15 163:8 185:8 195:17 205:11 217:4 230:17	234:9 242:11 255:17 272:2 283:11 286:6 307:2 312:20 321:18 330:2 355:12 356:19 identified 82:4 109:4 261:21 266:17 326:4 identify 9:13 86:5 195:6 identifying 153:5 ignore 254:19 ignored 82:15 100:5 260:21 ignoring 214:20 illinois 3:6 immediately 84:21 311:16 impact 47:11 47:13 248:15 267:1 328:11 328:14 367:15 368:16 369:6 369:10 370:13 390:8 impair 13:12 impetus 244:6 implement 169:8,9 219:9 223:17 243:6 251:4,12,18	implemented 92:3,6 318:3 328:10 implementing 91:21 200:16 implications 301:7 391:11 imply 279:18 implying 152:15 importance 270:6 410:17 important 111:13 147:5 154:13 201:13 224:13,14 264:16 265:11 266:12,20 267:8,9 268:9 282:15 304:7 impose 133:16 181:13 imposed 166:12 imposing 133:21 improve 86:7 209:16 212:6 215:9,15 216:8 384:19 386:16 387:7 390:20 improved 249:8 273:15
i			
iason 2:5 10:1 183:13 234:6 343:9 ic 93:3			

[improvement - incentivize]

improvement 123:11 243:11 351:7,19 387:15 390:17	190:6,10 192:19 197:3 199:10,20 200:16 208:3	impute 131:21 167:7 171:2 173:8 184:15 204:15 239:6	344:10,15,16 344:17 346:6 346:14,17 349:4 350:18
improvements 326:20 352:2 388:10 390:13	208:10 209:9 209:15 211:1 213:11 214:19	239:13,20 247:20 248:9 248:15 249:5,5	351:1,4 352:5 353:1,17 366:7 366:15,16
improving 264:8	225:3,6,11,20 238:2,7,10,14	250:10 255:10 266:16 282:16	367:2,20 369:9 370:7,11,12 371:9,18
imputation 27:3,13 30:8 77:15,19 78:3 78:12 81:10,14 81:16 90:15,16 93:13 95:19 112:12,17 115:7 116:16 117:13,18 118:1,3 120:16 124:8,12,13 125:10 126:6,7 126:9 127:10 127:15 128:5 143:5,13 145:11 150:11 151:15,19 152:19 153:1,2 153:4 158:4,6 159:8,11,12 164:11 165:14 166:8,19 167:1 168:13 175:14 177:15 179:2 186:7 187:8	239:4 243:5 247:18 248:6 249:9 250:9,18 250:20 254:20 257:13 258:18 260:19 263:11 263:13 265:13 267:15 268:20 269:13 271:15 284:13 291:16 293:7,15,16 294:1,6 296:21 303:7 304:17 304:20 305:11 306:2,11,16 308:8 309:1,4 312:3 315:15 316:21 317:19 318:15 319:4,5 319:6,10,20 320:17 384:6,9 384:16 385:13 402:20 412:17 413:5 415:1,19	294:11 305:4 316:15 317:4 319:7,8,13,13 412:6,16,21 413:12 imputed 27:15 93:6 94:3 96:15,19 98:15 100:2,3 101:8 102:5,6 106:18 117:17 118:21 144:18 145:8 215:17 216:10 253:14,19 255:13 262:8 264:2 265:2 266:21 268:3 268:15 269:17 269:19 270:3 270:11 271:11 282:4 304:3 310:16 338:14 338:18 339:9 340:16 341:7 342:10 344:2	372:12 374:14 376:4 377:15 402:1 404:13 412:6 414:2 imputes 263:18 275:19 imputing 194:7 202:7 204:19 212:11 238:11 238:19 260:9 263:8 267:7 270:10 278:7,8 292:8 293:9,11 293:13 294:16 309:17 310:5 310:10,21,21 372:18 374:14 379:5,6 412:13 412:18 413:13 inaccurate 183:7 271:17 incentive 119:2 incentivize 212:16 215:12

[incentivize - information]

310:6 311:1 384:20,20 incentivized 118:19 212:15 inception 241:14 incidence 109:2 325:5,9,11 327:14 inclined 221:6 221:13 include 135:12 201:2 267:2 344:2,10 346:5 350:18 352:21 353:4 368:10 384:2 410:11 included 50:11 62:16 88:10 109:3,16 139:6 164:16 222:12 299:2 325:4 363:11 410:10 410:14,20 includes 30:7 48:8 49:4 62:16 339:5 342:10 including 21:2 316:15 317:4 339:8 inclusion 52:16 341:7	incorporated 320:12 incorporating 371:21 incorrect 241:18 342:8 342:18,19 343:1,2 increase 215:12 246:14 increased 50:16 increases 109:11 275:5 increasing 249:12 increasingly 243:14 incredibly 142:10 independence 63:4,21 independent 135:18 137:5 138:18 173:1,4 280:14 368:19 independently 375:12 index 4:1 5:1 6:1 7:1 8:1 130:17 131:1,3 131:6,19 132:18 133:8 133:11,20	137:11,18 138:12,13,16 173:12,17 174:8 202:12 202:16 indicate 146:2 380:15 381:17 indicated 122:11 189:19 309:17 366:6 indicates 162:14 205:2 380:21 indicating 192:12 358:3 indication 144:9,15 indicator 276:12 404:12 404:15 individual 52:18 88:10 120:16 221:6 224:21,21 241:14 244:13 273:21 274:2 276:11 303:6 310:5 311:1 319:20 individually 332:1 individuals 26:5 86:5 397:15	industrial 34:4 34:10 industry 35:4 infection 94:14 325:16 326:9 335:21 infections 109:7 326:8 364:8 influence 248:14 399:1 influenced 208:5 influences 399:17 influencing 210:15 399:18 inform 84:18 269:17,19 information 23:11 27:10 31:7 72:12,14 72:18,19 73:1 73:16,18 74:4 78:1 79:19 80:11 84:17 90:13 94:18 97:8,11,15 102:12 111:17 111:19 175:18 176:1,9 181:10 215:19 216:12 219:20 220:2 220:13 222:3
---	--	--	---

[information - issues]

222:13 223:3 223:21 224:2,3 224:8,12,15 227:14 228:10 228:13 235:21 242:2 247:4,7 247:10,19 248:9 259:18 264:16 277:9 278:6 311:7,8 381:6,17 387:14 389:4 389:17,19 390:11,12 391:9,20 392:13,18 393:16,21 394:2,5 401:21 402:4 404:11 405:4 informed 72:20 345:1 391:16 infrastructure 278:14 initial 336:18 initially 82:13 291:12 initiatives 61:8 inpatient 245:18 246:13 339:14 410:3 input 159:16 284:12 285:19 315:6 361:5	inserted 94:12 198:8 insinuating 387:1 instance 65:17 287:5 instantiation 263:11 instill 222:4,20 223:1,14,19 institute 2:13 9:17 20:20 30:18 389:1 instruct 15:17 instructing 14:7 insurance 151:10 intended 94:9 94:18 394:4 intending 312:11 intensive 235:5 240:12 243:9,9 325:20 intensivist 328:1,1 330:8 331:7,10 intensivists 326:20 intent 94:15 141:18 318:12 384:15 385:19 385:21	interact 58:16 59:19 interest 35:2 interested 34:12 35:3 273:13 396:5 417:11 interesting 35:1 86:21 171:17 interlined 316:10 internal 64:12 240:19 internally 251:7 interpose 15:12 183:4 interpret 220:13,14 228:2 interpretation 145:14 interpreted 189:9 interprofessi... 331:8 interrupt 118:6 367:6 introduced 170:15 254:3 255:7 270:17 invest 354:6	investigator 37:19 41:12,18 invite 6:8 114:5 114:6 333:10 involve 52:20 involved 23:13 56:8,10 61:10 61:13 118:4 158:3,8 159:7 159:14 160:2,5 232:3 ips 93:3 175:5 175:12,14 176:20 177:10 177:14,20 178:5,21 179:2 182:6 184:4,15 184:20 188:11 253:16 261:8 262:1 331:18 338:8,14,18 339:4 344:15 415:16 isolation 371:3 issue 82:6 91:7 120:21 245:15 396:10 issued 29:3 32:7 233:14 issues 82:4 129:13 147:10 154:18 164:16 201:18
---	--	---	---

[issuing - know]

issuing 199:12 250:12 294:3 item 25:14 26:6 60:14 315:19 316:18,20 317:8,11 320:4 items 18:10 26:5 142:12 315:5 iteration 62:1 333:2 itogias 2:10	313:10 374:2,5 joshi 6:11,16 6:19 17:20 18:14 116:10 140:10 163:16 186:5 196:3 272:8 273:8 313:9 journal 7:20 85:8,12 86:4,8 88:15 89:16 286:11 330:17 330:19 361:2 journey 387:15 judge 343:3 judgment 301:18 july 32:5 40:19 41:2 417:19 june 7:16 8:15 272:12 357:12 358:10,19,20	keep 30:11 44:2 55:10 60:5 85:5 90:13,19 102:15 121:4 139:9 143:11 148:12 151:3 156:7 161:18 162:7 183:20 185:3 201:11 229:9 232:16 266:20 300:6 315:20 318:8 354:17 keeping 344:15 keeps 292:1 kelly 8:12 329:16 kentucky 400:17,18 405:8 kerr 1:16 9:12 417:1,16 key 12:12 82:18 267:3 kim 31:4 32:8 kim's 20:9 31:6 kind 386:15 knew 89:18 361:5 399:5 know 17:17 18:4,7,15 22:13 23:6,9 23:12 24:18 25:19,19 30:3	32:10 41:17 44:4,8 46:9 49:18 55:16 58:6 59:3 67:10,10 69:5 69:7 71:20 75:3 76:5,7,8,9 77:12 78:1,3,4 81:6 86:3 89:6 91:21 95:10 101:14 104:20 105:12 106:8 108:5 111:3 112:19 119:1 127:13,18,20 128:1,15 129:12 130:14 133:5 135:14 135:21 136:7 136:19 137:4 137:21 140:19 143:17 147:21 152:15 153:19 154:3,7 158:7 162:1 169:20 170:3,21 172:19,21 176:16,21 180:9 181:9,21 184:4 191:18 194:19,21 195:11 198:12 210:4,4 213:4 213:5 216:16
j			
j 45:16 january 36:11 jean 58:19 59:11 job 1:21 51:8 418:18 419:21 jogs 234:5 john 12:2 348:10 johs 5:13 20:8 32:10 40:11 42:12 43:8,20 50:4 104:12,21 241:2 347:8 349:7 396:3,4 396:11,15 joined 32:8 160:4 jordan 17:18 31:5,5,20 32:7	k kachalia 17:16 18:3 kahn 330:14 karen 22:1 kathy 148:21 149:7 151:21 152:12 katie 58:19 60:1		

[know - lawson]

216:19 217:14	362:19 364:1,3	l	law 417:5
220:13 225:7,9	369:6 370:1	l 3:4 131:2	lawson 2:15
225:12 226:3	371:13 373:13	l.a. 252:11	9:15,15 15:11
226:14 227:8	374:9 378:7	lack 97:7,15	16:16 27:20
228:2,15,19	379:3 380:20	176:9 214:16	31:15 49:12
229:5 231:10	386:11,12,19	224:8 227:14	50:21 57:18
233:8 237:9,14	391:4,11	228:10,12	67:3,20 68:2,5
238:8 240:13	392:11 394:16	240:7 253:5	69:3,7,11 70:7
244:15 246:8	395:1,17	289:13 381:6	70:10,12 73:6
251:1 258:7,10	398:10 399:2,9	381:16 401:21	76:3 81:2 84:5
258:13 259:9	399:11,11,12	405:4	89:2,5 90:1
259:13 260:1,2	399:17 400:18	lag 259:10,12	98:5 101:3
265:9,11 266:4	402:2,2,5,8	259:13	121:16 124:10
266:14 268:7	403:7,13 404:3	laid 27:14 82:7	124:16 134:2
274:4 277:9,17	404:5 406:6	landed 146:3,6	144:19 147:16
278:1,2 279:8	knowledge	293:13	148:10 155:6
280:8,13	85:20 92:5	landing 346:5	157:15 159:18
285:12 293:20	98:3,7 119:15	landslide 273:7	170:14 172:7
294:8 295:7,17	122:21 123:1,3	language 53:8	173:15,18
297:1,3 299:10	123:5 124:21	63:10,11,11	174:4,12
302:19 303:8	153:20 161:13	72:5 73:20	177:11 179:11
303:20 304:4	176:13 193:16	79:9 91:14	182:10 183:4
306:7 309:12	251:21 252:15	106:19 179:15	184:6 186:19
309:16 310:2	308:21 363:14	219:5 292:10	190:2,19
311:4 312:8	365:10,18	297:3	191:17 205:1
314:6,6 329:2	385:20 392:20	large 175:6	205:18 207:10
329:3,16	393:2 394:12	182:8 269:5	208:16 209:21
330:15,17,20	395:16	largely 270:3	211:10 221:1
331:14 339:21	known 300:10	larger 152:10	223:6,8 225:18
343:3,4,5	300:20 301:16	152:10	227:19 228:17
345:2 346:7,13	knows 343:10	latest 90:13	229:11 236:10
347:2 351:2		lauren 22:1	243:19 244:2
353:11 355:17			252:13 256:12
359:5,21			265:15,18

[lawson - leapfrog]

266:2 274:7	leading 6:6	71:17 72:11,21	232:4,18
277:14 279:3	26:5 113:9	74:3,17 76:16	234:15,21
280:11 283:1	367:5	79:16,19 80:3	237:5 243:5,17
304:19 331:19	leads 59:12	80:16 83:8	244:8,12 245:1
333:9 339:20	leah 25:12	84:14 85:7	245:2,18 246:2
341:10 343:15	58:11 329:10	88:13,17 89:14	246:19 249:11
344:4 347:21	336:19	91:11 93:11	249:18 251:3,8
367:16 368:3,5	leapfrog 1:7	94:1 95:6,12	251:12 252:1,3
369:13 377:7	4:3 5:3,14,15	95:21 96:8,19	252:12,16
378:18 383:1	6:3,17 7:3,11	97:4,5,5 98:19	253:2 254:4
383:13 385:6	7:15,17 8:3 9:7	100:18 101:1	255:7 258:3,15
391:18 394:20	9:21 17:19,21	102:9,11,13	258:20 261:9
395:21 398:9	18:12 19:18,19	107:7,15	261:14,18
414:6 416:3,9	23:10 27:3,8	110:16,20	262:2,12 263:6
416:12	28:6 32:6,12	111:16 112:3	263:7 264:1,15
lawsuit 18:4,9	35:11,14,15	119:4,6,11	266:17,18
18:16 22:19	36:10 37:10,11	121:1 122:11	269:6,11 270:9
23:2,8 31:5	37:19,21 38:1	125:14 138:2	270:17 272:8
32:13 242:4	38:5,7,15,18	140:12,16	272:11 273:7
lawyers 252:20	39:1,8,9 40:3	143:11 146:8	273:13,19
lay 114:19	40:17,18 41:5	146:10,15	274:19 275:18
406:8	41:8,15 42:6	153:16 158:8	276:2,13 279:4
lays 118:7	43:9 45:5 46:4	160:2,5 166:12	282:15 284:3
191:11 289:17	46:5,14 47:12	168:17 169:4	284:12 285:1,3
lcra 2:9	48:8 50:10	176:1,3,14,19	285:19 287:14
lead 26:2 41:19	51:2 52:2 55:5	180:3,10	287:20 289:8
41:19 286:20	55:15 57:10,14	181:11 185:11	290:5 291:11
322:16	58:2,4,14	189:15 199:11	291:12,15
leader 39:1	59:12,17,19	208:5,10,12,15	292:13,21
leaders 122:11	60:14,19,20	208:17,21	293:19 294:15
122:12 396:4	61:2,8 62:14	209:14 214:8	295:14 297:14
396:10	63:3,18,20	214:11 216:1	298:4,12,18
leadership	64:12 66:10	224:11 225:14	299:12 302:2
99:13 254:15	67:12 68:8	227:8 228:7	302:12,14

[leapfrog - line]

