READING GUIDE

Reading a file in ten minutes

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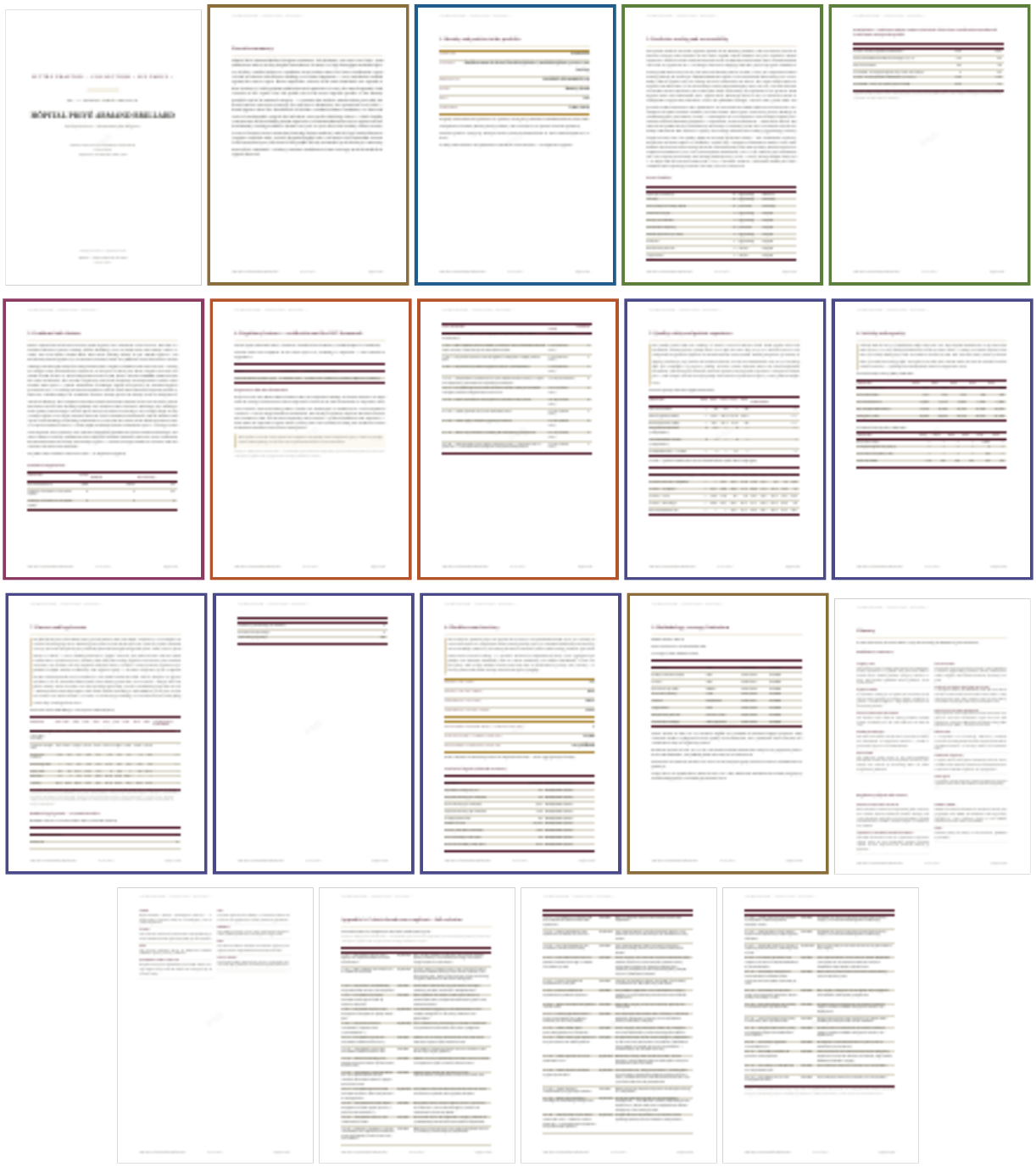
Reading a File in Ten Minutes

Every file follows the same path. **The opening**: who the facility is, its lines of strength and fragility, the share of its profile that depends on it, the data coverage. **The re-read certification**: the HAS report re-read criterion by criterion, every finding counted and attributed, then projected onto the 2027 framework — what lapses, what survives. **The predictive reading**: the risk profile placed within the portfolio and its national category, and the material levers from the counterfactuals. **The panels**: quality and experience campaign by campaign, activity year by year, finance over ten fiscal years, territory and recruitment. **The conjunctions**: the two or three points where several independent sources converge — the file's reason for being.

Three reading habits suffice. Every cited value faces its benchmark — the median of facilities certified without conditions. Every certification chapter grade carries its title and its scale ("The Patient" at 95/100). Every missing datum is written out in full, with what it prevents concluding.

1 Data coverage (from the opening, and § 9) 2 The opening 3 The predictive reading 4 The conjunctions (combined beams)
5 The re-read certification (and its annexe) 6 The panels (quality, activity, finance, territory)



The Sources, on One Page

All public, citable, open to re-reading; the facility can neither choose nor retouch them.

Source	What it brings to the file
HAS (decisions, reports, 2025/2027 frameworks)	The procedure re-read finding by finding, projected onto the incoming framework
SAE	Beds, admissions, visits, emergencies, staffing — in series
IQSS / e-Satis	Measured quality and reported experience, campaign by campaign
ScanSanté	Lengths of stay, occupancy, case-mix weight, national positioning
INPI	Up to ten filed fiscal years: the financial trajectory
BODACC	Legal notices — and their absence, which is also a fact
France Travail, DREES, INSEE	The territory: care-staff densities, pressures, demography, incomes
FINESS registry	Identity and attachments

The Collection's 5 Rules

1. **Everything is sourced** — every number comes from a dated public document.

2. **Blind spots are stated rather than filled.**

3. **Rules are stated below the tables they govern.**

4. **The scope is bounded and counted twice** — facilities and files; sites without a file are named in the annex with their reason.

5. **Every file is checked before it is sealed** — reproduced renders, text verified word for word, bilingual screens; errata are on record.

The Benchmark Lexicon

The benchmark: the median of facilities certified without conditions — those whom certification does not worry. Main values used by the files: hand hygiene (ICSHA) **82.5**; discharge-letter quality **82.4**; pain assessment **91**; e-Satis satisfaction — inpatient **75.6**, outpatient **80.6**, rehabilitation **76.6**; recommendation rate **59.5%**; paramedical staffing trend **+1.5%** a year; operating cash flow **3.9%** of revenue; departmental nursing density **152.8** per 100,000 inhabitants; nursing-care accessibility (APL) **151**.

The couple (value → target): the site's observed value, then the level that would erase the gap at scoring — "hand hygiene (76.4 → 102.0)" reads: measured at 76.4, it would stop weighing on the profile at 102.0.

The actionable share: the fraction of the risk profile that depends on the facility; the rest is context — territory, structure, entity finance.

The coverage: how many of the model's sixty-nine signals are observed for this site, before any imputation.

The retained value: the characteristic value used by the engine when it differs from a published campaign; the file then prints both, as they stand.

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