

INTERNATIONAL COMPETITIVE BIDDING No. 1/2025

**International Competitive Bidding for the ADMINISTRATIVE CONCESSION FOR THE
CONSTRUCTION, EQUIPMENT, OPERATION, MAINTENANCE AND SERVICE PROVISION
OF THE HOPE HEALTH COMPLEX**

ANNEX 8

KEY PERFORMANCE STANDARDS

INDEX

1	GENERAL GUIDELINES.....	12
2	KEY PERFORMANCE STANDARDS (SMD) – HOSPITAL COMPLEX.....	16
3	KEY PERFORMANCE STANDARDS (SMD) – LACEN	64

TABLE INDEX

Table 1 – Measurement ranges – IQLA01.....	24
Table 2 – Measurement ranges – IQLA02.....	25
Table 3 – Measurement ranges – IQLI01.....	26
Table 4 – Measurement ranges – IQLI02.....	27
Table 5 – Measurement ranges – IQLI03.....	28
Table 6 – Measurement ranges – IQLI04.....	29
Table 7 – Measurement ranges – IQLI05.....	30
Table 8 – Measurement ranges – IQLO01.....	31
Table 9 – Measurement ranges – IQLO02.....	33
Table 10 – Measurement ranges – IQLO03.....	34
Table 11 – Measurement ranges – IQTR01.....	35
Table 12 – Measurement ranges – IQTR02.....	36
Table 13 – Measurement ranges – IQNU01.....	37
Table 14 – Measurement ranges – IQNU02.....	38
Table 15 – Measurement ranges – IQNU03.....	39
Table 16 – Measurement ranges – IQPR01.....	40
Table 17 – Measurement ranges – IQPR02.....	41
Table 18 – Measurement ranges – IQSE01.....	42
Table 19 – Measurement ranges – IQSE02.....	43
Table 20 – Measurement ranges – IQSE03.....	43
Table 21 – Measurement ranges – IQEM01.....	44

Table 22 – Measurement ranges – IQEM02.....	46
Table 23 – Measurement ranges – IQSD01.....	47
Table 24 – Measurement ranges – IQSD02.....	48
Table 25 – Measurement ranges – IQSD03.....	49
Table 26 – Measurement ranges – IQSD04.....	50
Table 27 – Measurement ranges – IQSD05.....	51
Table 28 – Measurement ranges – IQSD06.....	52
Table 29 – Measurement ranges – IQSD07.....	53
Table 30 – Measurement ranges – IQMP01.....	55
Table 31 – Measurement ranges – IQMP02.....	56
Table 32 – Measurement ranges – IQMP03.....	56
Table 33 – Measurement ranges – IQMP04.....	57
Table 34 – Measurement ranges – IQCH01.....	59
Table 35 – Measurement ranges – ISUS01.....	61
Table 36 – Measurement ranges – ISPR01.....	63
Table 37 – Measurement ranges – IQLA01.....	73
Table 38 – Measurement ranges – IQLA02.....	73
Table 39 – Measurement ranges – IQLI01.....	75
Table 40 – Measurement ranges – IQLI02.....	76
Table 41 – Measurement ranges – IQLI03.....	76
Table 42 – Measurement Ranges – IQLI04.....	77
Table 43 – Measurement Ranges – IQLO01.....	79
Table 44 – Measurement ranges – IQLO02.....	80

Table 45 – Measurement ranges – IQLO03	81
Table 46 – Measurement ranges – IQTR01.....	82
Table 47 – Measurement ranges – IQPR01.....	83
Table 48 – Measurement ranges – IQPR02.....	84
Table 49 – Measurement ranges – IQSE01.....	85
Table 50 – Measurement ranges – IQSE02.....	86
Table 51 – Measurement ranges – IQSE03	86
Table 52 – Measurement ranges – IQPM01.....	88
Table 53 – Measurement ranges – IQPM02.....	89
Table 54 – Measurement ranges – IQMP01.....	90
Table 55 – Measurement ranges – IQMP02	91
Table 56 – Measurement ranges – IQMP03	92
Table 57 – Measurement ranges – IQMP04.....	93
Table 58 – Measurement ranges – IQCH01	95
Table 59 – Measurement ranges – ISPF.....	97

INDEX OF EQUATIONS

Equation 1 – Calculation of the GENERAL PERFORMANCE INDEX OF THE HOSPITAL COMPLEX (IDGHOSPITALAR).....	16
Equation 2 – Calculation of the Availability Factor (FD).....	16
Equation 3 – Calculation of the Bed Availability Index (IDLH).....	17
Equation 4 – Calculation of the indicator of availability of hospital beds in conditions of use (IDLH01).....	17
Equation 5 – Calculation of the Office Availability Index (IDCM).....	18
Equation 6 – Calculation of the indicator of availability of offices in conditions of use (IDCM01).....	19
Equation 7 – Calculation of the Surgical Room Availability Index (IDSC).....	20
Equation 8 – Calculation of the indicator of availability of surgical rooms in conditions of use (IDSC01).....	21
Equation 9 – Calculation of the Quality Factor (QF).....	23
Equation 10 – Calculation of the Laundry Quality Index (IQLA).....	23
Equation 11 – Calculation of the quality indicator of the result of the processing of the trousseau (IQLA01).....	24
Equation 12 – Calculation of the minimum stock availability indicator of the layette for beds (IQLA02).....	25
Equation 13 – Calculation of the Cleaning Quality Index (IQLI).....	26
Equation 14 – Calculation of the terminal cleanliness quality indicator (IQLI01).....	26
Equation 15 – Calculation of the terminal cleaning time indicator for hospital discharge (IQLI02).....	27
Equation 16 – Calculation of the concurrent cleaning quality indicator (IQLI03).....	28
Equation 17 – Calculation of the indicator of compliance with the pest control schedule (IQLI04).....	29
Equation 18 – Calculation of the indicator of regularity in the internal collection of waste in the unit's sectors (IQLI05).....	30
Equation 19 – Calculation of the Logistics Quality Index (IQLO).....	31
Equation 20 – Calculation of the drug delivery time indicator (IQLO01).....	31
Equation 21 – Calculation of the quality indicator of items in stock (IQLO02).....	32

Equation 22 – Calculation of the inventory management indicator (IQLO03)	33
Equation 23 – Calculation of the Transport Quality Index (IQTR)	34
Equation 24 – Calculation of the deadline indicator for internal transport of PATIENTS (IQTR01)	35
Equation 25 – Calculation of the deadline indicator for external transport of PATIENTS (IQTR02)	36
Equation 26 – Nutrition Index Calculation (UNQI).....	37
Equation 27 – Calculation of the indicator of percentage of compliance with the schedules for the provision of daily meals (IQNU01)	37
Equation 28 – Calculation of the indicator of compliance with medical prescriptions in the provision of meals (IQNU02)	38
Equation 29 – Calculation of the microbiological examination indicator (IQNU03).....	39
Equation 30 – Calculation of the Concierge and Reception Quality Index (IQPR)	39
Equation 31 – Calculation of the service time indicator (IQPR01).....	40
Equation 32 – Calculation of the Availability indicator of the installed access control points (IQPR02)	40
Equation 33 – Calculation of the Safety Quality Index (IQSE).....	41
Equation 34 – Calculation of the quality indicator and storage of CCTV images (IQSE01)	42
Equation 35 – Calculation of the CCTV availability indicator (IQSE02)	42
Equation 36 – Calculation of the Serious Event Incidence Indicator (IQSE03).....	43
Equation 37 – Calculation of the Material Sterilization Index (IQEM)	44
Equation 38 – Calculation of the minimum number of kits in stock indicator (IQEM01)	44
Equation 39 – Calculation of the biological, physical and chemical control indicator of sterilization quality (IQEM02)	45
Equation 40 – Calculation of the SADT Quality Index (IQSD)	46
Equation 41 – Calculation of the time indicator from the performance of the imaging exam to the availability of the report to the PATIENTS (IQSD01).....	47

Equation 42 – Calculation of the indicator of time from the performance of clinical and pathological analysis exams to the availability of the report to PATIENTS (IQSD02)	48
Equation 43 – Calculation of the PATIENTS' waiting time indicator from the scheduled time to the start of the imaging exam (IQSD03)	48
Equation 44 – Calculation of the PATIENTS' waiting time indicator from the scheduled time to the start of the clinical and pathological analysis exam (IQSD04)	49
Equation 45 – Calculation of the indicator of the number of repeated imaging exams that require the return of the PATIENT for a cause attributable to the CONCESSIONAIRE (IQSD05)	50
Equation 46 – Calculation of the indicator of the number of repeated clinical and pathological analysis exams that require the return of the PATIENT due to a cause attributable to the CONCESSIONAIRE (IQSD06)	51
Equation 47 – Calculation of the indicator of the number of appointments canceled for causes attributable to the CONCESSIONAIRE (IQSD07).....	52
Equation 48 – Calculation of the Quality Index of PREVENTIVE MAINTENANCE (IQMP)	54
Equation 49 – Calculation of the Compliance Indicator of the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of High Criticality MEDICAL-HOSPITAL EQUIPMENT (IQMP01).....	54
Equation 50 – Calculation of the Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of the other MEDICAL-HOSPITAL EQUIPMENT (IQMP02)	55
Equation 51 – Calculation of the Compliance Indicator of the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of High Criticality facilities and equipment (IQMP03)	56
Equation 52 – Calculation of the Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of the other facilities and equipment (IQMP04).....	57
Equation 53 – Calculation of the Ticket Quality Index (IQCH)	58
Equation 54 – Calculation of the deadline indicator and adequacy to the service of calls (IQCH01)	59
Equation 55 – Calculation of the Satisfaction Factor (FS).....	60
Equation 56 – Calculation of the USER Satisfaction Index (ISUS).....	61
Equation 57 – Calculation of the USER satisfaction indicator (ISUS01).....	61
Equation 58 – Calculation of the Professional Satisfaction Index (ISPR)	62

Equation 59 – Calculation of the satisfaction indicator of professionals linked to the FINALISTIC SERVICES (ISPR01)	62
Equation 60 – Calculation of the LACEN GENERAL PERFORMANCE INDEX (IDGLACEN)	64
Equation 61 – Calculation of the Availability Factor (FD) applicable to LACEN	64
Equation 62 – Calculation of the Laboratory Equipment Availability Index (IDEQ)	65
Equation 63 – Calculation of the indicator of availability of LABORATORY EQUIPMENT under operating conditions (IDEQ01)	65
Equation 64 – Calculation of the Infrastructure Availability Index (IDIF)	68
Equation 65 – Calculation of the indicator of availability of infrastructure in operating conditions (IDIF01)	68
Equation 66 – Calculation of the Quality Factor (QF)	71
Equation 67 – Calculation of the Laundry Quality Index (IQLA)	72
Equation 68 – Calculation of the quality indicator of the result of the processing of clean clothes (IQLA01)	72
Equation 69 – Calculation of the minimum stock availability indicator for clean clothes (IQLA02)	73
Equation 70 – Calculation of the Cleaning Quality Index (IQLI)	74
Equation 71 – Calculation of the terminal cleaning service quality indicator (IQLI01)	74
Equation 72 – Calculation of the concurrent cleaning service deadline indicator (IQLI02)	75
Equation 73 – Calculation of the pest control schedule compliance indicator (IQLI03)	76
Equation 74 – Calculation of the indicator of regularity in the internal collection of waste in the unit's sectors (IQLI04)	77
Equation 75 – Calculation of the Logistics Quality Index (IQLO)	78
Equation 76 – Calculation of the area supply indicator (IQLO01)	79
Equation 77 – Calculation of the quality indicator of items in stock (IQLO02)	80
Equation 78 – Calculation of the inventory management indicator (IQLO03)	81
Equation 79 – Calculation of the Transport Quality Index (IQTR)	82

Equation 80 – Calculation of the deadline indicator for the transport of materials and samples (IQTR01).....	82
Equation 81 – Calculation of the Concierge and Reception Quality Index (IQPR)	83
Equation 82 – Calculation of the service time indicator (IQPR01)	83
Equation 83 – Calculation of the Availability indicator of the installed access control points (IQPR02)	84
Equation 84 – Calculation of the Safety Quality Index (IQSE)	84
Equation 85 – Calculation of the quality indicator and storage of CCTV images (IQSE01)	85
Equation 86 – Calculation of the CCTV availability indicator (IQSE02)	86
Equation 87 – Calculation of the Serious Event Incidence Indicator (IQSE03)	86
Equation 88 – Calculation of the Material Sterilization Index (IQPM)	87
Equation 89 – Calculation of the minimum number of materials in stock indicator (IQPM01)	87
Equation 90 – Calculation of the biological, physical and chemical control indicator of sterilization quality (IQPM02).....	88
Equation 91 – Calculation of the Quality Index of PREVENTIVE MAINTENANCE (IQMP)	89
Equation 92 – Calculation of the Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of HIGH CRITICALITY LABORATORY EQUIPMENT (IQMP01).....	90
Equation 93 – Calculation of the Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of the other LABORATORY EQUIPMENT (IQMP02)	91
Equation 94 – Calculation of the Compliance Indicator of the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of High Criticality facilities and equipment (IQMP03)	92
Equation 95 – Calculation of the Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of the other facilities and equipment (IQMP04).....	93
Equation 96 – Calculation of the Ticket Quality Index (IQCH).....	93
Equation 97 – Calculation of the deadline indicator and adequacy to the service of calls (IQCH01).....	94
Equation 98 – Calculation of the Satisfaction Factor (FS).....	96
Equation 99 – Calculation of the Satisfaction Index of Final Professionals (ISPF)	96

Equation 100 – Calculation of the satisfaction indicator of final professionals (ISPF01)..... 97

1 GENERAL GUIDELINES

- 1.1 The purpose of this ANNEX is to demonstrate the KEY PERFORMANCE STANDARDS (SMD) that will assess the quality of the SERVICES to be provided by the CONCESSIONAIRE.
- 1.2 The evaluation of the CONCESSIONAIRE's performance will be conducted through the calculation of the GENERAL PERFORMANCE INDEX of the HOSPITAL COMPLEX ($IDG_{HOSPITAL\ COMPLEX}$) and GENERAL PERFORMANCE INDEX of LACEN (IDG_{LACEN}).
- 1.3 The scores obtained in the GENERAL PERFORMANCE INDEXES illustrate the performance of the CONCESSIONAIRE with regard to the SERVICES provided in the context of the CONCESSION, according to a performance scale that covers the values of 0 (zero), which represents the total non-compliance with the established goals, to 1 (one), portraying the completeness in the fulfillment of the goals or exceeding them.
- 1.4 The CONCESSIONAIRE shall assist the INDEPENDENT VERIFIER in the performance evaluation process, observing the provisions of the CONTRACT and its ANNEXES, providing all the information necessary for the proper monitoring of the SERVICES provided by the CONCESSIONAIRE.
- 1.5 The INDEPENDENT VERIFIER does not replace or remove the exercise of the inspection power of the GRANTING AUTHORITY, which may conduct inspections, inspections and other measures it deems necessary to monitor the performance measurement process conducted by the INDEPENDENT VERIFIER.
- 1.6 The KEY PERFORMANCE INDICATORS may be reviewed throughout the CONCESSION, in the context of ORDINARY REVIEW as provided for in the CONTRACT, observing the maintenance of the economic and financial balance.
- 1.7 Scheduled interruptions, communicated and agreed between the PARTIES at least thirty (30) calendar days in advance, in addition to fortuitous events or force majeure, materialization of risks assumed by the GRANTING AUTHORITY, including impacts directly related to the provision of the FINALISTIC SERVICES, as well as any other exclusion of liability of the CONCESSIONAIRE duly proven, under the terms of the CONTRACT, will not be accounted for in the evaluation of the KEY PERFORMANCE INDICATORS and, therefore, will not impact the CONCESSIONAIRE's remuneration.
- 1.8 In situations in which the unavailability or inadequacy of the evaluated SERVICES occurs due to actions and/or omissions of the GRANTING AUTHORITY or its contractors, the CONCESSIONAIRE will not be penalized in the evaluation of the KEY PERFORMANCE INDICATORS. These situations will be recorded by the INDEPENDENT VERIFIER in the QUARTERLY EVALUATION REPORT, which will undergo the process of analysis and approval by the PARTIES under the terms of ANNEX 10 – PAYMENT MECHANISM.
- 1.9 In situations in which the unavailability or inadequacy of the evaluated SERVICES occurs due to actions and/or failures under the responsibility of the public service concessionaires (electricity, water/sewage and gas), the CONCESSIONAIRE will not be impacted in the evaluation of the KEY PERFORMANCE INDICATORS, provided that it has adopted all possible mitigating actions, considering its scope of action under the terms of ANNEX 7 – SCHEDULE OF RESPONSIBILITIES and ANNEX 5 – MINIMUM GUIDELINES FOR PROJECTS AND WORKS, such as, but not limited to, installation of power generator and water reservoir.
- 1.10 The situations provided for in the item above will be recorded by the INDEPENDENT VERIFIER in the QUARTERLY EVALUATION REPORT, which will undergo the process of analysis and approval by the PARTIES under the terms of ANNEX 10 – PAYMENT MECHANISM.
- 1.11 The CONCESSIONAIRE shall, whenever verified by the GRANTING AUTHORITY that any SERVICE has been

performed in a flawed, defective, faulty, incorrectly or incorrectly manner, or without the quality required in the CONTRACT, submit, within 30 (days) of the GRANTING AUTHORITY's request, an action plan, indicating the deadlines and measures that must be adopted to repair, correct, interrupt, suspend or replace any such activity and/or the necessary measures to improve the KEY PERFORMANCE INDICATOR.

- 1.11.1 For the purposes of the item above, the provision of the SERVICES is defective whenever the score of any KEY PERFORMANCE INDICATOR is lower than 0.50 for 02 (two) consecutive quarters.
- 1.12 The CONCESSIONAIRE shall also comply with the provisions of item 17.1.48 of the CONTRACT.
- 1.13 The interpretation of the terms used in this annex, according to the definitions contained in ANNEX 14 – LIST OF DEFINITIONS, must be complemented by the analysis of the context in which such terms are inserted, in order to ensure the correct understanding of their meaning and application in the contractual sphere.

1.14 EVALUATION PROCEDURE

- 1.14.1 During the initial period of 12 (twelve) months following the beginning of PHASE 3 – PARTIAL OPERATION as indicated in ANNEX 3 – CONCESSION PHASES, recognizing that this is a phase of natural adjustments that are typical of the beginning of any project, the KEY PERFORMANCE STANDARDS will adopt a flexible methodology. Throughout this phase, although all KEY PERFORMANCE INDICATORS are accurately measured and calculated, they will be considered as if they reached the maximum index of 1.00.
- 1.14.2 After the initial period, from the beginning of PHASE 4 – FULL OPERATION, the actual performance of the CONCESSIONAIRE, measured by the SMD indicators, will have a direct impact on the EFFECTIVE MONTHLY CONSIDERATION.
- 1.14.3 For the final composition of the IDG, the results of the KEY PERFORMANCE INDICATORS will be evaluated separately for the HOSPITAL COMPLEX and for LACEN.
- 1.14.4 For each KEY PERFORMANCE INDICATOR in which the CONCESSIONAIRE obtains a score equal to 0 (zero), the final value calculated from the respective IDG will be reduced, additionally, by 0.02 (two hundredths) per KEY PERFORMANCE INDICATOR that is at this level. It should be noted that the minimum value of each GDI is 0 (zero), that is, if the reduction addressed in this item results in an IDG value less than or equal to 0 (zero), the value considered will be 0 (zero).
- 1.14.5 To calculate the $IDG_{HOSPITAL\ COMPLEX}$ and the IDG_{LACEN} , only two decimal places and the following rounding criterion must be considered:
 - 1.14.5.1 If the digit of the third decimal place is less than 5, the digit of the second decimal place does not change. E.g., 0.642 = 0.64;
 - 1.14.5.2 If the digit of the third decimal place is greater than or equal to 5, the digit of the second decimal place is increased by one unit. E.g., 0.645 = 0.65.
- 1.14.6 For the individual calculation of each KEY PERFORMANCE INDICATOR, rounding will not be performed.

1.15 MEASUREMENT PERIODS AND DEADLINES

- 1.15.1 The INDEPENDENT VERIFIER must prepare the QUARTERLY EVALUATION REPORT on a quarterly basis, containing all the calculation memory for the GENERAL PERFORMANCE INDEX OF THE HOSPITAL COMPLEX

and the GENERAL PERFORMANCE INDEX OF LACEN.

- 1.15.2 The process for analysis and approval of the QUARTERLY EVALUATION REPORT by the CONCESSIONAIRE and the GRANTING AUTHORITY is described in ANNEX 10 – PAYMENT MECHANISM.
- 1.15.3 The QUARTERLY EVALUATION REPORT must contain, in addition to the result of the measurements provided for each KEY PERFORMANCE INDICATOR, the history of the KEY PERFORMANCE INDICATORS, as well as the detailed list of the KEY PERFORMANCE INDICATORS and respective measurements conducted during the period.
- 1.15.4 The INDEPENDENT VERIFIER will analyze the information presented by both PARTIES, within the scope of the CONTRACT, to conduct any necessary steps for the preparation of the QUARTERLY EVALUATION REPORT. Among the forms of diligence of the information, the INDEPENDENT VERIFIER may use:
 - 1.15.4.1 Analysis of the documentation produced and presented by the CONCESSIONAIRE;
 - 1.15.4.2 Analysis of information provided by the GRANTING AUTHORITY and any FINALISTIC SERVICES team;
 - 1.15.4.3 Information systems;
 - 1.15.4.4 Sample inspections to verify availability criteria; and
 - 1.15.4.5 Qualitative and quantitative research with USERS.
- 1.15.5 The PARTIES have the obligation, to the extent of their responsibilities, to provide the information necessary for the analysis of compliance and preparation of the QUARTERLY EVALUATION REPORT by the INDEPENDENT VERIFIER, including the freedom to carry out the necessary inspections for the measurement of the scores whenever necessary, as well as access to information systems, such as the HOSPITAL INFORMATION SYSTEM and the LABORATORY INFORMATION SYSTEM, to extract the information necessary to measure the KEY PERFORMANCE INDICATORS, observing the restriction of access to sensitive data and requirements of the General Data Protection Law.
- 1.15.6 If any KEY PERFORMANCE INDICATOR cannot be measured due to the unavailability of information under the responsibility of the CONCESSIONAIRE, the score for this KEY PERFORMANCE INDICATOR will be considered equal to 0 (zero) for the measurement period.
 - 1.15.6.1 The information under the responsibility of the CONCESSIONAIRE referred to in item 1.15.6 must be made available within a period previously agreed between the INDEPENDENT VERIFIER and the PARTIES, a period that will be agreed upon before the beginning of the evaluation process indicated by this CONTRACT and its ANNEXES under the responsibility of the INDEPENDENT VERIFIER.
 - 1.15.6.2 The unavailability of information under the responsibility of the CONCESSIONAIRE will occur after the period agreed between the PARTIES.
- 1.15.7 If any KEY PERFORMANCE INDICATOR cannot be measured due to the unavailability of information under the responsibility of the GRANTING AUTHORITY, the score for this KEY PERFORMANCE INDICATOR will be considered equal to 1 (one) for the period of measurement.
- 1.15.8 If the OCCUPANCY RATE, calculated quarterly according to ANNEX 10 – PAYMENT MECHANISM, has been equal to or greater than 100.0% (one hundred percent) during the quarter of measurement of the KEY PERFORMANCE INDICATORS, the KEY PERFORMANCE INDICATORS listed will be measured, but will not have an impact on the MAXIMUM MONTHLY CONSIDERATION, that is, the score will be equivalent to 1.00 (one)

regardless of the result of the measurement:

- 1.15.8.1 Minimum stock availability indicator for bed linen (IQLA02)
- 1.15.8.2 Terminal cleaning time indicator for hospital discharge (IQLI02)
- 1.15.8.3 Indicator of regularity in the internal collection of waste in the unit's sectors (IQLI05)
- 1.15.8.4 Inventory Management Indicator (IQL003)
- 1.15.8.5 Term Indicator for Internal Patient Transport (IQTR01)
- 1.15.8.6 Term Indicator for External Patient Transport (IQTR02)
- 1.15.8.7 Indicator of percentage of compliance with the schedules for the provision of daily meals (IQNU01)
- 1.15.8.8 Handle Time Indicator (IQPR01)
- 1.15.8.9 Serious Event Incidence Indicator (IQSE03)
- 1.15.8.10 Minimum Number of Kits in Stock Indicator (IQEM01)
- 1.15.8.11 Time indicator from the performance of the imaging exam to the availability of the report to the PATIENTS (IQSD01)
- 1.15.8.12 Time indicator from the performance of clinical and pathological analysis exams to the availability of the report to PATIENTS (IQSD02)
- 1.15.8.13 Indicator of waiting time of PATIENTS from the scheduled time to the start of the imaging exam (IQSD03)
- 1.15.8.14 Indicator of waiting time of PATIENTS from the scheduled time to the start of the clinical and pathological analysis exam (IQSD04)
- 1.15.8.15 Indicator of the number of appointments canceled for reasons attributable to the CONCESSIONAIRE (IQSD07)
- 1.15.8.16 Indicator of deadline and adequacy to answer calls (IQCH01)
- 1.15.8.17 USER Satisfaction Indicator (ISUS01)
- 1.15.8.18 Satisfaction indicator of professionals linked to FINALISTIC SERVICES (ISPR01)
- 1.15.9 The other KEY PERFORMANCE INDICATORS that have not been indicated in item 1.15.8 above will be measured and will have a regular impact on the MAXIMUM MONTHLY CONSIDERATION under the terms of the CONTRACT and its ANNEXES.

