MID-YEAR ENTERPRISE GOAL UPDATE

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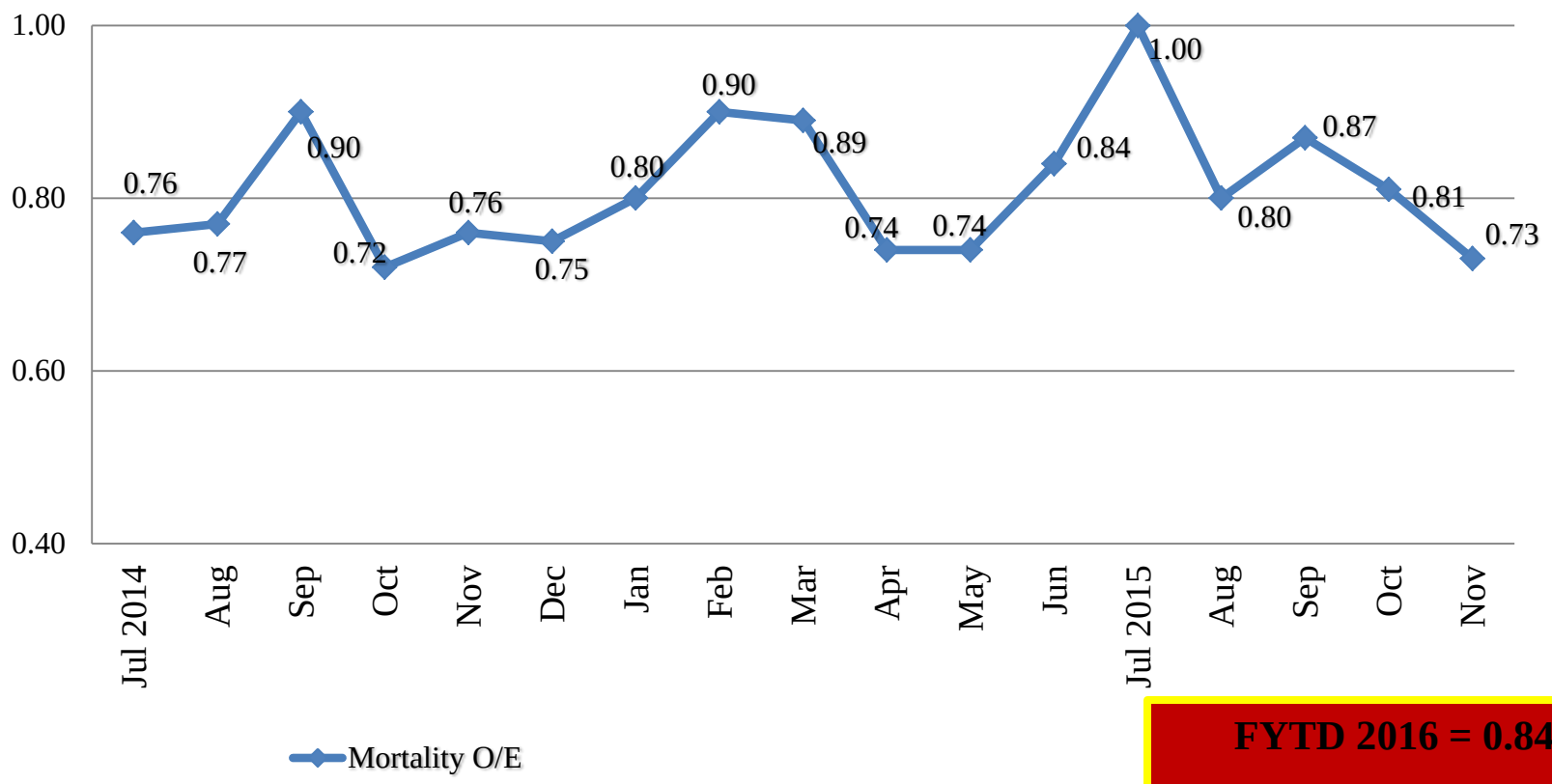
UK HealthCare