310:16 313:8	180:17 181:15	level 81:19	175:14 176:7
313:13 314:14	200:6,15 220:1	97:12,14	176:11,19
315:19 317:12	229:3 241:13	142:11 176:6	177:20 178:10
318:1,7,10	242:16 245:7	274:1 281:21	179:17 180:2
323:11 329:10	258:5 274:20	351:7,19	180:11 181:6,8
336:19 339:12	288:17 301:5	levels 345:6	181:14,19
346:5 347:7	302:19 303:9	liberty 350:2	182:1 184:4,15
350:1 352:18	303:10 345:3	352:18	188:10 192:6
353:17 357:19	345:10,14	license 258:6	192:15 204:16
362:17 364:9	388:5,14,17	258:10 259:16	204:19 215:16
364:21 365:11	389:2	270:19 314:5,7	216:10 220:4
366:12 371:14	leapfrog.org	licensees 154:6	228:16 238:18
371:17 372:18	76:17	licensing 260:5	238:20 239:14
373:21 379:5,6	learning 354:7	lifetime 397:16	239:20 267:5
379:11 384:14	leave 155:3	light 72:12 73:1	267:11 268:2
385:20 386:3	282:18	74:4	268:12 269:20
386:15 387:6,9	led 25:21 33:6	liked 202:7	271:6 290:8,10
387:17,19	213:21	likely 82:4	294:21 296:5,8
388:4 390:7	lee 2:4 9:18	104:14 106:3	296:8 298:5,6
391:8 392:4,10	11:19 132:20	106:19 162:10	339:6 371:20
392:19 394:9	left 40:9 99:6	186:13 280:9	372:13,19
394:16 395:4	166:2 287:11	341:9 345:3,4	376:4,11,12,15
397:5 399:1	339:1,2,7	347:6,8 348:11	377:14,21
407:1 408:9	340:5 341:4,8	349:8 350:8	378:4,14
412:5,6,10	342:1	352:9 353:13	379:18 380:10
414:17 419:3	legal 12:2	limitations	380:12 385:5
420:3	252:19 420:19	326:13	402:7 403:3,11
leapfrog's 5:18	legislation	limited 83:7,14	404:1 405:10
7:13 30:4	393:14	95:12 96:1	405:14 406:12
56:11 59:5	letter 30:1 74:9	97:6 131:3,16	406:14 407:1
75:14 77:19	91:7 244:17	131:21 132:4	line 18:2 94:13
78:12 79:1	245:1,5 249:1	132:10 138:3	109:6 111:2
93:10 94:1	249:3 252:17	144:11,17	131:10 133:12
103:16 180:7	389:6	173:8,13	133:15 135:8

[line - lookback]

148:2 178:12	40:8 44:14	335:13 342:14	137:10 142:6,7
202:18 208:1	51:11 52:6	346:10,10,13	146:21 148:6
218:8 268:11	54:3,14 61:2	346:18 348:13	156:7 169:13
315:10 325:16	66:13 69:19	348:18 350:21	177:1 178:5,14
326:8 328:3,6	70:4 77:13	351:20,20	178:16 187:10
331:3 335:20	81:8 110:9	352:1,2,4,4	187:15 188:7
395:17 397:6	120:20 128:3	355:6,6,19,19	196:5 197:20
405:11 406:17	143:16 156:3	357:14,19	197:21 204:5,8
419:5	165:20 166:17	358:6,7 359:15	209:6 216:21
lines 26:13	169:6 174:16	359:15 360:7,7	220:17 224:15
94:12 95:1	181:5 187:12	living 183:3	231:9 234:4,11
149:3 407:10	191:3 192:17	llp 1:13 2:3	260:8 271:20
link 16:7	201:2 218:8	local 1:12	279:17 288:6
111:20 129:11	239:1,2 244:7	74:11	288:13 290:20
linked 5:12	245:20 248:14	location 279:6	307:9 313:17
27:17 288:17	253:13 264:10	lodge 367:5	318:19 321:2
382:6 402:17	275:17 286:13	logic 213:21	323:1 324:7
linkedin 35:18	287:11 302:18	logistical 259:3	329:6,11 330:4
36:4	308:15 311:5	long 16:10,13	331:21 333:12
linking 326:19	313:17 322:15	28:10 47:11	333:13 337:7
list 60:10	350:1,14	157:19 158:7	338:4,4 340:20
156:11 413:5	352:18 367:19	160:1 229:8	343:7 346:9
listed 22:5	378:19 393:11	longer 208:6	347:14 350:20
304:20	396:21 400:6	212:11 241:17	352:12 358:6
listen 17:6	401:15 404:7	258:3	359:5 361:5
listening 363:3	409:19	look 21:4 24:1	369:10 371:4
literature	live 16:7	36:5 42:17	373:4,21 374:2
60:18 109:4	lives 8:11,11,14	43:12 44:14	379:21 383:9
326:4 327:19	8:14 104:16	51:10,11 56:16	394:18 395:10
332:7,15	105:10,10	60:7 71:20	400:1 401:4
345:15,17	108:15,16,20	105:18 107:7	408:14
399:12	109:15,19	109:2 113:17	lookback
little 13:4 18:8	322:6,6 323:10	116:3 129:4	167:14
23:5 33:13	323:13 326:3	133:14 136:4	

[looked - make]

looked 96:13 134:12 143:15 172:3 173:12 174:8 196:14 201:12 204:3 224:19 239:19 242:1 261:13 269:7 273:21 295:2 329:8 332:11 371:2 374:5 407:6	243:2 273:6,18 274:14 287:2 288:3 289:18 290:2 299:4 327:6	lots 117:19 262:16 332:3	176:5 198:1,11 198:13 244:10
looking 28:17 88:21 100:18 103:10 108:20 116:15 118:17 144:8 151:21 152:1 165:21 184:13 187:1 200:3 202:12 203:3,15 220:9 230:9 231:7 269:5 273:3 274:1 276:11 309:1 311:18 315:14 323:20 325:1 327:5 343:14 347:13 376:14 382:17 394:17 403:21 407:19 414:4	loop 132:19 235:18 los 245:3 lose 139:3 246:5 270:9 389:20 lost 8:11,14 96:6 105:10 108:16,20 109:15,19 110:13 158:9 262:12 322:6 323:10 326:3 335:13 342:14 346:10,13 351:21 352:1,2 352:4,5 355:6 355:19 357:19 358:7 359:15 360:7	loud 410:4 love 231:10 321:13 low 143:12 370:7 lower 83:3,6 110:4 171:10 189:1,18,20,21 193:4 212:18 235:3 237:12 237:18,21 281:19 295:5 326:14 lowest 97:14 132:13 135:13 136:1 138:4 143:12 172:4 172:10,16 192:20 203:2,4 223:2,16,20 276:16,18 277:12 281:1 290:11 374:1,8	246:2 285:19 294:1 305:15 337:5 367:13 418:8 madison 34:1 34:16,17 main 331:2 maintain 292:7 324:6 maintaining 298:14 majority 277:12 make 12:20 15:12,20 29:6 72:17,19 73:21 94:16 96:14 110:1 111:19 123:12 143:21 159:18 160:1 162:2 165:20 180:13 219:10 223:18 224:14 225:1 242:6 246:12 247:9 253:3,6 266:2 266:6,9 296:3 296:17 301:5 301:17 304:12 306:11 312:10 334:1 335:11 350:8 402:19
looks 24:13 26:13 141:2 143:8 175:2 184:13 188:20	lot 19:13 61:20 61:21 154:6 193:10 235:21 235:21 244:12 247:17 248:5 279:14 299:11 321:7,7 353:9 384:9 399:16	lump 324:17 lunch 139:5 155:5,10,19	
		m	
		m 262:17,17 made 90:5 108:7 134:10	

[make - mean]

418:15 maker 221:11 221:14,17,20 221:21 makers 222:2 222:11 makes 14:14,15 28:6 86:8 90:9 207:21 285:3 298:21 331:17 359:3 383:8 391:16 making 87:2 111:17 117:18 120:3 125:1 152:2 176:8 208:18 245:11 247:5 292:5,15 292:21 301:18 308:16 326:15 379:6 389:8 391:15,21 manage 52:9 60:10 managing 326:20 manifested 320:2 manifesting 320:2 manuscript 86:6 march 39:10 106:14 290:1	marginalized 150:1 mark 20:13 23:15 29:7 30:13 42:19 78:15 160:12 185:5 329:19 329:21 355:9 marked 20:14 23:17 29:9 30:14 35:20 42:20 71:4,13 78:17 102:20 113:4,20 128:18 139:15 160:14 163:7 185:7 195:16 205:10 217:3 230:16 234:8 242:10 255:16 272:1 283:10 283:17 286:5 307:1 312:19 321:17 330:1 355:11 356:18 357:5 markings 29:12 marks 11:12 70:14 71:6 155:7,13 158:15,21 229:15,21 283:4,12 356:12,20	362:5,11 marlene 1:16 9:12 12:19 117:6 417:1,16 marty 15:19 maryland 1:14 2:17 masters 34:3 match 372:13 matched 254:14 matches 384:1 material 383:17 math 328:3,7 340:20 matt 6:12,13 12:3 25:12 45:16 140:15 141:3 147:1,3 147:5 154:13 199:9 201:12 231:8 308:11 374:2 402:8 matter 9:6 21:10 161:5 193:17 252:19 304:6 362:18 matthew 1:11 2:12 4:2 5:2,12 6:2 7:2 8:2 9:5 9:16 12:2 416:6 418:11 419:2 420:4	maximum 279:19 mcdonald 148:21 mean 22:14 28:4 33:5 44:4 51:2 64:15 68:17 70:1 76:7 82:21 83:1 86:1 87:14 90:8 95:5 96:18 100:9 108:5 109:2 118:6,18 119:19 123:8 126:19 135:14 145:13 147:15 149:11 153:7 170:2 171:2,6 171:7,10,11 172:1,15 175:10 182:18 187:16 190:5 191:12,19 192:6,19,20,20 192:21 193:3 194:1,5,6,6,15 194:16,18 195:3,7 196:17 198:1 200:8 206:17 211:21 212:11,13,17 214:18,21 216:11 238:7
---	---	--	--

[mean - media]

244:2 245:14	186:18 194:4	79:17 82:16	334:12,21
246:11 261:12	213:18 214:6	88:10 90:5,8,8	335:1,13,14
264:6 265:6	measure 39:21	90:10,11 91:8	336:1,4 363:10
280:12 288:5	61:19 82:14,15	91:9,16,18	363:15 364:7
293:11,14	93:2 95:2 96:7	92:14 93:6,12	364:14,19
294:12,16,17	97:2 177:10	93:15 94:3	365:21 366:5,7
295:6 297:6	179:2 180:2	98:15,16,18,20	366:9 367:2,14
298:9 303:15	214:20 218:5	99:5,20 100:12	368:7,10,11,21
303:15 305:4	249:5,6 254:3	100:19 101:2,9	369:17 370:18
305:12,16	254:19 260:13	101:12,15,21	371:2,4,10,15
318:13,15	260:21,21	102:7 108:14	371:18 372:4
319:11 325:5	290:3,11,12,16	115:8 144:18	372:12,19
338:15 341:21	291:5 292:15	154:15 193:21	374:14 387:8
343:14 345:8	294:21 303:21	215:17 222:12	391:10 394:6
369:14 413:10	304:1 327:7	224:13 225:1	394:10,13
meaning 63:17	376:16 380:17	253:14,20	410:2 412:1
89:12 95:6	381:5 382:21	254:5 260:15	413:20 414:2
189:17 221:10	393:20 401:20	261:1 262:8,9	measuring
252:8 345:19	403:8 405:3	263:5,8,18	394:4
meaningful	410:1	264:3,12,17	mechanical
53:7 74:19	measured	265:1,2,11	331:9
75:10 189:14	238:5,6	266:12,16,21	mechanism
meaningfully	measurement	267:2,8,9	259:2 327:6
63:1 189:15,17	38:16 99:16	268:3 270:3,11	388:12
means 51:8	147:8 148:17	282:4,5 289:6	media 9:4
126:14,16	149:7 201:15	290:17 291:6,7	11:13 70:14
135:21 138:1	254:16	294:4 300:3	71:7 155:7,14
151:7 193:5,7	measurements	303:3 304:3	158:15 159:1
194:11,12	157:17 331:1	310:5 311:1	229:15 230:1
214:4 238:12	measures 39:21	315:14 317:1	283:4,13
260:18 281:6	52:16,19 60:16	320:5 323:12	356:12,21
305:9 325:12	60:19,21 62:16	325:3,17,18	362:5 399:16
meant 183:14	62:18 64:17,19	326:1,18 327:7	416:6
183:15,18	64:20 65:1,3	327:16 333:18	

[median - methodology]

median 293:11 293:14 294:11 305:16 318:15 medicaid 79:18 80:16 151:10 175:19 364:11 365:2 392:17 medical 1:3 7:8 9:6 86:2 95:9 109:15 179:1 217:9 219:21 323:10 352:3 380:16 400:14 419:3 420:3 medicare 79:18 80:15 175:19 364:10 365:2 392:17 medication 92:18 401:5 medications 13:12 medicine 104:13 330:18 348:10 349:7 396:3,4,12,15 medicines 410:12 meet 15:4,6 16:10 176:3 181:18 216:1 274:20 276:3,8 276:20 281:5 281:17,18	289:9 345:13 377:1,13 378:1 meeting 6:7,8,8 6:10,11,14 8:6 16:13 22:21 23:1,4 25:18 112:18,19 113:11 114:6,7 114:11,12 125:17 128:4 128:10,10 129:17 131:20 134:11 138:14 138:20 139:11 139:19 140:19 141:15,19 142:4 144:16 155:21 156:4 156:19,21 161:8,21 162:20 165:16 170:13,16 173:3 180:7,17 181:11 182:1 190:9 191:5 198:17 199:17 201:3 204:18 220:1 256:10 272:16 277:16 307:10,11 308:17 310:13 345:3,4,10 373:6,16 374:3 374:7,13	407:18,20 408:1,2,7,13,13 408:15 meetings 26:3 54:2 202:3 375:11 393:19 member 41:14 47:6 258:14 388:21 members 52:20 53:10 54:21 57:10 197:2 206:13 245:7 375:18 memory 28:12 28:14 36:9 68:18 77:11 78:7,8,10 81:2 81:3,5,20 87:7 87:14 133:20 137:7 162:11 177:6 198:19 234:5 235:19 235:20 241:5 408:4 410:13 mention 154:21 mentioned 57:9 90:3 94:21 132:16 139:10 146:1 147:1,5 154:13 162:1 201:12 202:19 215:9 252:11 291:15 297:16	308:11 349:18 358:1 378:9 mentions 257:17 merit 1:18 mess 84:3 messaging 183:8,10 met 15:1 82:2 112:16 156:14 156:18 162:1 181:17 263:2 275:2 277:2 362:20 379:13 meta 332:10 metadata 198:3 method 53:1,12 53:14,15 93:13 208:3,10 327:3 412:18 methodologi... 335:10 336:3 methodologies 81:16 128:5 208:19 306:2 methodology 5:9 7:18 18:11 18:12 27:14,14 27:16 28:5,7 29:20 30:8 56:9 62:15 77:15,20 78:12 80:8,21 81:11 81:14 83:4,5
--	---	---	--

[methodology - moment]

85:7 87:20,21	363:15 384:7	180:15 185:19	mistakes
88:7,14,17,18	384:15 385:3	205:18 344:4	109:15 323:11
89:1,1,15	402:20 403:8	minutes 139:10	misunderstan...
90:15 92:1,6,8	407:3 411:19	142:4 145:20	180:5
92:9 95:19	413:19 415:8	188:21	mobley 44:21
99:6 105:16	methods	mirrors 108:13	45:3
106:5,17,18	287:12 304:21	mischaracteri...	model 83:10
111:4 117:11	315:15 316:21	385:14	90:16 112:17
118:3 120:10	319:5	missed 379:15	115:7 135:12
124:8,13	metric 223:21	missing 82:5,6	143:5,13
125:11,13,16	335:9 338:5	91:8,17 94:6,8	145:11 158:4
149:19 150:6	metrics 216:10	94:8,15,20	159:8,11,15
150:12 151:19	mic'd 362:2	95:2 96:7,15	166:6 176:3
152:19 153:1,2	michigan 33:15	97:3 100:19	177:10 197:3
153:4 168:18	micro 201:2	101:21 102:5,8	199:11,20
176:18 177:16	middle 115:12	102:9 199:21	200:7,16
186:14 192:18	midway 104:8	208:4,11	222:20 239:4
194:8 206:8	military 115:1	257:15 260:20	244:11 245:1
208:15 214:11	199:6	267:3 289:2,7	304:17 306:16
219:15 224:19	mind 70:10	289:8,14,19	384:6,16
224:20 229:4	84:20,21	291:5 292:7,9	412:17 415:1
235:1 237:8	282:21 311:16	300:12 301:17	models 81:21
245:12 247:18	minimize 147:8	302:11 308:2,9	112:12 165:14
248:6 258:18	149:9 154:16	309:2 315:13	176:10 181:11
263:11,13,18	201:16	316:15 317:4	214:19 415:19
265:6 269:18	minimum	320:5 374:1	moderate
284:3,10,14	92:12 289:9	mission 387:18	166:12 168:13
285:1 286:17	minority	388:6,14,17	169:6,8 171:20
286:19 299:18	210:19	missy 21:21	modify 208:10
300:2 301:2,4	minus 52:1	31:3 58:11,18	209:14
302:3,13,17,21	80:10 294:12	59:20 119:12	moment 37:9
303:9,11,12,15	305:17	135:11 200:14	84:3 239:6
304:17 306:4,9	minute 96:5	259:20 314:19	256:14 342:17
324:7,11 360:9	177:14 180:4	317:3 320:10	