2 KEY PERFORMANCE STANDARDS (SMD) – HOSPITAL COMPLEX

- 2.1 The GENERAL PERFORMANCE INDEX OF THE HOSPITAL COMPLEX ($IDG_{HOSPITAL\ COMPLEX}$) will be calculated based on the evaluation and weighting of 3 (three) factors – FD, FQ and FS – according to the terms of this ANNEX, each of which will be obtained through the evaluation of its indexes and respective KEY PERFORMANCE INDICATORS, in which:
- 2.1.1 Availability Factor (FD): The FD evaluates the availability of beds, offices and surgical rooms, considering all the elements necessary for them to be operational, such as infrastructure, MEDICAL-HOSPITAL EQUIPMENT, FURNITURE, ICT EQUIPMENT, other equipment, services and SERVICE support.
- 2.1.2 Quality Factor (FQ): The QF evaluates services that require specific KEY PERFORMANCE INDICATORS to measure their quality and efficiency, such as cleaning, food and maintenance services of MEDICAL-HOSPITAL EQUIPMENT, FURNITURE, ICT EQUIPMENT and other equipment, among other SERVICES.
- 2.1.3 Satisfaction Factor (FS): Survey with USERS and staff linked to the FINALISTIC SERVICES to capture their satisfaction with the general experience in the HOSPITAL COMPLEX, including the quality of non-care care, the cleanliness of the facilities, the comfort of the accommodations and the efficiency of the SERVICES under the responsibility of the CONCESSIONAIRE.
- 2.2 From the measurements of these factors, it will be possible to calculate the score for the GENERAL PERFORMANCE INDEX OF THE HOSPITAL COMPLEX ($IDGHOSPITALAR$), based on the following formula and weight of the factors:

Equation 1 – Calculation of the GENERAL PERFORMANCE INDEX OF THE HOSPITAL COMPLEX ($IDGHOSPITALAR$)

$$IDG_{HOSPITAL\ COMPLEX} = FD \times \{ (90\% \times FQ) + (10\% \times FS) \}$$

2.3 AVAILABILITY FACTOR (FD)

- 2.3.1 The Availability Factor (FD) will be composed of the following indexes:
- Bed Availability Index (IDLH);
 - Office Availability Index (IDCM); and
 - Surgical Room Availability Index (IDSC).
- 2.3.2 The score for the FD is calculated considering the weight assigned to each index, according to the formula below:

Equation 2 – Calculation of the Availability Factor (FD)

$$FD = (50\% \times IDLH) + (20\% \times IDCM) + (30\% \times IDSC)$$

- 2.3.3 The indices are represented by percentage values ranging from 0% (zero percent), indicating no availability, to 100% (one hundred percent), which represents the total availability of beds, offices or surgical rooms, all in adequate conditions of use.

2.3.4 BED AVAILABILITY INDEX (IDLH)

- 2.3.4.1 The HDI is formed by the following indicator:

a. IDLH01 – Indicator of availability of beds in conditions of use.

2.3.4.2 The score for the IDLH is equivalent to the score calculated for the indicator, according to the formula below:

Equation 3 – Calculation of the Bed Availability Index (IDLH)

$$IDLH = IDLH01$$

2.3.4.3 IDLH01 – INDICATOR OF AVAILABILITY OF BEDS IN CONDITIONS OF USE

2.3.4.3.1 This indicator will be measured quarterly by verifying the information recorded in the Call Management System and in the BUILDING MANAGEMENT SYSTEM, provided for in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.3.4.3.2 The time of unavailability of the bed will be counted from the opening of the call by the GRANTING AUTHORITY or the FINALISTIC SERVICES team, indicating the occurrence and consequent unavailability of use of the area.

2.3.4.3.3 At the discretion of the INDEPENDENT VERIFIER, other sources may be evaluated, such as information registered in the HOSPITAL INFORMATION SYSTEM, and documents complementary to the open call, such as official letters and/or other records documented by the GRANTING AUTHORITY and CONCESSIONAIRE, which must be provided by the PARTIES.

2.3.4.3.4 The calculation will be made using the following formula:

Equation 4 – Calculation of the indicator of availability of hospital beds in conditions of use (IDLH01)

$$IDLH01 = \left(1 - \frac{\text{Total hours of bed unavailability in the quarter}}{\text{Number of beds} \times \text{Total hours in the quarter}} \right) \times 100\%$$

2.3.4.3.5 Beds must be available 24 (twenty-four) hours a day, 7 (seven) days a week.

2.3.4.3.6 The hours of unavailability considered in this indicator are those resulting from the sole and exclusive responsibility of the CONCESSIONAIRE, including, but not limited to, the following reasons:

- a. Unavailability of energy, drinking water or medical gas in the bed;
- b. Failures in the sewage or air conditioning systems of the bed;
- c. Failures in cleaning services that result in unsanitized beds and, therefore, not suitable to receive new PATIENTS. The maximum reference time for conducting terminal cleaning, as defined in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES, will not be counted as unavailability;
- d. Failures in laundry services, such as the absence of a clean trousseau, which makes it impossible to admit a new PATIENT;
- e. Infrastructure problems, such as cracks or infiltrations;
- f. Unavailability in infrastructure (e.g., computers) or systems (e.g., HOSPITAL INFORMATION SYSTEM) or network (e.g., internet bandwidth), or other issues related to information and communication technology (ICT) that do not enable the process of discharge or admission of the PATIENT;
- g. Unavailability or failures in MEDICAL-HOSPITAL EQUIPMENT, FURNITURE, ICT EQUIPMENT and other

equipment necessary for the operation of the bed, such as:

- Adjustable hospital beds with functional control to ensure PATIENT comfort and safety;
- Vital signs monitor that allow continuous observation of the PATIENT's clinical status;
- Infusion pumps for drug administration and intravenous solutions;
- Serum holders and MEDICAL-HOSPITAL EQUIPMENT related to medical gases;
- Bedside tables and chairs for use by PATIENTS and visitors;
- Nursing calls and communication systems in full operation;
- Uncalibrated or defective MEDICAL-HOSPITAL EQUIPMENT that may compromise the monitoring and treatment of the PATIENT;
- FURNITURE, ICT EQUIPMENT and other equipment damaged or that do not meet ergonomic and safety standards.

2.3.4.3.7 For beds, and measurement of this KEY PERFORMANCE INDICATOR, all existing beds in the HOSPITAL COMPLEX are considered, both hospital beds (clinical, surgical, intermediate care, intensive care, etc.) as well as day hospital beds and observation beds.

2.3.4.3.8 A bed will be considered unavailable if it cannot receive PATIENTS due to any of the reasons listed above on a non-exhaustive basis.

2.3.4.3.9 For each bed, the CONCESSIONAIRE will have an accumulated limit of up to twenty-four (24) hours per quarter to solve emergency problems that affect the total availability of the bed. Examples of emergency problems include critical failures of MEDICAL-HOSPITAL EQUIPMENT, such as vital signs monitors, and urgent structural problems, such as water leaks or electrical failures, which compromise the safety of the PATIENT.

2.3.4.3.10 Any unavailability of the bed, above the limit of 24 (twenty-four) hours for the quarter, will be counted in the numerator of the formula as unavailability.

2.3.4.3.11 Periods of unavailability scheduled for PREVENTIVE MAINTENANCE, according to the plan previously presented by the CONCESSIONAIRE and approved by the GRANTING AUTHORITY, will not be considered as unavailability in the calculation of the indicator, as well as unavailability due to actions and/or omissions resulting from the FINALISTIC SERVICES team, under the responsibility of the GRANTING AUTHORITY. The guidelines and periodicities of the PREVENTIVE MAINTENANCE plan are described in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.3.5 OFFICE AVAILABILITY INDEX (IDCM)

2.3.5.1 The IDCM is formed by the following indicator:

- a. IDCM01 – Indicator of availability of medical offices in conditions of service.

2.3.5.2 The score for the IDCM is equivalent to the score calculated for the indicator, according to the formula below:

Equation 5 – Calculation of the Office Availability Index (IDCM)

IDCM = IDCM01

2.3.5.3 IDCM01 – INDICATOR OF AVAILABILITY OF OFFICES IN CONDITIONS OF SERVICE

- 2.3.5.3.1 This indicator will be measured quarterly by verifying the information recorded in the Call Management System and in the BUILDING MANAGEMENT SYSTEM, provided for in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.
- 2.3.5.3.2 The time of unavailability of the office will be counted from the opening of the call by the GRANTING AUTHORITY or the FINALISTIC SERVICES team, indicating the occurrence and consequent unavailability of use of the area.
- 2.3.5.3.3 At the discretion of the INDEPENDENT VERIFIER, other sources may be evaluated, such as documents complementary to the open call, such as official letters and/or other records documented by the GRANTING AUTHORITY and CONCESSIONAIRE, which must be provided by the PARTIES.
- 2.3.5.3.4 The calculation will be made using the following formula:

Equation 6 – Calculation of the indicator of availability of offices in conditions of use (IDCM01)

$$IDCM01 = \left(1 - \frac{\text{Total hours of office unavailability in the quarter}}{((Qty. \text{offices}_{Eletive} \times TFR_{Eletive}) + (Qty. \text{offices}_{Urgent} \times TFR_{Urgent}))} \right) \times 100\%$$

Where:

office_{Eletive} = Offices for elective specialty consultations;

office_{Urgent} = Offices for urgent and emergency consultations;

TFR = Estimated Referential Operating Time for each type of office in the quarter, being 24 (twenty-four) hours, 7 (seven) days a week, for urgent and emergency offices, and 11 (eleven) hours, on weekdays, for other offices.

- 2.3.5.3.5 Only the hours of unavailability on the days and times that the office should be available will be counted in the numerator of the formula above.
- 2.3.5.3.6 The hours of unavailability considered in this indicator are those resulting from the sole and exclusive responsibility of the CONCESSIONAIRE, including, but not limited to, the following reasons:
- Unavailability of energy or drinking water in the office;
 - Failures in the office's air conditioning systems;
 - Failures in cleaning services that result in unsanitized offices and, therefore, not suitable to receive PATIENTS;
 - Problems in the office's infrastructure, such as cracks, infiltrations, or damage that compromises the safety and functionality of the space;
 - Unavailability in infrastructure (e.g., computers) or systems (e.g., HOSPITAL INFORMATION SYSTEM) or network (e.g., internet bandwidth), or other issues related to information and communication technology (ICT) that do not allow the conclusion of the service or the start of new services;
 - Unavailability or failures in MEDICAL-HOSPITAL EQUIPMENT, FURNITURE, ICT EQUIPMENT and other

equipment necessary for the operation of the office, including items such as examination chairs, adequate lighting, and diagnostic equipment.

- 2.3.5.3.7 The calculation of the IDCM01 must consider only the hours of operation of the offices, reflecting the period in which these spaces are scheduled to serve PATIENTS, as defined in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.
- 2.3.5.3.8 An office will be considered unavailable if it cannot be used for care due to any of the reasons listed above on a non-exhaustive basis.
- 2.3.5.3.9 For each office, the CONCESSIONAIRE will have an accumulated limit of up to 12 (twelve) hours per quarter to solve emergency problems that affect the total availability of the space. Examples of emergency problems may include issues such as failures in the HVAC system, electrical problems, or significant structural damage, such as water leaks or blockages that prevent access to the office.
- 2.3.5.3.10 Any office unavailability, above the limit of 12 (twelve) hours for the quarter, will be counted in the numerator of the formula as unavailability.
- 2.3.5.3.11 Periods of unavailability scheduled for PREVENTIVE MAINTENANCE, according to the plan previously presented by the CONCESSIONAIRE and approved by the GRANTING AUTHORITY, will not be considered as unavailability in the calculation of the indicator, as well as unavailability due to actions and/or omissions of the FINALISTIC SERVICES team, under the responsibility of the GRANTING AUTHORITY. The guidelines and periodicities of the PREVENTIVE MAINTENANCE plan will be described in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.3.6 SURGICAL ROOM AVAILABILITY INDEX (IDSC)

- 2.3.6.1 The IDSC is formed by the following indicator:
 - a. IDSC01 – Indicator of availability of surgical rooms in conditions of use.
- 2.3.6.2 The score for the IDSC is equivalent to the score calculated for the indicator, according to the formula below:

Equation 7 – Calculation of the Surgical Room Availability Index (IDSC)

$$IDSC = IDSC01$$

2.3.6.3 IDSC01 – INDICATOR OF AVAILABILITY OF SURGICAL ROOMS IN CONDITIONS OF USE

- 2.3.6.3.1 This indicator will be measured quarterly by verifying the information recorded in the Call Management System and in the BUILDING MANAGEMENT SYSTEM, provided for in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.
- 2.3.6.3.2 The time of unavailability of the surgical room will be counted from the opening of the call by the GRANTING AUTHORITY or the FINALISTIC SERVICES team, indicating the occurrence and consequent unavailability of use of the area.
- 2.3.6.3.3 At the discretion of the INDEPENDENT VERIFIER, other sources may be evaluated, such as documents complementary to the open call, such as official letters and/or other records documented by the GRANTING AUTHORITY and CONCESSIONAIRE, which must be provided by the PARTIES.

2.3.6.3.4 The calculation will be made using the following formula:

Equation 8 – Calculation of the indicator of availability of surgical rooms in conditions of use (IDSC01)

$$IDSC01 = \left(1 - \frac{\text{Total hours of surgical room unavailability in the quarter}}{(N^{\circ} \text{ of rooms}_{Eletiva} \times TFR_{Eletiva} + N^{\circ} \text{ of rooms}_{Urgent} \times TFR_{Urgent})} \right) \times 100\%$$

Where:

$Salas_{Eletiva}$ = Surgical rooms for elective surgeries specialties;

$Salas_{Urgência}$ = Surgical rooms for urgent and emergency surgeries;

TFR = Estimated Reference Surgery Time for each type of surgical room in the quarter, being 24 (twenty-four) hours, 7 (seven) days a week, for urgent and emergency surgical rooms, and 12 (twelve) hours, on weekdays, for other surgical rooms.

- 2.3.6.3.5 Only the hours of unavailability on the days and times that the surgical room should be available will be counted in the numerator of the formula above.
- 2.3.6.3.6 The hours of unavailability considered in this indicator are those resulting from the sole and exclusive responsibility of the CONCESSIONAIRE, including, but not limited to, the following reasons:
- Unavailability of energy, drinking water, or medical gas in surgical rooms;
 - Failures in the sewage, air conditioning or air filtration systems of the surgical rooms;
 - Failures in cleaning services that result in unsanitized surgical rooms and, therefore, not suitable for performing surgical procedures. The maximum referential time for conducting terminal cleaning, as defined in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES, and the time for the execution of other activities necessary for the preparation of the room, such as replacement of supplies and instruments, will not be counted as unavailability;
 - Failures in laundry services, such as the absence of a clean trousseau, which makes it impossible to start a new surgical procedure;
 - Problems in the infrastructure, such as cracks, infiltrations or damage that compromise the sterility and functionality of the room;
 - Unavailability or failures in surgical MEDICAL-HOSPITAL EQUIPMENT, FURNITURE, ICT EQUIPMENT and other equipment necessary for the operation of the surgical room, such as:
 - Operating tables with functional adjustments and suitable for different types of procedures;

- Surgical lighting systems that ensure adequate visibility during operations;
- Anesthesia monitors and equipment essential for PATIENT monitoring;
- Other MEDICAL-HOSPITAL EQUIPMENT necessary to perform the surgeries, such as multiparameter monitors, secretion aspirators, etc.;
- Auxiliary tables and surgical instruments sterilized and ready for use;
- Cabinets and work surfaces that meet hygiene and organization standards.

2.3.6.3.7 The calculation of the IDSC01 must consider only the scheduled operating hours of the surgical rooms, reflecting the period in which they are scheduled for the performance of surgical procedures, as defined in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.3.6.3.8 Given that some surgical rooms may be designated for emergency surgery and therefore need to be operational uninterruptedly, the calculation for these specific rooms must incorporate the entire period, equivalent to twenty-four (24) hours per day.

2.3.6.3.9 An surgical room will be considered unavailable if it cannot be used for surgical procedures due to any of the reasons listed above on a non-exhaustive basis.

2.3.6.3.10 For each surgical room, the CONCESSIONAIRE will have an accumulated limit of up to 18 (eighteen) hours per quarter to solve emergency problems that affect the total availability of the space. Examples of emergency problems may include critical failures in MEDICAL-HOSPITAL EQUIPMENT installed on site, interruptions in the supply of power or medical gas, or structural damage that compromises the functionality of the room.

2.3.6.3.11 Any unavailability of the surgical room, above the limit of 18 (eighteen) hours for the quarter, will be counted in the numerator of the formula as unavailability.

2.3.6.3.12 Periods of unavailability scheduled for PREVENTIVE MAINTENANCE, according to the plan previously presented by the CONCESSIONAIRE and approved by the GRANTING AUTHORITY, will not be considered as unavailability in the calculation of the indicator, as well as unavailability due to actions and/or omissions of the FINALISTIC SERVICES team, under the responsibility of the GRANTING AUTHORITY. The guidelines and periodicities of the PREVENTIVE MAINTENANCE plan will be described in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.4 QUALITY FACTOR (FQ)

2.4.1 The Quality Factor (QF) will be composed of the following indexes:

- a. Laundry Quality Index (IQLA);
- b. Cleanliness Quality Index (IQLI);
- c. Logistics Quality Index (IQLO);
- d. Nutrition and Dietetics Quality Index (IQNU);
- e. Transport Quality Index (IQTR);
- f. Concierge and Reception Quality Index (IQPR);

- g. Safety Quality Index (IQSE);
- h. Material Sterilization Quality Index (IQEM);
- i. Quality Index of the Therapeutic Diagnostic Support Service – SADT (IQSD);
- j. Quality Index of PREVENTIVE MAINTENANCE (IQMP);
- k. Ticket Quality Index (IQCH).

2.4.2 The score for the FQ is calculated considering the weight assigned to each index, according to the formula below:

Equation 9 – Calculation of the Quality Factor (QF)

$$FQ = (10\% \times IQLA) + (10\% \times IQLI) + (10\% \times IQLO) + (5\% \times IQTR) + (10\% \times IQNU) + (2,5\% \times IQPR) + (2,5\% \times IQSE) + (10\% \times IQEM) + (20\% \times IQSD) + (10\% \times IQMP) + (10\% \times IQCH)$$

2.4.3 The evaluation is conducted through the calculation of the KEY PERFORMANCE INDICATORS for each index, which verifies the conditions of service and quality of the services provided by the CONCESSIONAIRE.

2.4.4 LAUNDRY QUALITY INDEX (IQLA)

2.4.4.1 The IQLA is formed by the following KEY PERFORMANCE INDICATORS:

- a. IQLA01 – Quality indicator of the result of the processing of the trousseau; and
- b. IQLA02 – Quality indicator of the minimum stock management of bed linen.

2.4.4.2 The score for the IQLA is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 10 – Calculation of the Laundry Quality Index (IQLA)

$$IQLA = (50\% \times IQLA01) + (50\% \times IQLA02)$$

2.4.4.3 IQLA01 – QUALITY INDICATOR OF THE RESULT OF THE PROCESSING OF THE TROUSSEAU

2.4.4.3.1 The objective of this indicator is to ensure the quality of the trousseau processing performed by the CONCESSIONAIRE's hotel service.

2.4.4.3.2 The analysis will be conducted by the INDEPENDENT VERIFIER throughout the months of the quarter in a sample manner, through on-site verification, considering:

- a. Universe of Analysis: Estimate of the total number of processed parts (that went through the washing process) in the quarter under review;
- b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 1 (one) and normal simple sampling plan;
- c. Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the months of the quarter for monthly verification.

2.4.4.3.3 The result of the assessment will be obtained quarterly through the following formula:

Equation 11 – Calculation of the quality indicator of the result of the processing of the trousseau (IQLA01)

$$\text{Measurement result IQLA01} = M = \left(1 - \frac{\text{N}^\circ \text{ of nonconforming pieces}}{\text{N}^\circ \text{ of inspected pieces}}\right) \times 100\%$$

2.4.4.3.4 Each piece inspected will be considered as non-compliant when any of the following items are identified:

- a. Visible dirt: Includes scratches from pens, glues, adhesive tapes, excess hair, fungi, biological material, rust, among others.
- b. Stains: Evaluation of the presence of stains that were not removed during the washing process.
- c. Ironing quality: Checking the finish of the pieces after ironing, ensuring that they are properly smoothed and without creases.
- d. Unpleasant odors: Checking for odors that may indicate improper processing or incorrect storage.
- e. Holes, tears and damage: Inspection of physical damage to trousseau pieces that compromise their functionality and presentation.

2.4.4.3.5 The final score of the indicator will be calculated considering the following ranges:

Table 1 – Measurement ranges – IQLA01

Measurement ranges	Note Indicator
M >= 95%	1,00
93% <= M < 95%	0,80
91% <= M < 93%	0,60
89% <= M < 91%	0,40
87% <= M < 89%	0,20
M < 87%	0,00

2.4.4.4 IQLA02 – QUALITY INDICATOR OF MINIMUM STOCK MANAGEMENT OF BED LINEN

- 2.4.4.4.1 The objective of this indicator is to ensure that the stocks of layette for beds distributed in the HOSPITAL COMPLEX are always supplied with the minimum amount necessary for the operation of the sector/wing/floor according to what will be defined for ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.
- 2.4.4.4.2 The CONCESSIONAIRE must guarantee the availability of at least 1 (one) set or piece of clean trousseau (per bed) present in the stocks of linen distributed by the floors/wings/sectors of the HOSPITAL COMPLEX.
- 2.4.4.4.3 For the purposes of measuring this KEY PERFORMANCE INDICATOR, all existing beds in the HOSPITAL COMPLEX are considered, both hospital beds (clinical, surgical, intermediate care, intensive care, etc.) as well as day hospital beds and observation beds.
- 2.4.4.4.4 The result of the measurement of this indicator will be obtained quarterly, through inspections by the INDEPENDENT VERIFIER of the laundry inventory, at a random time of the quarter, and calculated through the following formula:

Equation 12 – Calculation of the minimum stock availability indicator of the layette for beds (IQLA02)

$$\text{Measurement result IQLA02} = M = \left(\frac{\text{N}^{\circ} \text{ of available linen sets}}{\text{N}^{\circ} \text{ of beds}} \right) \times 100\%$$

- 2.4.4.4.5 The final score of the indicator will be calculated considering the following ranges:

Table 2 – Measurement ranges – IQLA02

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98%	0,80
96.0% <= M < 97%	0,60
95.0% <= M < 96%	0,40
94.0% <= M < 95%	0,20
M < 94%	0,00

2.4.5 CLEANLINESS QUALITY INDEX (IQLI)

- 2.4.5.1 The IQLI is formed by the following KEY PERFORMANCE INDICATORS:
- IQLI01 – Terminal cleaning quality indicator;
 - IQLI02 – Terminal cleaning time indicator;
 - IQLI03 – Concurrent cleaning quality indicator;
 - IQLI04 – Indicator of compliance with the pest control schedule;
 - IQLI05 – Indicator of regularity in internal waste collection.
- 2.4.5.2 The score for the IQLI is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 13 – Calculation of the Cleaning Quality Index (IQLI)

$$IQLI = (30\% \times IQLI01) + (20\% \times IQLI02) + (20\% \times IQLI03) + (10\% \times IQLI04) + (20\% \times IQLI05)$$

2.4.5.3 IQLI01 – TERMINAL CLEANLINESS QUALITY INDICATOR

2.4.5.3.1 The objective of this indicator is to ensure the quality of the terminal cleaning conducted by the CONCESSIONAIRE.