FY2016 Enterprise Goals

	Threshold	Target	Max	Actual Performance FY16
MORTALITY				
Observed to Expected *(O/E)*	≤0.84	≤0.82	≤0.80	0.84
PATIENT SAFETY				
Patient Safety Indicator 90 *(Harm Score)*	≤0.68	≤0.64	≤0.59	0.47
Hospital Acquired Infections *(6 total)*	3 of 6	4 of 6	5 of 6	3 of 6
CARE CONTINUUM				
New Patient Visit Lag of ≤14 days *(76 locations)*	≥24 locations	≥31 locations	≥39 locations	21 locations (under threshold)
Length of Hospital Stay (*LOS O/E*)	≤1.05	≤1.04	≤1.03	1.01
Same-hospital Readmissions	≤10.85%	≤10.75%	≤10.65%	10.37%
PATIENT EXPERIENCE				
Inpatient (HCAHPS) Survey Domains *(9 total)*	6 of 9	7 of 9	8 of 9	4 of 9 (under threshold)
Ambulatory (CGCAHPS) Survey Domains *(6 total)*	3 of 6	4 of 6	5 of 6	4 of 6
ENGAGEMENT				
Physician Engagement	≥3.66	≥3.70	≥3.74	Survey-Spring 2016
Employee Engagement	≥4.05	≥4.09	≥4.13	Survey-Spring 2016

6/18/2015 – Approved by the University of Kentucky Board of Trustees University Health Care Committee

MORTALITY: Inpatient



FYTD 2016 = 0.84

Threshold	≤ 0.84
Target	≤ 0.82
Max	≤ 0.80

MORTALITY: Expected Mortality

Hospital	Cases	% Deaths (Obs)	% Deaths (Exp)	Mortality Index	% Early Deaths
	15,291	4.32	5.03	0.86	1.82
180067 UKCHANDLER	28,360	3.78	4.27	0.89	1.33
	12,084	3.02	4.26	0.71	0.65
	28,969	**3.50**	**3.81**	**0.92**	**0.93**
	21,090	3.27	3.77	0.87	0.97
	23,825	3.09	3.75	0.82	1.30
	44,324	3.42	3.71	0.92	0.94
	27,316	3.02	3.59	0.84	1.03
	37,208	2.65	3.58	0.74	0.98
	31,401	2.76	3.49	0.79	1.11
	13,091	1.25	3.44	0.36	0.41
	39,860	3.35	3.34	1.00	1.05
	27,323	2.45	3.34	0.74	0.81
	18,309	2.82	3.32	0.85	0.92
	53,419	2.82	3.28	0.86	0.71
	23,510	1.81	3.27	0.55	0.70
	15,421	3.16	3.26	0.97	1.23
	37,086	2.48	3.22	0.77	0.91

