

EXHIBIT 6.1. PERFORMANCE ALIGNMENT CONTRACT

Project Name <u>Big Sky Patient Privacy Training Project</u> <div style="text-align: right; padding-right: 50px;"> <u>Corporate Operations</u> Training Department <u>Ronda Locke, Corporate Compliance</u> Client Name and Department <u>Senior managers at each facility</u> Sponsor Project managers: <u>Lele Zhang and David Xue</u> 06/08/_ _ _ _ month/day/year Change # <u>Two</u> </div>	
<p>Purpose. The purpose of this agreement is to enable representatives from the client organization, the XYZ training department, and other interested parties to understand how the proposed solution will be designed, developed, and delivered to achieve the client's performance goals. The parties mutually agree that this design has the best opportunity to achieve the intended results and the parties will use the design as a blueprint going forward.</p> <p>If the design is challenged by others or there is a proposed change to the design by anyone, then this agreement must be renegotiated with the client. Solution developers, training suppliers, instructors and facilitators, and others involved in this project are obligated to abide by the parameters of this design.</p> <p>Agreement. I concur with and will support the project profile, alignment strategy, and the Training and Performance Solution Design described in this agreement. The project manager will work to sustain the components of alignment and keep the project on track and on budget.</p>	
Project Manager (signature)	Date
Instructional Designer (signature)	Date
Key Sponsor Representative (signature)	Date
Client (signature)	Date

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EXHIBIT 6.1. (Continued)

Section I. Business Need/Requirement	
The end in mind	A. <i>Employees at Big Sky Medical should develop consistent habits that result in compliance with the Privacy Act and HIPAA Privacy Rule, protect patient privacy rights, and minimize the organization's legal exposure.</i>
Key business outcome goals for training project	A. <i>Zero patient and family complaints due to noncompliance.</i> B. <i>No legal action due to noncompliance.</i>
Key execution goals for training project	A. <i>Business Compliance. Comply with rights granted to healthcare patients by the Privacy Act and HIPAA Privacy Rules (Health Insurance Portability and Accountability Act, revised 2006).</i>
Root cause of the problem	A. <i>Many new employees lack knowledge about the compliance requirements. Employees with longer job tenure have developed habits when handling medical information that are inconsistent with compliance requirements.</i> B. <i>There is little Active Management Reinforcement from day to day that supports compliance. This is not willful disregard. It is just kind of lost in the daily competing priorities and inattention to detail.</i> C. <i>Lack of knowledge and careless habits have resulted in numerous violations of privacy rules by hospital and clinical staff when handling patient medical records and when discussing patient health care issues.</i>
Section II. Training and Performance Solution Design	
Training and performance solution	A. <i>Two-hour webinar supported by online tool kit, followed by four-hour instructor-led course focusing on case scenarios. Participants work in teams to solve scenarios and apply Privacy Act and HIPAA to respond to patient records situations. Participants must identify ineffective habits in handling and releasing patient information and create action items to end old habits. 3,450 employees from all hospitals and clinics who have access to medical files and medical information will be participants.</i>
Outcome guiding objectives and measures	A. <i>Decrease current trend of patient privacy-related complaints to zero within four months.</i> B. <i>Zero legal action associated with privacy-related matters.</i> C. <i>Foster an image of compliance with the Privacy Act and HIPAA Privacy Rule. Each location will determine how to do this. Best practices will be communicated to all facilities.</i>