[monday - never]

monday 231:11	169:12 175:13	273:14 287:15	185:18 192:5
money 42:12	293:9,10	293:11	192:14 202:21
46:14 47:12	movement 87:1	nationally	210:14 213:13
month 197:17	moving 87:1	289:6 354:1	225:19 243:6
197:19 198:1	117:12 214:9	nationwide	251:4 263:12
281:5	291:18 317:18	241:20,21	281:4,5 324:13
morning 9:2	318:10	nature 37:14	334:15 340:20
11:17,18	multicenter	necessarily	371:4 384:10
mortality 109:5	330:10	75:4 87:2	390:16 416:15
110:1,5,7	multifold 215:7	94:18 98:11	needed 18:18
326:5,6,12,14	multiple 48:5	120:2 144:21	18:19 148:6
326:16,21	48:12 302:5	193:11 202:20	262:21 293:21
327:14,21	345:6	212:21 215:1	372:1 384:12
328:16 330:8	multiply	216:12 217:17	418:15
331:8,18	280:14 337:5	237:12 241:4	needs 14:12
333:13 337:15	n	250:5,16	181:16 293:17
337:20 338:16	n 2:1 3:1 9:1	268:21 278:4	371:5 393:14
341:13 342:6	name 9:10	319:19 332:15	412:21 413:14
344:3 345:14	11:19,21 12:2	369:18 378:7	negate 332:15
347:6	30:2,3 241:4	405:20 413:11	negative 132:7
mortar 241:14	337:1,4 358:3	necessary	319:18 390:8
motivate	362:16	210:21 213:11	406:6
200:17	named 15:9	418:8	net 148:16,18
mouth 100:9	417:3	need 13:6 14:11	149:1,16 150:3
move 51:10	names 12:4	21:15 27:19	150:7,9,13
65:15 93:6	20:9	28:1 41:14	151:6,18 152:1
126:5,11	narrow 53:18	63:21 72:15	152:4,4,8,14
142:11 189:16	national 52:13	108:8,8,9	153:5,8,11,12
206:17,18	54:18 55:10	113:16 123:11	153:15 154:21
244:21 254:10	60:18 64:19	129:12 136:2	neuro 179:1
284:13 285:20	79:17 83:1	142:13 153:14	never 93:21
286:3	214:21 216:11	163:3 172:8	122:2 132:21
moved 45:6	245:14,14	174:19 178:12	251:9 290:5
53:9 64:12		178:13 184:8	299:11 306:5

[never - number]

309:17 310:16 371:9 new 2:7,7 64:20 90:10 107:18 107:20 115:8 211:3 212:18 212:21 219:14 221:10 222:20 245:3 303:20 news 186:11 nice 155:19 nine 68:3 362:12 365:21 366:5 367:1 368:9,20 416:7 ninety 279:20 279:21 noble 243:2 nodding 13:7 non 152:4,7,14 noncomposite 392:12 nonimputed 346:6 nonparticipat... 77:20 95:16 99:21 111:5,6 120:3 132:1 133:16,21 144:17 167:8 167:17 174:10 176:20 215:16 216:9 225:10 237:16 268:4,5	271:7 338:16 339:5 406:16 412:5 nonperforming 277:7 nonprofit 151:12 nonrenewal 47:7 nonreporting 99:5 297:19 298:17,18 365:19 372:11 376:18,21 377:4 379:12 nonrepresent... 306:12 nonrepresenti... 237:15 nonresponding 369:9 378:6,13 378:15 nonsignificant 331:11 nonsubmission 402:10 nonsurvey 171:9 nonvoluntary 247:6 normal 141:20 216:14 north 3:5	notable 222:15 notarize 420:11 notary 1:19 417:1,17 note 140:6 178:21 201:2 207:7 209:9 232:8 309:14 312:7 358:16 416:14 420:9 noted 133:6 184:14 190:12 232:13 311:18 390:10 notes 6:11,13 7:14 8:6 23:7 29:8 61:19 108:7 128:10 129:12 139:19 140:19 141:10 141:11,16,19 142:9,20 143:3 144:5,15 145:1 154:11 156:5,7 161:2,7,10,13 162:8,19 172:4 196:7 197:11 198:21 199:1,1 203:12,15 205:2 256:1,4 256:17 257:1 263:12 307:11 307:12 309:21 311:20 373:6,8	373:10,12,13 373:13,14,16 374:15 407:11 407:17,19 408:5,14,21 notice 18:18 notified 20:5 noting 227:12 notion 204:19 320:19 nuance 303:18 309:21 nugget 34:8 number 5:5 6:5 7:5 8:5 11:13 21:1,9,18 43:13 44:6,15 48:16,17 50:3 50:18 51:11 66:2 70:15 71:7 90:21 109:14,18 120:8 125:6 143:3 155:8,14 158:16 159:1 174:19 175:9 179:4,7 229:16 230:1 246:12 274:11,17 277:2 279:17 280:5,6 283:5 283:13 288:21 290:2,15 291:4 293:8,9,10,13
--	---	---	--

[number - oh]

294:11 295:13 305:3,15,18 308:6 315:8,13 315:19 316:13 317:11 318:20 319:5,15 320:4 320:12,13,20 323:10,13 335:7,12 336:8 337:8 341:8,20 347:14 350:21 351:10,11 356:13,21 362:6,12 373:19,20 380:6,21 411:21 416:7 418:18 419:21 numbers 26:19 44:3,3,7,9,9 50:3,11 79:15 103:6 189:21 191:16 192:4 192:13 269:5 275:13 280:10 322:19 323:19 324:5,7 334:2 339:18 341:3 346:9,12 347:5 349:2,12 350:13 353:17 361:13 numerator 274:19	numerical 30:1 248:20,21,21 249:7 342:3 371:16 372:1,7 372:9 numerically 119:18 nurse 410:12 nurses 98:4 nursing 99:17 255:5 365:13 366:21 368:8,8 o o 9:1 o'clock 156:5 159:2 oath 13:9 object 14:6 15:11 27:20 31:15 50:21 57:18 67:20 73:6 76:3 89:2 90:1 98:5 101:3 121:16 124:10 132:20 134:2 144:19 157:15 170:14 172:7 173:15 173:18 174:4 174:12 182:10 186:19 190:2 190:19 191:17 205:1 208:16	211:10 221:1 223:6 225:18 227:19 228:17 236:10 243:19 252:13 274:7 277:14 279:3 280:11 304:19 331:19 339:20 341:10 347:3 366:3 367:16 368:3 369:12 369:13 377:7,8 378:18 383:1,2 383:13 385:6,7 391:18,19 393:4 394:20 394:21 395:12 395:21 398:9 objection 15:12 49:12 67:20 133:6 367:4,5 368:4,18 370:15 375:5 375:21 378:17 379:10 381:19 383:14 387:20 390:2 392:5 396:1 objections 266:1 objects 325:6,8 observation 301:12,14	observations 281:5 292:9 302:10 obviously 172:18 237:1 303:7 305:18 399:15 occasionally 13:19 occurred 127:9 199:16 occurring 335:18 odd 358:19 offer 243:6 251:4 offhand 67:9 221:5 280:8 office 22:2,9 offices 1:13 official 30:3 38:2,2 oh 11:1 29:13 44:11 70:19 86:21 110:14 122:13 125:7 135:6 137:15 142:21 183:13 183:15 198:3 209:10 245:8 248:3 306:11 321:12 325:15 328:7 332:5 343:8,14
---	---	--	--

[oh - okay]

373:15 387:6	66:17 67:8,14	126:3,12,17,20	167:11,19
414:9	67:16 68:14,14	127:20 128:2,8	168:8,19,21
okay 11:1,2	68:17,17 69:2	128:12,16	169:10,17,19
12:7,10 13:18	69:3,8,10,10,12	129:3,7,21	170:1,6,7,19
14:17 15:10	69:14,17,20	130:4,7,11,21	171:12,15,19
16:19 17:1,4,8	70:1,3 71:16	131:9 132:11	172:12 173:1,6
18:21 19:3	72:2 73:17	132:14,17	173:11 174:7
20:1,6,11	74:1,7 75:12	133:3,10,18,19	174:15 175:17
21:17 22:8,11	75:18 76:1	134:6,14,20	176:17 177:1
23:14 25:7	78:6,14 80:7	135:2,20	177:18 178:2,5
26:1,8,21 28:4	80:13,18 81:7	136:14 137:7	178:15 179:14
28:20 29:18	81:9,18 82:12	137:20 138:4,8	179:19 181:1,3
30:10 31:21	83:17 85:2,4	138:17 139:1,2	182:4,5,18
32:2,17 33:2,4	87:4,8 90:18	139:9,21 140:2	183:12,17,20
33:9,11 34:3	90:19 92:11	140:5,12,14	185:3,17 186:2
34:15 35:6,13	96:11 98:13	141:9,13 142:3	187:4,18
35:16 36:19	100:16 101:4	142:6,15,18	188:14,18,18
37:8,13 38:11	102:14,15	143:2,15,19	188:19,20
38:20 39:4,7	103:9,12,21	144:7 145:3,18	189:6 191:8,15
39:12,16 40:8	106:11,13,16	146:5,8,20	192:9,16 193:9
41:20 42:3,14	107:2,14,17	151:14 152:3	193:13 194:14
44:11,11 45:8	108:1 110:8,8	152:17 153:14	195:2,8,12,12
46:5,10 47:10	110:10 111:14	153:20 154:10	195:13,14,19
47:15,19 48:8	112:6,15 113:9	154:10 155:3,3	196:10,16,20
48:11,15 49:15	113:13 114:2,5	155:17 156:13	197:5,8 198:5
50:8,14 52:4	114:9,14	156:17,20	198:12,15,19
53:11 54:5,14	115:11 117:3	157:4,4 158:7	199:9,15,19
54:16 55:7,20	117:14,17	159:4,17 160:4	201:10 203:3,6
56:2,14 57:6	118:9,14	160:11,12	203:10,15,20
57:13 58:5	119:10 120:6	161:12,16	204:1,11,15
59:14,18 60:2	120:20 122:8	162:5,11,16,18	205:6,7,17
60:5,5 61:14	123:7,21 124:4	163:2,14 164:7	206:4,13,17
62:6,11 64:13	124:6,20 125:4	164:19 165:9	207:3,16 208:9
65:11 66:1,6,9	125:5,13,16,20	165:18 166:2	209:2,5,9,20

[okay - okay]

210:6,10 211:6	259:21 260:3,7	306:18,19	348:18 349:1,6
211:20 212:21	261:3 262:11	307:4,15 308:5	349:14,20
213:7 214:13	263:3,14	308:19 309:6	350:11,17
215:8,13	265:18 268:11	309:13,19	351:12,17,17
216:20 217:9	268:16,19	310:3 311:17	352:7 353:7,10
217:14,17	269:3 270:1,8	312:9,14,15,15	354:14,15
218:3 219:5,7	270:14,20,21	314:8,15,18	355:1,8 356:4
219:13 221:8	271:3,16,19	315:2,12 316:8	356:5,10,11
221:15,18,18	273:9,11,17	316:12 317:2,6	357:9 358:12
224:4 225:8	274:3 275:4,9	317:21 318:6	359:14,17,19
226:1,4,15	276:15,21	318:11,18	360:3,8,11
227:1,9 228:4	277:5 278:3,12	319:2 321:1,1	361:9,18 363:9
229:1,6,7	278:18 280:9	321:11,12,14	363:14,19
230:13 231:1	280:19 281:8	322:8,12,14,15	364:5,16
232:3 233:1,10	281:11,20	322:18,20,21	365:10,17
233:11 234:1,4	282:2,8,18,18	323:6 324:4,9	366:2,5,17
234:11,14	282:19 283:2	325:2 327:1,10	367:6,11 370:4
235:18 236:4,7	284:2,11,17,20	327:13,17	370:21 371:7
236:21 237:6	285:7,11,16	328:12,15,21	371:13 372:15
237:10 239:3,9	286:1,2,3,16,20	329:7,14,19	373:3,9,15
239:12,18	287:8 288:1,10	330:6,16,21	374:11,16,19
240:5,8,10,11	288:16,19	332:17 333:1,5	375:9,14,18
240:12,21	289:16 290:1	333:5,8 334:4	376:2 379:4
241:9 242:7,8	290:10,14	334:18 335:15	380:4,13,19
242:21 246:1	291:2,10,14	336:11,21	381:4,9,15
246:10,16	292:12,19,21	337:2,6,11,12	382:16 383:8
247:2,15	293:4 295:8,9	337:20 338:2,6	384:4 385:1,11
249:10 250:3	296:4,13,15	338:20 339:10	385:19 386:1
250:21 251:10	298:19,21,21	339:17 341:2	388:19 389:9
252:21 253:11	299:6 300:5,6	342:9,12,19,20	391:5,6,13
253:12 254:7	300:15,18	343:4,6,18,21	393:11 394:15
254:17 255:2	301:11 302:1	344:13 345:6	395:4,8 399:6
256:7,11 257:7	304:5 305:4,6	345:16,21	399:14,20,21
257:16 258:1	305:21 306:14	346:3,12,17,20	400:12,20

[okay - own]

401:3,10,13,15 403:20 404:17 405:6,13 407:9 408:11,16 409:9,14,17 410:4,9,16 411:1,12,17 412:17,21 413:3,13,17 414:5,11,12 415:15,20,21 old 120:10 258:21 259:9 317:16 319:15 older 87:20 211:2 once 29:1,2 59:16 72:1 190:20 219:20 240:12 371:2 one's 94:7 ones 236:17 270:4 354:11 354:11 398:3 ongoing 67:15 online 281:16 open 74:18 75:9 151:3 315:20 317:12 318:7,8,10 operate 178:21 179:6 180:9 operated 175:20,21	386:11 operationalized 83:9 294:20 operations 45:4 243:10 operative 303:13 opine 77:6 78:11 opining 77:14 78:11 opinion 237:2 369:5,10 399:3 399:4,7 opinions 315:21 opportunity 35:5 247:6 270:21 387:11 opposed 57:17 65:8 225:16 250:16 262:8 264:2 296:18 347:9 351:15 opposing 381:21 opt 243:7,17 251:5,7,10,12 251:18 252:1,4 opted 127:9 optimizes 210:19 option 188:9 241:12 243:7	243:17 251:5 295:13 320:17 373:2 options 158:6 263:1 305:19 319:6 394:18 413:5 order 84:19 92:20 143:1 262:19 414:15 organization 57:17 organizational 330:9 organizations 19:8 orient 164:1 original 208:2 254:20 262:7 originally 140:9 160:8 189:11 outcome 91:9 98:21 115:8 325:3,17 326:18 327:7 327:16 333:18 334:12,21 335:1,13,14 336:1,4 363:10 363:15 364:7 370:18 371:4 417:12	outcomes 241:16 outdated 259:1 outline 386:16 387:7 outlined 413:4 outlines 5:8 29:20 116:16 outputting 327:14 outside 17:1 21:15 243:10 265:13 266:17 overall 193:2 248:15,17,18 282:1 303:2 367:15 370:14 overhead 49:2 overlap 411:11 411:13 oversees 409:3 oversell 351:8 overtaken 247:12 overview 199:10 own 58:6,7 153:16 183:5 198:21 199:1,1 210:18 212:4 237:2 241:15 252:2 256:14 328:8 387:5 388:8 390:13
--	--	--	---

[ownership - paper]

ownership 309:14	115:13 116:7 116:13 131:2 131:10 133:14 135:4,6 136:6 136:9 145:19 148:9,11,11 149:3,21 163:21,21 164:1,4,5 165:20 174:19 177:9 178:3,15 178:15,19 179:8 184:1 191:13 192:1 196:6 197:21 204:9 206:11 207:6 217:6,10 217:21 218:4,7 218:9 220:10 223:16 226:5 226:16 227:7 229:2 234:16 257:18 273:3 288:20 292:2 297:8,11 307:21 308:3,3 308:5 309:8 316:5 323:1,3 323:20 331:15 347:21 348:3 354:19 364:2,4 373:18 376:15 380:4 400:3 413:18 414:3	414:10,10 418:16 419:5 pages 27:18 44:14 51:18 62:9 78:5 135:3 217:15 219:2 356:8 420:12 paid 42:12 43:15 46:19,21 48:16 50:4 palm 1:2 9:8 panel 6:7,10,14 22:13,20,21 23:2,8 24:19 27:1 52:9,14 52:19 53:5,10 54:1,3,18,21 55:10 82:2,7 112:16 113:11 117:10 125:19 129:17 134:11 140:19 141:15 141:15 146:4,9 146:11 156:15 160:7 161:8 162:20 165:16 170:16 173:3 187:8 191:5 197:2 199:10 202:6,19 205:3 206:14 208:2,9 208:14 211:1 214:8,10 251:8	256:9 283:21 284:8 285:2,5 285:8,13,14,21 287:3,3,15 289:5 291:4 301:3 308:11 308:17 309:3 310:10 315:4 316:21 317:18 318:9 319:16 372:17 373:6 373:20 374:17 375:1,10,18 393:10,18 407:21 panel's 114:11 284:12 panelists 24:14 128:5 132:4,9 134:19 157:9 213:14 214:4 299:3 375:11 panels 208:20 285:5 paper 33:3 105:4,6,8,9,10 105:13,14 106:17 107:19 107:21 108:6 217:18 286:21 287:18,20 295:11 297:3 302:2,16 303:21 304:18
p			
p 2:1,1 3:1,1 9:1 p.m. 25:10 114:7 155:15 158:17 159:2 164:9 174:17 186:5 192:1 229:17 230:2 283:6,14 356:14 357:1 362:7,13 416:8 416:19 pack 354:3 package 226:10 pad 33:3 page 4:5 5:5,20 6:5 7:5,8 8:5 12:12 24:9,10 27:5 29:6 43:13 44:2,6 44:15,17 50:4 51:11 52:5,8 60:8,8 63:13 74:9 76:12 77:5 79:9,11 79:14,14,15 84:11 90:21 91:1 102:17 103:6,18 104:6 105:7 110:14			