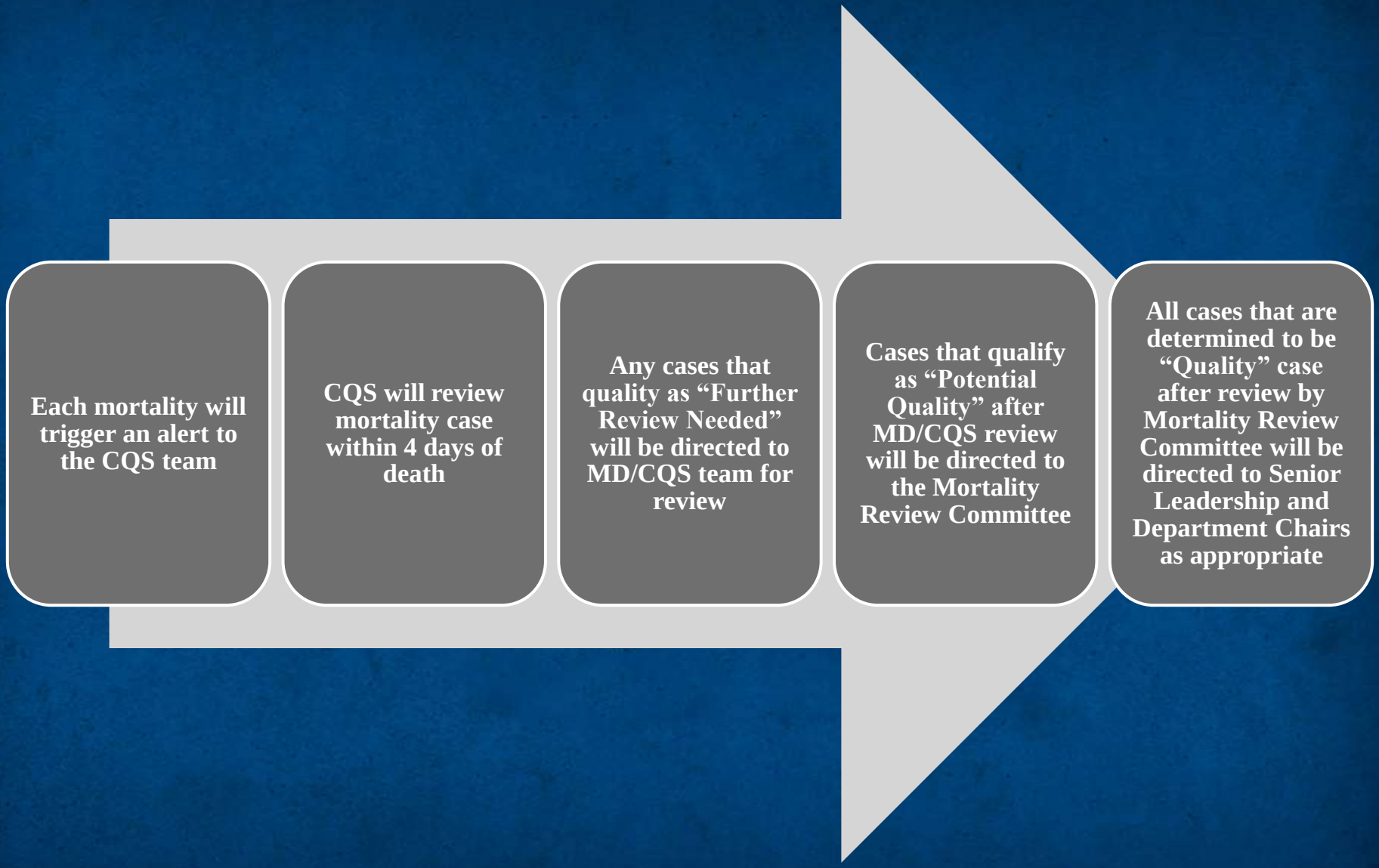
UKHC, Chandler is 2nd among over 100 UHC Centers

MORTALITY: Transfers from Another Hospital

Hospital	% Tx	% Deaths (Obs)	% Deaths (Exp)	Mortality Index	% Early Deaths
[redacted]	29.02%	5.18	6.39	0.81	2.15
[redacted]	27.57%	5.63	5.88	0.96	1.75
180067 UKCHANDLER	26.48%	6.90	7.70	0.90	2.31
[redacted]	26.44%	6.42	7.60	0.84	2.89
[redacted]	25.49%	6.44	7.20	0.89	1.73
[redacted]	25.38%	6.78	7.53	0.90	1.49
[redacted]	24.22%	4.42	4.68	0.95	1.53
[redacted]	22.95%	5.49	5.71	0.96	1.38
[redacted]	22.90%	6.42	5.97	1.08	2.38
[redacted]	22.12%	5.00	7.23	0.69	2.14
[redacted]	21.95%	6.57	6.54	1.01	2.17
[redacted]	21.54%	5.37	4.68	1.15	1.94
[redacted]	21.42%	5.40	6.26	0.86	1.88
[redacted]	20.97%	3.96	4.55	0.87	1.39
[redacted]	20.91%	4.36	5.86	0.74	1.42