2.4.5.3.2 Terminal cleaning should be performed after a PATIENT is discharged or transferred and involves a deep cleaning and disinfection of the entire space.

2.4.5.3.3 The analysis will be conducted throughout the months of the quarter in a sample manner by the INDEPENDENT VERIFIER, through on-site verification, considering:

- a. Universe of Analysis: Estimate of the total number of terminal cleanings to be performed in the quarter under review;
- b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 2 (two) and normal simple sampling plan;
- c. Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the months of the quarter for monthly verification.

2.4.5.3.4 The result of the assessment will be obtained quarterly through the following formula:

Equation 14 – Calculation of the terminal cleanliness quality indicator (IQLI01)

$$\text{Measurement result } IQLI01 = M = \left(1 - \frac{\text{N}^\circ \text{ of nonconforming cleanings}}{\text{Total cleanings in the quarterly sample}} \right) \times 100\%$$

2.4.5.3.5 Each verified cleanliness will be considered as non-compliant when any of the following are identified:

- a. Visible Dirt: Checking for the presence of dirt, dust, blood stains, body fluids, adhesive marks, drug residues or other types of contamination on surfaces and MEDICAL-HOSPITAL EQUIPMENT, FURNITURE, ICT EQUIPMENT and other equipment.
- b. Stains: Evaluation of the presence of stains on surfaces, floors, walls, MEDICAL-HOSPITAL EQUIPMENT, FURNITURE, ICT EQUIPMENT and other equipment that were not removed during the cleaning process.
- c. Disinfection Quality: Improper use of disinfectants according to Standard Operating Procedures (SOPs) for cleaning service.
- d. Unpleasant Odors: Checking for odors that may indicate improper cleaning or disinfection, or the presence of organic matter that has not been completely removed.
- e. Waste and Garbage Removal: Verification that all waste and garbage has been removed from the room and that garbage containers have been cleaned and disinfected.
- f. Integrity of Disposable Items: Ensuring that all disposable items have been replaced and that no used items have been neglected.

2.4.5.3.6 The final score of the indicator will be calculated considering the following ranges:

Table 3 – Measurement ranges – IQLI01

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98%	0,80
96.0% <= M < 97%	0,60
95.0% <= M < 96%	0,40
94.0% <= M < 95%	0,20
M < 94%	0,00

2.4.5.4 IQLI02 – TERMINAL CLEANING TIME INDICATOR

2.4.5.4.1 The objective of this indicator is to ensure that terminal cleanings occurring after hospital discharges and surgical procedures are performed within the maximum time established for each procedure.

2.4.5.4.2 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 15 – Calculation of the terminal cleaning time indicator for hospital discharge (IQLI02)

$$\text{Measurement result IQLI02} = M = \left(\frac{\text{N}^{\circ} \text{ of terminal cleanings completed on schedule}}{\text{Total terminal cleanings performed during the quarter}} \right) \times 100\%$$

2.4.5.4.3 Terminal cleaning will be considered as conducted within the deadline, if the maximum deadline for cleaning in each area (bed or surgical room) has been met, as defined in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.4.5.4.4 The indicator is measured by the INDEPENDENT VERIFIER based on records obtained from the HOSPITAL INFORMATION SYSTEM.

2.4.5.4.5 The final score of the indicator will be calculated considering the following ranges:

Table 4 – Measurement ranges – IQLI02

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98%	0,80
96.0% <= M < 97%	0,60
95.0% <= M < 96%	0,40
94.0% <= M < 95%	0,20
M < 94%	0,00

2.4.5.5 IQLI03 – CONCURRENT CLEANING QUALITY INDICATOR

2.4.5.5.1 The objective of this indicator is to ensure that the concurrent cleanings conducted in the HOSPITAL COMPLEX are conducted according to the guidelines of ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.4.5.5.2 The analysis will be conducted throughout the months of the quarter in a sample manner by the INDEPENDENT VERIFIER, through on-site verification, considering:

- a. Universe of Analysis: Locations of the HOSPITAL COMPLEX subject to the concurrent cleaning process, such as: beds, offices, administrative areas, common areas, etc. Areas are considered individual when divisible, for example, each hospitalization room is considered as 1 (one) location for the purposes of drawing the sample;
- b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 2 (two) and normal simple sampling plan;
- c. Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the months of the quarter for monthly verification.

2.4.5.5.3 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 16 – Calculation of the concurrent cleaning quality indicator (IQLI03)

$$\text{Measurement result IQLI03} = M = \left(1 - \frac{\text{N}^{\circ} \text{ of areas with nonconformities}}{\text{Total of areas in the quarterly sample}} \right) \times 100\%$$

2.4.5.5.4 Each area checked will be considered non-compliant when any of the following items are identified:

- a. Insufficient Cleaning Frequency: Do not conduct concurrent cleaning according to the periodicity established in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES for each area of the HOSPITAL COMPLEX.
- b. Disinfection Failure: High-touch surfaces not properly disinfected or incorrect use of disinfectants that can be identified through visual inspection (e.g., visible dirt, stains).
- c. Improper Disposal: Garbage and medical waste not removed.
- d. Failure in Signaling: Lack of adequate signage during cleaning, which can cause accidents to people who pass through the area being cleaned.

2.4.5.5.5 The final score of the indicator will be calculated considering the following ranges:

Table 5 – Measurement ranges – IQLI03

Measurement ranges	Note Indicator
M >= 98.0%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97.0%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20
M < 94.0%	0,00

2.4.5.6 IQLI04 – INDICATOR OF COMPLIANCE WITH THE PEST CONTROL SCHEDULE

2.4.5.6.1 The objective of this indicator is to ensure that the schedule of pest control services is fully complied with according to the guidelines indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.4.5.6.2 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 17 – Calculation of the indicator of compliance with the pest control schedule (IQLI04)

$$\text{Measurement result IQLI04} = M = \left(\frac{N^{\circ} \text{ of performed activities}}{N^{\circ} \text{ of planned activities}} \right) \times 100\%$$

2.4.5.6.3 For the analysis, on-site checks must be conducted by the INDEPENDENT VERIFIER in the HOSPITAL COMPLEX after each pest control service has been performed, verifying the presence of pests after the services have been performed, indicating whether there has been an ineffective execution. If this situation is identified, the activity will be considered as not conducted in the period.

2.4.5.6.4 Additionally, for the pest control activity to be considered as conducted, proof of the execution of the pest control service by a specialized company must be presented by the CONCESSIONAIRE.

2.4.5.6.5 The final score of the indicator will be calculated considering the following ranges:

Table 6 – Measurement ranges – IQLI04

Measurement ranges	Note Indicator
M = 100.0%	1,00
100.0% >= M >= 95.0%	0,50
M < 95.0%	0,00

2.4.5.7 IQLI05 – INDICATOR OF REGULARITY IN INTERNAL WASTE COLLECTION

2.4.5.7.1 The objective of this indicator is to ensure that the internal collection of waste in the HOSPITAL COMPLEX, within each of the sectors/areas (Inpatient Care, Adult ICU, Pediatric ICU, Sterile Material Center, etc.), is carried out in accordance with the Health Waste Management Plan (PGRSS) prepared by the CONCESSIONAIRE and validated with the GRANTING AUTHORITY, see the specification of ANNEX 7 – SCHEDULE OF RESPONSIBILITIES and ANNEX 4 – MINIMUM SOCIO-ENVIRONMENTAL GUIDELINES.

2.4.5.7.2 The analysis will be conducted throughout the months of the quarter in a sample manner by the INDEPENDENT VERIFIER, through on-site verification, considering:

- a. Universe of Analysis: Estimate of the total waste collections expected in the quarter under review;
- b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 2 (two) and normal simple sampling plan;
- c. Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the months of the quarter for monthly verification.

2.4.5.7.3 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 18 – Calculation of the indicator of regularity in the internal collection of waste in the unit's sectors (IQLI05)

$$\text{Measurement result IQLI05} = M = \left(1 - \frac{\text{N}^{\circ} \text{ of collections with nonconformities found}}{\text{Total collections in the quarterly sample}} \right) \times 100\%$$

2.4.5.7.4 Each verified collection will be considered non-compliant when any of the following are identified:

- a. After-Hours Collection: Collection conducted at times other than those established in the PGRSS.
- b. Inadequate Segregation: Waste not properly segregated according to the categories defined in the PGRSS (infectious, chemical, common, recyclable waste, etc.), for reasons attributable to the CONCESSIONAIRE, such as, but not limited to, the non-availability of containers for the disposal of each type of waste or the absence of visual information for waste disposal.
- c. Incorrect Identification and Labeling: Waste collected without proper identification or labeling, or with mistaken information.
- d. Use of Inadequate Containers: Use of containers not appropriate for the type of waste, compromising the safety of the collection.
- e. Inadequate Transportation: Waste transported within the HOSPITAL COMPLEX in an unsafe manner or that does not meet the established internal transportation standards.
- f. Irregular Temporary Storage: Waste not safely stored before collection, either in relation to the location, conditions or time of storage.
- g. Inadequate Liquid Waste Containment: Failure to contain liquid waste, resulting in leaks or spills during collection.

2.4.5.7.5 The final score of the indicator will be calculated considering the following ranges:

Table 7 – Measurement ranges – IQLI05

Measurement ranges	Note Indicator
M >= 95.0%	1,00
94.0% <= M < 95.0%	0,80
93.0% <= M < 94.0%	0,60
92.0% <= M < 93.0%	0,40
91.0% <= M < 92.0%	0,20
M < 91.0%	0,00

2.4.6 LOGISTICS QUALITY INDEX (IQLO)

2.4.6.1 The IQLO is formed by the following KEY PERFORMANCE INDICATORS:

- a. IQLO01 – Medication Delivery Time Indicator;
- b. IQLO02 – Quality indicator of items in stock; and
- c. IQLO03 – Inventory management quality indicator.

2.4.6.2 The score for the IQLO is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 19 – Calculation of the Logistics Quality Index (IQLO)

$$IQLO = (35\% \times IQLO01) + (35\% \times IQLO02) + (30\% \times IQLO03)$$

2.4.6.3 The term "item" refers to a type of medical-hospital material or drug evaluated, and not to the quantity of this material. For example, if a surgical mask or a certain drug has been drawn for a sample, each one is considered as 1 (one) item of the analysis, regardless of the amount of these inputs in stock.

2.4.6.4 IQLO01 – MEDICATION DELIVERY TIME INDICATOR

2.4.6.4.1 The objective of this indicator is to ensure the efficiency and speed of the process of delivery of prescribed drugs to PATIENTS and the medical-hospital materials necessary for their administration, from medical prescription to delivery of items to bedside.

2.4.6.4.2 The deadline for the delivery of medicines and medical-hospital materials will be counted from the moment the medical prescription is registered in the HOSPITAL INFORMATION SYSTEM by the FINALISTIC SERVICES team, under the responsibility of the GRANTING AUTHORITY, until the medicine is effectively dispensed in the requesting area, such as the infirmary sector, within the HOSPITAL COMPLEX.

2.4.6.4.3 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, from the records obtained in the HOSPITAL INFORMATION SYSTEM under the responsibility of the CONCESSIONAIRE, and will be calculated through the following formula:

Equation 20 – Calculation of the drug delivery time indicator (IQLO01)

$$\text{Measurement result IQLO01} = M = \left(\frac{\text{N}^\circ \text{ of medication prescriptions completed on schedule}}{\text{Total medication prescriptions requested during the quarter}} \right) \times 100\%$$

2.4.6.4.4 The delivery of the medicine and medical-hospital materials will be considered to have been conducted within the deadline, if the maximum deadline for each type of request has been met, as defined in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.4.6.4.5 The final score of the indicator will be calculated considering the following ranges:

Table 8 – Measurement ranges – IQLO01

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98%	0,80
96.0% <= M < 96%	0,60
95.0% <= M < 95%	0,40

Measurement ranges	Note Indicator
94.0% <= M < 94%	0,20
M < 94.0%	0,00

2.4.6.5 IQLO02 – QUALITY INDICATOR OF ITEMS IN STOCK

2.4.6.5.1 The objective of this indicator is to ensure that the medicines, medical-hospital materials and other items stored in stock in the Warehouse and in the Pharmaceutical Supply Center (CAF) of the HOSPITAL COMPLEX are in ideal conditions of use, storage and distribution.

2.4.6.5.2 The analysis will be conducted throughout the months of the quarter in a sample manner by the INDEPENDENT VERIFIER, through on-site verification, considering:

- a. Universe of Analysis: Medical-hospital materials and medicines available in the stock of the Warehouse and Pharmaceutical Supply Center (CAF);
- b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 2 (two) and normal simple sampling plan;
- c. Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the months of the quarter for monthly verification.

2.4.6.5.3 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 21 – Calculation of the quality indicator of items in stock (IQLO02)

$$\text{Measurement result IQLO02} = M = \left(1 - \frac{\text{N}^{\circ} \text{ of items with nonconformities}}{\text{Total items in the quarterly sample}} \right) \times 100\%$$

2.4.6.5.4 Each item checked will be considered as non-compliant when any of the following items are identified:

- a. Shelf Life: Items with an expired expiration date or items with an expiration date that have not been properly rotated in inventory for use at the expiration date.
- b. Incorrect Storage: Items stored in inadequate temperature and humidity conditions, or in disagreement with the manufacturer's specifications.
- c. Visual Appearance: Items with damaged, torn, or dented packaging, the presence of mold, dirt, or visible contamination.
- d. Product Integrity: Compromised products that may affect safety or efficacy, such as drugs with breached safety seals.
- e. Traceability: Lack of proper documentation to trace the origin and history of items in stock.
- f. Mislabeling: Errors or omissions in the labeling of items, including dosing information, instructions for use, or product identification.
- g. Segregation of Items: Failure to properly segregate incompatible items such as medications that should not be stored together due to the risk of adverse reactions.

2.4.6.5.5 The final score of the indicator will be calculated considering the following ranges:

Table 9 – Measurement ranges – IQLO02

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98%	0,80
96.0% <= M < 97%	0,60
95.0% <= M < 96%	0,40
94.0% <= M < 95%	0,20
M < 94%	0,00

2.4.6.6 IQLO03 – INVENTORY MANAGEMENT QUALITY INDICATOR

2.4.6.6.1 The objective of this indicator is to ensure that there is no loss of medical-hospital materials and medicines, or shortages of the Warehouse and Pharmaceutical Supply Center (CAF) of the HOSPITAL COMPLEX, caused by the non-compliance with the obligations of the CONCESSIONAIRE as provided for in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES, including the definitions contained in the Work Plan for this SERVICE, to be verified according to item 2.4.6.4 down.

2.4.6.6.2 The analysis will be conducted throughout the months of the quarter in a sample manner by the INDEPENDENT VERIFIER, through on-site verification, considering:

- Universe of Analysis: List of medical-hospital materials and medicines available in the stock of the Warehouse and Pharmaceutical Supply Center (CAF);
- Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 1 (one) and normal simple sampling plan;
- Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the months of the quarter for monthly verification.

2.4.6.6.3 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 22 – Calculation of the inventory management indicator (IQLO03)

$$\text{Measurement result IQLO03} = M = \left(1 - \frac{\text{N}^\circ \text{ of items with nonconformities}}{\text{Total items in the quarterly sample}} \right) \times 100\%$$

2.4.6.6.4 Each item checked will be considered as non-compliant when any of the following items are identified:

- Failure to Notify the GRANTING AUTHORITY: Delay or failure to communicate critical stock levels to the GRANTING AUTHORITY for corrective action.
- Minimum Inventory Not Held: Inventory levels below the established minimum. This item is considered as non-compliant if the CONCESSIONAIRE has not previously notified the GRANTING AUTHORITY.
- Maximum Inventory Exceeded: Item quantities exceed the maximum inventory. This item is

considered as non-compliant if the CONCESSIONAIRE has not previously notified the GRANTING AUTHORITY.

- d. Lack of Turnover: Failure to apply the FIFO (first in, first out) system, resulting in older products not being used before new ones.
- e. Inventory Errors: Divergences between physical inventory and inventory records.

2.4.6.6.5 The final score of the indicator will be calculated considering the following ranges:

Table 10 – Measurement ranges – IQLO03

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98%	0,80
96.0% <= M < 97%	0,60
95.0% <= M < 96%	0,40
94.0% <= M < 95%	0,20
M < 94.0%	0,00

2.4.7 TRANSPORT QUALITY INDEX (IQTR)

2.4.7.1 The IQTR is formed by the following KEY PERFORMANCE INDICATORS:

- a. IQTR01 – Deadline indicator for internal transport of PATIENTS;
- b. IQTR02 – Deadline indicator for external transport of PATIENTS and teams for home care.

2.4.7.2 The score for the IQTR is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 23 – Calculation of the Transport Quality Index (IQTR)

$$IQTR = (50\% \times IQTR01) + (50\% \times IQTR02)$$

2.4.7.3 IQTR01 – DEADLINE INDICATOR FOR INTERNAL PATIENT TRANSPORT

- 2.4.7.3.1 The objective of this indicator is to measure the rate of attendance to the scheduled demands for internal transportation of PATIENTS within the period agreed between the CONCESSIONAIRE and the GRANTING AUTHORITY, according to the guidelines of the Work Plan provided for in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.
- 2.4.7.3.2 Scheduled demand is understood to be requests from the care area 24 (twenty-four) hours prior to the date of the exam, consultation, procedure part of continuous treatment, transfer or discharge of the PATIENT, attended by stretcher bearers.
- 2.4.7.3.3 Urgent demands for internal transport of PATIENTS are not the object of this KEY PERFORMANCE INDICATOR.
- 2.4.7.3.4 The IQTR01 assessment will be quarterly by the INDEPENDENT VERIFIER, covering all records obtained in the transportation system under the responsibility of the CONCESSIONAIRE, referring to the demands scheduled and met during the months of the quarter.
- 2.4.7.3.5 The result of the measurement will be obtained through the following formula:

Equation 24 – Calculation of the deadline indicator for internal transport of PATIENTS (IQTR01)

$$\text{Measurement result IQTR01} = M = \left(\frac{\text{N}^{\circ} \text{ of scheduled internal transport requests fulfilled on schedule}}{\text{Total scheduled internal transport requests}} \right) \times 100\%$$

- 2.4.7.3.6 The final score of the indicator will be calculated considering the following ranges:

Table 11 – Measurement ranges – IQTR01

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98%	0,80
96.0% <= M < 97%	0,60
95.0% <= M < 96%	0,40
94.0% <= M < 95%	0,20
M < 94.0%	0,00

2.4.7.4 IQTR02 – DEADLINE INDICATOR FOR EXTERNAL TRANSPORT OF PATIENTS AND TEAMS FOR HOME CARE

- 2.4.7.4.1 The objective of this indicator is to measure the rate of attendance to the scheduled demands for external transport of PATIENTS or team for home care, according to the guidelines of the Work Plan provided for in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.
- 2.4.7.4.2 Scheduled demand is understood as requests from the care area 24 (twenty-four) hours prior to the date of the exam, consultation, continuous treatment procedure, transfer or discharge of the PATIENT, attended by ambulances, or for team transport to home care.
- 2.4.7.4.3 Urgent demands for external transport of PATIENTS and teams for home care are not the object of this KEY PERFORMANCE INDICATOR.
- 2.4.7.4.4 The IQTR02 assessment will be conducted quarterly by the INDEPENDENT VERIFIER, covering all records obtained in the transportation system under the responsibility of the CONCESSIONAIRE, referring to the demands scheduled and met in the months of the quarter.
- 2.4.7.4.5 The result of the measurement will be obtained through the following formula:

Equation 25 – Calculation of the deadline indicator for external transport of PATIENTS (IQTR02)

$$\text{Measurement result IQTR02} = M = \left(\frac{\text{N}^\circ \text{ of scheduled external transport requests fulfilled on schedule}}{\text{Total scheduled external transport requests}} \right) \times 100\%$$

- 2.4.7.4.6 Based on information indicated by the GRANTING AUTHORITY, the CONCESSIONAIRE will conduct the daily schedule of all transports to be conducted on the following day, with the definition of the times at which the PATIENTS and/or home care team should be transported.
- 2.4.7.4.7 The time is counted from the moment the vehicle, with the USER of the transport (whether PATIENT or home care team) leaves at the entrance of the HOSPITAL COMPLEX.
- 2.4.7.4.8 For transportation of scheduled (non-emergency) demands, a delay of up to 10 (ten) minutes will be tolerated.
- 2.4.7.4.9 The final score of the indicator will be calculated considering the following ranges:

Table 12 – Measurement ranges – IQTR02

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98%	0,80
96.0% <= M < 97%	0,60
95.0% <= M < 96%	0,40
94.0% <= M < 95%	0,20
M < 94.0%	0,00

2.4.8 NUTRITION AND DIETETICS QUALITY INDEX (UNFC)

2.4.8.1 The IQNU is formed by the following KEY PERFORMANCE INDICATORS:

- α. IQNU01 – Indicator of compliance with the schedules for the provision of daily meals;

- b. IQNU02 – Indicator of compliance with the quality standards established for meals;
- c. IQNU03 – Microbiological examination indicator.

2.4.8.2 The score for the UNQI is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 26 – Nutrition Index Calculation (UNQI)

$$IQNU = (40\% \times IQNU01) + (40\% \times IQNU02) + (20\% \times IQNU03)$$

2.4.8.3 IQNU01 – INDICATOR OF COMPLIANCE WITH THE SCHEDULES FOR THE SUPPLY OF DAILY MEALS

2.4.8.3.1 The objective of this indicator is to ensure that all meals to be made available to PATIENTS are distributed within the pre-established period between the GRANTING AUTHORITY and the CONCESSIONAIRE, before the start of the operation of the HOSPITAL COMPLEX – as defined in the Work Plan provided for in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.4.8.3.2 The result of the assessment will be obtained quarterly through the following formula:

Equation 27 – Calculation of the indicator of percentage of compliance with the schedules for the provision of daily meals (IQNU01)

$$\text{Measurement result IQNU01} = M = \left(\frac{\text{N}^{\circ} \text{ of meals distributed on schedule}}{\text{Total meals in the quarter}} \right) \times 100\%$$

2.4.8.3.3 The meal will be considered as distributed within the schedule, if it has been delivered to the PATIENT according to the time ranges indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES for the nutrition and dietetics service.

2.4.8.3.4 The indicator is measured by the INDEPENDENT VERIFIER based on records obtained from the HOSPITAL INFORMATION SYSTEM.

2.4.8.3.5 The final score of the indicator will be calculated considering the following ranges:

Table 13 – Measurement ranges – IQNU01

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98%	0,80
96.0% <= M < 97%	0,60
95.0% <= M < 96%	0,40
94.0% <= M < 95%	0,20
M < 94.0%	0,00

2.4.8.4 IQNU02 – INDICATOR OF COMPLIANCE WITH THE QUALITY STANDARDS ESTABLISHED FOR MEALS

2.4.8.4.1 The objective of this indicator is to ensure that the diets and meals prescribed to PATIENTS (medical prescription or nutritionist) are fully complied with.

2.4.8.4.2 The analysis will be conducted throughout the months of the quarter in a sample manner, through on-site verification, considering:

- a. Universe of Analysis: Estimate of the total meals to be served to PATIENTS in the quarter under review;
- b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 1 (one) and normal simple sampling plan;
- c. Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the months of the quarter for monthly verification.