[paper - payment]

321:10 322:17 324:1 331:17 360:15,15,18 360:19 361:4 361:15,17 400:5 418:16 paragraph 53:2 63:14 72:6,6 73:5 79:16 85:6 91:2 96:12 104:9 207:17 209:7,13 210:14 213:16 289:17 290:21 292:1 297:11 297:12 300:7 302:6,9 348:8 paralegal 15:1 16:17 paramount 282:7 park 2:6 part 39:10 41:15 64:14 75:5,7,8 77:14 77:18 160:6 179:4 182:7 194:7,15 274:1 277:18,18 278:4 301:3 315:19 317:11 319:3,6,12 320:11 327:4	342:2 415:19 participants 166:14,16 participate 74:19 75:10 112:2 120:4 178:10 179:17 181:7 280:21 participated 406:9 participates 210:17 212:1 252:6 participating 167:21 275:12 275:14 339:3 participation 127:9 208:6 209:15 210:15 212:8 214:16 215:12 223:1 246:17,21 249:12,14,16 249:19 252:19 384:21 particular 77:5 217:12 263:21 375:7 particularly 52:5 parties 361:20 417:11 partner 15:19 17:21 19:4	partners 357:19 parts 231:8 pass 215:3 277:13 361:20 passed 276:17 279:19 280:6 passes 109:8 password 129:15 past 63:1 118:16 127:9 127:10,14 138:7 166:9,19 167:2,8 168:10 168:14 170:2 214:19 308:12 309:3 path 285:13 patient 7:20 65:4 85:8,12 88:15 89:12,16 99:18 104:4 109:2 110:5 219:11 223:19 224:12 245:10 253:4 267:1 270:7 282:6 286:11 287:15 304:7 326:5 348:5 351:7,9 365:13 366:10 368:9 386:16 387:7 389:1	390:19 391:9 392:16 394:12 396:11 410:2 410:18 411:3,4 411:7,11,13,14 patients 104:13 106:3 109:8 151:9 244:16 325:15,18,19 325:21 326:9 326:21 348:11 349:8 351:15 366:11 389:5 389:11 391:8 391:10,14 395:5,10 399:16 patrick 157:7,8 161:17 162:7 231:9,15 232:1 256:16 patterns 121:1 pause 10:17 11:11 124:3 222:6,10 paused 158:18 209:10 pay 46:14 47:12 paying 51:3,4,5 386:10 payment 43:12 43:19,20
---	--	--	---

[pays - performing]

pays 42:15	409:7	68:9 274:15,16	261:9 266:18
pediatric 179:1	pending 14:13	276:18,19	267:13,20
peer 85:7,19	people 73:19	325:14	268:5,8,14,17
86:1,2,11,16,20	104:3,3 210:16	percentages	269:8 271:9,12
88:7,14,18	228:2 233:4	26:16,18,19	271:14 277:8
89:15 90:16	336:14,15,16	perception	278:9,10
286:16 292:14	336:17 348:4	399:1	289:19 291:7
302:3,16,19,20	383:16 395:4	perceptions	292:6,16 293:1
303:11 306:4	395:19	398:18	293:11 296:19
306:16 360:15	perceived	perfect 364:5	300:11,20
360:17,18,21	157:16 397:17	376:13	301:16 339:4
361:2,7,10	percent 42:4	perfectly 87:17	368:20 371:6
389:14	45:16 48:19,20	perform 186:12	371:16 372:8
pen 33:3	66:3,3,15,18	269:10 275:13	372:10 378:2
penalization	67:2 68:13	277:10	381:5 387:12
385:13	195:6 245:17	performance	401:20 404:12
penalize 200:17	246:5,13 265:3	52:16 60:16	404:15 405:3
234:20 237:4	274:14 275:1,5	79:17 82:21	413:7
243:8 317:19	275:6,6 276:7	83:3,6 93:12	performances
319:12 384:16	276:8 277:3,8	94:2 97:7,9	118:18
penalized	277:15,18,19	117:20 132:13	performed 52:1
297:1 385:4	278:5 279:18	147:6,10 148:6	104:16 269:12
penalizes 384:7	280:16 281:9	149:5 154:14	269:12 323:15
penalizing	281:10 304:13	154:17 193:17	348:14 367:13
315:18 317:10	304:16,16	193:19 201:14	performer
320:8,19	306:3 325:15	201:17 202:7	216:13 319:8,9
penalties	327:21 336:8,9	203:2,4 205:4	369:1,1 390:15
300:11 301:17	337:5 339:14	212:14,19	397:13
302:11	350:7,16	213:1,3 216:17	performers
penalty 10:11	352:13,17	223:4 224:7	397:9
318:13,14	percentage	227:13 237:15	performing
319:18 384:18	42:1 48:17	238:1,3,15	97:12,13 138:4
385:18 408:8	49:9 50:19	239:16,17	143:12 145:7
408:10,19	65:18 67:18	240:3 253:4,6	145:11 153:9

[performing - polling]

176:6 212:13 261:18 370:6 379:8,9 period 17:19 37:6 55:21 94:12 112:13 146:17 196:21 235:17 259:13 263:6 404:11 periodic 52:13 periodically 71:21 perjury 10:11 person 1:10 32:4 141:20 240:17 407:20 408:6 personally 21:20 119:8 122:2 182:19 381:20 383:3 417:3 perspective 382:18 peruses 24:21 136:15 148:14 184:9 185:20 186:20 210:7 211:14 257:6 344:6 peter 134:16 135:8,11 143:9 143:11,18 190:21 231:9	231:15,20 ph.d. 34:6,8,10 35:7 38:12 phase 263:13 phone 32:4 phrase 131:18 137:21 138:6 138:13,19 182:9,15 191:3 202:15 203:3 phrased 168:20 physically 251:17,17 physician 92:20 93:4 157:11 262:19 326:18 327:11 327:18 328:16 330:8 331:7,10 335:3,8 336:2 337:15 342:6 410:11 414:15 physicians 397:15 pi 37:18,18 38:9 pick 95:11 97:4 223:10 picture 337:3 407:21 piece 58:8 64:11 305:13 400:5 418:16	pieces 224:15 315:9 pikeville 400:14,17,17 400:18 402:6 403:5,6,11 404:1,9,18 405:7 pikeville's 402:7 place 88:1 293:18 299:14 344:15 417:4 places 335:7 plaintiff 95:15 plaintiffs 1:5 1:15 2:2 9:19 10:2 11:20 plateauing 246:21 platform 7:13 242:16 play 23:5,5,6,6 368:1 playing 84:4 please 9:13 10:4,7 11:21 21:19 129:12 140:16 141:3 144:13 164:2 164:15,16 167:3 179:7 184:11 216:4 275:15 286:4	plus 52:1 point 21:8 63:20 96:5 108:7 114:6 122:9 126:8 130:2,5 135:12 136:8 152:18 152:21 156:18 167:20 180:1 203:17,21 224:17 258:5 268:7 279:21 282:9 285:18 296:1 297:21 297:21 298:1 299:5 303:1 316:14 317:17 318:17 328:5 347:6 373:19 374:21 397:4 407:16 pointed 213:10 226:9 points 96:20 142:14 244:13 244:14 256:21 323:9,16 375:12 policies 219:9 223:18 378:8 policy 97:18 241:13 polling 52:19 53:10 54:9
---	--	---	--

[poor - printout]

poor 145:11 180:20 241:5 368:15 369:1 371:1 poorly 145:7 367:14 popular 395:17 portion 41:13 41:21 47:8 51:3,5,7 78:11 131:6 139:6 156:8 236:15 306:5 328:14 377:19 posit 341:19 position 299:6 possibility 238:20 359:1 possible 79:12 115:8 132:15 236:4 237:14 237:19 247:8 247:11 251:11 251:17,17 281:1 289:18 319:5 361:16 374:1,7,9 416:18 possibly 141:18 237:17 post 243:13 245:5 252:16 potential 153:8 165:13 246:3	246:15 250:12 262:15 370:16 373:2 374:17 potentially 252:9 391:10 powerpoint 358:14 359:4,6 359:11,13 360:9 pptx 357:21 practice 87:3 99:9,14 161:9 366:20,20 368:7,8 practices 244:10 254:5,8 254:14 310:6 310:11,17,18 316:15 317:4 330:9 365:12 365:13 pratt 1:14 2:16 preceded 313:15 preceding 49:19 148:11 predict 189:1 preeti 6:11 17:20 140:10 140:11 154:12 197:18 272:8 273:8 313:10 preeti's 143:2	preface 128:15 137:2 prefer 232:17 244:16 preferred 232:16 prepare 14:18 14:20 15:5 17:2 416:13 prepared 133:4 359:7 373:14 prepublished 7:19 286:10 prescriber 84:19 present 3:10 41:2 55:16 presentation 226:2 357:15 358:19 359:2,6 359:12,13,14 360:5 presents 224:12 president 39:1 58:12 press 19:8,13 presumably 203:6 pretty 144:10 258:21 272:18 274:4 339:18 340:1 341:20 370:19	preventable 104:14 106:3 109:15 323:10 348:12 349:9 prevention 136:13 previous 141:4 141:6 303:1 previously 134:20 148:12 250:19 291:15 326:7 362:20 366:14 primarily 120:10 125:2 250:11 324:19 333:17 338:4 388:11 411:2 primary 26:7 58:13 61:5,7 151:10 162:3 306:8 364:9 365:1,2 366:12 414:17 prime 35:4 principal 37:18 41:12,18 388:21 print 7:20 286:11 printed 24:6 printout 5:17 78:21
--	--	---	---

[prior - providing]

prior 7:9 28:17 34:17 64:8 78:1 81:13 93:14,19 106:17 115:18 116:3 138:2 159:12 184:19 194:7 196:6 209:12 231:2,3 239:4,4,5 316:5 404:8 priorities 123:12 prioritize 123:11 150:10 prioritized 249:12,19 354:8 privilege 15:16 probably 48:6 54:13 60:1 72:15 88:4 105:19 116:1 127:16 144:5 236:2 276:9 280:16 296:7 335:17 345:5 349:19 353:20 411:10,13 problem 104:14 106:4 115:15 120:10 183:8 215:2 246:7 348:12	349:9 376:7 problems 72:16 73:15 116:16 procedure 1:12 proceedings 71:2 155:11 158:18,20 229:19 283:8 356:16 362:9 417:9 process 52:10 54:4 86:14 91:8,16,17 92:14 98:16,17 98:20 99:2,5 100:11,19 101:2,15,21 141:20 287:20 315:14 317:1 320:5 327:3,7 364:13,19 365:21 366:9 processes 240:19 produce 279:6 produced 20:19 24:2 30:17 43:4 44:13 133:1,2 140:7 160:18 185:15 189:11 236:1 255:19 272:4 307:5 357:6 358:16	359:21 product 222:3 products 220:18 221:7,7 professional 1:17 profile 5:12 36:4 profit 151:11 program 59:4 252:5,7 programs 60:18 64:19 285:4 project 46:4 promise 10:10 pronovost 134:16,17 135:8,11 136:20 190:18 231:20 328:18 328:19 332:9 337:21 345:19 proportion 66:10 proportionately 100:6 proportions 151:9 proposal 125:7 125:21 126:4,5 127:1 134:10 170:12,15 200:6 233:17	285:8 318:16 propose 167:7 214:1 proposed 125:10 128:5 134:12 143:5 145:16,21 146:4,6,10 167:13 168:11 206:8 213:20 214:7 234:20 243:5 proposes 135:3 proposing 133:15 144:10 174:10 316:18 316:20 protected 15:15 protects 391:17 protocols 331:9 provide 56:17 62:14 63:7,17 75:19 86:6,6 107:9 159:16 178:8 219:9 220:21 223:17 361:5 provided 145:16 199:9 251:10 361:16 provides 389:2 providing 264:11
--	---	---	--

[provision - question]

provision 274:11 proxy 262:1 psi90 91:9 public 1:20 19:8 28:6 38:17 72:18,19 73:16 74:19 75:10 88:19 206:9,20 213:9 230:10 233:14 233:16 235:1 235:17 237:7 390:11 417:1 417:17 publication 7:20 286:11 publicly 30:4 107:11 111:19 244:11 253:3 289:10 389:17 394:6 395:13 publish 108:2 392:17 393:14 published 85:8 88:3,15 89:16 106:2 322:11 pull 26:21 99:12 329:5 pulled 26:14 103:14 270:19 pulling 147:18 242:2 245:16 414:12	punished 243:13 pure 50:11 purely 92:7 purports 103:10 purpose 70:6 72:7,11,21 74:2 187:5 200:15 273:11 384:16 385:20 purposes 130:12 371:20 387:9 pursuant 1:11 361:19 push 213:15 214:5 pushback 214:7 put 19:8 22:1 54:3 64:7 65:12 82:15 95:4 100:9 105:20 109:17 125:18 127:1 227:8 228:9 230:6 254:5,8 256:17 368:9 368:20 369:2 387:6 394:6 397:19 puts 98:20 228:7,8 264:15	putting 31:3 40:1 169:11 203:2 206:7 213:20 219:18 273:13 392:11 392:15 q qualifies 153:15 qualify 345:1 quality 40:2 72:18 73:16 74:19 75:9 86:13 123:11 150:3,10 157:17 222:3 243:10,11 244:9 247:3 262:5 387:15 388:11 389:1 389:17 390:11 390:18,21 392:18 398:16 398:19 409:2,3 quantify 281:14 337:17 quarter 265:3 quartile 135:13 136:1,21 137:1 137:4 143:12 171:21 172:4 172:10,16,19 187:12,16	190:18 191:6 191:12 192:20 194:16,17 195:4 196:17 queried 241:3 query 285:14 question 13:20 13:21 14:2,8 14:12,13 32:18 46:12 55:14 61:16 62:21 65:14 66:12 78:6,9 88:12 92:4 102:4 110:14 111:2 136:17 144:13 145:10,15,16 146:5,14,16 149:10 151:16 159:5,19 180:13 184:10 211:8 216:4 221:20 222:9 226:7 239:1 241:3 243:16 247:21 248:2 251:2,11,15,16 264:10 265:15 265:16 266:5 267:18 273:3 273:19,19,21 274:2,11,21 275:2,10,19 276:7 278:19
--	---	---	--

[question - realtime]

281:7 282:3 302:8 306:1,15 320:8 329:8 337:13 346:5 347:2,4 348:4 360:14 369:15 370:2 373:12 381:11,13 386:17,21 387:5 390:3 402:14 403:10 405:10 406:7 406:10 412:4 414:14 questionable 292:5,16 293:1 295:10 296:16 297:9 302:10 351:4 questions 5:20 12:21 13:21 16:2 18:17 19:17 21:20 39:20 46:13 61:18 79:8 103:18 210:18 212:2 223:7,8 274:3 276:1,4 276:11 279:4 287:9 307:20 347:19 397:3,5 397:6 405:9 407:6 409:18	quick 137:10 158:14 199:10 229:12 256:17 412:4 quickly 26:14 74:10 380:1 quietness 410:7 quite 58:19 280:9 304:11 351:6 quote 270:18 r r 2:1,4 3:1 9:1 rabbit 230:8 raise 10:7 131:21 raised 144:16 145:6,15 146:15 405:10 raising 145:10 146:12 ran 374:6,8,9 range 249:3 290:11 305:19 350:15 352:17 379:14,17 ranged 42:2 rate 94:14 109:5,10 110:1 110:2,5,7 325:5,10,12 326:5,6,12,15 326:16 345:14	rates 109:2 rather 151:16 243:7 372:19 379:6,8 385:3 rating 208:18 220:20 222:11 252:5,7 328:16 337:20 389:6 392:3 393:15 394:13 395:14 ratings 58:12 208:18 220:18 244:17 245:2 285:4,4 389:11 392:21 393:3,8 395:11,17 396:16 rationale 267:5 reach 375:11 reaction 212:3 read 24:18 86:6 89:14 136:16 144:9 145:20 170:2 178:5 184:6,7 200:2 205:18 209:7 212:4,5 228:2 234:14,16 236:9,15,17,21 237:1 257:4 297:6 313:19 331:14 344:1,4 357:17 389:14 389:16 401:17	401:17 416:12 418:3 419:5 420:6,8 reader 381:1 383:9 reading 89:10 167:9 190:20 212:3 227:16 402:3 reads 232:10 ready 27:1 185:4,19 207:9 300:8 real 151:16 reality 110:3 353:18 realize 72:14 really 23:10 40:1 68:20 81:2 86:3 87:7 94:8,16,20 128:6 143:20 143:20 188:17 232:9 237:9 251:3 259:1 275:11 295:17 315:19 317:12 317:13,15 318:20 353:12 354:6 369:16 370:10,13 379:3 realtime 1:18 1:19 10:20
---	---	--	---

[realtime - record]