Highest Observed and Expected Mortality

MORTALITY: Improved Review Process



MORTALITY: MD and RN Dyads for Reviews

MORTALITY: Review Committee

- Dr. Eleftherios Xenos, Co-chair
- Amanda Green, Co-chair
- Dr. Louis Bezold
- Dr. Justin Fraser
- Dr. Adrian Messerli
- Dr. Ching Tzeng
- Dr. Zack Roy
- Dr. Peter Morris
- Dr. Andrew Bernard
- Dr. Gerhard Hildebrandt
- Kim Blanton
- Pam Florence
- Paula Holbrook
- Vicky Turner
- Philip Almeter
- Lisa Fryman
- Debbie Sublett
- Dr. Bernard Boulanger
- Colleen Swartz
- Dr. Hassan Reda
- Dr. Seth Stearley
- Pam Ryan
- Dr. Kevin Nelson

PATIENT SAFETY: PSI-90

Composite Score of the following Patient Safety Indicators (PSIs):

- PSI-3: Pressure Ulcers
- PSI-6: Iatrogenic Pneumothorax
- PSI-7: Central Venous Catheter-Related Bloodstream Infections
- PSI-8: Post-operative Hip Fracture
- PSI-12: Post-operative PE or DVT
- PSI-13: Post-operative Sepsis
- PSI-14: Post-operative Wound Dehiscence
- PSI-15: Accidental Puncture or Laceration

Rolling Year = 0.47
(October 2014 – September 2015)

Threshold	**≤0.68**
Target	**≤0.64**
Max	**≤0.59**

PATIENT SAFETY: Team Examples

- Mortality Review Process
- Insulin Pump Policy and Workflow Update
- Culture of Safety Initiatives
- Weight Standardization- Ambulatory Care
- ED Neutropenic Fever Protocol
- Sepsis Screening and Order Updates
- Bi-pap and restraint policies and procedures

PATIENT SAFETY: Team Examples

- AHRQ PSI Toolkit
- SWARM Workflow Process Improvements
- AHRQ PDI Workflow and Toolkit
- VTE and Mobility Process Improvement
- Hemolyzed Specimens
- IV Medication Labels
- Multum Drug Library
- Midlines and Ultrasound Guided PIV Implementation/trials

PATIENT SAFETY: Hospital Acquired Infections (HAIs)

Indicators	SIR 2015					Target	YTD VS. Goal
	Jul	Aug	Sep	Oct	Nov		
CAUTI	0.67	0.23	0.34	0.65		1.06	0.42-Q3
CLABSI	0.44	0.43	0.64	0.55		0.54	0.51-Q3
C. Difficile***	1.05					0.90	1.05
MRSA w/ Bacteremia***	2.01					0.92	2.01
SSI: Abdominal Hysterectomy**	0.00	1.72				0.86	1.72
SSI: Colon**	1.57	0.38				0.92	0.84