2.4.8.4.3 The result of the assessment will be obtained quarterly through the following formula:

Equation 28 – Calculation of the indicator of compliance with medical prescriptions in the provision of meals (IQNU02)

$$\text{Measurement result IQNU02} = M = \left(1 - \frac{\text{N}^{\circ} \text{ of meals distributed on schedule}}{\text{Total meals in the quarter}} \right) \times 100\%$$

2.4.8.4.4 Each verified meal will be considered non-compliant when any of the following are identified:

- a. Prescription Inadequacy: Provision of meals that do not exactly match the medical or nutritional prescription, including ingredients, dietary restrictions, and dietary consistency.
- b. Incorrect Serving Size: Portions served that do not meet the prescribed size or weight specifications, resulting in insufficient or excessive quantities.
- c. Inadequate Caloric Amount: Meals that do not comply with the caloric amount stipulated in the prescription, which may affect the PATIENT's nutritional plan.
- d. Error in Nutritional Composition: Deviations in the nutritional composition of meals, such as the proportion of macronutrients (proteins, carbohydrates, fats) or the presence of undeclared allergens.
- e. Inadequate Temperature: Meals served at inappropriate temperatures, either too cold or too hot, that are not in accordance with the PATIENT's needs, or that may compromise food safety.

2.4.8.4.5 The final score of the indicator will be calculated considering the following ranges:

Table 14 – Measurement ranges – IQNU02

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97.0%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20

Measurement ranges	Note Indicator
M < 94.0%	0,00

2.4.8.5 IQNU03 – MICROBIOLOGICAL EXAMINATION INDICATOR

- 2.4.8.5.1 The objective of this indicator is to ensure that the food produced within the scope of the nutrition service complies with microbiological standards that define its acceptability.
- 2.4.8.5.2 Reports in accordance with legislation and technical regulations, including Resolution RDC No. 12/2001, which establishes microbiological standards for food, and RDC No. 216/2004, which provides for Good Practices for Food Services, are considered negative results.
- 2.4.8.5.3 Sample collection and tests will be conducted by an independent laboratory, on a biweekly basis, and the CONCESSIONAIRE is responsible for contracting and paying for these tests and sending the results to the INDEPENDENT VERIFIER. The CONCESSIONAIRE must notify the GRANTING AUTHORITY and the INDEPENDENT VERIFIER prior to the collection of samples, so that they can monitor the sample collection process.

Equation 29 – Calculation of the microbiological examination indicator (IQNU03)

$$\text{Measurement result IQNU03} = M = \left(\frac{\text{N}^{\circ} \text{ of microbiological tests with negative result}}{\text{Total microbiological tests performed during the quarter}} \right) \times 100\%$$

- 2.4.8.5.4 The final score of the indicator will be calculated considering the following ranges:

Table 15 – Measurement ranges – IQNU03

Measurement ranges	Note Indicator
M = 100.0%	1,00
100.0% >= M >= 95.0%	0,50
M < 95.0%	0,00

2.4.9 CONCIERGE AND RECEPTION QUALITY INDEX (IQPR)

- 2.4.9.1 The IQPR is formed by the following KEY PERFORMANCE INDICATORS:
- a. IQPR01 – Indicator of service time; and
 - b. IQPR02 – Availability indicator of access control points.
- 2.4.9.2 The score for the IQPR is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 30 – Calculation of the Concierge and Reception Quality Index (IQPR)

$$\text{IQPR} = (70\% \times \text{IQPR01}) + (30\% \times \text{IQPR02})$$

2.4.9.3 IQPR01 – HANDLE TIME INDICATOR

- 2.4.9.3.1 The objective of this indicator is to ensure that the time spent by the Reception areas of the HOSPITAL COMPLEX for the care/registration of USERS is within a determined limit, as per Table 16.
- 2.4.9.3.2 The service time will be counted from the moment of contact between the reception and USERS, and not by the waiting time for the USERS to be served by the care team.
- 2.4.9.3.3 The CONCESSIONAIRE shall keep the record and control of this information in the reception management system integrated with the access control system, maintained under its responsibility, as indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES, in order to include data that measure the times from the beginning of the USER's service by the reception team to the conclusion of his/her registration for access to the HOSPITAL COMPLEX.
- 2.4.9.3.4 The result of the measurement of this indicator will be obtained quarterly through the following formula, through verifications, by the INDEPENDENT VERIFIER, of the information registered in the access control system under the responsibility of the CONCESSIONAIRE:

Equation 31 – Calculation of the service time indicator (IQPR01)

$$\text{Measurement result IQPR01} = M = \frac{\sum \text{Duration of appointments} \text{Tempo dos atendimentos}}{\text{Total n}^\circ \text{ of appointments performed}}$$

- 2.4.9.3.5 The final score of the indicator will be calculated considering the following ranges:

Table 16 – Measurement ranges – IQPR01

Measurement ranges	Note Indicator
M <= 5 min	1,00
6 min >= M > 5min	0,80
7 min >= M > 6min	0,60
8 min >= M > 7min	0,40
9 min >= M > 8min	0,20
M > 9min	0,00

2.4.9.4 IQPR02 – ACCESS CONTROL POINT AVAILABILITY INDICATOR

- 2.4.9.4.1 The objective of this indicator is to ensure the availability of access control points installed on the premises of the HOSPITAL COMPLEX.
- 2.4.9.4.2 The CONCESSIONAIRE shall keep the record and control of this information in a traceable access control system under its responsibility.
- 2.4.9.4.3 The result of the measurement of this indicator will be obtained quarterly, based on verifications, by the INDEPENDENT VERIFIER, of the registration of information in the access control system under the responsibility of the CONCESSIONAIRE, through the following formula:

Equation 32 – Calculation of the Availability indicator of the installed access control points (IQPR02)

$$\text{Measurement result IQPR02} = M = \left(1 - \frac{\sum \text{Total hours of unavailability in the month}}{N^{\circ} \text{ of control points} \times \text{Days}_{\text{month}} \times \text{Hours}_{\text{day}}} \right) \times 100\%$$

2.4.9.4.4 The final score of the indicator will be calculated considering the following ranges:

Table 17 – Measurement ranges – IQPR02

Measurement ranges	Note Indicator
M >= 95.0%	1,00
93% <= M < 95%	0,80
91% <= M < 93%	0,60
89% <= M < 91%	0,40
87% <= M < 89%	0,20
M < 87%	0,00

2.4.10 SAFETY QUALITY INDEX (IQSE)

2.4.10.1 The IQSE is formed by the following KEY PERFORMANCE INDICATORS:

- a. IQSE01 – CCTV image quality and storage indicator;
- b. IQSE02 – CCTV availability indicator;
- c. IQSE03 – Indicator of the incidence of serious events.

2.4.10.2 The score for the IQSE is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 33 – Calculation of the Safety Quality Index (IQSE)

$$IQSE = (30\% \times IQSE01) + (30\% \times IQSE02) + (40\% \times IQSE03)$$

2.4.10.3 IQSE01 – CCTV IMAGE QUALITY AND STORAGE INDICATOR

2.4.10.3.1 The purpose of this indicator is to ensure that the installed cameras are available and generating quality recordings that allow a clear view of the footage and that they are safely stored in the CCTV management system.

2.4.10.3.2 The analysis will be conducted over the months of the quarter in a sample manner by the INDEPENDENT VERIFIER considering:

- a. Universe of Analysis: Total number of cameras installed in the HOSPITAL COMPLEX and in common areas of the HOPE HEALTH COMPLEX;
- b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 2 (two) and normal simple sampling plan;
- c. Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be

evenly distributed throughout the months of the quarter for monthly verification.

2.4.10.3.3 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 34 – Calculation of the quality indicator and storage of CCTV images (IQSE01)

$$\text{Measurement result IQSE01} = M = \left(1 - \frac{\text{N}^\circ \text{ of nonconforming cameras}}{\text{N}^\circ \text{ of inspected cameras}} \right) \times 100\%$$

2.4.10.3.4 Each verified camera will be considered non-compliant when any of the following are identified:

- a. Unavailability of Cameras: Security cameras that are not operational or have technical failures that prevent recording.
- b. Poor Image Quality: Footage that does not have sufficient resolution for clear viewing, including blurry, dark, overexposed, or interfering images.
- c. Storage Failure: Recordings that are not safely stored in the CCTV management system, either due to hardware, software, or insufficient storage capacity issues.
- d. Unstable Camera Signal: Unstable connections or frequent interruptions in the signal of security cameras.

2.4.10.3.5 The final score of the indicator will be calculated considering the following ranges:

Table 18 – Measurement ranges – IQSE01

Measurement ranges	Note Indicator
M >= 98.0%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97.0%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20
M < 94.0%	0,00

2.4.10.4 IQSE02 – CCTV AVAILABILITY INDICATOR

2.4.10.4.1 The purpose of this indicator is to ensure that the installed cameras are available uninterruptedly, 24 (twenty-four) hours a day, 7 (seven) days a week, for all cameras installed in the HOSPITAL COMPLEX and in common areas of the HOPE HEALTH COMPLEX.

2.4.10.4.2 The result of the measurement of this indicator will be obtained quarterly from verifications of the registration of information in the CCTV management system of the CONCESSIONAIRE by the INDEPENDENT VERIFIER, through the following formula:

Equation 35 – Calculation of the CCTV availability indicator (IQSE02)

$$\text{Measurement result IQSE02} = M = \left(1 - \frac{\sum \text{Hours of unavailability in the month}}{\text{N}^\circ \text{ of cameras} \times \text{Days}_{\text{month}} \times \text{Hours}_{\text{day}}} \right) \times 100\%$$

2.4.10.4.3 The final score of the indicator will be calculated considering the following ranges:

Table 19 – Measurement ranges – IQSE02

Measurement ranges	Note Indicator
$M \geq 99.0\%$	1,00
$98.0\% \leq M < 99\%$	0,80
$97.0\% \leq M < 98\%$	0,60
$96.0\% \leq M < 97\%$	0,40
$95.0\% \leq M < 96\%$	0,20
$M < 95\%$	0,00

2.4.10.5 IQSE03 – SERIOUS EVENT INCIDENCE INDICATOR

2.4.10.5.1 The objective of this indicator is to measure the occurrence of serious events caused by negligence or non-compliance with the CONCESSIONAIRE's obligations.

2.4.10.5.2 For the purposes of this ANNEX, serious events mean robberies, thefts, fights, departure of a hospitalized PATIENT without permission, entry of a person without permission, vandalism or destruction of public property.

2.4.10.5.3 The result of the measurement of this indicator will be obtained quarterly, based on analysis by the INDEPENDENT VERIFIER of information and documents available for these occurrences in the quarter to be provided by the CONCESSIONAIRE and the GRANTING AUTHORITY. The calculation will be made using the following formula:

Equation 36 – Calculation of the Serious Event Incidence Indicator (IQSE03)

Measurement result IQSE03 = $M = N^{\circ}$ of occurrence of serious events

2.4.10.5.4 The final score of the indicator will be calculated considering the following ranges:

Table 20 – Measurement ranges – IQSE03

Measurement ranges	Note Indicator
$M = 0$	1,00
$M = 1$	0,80
$M = 2$	0,60
$M = 3$	0,40
$M = 4$	0,20
$M > 4$	0,00

2.4.11 MATERIAL STERILIZATION QUALITY INDEX (IQEM)

2.4.11.1 The IQEM is formed by the following KEY PERFORMANCE INDICATORS:

- a. IQEM01 – Indicator of minimum number of kits in stock; and
- b. IQEM02 – Indicator of compliance with biological, physical and chemical control of sterilization quality.

2.4.11.2 The score for the IQEM is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 37 – Calculation of the Material Sterilization Index (IQEM)

$$IQEM = (50\% \times IQEM01) + (50\% \times IQEM02)$$

2.4.11.3 IQEM01 – MINIMUM NUMBER OF KITS IN STOCK INDICATOR

2.4.11.3.1 The objective of this indicator is to ensure the minimum stock of "sterile instrumentation kits", as defined in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.4.11.3.2 The result of the measurement of this indicator will be obtained quarterly, through on-site inspections of the Sterile Material Center (CME) sector by the INDEPENDENT VERIFIER. One inspection will be conducted per month of the quarter, at a random time of each month.

2.4.11.3.3 The indicator will be calculated using the following formula:

Equation 38 – Calculation of the minimum number of kits in stock indicator (IQEM01)

Measurement result IQEM01 = M

$$= \left(\frac{N^{\circ} \text{ of available kits in stock}}{\text{Total kits expected in stock}} \right) \times 100\% \left[\left(\frac{N^{\circ} \text{ of available kits in stock}_{1st \text{ month}}}{\text{Total kits expected in stock}_{1st \text{ month}}} + \frac{N^{\circ} \text{ of available kits in stock}_{2nd \text{ month}}}{\text{Total kits expected in stock}_{2nd \text{ month}}} + \frac{N^{\circ} \text{ of available kits in stock}_{3rd \text{ month}}}{\text{Total kits expected in stock}_{3rd \text{ month}}} \right) \div 3 \right]$$

2.4.11.3.4 For the formula above, for any month, if the calculation is greater than 1.00 (quantity of kits available in stock greater than the quantity of kits expected in stock), the result for this month will be considered equivalent to 1.00 (one).

2.4.11.3.5 The final score of the indicator will be calculated considering the following ranges:

Table 21 – Measurement ranges – IQEM01

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98%	0,80
96.0% <= M < 97%	0,60
95.0% <= M < 96%	0,40
94.0% <= M < 95%	0,20

Measurement ranges	Note Indicator
M < 94%	0,00

2.4.11.4 IQEM02 – INDICATOR OF COMPLIANCE WITH THE BIOLOGICAL, PHYSICAL AND CHEMICAL CONTROL OF STERILIZATION QUALITY

2.4.11.4.1 The objective of this indicator is to measure the rate of compliance with biological, physical and chemical control tests to attest to the quality of sterilization.

- a. Biological test: conducted using strips of paper impregnated by technically prepared microorganisms – in the case of autoclaves, endospores of the bacterium *Geobacillus stearothermophilus* are used – resistant to humid heat and non-pathogenic, which are subjected to the sterilization process. Ideally, tests with biological indicators should be conducted daily.
- b. Physical test: consists of observing and recording the data collected on the displays of the sterilization equipment, such as the reading of temperature, pressure and time in all sterilization cycles. Ideally, physical tests should be performed every cycle.
- c. Chemical test: it is performed with the use of chemical indicators that evaluate the sterilization cycle, by changing color, in the presence of temperature, time and saturated steam, according to the indicator used. Process indicators, *Bowie-Dick test*, simple parameter test, multiparametric, integrator and emulators can be used. Ideally, chemical tests should be performed every cycle.

2.4.11.4.2 The collection of samples and exams will be conducted by an independent laboratory, on a weekly basis, and the CONCESSIONAIRE is responsible for contracting and paying for these exams and sending the results to the INDEPENDENT VERIFIER. The CONCESSIONAIRE must notify the GRANTING AUTHORITY and the INDEPENDENT VERIFIER prior to the collection of samples, so that they can monitor the sample collection process.

2.4.11.4.3 The result of the measurement will be obtained through the following formula:

Equation 39 – Calculation of the biological, physical and chemical control indicator of sterilization quality (IQEM02)

$$\text{Measurement result IQEM02} = M = \left(\frac{\text{N}^{\circ} \text{ of tests performed in compliance}}{\text{Total N}^{\circ} \text{ of tests planned for the quarter}} \right) \times 100\%$$

2.4.11.4.4 Each test performed will be considered as non-compliant when any of the following items are identified:

- a. Failure in Biological Tests: Microbial growth observed after incubation of biological indicators, indicating that sterilization was not effective.
- b. Deviations in Physical Tests: Records that show that the physical parameters (time, temperature, pressure) have not reached the levels necessary for proper sterilization.
- c. Indication of Chemical Test Failure: Chemical indicators that do not show the expected change after the sterilization process, suggesting that proper conditions have not been achieved.
- d. Incomplete Documentation: Lack of detailed reports or opinions that prove the performance and results of the control tests.

2.4.11.4.5 The final score of the indicator will be calculated considering the following ranges:

Table 22 – Measurement ranges – IQEM02

Measurement ranges	Note Indicator
M = 100.0%	1,00
100.0% >= M >= 95.0%	0,50
M < 95.0%	0,00

2.4.12 THERAPEUTIC DIAGNOSTIC SUPPORT SERVICE (IQSD) QUALITY INDEX

2.4.12.1 The IQSD is formed by the following KEY PERFORMANCE INDICATORS:

- a. IQSD01 – Time indicator from the performance of the imaging exam to the availability of the report to the PATIENTS;
- b. IQSD02 – Indicator of time from the performance of clinical and pathological analysis exams to the availability of the report to the PATIENTS;
- c. IQSD03 – Indicator of waiting time of PATIENTS from the scheduled time until the beginning of the imaging exam;
- d. IQSD04 – Indicator of waiting time of PATIENTS from the scheduled time to the beginning of the clinical and pathological analysis exam;
- e. IQSD05 – Indicator of the number of repeated imaging exams that require the PATIENT to return due to a cause attributable to the CONCESSIONAIRE;
- f. IQSD06 – Indicator of the number of repeated clinical and pathological analysis exams that require the PATIENT to return due to a cause attributable to the CONCESSIONAIRE; and
- g. IQSD07 – Indicator of the number of appointments canceled for reasons attributable to the CONCESSIONAIRE.

2.4.12.2 The score for the IQSD is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 40 – Calculation of the SADT Quality Index (IQSD)

$$IQSD = (30\% \times IQSD01) + (20\% \times IQSD02) + (10\% \times IQSD03) + (10\% \times IQSD04) + (10\% \times IQSD05) + (10\% \times IQSD06) + (10\% \times IQSD07)$$

2.4.12.3 IQSD01 – INDICATOR OF TIME FROM THE PERFORMANCE OF THE IMAGING EXAM TO THE AVAILABILITY OF THE REPORT TO PATIENTS

- 2.4.12.3.1 The purpose of this indicator is to ensure that the CONCESSIONAIRE provides the results of the imaging exams within the deadline defined in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.
- 2.4.12.3.2 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, from the information registered in the HOSPITAL INFORMATION SYSTEM, and will be calculated through the following formula:

Equation 41 – Calculation of the time indicator from the performance of the imaging exam to the availability of the report to the PATIENTS (IQSD01)

$$\text{Measurement result IQSD01} = M = \frac{(N^{\circ} \text{ of exams}_x \times TME_x + N^{\circ} \text{ of exams}_y \times TME_y + \dots)}{(N^{\circ} \text{ of exams}_x \times TMR_x + N^{\circ} \text{ of exams}_y \times TMR_y + \dots)} \times 100\%$$

Where:

x, y etc. = Types of imaging exam evaluated (e.g., X-ray, mammography, tomography, ultrasound, magnetic resonance imaging, etc.) as provided for in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES;

TMR = Maximum Reference Time estimated for processing and issuing the report of each type of imaging exam evaluated, as defined in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES;

TME = Average Effective Time recorded for processing and issuance for each imaging exam with a report issued in the evaluation quarter. The time will be calculated from the completion of the imaging exam with the PATIENT until the release of the exam report to the PATIENT or the care team.

- 2.4.12.3.3 The final score of the indicator will be calculated considering the following ranges:

Table 23 – Measurement ranges – IQSD01

Measurement ranges	Note Indicator
M <= 100%	1,00
100% <= M < 120%	0,80
120% <= M < 140%	0,60
140% <= M < 160%	0,40
160% <= M < 180%	0,20
M > 180%	0,00

2.4.12.4 IQSD02 – INDICATOR OF TIME FROM THE PERFORMANCE OF CLINICAL AND PATHOLOGICAL ANALYSIS EXAMS TO THE AVAILABILITY OF THE REPORT TO PATIENTS

- 2.4.12.4.1 The purpose of this indicator is to ensure that the CONCESSIONAIRE provides the results of the clinical and pathological analysis exams within the period defined in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.
- 2.4.12.4.2 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, from the information registered in the HOSPITAL INFORMATION SYSTEM, and will be calculated through the following formula:

Equation 42 – Calculation of the indicator of time from the performance of clinical and pathological analysis exams to the availability of the report to PATIENTS (IQSD02)

$$\text{Measurement result IQSD02} = M = \frac{(N^{\circ} \text{ of exams}_x \times TME_x + N^{\circ} \text{ of exams}_y \times TME_y + \dots)}{(N^{\circ} \text{ of exams}_x \times TMR_x + N^{\circ} \text{ of exams}_y \times TMR_y + \dots)} \times 100\%$$

Where:

x, y and $=$ Types of clinical/pathological examination (e.g., chemical, physical, physicochemical, morphological and biological) evaluated as provided for in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES;

TMR = Maximum Reference Time estimated for processing and issuing the report of each type of clinical/pathological examination evaluated, as defined in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES;

TME = Average Effective Time recorded for processing and issuance of the report of each type of clinical/pathological examination with a report issued in the evaluation quarter. The time will be calculated from the end of the collection with the PATIENT until the release of the exam report to the PATIENT or the care team.

- 2.4.12.4.3 The final score of the indicator will be calculated considering the following ranges:

Table 24 – Measurement ranges – IQSD02

Measurement ranges	Note Indicator
$M \leq 100\%$	1,00
$100\% < M < 120\%$	0,80
$120\% < M < 140\%$	0,60
$140\% < M < 160\%$	0,40
$160\% < M < 180\%$	0,20
$M > 180\%$	0,00

2.4.12.5 IQSD03 – PATIENT WAITING TIME INDICATOR FROM SCHEDULED TIME TO START IMAGING

- 2.4.12.5.1 The objective of this indicator is to assess punctuality in the performance of imaging exams.
- 2.4.12.5.2 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, from the information registered in the HOSPITAL INFORMATION SYSTEM, and will be calculated through the following formula:

Equation 43 – Calculation of the PATIENTS' waiting time indicator from the scheduled time to the start of the imaging exam (IQSD03)

$$\text{Measurement result IQSD03} = M = \frac{\sum \text{Delay time to performing exams}^1}{\text{Total of performed exams}}$$

- 2.4.12.5.3 The delay time is counted between the scheduled time and the time performed for the PATIENT to enter the room for the imaging exam.
- 2.4.12.5.4 If the PATIENT arrives late (after the scheduled time) for the exam, for reasons not attributable to the CONCESSIONAIRE, this exam will not be considered for the purposes of calculating the indicator and will not be counted in the numerator and denominator of the formula above.
- 2.4.12.5.5 The final score of the indicator will be calculated considering the following ranges:

Table 25 – Measurement ranges – IQSD03

Measurement ranges	Note Indicator
M <= 20 min	1,00
20 min <= M < 30 min	0,80
30 min <= M < 40 min	0,60
40 min <= M < 50 min	0,40
50 min <= M < 60 min	0,20
M > 60 min	0,00

2.4.12.6 IQSD04 – PATIENT WAITING TIME INDICATOR FROM THE SCHEDULED TIME TO THE START OF THE CLINICAL AND PATHOLOGICAL ANALYSIS EXAM

- 2.4.12.6.1 The objective of this indicator is to evaluate punctuality in the performance of clinical and pathological analysis exams.
- 2.4.12.6.2 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, from the information registered in the HOSPITAL INFORMATION SYSTEM, and will be calculated through the following formula:

Equation 44 – Calculation of the PATIENTS' waiting time indicator from the scheduled time to the start of the clinical and pathological analysis exam (IQSD04)

$$\text{Measurement result IQSD04} = M = \frac{\sum \text{Delay time to performing exams}}{\text{Total of performed exams}}$$

¹ Time calculated in minutes.