11:8 54:7	recall 38:21	406:12	234:12 307:7
70:18 248:4	63:10,11 65:20	received 18:18	308:17 335:17
rearticulate	67:6,7 79:10	57:3,7 111:7	359:11
261:20	81:20 84:14	125:20 140:3	recognized
reason 13:15	85:3 86:18	183:9,11	208:2
44:13 48:11	89:10 112:18	227:10 339:8	recognizing
79:2,4 97:5	115:20 128:4	380:16 401:1	341:18
104:21 105:3,5	128:11 130:1,4	receiving 18:8	recollection
119:2 120:17	134:16 135:16	19:20 20:5	25:16 77:4,14
140:2 145:4	138:8 146:7	32:11 180:2	80:20 81:7,12
195:8,10 198:9	156:1,4,13,20	206:6 377:4,5	116:19 131:20
201:9 225:14	157:1 197:1	377:9 385:4	137:5,6 138:18
226:1 262:7	198:16 200:21	recent 27:8,13	161:20 164:20
263:21 264:11	202:12 205:6	54:8 93:17	173:2,5 177:19
265:12,13	206:4,6,7,13	118:15 166:13	184:8 187:7
266:15,15,20	207:1,2 226:19	166:16 167:15	188:15 189:7
270:2 307:17	230:9,11	168:4 179:5	199:15 203:11
335:16 359:20	235:10,13,15	208:5,12	208:13 231:15
360:2 408:5	251:6 258:3	389:18,19	236:5 312:2
419:5	259:16 262:13	404:11	371:11 374:4
reasonable	279:1 295:9	recently 53:9	recommend
261:21 262:4	308:16 340:15	60:17 87:1	86:12 161:18
351:19	349:16 359:14	165:5 167:13	162:7
reasoning	372:16 374:21	255:7 329:11	recommendat...
213:11,13	375:3,15	recite 281:16	209:14 210:2
233:7	381:13 397:6,9	recognize	285:5
reasons 265:10	405:11 411:20	20:17 23:20	recommendat...
266:11 282:10	receive 47:14	43:2 71:14	62:15 86:7
299:1	72:20 91:12	78:20,21 103:7	recommended
recalibrate	150:1,15 178:9	113:7 139:18	291:4
260:14 290:16	181:8 241:17	139:19 140:1	recommending
recalibrating	298:8 365:12	152:13 185:10	192:14
291:6	372:14 377:20	205:17 206:1	record 9:3 11:7
	380:12 391:21	217:6 231:1	11:9,13 12:1

[record - relative]

27:13 37:3 70:15 71:8 115:4 133:6 139:7 155:6,8 155:14 158:13 158:16 159:1 188:3 229:16 230:1 266:10 283:5,14 284:21 356:13 357:1,18 362:1 362:6,12 365:8 401:18 404:20 407:18 416:3,4 416:7 417:9 418:5 recorded 1:10 9:5 12:17 129:17 417:8 recording 129:11 130:2 130:10 recordings 17:6 recross 361:21 396:21 red 218:12 332:4 redistributed 100:7,8 260:21 365:20 367:1 reduce 135:14 reduced 326:21	reduction 327:21 reevaluating 115:6 refer 21:19 44:3 95:2 96:7 105:6 131:16 149:12 150:5 363:17 376:6 386:14 reference 194:12 322:2 referenced 1:15 420:5 referencing 77:17 106:16 385:16 referred 89:18 105:10 referring 29:16 83:15 88:21 101:14 105:4,8 105:12 136:20 148:3 150:8 172:5 224:18 249:15 310:1 398:11 408:19 refers 26:18 45:19 53:12 76:19 231:20 232:1 309:12 309:16 348:19 refine 165:13 240:19	reflect 26:19 31:10 43:18 45:21 53:4,6 133:15 161:2 162:8,19 166:21 167:7 175:3,11 184:4 213:1,2 227:14 228:12 310:9 338:11 381:6 381:16 401:21 405:4 reflected 349:20 410:5 reflecting 338:12 reflection 271:8 reflective 302:13 311:2 353:18 reflects 110:19 111:9 161:4 216:18 224:8 274:15 323:21 324:2,4 339:1 339:3 reframe 73:11 refresh 25:16 81:7 115:21 116:19 157:5 161:20 172:9 184:8 188:15 231:14 374:4	refreshed 374:10 384:10 regard 19:4 59:8 156:14 238:17 393:2,7 regarding 11:7 15:6 77:15 78:12 139:5 374:13 regional 122:11 122:12 registered 1:17 1:18 regular 32:6,15 regulatory 243:10 252:18 rejected 86:12 297:13 299:3 relate 151:19 related 18:9 40:1 60:14 262:18 410:15 relates 264:7 410:18 411:2 relation 122:18 347:1 relationship 38:4,5 41:5,5,8 47:4 261:17 332:1,2,14 relative 62:17 100:5 240:13 245:12 303:4 323:17 387:12
---	---	--	---

[relatively - reporters]

relatively 65:5	146:18 148:5	301:3	247:12 250:14
release 19:13	162:3 165:1,2	remove 318:20	272:12,17
released 107:11	165:4,5,7,9,10	338:13,16,17	273:7,14
releases 19:8	165:10 175:13	338:18	275:21 277:18
relevance	175:16,17	repeat 136:17	289:7,10 298:4
264:5 282:6	187:2,5,13	144:13 164:2	298:7,7,12,12
relevant 262:18	197:4,6,7	167:3 184:10	299:20 310:6
reliable 60:21	204:2 206:15	216:3 248:2,3	311:1 315:18
relies 404:8	233:21 234:1	248:3 267:21	317:11 322:5
rely 395:19	235:11,14,16	302:8 377:16	354:11,12
relying 395:19	236:2 257:3,9	386:17 390:3	372:13 381:5
remain 106:10	260:4 262:16	406:19 412:8	386:2 401:19
270:3	263:15 308:18	rephrase 101:6	402:12 403:8
remainder	312:9,11 314:8	236:12,13	405:3 409:8
162:18	314:11,12,13	247:21 248:2	reported 93:21
remained	337:1,3 347:6	249:16 367:18	94:4 102:12
108:16 303:5	347:11,12	370:8	179:4 261:14
306:9 331:10	348:4,6 359:13	report 7:16	269:6 289:6
remaining 66:3	359:16 360:4	91:10 93:10	339:12 371:18
66:18 368:9	372:21 374:6,8	94:19 118:20	394:6
remains 88:9	374:12 375:2,6	120:17 121:2,2	reporter 1:17
90:6 337:13	384:8 385:14	121:3,5,9,13,21	1:18,18,19,19
remember 23:8	385:15 407:11	122:1,6,14	4:11 9:11 10:4
23:11 25:1,20	407:17,18,20	138:1,13,19	10:6,10,15,19
32:8 54:7 67:9	408:1,3,6,7,12	144:12,18	10:21 11:2,4
68:20 77:7	408:12,18,20	174:3 179:5	12:13 37:1
78:13 79:12	409:4,10,12,14	180:9,10 193:8	70:17 115:2
82:10 87:5,10	409:16 411:21	193:19 200:18	138:12 158:9
87:12,15 117:4	remembered	202:8,20	158:12,14
119:12 120:5	197:16	203:18 204:13	188:1 365:6
128:6,9 132:2	remembering	212:17,17	416:9,15
134:3,10,13	332:9	215:20 216:18	reporters 188:8
135:19 137:2	remind 99:11	220:3,5 224:7	193:3
144:6 145:17	117:9 140:10	227:13 246:4	

[reporting - results]

reporting 38:17 61:7 74:20 75:10 94:12 119:2 121:7 123:19 124:3 125:1 126:15 141:21 180:7,17 240:19 244:13 278:4 295:14 295:19 297:14 297:19 298:3 298:15 345:10 372:10 376:18 376:21 377:13 379:7 390:11 402:9 409:5,7 reports 58:18 110:15 220:17 220:21 represent 9:14 71:16 85:16 103:13 130:8 198:3,7 207:5 223:2,15 225:8 264:15 314:16 324:6 329:4 362:17 representation 303:9 represented 235:3 237:11 237:17,20 245:18 262:4	270:15 representing 2:2,12 3:2 9:10 138:11 224:1 301:1 represents 58:6 58:7 80:4 274:16 307:11 323:8 reputable 330:19 reputation 398:8,11,15 399:9,19 reputations 398:16 399:13 request 107:9 206:20 requested 20:9 50:10 86:10 272:17 require 252:16 413:11 required 91:12 requirements 274:21 289:9 requires 176:3 reread 297:5 rescinding 314:5 research 36:15 37:17 38:14 39:10 41:14 60:11 75:3	313:7 329:8 331:20 389:6 389:10,13,14 389:16 409:2 researcher 37:16 38:3 39:18 105:1 157:12 388:20 researchers 50:10 104:13 347:8 348:11 349:8 reserve 361:21 resource 152:9 243:8,9 resources 152:7 235:7 243:12,14 354:7 respect 15:13 56:8 62:12 111:4 121:14 125:1 258:17 331:17 335:3 respond 174:17 188:5 189:2 191:18 213:9 232:6 365:11 365:19 366:15 366:19 respondent 276:16 respondents 171:11	responding 246:13 275:1 277:3 377:6 378:15 379:18 responds 188:20 377:18 response 25:9 164:17 168:6 190:17 316:13 316:19 318:19 responses 214:2 257:17 257:19 261:9 261:15,17 266:18 274:18 responsibilities 39:17 responsible 39:19 responsive 180:12 rest 357:21 restart 223:10 223:12 restate 13:21 restaurant 245:2,5 252:10 252:11 result 335:18 342:6 374:7 385:3 resulted 403:9 results 28:19 95:14 127:10
---	---	---	--

[results - right]

127:15 189:10	236:1 262:20	24:2 30:11,18	140:21 141:11
289:10 331:2	286:17 292:14	34:1 35:8,11	142:11,12,16
332:12	302:3,17,20,20	36:13,19 39:8	143:6 144:12
retain 243:15	303:11 306:4,6	40:14 41:9	149:6,7,8,14
retained 63:7	306:16 360:16	43:5 44:10	153:15 155:1
63:17 325:7,8	360:17,18,19	46:21 47:2,17	156:11 165:16
retire 126:9,10	360:21 361:2,7	48:12,13 51:2	166:5,6 167:9
170:13 200:7	361:10 389:14	51:4 61:3 62:9	168:10,14
retired 64:20	reviewer	63:8 65:3 66:3	170:3,10 171:8
138:8	222:12	66:15,20 69:17	171:13 173:9
retiring 90:10	reviewers	74:8 76:13,15	173:13 174:3
return 420:12	86:11,20	76:15,18,20	174:11 177:6
reveal 15:17	reviewing	81:10,14 83:10	177:15,21
213:13	130:4 207:1	83:11,19 84:10	180:7,14,18
review 17:1,8	221:7 222:1	86:12 87:16,20	182:2,20 184:5
17:11 62:1	226:13,15	89:11,18 90:9	184:18 185:14
75:16,16,20	233:19 235:11	90:12 93:18	185:15 187:13
76:1 85:19	235:14 236:2	95:9,16,19	187:15 189:18
86:1,14 140:16	358:2 377:5	96:2,8,12,19	190:1,10,13,15
141:5 147:17	reviews 60:18	97:18 98:21	190:18 191:16
172:8 203:6	revise 142:1,6	99:2,6 100:4,7	192:20 193:6,9
206:14 219:3	206:14	100:12,14	194:1,6,8,17
220:12 224:12	revised 184:1	101:2,9,16	196:3,8,18
262:3 272:19	revision 75:14	102:15 103:16	199:17 201:21
273:9 333:2,3	revisions 86:10	105:16 110:2	202:13 203:13
361:3 416:14	197:11	114:11,19	203:18 204:13
reviewed 15:2	revoked 258:5	117:15,20	204:15,16,21
16:19,21 77:8	258:10	120:11,13,18	205:13 216:7
85:8 86:2,16	rewarding	121:15 122:1	217:10,15,19
88:7,14,18	145:11	123:15 125:14	218:1,5,13,14
89:15 90:16	rid 54:9	126:2 129:15	219:16 220:6
95:14 148:11	right 10:7	131:17 134:21	220:15 221:21
221:14 222:4	14:17 16:16	138:5,20	222:13 223:1
226:17,20	20:20 21:19	139:11 140:7	225:3 226:10

[right - rural]

226:10,13	294:15,18	369:15 371:3	rollout 296:20
227:2 228:15	295:1,18	371:16 373:7	rolls 282:1
230:19 231:4	296:11 297:17	377:2 378:5	romano 7:14
232:4,14	297:19 299:4,9	379:2,14	156:11,14
233:13,14,17	300:16,21	380:14,14	157:7,8 158:5
238:2,7 239:7	302:3,7,20,21	381:7 382:8,10	158:7 159:7
239:21 240:6,8	304:3,6,11	382:13 390:16	160:2 161:21
241:20 242:4	305:7 309:7	390:18 400:2,4	162:1,9 232:1
244:5 245:3,12	310:15 311:7	401:15 402:11	256:5 257:2
246:14,18	311:20 314:2	402:12,21	287:5 299:3
247:18 249:4	314:21 317:8	403:2,3,17	room 279:1
249:11 251:5	319:4,6,9,15	404:15,18	305:14,14
251:18 252:19	320:13 322:6,9	405:11 406:13	407:21
252:19 253:5	325:14 327:8	407:2,7 409:20	rough 416:16
253:16 255:20	328:17 332:2,6	412:10,19	416:17
256:5 259:6,10	332:20 333:13	413:1,10,15	round 40:9
261:5 263:19	333:14 334:6,8	414:2,10,15,18	53:18 64:8,8
264:12,20	334:18,20	414:19 415:2,5	168:14 170:2
265:7,9 267:12	335:4,19	rights 49:4	rounds 53:17
267:14 268:14	337:16,21	rise 46:11,12	118:16 166:9
268:17 269:1	338:5,13,20,21	risk 47:7	166:19 167:2,9
269:15 272:5	339:5,11,18	109:10	168:10 179:21
273:20 274:6	340:5,8,11,13	roginski 3:11	288:2,4 294:3
275:2,19	340:16 341:4,8	9:10	331:8
276:10 277:17	341:14 342:1	role 37:16	rudolph 38:10
278:1,5 279:19	342:21 343:19	38:15 39:5	38:12
279:21 281:1	344:3,11,18	52:1 59:2,10	rule 1:11,12
281:12 282:12	345:7,11 346:9	59:15 62:13,14	rules 12:11,13
282:20 286:2,8	346:15,18	63:2 75:13	420:14
286:14,18	348:1,20 349:4	79:10 218:21	running 11:4
287:6 288:17	350:18 353:9	226:12,15	187:5 188:16
289:14 290:6	356:8 357:3	233:19 368:1	runs 194:5
290:12,18	361:14 365:4	rolled 255:1	rural 151:1,4
292:3,19 293:8	366:17 368:13	293:19	

[s - saved]

s	80:10,13 81:17	249:21 253:4	410:11,18
s 2:1 3:1 9:1	82:3 84:14	262:5 264:6,8	411:9,11
262:17	85:7,9,12 88:1	264:8 267:1	412:13
safe 99:9,14	88:10,14,15,17	268:8,9,10	salary 42:15
112:3 150:2	89:13,15,16	270:7 282:7	47:2,4,14
254:5,8,14	90:11 91:6,11	283:21 284:3,9	48:20 50:15,16
310:6,10,17,18	91:13 104:4	284:14 286:12	50:18,19 51:4
316:15 317:4	105:19 109:3,3	287:3,15 288:7	65:19 66:15
365:12,12	109:16 110:15	288:9,13	samaritan 1:3
366:20,20	110:18,19	291:13 293:20	4:3 5:3 6:3 7:3
368:7,7 401:4	111:8,9,13,18	294:3 296:18	8:3 9:6 419:3
safer 104:12	111:21 114:10	297:2 299:2,10	420:3
218:19 219:4,8	117:11 118:16	299:14 301:2	sample 194:19
223:17 226:18	121:4 122:15	304:8 308:13	195:7 245:15
348:10 391:17	132:3,8 134:18	309:11,18	289:9 324:19
safest 74:11	140:16,17	310:9 311:6,14	sanitizer 279:2
safety 5:16,18	141:15 148:16	312:5 313:14	279:14 378:9
6:13 7:8,18,20	148:18 149:1	314:20 323:12	sanitizers
18:12 22:13,20	149:16 150:3,4	325:4 339:8	278:16 279:5
23:13 24:14	150:7,9,10,13	348:5 351:7,9	sara 2:15 9:15
28:7 30:4 40:2	150:13,16	354:9 368:2,17	15:9 142:10
40:4 52:9,17	151:5,15,18	369:11 370:14	416:2
53:5,21 54:2	152:1,4,4,7,14	370:19,19	satisfaction
54:20 55:9,18	153:5,8,11,12	371:21 382:7	411:3,7,14
56:4,8,19 59:4	153:15 154:21	386:16 387:8	saved 8:11,14
61:3 62:12,17	156:15 157:9	389:1,2,12,17	104:16 105:11
64:6,7 65:4	158:1 160:6,8	390:1,11,18,21	108:16 322:6
70:5 71:17	161:7 162:20	391:1,9 392:16	323:14 346:10
72:4,11,17	170:16 179:21	392:18 394:13	346:18 348:14
73:1,16 74:3	190:9 217:10	394:17 395:6	350:21 355:6
74:10,17,19	219:1 244:6,9	396:5,6,11	355:19 357:14
75:6,9 77:1,20	245:10 246:20	398:16 399:18	358:7 359:15
79:1,16 80:3,5	247:3,6,10,13	400:9 401:2	360:7
	247:19 248:8	403:7 409:3	