***30 Days Behind ***Behind a Quarter*

FYTD 2016 = 3 of 6
Threshold 3 of 6
Target 4 of 6
Max 5 of 6

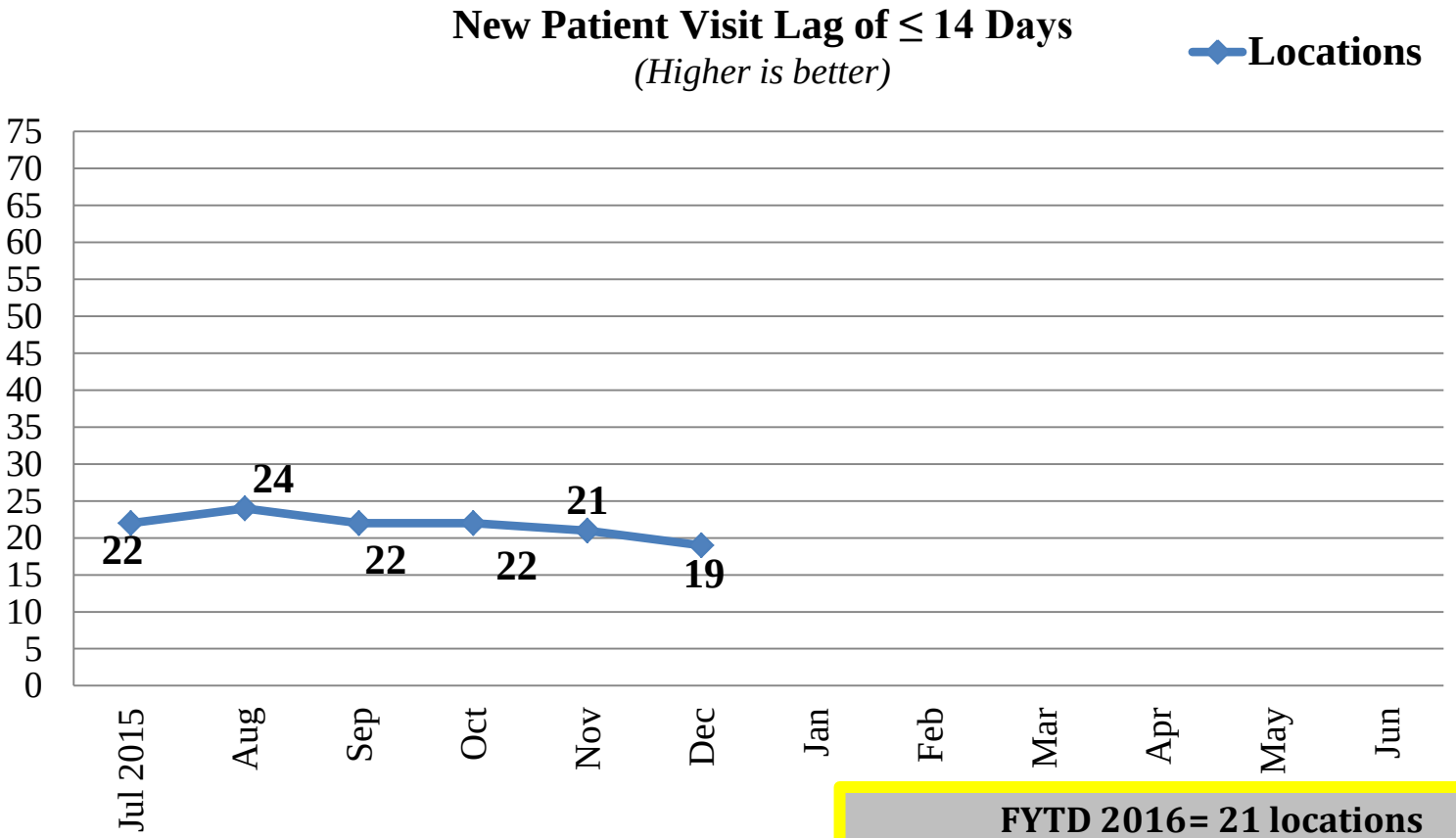
PATIENT SAFETY: IPAC Initiatives for Targeted Healthcare Acquired Infections (HAIs)

- **Hospital Onset *C. difficile* infection**
  - Noted over testing especially in the setting of laxative use
    - Provided updated education to faculty/staff regarding appropriate testing
    - Developed testing algorithm which is now available on CareWeb
    - Worked with the Clinical Decision Support Team to develop new order sets to help guide clinicians
  - Instituted automated contact isolation when *C. difficile* testing ordered
  - Starting new hand hygiene campaign

- **Abdominal Hysterectomy Surgical Site Infections**
  - Working with gynecology and gynecological oncology physicians to review our surveillance practice and definitions
  - Developed notification and reporting system to providers when an SSI is noted
  - Assessing current practice and reviewing best practices