- 2.4.12.6.3 The delay time is counted between the scheduled time and the time performed to collect the material from the PATIENT for the analysis exam.
- 2.4.12.6.4 If the PATIENT arrives late (after the scheduled time) for the exam, for reasons not attributable to the CONCESSIONAIRE, this exam will not be considered for the purposes of calculating the indicator and will not be counted in the numerator and denominator of the formula above.
- 2.4.12.6.5 The final score of the indicator will be calculated considering the following ranges:

Table 26 – Measurement ranges – IQSD04

Measurement ranges	Note Indicator
M <= 10.0 min	1,00
10min <= M <15 min	0,80
15 min <= M <20 min	0,60
20 min <= M < 25min	0,40
25 min <= M < 30 min	0,20
M > 30 min	0,00

2.4.12.7 IQSD05 – INDICATOR OF THE NUMBER OF REPEATED IMAGING EXAMS THAT REQUIRE THE PATIENT TO RETURN FOR A CAUSE ATTRIBUTABLE TO THE CONCESSIONAIRE

- 2.4.12.7.1 The purpose of this indicator is to measure the number of imaging exams that need to be repeated for reasons attributable to the CONCESSIONAIRE.
- 2.4.12.7.2 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, from the information registered in the HOSPITAL INFORMATION SYSTEM, and will be calculated through the following formula:

Equation 45 – Calculation of the indicator of the number of repeated imaging exams that require the return of the PATIENT for a cause attributable to the CONCESSIONAIRE (IQSD05)

$$\text{Measurement result IQSD05} = M = \left(\frac{\text{Qtd. de exames repetidos que demandem retorno do paciente}}{\text{Qtd. total de exames realizados}} \right) \times 100\%$$

- 2.4.12.7.3 Among the reasons for repeating exams that require the PATIENT to return for causes attributable to the CONCESSIONAIRE to be considered in the calculation of the IQSD05, the following reasons are not exhaustively cited:
- Insufficient Image Quality: Diagnostic images that do not have sufficient resolution or clarity for proper evaluation, due to technical or operational problems of the MEDICAL-HOSPITAL EQUIPMENT or ICT EQUIPMENT.
 - Technical Error During the Examination: Errors made by the radiology technician or other professional during the examination, such as incorrect positioning of the PATIENT or improper configuration of the MEDICAL-HOSPITAL EQUIPMENT or ICT EQUIPMENT.
 - Failure of MEDICAL-HOSPITAL EQUIPMENT: Breakdowns or malfunctions of imaging equipment that

result in low-quality images or the impossibility of completing the exam.

- d. Image Processing Error: Problems in the digital processing of images, such as software or hardware failures that affect the final quality of the image.
- e. Incomplete or Incorrect Documentation: Lack of information in the report, which is necessary for the analysis by the care team, or errors in the PATIENT's data that result in images that cannot be used for diagnosis.
- f. Interruption During the Exam: Unexpected interruptions during the exam, such as power outages, which prevent the procedure from being completed.
- g. Incorrect Identification of the PATIENT: Change or error in the identification of the PATIENT, causing confusion and the need to repeat the exam.

2.4.12.7.4 The final score of the indicator will be calculated considering the following ranges:

Table 27 – Measurement ranges – IQSD05

Measurement ranges	Note Indicator
M < 2.0%	1,00
2.0% <= M < 3.0%	0,80
3.0% <= M < 4.0%	0,60
4.0% <= M < 5.0%	0,40
5.0% <= M < 6.0%	0,20
M >= 6.0%	0,00

2.4.12.8 IQSD06 – INDICATOR OF THE NUMBER OF REPEATED CLINICAL AND PATHOLOGICAL ANALYSIS EXAMS THAT REQUIRE THE RETURN OF THE PATIENT FOR A CAUSE ATTRIBUTABLE TO THE CONCESSIONAIRE

2.4.12.8.1 The objective of this indicator is to measure the number of clinical and pathological analysis exams that need to be repeated for reasons attributable to the CONCESSIONAIRE.

2.4.12.8.2 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, from the information registered in the HOSPITAL INFORMATION SYSTEM, and will be calculated through the following formula:

Equation 46 – Calculation of the indicator of the number of repeated clinical and pathological analysis exams that require the return of the PATIENT due to a cause attributable to the CONCESSIONAIRE (IQSD06)

$$\text{Measurement result IQSD06} = M = \left(\frac{\text{N}^{\circ} \text{ of repeated exams requiring patient return}}{\text{Total N}^{\circ} \text{ of exams performed}} \right) \times 100\%$$

2.4.12.8.3 Among the reasons for repeating exams that require the PATIENT to return for causes attributable to the CONCESSIONAIRE to be considered in the calculation of the IQSD05, the following reasons are not exhaustively cited:

- a. Collection Errors: Improperly collected samples, such as insufficient blood volume or collection in the

wrong tube, which compromise the analysis.

- b. Sample Contamination: Contamination during the collection, transportation, or storage of samples, which can lead to inaccurate results.
- c. Incorrect Storage: Biological samples stored in improper temperature or humidity conditions, affecting the integrity of the sample.
- d. Processing Failure: Errors during laboratory processing, such as use of expired reagents or improper calibration of MEDICAL-HOSPITAL EQUIPMENT.
- e. Incomplete or Incorrect Documentation: Lack of information in the report, which is necessary for the analysis to be conducted by the care team.
- f. Incorrect Identification of the PATIENT: Change or error in the identification of the PATIENT, causing confusion and the need to repeat the exam.
- g. Failure of MEDICAL-HOSPITAL EQUIPMENT: Breakdowns or malfunctions of clinical analysis equipment that result in poor quality results or the impossibility of completing the exam.
- h. Delay in Analysis: Excessive delay in the analysis of samples, resulting in degradation of biological material and the need for new collection.

2.4.12.8.4 The final score of the indicator will be calculated considering the following ranges:

Table 28 – Measurement ranges – IQSD06

Measurement ranges	Note Indicator
M < 0.50%	1,00
0.50% <= M < 1.00%	0,80
1.00% <= M < 1.50%	0,60
1.50% <= M < 2.00%	0,40
2.00 % <= M < 2.50%	0,20
M >= 2.50%	0,00

2.4.12.9 IQSD07 – INDICATOR OF THE NUMBER OF APPOINTMENTS CANCELED FOR REASONS ATTRIBUTABLE TO THE CONCESSIONAIRE

2.4.12.9.1 The objective of this indicator is to measure the frequency with which internal failures – due to causes attributable to the CONCESSIONAIRE – result in the need to cancel previously scheduled exams.

2.4.12.9.2 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, from the information registered in the HOSPITAL INFORMATION SYSTEM, and will be calculated through the following formula:

Equation 47 – Calculation of the indicator of the number of appointments canceled for causes attributable to the CONCESSIONAIRE (IQSD07)

$$\text{Measurement result IQSD07} = M = \left(\frac{\text{N}^{\circ} \text{ of cancelled appointments}}{\text{Total N}^{\circ} \text{ of appointments}} \right) \times 100\%$$

2.4.12.9.3 Among the reasons for cancellation of the scheduled examination for reasons attributable to the CONCESSIONAIRE to be considered in the calculation of the IQSD07, the following reasons are not exhaustively cited:

- a. Failure or Breakdown of MEDICAL-HOSPITAL EQUIPMENT: When diagnostic imaging equipment or clinical analysis has defects or failures, making it impossible to perform the exam.
- b. Maintenance of MEDICAL-HOSPITAL EQUIPMENT Unscheduled: Unexpected interruptions for maintenance of MEDICAL-HOSPITAL EQUIPMENT that have not been communicated sufficiently in advance.
- c. Lack of Supplies or Reagents: Absence of materials necessary to perform the tests, such as chemical reagents, petri dishes, culture media, among others.
- d. Scheduling Errors: Administrative errors that result in schedule conflicts, double scheduling, or incorrect scheduling.
- e. Unavailability of Personnel: Lack of technical or medical professionals due to inadequate planning.
- f. Infrastructure Problems: Issues in the physical environment, such as lack of electricity, air conditioning problems or blocked access, which prevent the exams from being conducted.
- g. HOSPITAL INFORMATION SYSTEM Failures: Problems with the HOSPITAL INFORMATION SYSTEM that affect scheduling, registration, or communication with PATIENTS.

2.4.12.9.4 Appointments canceled by USERS or by the FINALISTIC SERVICES team will not be considered in the numerator of the IQSD07 calculation formula.

2.4.12.9.5 The final score of the indicator will be calculated considering the following ranges:

Table 29 – Measurement ranges – IQSD07

Measurement ranges	Note Indicator
M < 2.0%	1,00
2.0% <= M < 3.0%	0,80
3.0% <= M < 4.0%	0,60
4.0% <= M < 5.0%	0,40
5.0% <= M < 6.0%	0,20
M >= 6.0%	0,00

2.4.13 PREVENTIVE MAINTENANCE QUALITY INDEX (IQMP)

2.4.13.1 The IQMP is formed by the following KEY PERFORMANCE INDICATORS:

- a. IQMP01 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of MEDICAL-HOSPITAL EQUIPMENT of High Criticality;

- b. IQMP02 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of the other MEDICAL-HOSPITAL EQUIPMENT;
- c. IQMP03 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of High Criticality facilities and equipment;
- d. IQMP04 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of other facilities and equipment.

2.4.13.2 The score for the IQMP is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 48 – Calculation of the Quality Index of PREVENTIVE MAINTENANCE (IQMP)

$$IQMP = (40\% \times IQMP01) + (20\% \times IQMP02) + (30\% \times IQMP03) + (10\% \times IQMP04)$$

2.4.13.3 IQMP01 – INDICATOR OF COMPLIANCE WITH THE PREVENTIVE MAINTENANCE PLAN (CLINICAL ENGINEERING) OF MEDICAL-HOSPITAL EQUIPMENT OF HIGH CRITICALITY

2.4.13.3.1 The IQMP01 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of MEDICAL-HOSPITAL EQUIPMENT of High Criticality aims to ensure that all MEDICAL-HOSPITAL EQUIPMENT essential to the operation of the HOSPITAL COMPLEX are maintained in optimal operating conditions. This includes the execution of scheduled preventive maintenance, calibrations and technical inspections, as well as the performance of periodic accreditations, as established in the Maintenance Plan prepared by the CONCESSIONAIRE and validated by the GRANTING AUTHORITY and observing the indications of the suppliers.

2.4.13.3.2 The definition of the criticality of the MEDICAL-HOSPITAL EQUIPMENT and the programming of calibrations and accreditations will be detailed by the CONCESSIONAIRE in the Maintenance Plan validated by the GRANTING AUTHORITY, according to the guidelines of ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.4.13.3.3 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, based on the information recorded in the management system of maintenance calls integrated BUILDING MANAGEMENT SYSTEM under the responsibility of the CONCESSIONAIRE, as indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES, which manages maintenance activities, and will be calculated through the following formula:

Equation 49 – Calculation of the Compliance Indicator of the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of High Criticality MEDICAL-HOSPITAL EQUIPMENT (IQMP01)

Measurement result IQMP01 = M =

$$M = \left(\frac{\text{N}^{\circ} \text{ of preventive actions on high – criticality MEDICAL – HOSPITAL EQUIPMENT completed on schedule during the quarter}}{\text{Total N}^{\circ} \text{ of preventive actions on high – criticality MEDICAL – HOSPITAL EQUIPMENT scheduled for the quarter}} \right) \times 100\%$$

2.4.13.3.4 The calculation of the indicator above considers PREVENTIVE MAINTENANCE activities as preventive actions, as well as necessary calibrations and technical inspections.

2.4.13.3.5 The final score of the indicator will be calculated considering the following ranges:

Table 30 – Measurement ranges – IQMP01

Measurement ranges	Note Indicator
M >= 98.0%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97.0%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20
M < 94.0%	0,00

2.4.13.4 IQMP02 – INDICATOR OF COMPLIANCE WITH THE PREVENTIVE MAINTENANCE PLAN (CLINICAL ENGINEERING) OF OTHER MEDICAL-HOSPITAL EQUIPMENT

2.4.13.4.1 The IQMP02 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of the other MEDICAL-HOSPITAL EQUIPMENT aims to ensure that all MEDICAL-HOSPITAL EQUIPMENT not classified as extremely critical are equally maintained in adequate operating conditions. This involves the execution of preventive maintenance, calibrations and technical inspections, as well as periodic accreditations, as established in the Maintenance Plan prepared by the CONCESSIONAIRE and validated by the GRANTING AUTHORITY and observing the indications of the suppliers.

2.4.13.4.2 The definition of the criticality of the MEDICAL-HOSPITAL EQUIPMENT and the programming of calibrations and accreditations will be detailed by the CONCESSIONAIRE in the Maintenance Plan and validated by the GRANTING AUTHORITY, according to the guidelines of ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.4.13.4.3 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, from the information recorded in the management system of maintenance calls integrated with the BUILDING MANAGEMENT SYSTEM under the responsibility of the CONCESSIONAIRE, as indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES, which manages maintenance activities, and will be calculated through the following formula:

Equation 50 – Calculation of the Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of the other MEDICAL-HOSPITAL EQUIPMENT (IQMP02)

$$\text{Measurement result IQMP02} = M = \left(\frac{\text{N}^{\circ} \text{ of preventive actions on MEDICAL – HOSPITAL EQUIPMENT completed on schedule during the quarter}}{\text{Total N}^{\circ} \text{ of preventive actions on MEDICAL – HOSPITAL EQUIPMENT scheduled for the quarter}} \right) \times 100\%$$

- 2.4.13.4.4 The calculation of the IQMP02 indicator considers
- 2.4.13.4.5 PREVENTIVE MAINTENANCE activities as preventive actions, as well as necessary calibrations and technical inspections.
- 2.4.13.4.6 The final score of the indicator will be calculated considering the following ranges:

Table 31 – Measurement ranges – IQMP02

Measurement ranges	Note Indicator
M >= 95%	1,00
93% <= M < 95%	0,80
91% <= M < 93%	0,60
89% <= M < 91%	0,40
87% <= M < 89%	0,20
M < 87%	0,00

2.4.13.5 IQMP03 – INDICATOR OF COMPLIANCE WITH THE PREVENTIVE MAINTENANCE PLAN (BUILDING ENGINEERING AND UTILITIES) OF HIGHLY CRITICAL FACILITIES AND EQUIPMENT

- 2.4.13.5.1 The IQMP03 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of extremely critical facilities and equipment aims to ensure that the critical infrastructures and essential support systems of the HOSPITAL COMPLEX are maintained in optimal operating conditions. This includes the performance of scheduled preventive maintenance, verifications and technical inspections, as established in the Maintenance Plan prepared by the CONCESSIONAIRE and validated by the GRANTING AUTHORITY, in accordance with the guidelines of ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.
- 2.4.13.5.2 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, from the information recorded in the management system of maintenance calls integrated with the BUILDING MANAGEMENT SYSTEM under the responsibility of the CONCESSIONAIRE, as indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES, which manages maintenance activities, and will be calculated through the following formula:

Equation 51 – Calculation of the Compliance Indicator of the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of High Criticality facilities and equipment (IQMP03)

$$\text{Measurement result IQMP03} = M = \left(\frac{\text{N}^{\circ} \text{ of preventive actions on high – criticality facilities and equipment completed on schedule during the quarter}}{\text{Total N}^{\circ} \text{ of preventive actions on high – criticality facilities and equipment scheduled for the quarter}} \right) \times 100\%$$

- 2.4.13.5.3 The final score of the indicator will be calculated considering the following ranges:

Table 32 – Measurement ranges – IQMP03

Measurement ranges	Note Indicator
M >= 98.0%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97.0%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20
M < 94.0%	0,00

2.4.13.6 IQMP04 – INDICATOR OF COMPLIANCE WITH THE PREVENTIVE MAINTENANCE PLAN (BUILDING ENGINEERING AND UTILITIES) OF OTHER FACILITIES AND EQUIPMENT

2.4.13.6.1 The IQMP04 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of the other facilities and equipment aims to ensure that all facilities and equipment of the HOSPITAL COMPLEX that are not classified as extremely critical receive adequate maintenance to maintain their functionality and safety. This includes conducting preventive maintenance, verifications and technical inspections, as established in the Maintenance Plan prepared by the CONCESSIONAIRE and validated by the GRANTING AUTHORITY, in accordance with the guidelines of ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.4.13.6.2 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, from the information recorded in the management system of maintenance calls integrated with the BUILDING MANAGEMENT SYSTEM under the responsibility of the CONCESSIONAIRE, as indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES, which manages maintenance activities, and will be calculated through the following formula:

Equation 52 – Calculation of the Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of the other facilities and equipment (IQMP04)

$$\text{Measurement result IQMP04} = M = \left(\frac{\text{N}^{\circ} \text{ of preventive actions on facilities and equipment completed on schedule during the quarter}}{\text{Total N}^{\circ} \text{ of preventive actions on facilities and equipment scheduled for the quarter}} \right) \times 100\%$$

2.4.13.6.3 The final score of the indicator will be calculated considering the following ranges:

Table 33 – Measurement ranges – IQMP04

Measurement ranges	Note Indicator
M >= 95%	1,00
93% <= M < 95%	0,80
91% <= M < 93%	0,60
89% <= M < 91%	0,40

Measurement ranges	Note Indicator
87% <= M < 89%	0,20
M < 87%	0,00

2.4.14 TICKET QUALITY INDEX (IQCH)

2.4.14.1 The IQCH is formed by the following indicator:

a. IQCH01 – Indicator of deadline and adequacy to answer calls.

2.4.14.2 The score for the IQCH is equivalent to the score calculated for the indicator, according to the formula below:

Equation 53 – Calculation of the Ticket Quality Index (IQCH)

$$IQCH = IQCH01$$

2.4.14.3 IQCH01 – INDICATOR OF DEADLINE AND ADEQUACY TO ANSWER CALLS

2.4.14.3.1 The objective of this indicator is to ensure that the calls opened by the USERS and professionals who work in the HOSPITAL COMPLEX, related to any services under the responsibility of the CONCESSIONAIRE, are answered within a period previously established and agreed between the PARTIES for each type of call and correlated service.

2.4.14.3.2 The call will only be considered closed when the CONCESSIONAIRE fully performs the actions necessary to meet the request (e.g., execution of a CORRECTIVE MAINTENANCE, performance of a cleaning service, etc.).

2.4.14.3.3 The preparation of the list with the possible types of calls and their classification, according to the deadlines set forth below (Urgency, High Priority, Medium Priority, Low Priority and Non-Critical), will be carried out before the beginning of PHASE 3 – PARTIAL OPERATION, according to the procedures indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

2.4.14.3.4 For the purposes of this INDICATOR, the following deadlines are considered:

- a. Urgent Calls: Calls that require immediate attention due to their critical nature, such as issues that directly affect the safety of USERS or the continuity of health services.
 - Service Deadline: Up to 2 (two) hours after the opening of the call.
- b. High Priority Calls: Important calls that are not immediately dangerous, but that need to be resolved quickly to avoid negative impacts on USER care or hospital operations.
 - Service Deadline: Up to 4 (four) hours after the opening of the call.
- c. Medium Priority CORRECTIVE MAINTENANCE Calls: Calls related to failures or defects that affect the functionality of MEDICAL-HOSPITAL EQUIPMENT, FURNITURE, ICT EQUIPMENT, other equipment, buildings or facilities, but that do not interrupt critical services.
 - Service Deadline: Up to 12 (twelve) hours after the opening of the call.

- d. Low Priority Calls: Calls for less urgent issues that do not immediately affect service delivery or safety, such as minor repairs or adjustments.
 - Service Deadline: Up to 24 (twenty-four) hours after the opening of the call.
- e. Non-Critical Calls: Calls to general services that have no direct impact on the provision of care to the PATIENT, such as aesthetic or comfort issues.
 - Service Deadline: Up to 48 (forty-eight) hours or as agreed between the PARTIES.

2.4.14.3.5 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, from the information registered in the call management system under the responsibility of the CONCESSIONAIRE that manages the calls, and will be calculated through the following formula:

Equation 54 – Calculation of the deadline indicator and adequacy to the service of calls (IQCH01)

$$\text{Measurement result IQCH01} = M = \left(\frac{\text{N}^{\circ} \text{ of service calls answered on schedule}}{\text{Total N}^{\circ} \text{ of service calls recorded}} \right) \times 100\%$$

2.4.14.3.6 After the end of the call, if a new call is opened for the same occurrence due to inadequacy on the part of the CONCESSIONAIRE in the implemented resolution, the previous call will be considered as non-compliant and answered after the deadline.

2.4.14.3.7 The final score of the indicator will be calculated considering the following ranges:

Table 34 – Measurement ranges – IQCH01

Measurement ranges	Note Indicator
M >= 95.0%	1,00
94% <= M < 95%	0,80
93% <= M < 94%	0,60
92% <= M < 93%	0,40
91% <= M < 92%	0,20
M < 91%	0,00

2.5 SATISFACTION FACTOR (FS)

2.5.1 The Satisfaction Factor (FS) will be composed of the following indexes:

- a. USER Satisfaction Index (ISUS); and
- b. Employee Satisfaction Index (ISPR).

2.5.2 The ISUS and ISPR will be calculated through the application of satisfaction surveys.

2.5.3 The INDEPENDENT VERIFIER will be responsible for the preparation and proposal of the questionnaires, for subsequent validation by the CONCESSIONAIRE and the GRANTING AUTHORITY.

2.5.4 The questionnaire of the ISPR must necessarily contain questions about the satisfaction of the FINALISTIC SERVICES team in relation to the quality, quantity and variety of the meals available in the cafeteria,

representing a weight of at least 10% (ten percent) of the total score of the questionnaire.

- 2.5.5 In the event of uncertainty and/or disagreement between the PARTIES about the questionnaire to be adopted, the questions initially proposed by the INDEPENDENT VERIFIER will be fully applied in the survey, until there is consensus between the PARTIES.
- 2.5.6 The form of each survey, with its respective questions, must be reviewed by the INDEPENDENT VERIFIER, and approved by the PARTIES, annually for eventual exclusion, addition or revision of the questions applied in the previous year.
- 2.5.7 The research will be prepared based on the following guidelines:
- a. Scope: Balance questions about different aspects of the services provided by the CONCESSIONAIRE to obtain a holistic view of USER satisfaction. In a referential way, a quantity of 10 (ten) to 20 (twenty) questions per survey is recommended.
 - b. Relevance: Ensure that each question is relevant to the objectives of the survey and provides relevant information about the USER's experience.
 - c. Clarity: Formulate clear and direct questions that are easy to understand and answer.
 - d. Response Time: Consider the average time needed to answer each question and the total time to complete the questionnaire, aiming to keep the survey within an acceptable period (with recommendation, in a referential way, in a time of 5 (five) to 10 (ten) minutes).
 - e. Prioritization: If necessary, prioritize questions about SERVICES that are critical to the USER experience or that have been identified as areas for improvement.
 - f. Pilot Test: Conduct a pilot test of the questionnaire beforehand, on a representative sample, to assess the comprehension of the questions and response time, adjusting the wording or number of questions as needed.
- 2.5.8 A survey will be prepared for the USER Satisfaction Index (ISUS) and another for the Professional Satisfaction Index (ISPR).
- 2.5.9 For each question, respondents must choose between the options Very Satisfied (score 1.00), Satisfied (score 0.75), Dissatisfied (score 0.25) and Very Dissatisfied (score 0.00).
- 2.5.10 All questions in the survey will have the same weight.
- 2.5.11 The questionnaires will be applied in a sample manner by the INDEPENDENT VERIFIER and the results obtained must be communicated in a transparent manner to the GRANTING AUTHORITY, the CONCESSIONAIRE and other STAKEHOLDERS, such as the general public, for example, through publication of the results obtained on the CONCESSIONAIRE and GRANTING AUTHORITY's website or in any means of communication of the HOSPITAL COMPLEX.
- 2.5.12 The INDEPENDENT VERIFIER shall prepare reports including analysis of trends, identified strengths and recommendations to address areas for improvement of services.
- 2.5.13 The score for the FS is calculated considering the weight assigned to each index, according to the formula below:

Equation 55 – Calculation of the Satisfaction Factor (FS)

$$FS = (50\% \times ISUS) + (50\% \times ISPR)$$

2.5.14 USER SATISFACTION RATING (ISUS)

2.5.14.1 The survey will be applied quarterly in a sample manner by the INDEPENDENT VERIFIER considering:

- a. Analysis Universe: Number of USERS who circulated through the HOSPITAL COMPLEX in the last quarter, whether for consultations, exams or hospitalization;
- b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 2 (two) and normal simple sampling plan.

2.5.14.2 The survey will be conducted through face-to-face interviews, and tablets or printed forms may be made available for respondents to fill out.

2.5.14.3 The ISUS is formed by the following indicator:

- a. ISUS01 – USER satisfaction indicator.

2.5.14.4 The score for ISUS is equivalent to the score calculated for the indicator, according to the formula below:

Equation 56 – Calculation of the USER Satisfaction Index (ISUS)

$$ISUS = ISUS01$$

2.5.14.5 ISUS01 – USER SATISFACTION INDICATOR

2.5.14.5.1 The objective of this indicator is to evaluate the perception of USERS in relation to the SERVICES provided by the CONCESSIONAIRE.