[saw - score]

saw 50:3 66:2 66:12 156:5 172:3,15 190:9 190:17 191:6 196:6,18 199:2 200:4 202:15 233:13 288:16 305:9 381:21	140:15 141:2 143:9 147:1 149:2,7 156:8 161:17 166:8 166:18 171:2 171:13,20 173:8 178:13 182:7 186:10	347:7 353:3 355:5 357:14 358:6 373:20 380:6,15 381:4 381:16 382:8 382:10,13 383:21 394:17 400:14 405:2 414:14 415:1	167:8 180:8,11 181:8 188:9 200:8 212:7,18 212:21 215:4 218:13,16 222:15,16 223:2,16,20 224:5,7 226:6 226:10 227:2,3 227:6,11,14,17 228:6,12,14 238:19 239:7 245:12 248:12 248:13,15,16 248:20,20,21 249:8,13 250:12,17,20 267:2,8 268:15 271:11 277:12 278:7,8 281:1 282:1 287:16 287:21 293:14 294:11,16 296:13 297:1 298:5,6,8 303:2 305:4,16 308:8 309:2 315:13 319:21 320:5 338:18 339:12 365:12 369:9 370:19 374:1,1 376:4 376:16,20 377:5,5,9
saying 101:13 106:18 135:16 144:4 152:12 192:10 198:13 224:4,6 227:16 228:1 240:2 276:16 281:6 282:15 301:12 301:17,19 320:10 337:7 345:16 351:14 352:8	187:16,18 188:21 194:11 194:16 200:14 204:15 206:19 210:12 211:21 213:9 218:1,13 218:16,19 219:8 223:16 226:10 227:2 231:8,18 232:19 234:16 243:4 251:3 256:4 257:20 260:13 261:4,7 264:16 272:11 287:11,14 288:1 289:5 290:15,21 291:2 297:12 300:7 302:19 307:10 308:8 308:11 309:10 310:21 315:17 316:13,14 317:10 318:20 333:17,18	scenario 187:10 252:3 370:17 374:18 scenarios 187:9 225:13 342:16 369:15 370:1 374:6 schedule 139:5 scheduled 23:1 32:5 science 34:4 scientist 38:13 scope 51:14,19 51:21 76:9 score 52:9,17 54:20 55:10 56:20 64:18 65:4 83:3,6 90:5 96:15,19 97:2,4,10 102:5,5,6 118:21 119:19 132:13 133:16 133:21 138:4 145:8,9 167:1	
says 21:8,9,18 25:12 36:10 43:15 45:13,16 51:14 52:9,12 54:17,18 56:16 56:17 63:7,15 72:14 74:16 79:16 88:18 91:17 100:20 102:2 104:9,11 110:14,18 120:15 127:8 129:11 131:13 135:8,11,17			

[score - see]

378:14 379:12	263:7,8 269:17	115:6 120:7,13	25:10,14 26:11
380:7,10 381:6	288:7,9,13	136:14 147:9	26:16 28:1
381:12,16	292:8 295:2	149:9 154:16	29:12,14 30:18
382:7,8,11,14	298:11 300:10	158:14 163:21	31:8 36:11
383:10,11,12	301:15 309:17	164:4 169:8	43:10,13,16
383:21 384:1	310:5,16,21	182:7 201:16	44:20,21 45:10
385:13 392:15	319:20 338:14	207:8,17	45:13,17 51:14
401:11,13,20	339:4,7 340:16	210:14 222:18	52:6,10 53:2
402:1,7,10	344:2,10,15,16	257:4 258:2	53:20 55:2,12
403:9,16	344:17 349:4	260:12 266:3	60:11 63:15,18
404:13 405:1,3	351:1,4 353:1	267:10 297:6	65:13,17 72:6
405:11 406:10	353:18 367:14	297:12 343:8	72:7 73:3
412:7,13,16	367:20,21	344:5 348:3	74:12,21 79:21
413:12	368:1,15 369:8	373:18 380:4	85:10,13 90:20
scored 406:14	370:6,7,8,10,11	secondary	91:4,14,17
scores 27:15	370:11,13,18	178:14 214:20	102:1,16 103:4
30:1 64:7	371:1 374:9	215:11 254:10	103:13,19
84:18 102:7,10	382:19,20	262:15 269:16	104:6,9,18
117:17 118:1	383:4 385:5	269:19 270:10	110:4,13,16,20
118:16,19	394:8,10	364:10 412:6	113:11 114:2,7
119:21 120:4	406:16	412:12,18,19	114:17 115:9
121:4 122:14	scoring 39:21	412:21 413:6	115:15 116:7
126:15 132:1	74:9 84:15	413:11,13,14	116:10,17
171:3 173:9	99:6 149:19	415:1,5,9,13,14	118:12 120:9
186:7,11,13,18	150:6 249:20	415:17,18	125:11 127:8
187:19 190:5	281:15 300:7,9	secondhand	127:11 129:8
190:10 200:19	300:19 301:14	123:3,5	130:17 131:3,6
204:16,20	407:3	section 116:16	131:8,14 133:8
209:17 212:11	second 10:18	274:19 289:2	133:12 135:8
215:11 224:21	11:6 22:13	289:13 297:7,7	137:11,14,15
238:11 244:17	24:17 29:21	see 16:7 17:14	137:16,17
248:10 249:1,4	59:21 63:14	20:19 21:2,6	138:16 141:7
250:10 255:10	74:9 79:15	21:12,19 22:3	142:20 143:3
258:20 262:1	83:14 91:1	24:4,6,7,11,15	143:13 145:19

[see - sense]

146:2 147:1,5 147:12 154:13 154:19 156:8 160:17,20 161:18 163:10 163:12,16 164:12,17 166:3,9,19 167:14 169:13 170:8 171:3,17 172:1 174:17 175:7 178:20 179:8,8,10,11 183:20,21,21 185:14 186:5,8 186:15 187:16 187:19 188:5 188:12 189:4 191:12 192:1,7 195:20 196:11 196:14 197:10 198:6 199:7,13 199:21 200:9 200:12 201:13 201:19 202:10 204:9 205:15 206:19 207:18 208:7 209:18 211:4 213:16 217:18,21 218:10 219:11 222:7 225:20 229:7 230:19 231:6,12 232:6	232:11 233:12 234:4,16 235:8 235:20 242:16 243:1 245:20 250:1,15 255:20 256:2,9 256:18 257:17 260:9,16 261:10 262:18 265:14 272:5,9 272:12,21 273:4 274:12 275:7 278:14 283:18,21 284:4,15,18 287:5,11,16 289:3,11,19 290:3,21 291:8 292:2,3,10,17 294:12 300:13 306:13 307:4 307:21 308:2,6 308:13 310:4,7 312:15 313:4 315:6,9,15 316:1,5,5 317:13 318:21 320:6,10 321:20 323:2,4 329:19 330:11 331:4,12 332:18 333:3 333:15,18 334:10 338:9	340:5 345:7 346:10,10 348:16 349:10 350:6 354:18 355:5,14 356:7 357:6,10,15 358:8 362:21 363:1 380:5 382:8 383:9 387:11 395:19 396:6 400:9,10 400:12,14,15 401:5,11 402:14,17 413:19 414:1 414:14 seeing 64:10 165:1,4,5 192:4 235:16 235:20 327:8 349:18 354:1 374:20 seek 74:11 395:6 seeking 389:5 seeks 37:1 115:2 188:1 365:6 seem 144:3 189:13 321:12 402:15 seemed 351:4 seems 145:10 275:20 331:3	344:1 408:14 seen 73:8 100:10 118:18 121:1 128:14 130:14 132:21 217:12 242:18 302:6 329:20 332:20,21 351:6,19 352:1 363:13 sees 237:3 selected 245:16 289:6 selecting 361:3 self 272:18 semantics 303:16 403:20 send 316:16 343:21 sending 161:9 164:20 165:7 191:11 196:7 senior 38:13 58:12 396:4 sensational 182:17,18,20 sense 14:14,15 19:11,12 24:17 49:16 50:2 57:1,21 103:9 108:1,3 119:13 119:14 143:21 148:7 186:21 222:19 256:21
--	---	---	---

[sense - significance]

280:5 298:21 312:10 329:9 359:3 361:7,11 361:12 390:17 410:9 sensitive 249:4 sensitivity 291:3 sent 15:3 114:6 140:3 165:11 197:18 199:3 256:20 316:16 358:20 sentence 63:14 72:7 73:11 85:20 89:10,12 147:15 148:1,4 179:18 209:13 210:1,2,5,15 211:12,16 212:4,5 237:2 288:1 292:2 331:2 sentences 236:17,21 237:1 sentiment 75:2 separate 84:17 113:18 317:8 separately 113:16 september 4:4 5:4 6:4 7:4 8:4 9:4 133:4	417:14 419:4 420:2 sequence 411:18 sequentially 358:17 serve 41:12 served 393:9 serves 177:6 services 56:16 56:18 60:10 79:18 80:16 157:11 175:19 364:11 365:2 392:17 session 16:20 17:2 set 55:8 56:18 57:1 60:6 92:12 139:2 142:19 163:4 181:15 185:3 195:13 205:7 216:2 233:11 253:12 265:8 267:10 286:2 306:19 312:16 321:3 360:12 373:8 394:10 394:11 405:7 417:4 setting 403:20 seven 100:14 101:2,18 109:7	283:13 326:9 356:13 364:21 366:12 407:15 seventh 328:2 seventy 42:3,4 281:9 several 171:21 378:10 shaking 13:6 share 23:2 73:16 86:9 111:15 119:11 202:6 212:14 213:21 shared 23:8,11 119:4,7 206:15 259:19 393:16 shares 179:6 sharing 389:4 she'll 416:13 sheet 418:8,15 419:1 420:10 shift 32:18 33:12 41:4 69:19 112:7 321:4 short 47:13 71:1 144:10 229:18 283:7 356:15 362:8 shorten 166:8 166:19 168:13 shorthand 1:17	shortly 15:9 shove 213:15 214:5 show 82:11 137:3 230:14 264:14 271:4 288:11 332:4,5 332:14 354:15 381:12 400:7 showed 225:5 showing 165:6 shown 264:7 404:19,21 405:1 shows 198:4,7 382:20 sic 9:9 115:13 234:19 256:5 287:15 357:20 side 59:5 287:11 292:3 338:5,20,21 339:1,2,5,7,11 342:1 sides 61:5 sign 416:12 420:6,11 signature 416:10,11 417:16 signed 44:21 420:17 significance 67:12 282:12
---	--	---	--

[significant - sort]

significant 66:9 67:13 72:16 73:14 267:1 270:8 304:3 306:3 334:14 351:2 369:6	slack 21:11 slash 338:8,11 338:12,13 339:3 slawson 2:19 slide 6:8 113:15 114:16 115:15 115:20 116:15 117:1,7,8 118:7 120:7 125:6,7,7 127:6,6 190:13 200:4 359:8 376:8 414:6,7	social 38:13 solicit 52:15 solid 90:6 solution 146:3 146:6,11,19 solutions 145:21 420:19 solve 115:16 116:17 somebody 203:17 204:19 227:16 307:12 somewhat 254:2 345:1 soon 416:17 sorry 10:17 11:6 16:16 29:13 60:6 61:12 113:16 117:5 130:19 132:6 135:6 142:21,21 152:20 158:9 164:3 175:4 179:8 183:13 183:17 184:20 189:12 207:11 209:10 221:9 242:13 256:13 284:17 343:14 350:5 380:1 387:5 404:4 411:5 414:9	sort 13:7 15:8 15:13 19:21 21:15 45:12 50:16,19 53:18 54:8 57:11 60:15,17 62:19 63:3 64:11 65:2 66:11 72:3 80:5 82:8 83:1 86:14 90:12 97:1 121:3,4 122:16 142:11,12 147:7 148:17 149:6,12,13,15 149:15 154:15 165:13 169:7 171:5 182:20 192:3 201:15 215:3 232:20 237:2 247:9 254:8,21 255:1 257:17 259:2 260:18 269:14 281:21 293:17 293:21 298:11 303:14 305:16 315:10 319:17 331:3 332:6 336:13 337:3 350:14 353:2 369:21 372:1 389:21 398:16 403:19 409:6
significantly 264:19 335:8 similar 110:7 122:9 202:2 221:7 349:19 392:19 394:9 simply 371:3 single 75:20 126:6,8 281:7 sitting 77:5 285:12 409:12 409:13 situation 237:3 245:21 293:18 379:11 situations 253:9 six 49:19 76:5 91:8,17 100:19 101:21 230:1 283:5 sixty 347:18 size 66:8 67:12 sizes 324:19 skills 328:7 skip 115:13 199:5 200:11	slides 116:14 134:12 slight 127:8,14 slightly 73:11 171:12 189:1 189:20 371:5 slippery 246:6 246:8 slope 246:7,9 328:3,5 small 94:9 150:19 151:4 166:8,18 167:6 168:9,11 169:9 171:16 207:10 207:11 242:13 247:4 324:19 smaller 53:18 94:11 340:10		

[sort - start]

409:12 410:17 413:6 sought 287:14 sound 394:19 sounded 211:7 211:12 sounds 13:3 112:19 177:4 210:16 212:1 264:17 319:2 source 80:14 83:20 154:8 221:2 269:19 364:9,10 365:1 365:3 366:13 387:14 395:10 412:12 413:14 414:17 415:1 sources 21:21 79:20 80:12,19 82:17,19 83:19 178:14 214:20 254:10 262:16 269:16 270:10 303:4 394:18 southern 1:1,12 9:8 space 320:21 spaeder 1:13 2:14 9:15 15:19 speak 20:2 56:11 58:8 61:6 75:5 76:9	77:9 86:4 92:1 121:8 122:20 152:6 193:16 220:14 264:9 328:20 363:12 385:8 386:13 386:20 396:2 398:1 speaking 42:8 266:1 303:12 372:16 374:21 395:18 specific 23:7 67:3,6 77:4,14 77:16 78:7,8 78:10 123:10 162:11 213:10 219:1 279:5 318:16 392:15 404:11 specifically 43:21 82:17 121:12,20 123:18 212:12 218:5 260:8 262:16 397:14 408:21 specifications 39:21 61:19 speculate 383:15 speculation 252:2	spent 22:16 spirit 108:13 spoke 17:17 25:17 31:4 375:3,6 spoken 375:15 spreadsheet 8:13 355:14 356:6 spring 26:14 27:4 40:7 177:11 401:1 srinivasan 136:10,11 137:1 staff 6:17 57:10 57:14 58:2,4,9 185:12 219:10 223:18 staffing 93:4 176:2,3,10 181:11 326:19 327:11,18 328:1,17 330:8 331:7,10 335:3 335:8 336:2 337:15 342:7 stamp 44:12 stand 106:20 106:21 213:14 214:4,8 standard 171:21 181:18 220:1 245:14	273:14,16 279:15 281:2,4 281:10,11 294:12,17 295:1,5,5 305:17 327:20 371:19 standards 180:7,18 181:15 216:1 261:19 262:6 276:2 345:3,10 345:14 standing 367:5 star 244:17 389:6,11 392:21 393:3,8 393:15 394:13 395:11,17 396:16 stark 192:4 start 12:12 14:17 17:19 20:12 34:12 39:7 40:6,19 42:18,18 47:5 62:21 72:15 91:16 104:2 113:13 116:15 136:9 139:13 142:21 147:21 148:10 163:20 185:17 197:14 206:1 236:21
--	---	--	---

[start - structural]

248:12 315:8 315:12 321:15 359:10 363:6 392:13 393:6 399:10 406:17 started 39:9 40:7 82:13 106:14 107:20 159:6 255:4 293:8 starting 72:6 91:2 273:2 287:10 322:16 331:3 333:14 starts 24:10 141:21 142:9 startup 296:17 state 9:14 11:21 151:16 288:15 404:20 stated 250:19 345:12 385:21 statement 55:15 56:6 74:14 88:13 91:20 111:11 111:12 119:16 125:3 127:19 189:9 199:16 237:7,13 241:16 308:16 340:21 353:16 statements 106:10	states 1:1 9:7 150:19 247:5 288:15 stating 301:10 statistical 334:15,16 statistically 334:13 stats 26:21 status 26:15 27:3 stay 135:13 271:8 332:5 410:3 stenographic... 417:8 step 27:6,6,7,12 28:9 83:11,14 93:13,16,17 95:19 118:5,15 118:17 120:10 120:13,15 121:14 122:1,1 122:6 126:7,9 126:10,11 127:10,15 143:13 161:18 162:7 166:9,15 166:18 167:6 168:2,9,17 169:5 170:8,13 170:17,20 171:1,6,9 174:11 175:5	175:12 177:20 179:2,12,14,18 182:6 186:7,11 186:18 192:19 194:7,11 200:3 200:4,7,7,16 209:9 225:3,5 225:10,10,16 225:17,20 227:6,11,18 228:8,9 243:5 267:4 271:7 341:12 382:5 403:2,2,6,12,12 404:1,2,6,6,7 404:14,18,18 405:5,5,14 415:4,10,11,12 stepping 61:2 141:14 251:6 258:2 steps 83:11 199:21 402:21 stewart 58:19 59:15 60:3,4 200:14 sticker 163:12 stickers 29:15 stipulate 367:6 stood 214:10 286:18 stopped 260:5 390:7 391:8	straight 192:19 192:20 strategic 63:8,9 63:12,18,21 64:2,3,14,15,16 stream 94:13 109:7 325:16 326:8 335:21 street 1:14 2:16 3:5 strengths 332:8 stretch 87:14 357:4 strike 46:12 97:19 100:21 152:19 203:11 205:6 210:3,4 247:15 258:8 347:1 364:18 395:8 strikes 358:18 strong 210:20 232:17 326:19 386:6 stronger 232:20 233:2 strongly 243:4 244:16 struck 210:1 structural 98:18,21 99:2 100:11 101:15 147:10 149:13 149:15,16
---	--	---	--