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<p>Execution guiding objectives and measures</p>	<p>A. <i>Follow the stipulations and requirements of the Privacy Act and HIPAA Privacy Rules in all activities when handling and releasing medical and personal information.</i></p> <p>B. <i>Make proper decisions about handling and disclosure of information and require prior written authorization for disclosure as required.</i></p> <p>C. <i>Achieve 100-percent compliance within four months after training.</i></p> <p>D. <i>Implement action plan to eliminate old ineffective habits in work setting.</i></p>
<p>Performance readiness guiding objectives and measures, and AMR Strategy</p>	<p>A. <i>Learning Objectives: K&S, confidence, and current ineffective habits</i></p> <ol style="list-style-type: none"> 1. <i>Review tool kit HIPAA and Privacy Act Rules related to patient confidentiality and score at least 85 percent on a twenty-item multiple-choice objective questionnaire.</i> 2. <i>Work ten scenarios related to HIPAA and Privacy Rules and identify improper handling of patient information in eight of ten scenarios.</i> 3. <i>Work in teams to identify current ineffective habits related to privacy issues. Identify and document action items for ending the ineffective habits.</i> <p>B. <i>Active Management Reinforcement Strategy: To be implemented by specific members of management team. Transfer actions in this form may complement this item.</i></p> <ol style="list-style-type: none"> 1. <i>All supervisors at all locations reinforce elimination of old habits of staff leaving "in-work" privacy information unattended and in view of other parties. Group managers at each facility responsible for implementing this.</i>
<p>Pre-engagement action</p>	<p>A. <i>Review tool kit online prior to participating in instructor-led session. Tool kit content is HIPAA and Privacy Act Rules on patient confidentiality.</i></p>
<p>Work setting transfer action</p>	<p>A. <i>Group managers at each facility perform unannounced walk-around observation and conduct spot audits during the first ninety days following the training rollout.</i></p> <p>B. <i>Group managers ask frequent questions about action items that were developed during training and recognize employees who are implementing their action plan to end ineffective habits.</i></p> <p><i>Note: If transfer action is not necessary, document and communicate compelling reason why.</i></p>

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Strategy to execute transfer action	<p>A. <i>Communication from hospital CEO to group managers and lead nurses at each facility to clarify their role and expectations and to suggest immediate actions to influence ongoing compliance when handling and releasing patient information.</i></p> <p>B. <i>All group managers should have a compliance implementation goal immediately placed on their personal performance plan and tied to their overall annual performance rating.</i></p>
Delivery	<p>A. Learning Delivery Mode</p> <p>1. <i>Blended delivery. Two-hour webinar supported by online tool kit, followed by four-hour instructor-led case scenarios. Employees must review online tool kit prior to instructor-led session. Participants work in teams during instructor-led session to solve application scenarios. Participants also identify ineffective habits in handling and releasing patient information and create action items to end old habits.</i></p> <p>B. Multimedia and Electronic Design Support</p> <p>1. <i>Web-based tool kit with key elements of Privacy Act and HIPAA Rules. Video mini-case scenarios showing typical violations when handling patient information. Video to be used for webcast and instructor-led delivery.</i></p>
Section III. Preferences and Support Requirements	
Timing and spacing of rollout	A. <i>Tuesday through Thursday on site at each hospital location. See attached rollout schedule.</i>
Delivery participation requirements	A. <i>Achieve 100-percent participation upon rollout. Training completed by October 30.</i>
External training supplier requirements	A. <i>Minimal. Possibly video production support.</i>
Special support needs and instructions	A. <i>Performance experts from compliance department observe during delivery of training.</i>
Section IV. Rapid Verification of Results (or alternative evaluation)	
Assessment during program	A. <i>Webinar includes ten-question multiple-choice quiz. Must retake until score is 85 percent or better. Instructor observation checklist used during case scenarios.</i>
Initial reaction at end of program	A. <i>Participants respond to short questionnaire with initial reaction to content, relevance, importance, and take-away action items for their location.</i>

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Execution in work setting after program	A. <i>Limited to manager's unannounced walk-around. If problems detected during spot audits, consider more structured in-depth evaluation of execution.</i>
Business outcome	A. <i>Track patient complaints weekly on hospital facility records at each location to see if reduction hits target of zero in four months.</i>
Section V. Project Reporting Requirements and Expectations	
During design and development	A. <i>Use Microsoft Project Management software to track progress. Report key milestones to client and stakeholders weekly.</i>
During program	A. <i>Written report weekly on level of participation at each location.</i>
End of program	A. <i>Written summary report monthly on sample of participant action items.</i>
After program	A. <i>Written report monthly on sample of managers walk around audit findings. Client routinely receives patient complaint report. Touch base during months two and four.</i>
Other expectations	A. <i>Inform client immediately of new developments or problem areas that may put attainment of project goals at risk. Keep project within the scope of approved training and performance design.</i>
Section VI. Budget	
Approved budget	A. <i>\$xxx,xxx to be approved on June 1.</i>
Per person cost	A. <i>\$350 per participating employee (3,450 participating employees).</i>
Budget allocation or chargeback	A. <i>Fifty percent of program research and development cost of \$xxx,xxx charged to compliance cost center# 3660. Remaining 50 percent allocated to hospital operation centers based on number of full-time employees on payroll at each location.</i> B. <i>Hospital operation centers charged for delivery cost and facilitator travel expenses. Estimated at \$xx,xxx per session delivered.</i>