2.5.14.5.2 The questionnaires intended for USERS must be developed in a clear, concise and appropriate manner to their needs and expectations, covering questions about each of the SERVICES under the responsibility of the CONCESSIONAIRE, such as the quality of service, waiting time, resolution of calls, cleanliness and comfort of the facilities, quality of the trousseau available, quality of meals, security and others.

2.5.14.5.3 Questions about the FINALISTIC SERVICES must also be included in the questionnaire, but these will not be considered for the purpose of calculating the result of the indicator (they will be excluded from the measurement) and will only be presented for information purposes to the GRANTING AUTHORITY.

2.5.14.5.4 From the calculation of the scores corresponding to the evaluations, the indicator will be calculated by applying the following rationale:

Equation 57 – Calculation of the USER satisfaction indicator (ISUS01)

$$\text{Measurement result ISUS01} = M = \left(\frac{\sum \text{Scores obtained from the questionnaires applied}}{\text{Total N}^\circ \text{ of questionnaires applied}} \right) \times 100\%$$

2.5.14.5.5 The final score of the indicator will be calculated considering the following ranges:

Table 35 – Measurement ranges – ISUS01

Measurement ranges	Note Indicator
M >= 90%	1,00
90% >= M >= 80%	0,75
80% >= M >= 70%	0,50
70% >= M >= 60%	0,25
M < 60%	0,00

2.5.15 PROFESSIONAL SATISFACTION INDEX (ISPR)

- 2.5.15.1 The survey will be applied quarterly by the INDEPENDENT VERIFIER in a sample manner considering:
- Universe of Analysis: Number of employees linked to the FINALISTIC SERVICES team who work in the HOSPITAL COMPLEX;
 - Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 2 (two) and normal simple sampling plan.
- 2.5.15.2 The survey will be conducted through face-to-face interviews, and tablets or printed forms may be made available for respondents to fill out.
- 2.5.15.3 The ISPR is formed by the following indicator:
- ISPR01 – Satisfaction indicator of professionals linked to the FINALISTIC SERVICES team.
- 2.5.15.4 The score for the ISPR is equivalent to the score calculated for the indicator, according to the formula below:

Equation 58 – Calculation of the Professional Satisfaction Index (ISPR)

$$ISPR = ISPR01$$

2.5.15.5 ISPR01 – SATISFACTION INDICATOR OF PROFESSIONALS LINKED TO FINALISTIC SERVICES

- 2.5.15.5.1 The objective of this indicator is to evaluate the perception of the professionals linked to the FINALISTIC SERVICES team in relation to the availability of the SERVICES provided by the CONCESSIONAIRE.
- 2.5.15.5.2 The questionnaires intended for professionals must be developed in a clear, concise and appropriate manner to their needs and expectations, covering questions about each of the services under the responsibility of the CONCESSIONAIRE, such as the quality of service, resolution of calls, cleanliness and comfort of the facilities, quality of meals, safety, among others.
- 2.5.15.5.3 From the calculation of the scores corresponding to the evaluations, the indicator will be calculated by applying the following rationale:

Equation 59 – Calculation of the satisfaction indicator of professionals linked to the FINALISTIC SERVICES (ISPR01)

$$\text{Measurement result ISPR01} = M = \left(\frac{\sum \text{Scores obtained from the questionnaires applied}}{\text{Total N}^\circ \text{ of questionnaires applied}} \right) \times 100\%$$

2.5.15.5.4 The final score of the indicator will be calculated considering the following ranges:

Table 36 – Measurement ranges – ISPR01

Measurement ranges	Note Indicator
M > 90%	1,00
80% >= M >= 90%	0,75
70% >= M >= 80%	0,50
60% >= M >= 70%	0,25
M < 60%	0,00

3 KEY PERFORMANCE STANDARDS (SMD) – LACEN

- 3.1 LACEN'S GENERAL PERFORMANCE INDEX (IDG_{LACEN}) will be calculated based on the evaluation and weighting of 3 (three) factors – FD, FQ and FS – according to the terms of this ANNEX, each of which will be obtained through the evaluation of its indexes and respective KEY PERFORMANCE INDICATORS, in which:
- 3.1.1 Availability Factor (FD): The FD evaluates the availability of LABORATORY EQUIPMENT and analysis platforms, considering all the elements necessary for them to be operational, such as infrastructure, LABORATORY EQUIPMENT and SERVICE support.
- 3.1.2 Quality Factor (QF): The QF evaluates services that require specific KEY PERFORMANCE INDICATORS to measure their quality and efficiency, such as cleaning, food and maintenance services of LABORATORY EQUIPMENT, FURNITURE, ICT EQUIPMENT and other equipment, among other SERVICES.
- 3.1.3 Satisfaction Factor (FS): Survey with employees linked to the FINALISTIC SERVICES to capture their satisfaction with the overall experience at LACEN, including the quality and efficiency of the SERVICES, such as the cleanliness of the facilities and the comfort of the facilities.
- 3.2 From the measurements of these factors, it will be possible to calculate the score for the LACEN GENERAL PERFORMANCE INDEX (IDG_{LACEN}), based on the following formula and weight of the factors:

Equation 60 – Calculation of the LACEN GENERAL PERFORMANCE INDEX ($IDGLACEN$)

$$IDG_{LACEN} = FD \times \{ (95\% \times FQ) + (5\% \times FS) \}$$

3.3 AVAILABILITY FACTOR (FD)

- 3.3.1 The Availability Factor (FD) applicable to LACEN will be composed of the following indexes:
- Laboratory Equipment Availability Index (IDEQ);
 - Infrastructure Availability Index (IDIF).
- 3.3.2 The score for the FD is calculated considering the weight assigned to each index, according to the formula below:

Equation 61 – Calculation of the Availability Factor (FD) applicable to LACEN

$$FD = (70\% \times IDEQ) + (30\% \times IDPL)$$

- 3.3.3 Each availability index is prepared to reflect the readiness and availability of the LABORATORY EQUIPMENT and infrastructure necessary for the full operation of LACEN's activities.
- 3.3.4 The indexes are represented by percentage values ranging from 0% (zero percent), indicating no availability, to 100% (one hundred percent), which represents the total availability of LABORATORY EQUIPMENT and infrastructure.

3.3.5 LABORATORY EQUIPMENT AVAILABILITY INDEX (IDEQ)

- 3.3.5.1 The IDEQ is formed by the following indicator:

a. IDEQ01 – Indicator of availability of LABORATORY EQUIPMENT in operating conditions.

3.3.5.2 The score for the IDEQ is equivalent to the score calculated for the indicator, according to the formula below:

Equation 62 – Calculation of the Laboratory Equipment Availability Index (IDEQ)

$$IDEQ = IDEQ01$$

3.3.5.3 IDEQ01 – INDICATOR OF AVAILABILITY OF LABORATORY EQUIPMENT IN OPERATING CONDITIONS

3.3.5.3.1 This indicator will be measured quarterly by verifying the information recorded in the Call Management System and in the BUILDING MANAGEMENT SYSTEM, provided for in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

3.3.5.3.2 The time of unavailability of the LABORATORY EQUIPMENT will be counted from the opening of the call by the GRANTING AUTHORITY or the FINALISTIC SERVICES team, indicating the occurrence and consequent unavailability of use of the LABORATORY EQUIPMENT.

3.3.5.3.3 At the discretion of the INDEPENDENT VERIFIER, other sources may be evaluated, such as documents complementary to the open call, such as official letters and/or other records documented by the GRANTING AUTHORITY and CONCESSIONAIRE, which must be provided by the PARTIES.

3.3.5.3.4 The calculation will be made using the following formula:

Equation 63 – Calculation of the indicator of availability of LABORATORY EQUIPMENT under operating conditions (IDEQ01)

$$IDEQ01 = \left(1 - \left\{ \left[\frac{Unavailable\ Hours_{High}}{N^{\circ}\ of\ equipments_{High} \times Quarterly\ hours} \right] \times \left[\frac{Unavailable\ Hours_{Medium}}{N^{\circ}\ of\ equipments_{Medium} \times Quarterly\ Hours} \right] \times \left[\frac{Unavailable\ Hours_{Low}}{N^{\circ}\ of\ equipments_{Low} \times Quarterly\ Hours} \right] \right\} \right) \times 100\%$$

Where:

Unavailable Hours_{High} = Total hours of unavailability of HIGH PRIORITY LABORATORY EQUIPMENT;

Unavailable Hours_{Medium} = Total hours of unavailability of Medium Priority LABORATORY EQUIPMENT;

Unavailable Hours_{Low} = Total hours of unavailability of Low Priority LABORATORY EQUIPMENT;

N^o of equipments_{High} = Quantity of LABORATORY EQUIPMENT installed at LACEN and classified as High Priority;

N^o of equipments_{Medium} = Quantity of LABORATORY EQUIPMENT installed in LACEN and classified as Medium Priority;

N^o of equipments_{Low} = Quantity of LABORATORY EQUIPMENT installed in LACEN and classified as Low Priority;

Quarterly hours = Number of expected operating hours in the quarter for each LABORATORY EQUIPMENT.

- 3.3.5.3.5 The classification of LABORATORY EQUIPMENT into priority groups (High, Medium and Low) must be indicated in the SPECIFICATION, in accordance with ANNEX 6 – EQUIPMENT AND FURNITURE.
- 3.3.5.3.6 Only the hours of unavailability in the quarter for the days and times that the LABORATORY EQUIPMENT should be available – as defined in ANNEX 6 – EQUIPMENT AND FURNITURE – will be counted in the numerator of the formula above.
- 3.3.5.3.7 At times when the LABORATORY EQUIPMENT operates continuously, the calculation must incorporate the period equivalent to 24 hours per day.
- 3.3.5.3.8 The hours of unavailability considered in this indicator are those resulting from the sole and exclusive responsibility of the CONCESSIONAIRE, including, but not limited to, the following reasons:
- a. Inadequate maintenance: Failure to perform PREVENTIVE or corrective MAINTENANCE according to the established schedules and standards;
 - b. Inadequate calibration: Not performing the necessary calibrations of the LABORATORY EQUIPMENT within the specified intervals, compromising the accuracy and reliability of the results;
 - c. Qualification of LABORATORY EQUIPMENT: Failure to conduct the qualification and validation processes of LABORATORY EQUIPMENT to ensure that they are operating in accordance with the applicable technical specifications and regulations;
 - d. Unavailability of consumables: Lack of essential consumables for the operation of LABORATORY EQUIPMENT, such as tips, plates, washing solutions, buffers, calibrators, etc., which prevent tests and analyses from being conducted;
 - e. Lack of spare parts: Not maintaining an adequate stock of spare parts needed for quick repairs;
 - f. Operational errors: Errors made by CONCESSIONAIRE technicians that result in damage or malfunction of the LABORATORY EQUIPMENT;
 - g. Non-compliance with specifications: Use of LABORATORY EQUIPMENT or components that do not meet the contracted technical specifications;
 - h. Delays in installation or replacement: Delay in the installation of new LABORATORY EQUIPMENT or in the replacement of obsolete or defective LABORATORY EQUIPMENT;
 - i. Failed Software Update: Failure to update the software of the LABORATORY EQUIPMENT as required, which may lead to compatibility or performance issues;
 - j. Power Outages: Lack of adequate backup systems or failure to maintain electrical infrastructure, resulting in power outages affecting LABORATORY EQUIPMENT;
 - k. Communication failures: Problems in the network or communication systems that prevent the effective operation of LABORATORY EQUIPMENT;
 - l. Contamination or environmental damage: Exposure of LABORATORY EQUIPMENT to adverse environmental conditions, such as humidity, dust, or chemical substances that may cause damage or impair the result of the analyses;
 - m. Licensing and Certifications: Failing to obtain or maintain the necessary licenses or certifications to operate certain LABORATORY EQUIPMENT;

- n. Negligence in safety: Not following safety protocols that protect LABORATORY EQUIPMENT from damage or sabotage;
- o. Ineffective incident response: Lack of a rapid response plan to deal with failures or malfunctions of LABORATORY EQUIPMENT.

- 3.3.5.3.9 A LABORATORY EQUIPMENT will be deemed unavailable if it cannot operate due to any of the reasons listed above on a non-exhaustive basis.
- 3.3.5.3.10 For each LABORATORY EQUIPMENT individually, the CONCESSIONAIRE will have an accumulated limit of up to 24 (twenty-four) hours per quarter to solve emergency problems that affect its availability. Any unavailability of the LABORATORY EQUIPMENT above this limit will be counted in the numerator of the formula as unavailability.
- 3.3.5.3.11 The occurrence of problems due to absence in the performance of PREVENTIVE MAINTENANCE, calibrations or accreditations, are not considered emergency problems, so that any time of unavailability for these reasons will be considered fully as unavailability of the LABORATORY EQUIPMENT. Examples of emergency problems include technical and unexpected failures, such as sudden breakdowns or malfunctions.
- 3.3.5.3.12 If the CONCESSIONAIRE replaces the unavailable LABORATORY EQUIPMENT with an equivalent one, the period of unavailability will no longer be counted from the moment the replacement LABORATORY EQUIPMENT has been installed by the CONCESSIONAIRE and is in condition and fit for use.
- 3.3.5.3.13 Periods of unavailability scheduled for PREVENTIVE MAINTENANCE, according to the plan previously presented by the CONCESSIONAIRE and approved by the GRANTING AUTHORITY, will not be considered as unavailability in the calculation of the indicator.
- 3.3.5.3.14 The guidelines and periodicities of the PREVENTIVE MAINTENANCE plan will be described in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

3.3.6 INFRASTRUCTURE AVAILABILITY INDEX (IDIF)

- 3.3.6.1 The locations evaluated in this index are the following LACEN areas:
 - a. Sample receiving and sorting area;
 - b. DECD – Biobank/Soroteca;
 - c. DECD – Immunology Platform;
 - d. DECD – Molecular Biology Platform;
 - e. DECD – Sequencing Platform;
 - f. DECD – Clinical Microbiology Platform;
 - g. DECD – Cell Culture Platform;
 - h. DECD – NB3 Laboratory;
 - i. DECD – Direct Entomology/Parasitological Platform;
 - j. DIVISA – Analysis and Labeling Service;

- k. DIVISA – Health Products Platform;
- l. DIVISA – Specialized Chemical Platform;
- m. DIVISA – Physicochemical Platform for Products;
- n. DIVISA – Microbiology and Molecular Biology of Products Platform;
- o. Center for the Preparation of Culture Media and Solutions.

3.3.6.2 The IDIF is formed by the following indicator:

- a. IDIF01 – Indicator of availability of the infrastructure in operating conditions.

3.3.6.3 The score for the IDIF is equivalent to the score calculated for the indicator, according to the formula below:

Equation 64 – Calculation of the Infrastructure Availability Index (IDIF)

$$IDIF = IDIF01$$

3.3.6.4 IDIF01 – INDICATOR OF AVAILABILITY OF THE INFRASTRUCTURE IN OPERATING CONDITIONS

3.3.6.4.1 This indicator will be measured quarterly by verifying the information recorded in the Call Management System and in the BUILDING MANAGEMENT SYSTEM, provided for in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

3.3.6.4.2 The time of unavailability of the infrastructure will be counted from the opening of the call by the GRANTING AUTHORITY or the FINALISTIC SERVICES team, indicating the occurrence and consequent unavailability of use of the area.

3.3.6.4.3 At the discretion of the INDEPENDENT VERIFIER, other sources may be evaluated, such as documents complementary to the open call, such as official letters and/or other records documented by the GRANTING AUTHORITY and CONCESSIONAIRE, which must be provided by the PARTIES.

3.3.6.4.4 The calculation will be made using the following formula:

Equation 65 – Calculation of the indicator of availability of infrastructure in operating conditions (IDIF01)

$$IDIF01 = \left(1 - \frac{Unavailable\ Hours_{High} + Unavailable\ Hours_{Medium} + Unavailable\ Hours_{Low}}{N^{\circ}\ of\ areas \times Total\ quarterly\ hours} \right) \times 100\%$$

Where:

Unavailable Hours_{High} (6 (six) × Total hours of unavailability of the area due to the occurrence of High Criticality);

Unavailable Hours_{Medium} = (2 (two) × Total hours of unavailability of the area due to the occurrence of Medium Criticality);

Unavailable Hours_{Low} = (0.5 (five tenths) × Total hours of unavailability of the area due to the occurrence of Low Criticality).

- 3.3.6.4.5 Only the hours of unavailability on the days and times that the area should be available will be counted in the numerator of the formula above, being 12 (twelve) hours, on business days, except as provided for in item 3.3.6.4.6 down.
- 3.3.6.4.6 At times when these spaces need to operate continuously, including the possibility provided for in item 1.15 EMERGENCY SITUATION in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES, the calculation must incorporate the period equivalent to 24 hours per day.
- 3.3.6.4.7 The formula will consider the total hours of operation of each of the ANALYSIS PLATFORMS in the quarter of the measurement.

3.3.6.4.8 Criticality of Occurrences

- 3.3.6.4.8.1 Before the beginning of PHASE 3 – PARTIAL OPERATION, a Work Plan will be prepared by the CONCESSIONAIRE and presented for validation by the GRANTING AUTHORITY. This Plan will list occurrences that result in total or partial unavailability or interference in LACEN's activities.
- 3.3.6.4.8.2 The methodology of the Work Plan involves the classification of occurrences by three levels of priority, with different weights in the calculation of this indicator to promote potential discounts that differentiate criticality:
- a. High Criticality: Occurrences that result in total interruption or significant reduction in the productivity of the area. Each hour of impact of the occurrence will be multiplied by 12 in the calculation of the indicator. Examples of occurrences:
 - Complete failure of the electrical power system that prevents the operation of LABORATORY EQUIPMENT, FURNITURE, ICT EQUIPMENT and other essential equipment.
 - Breakdown in the air conditioning or air filtration system that compromises the conservation of biological samples.
 - Interruption in the water supply that affects the performance of analysis procedures.
 - Cases of great magnitude, such as flooding or collapsed roofs, which require evacuation of the area.
 - b. Medium Criticality: Occurrences that moderately impact productivity, but do not completely cease operations. Each hour of impact of the occurrence will be multiplied by 4. Examples of occurrences:
 - One-off problems in computers, data network or LABORATORY INFORMATION SYSTEM that delay data processing.
 - Failures in one or more network points that hinder internal communication.
 - Problems in the climate control of a specific area that affect the comfort of operators.
 - c. Low Criticality: Occurrences that cause limited inconvenience and do not have a substantial impact on the productivity of the area. Each impact hour of the hit will be multiplied by 1. Examples of occurrences:
 - A computer fails to be quickly replaced without affecting overall operation.
 - Minor problems in a door or partition that do not prevent access or use of the area.

- Small malfunctions in LABORATORY EQUIPMENT, FURNITURE, ICT EQUIPMENT and other equipment that are not essential for conducting the analyses.

3.3.6.4.9 If more than one occurrence simultaneously affects the same area, only the most critical occurrence will be counted in the calculation of the indicator, with no duplicate impact for concomitant periods.

3.3.6.4.10 The hours of unavailability considered in this indicator are those resulting from the sole and exclusive responsibility of the CONCESSIONAIRE, including, but not limited to:

- Deficient Building Maintenance: Failure to perform PREVENTIVE or corrective MAINTENANCE on the facilities, resulting in structural problems or breakdowns;
- Inadequate Infrastructure: Not providing or maintaining adequate infrastructure, such as ventilation, electrical, water and sewage systems, which are essential for the operation of the laboratory;
- Unavailability in the infrastructure (e.g. computers) or systems (e.g. LABORATORY INFORMATION SYSTEM) or network (e.g. internet bandwidth), or other issues related to information and communication technology (ICT) that make it impossible to record information at any stage of the process, from receiving the sample to releasing the report;
- Interruptions in the Supply of Essential Services: Failures in the supply of electricity, water, gas or other services essential to the operation of the ANALYSIS PLATFORMS;
- Security Failures: Failure to ensure the physical security of the premises, which can lead to damage or unauthorized access;
- Non-Compliance with Regulations: Failure to meet safety, health, and environmental standards, resulting in closures or restrictions on use imposed by regulatory bodies;
- Delays in Maintenance: Delay in the execution of interventions necessary for the maintenance of the ANALYSIS PLATFORMS;
- Cleanliness and Hygiene Problems: Not maintaining the cleanliness and hygiene standards required for the laboratory environment, which can lead to contamination or unhealthy working conditions;
- Failures in laundry services, such as the absence of clean clothes for use by the professional in the area;
- Complications in the transportation of materials or samples, which result in the interdiction or interruption of the operation of the FINALISTIC SERVICES;
- Failures in the Processing of Materials at the Sterile Material Center (CME): Inefficiencies or interruptions in the processing of glassware and other reusable materials at the CME, including delays in sterilization or the availability of sterile materials, which may affect the performance of laboratory analyses;
- Air Conditioning Failures: Inadequate or poorly maintained air conditioning systems that affect temperature and humidity, essential for the conservation of samples and reagents;
- Filtration System Failures: Inadequate or poorly maintained air or water filtration systems that do not meet the necessary standards, affecting the quality of the air and water used in laboratory processes and may lead to compromised test results or an unsafe work environment;
- Environmental Contamination: Exposure to conditions that may contaminate culture plates,

reagents, or samples, including chemical, biological, or particulate agents that compromise the quality of the tests and the safety of the laboratory environment;

- o. Inadequate Waste Management: Failure to handle, dispose of or store laboratory waste, which may result in interdictions;
- p. Emergency Outages: Lack of effective contingency plans to deal with emergency situations that may affect areas.

3.3.6.4.11 For each area, the CONCESSIONAIRE will have an accumulated limit of up to 12 (twelve) hours per quarter to solve emergency problems that affect the total availability of the space. Examples of emergency problems may include issues such as HVAC system failures, electrical problems, or significant structural damage such as water leaks or blockages that prevent access to the area.

3.3.6.4.12 Any unavailability of the area, above the limit of 12 (twelve) hours for the quarter, will be counted in the numerator of the formula as unavailability.

3.3.6.4.13 Periods of unavailability scheduled for PREVENTIVE MAINTENANCE, according to the plan previously presented by the CONCESSIONAIRE and approved by the GRANTING AUTHORITY, will not be considered as unavailability in the calculation of the indicator.

3.3.6.4.14 The guidelines and periodicities of the PREVENTIVE MAINTENANCE plan will be described in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

3.4 QUALITY FACTOR (FQ)

3.4.1 The Quality Factor (QF) will be composed of the following indexes:

- a. Laundry Quality Index (IQLA);
- b. Cleanliness Quality Index (IQLI);
- c. Logistics Quality Index (IQLO);
- d. Transport Quality Index (IQTR);
- e. Concierge and Reception Quality Index (IQPR);
- f. Safety Quality Index (IQSE);
- g. Materials Processing Quality Index (IQPM);
- h. Quality Index of PREVENTIVE MAINTENANCE (IQMP);
- i. Ticket Quality Index (IQCH).

3.4.2 The score for the FQ is calculated considering the weight assigned to each index, according to the formula below:

Equation 66 – Calculation of the Quality Factor (QF)

$$FQ = (4\% \times IQLA) + (10\% \times IQLI) + (30\% \times IQLO) + (3\% \times IQTR) + (4\% \times IQPR) + (4\% \times IQSE) + (15\% \times IQPM) + (20\% \times IQMP) + (10\% \times IQCH)$$

3.4.3 LAUNDRY QUALITY INDEX (IQLA)

3.4.3.1 The IQLA is formed by the following KEY PERFORMANCE INDICATORS:

- a. IQLA01 – Quality indicator of the result of the processing of clean laundry; and
- b. IQLA02 – Quality indicator for the management of minimum clean laundry stock.

3.4.3.2 The score for the IQLA is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 67 – Calculation of the Laundry Quality Index (IQLA)

$$IQHO = (50\% \times IQLA01) + (50\% \times ILA02)$$

3.4.3.3 IQLA01 – QUALITY INDICATOR OF THE RESULT OF THE PROCESSING OF CLEAN CLOTHES

3.4.3.3.1 The objective of this indicator is to ensure the quality of the clean laundry processing performed by the CONCESSIONAIRE's laundry service.

3.4.3.3.2 The analysis will be conducted throughout the months of the quarter in a sample manner by the INDEPENDENT VERIFIER, through on-site verification, considering:

- a. Universe of Analysis: Estimate of the total number of parts processed in the quarter under review;
- b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 1 (one) and normal simple sampling plan;
- c. Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the quarter for monthly verification.