[structural - sure]

154:18 201:18 297:14 298:2,9 298:14,17,19 298:20 299:6 300:3 302:11 315:14 317:1 320:5 327:3 364:13,19 365:21 366:9 structure 303:2 303:17 306:8 structured 52:21 struggle 149:4 struggled 73:19 183:4 struggling 402:18 student 39:10 studied 89:7 220:12 studies 332:3 332:11 study 330:10 331:21 332:13 332:14 336:11 stuff 49:7 stuttering 151:17 sub 384:20 subject 161:5,6 164:11 186:7 284:2 357:14 409:4	submission 26:15 241:12 submit 86:4 178:13 200:17 202:9 234:21 237:4 404:9 submitted 7:12 93:14,19,19 168:4 169:13 175:21 242:15 274:18 submitting 200:19 215:2 243:8 subpoena 18:8 19:20 20:5 32:1 362:20 subpoenas 32:7 32:9,11 33:1,5 33:6 subsequent 162:20 subsequently 137:3 263:17 subset 53:18 187:1,2,6 194:21 222:2 245:16 281:17 substance 15:17 16:3 19:5 201:4 substantial 306:5 335:4	successes 386:8 suggest 145:21 277:6 suggested 52:18 133:20 187:9 190:18 317:3 suggesting 148:5 191:1 246:12 406:21 suggestion 319:16 suggestions 140:20 315:15 suggests 197:20 suite 1:14 2:16 3:5 summarize 360:7 393:21 394:2 summarizes 360:9 summary 80:4 201:3 389:4 393:16 394:4 super 190:21 supplemental 79:20 80:11,18 83:19,20 84:9 84:10,13 supplementary 82:17 supplied 20:10	supply 18:18 18:19 supplying 146:15 support 37:20 38:16 119:16 202:6 240:6 309:18 supported 205:3 308:12 309:10 supporting 75:4 313:14 supportive 312:4 supports 59:4 supposed 94:20 393:21 394:2 supposedly 245:8 sure 10:6,19 12:20 15:12 29:6 46:9 69:3 69:4 77:7 87:10 94:16 110:12 152:2 159:18 160:1 165:20 170:4,5 176:8 180:13 202:19 216:5,5 219:10 221:8 223:13,18 227:5 228:19 237:9 242:6
--	--	---	--

[sure - take]

266:2,6,9	112:3 118:20	274:19 275:2	394:13 396:10
296:17 297:4	120:18 121:5	275:12 279:4	systems 34:4,10
301:18 310:2	122:19 125:2	294:5 298:5	34:11 36:15
329:2,3 334:1	127:8,10,15	299:12,15	37:17 38:14
363:18 367:7	150:5 152:5	310:7 311:2	208:19 392:3
376:7 377:12	153:10 166:13	318:2 339:13	t
377:17 384:11	166:16 167:2,9	364:9,20,21	tab 102:18
384:13 386:18	167:14,15	365:11,20	128:13 139:13
390:6 391:5	168:4,6,10	366:11,12,15	163:6 195:14
392:8	169:14 176:1	371:14,17	205:8 242:8
surgery 59:13	178:11,13	377:18,20	286:4 306:20
61:9 325:19	180:3,10	384:20 386:3	312:18 321:16
surgical 179:1	181:16 186:12	386:15 387:6	347:17
surprise 351:14	190:8 193:8	387:10,11	table 31:1
surprised	200:18,20	397:5 402:9	164:15 165:1,8
132:3,8	202:9 208:5,6	404:9 406:9	194:9 323:3,6
survey 26:15	208:12 209:15	409:6 410:7	323:7,8 344:8
27:8,9,13 28:9	210:15,17	414:18	408:8
28:11,16,17,18	212:1 213:11	suzanne 39:3	tables 108:9
28:18 29:2	214:17 215:12	swear 10:4	125:6 288:12
36:10 38:1	234:21 235:4,4	swearing	tacks 49:9
39:20 40:2	235:7 237:5	114:21	take 14:10,14
59:12,13,17	241:12,15,19	switch 70:8	24:17 39:5
60:15,20 61:3	243:9,9,12	112:8	51:10 60:7
61:9,17,18	244:9 245:19	sworn 10:8,16	62:6 70:10
62:2,9 76:19	246:4 247:1	417:5	118:21 134:15
77:21 79:19	249:16,20	synthesized	136:4,14
80:17 82:18	250:14 252:8	332:12	146:21 147:3
84:17 91:12	254:4,11,13	system 72:17	148:8 153:1,4
93:11,14,18,19	255:8 259:14	73:15 74:9	155:4 172:13
94:1,5 97:20	261:14,15,18	200:15 241:13	177:1,3 178:5
98:9 102:13	261:19 262:4	354:8 386:8,10	178:16 185:19
110:16,20	269:7,7,10,11	386:11 388:11	195:5 205:18
111:10,16	270:18 273:19	390:13,14	

[take - test]

212:14 224:17 225:2 229:11 231:9,17 234:4 234:11 242:21 244:7 246:18 257:4 267:9 274:9 282:21 297:6 300:2 309:14 318:15 319:20 321:2 329:5 333:13 335:12,13 336:4 343:7 344:4,5 350:2 351:1 356:11 366:21 382:5 394:5 taken 1:11,16 9:5 77:10 319:15 takes 240:17 talk 18:6,11,13 18:14 19:5,18 21:6 22:12 32:9,15 33:12 41:4 70:4 82:3 83:18 92:14 93:5 102:16 104:1 110:13 112:11 119:7 123:17,18 128:3 133:6 148:9 149:21 162:16 163:3	253:13 257:12 321:10 322:19 talked 17:14,16 18:8,19 19:7 31:13 32:1 101:8,11 103:15 112:21 120:9 121:15 187:12 216:6 247:17 248:5 253:14 267:11 282:10 286:13 304:2,5,14 306:2 310:14 311:5,6,10 312:1,5 347:7 347:15 348:3 360:21 395:19 399:21 407:10 409:19 talking 43:19 55:21 58:9 76:12 85:20 93:8 117:14 136:21 148:16 149:18 151:19 155:21 224:17 230:4,7 249:7 256:21 271:4 297:19 322:8 339:15 354:11 355:2 356:6 365:14 366:8 366:20 371:8	378:8 380:5,20 381:10 398:3 413:20 talks 78:2 137:1 177:9 target 291:19 technical 158:19 159:4 159:21 393:9 393:18 technically 40:18 techniques 52:21 technology 84:17 262:17 teleconferences 52:14 tell 14:20 18:2 27:6 36:3 37:14 41:11 44:4 69:4 97:11 102:3 105:7 120:20 122:8 131:11 175:10,20 180:5 181:4,10 184:3 207:8 218:8 246:1 256:20 274:15 284:6 300:8 316:17 323:6 339:1 347:14 408:17 413:3	telling 224:3 403:13 tells 101:20 183:13 temporarily 209:10 ten 68:3 124:5 124:5 tenant 19:14 tend 150:1 395:18 tenor 343:21 344:1,7 tep 210:18 212:2 term 47:11,13 92:15 132:4,9 132:12 138:2 173:20 174:2 175:6 182:8 202:20 232:17 240:13 terms 19:14 47:8 59:5 64:9 86:9 98:19 150:3 189:15 215:10 326:3 333:4 337:18 361:2 397:16 test 28:14 36:9 68:18 81:2,3 81:20 137:7 229:14 265:9 328:8 329:9
---	--	--	--

[test - thinking]

334:15 369:14 369:21 410:13 testified 54:10 68:2 73:8 168:16 177:14 180:4 362:19 376:17 384:5 386:12,19 400:2 403:15 403:18 testify 13:13 387:18 405:16 testifying 13:10 384:8 397:10 testimony 10:11 13:16 18:5 179:15 204:12,18 238:14 271:5 271:11 349:17 363:3 385:15 405:13,18,19 416:14 418:5 420:8 testing 87:7 328:7 text 187:15 208:2 228:18 315:9 texting 21:11 thank 10:3,15 71:11 84:6 155:18,20 229:1 283:16	357:3 363:5 376:13 396:20 thanks 25:12 31:3 189:2 theirs 307:21 themes 142:8 theories 121:11 121:19 theory 341:3 413:14 thing 13:7 14:10,12 60:7 75:20 121:14 137:10 169:4 172:20 203:7 245:9 262:21 325:12 358:18 398:17 things 14:5 19:14 45:13 49:3 97:17,20 104:1 112:17 130:13 131:2 191:12 207:7 220:15 228:3 278:16 think 29:5 35:7 35:10 40:19 41:7 52:12 54:6 55:17 62:6 63:9 65:2 65:5 68:2,12 73:7,18,18 79:2,4 85:16	88:6,8,20 89:7 89:7,20 90:3 96:14 100:10 104:21 105:3 105:20,21 111:8,12,17,20 112:5,20 113:10,18 114:11 120:8 122:12 128:14 129:5 132:6 137:1 140:2 146:8,9 148:13 149:4,8,14,21 150:2 155:4 157:2 159:21 169:1 172:12 177:15 182:16 182:19 192:5 195:8,10 198:9 198:20 210:14 211:11 213:9 215:7,9 221:2 221:5 222:15 226:1 228:5,7 230:5 233:2,4 237:12 242:6 242:15 243:1 245:18 248:13 250:4,5,8 252:11 255:13 259:3 264:11 265:2,17,18,21 270:5 272:8,17	279:9 282:20 283:20 284:17 288:20 293:16 295:12 297:7 298:10 303:2 303:14 305:14 307:17 309:16 311:6,13 313:19 318:16 320:10 321:2 325:15 328:10 331:20,21 332:2,2 333:1 338:8 344:21 347:16 348:1 349:18 350:1 350:21 351:6,8 352:18 353:8 354:5,8 359:20 360:6,12 363:21 371:3 373:5,10 376:17 378:8 378:19 381:10 381:21 383:3,8 384:5 385:12 386:7 389:4 390:8 391:14 392:9 396:9,18 398:18 404:14 407:7,14 411:18 thinking 64:16 66:13 158:5
--	---	---	---

[thinking - today]

309:20 third 91:1 115:7 208:1 257:18 260:11 297:12 299:4 thomas 25:13 44:21 thought 61:14 117:9 192:13 232:19 233:1 245:8 351:3 thoughtful 284:12 thoughts 58:7,7 thread 6:6,18 113:9 196:2,18 231:1 313:3 three 16:14 26:13 47:6 61:10,11,13 66:8,19 67:1 67:17 71:7 86:5 99:4,4,20 101:11,14 114:19 143:8 155:8 162:7 241:8 253:19 254:4 255:11 262:7 263:4,18 264:2 266:16 270:3 281:14 282:10 288:12 293:13 294:11 305:2,3,15	319:5 323:8,16 366:16,19 368:7 373:19 373:20 383:4 414:1,1 thresholds 92:13 94:8,16 257:15 thursday 4:4 5:4 6:4 7:4 8:4 419:4 tie 111:18 ties 312:7 tilly 58:19 59:10,11 tim 197:14 time 11:9,14 12:20 14:3,6,6 14:11,11,11 15:4 17:18 22:16 38:9 39:2,3,8,14,18 40:3,16 41:13 42:1,1,4 45:4 45:17 46:6 49:17 50:15 51:8 55:20 62:6 65:18 67:21 69:20 70:15 71:8 84:15 88:1,11 89:9 90:7 106:15 112:8 118:3 124:9	131:20 155:9 155:15 156:3 157:19 158:16 159:2 162:2 166:6 171:3,7 171:9,10 188:8 192:18 193:3 194:13 213:21 229:16 230:2 235:4,5 240:12 240:18 244:7 246:18 254:17 258:3 262:13 266:4 273:15 275:15 283:5 283:14 293:17 297:21 298:1 299:5 300:19 301:10 303:5 303:21 312:4 313:8 314:4 321:9 323:9,16 332:6 338:7 354:6 356:14 357:1 361:20 362:7,13 377:16 390:4 404:11 409:1 416:7 417:4 420:15 timeframe 420:7 times 15:6 50:9 123:10 296:2	325:12 327:14 334:19 347:8 353:20 timing 107:16 112:20 162:3 198:10 314:6 314:13 title 35:12 37:14,21 38:2 38:2 59:3 307:16 330:7 358:6 titled 273:6 today 13:9,13 13:16 17:2 29:8 32:19 33:7 46:13 77:5,11 79:13 80:9,18 88:20 106:8 108:11 124:21 133:2 165:6 169:4 177:5,19 186:17 189:7 206:4 226:1 245:17 267:14 267:20 268:6 269:18 270:12 271:5 285:12 286:14 293:1,5 294:15 298:2 300:15,17 302:13,14,17 302:20 303:13
---	---	--	---

[today - truly]

304:21 309:1 311:5,19 350:12,13 353:11,12 363:2,3 375:15 384:10 388:17 402:21 today's 7:14 72:17 73:15 256:4,17 together 64:7 206:7 256:17 280:14 324:17 340:19 356:3 toggled 401:5 togias 2:5 10:1 10:1 11:3 16:6 183:15,17 347:17,19 told 21:4 259:21 387:4 toll 48:8 took 161:2 291:11 350:1 352:18 top 14:18 24:4 26:9 30:20 44:14,20 56:17 62:4,5 72:15 129:8 161:17 163:15 168:9 182:2 189:2 194:15 197:14 205:13 210:12	218:1,9 230:20 272:7 287:10 287:11 292:2 297:11 309:1 346:9 373:10 383:21 414:1 topic 112:21 114:21 151:20 286:4 320:19 320:20 375:7 topics 52:20 60:18 110:11 112:8 114:19 145:5 total 48:17 50:3 51:3 68:13,14 99:17 325:21 totally 70:8 touch 31:4 touching 219:11 223:19 touts 302:2 toward 87:1 219:21 towards 21:4 39:13 53:19 65:19 244:21 250:4,6 254:10 257:18 317:19 town 317:16 319:16 trace 81:20 track 198:8	tracked 207:6 tracking 119:18 tradeoff 250:1 train 98:4 trained 98:10 training 97:21 98:9,10,12 219:9 223:17 274:12 276:6 transcript 6:9 12:14 130:5,9 143:16 145:20 147:17 148:9 148:15 172:3,9 172:16 190:21 191:6 202:13 203:1 416:13 417:8 418:4 420:5,16 transcripts 17:9,11 transitioning 35:3 translate 260:18 325:11 372:1 translated 258:20 translates 169:20 transparency 111:13,21 117:20 122:17	386:6,7 388:12 transparent 87:2 111:17 216:1 224:11 224:18 233:6,8 268:8 320:1 391:15 transpire 107:3 107:4 treat 211:2 308:2 391:16 treated 152:2 treatment 115:1 199:6 trend 118:18 trends 349:19 trial 84:7 tripped 387:21 true 106:10 117:19 149:4,5 161:12 162:10 226:14,14 236:2 238:17 245:17 263:9 268:20,21 269:2 293:3 307:17 342:2 349:15 356:5 359:5,21 370:5 372:9 387:13 417:9 418:5 truly 213:14 214:4
---	---	---	--