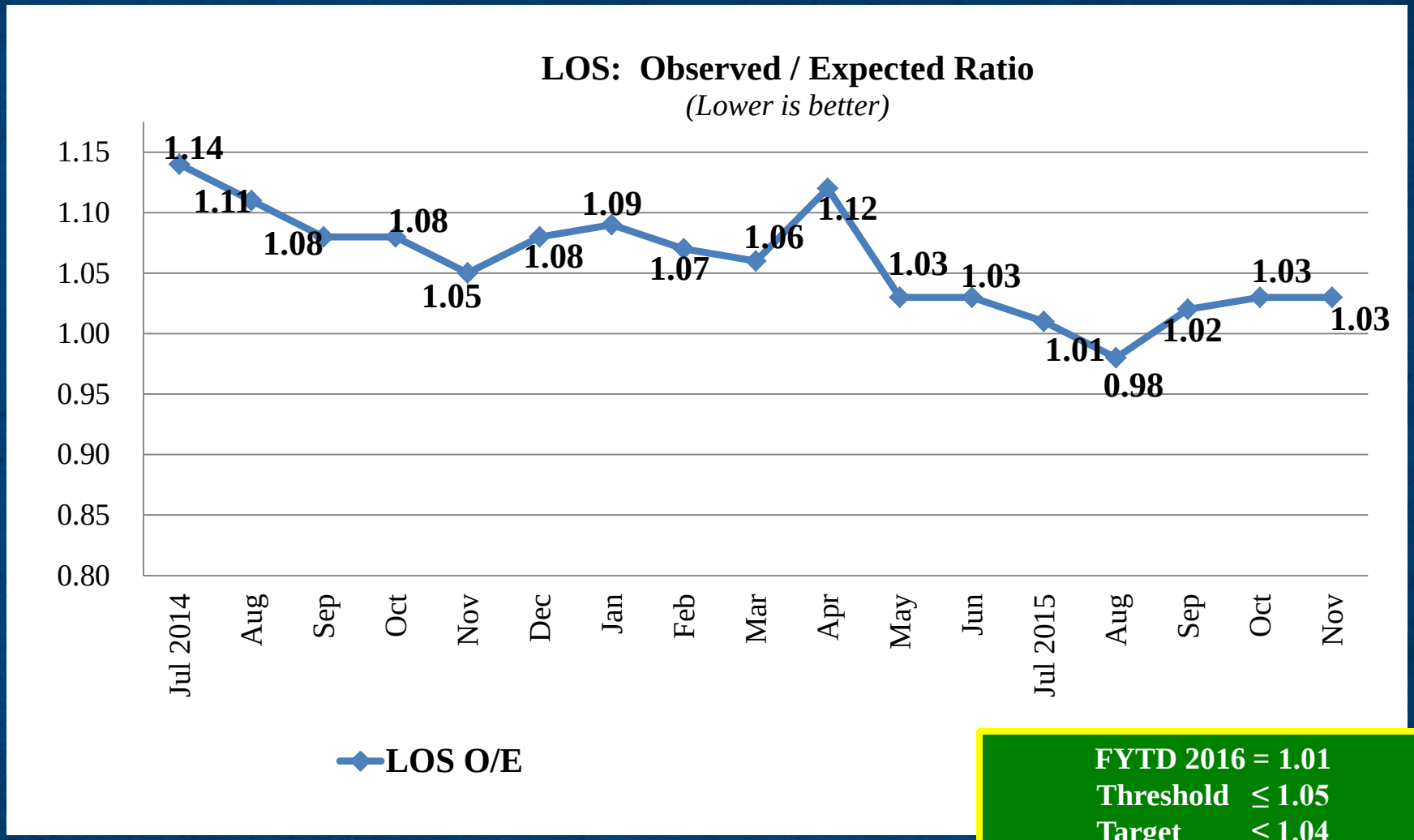
- **MRSA Bacteremia**
  - Developing new hand hygiene campaign with plan to begin soon
  - Plan to re-educate staff on Chlorhexidine bathing in ICUs and all patients with central venous catheters