3.4.3.3.3 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 68 – Calculation of the quality indicator of the result of the processing of clean clothes (IQLA01)

$$\text{Measurement result IQLA01} = M = \left(1 - \frac{N^{\circ} \text{ of conforming pieces}}{N^{\circ} \text{ of inspected pieces}} \right) \times 100\%$$

3.4.3.3.4 Each piece inspected will be considered as non-compliant when any of the following items are identified:

- a. Visible dirt: Includes scratches from pens, glues, adhesive tapes, excess hair, fungi, biological material, rust, among others.
- b. Stains: Evaluation of the presence of stains that were not removed during the washing process.
- c. Ironing quality: Checking the finish of the pieces after ironing, ensuring that they are properly smoothed and without creases.
- d. Unpleasant odors: Checking for odors that may indicate improper processing or incorrect storage.
- e. Holes, tears and damage: Inspection of physical damage to trousseau pieces that compromise their functionality and presentation.

3.4.3.3.5 The final score of the indicator will be calculated considering the following ranges:

Table 37 – Measurement ranges – IQLA01

Measurement ranges	Note Indicator
M >= 95%	1,00
93% <= M < 95%	0,80
91% <= M < 93%	0,60
89% <= M < 91%	0,40
87% <= M < 89%	0,20
M < 87%	0,00

3.4.3.4 IQLA02 – QUALITY INDICATOR OF MINIMUM CLEAN LINEN STOCK MANAGEMENT

3.4.3.4.1 The objective of this indicator is to ensure that the stocks of clean linen distributed in LACEN are always supplied with the minimum amount of clean linen necessary for use by LACEN employees in accordance with what will be defined for ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

3.4.3.4.2 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, in a random quarterly inspection of the laundry inventory, and calculated through the following formula:

Equation 69 – Calculation of the minimum stock availability indicator for clean clothes (IQLA02)

$$\text{Measurement result IQLA02} = M = \left(\frac{\text{N}^{\circ} \text{ of available pieces}}{\text{N}^{\circ} \text{ of LACEN employees in the inspection period}} \right) \times 100\%$$

3.4.3.4.3 The final score of the indicator will be calculated considering the following ranges:

Table 38 – Measurement ranges – IQLA02

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20
M < 94.0%	0,00

3.4.4 CLEANLINESS QUALITY INDEX (IQLI)

3.4.4.1 The IQLI is formed by the following KEY PERFORMANCE INDICATORS:

- a. IQLI01 – Quality indicator of terminal cleaning service;
- b. IQLI02 – Indicator of the deadline of the concurrent cleaning service;
- c. IQLI03 – Indicator of compliance with the pest control schedule;
- d. IQLI04 – Indicator of regularity in internal waste collection.

3.4.4.2 The score for the IQLI is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 70 – Calculation of the Cleaning Quality Index (IQLI)

$$IQLI = (40\% \times IQLI01) + (25\% \times IQLI02) + (15\% \times IQLI03) + (20\% \times IQLI04)$$

3.4.4.3 IQLI01 – TERMINAL CLEANING SERVICE QUALITY INDICATOR

3.4.4.3.1 The objective of this indicator is to ensure the quality of the terminal cleaning conducted by the CONCESSIONAIRE in the LACEN areas.

3.4.4.3.2 The analysis will be conducted throughout the months of the quarter in a sample manner by the INDEPENDENT VERIFIER, through on-site verification, considering:

- a. Universe of Analysis: Estimate of the total number of terminal cleanings to be conducted at LACEN in the quarter under review;
- b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 2 (two) and normal simple sampling plan;
- c. Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the months of the quarter for monthly verification.

3.4.4.3.3 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 71 – Calculation of the terminal cleaning service quality indicator (IQLI01)

$$\text{Measurement result } IQLI01 = M = \left(1 - \frac{N^{\circ} \text{ of nonconforming cleanings}}{\text{Total of cleanings in quarterly sample}}\right) \times 100\%$$

3.4.4.3.4 Each verified cleanliness will be considered as non-compliant when any of the following are identified:

- a. Visible Dirt: Presence of dirt, dust, chemical residues, reagent stains or other types of contamination on countertops, LABORATORY EQUIPMENT, FURNITURE, ICT EQUIPMENT and other LACEN equipment.
- b. Stains: Existence of stains on surfaces, floors, walls LABORATORY EQUIPMENT, FURNITURE, ICT EQUIPMENT and other equipment that indicate insufficient or ineffective cleaning.
- c. Disinfection Quality: Improper use of disinfectants according to Standard Operating Procedures (SOPs) for cleaning service.
- d. Unpleasant Odors: Odors that may indicate the presence of unremoved biological material, contamination, or insufficient disinfection, especially in biological waste disposal areas.
- e. Integrity of Disposable Items: Ensuring that all disposable items have been replaced and that no

used items have been neglected.

3.4.4.3.5 The final score of the indicator will be calculated quarterly considering the following ranges:

Table 39 – Measurement ranges – IQLI01

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97.0%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20
M < 94.0%	0,00

3.4.4.4 IQLI02 – CONCURRENT CLEANING SERVICE DEADLINE INDICATOR

3.4.4.4.1 The objective of this indicator is to ensure that the concurrent cleanings conducted at LACEN are conducted in accordance with the Standard Operating Procedures (SOP), following the guidelines established in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

3.4.4.4.2 The analysis will be conducted throughout the months of the quarter in a sample manner by the INDEPENDENT VERIFIER, through on-site verification, considering:

- a. Analysis Universe: LACEN locations subject to the concurrent cleaning process, such as: laboratories, analysis rooms, administrative areas and common areas;
- b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 2 (two) and normal simple sampling plan;
- c. Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the months of the quarter for monthly verification.

3.4.4.4.3 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 72 – Calculation of the concurrent cleaning service deadline indicator (IQLI02)

$$\text{Measurement result IQLI02} = M = \left(1 - \frac{\text{N}^{\circ} \text{ of nonconforming areas}}{\text{Total of areas in quarterly sample}}\right) \times 100\%$$

3.4.4.4.4 Each area checked will be considered non-compliant when any of the following items are identified:

- a. Insufficient Cleaning Frequency: Do not conduct concurrent cleaning according to the periodicity established for each area of LACEN.
- b. Disinfection Failure: High-touch surfaces, such as countertops LABORATORY EQUIPMENT, FURNITURE, ICT EQUIPMENT and other equipment, not properly disinfected or incorrect use of disinfectants, with failures that can be ascertained through visual inspection (e.g., visible dirt, stains).

- c. Improper Disposal: Garbage and laboratory waste not removed.
- d. Failure in Signaling: Absence of adequate signaling during cleaning, which may cause risks to the safety of USERS.

3.4.4.4.5 The final score of the indicator will be calculated considering the following ranges:

Table 40 – Measurement ranges – IQLI02

Measurement ranges	Note Indicator
M >= 98.0%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97.0%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20
M < 94.0%	0,00

3.4.4.5 IQLI03 – INDICATOR OF COMPLIANCE WITH THE PEST CONTROL SCHEDULE

3.4.4.5.1 The objective of this indicator is to ensure that the schedule of pest control services is fully complied with, according to the guidelines indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

3.4.4.5.2 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 73 – Calculation of the pest control schedule compliance indicator (IQLI03)

$$\text{Measurement result IQLI03} = M = \left(\frac{\text{N}^{\circ} \text{ of performed activities}}{\text{N}^{\circ} \text{ of planned activities}} \right) \times 100\%$$

3.4.4.5.3 For the analysis, on-site checks must be conducted at LACEN by the INDEPENDENT VERIFIER after each pest control service has been conducted, verifying the presence of pests after the services have been performed, indicating an ineffective execution. If this situation is identified, the activity will be considered as not conducted in the period.

3.4.4.5.4 The final score of the indicator will be calculated considering the following ranges:

Table 41 – Measurement ranges – IQLI03

Measurement ranges	Note Indicator
M >= 100.0%	1,00
100.0% >= M >= 95.0%	0,50
M < 95.0%	0,00

3.4.4.6 IQLI04 – INDICATOR OF REGULARITY IN INTERNAL WASTE COLLECTION

- 3.4.4.6.1 The objective of this indicator is to ensure that the internal collection of waste at LACEN, within each of the ANALYSIS PLATFORMS, is carried out in accordance with the Health Waste Management Plan (PGRSS) prepared by the CONCESSIONAIRE and validated with the GRANTING AUTHORITY, see specification in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.
- 3.4.4.6.2 The analysis will be conducted throughout the months of the quarter in a sample manner by the INDEPENDENT VERIFIER, through on-site verification, considering:
- Universe of Analysis: Estimate of the total waste collections expected in the quarter under review;
 - Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 2 (two) and normal simple sampling plan;
 - Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the months of the quarter for monthly verification.
- 3.4.4.6.3 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 74 – Calculation of the indicator of regularity in the internal collection of waste in the unit's sectors (IQLI04)

$$\text{Measurement result IQLI04} = M = \left(1 - \frac{\text{N}^\circ \text{ of collections with nonconformities found}}{\text{Total N}^\circ \text{ of collections in the quarterly sample}} \right) \times 100\%$$

- 3.4.4.6.4 Each verified collection will be considered non-compliant when any of the following are identified:
- After-Hours Collection: Collection conducted at times other than those established in the PGRSS.
 - Inadequate Segregation: Waste not correctly segregated according to the categories defined in the PGRSS (infectious, chemical, common, recyclable waste, etc.), for reasons attributable to the CONCESSIONAIRE, such as, but not limited to, the non-availability of containers for disposal of each type of waste or the absence of visual information for waste disposal.
 - Incorrect Identification and Labeling: Waste collected without proper identification or labeling, or with mistaken information.
 - Use of Inadequate Containers: Use of containers not appropriate for the type of waste, compromising the safety of the collection.
 - Inadequate Transportation: Waste transported within LACEN in an unsafe manner or that does not meet the established internal transportation standards.
 - Irregular Temporary Storage: Waste not stored before collection, either in relation to the location, conditions or time of storage.
 - Inadequate Liquid Waste Containment: Failure to contain liquid waste, resulting in leaks or spills during collection.
- 3.4.4.6.5 The final score of the indicator will be calculated considering the following ranges:

Table 42 – Measurement Ranges – IQLI04

Measurement ranges	Note Indicator
M >= 95.0%	1,00
94.0% <= M < 95.0%	0,80
93.0% <= M < 94.0%	0,60
92.0% <= M < 93.0%	0,40
91.0% <= M < 92.0%	0,20
M < 91.0%	0,00

3.4.5 LOGISTICS QUALITY INDEX (IQLO)

3.4.5.1 The IQLO is formed by the following KEY PERFORMANCE INDICATORS:

- a. IQLO01 – Area supply indicator;
- b. IQLO02 – Quality indicator of items in stock; and
- c. IQLO03 – Inventory management quality indicator.

3.4.5.2 The score for the IQLO is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 75 – Calculation of the Logistics Quality Index (IQLO)

$$IQLO = (35\% \times IQLO01) + (35\% \times IQLO02) + (30\% \times IQLO03)$$

3.4.5.3 The term "item" refers to a type of material evaluated, not the quantity of that material. For example, if a reagent and a certain kit have been drawn for the sample, each one is considered as 1 (one) item in the analysis, regardless of the quantity in stock of these inputs.

3.4.5.4 IQLO01 – AREA SUPPLY INDICATOR

3.4.5.4.1 The objective of this indicator is to ensure the adequate logistical process of LACEN's Central Warehouse for the supply of ANALYSIS PLATFORMS.

3.4.5.4.2 The analysis will be conducted throughout the months of the quarter in a sample manner by the INDEPENDENT VERIFIER, through on-site verification, considering:

- a. Analysis Universe: List of materials and inputs to be made available in each laboratory;
- b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 1 (one) and normal simple sampling plan;
- c. Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the months of the quarter for monthly verification.

3.4.5.4.3 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 76 – Calculation of the area supply indicator (IQL001)

$$\text{Measurement result IQL001} = M = \left(1 - \frac{\text{N}^{\circ} \text{ of items with nonconformities found}}{\text{Total N}^{\circ} \text{ of items in the quarterly sample}} \right) \times 100\%$$

3.4.5.4.4 Each item checked will be considered as non-compliant when any of the following items are identified:

- a. Incorrect Quantity: Supplying a quantity less than the one scheduled for the inventory.
- b. Committed Validity: Supply of items with an expiration date close to expiration or already expired.
- c. Inadequate Storage Conditions: Materials delivered under improper temperature, humidity, or other storage specifications.
- d. Damaged Packaging: Receiving items with damaged packaging that may compromise the integrity of the product.

3.4.5.4.5 The final score of the indicator will be calculated considering the following ranges:

Table 43 – Measurement Ranges – IQL001

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97.0%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20
M < 94.0%	0,00

3.4.5.5 IQLO02 – QUALITY INDICATOR OF ITEMS IN STOCK

3.4.5.5.1 The objective of this indicator is to ensure that the materials and inputs stored in stock in the LACEN Warehouse are in ideal conditions for use, storage and distribution.

3.4.5.5.2 The analysis will be conducted throughout the months of the quarter in a sample manner by the INDEPENDENT VERIFIER, through on-site verification, considering:

- a. Universe of Analysis: Materials available in the Warehouse's inventory;
- b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 2 (two) and normal simple sampling plan;
- c. Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the months of the quarter for monthly verification.

3.4.5.5.3 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 77 – Calculation of the quality indicator of items in stock (IQL002)

$$\text{Measurement result IQL002} = M = \left(1 - \frac{\text{N}^{\circ} \text{ of items with nonconformities}}{\text{N}^{\circ} \text{ of items in the quarterly sample}} \right) \times 100\%$$

3.4.5.5.4 Each item checked will be considered as non-compliant when any of the following items are identified:

- a. Expiration Date: Items with an expired expiration date or items with an expiration date close to expiration, without proper inventory rotation for use within the expiration date.
- b. Incorrect Storage: Items stored in inadequate temperature and humidity conditions, or in disagreement with the manufacturer's specifications.
- c. Visual Appearance: Items with damaged, torn or crumpled packaging; presence of mold, dirt, or visible contamination.
- d. Product Integrity: Compromised products that may affect safety or efficacy, such as inputs with breached security seals.
- e. Traceability: Lack of proper documentation to trace the origin and history of items in stock.
- f. Mislabeling: Errors or omissions in the labeling of items, including dosing information, instructions for use, or product identification.
- g. Compatibility with LABORATORY EQUIPMENT: Supplies that do not adapt correctly to LABORATORY EQUIPMENT, such as tubes that are incompatible with racks or tips that do not fit well to pipettors.
- h. Compliance with Specifications: Items that do not meet the technical specifications required for laboratory procedures, affecting the accuracy and reliability of tests.

3.4.5.5.5 The final score of the indicator will be calculated considering the following ranges:

Table 44 – Measurement ranges – IQL002

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97.0%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20
M < 94.0%	0,00

3.4.5.6 IQL003 – INVENTORY MANAGEMENT QUALITY INDICATOR

3.4.5.6.1 The objective of this indicator is to measure the level of supply of materials and maintenance of stock in the conditions necessary for the operationalization of LACEN.

3.4.5.6.2 The analysis will be conducted throughout the months of the quarter in a sample manner by the INDEPENDENT VERIFIER, through on-site verification, considering:

- a. Analysis Universe: List of materials available in the Warehouse's inventory;
- b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 1 (one) and normal simple sampling plan;
- c. Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the months of the quarter for monthly verification.

3.4.5.6.3 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 78 – Calculation of the inventory management indicator (IQLO03)

$$\text{Measurement result IQLO03} = M = \left(1 - \frac{N^{\circ} \text{ of items with nonconformities}}{N^{\circ} \text{ of items in the quarterly sample}} \right) \times 100\%$$

3.4.5.6.4 Each item checked will be considered as non-compliant when any of the following items are identified:

- a. Minimum Inventory Not Maintained: Failure to comply with established minimum inventory levels. For low-criticality items (materials that, although necessary for the daily functioning of LACEN, have a lower impact on the ability of platforms to perform critical tests and the accuracy of results – e.g. office supplies; non-sterile procedure gloves and surgical masks; test tubes and non-specialized pipettes, etc.), which are widely available and can be purchased within the national territory, The minimum stock will be equivalent to the volume needed for one month of operation, according to the estimated demand for the subsequent month. For items of high criticality (essential materials for LACEN's operation, especially for carrying out critical diagnostic tests, research and monitoring of diseases – e.g. reagents; test kits for etc.), which have a limited number of suppliers or depend on imports, the minimum stock will correspond to the volume required for three months of operation, based on the projected demand for the subsequent period.
- b. Inventory Errors: Divergences between physical inventory and inventory records.

3.4.5.6.5 The final score of the indicator will be calculated considering the following ranges:

Table 45 – Measurement ranges – IQLO03

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97.0%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20
M < 94.0%	0,00

3.4.6 TRANSPORT QUALITY INDEX (IQTR)

3.4.6.1 The IQTR is formed by the following KEY PERFORMANCE INDICATORS:

a. IQTR01 – Time indicator for transporting materials and samples.

3.4.6.2 The score for the IQTR is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 79 – Calculation of the Transport Quality Index (IQTR)

$$IQTR = (100\% \times IQTR01)$$

3.4.6.3 IQTR01 – TIME INDICATOR FOR TRANSPORTING MATERIALS AND SAMPLES

3.4.6.3.1 The objective of this indicator is to measure the rate of compliance with the scheduled demands for internal transportation of materials and samples between LACEN's PLATFORMS, within the period agreed between the CONCESSIONAIRE and the GRANTING AUTHORITY, according to the guidelines of the Work Plan provided for in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

3.4.6.3.2 Scheduled demand is understood as requests previously agreed between the PARTIES or requests from the FINALISTIC SERVICES team 24 (twenty-four) hours in advance of the need for transportation.

3.4.6.3.3 Demands requested with a period of less than 24 (twenty-four) hours will be met by the CONCESSIONAIRE but not measured in this KEY PERFORMANCE INDICATOR.

3.4.6.3.4 The IQTR01 assessment will be quarterly by the INDEPENDENT VERIFIER, covering all records obtained in the transportation system under the responsibility of the CONCESSIONAIRE, referring to the demands scheduled and met during the months of the quarter.

3.4.6.3.5 The result of the measurement will be obtained through the following formula:

Equation 80 – Calculation of the deadline indicator for the transport of materials and samples (IQTR01)

$$\text{Measurement result IQTR01} = M = \left(\frac{\text{N}^{\circ} \text{ of scheduled internal transport requests fulfilled on schedule}}{\text{Total scheduled internal transport requests}} \right) \times 100\%$$

3.4.6.3.6 The final score of the indicator will be calculated considering the following ranges:

Table 46 – Measurement ranges – IQTR01

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98%	0,80
96.0% <= M < 97%	0,60
95.0% <= M < 96%	0,40
94.0% <= M < 95%	0,20
M < 94.0%	0,00

3.4.7 CONCIERGE AND RECEPTION QUALITY INDEX (IQPR)

3.4.7.1 The IQPR is formed by the following KEY PERFORMANCE INDICATORS:

- a. IQPR01 – Indicator of service time; and
- b. IQPR02 – Availability indicator of access control points.

3.4.7.2 The score for the IQPR is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 81 – Calculation of the Concierge and Reception Quality Index (IQPR)

$$IQPR = (70\% \times IQPR01) + (30\% \times IQPR02)$$

3.4.7.3 IQPR01 – HANDLE TIME INDICATOR

3.4.7.3.1 The objective of this indicator is to ensure that the time spent by LACEN's Reception areas to assist eventual visitors (including for sample delivery) is within the determined limit, as per Table 47.

3.4.7.3.2 The service time will be counted from the moment of contact between the reception and the visitor, and not by the waiting time for the visitor to be served.

3.4.7.3.3 The CONCESSIONAIRE shall maintain the registration and control of this information in a reception management system integrated with the access control system under its responsibility, as indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES, including from the beginning of the service to the visitor, until the conclusion of his/her registration for access to LACEN.

3.4.7.3.4 The result of the measurement of this indicator will be obtained quarterly through the following formula, through verifications of the information recorded in the access control system:

Equation 82 – Calculation of the service time indicator (IQPR01)

$$\text{Measurement result IQPR01} = M = \frac{\sum \text{Time of attendance}}{\text{Total N}^\circ \text{ of appointments performed}}$$

3.4.7.3.5 The final score of the indicator will be calculated considering the following ranges:

Table 47 – Measurement ranges – IQPR01

Measurement ranges	Note Indicator
M <= 5 min	1,00
6 min >= M > 5 min	0,80
7 min >= M > 6 min	0,60
8 min >= M > 7 min	0,40
9 min >= M > 8 min	0,20
M > 9 min	0,00

3.4.7.4 IQPR02 – ACCESS CONTROL POINT AVAILABILITY INDICATOR

- 3.4.7.4.1 The objective of this indicator is to ensure the availability of access control points installed on LACEN's premises.
- 3.4.7.4.2 The CONCESSIONAIRE shall keep the record and control of this information in a traceable access control system under its responsibility.
- 3.4.7.4.3 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, based on verifications of the registration of information in the access control system under the responsibility of the CONCESSIONAIRE, through the following formula:

Equation 83 – Calculation of the Availability indicator of the installed access control points (IQPR02)

$$\text{Measurement result IQPR02} = M = \left(1 - \frac{\sum \text{Hours of unavailability in the month}}{\text{N}^{\circ} \text{ of access points} \times \text{Days}_{\text{month}} \times \text{Hours}_{\text{day}}} \right) \times 100\%$$

- 3.4.7.4.4 The final score of the indicator will be calculated considering the following ranges:

Table 48 – Measurement ranges – IQPR02

Measurement ranges	Note Indicator
M >= 95.0%	1,00
93% <= M < 95%	0,80
91% <= M < 93%	0,60
89% <= M < 91%	0,40
87% <= M < 89%	0,20
M < 87%	0,00

3.4.8 SAFETY QUALITY INDEX (IQSE)

- 3.4.8.1 The IQSE is formed by the following KEY PERFORMANCE INDICATORS:
- IQSE01 – CCTV image quality and storage indicator;
 - IQSE02 – CCTV availability indicator;
 - IQSE03 – Indicator of the incidence of serious events.
- 3.4.8.2 The score for the IQSE is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 84 – Calculation of the Safety Quality Index (IQSE)

$$IQSE = (30\% \times IQSE01) + (30\% \times IQSE02) + (40\% \times IQSE03)$$

3.4.8.3 IQSE01 – CCTV IMAGE QUALITY AND STORAGE INDICATOR

- 3.4.8.3.1 The purpose of this indicator is to ensure that the installed cameras are available and generating quality recordings that allow a clear visualization of the footage and stored in the CCTV management system.
- 3.4.8.3.2 The analysis will be conducted over the months of the quarter in a sample manner by the INDEPENDENT VERIFIER considering:
- Universe of Analysis: Total cameras installed in LACEN;
 - Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 2 (two) and normal simple sampling plan;
 - Periodicity of Analysis: The sample size will be calculated for the quarter, but the sample should be evenly distributed throughout the months of the quarter for monthly verification.

3.4.8.3.3 The result of the measurement of this indicator will be obtained quarterly through the following formula:

Equation 85 – Calculation of the quality indicator and storage of CCTV images (IQSE01)

$$\text{Measurement result IQSE01} = M = \left(1 - \frac{N^{\text{a}} \text{ of nonconforming cameras}}{N^{\text{o}} \text{ of inspected cameras}} \right) \times 100\%$$

- 3.4.8.3.4 Each verified camera will be considered non-compliant when any of the following are identified:
- Unavailability of Cameras: Security cameras that are not operational or have technical failures that prevent recording.
 - Poor Image Quality: Footage that does not have sufficient resolution for clear viewing, including blurry, dark, overexposed, or interfering images.
 - Storage Failure: Recordings that are not stored in the CCTV management system, either due to hardware, software, or insufficient storage capacity issues.
 - Unstable Camera Signal: Unstable connections or frequent interruptions in the signal of security cameras.
- 3.4.8.3.5 The final score of the indicator will be calculated considering the following ranges:

Table 49 – Measurement ranges – IQSE01

Measurement ranges	Note Indicator
M >= 98.0%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97.0%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20
M < 94.0%	0,00

3.4.8.4 IQSE02 – CCTV AVAILABILITY INDICATOR

3.4.8.4.1 The objective of this indicator is to ensure that the installed cameras are available uninterruptedly, 24 hours a day, 7 days a week, for all cameras installed in LACEN.