[trust - under]

trust 220:20 221:4,6,13 trusted 361:5 truth 10:12,12 10:13 237:9 344:17 truthful 13:16 237:12 truthfully 13:13 68:20 try 64:21 142:3 142:7,11,12,15 148:2 162:16 trying 46:18 50:2,9 57:20 65:2 68:11,19 116:17 143:18 144:1 149:14 172:12 181:1 182:16 198:6 222:19 238:2,8 246:19 247:10 253:18 255:14 265:8 275:16 275:18 320:3 339:2 341:12 360:6 366:18 385:14 393:19 tuesday 231:11 tune 77:13 turns 186:12 tv 71:12 tweaked 207:8	twenty 401:14 407:15 twice 29:3 104:14 106:3 106:19 334:18 336:1 347:5 348:11 349:8 350:2,8 352:9 353:13,19 two 11:13 12:5 14:5 21:9 39:14 44:13 52:18 61:7 66:8,19 67:1 67:17 70:15 77:6 83:11 86:5 90:5 98:20 99:15 114:16 115:7 117:15 118:17 141:17 143:3,8 162:7 166:9,19 167:2,8 168:10 172:19 175:5 179:21 193:1,4 196:5 199:7,21 223:7,8 241:18 254:5 258:19 276:8 278:13 279:18 282:10 288:12 293:9 303:3 305:20 308:6 310:19 310:20 311:15	312:5 315:8,9 315:13,19 316:13 317:11 318:20 320:4 320:12,13,20 334:19 335:14 336:5,6 340:15 340:21 341:6 342:16 345:13 345:21 347:8 353:20 356:8 361:4 388:4 402:21 tx 420:13 tying 399:18 type 151:14 154:7 305:11 types 220:18 typical 68:15 typically 26:2 63:12 76:19 129:19 152:9	89:17 91:3,19 92:16 93:7,9 103:5,17 104:10 110:17 111:1 114:18 114:20 115:14 115:17 116:4,6 118:11 125:9 127:7 129:6,10 129:14,16 130:18 133:9 135:5,7,10 140:18 143:4,7 143:10,14 147:2 166:1,20 187:14 192:2 194:10 228:11 283:3 402:13 ultimate 222:11 224:10 ultimately 46:1 125:14 166:11 166:12 168:17 301:4 unable 162:2 unaware 86:19 unclear 148:3 169:6 under 10:11 13:9,12 63:14 105:15 166:18 168:11 179:12 179:18 184:20 192:18,19
		u	
		u.s. 247:8 uh 12:15 30:19 32:20 33:14 41:6 44:19 45:11,18 50:5 51:13 52:7,11 53:3 60:9 63:16,19 65:16 72:8,10 76:18 76:21 85:14	

[under - use]

227:11,18 304:20 348:3 373:19 382:6 415:4,10,11,12 undergraduate 33:16 underlying 164:16 394:1 404:10 undermine 223:4 224:5 331:16 underneath 226:17 understand 12:13,16 13:9 14:2 28:21 46:18 48:15 53:16 54:20 55:8 56:18 88:21 93:8 95:15,21 98:19 101:12 134:9 136:5 144:1 152:12 169:4 181:1 192:6,10 192:21 223:14 225:3 227:17 235:1 237:7 244:19,20 253:18 261:16 265:15 266:4,5 275:18 296:17 301:18 312:7,8	320:4 334:1 339:2 349:2 383:16 386:8 387:17,18 388:5 405:17 understanding 27:2 57:13,16 57:20,21 58:1 79:9 92:8 95:17 96:3 106:7 121:6,10 136:20 148:1 151:6 167:1,5 167:10,11,12 168:1 169:11 172:6,14 186:17 192:12 194:9,16 203:16 213:18 214:3,13 244:1 244:2,4 258:8 258:11 259:3 312:3 316:19 346:4 358:13 367:9 376:4 understands 15:13 266:6 understood 171:6 175:10 221:8 369:4 379:20 undetermined 213:2	unfair 322:15 unfavor 238:6 unintentional 308:1 unique 320:11 unit 9:4 11:13 70:15 71:7 155:8,14 158:16 159:1 229:16 230:1 283:5,13 325:20 356:13 356:21 362:6 362:12 416:6 united 1:1 9:7 150:19 247:5 288:15 universal 369:18 370:2 390:18 406:7 universally 98:11 university 5:14 32:10 33:15,21 38:3 40:12 42:12 43:9,20 46:3,5,21 47:2 47:12,17 49:9 157:12 unnatural 13:4 unreliable 94:17 unwieldy 66:12	update 105:11 107:8 108:8 114:21 189:14 259:2 322:8,10 324:2 361:12 361:13 updated 105:13 105:14 107:10 108:8 116:14 231:8 updates 7:17 86:10 284:2,9 284:13 updating 108:6 url 103:3,14 129:15 use 27:3 28:18 52:20 63:12 65:1 72:13 73:2 74:5,16 84:6,18 95:10 126:7 127:10 131:18 132:12 146:19 151:8 169:16 173:19 174:2 175:5 180:20 182:7 200:7 211:16 211:18 215:20 233:9 258:6 327:4 355:18 372:5 376:3 389:16 390:12 394:8 418:16
---	--	---	---

[used - walk]

used 27:10 80:19 81:15 106:1 121:4 122:15 126:15 132:13 138:2,6 202:20 208:3 208:11 209:17 239:5 258:15 284:14 287:21 291:12 324:7 344:21 363:15 372:3,10 412:16 420:16 user's 209:16 uses 27:3 79:17 80:3 153:17 302:14 using 60:20 75:6 80:11,13 80:15 82:17 84:14 110:2 120:15,16 127:14 143:13 154:8 175:4,11 178:14 190:6 194:12,20 199:11 212:7 214:20 215:11 253:2,5,7 260:14 263:6,9 288:7 290:17 291:3 326:11 326:18 386:9 388:11 412:11	412:12 413:6 415:18 usually 24:5 361:3 375:10 394:17 396:7	various 386:13 venn 411:15 ventilation 331:9 verbally 119:4 verify 359:8 420:8 veritext 9:11,12 420:12,19 veritext.com. 420:13 versa 117:6 version 43:10 88:5 116:14 142:20 143:2 356:1,1 363:12 414:13 versions 52:17 54:19 versus 171:7 182:1 297:19 340:13 341:19 352:16,16 407:1 vice 58:12 117:6 video 1:10 9:5 12:17 130:1 198:17 videographer 3:11 9:2,11 10:3 11:9,12 70:14 71:6 155:7,13	158:15,21 229:15,21 283:4,12 356:12,20 362:5,11 416:5 videos 17:4 view 203:21 285:16,18 292:21 296:1 334:14 346:20 354:4 371:5 384:14 virginia 407:11 vis 406:15,15 visions 55:1 vogus 197:14 voluntarily 91:10 voluntary 244:9 245:11 246:2,12,18 247:9 vote 344:14 voting 53:17 vs 419:3
	v v 1:6 9:7 420:3 valid 60:20 208:6 293:15 validity 210:16 210:18,20 212:2 valuable 264:12 value 50:12,12 95:3,5,7 96:8,8 96:16 153:11 180:1 231:17 231:18 329:13 336:4 338:12 371:16 372:2 380:11 413:10 values 108:8 193:1,4 292:8 341:6,7 342:10 342:11 346:17 352:5 372:5,6 372:9,12 variation 292:7 326:13 varied 288:13 varies 68:11		w
			w 5:13 137:11 wait 60:6 135:6 142:21 380:1 waiving 416:10 walk 72:4 114:16 128:21 130:13,14

[walk - we've]

166:16 171:1	154:12 155:5	362:1 363:4	213:4 215:4
197:13 313:18	156:3 163:5,19	367:4 373:4	216:17 228:14
322:12 352:10	165:19 175:3,5	379:21 383:15	235:19 237:19
walked 101:1	175:11 177:1	390:15 397:9	247:19 248:8
302:9	182:7 185:17	397:12,17,20	250:2,17
walking 170:21	197:9,13 199:6	398:5 400:8	261:16 267:6
315:5	200:11,18	401:4 405:17	278:1,2 292:3
wallace 330:14	203:6 204:5	407:17 408:17	292:5,15
want 12:11,19	207:5,7 209:6	411:18 412:4	329:12 343:4,5
13:21 14:17	210:4,4,11	413:18	348:14 360:21
16:3 20:12	213:8 216:21	wanted 37:21	371:15 374:5
22:12 24:18	217:21 218:4	136:19 137:4	379:4 385:15
28:15 33:12	218:20 223:14	152:13 189:16	396:9 399:3
41:4 49:15	229:9 230:14	189:21 203:13	406:7,9 417:11
51:11 52:5	242:21 253:13	209:11 212:6	ways 216:17
57:5,8 58:2	255:12 259:16	221:10 245:1	320:2 354:9
60:7 70:4,9	260:8 265:11	285:20	we've 11:1
72:3 73:7 79:8	266:2,5,9,14	wanting 244:21	28:15 53:9
82:5 85:5	267:17 270:9	wants 57:17	73:19 81:15
90:19 92:14	271:4,20	58:1 69:4	108:15,19
102:16 104:1,2	284:21 286:3	416:2	109:4 200:2
110:10,13	287:9 288:20	watch 17:4	247:17 248:5
111:18 112:11	297:6 308:5,15	198:17	266:4 267:11
113:13 115:12	313:17 315:8	watching 130:1	279:9 282:20
115:18 117:12	315:20 316:3	way 24:6 56:15	293:6 294:2
124:10 125:6	318:8 319:17	57:12 72:12	302:6,9 306:2
126:21 128:3	321:10,15	73:2 74:4 80:8	311:5,6,10
128:13 130:12	322:12,16,19	98:9 104:17	312:5 320:16
131:1,5,10	323:1 329:5	120:5 121:3	322:10 323:15
132:18,20	331:1,16 333:6	143:11 151:16	326:4 339:15
133:14 136:4	333:6,12	151:17 153:12	351:6 352:1,2
137:10 139:13	335:21 338:4	180:14 181:15	355:2 372:3
142:20 146:21	341:16 343:7	181:21 197:6,7	410:14
148:10 149:8	346:8 355:9	203:7 211:2,3	

[webpage - witness]

webpage 5:17 78:4 79:1,7 380:2 381:1,12 383:9	weighting 52:18 weights 62:17 100:5 260:14 261:1 264:6,21 290:16 291:6 303:4 365:20 367:1,19 394:8	willing 137:12 137:18,21 138:13,14,16 138:19 144:11 144:18 202:8 202:15,20 203:18 204:13 215:20,21 216:18 220:3,5	134:3 136:15 136:16 144:21 147:19 148:14 148:15 157:16 170:15 172:8 173:19 174:5 174:13 179:12 184:9,10 185:20,21 186:20,21 190:20 191:18 205:2,20 208:17 210:6,7 210:8 211:14 211:15 221:2 225:19 228:18 229:10 257:6,7 265:17 277:15 279:4 280:12 304:20 331:20 339:21 343:11 344:6,7 361:21 368:6,19 369:14 370:16 375:6 377:9 378:19 379:11 381:20 383:3 383:15 385:8 390:3 391:20 392:6 395:1,13 396:2,20 398:10 416:10 417:3,13 419:2 420:5,7,9,11,15
website 5:16,18 5:20 27:17 30:5 71:17,19 71:21 75:21 76:2,8,14,17 77:15,19 78:12 79:1,3,6 88:20 100:18 176:14 217:18 219:1 225:6,13 229:3 230:5,8 239:19 288:17 302:19 347:7,13 383:16 393:17 394:16 395:2 400:1,7,10,12 402:5,6	weird 375:14 welcome 71:10 155:17 went 33:15,21 34:6 230:7 344:8 399:21 400:1 wenthold 234:17 240:14 wenthold's 235:11 west 1:2 9:8 white 105:4,6,8 105:9,10,13,14 106:17 107:19 107:20 108:6 207:20 321:10 322:17 324:1 331:17 360:15 360:15,18 361:14,17	willingness 174:3,3 wilson 3:3 9:20 20:3,7 25:13 31:11 wilsonelser.c... 3:8 window 245:6 252:17 wine 332:4 wipe 97:14 wisconsin 33:21 34:16,17 38:3 40:10 wisdom 32:14 255:8 336:13 witness 4:2 5:2 6:2 7:2 8:2 9:16 10:5,9,14 10:16 24:21 25:1 28:1 51:2 69:8,10,12,14 69:17 73:9 81:3 89:6 90:3 101:4 124:17	
websites 75:15 77:6 103:16 264:14 week 231:11 weeks 272:16 weighed 285:8 368:16 weight 65:5 82:15 303:21 304:11 368:9 368:20 369:1 weighted 90:5 264:19 335:8	wider 192:5 332:15		

[wonder - yeah]

wonder 135:12 343:8 wondered 373:20 wondering 175:3 198:10 wood 3:4 4:7 5:11 9:20,20 14:6 30:21 32:4 132:20 133:3 225:15 283:3 362:1,15 362:16 365:9 366:4 367:7,8 367:17 368:12 369:3 370:3,20 375:8 376:1 377:11 379:1 379:19 382:2 383:7,18 385:10 387:21 388:2 390:5 392:2,7 393:5 395:3,15 396:13,18 416:15,17 wood's 20:3 word 63:8 100:10 109:17 131:3,5,6 137:11,17 138:14,16 174:9 180:20 180:21 182:12	182:13,19 183:2 191:6 197:9 204:20 211:15,18 233:8 289:14 344:21 words 27:6 100:9 149:14 169:11,21 181:4 183:3 228:7,8,9 388:9 work 26:15 32:6 37:20 38:2,2,13 41:16 46:2 50:11 51:14,21 53:4,6,19 54:18 59:7 61:20,21 86:15 108:9 157:21 183:3 187:21 195:3 217:15 221:18 250:4 285:4 319:19 336:18,19 397:20 398:6 409:3 worked 40:16 53:21 134:20 157:19 158:5 250:6 313:13 322:10	workforce 255:5 368:8 working 17:19 17:21 34:20 39:8,9,20 107:20 115:16 142:9 245:2 291:16 313:7 387:16 388:3 390:20 393:7 397:19 398:1 works 41:11 92:6 140:11,12 349:21 worksheet 179:4 world 86:2,3 306:13 worried 295:10 worries 207:9 worry 104:4 348:5 worse 269:12 275:13 277:7 worst 218:16 382:13 383:5 383:10,12 384:1 401:13 worth 189:2,8 189:13 wow 306:11 write 104:20 272:15 303:20 314:19	writes 164:14 316:5 writing 21:6,10 22:1 301:7 written 12:14 37:3 52:14 115:4 139:6 188:3 210:5 297:20 365:8 393:13 wrong 19:15 284:18 339:2 wrote 88:4 177:5 305:13
			y
			yeah 12:2 14:15 19:12 27:7 28:4 31:9 31:17,19 32:15 35:9 39:19 41:12 46:17 48:1,13,14 49:3,11 50:1 51:2 53:13 54:15,16 59:9 60:4,14 61:21 62:7,8,14 63:13 64:16 67:6 68:1,4,5 69:1,6,21 70:2 70:9,11,11,12 70:13,19 73:21 76:15,15,15,15

[yeah - à]

77:12,12,18	260:19 264:19	122:14 123:13	z
82:1,1,1 85:4	266:2 268:1	123:13,19,20	z 394:8
87:9,17 92:4	274:16,17	126:15 127:9	zendesk 7:13
93:21 99:8,13	275:16 280:12	168:1 169:14	242:16
99:14 100:9	288:6 291:18	170:3 328:20	zero 132:14,15
101:14 103:11	304:15 312:7	year's 404:8	132:18 133:8
104:3 105:20	312:15 314:12	years 40:13	133:16,21
107:7 111:15	320:3,21 321:3	48:5,6 49:19	134:8 144:11
113:1 114:4	326:6 333:8,10	54:8 55:5 56:7	144:17 174:9
116:3 121:1,18	336:9 338:15	62:20 63:1	174:11 290:2,5
122:13 128:1	341:2 343:16	64:1,5 67:12	295:14,18,21
135:18 136:6	344:5,7 347:20	76:6 77:8	296:7,10,11,12
136:19 137:16	348:1 350:1	81:16 87:9,9	296:13 305:19
140:2 144:14	352:11,11,19	124:5 232:4	371:9 372:18
147:18 148:7	353:4 354:21	240:18 291:11	373:1 374:1,9
155:20 157:16	355:4,7,18	299:13 303:19	378:20 379:5
166:15 167:4	356:1,8,9	320:18 372:4	406:3,4,13,17
167:12,19	358:18 359:3	yep 73:4 91:5	407:1,2,4
170:19 171:12	362:4 363:18	112:14 116:18	413:9
172:17 174:1	363:21 367:18	116:21 118:13	zeros 374:14
177:18 178:18	374:11 375:13	174:20 175:1	zoom 16:7 32:4
183:16 184:13	384:12 385:17	178:7 229:10	114:5 130:4
184:20 185:2	386:18 387:21	255:6 281:11	zuckerman
190:12 201:6	393:13 396:14	324:12 326:2	1:13 2:14 9:15
206:6,17	398:5 406:20	350:6,6 376:9	15:19
207:11 209:4	410:10 412:9	376:12 409:11	zuckerman.c...
220:8 221:10	year 29:1,2,3	yesterday 15:2	2:19
221:12 222:10	39:14 47:6	16:11,12	à
229:13 231:2,3	48:4,21 50:6,6	yields 345:14	à 406:15
231:17 236:14	68:7,11,11	york 2:7,7	
241:11 248:1,3	81:6 93:14,19	245:3	
251:15,20	93:20 114:11		
253:8,11 255:3	120:17 121:2,3		
256:13 259:19	121:3,5,7		

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF APRIL 1, 2019. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS

COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted

fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

Veritext Legal Solutions complies with all federal and State regulations with respect to the provision of court reporting services, and maintains its neutrality and independence regardless of relationship or the financial outcome of any litigation. Veritext requires adherence to the foregoing professional and ethical standards from all of its subcontractors in their independent contractor agreements.

Inquiries about Veritext Legal Solutions' confidentiality and security policies and practices should be directed to Veritext's Client Services Associates indicated on the cover of this document or at www.veritext.com.