CARE CONTINUUM: New Patient Visit Lag (Clinic Access for New Patients)



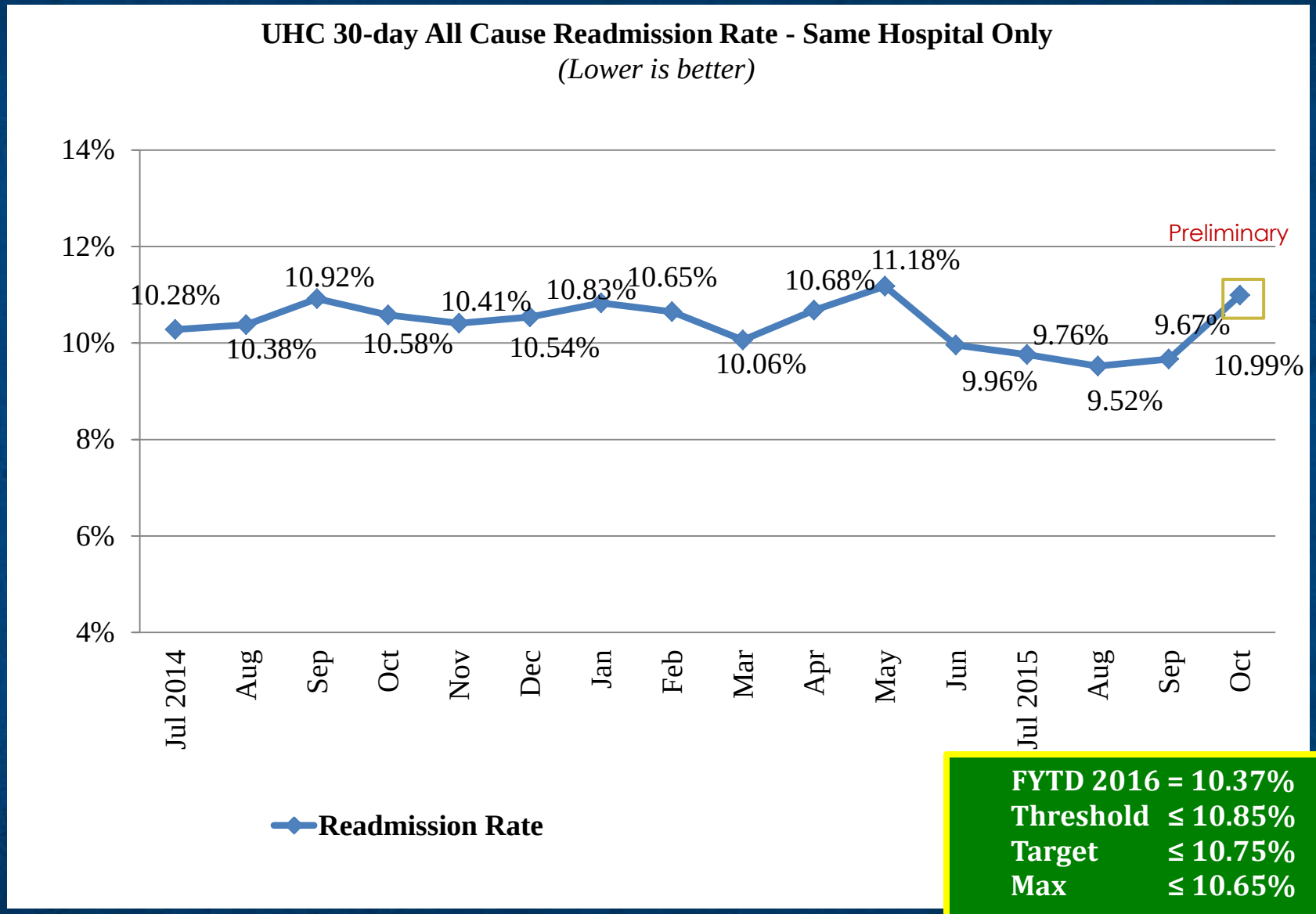
FYTD 2016 = 21 locations
(under threshold)
Threshold ≥ 24 locations
Target > 31 locations
Max ≥ 39 locations