3.4.8.4.2 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, based on verifications of the information record in the CONCESSIONAIRE's CCTV management system, through the following formula:

Equation 86 – Calculation of the CCTV availability indicator (IQSE02)

$$\text{Measurement result IQSE02} = M = \left(1 - \frac{\sum \text{Unavailable hours in month}}{N^{\circ} \text{ of cameras} \times \text{Days}_{\text{month}} \times \text{Hours}_{\text{day}}} \right) \times 100\%$$

3.4.8.4.3 The final score of the indicator will be calculated considering the following ranges:

Table 50 – Measurement ranges – IQSE02

Measurement ranges	Note Indicator
M >= 99.0%	1,00
98.0% <= M < 99%	0,80
97.0% <= M < 98%	0,60
96.0% <= M < 97%	0,40
95.0% <= M < 96%	0,20
M < 95%	0,00

3.4.8.5 IQSE03 – SERIOUS EVENT INCIDENCE INDICATOR

3.4.8.5.1 The objective of this indicator is to measure the occurrence of serious events caused by negligence or non-compliance with the CONCESSIONAIRE's obligations.

3.4.8.5.2 For the purposes of this ANNEX, serious events mean robberies, thefts, fights, entry of a person without permission, vandalism or destruction of public property.

3.4.8.5.3 The result of the measurement of this indicator will be obtained quarterly, based on analysis by the INDEPENDENT VERIFIER of information and documents available for these occurrences in the quarter to be provided by the PARTIES.

3.4.8.5.4 The calculation will be made using the following formula:

Equation 87 – Calculation of the Serious Event Incidence Indicator (IQSE03)

$$\text{Measurement result IQSE03} = M = N^{\circ} \text{ of serious events reported}$$

3.4.8.5.5 The final score of the indicator will be calculated considering the following ranges:

Table 51 – Measurement ranges – IQSE03

Measurement ranges	Note Indicator
--------------------	----------------

M = 0	1,00
M = 1	0,75
M = 2	0,50
M = 3	0,25
M > 3	0,00

3.4.9 MATERIALS PROCESSING QUALITY INDEX (MPI)

3.4.9.1 The Materials Processing Quality Index (IQPM) evaluates the effectiveness and compliance of sterilization and decontamination processes.

3.4.9.2 The IQPM is formed by the following KEY PERFORMANCE INDICATORS:

- a. IQPM01 – Indicator of minimum number of materials in stock; and
- b. IQPM02 – Indicator of compliance with the biological, physical and chemical control of sterilization quality.

3.4.9.3 The score for the IQPM is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 88 – Calculation of the Material Sterilization Index (IQPM)

$$IQPM = (50\% \times IQPM01) + (50\% \times IQPM02)$$

3.4.9.4 IQPM01 – MINIMUM NUMBER OF MATERIALS IN STOCK INDICATOR

3.4.9.4.1 The objective of this indicator is to ensure the minimum stock of sterilized and safe materials for laboratory use at LACEN, as defined in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

3.4.9.4.2 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, through inspections of the Sterile Material Center (CME) sector. One inspection will be conducted per month of the quarter, at a random time of each month.

3.4.9.4.3 The indicator will be calculated using the following formula:

Equation 89 – Calculation of the minimum number of materials in stock indicator (IQPM01)

Measurement result IQPM01 = M

$$= \left[\left(\frac{N^{\circ} \text{ of materials available in stock}_{Month 1}}{\text{Total } N^{\circ} \text{ of materials expected in stock}_{Month 1}} + \frac{N^{\circ} \text{ of materials available in stock}_{Month 2}}{\text{Total } N^{\circ} \text{ of materials expected in stock}_{Month 2}} + \frac{N^{\circ} \text{ of materials available in stock}_{Month 3}}{\text{Total } N^{\circ} \text{ of materials expected in stock}_{Month 3}} \right) \div 3 \right] \times 100\%$$

- 3.4.9.4.4 For the above formula, for any month, if the calculation is greater than 1.00 (quantity of kits available in stock greater than the quantity of kits expected in stock, the result for this month will be considered equivalent to 1.00 (one).
- 3.4.9.4.5 The final score of the indicator will be calculated considering the following ranges:

Table 52 – Measurement ranges – IQPM01

Measurement ranges	Note Indicator
M >= 98%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97.0%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20
M < 94.0%	0,00

3.4.9.5 IQPM02 – INDICATOR OF COMPLIANCE WITH THE BIOLOGICAL, PHYSICAL AND CHEMICAL CONTROL OF STERILIZATION QUALITY

- 3.4.9.5.1 The objective of this indicator is to measure the rate of compliance with biological, physical and chemical control tests to attest to the quality of sterilization.
- Biological test: performed using strips of paper impregnated by technically prepared microorganisms - in the case of autoclaves, endospores of the bacterium *Geobacillus stearothermophilus* - resistant to humid heat and non-pathogenic are used, which are subjected to the sterilization process. Ideally, tests with biological indicators should be conducted daily.
 - Physical test: consists of observing and recording the data collected on the displays of the sterilization equipment, such as the reading of temperature, pressure and time in all sterilization cycles. Ideally, physical tests should be performed every cycle.
 - Chemical test: it is performed with the use of chemical indicators that evaluate the sterilization cycle, by changing color, in the presence of temperature, time and saturated steam, according to the indicator used. Process indicators, Bowie-Dick test, simple parameter test, multiparametric, integrator and emulators can be used. Ideally, chemical tests should be performed every cycle.
- 3.4.9.5.2 The tests will be the responsibility of the CONCESSIONAIRE with the presentation of the applicable reports and opinions to prove the results and must be conducted on a weekly basis and be sent to the INDEPENDENT VERIFIER.
- 3.4.9.5.3 The result of the measurement will be obtained through the following formula:

Equation 90 – Calculation of the biological, physical and chemical control indicator of sterilization quality (IQPM02)

$$\text{Measurement result IQPM02} = M = \left(\frac{N^{\circ} \text{ of tests performed in compliance}}{\text{Total } N^{\circ} \text{ of tests performed}} \right) \times 100\%$$

3.4.9.5.4 Each test performed will be considered as non-compliant when any of the following items are identified:

- a. Failure in Biological Tests: Microbial growth observed after incubation of biological indicators, indicating that sterilization was not effective.
- b. Deviations in Physical Tests: Records that show that the physical parameters (time, temperature, pressure) have not reached the levels necessary for proper sterilization.
- c. Indication of Chemical Test Failure: Chemical indicators that do not show the expected change after the sterilization process, suggesting that proper conditions have not been achieved.
- d. Incomplete Documentation: Lack of detailed reports or opinions that prove the performance and results of the control tests.

3.4.9.5.5 The final score of the indicator will be calculated considering the following ranges:

Table 53 – Measurement ranges – IQPM02

Measurement ranges	Note Indicator
M = 100.0%	1,00
100.0% >= M >= 95.0%	0,50
M < 95.0%	0,00

3.4.10 PREVENTIVE MAINTENANCE QUALITY INDEX (IQMP)

3.4.10.1 The IQMP is formed by the following KEY PERFORMANCE INDICATORS:

- a. IQMP01 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of LABORATORY EQUIPMENT of High Criticality;
- b. IQMP02 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of the other LABORATORY EQUIPMENT;
- c. IQMP03 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of High Criticality facilities and equipment;
- d. IQMP04 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of other facilities and equipment.

3.4.10.2 The score for the IQMP is calculated considering the weight assigned to each indicator, according to the formula below:

Equation 91 – Calculation of the Quality Index of PREVENTIVE MAINTENANCE (IQMP)

$$IQMP = (40\% \times IQMP01) + (20\% \times IQMP02) + (30\% \times IQMP03) + (10\% \times IQMP04)$$

3.4.10.3 IQMP01 – INDICATOR OF COMPLIANCE WITH THE PREVENTIVE MAINTENANCE PLAN (CLINICAL ENGINEERING) OF HIGHLY CRITICAL LABORATORY EQUIPMENT

- 3.4.10.3.1 The IQMP01 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of LABORATORY EQUIPMENT of High Criticality aims to ensure that all LABORATORY EQUIPMENT essential to the operation of LACEN are maintained in ideal operating conditions. This includes the execution of scheduled PREVENTIVE MAINTENANCE, calibrations and technical inspections, as well as the performance of periodic accreditations, as established in the Maintenance Plan prepared by the CONCESSIONAIRE.
- 3.4.10.3.2 The definition of the criticality of the LABORATORY EQUIPMENT and the programming of calibrations and accreditations will be detailed by the CONCESSIONAIRE in the Maintenance Plan and validated by the GRANTING AUTHORITY, according to the guidelines of ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.
- 3.4.10.3.3 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, based on the information registered in the BUILDING MANAGEMENT SYSTEM under the responsibility of the CONCESSIONAIRE, as indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES, which manages maintenance activities, and will be calculated through the following formula:

Equation 92 – Calculation of the Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of HIGH CRITICALITY LABORATORY EQUIPMENT (IQMP01)

$$\text{Measurement result IQMP01} = M = \left(\frac{\text{N}^{\circ} \text{ of preventive actions on high – criticality LABORATORY EQUIPMENT completed on schedule during the quarter}}{\text{Total N}^{\circ} \text{ of preventive actions on high – criticality LABORATORY EQUIPMENT scheduled for the quarter}} \right) \times 100\%$$

- 3.4.10.3.4 The calculation of the indicator above will include both PREVENTIVE MAINTENANCE actions, as well as necessary calibrations and technical inspections.
- 3.4.10.3.5 The final score of the indicator will be calculated considering the following ranges:

Table 54 – Measurement ranges – IQMP01

Measurement ranges	Note Indicator
M >= 98.0%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97.0%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20
M < 94.0%	0,00

3.4.10.4 IQMP02 – INDICATOR OF COMPLIANCE WITH THE PREVENTIVE MAINTENANCE PLAN (CLINICAL ENGINEERING) OF OTHER LABORATORY EQUIPMENT

- 3.4.10.4.1 The IQMP02 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of the other LABORATORY EQUIPMENT aims to ensure that all LABORATORY EQUIPMENT not classified as high criticality are equally maintained in adequate operating conditions. This involves the execution of preventive maintenance, calibrations and technical inspections, as well as the performance of periodic accreditations, as established in the Maintenance Plan prepared by the CONCESSIONAIRE, and observing the indications of suppliers.
- 3.4.10.4.2 The definition of the criticality of the LABORATORY EQUIPMENT and the programming of calibrations and accreditations will be detailed by the CONCESSIONAIRE in the Maintenance Plan and validated by the GRANTING AUTHORITY, according to the guidelines of ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.
- 3.4.10.4.3 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, based on the information registered in the BUILDING MANAGEMENT SYSTEM under the responsibility of the CONCESSIONAIRE, as indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES, which manages maintenance activities, and will be calculated through the following formula:

Equation 93 – Calculation of the Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Clinical Engineering) of the other LABORATORY EQUIPMENT (IQMP02)

$$\text{Measurement result IQMP02} = M = \left(\frac{\text{N}^\circ \text{ of preventive actions on LABORATORY EQUIPMENT scheduled for the quarter}}{\text{Total N}^\circ \text{ of preventive actions on LABORATORY EQUIPMENT scheduled for the quarter}} \right) \times 100\%$$

- 3.4.10.4.4 The calculation of the indicator above will include both PREVENTIVE MAINTENANCE actions, as well as necessary calibrations and technical inspections.
- 3.4.10.4.5 The final score of the indicator will be calculated considering the following ranges:

Table 55 – Measurement ranges – IQMP02

Measurement ranges	Note Indicator
M >= 95%	1,00
93% <= M < 95%	0,80
91% <= M < 93%	0,60
89% <= M < 91%	0,40
87% <= M < 89%	0,20
M < 87%	0,00

3.4.10.5 IQMP03 – INDICATOR OF COMPLIANCE WITH THE PREVENTIVE MAINTENANCE PLAN (BUILDING ENGINEERING AND UTILITIES) OF HIGHLY CRITICAL FACILITIES AND EQUIPMENT

3.4.10.5.1 The IQMP03 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of extremely critical facilities and equipment aims to ensure that LACEN's critical infrastructures and essential support systems are maintained in optimal operating conditions. This includes the performance of scheduled preventive maintenance, verifications and technical inspections, as established in the Maintenance Plan prepared by the CONCESSIONAIRE and validated by the GRANTING AUTHORITY, in accordance with the guidelines of ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.

3.4.10.5.2 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, based on the information registered in the BUILDING MANAGEMENT SYSTEM under the responsibility of the CONCESSIONAIRE, as indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES, which manages maintenance activities, and will be calculated through the following formula:

Equation 94 – Calculation of the Compliance Indicator of the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of High Criticality facilities and equipment (IQMP03)

$$\text{Measurement result IQMP03} = M = \left(\frac{\text{Qtd. de ações preventivas em instalações e equipamentos de alta criticidade realizadas dentro do prazo no trimestre}}{\text{Qtd. de ações preventivas em instalações e equipamentos de alta criticidade programadas para o trimestre}} \right) \times 100\%$$

3.4.10.5.3 The final score of the indicator will be calculated considering the following ranges:

Table 56 – Measurement ranges – IQMP03

Measurement ranges	Note Indicator
M >= 98.0%	1,00
97.0% <= M < 98.0%	0,80
96.0% <= M < 97.0%	0,60
95.0% <= M < 96.0%	0,40
94.0% <= M < 95.0%	0,20
M < 94.0%	0,00

3.4.10.6 IQMP04 – INDICATOR OF COMPLIANCE WITH THE PREVENTIVE MAINTENANCE PLAN (BUILDING ENGINEERING AND UTILITIES) OF OTHER FACILITIES AND EQUIPMENT

- 3.4.10.6.1 The IQMP04 – Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of the other facilities and equipment, aims to ensure that all LACEN facilities and equipment that are not classified as extremely critical receive adequate maintenance to maintain their functionality and safety. This includes conducting preventive maintenance, verifications and technical inspections, as established in the Maintenance Plan prepared by the CONCESSIONAIRE and validated by the GRANTING AUTHORITY, in accordance with the guidelines of ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.
- 3.4.10.6.2 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, based on the information registered in the BUILDING MANAGEMENT SYSTEM under the responsibility of the CONCESSIONAIRE, as indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES, which manages maintenance activities, and will be calculated through the following formula:

Equation 95 – Calculation of the Indicator of Compliance with the PREVENTIVE MAINTENANCE Plan (Building Engineering and Utilities) of the other facilities and equipment (IQMP04)

$$\text{Measurement result IQMP04} = M = \left(\frac{\text{N}^{\circ} \text{ of preventive actions on facilities and equipment completed on schedule during the quarter}}{\text{Total N}^{\circ} \text{ of preventive actions on facilities and equipment scheduled for the quarter}} \right) \times 100\%$$

- 3.4.10.6.3 The final score of the indicator will be calculated considering the following ranges:

Table 57 – Measurement ranges – IQMP04

Measurement ranges	Note Indicator
M >= 95%	1,00
93% <= M < 95%	0,80
91% <= M < 93%	0,60
89% <= M < 91%	0,40
87% <= M < 89%	0,20
M < 87%	0,00

3.4.11 TICKET QUALITY INDEX (IQCH)

- 3.4.11.1 The IQCH is formed by the following indicator:
- a. IQCH01 – Indicator of deadline and adequacy to answer calls.
- 3.4.11.2 The score for the IQCH is equivalent to the score calculated for the indicator, according to the formula below:

Equation 96 – Calculation of the Ticket Quality Index (IQCH)

$$\text{IQCH} = \text{IQCH01}$$

3.4.11.3 IQCH01 – INDICATOR OF DEADLINE AND ADEQUACY TO ANSWER CALLS

- 3.4.11.3.1 The objective of this indicator is to ensure that the calls opened by LACEN professionals, related to any services under the responsibility of the CONCESSIONAIRE, are answered within a period previously established and agreed between the PARTIES for each type of call and correlated service.
- 3.4.11.3.2 The call will only be considered closed when the CONCESSIONAIRE fully performs the actions necessary to meet the request (e.g., execution of a CORRECTIVE MAINTENANCE, performance of a cleaning service, etc.).
- 3.4.11.3.3 The preparation of the list with the possible types of calls and their classification according to the deadlines set forth below (Urgency, High Priority, Medium Priority, Low Priority and Non-Critical), will be carried out before the beginning of PHASE 3 – PARTIAL OPERATION, according to the procedures indicated in ANNEX 7 – SCHEDULE OF RESPONSIBILITIES.
- 3.4.11.3.4 For the purposes of this INDICATOR, the following deadlines are considered:
- a. Urgent Calls: Calls that require immediate attention due to their critical nature, such as issues that directly affect the safety of laboratory operations or the integrity of examinations and analyses.
 - Service Deadline: Up to 2 hours after the opening of the call.
 - b. High Priority Calls: Important calls that are not immediately dangerous, but that need to be resolved quickly to avoid negative impacts on LACEN's operations or the results of examinations and analyses.
 - Service Deadline: Up to 4 hours after the opening of the call.
 - c. Medium Priority CORRECTIVE MAINTENANCE Calls: Calls related to failures or defects that affect the functionality of LABORATORY EQUIPMENT, FURNITURE, ICT EQUIPMENT, other equipment, buildings or facilities, but that do not interrupt the essential services of the laboratory.
 - Service Deadline: Up to 12 hours after the opening of the call.
 - d. Low Priority Calls: Calls for less urgent issues that do not immediately affect the performance of the tests or the safety of the laboratory, such as preventive maintenance or minor adjustments.
 - Service Deadline: Up to 24 hours after the opening of the call.
 - e. Non-Critical Calls: Calls for general services that do not have a direct impact on the performance of laboratory tests or the safety of LACEN, such as building maintenance or employee comfort issues.
 - Service Deadline: Up to 48 hours or as agreed between the PARTIES.
- 3.4.11.3.5 The result of the measurement of this indicator will be obtained quarterly by the INDEPENDENT VERIFIER, from the information registered in the system (e.g., Service Desk) under the responsibility of the CONCESSIONAIRE that manages the calls, and will be calculated through the following formula:

Equation 97 – Calculation of the deadline indicator and adequacy to the service of calls (IQCH01)

$$\text{Measurement result IQCH01} = M = \left(\frac{\text{N}^{\circ} \text{ of service calls answered on schedule}}{\text{Total N}^{\circ} \text{ of service calls recorded}} \right) \times 100\%$$

- 3.4.11.3.6 After the end of the call, if a new call is opened for the same occurrence due to inadequacy on the part of the CONCESSIONAIRE in the implemented resolution, the previous call will be considered as non-compliant and answered after the deadline.
- 3.4.11.3.7 The final score of the indicator will be calculated considering the following ranges:

Table 58 – Measurement ranges – IQCH01

Measurement ranges	Note Indicator
M >= 95.0%	1,00
93% <= M < 95%	0,80
91% <= M < 93%	0,60
89% <= M < 91%	0,40
87% <= M < 89%	0,20
M < 87%	0,00

3.5 SATISFACTION FACTOR (FS)

- 3.5.1 The Satisfaction Factor (FS) will be composed of the following index:
- a. Satisfaction Index of Finalistic Professionals (ISPF).
- 3.5.2 The ISPF must be determined through the application of satisfaction surveys.
- 3.5.3 The INDEPENDENT VERIFIER will be responsible for the preparation and proposal of the questionnaires, for subsequent validation by the CONCESSIONAIRE and the GRANTING AUTHORITY.
- 3.5.4 The questionnaire of the SATIFATION INDEX OF FINALISTIC PROFESSIONALS must necessarily contain questions about the satisfaction of the FINALISTIC SERVICES team in relation to the quality, quantity and variety of the meals available in the cafeteria, representing a weight of at least 10% (ten percent) of the total score of the questionnaire.
- 3.5.5 In the event of uncertainty and/or disagreement between the PARTIES about the questionnaire to be adopted, the questions initially proposed by the INDEPENDENT VERIFIER will be fully applied in the survey, until there is consensus between the PARTIES.
- 3.5.6 The survey form, with its respective questions, must be reviewed by the INDEPENDENT VERIFIER, and approved by the PARTIES annually for eventual exclusion, addition or revision of the questions applied in the previous year.
- 3.5.7 The research will be based on the following guidelines:
- a. Scope: Balance questions about different aspects of the services provided by the CONCESSIONAIRE. In a referential way, a quantity of 10 to 20 questions is recommended for the survey.
 - b. Relevance: Ensure that each question is relevant to the research objectives and provides relevant information about the practitioner's experience.

- c. Clarity: Formulate clear and direct questions that are easy to understand and answer.
 - d. Response Time: Consider the average time needed to answer each question and the total time to complete the questionnaire, aiming to keep the survey within an acceptable period (with recommendation, in a referential way, in a time of 5 to 10 minutes).
 - e. Prioritization: If necessary, prioritize questions about services that are critical to the LACEN experience or that have been identified as areas for improvement.
 - f. Pilot Test: Conduct a pilot test of the questionnaire beforehand, on a representative sample, to assess the comprehension of the questions and response time, adjusting the wording or number of questions as needed.
- 3.5.8 For each question, respondents must choose between the options Very Satisfied (score 1.00), Satisfied (score 0.75), Dissatisfied (score 0.25) and Very Dissatisfied (score 0.00).
- 3.5.9 All questions in the survey will have the same weight.
- 3.5.10 The questionnaires will be applied in a sample manner by the INDEPENDENT VERIFIER, and the results obtained must be communicated in a transparent manner to the GRANTING AUTHORITY, the CONCESSIONAIRE and other STAKEHOLDERS, such as the general public.
- 3.5.11 The INDEPENDENT VERIFIER shall prepare reports including analyses of trends, identified strengths and recommendations to address areas for improvement of services.
- 3.5.12 The score for the FS is equivalent to the ISPF result, as shown below:

Equation 98 – Calculation of the Satisfaction Factor (FS)

$$FS = ISPF$$

3.5.13 SATISFACTION INDEX OF FINAL PROFESSIONALS (ISPF)

- 3.5.13.1 The survey will be applied quarterly in a sample manner by the INDEPENDENT VERIFIER considering:
- a. Universe of Analysis: Number of professionals who work in LACEN, excluding professionals from the CONCESSIONAIRE;
 - b. Analysis Sample: The sample size must comply with the ABNT NBR 5426:1985 Standard, general inspection level 2 (two) and normal simple sampling plan.
- 3.5.13.2 The survey will be conducted through face-to-face interviews, and tablets or printed forms may be made available for respondents to fill out.
- 3.5.13.3 The ISPF is formed by the following indicator:
- a. ISPF01 – Satisfaction indicator of final professionals.
- 3.5.13.4 The score for the ISPF is equivalent to the score calculated for the indicator, according to the formula below:

Equation 99 – Calculation of the Satisfaction Index of Final Professionals (ISPF)

$$ISPF = ISPF01$$

3.5.13.5 ISPF01 – SATISFACTION INDICATOR OF FINAL PROFESSIONALS

- 3.5.13.5.1 The objective of this indicator is to evaluate the perception of the final professionals in relation to the availability of the SERVICES provided by the CONCESSIONAIRE.
- 3.5.13.5.2 The questionnaires intended for finalistic professionals must be developed in a clear, concise and appropriate manner to their needs and expectations, covering questions about each of the services under the responsibility of the CONCESSIONAIRE, such as the quality of service, resolution of calls, cleanliness and comfort of the facilities, quality of meals, safety, among others.
- 3.5.13.5.3 From the calculation of the scores corresponding to the evaluations, the indicator will be calculated by applying the following rationale:

Equation 100 – Calculation of the satisfaction indicator of final professionals (ISPF01)

$$\text{Measurement result ISPF01} = M = \left(\frac{\sum \text{Scores obtained from the questionnaires applied}}{\text{Total N}^\circ \text{ of questionnaires applied}} \right) \times 100\%$$

- 3.5.13.5.4 The final score of the indicator will be calculated considering the following ranges:

Table 59 – Measurement ranges – ISPF

Measurement ranges	Note Indicator
M > 90%	1,00
80% >= M >= 90%	0,80
70% >= M >= 80%	0,60
60% >= M >= 70%	0,40
50% >= M >= 60%	0,20
M < 50%	0,00