CARE CONTINUUM: Length of Stay



FYTD 2016 = 1.01
Threshold ≤ 1.05
Target ≤ 1.04
Max ≤ 1.03

CARE CONTINUUM: Readmissions



PATIENT EXPERIENCE: Inpatient (HCAHPS)

HCAHPS Domain	July	Aug	Sept	Oct	Nov*	YTD	Target	YTD vs GOAL
Rate 9/10	73.6%	65.9%	68.2%	68.9%	72.8%	69.8%	73.2%	
Communication with Nurses	81.6%	79.5%	80.8%	79.4%	83.2%	80.9%	79.9%	
Responsiveness	67.6%	67.5%	66.9%	69.9%	68.3%	67.6%	64.9%	
Communication with Doctors	82.1%	79.1%	76.0%	79.7%	83.4%	80.1%	81.5%	
Hospital Environment	65.2%	62.5%	57.6%	63.2%	65.3%	62.8%	65.4%	
Pain	71.7%	67.4%	71.3%	69.8%	75.5%	71.1%	71.6%	(0.5)
Communication with Meds	67.8%	65.5%	67.3%	65.1%	68.4%	66.8%	64.2%	
Discharge	88.5%	86.4%	85.8%	87.8%	91.1%	87.5%	87.7%	(0.2)
Care Transitions	59.3%	54.8%	52.8%	57.7%	60.4%	56.9%	55.5%	

Great progress during record acuity and volumes. Very close in two additional themes. November achieving TARGET.

FYTD 2016 = 4 of 9
(under threshold)

Threshold	**6 of 9**
Target	**7 of 9**
Max	**8 of 9**

PATIENT EXPERIENCE: Ambulatory (CG-CAHPS)

CG-CAHPS Domain	July	Aug	Sept	Oct	Nov*	YTD	Target	YTD vs GOAL
Rate the Provider	83.1%	84.2%	85.0%	85.6%	82.1%	84.1%	83.6%	
Access to Care	57.4%	56.9%	59.7%	61.2%	58.3%	58.7%	56.2%	
Test Results	71.9%	75.0%	79.9%	76.9%	73.7%	75.4%	74.5%	
Physician Communication	90.3%	90.8%	91.7%	91.7%	90.6%	91.1%	91.2%	(0.1)
Office Staff Quality	90.3%	91.0%	91.6%	91.3%	90.9%	91.1%	91.0%	
Willingness to Recommend	89.3%	88.7%	90.4%	91.5%	88.1%	89.6%	90.3%	(0.6)

Achieving TARGET! Great progress during record volumes. Very close in two additional themes.

FYTD 2016 = 4 of 6

Threshold	**3 of 6**
Target	**4 of 6**
Max	**5 of 6**

ENGAGEMENT: Physician and Staff

- Both engagement surveys are scheduled for Spring 2016

- A key component of our engagement strategy is furthering diversity and inclusiveness
  - Process measures have been established
  - Following the University's lead on outcomes measures
  - Monitoring equity of care

Equity of Care

- UHC Quality & Accountability Study analyzes equity in our CMS Core Measure performance in these categories:
  - Gender
  - Race
  - Socio-economic Status
- UK HealthCare is tied for first in the provision of equitable care within the UHC

Equity of Care: Our Performance

- Only one statistically significant difference (p-value < 0.05) in Core Measure performance (Stroke Care Bundle)

	Gender	Race	Socio-economic Status
ED Wait Times			
Surgical Care			
Stroke Care			
Prevention of Blood Clots			

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