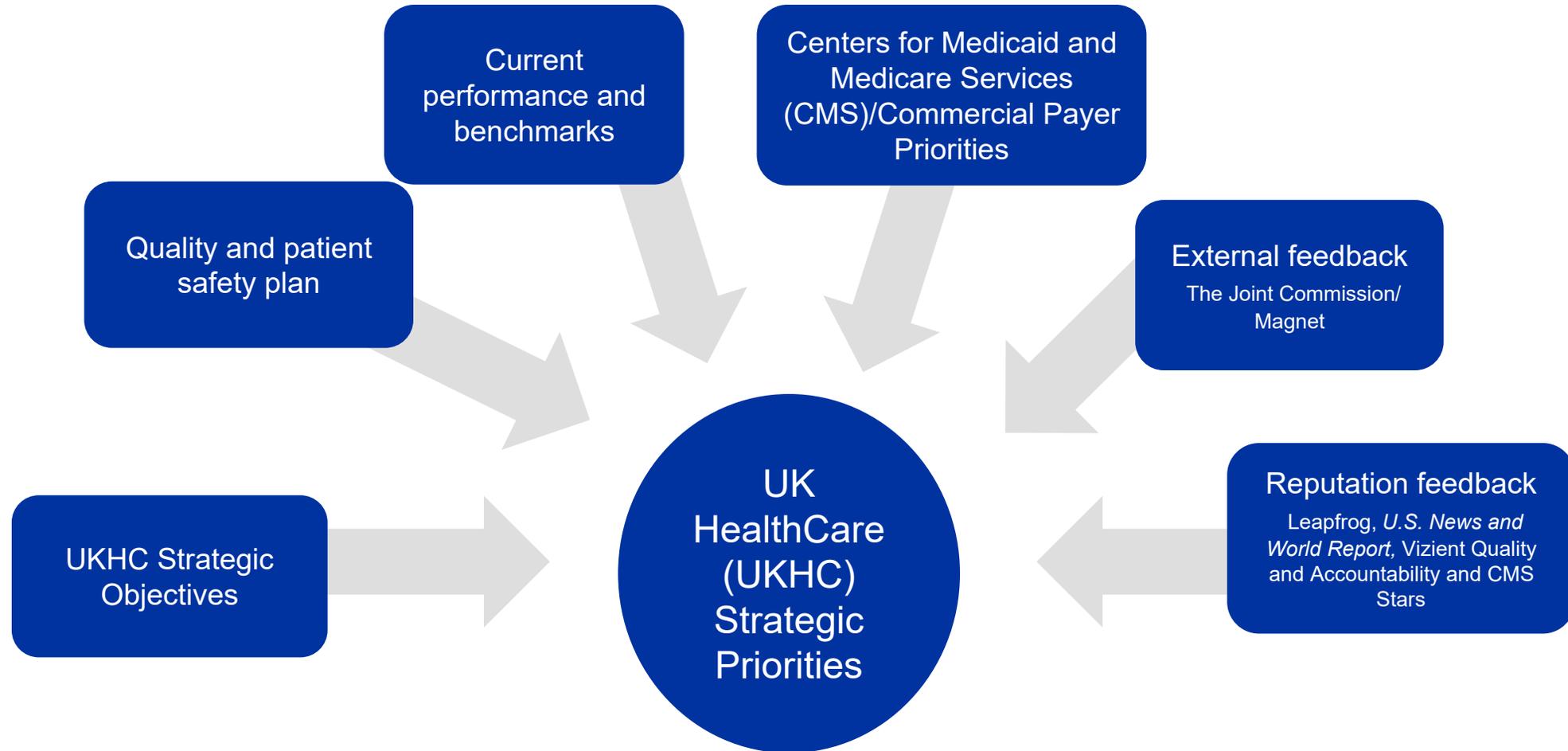# UNIVERSITY OF KENTUCKY BOARD OF TRUSTEES

Jennifer H. Rose, Senior Associate Vice President for Chandler Expansion and Performance Improvement

FY2025 ENTERPRISE GOALS

INPUTS TO PRIORITY DEVELOPMENT

FIVE-YEAR ASPIRATION – MEASURING SUCCESS EXTERNALLY

Program	**vizient** Vizient Q&A	**Medicare.gov** CMS Star Rating	**BEST HOSPITALS U.S.News** U.S. News and World Report	**THE LEAPFROG GROUP** Leapfrog	**University Directed Payment Program** Medicaid.gov
CY20 Baseline	*27th*	★	*#1 in Kentucky* *1 - Nationally Ranked Program*	*D*	*FY20 Reporting*
CY21 Target and Results	✓ Top 30 **19th**	✓ ★ ★★	✓ #1 in Kentucky 2 - Nationally Ranked Programs **#1 in Kentucky** **3 - Nationally Ranked Programs**	✓ C **C**	✓ Achieve Threshold on 4 Measures **Achieved Threshold on 12 of 14 Measures**
CY22 Target and Results	Top 25 **48th**	✓ ★★ ★★★	✓ #1 in Kentucky 3 - Nationally Ranked Programs **#1 in Kentucky** **3 - Nationally Ranked Programs**	✓ B Chandler Hospital - **B** Good Samaritan - C	✓ Achieve Threshold on 5 Measures **Achieved Threshold on 9 of 14 Measures**
CY23 Target and Results	Top 22 **28th**	✓ ★★ ★★★	✓ #1 in Kentucky 3 - Nationally Ranked Programs **#1 in Kentucky** **6 - Nationally Ranked Program**	✓ B **Partial achievement -** B grades in Fall, C grades in Spring	✓ Achieve Threshold on 6 Measures **Achieved Threshold on 8 of 14 Measures**
CY24 Target	Top 10	★★★	#1 in Kentucky 4 - Nationally Ranked Programs	✓ B **B**	Achieve Threshold on 7 of 15 Measures + Report 4 Additional Measures
CY25 Target	Top 10	★★★★	#1 in Kentucky 5 - Nationally Ranked Programs	A	Achieve Threshold on 7 of 19 Measures + Report 2 Additional Measures

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ENTERPRISE METRICS AND BENCHMARKS

Strategic Objective	Balanced Score Card Category	Metric	Benchmark Peer Group
	Exceptional Clinical Care	Value-Based Payment Screening Metrics	Medicare Merit-based Incentive Payment System (MIPS) Historical Quality Benchmarks
		Mortality Index	Vizient Q&A Comprehensive Academic Medical Centers, Virtual Pediatric Systems
	Extraordinary Engagement	Rate the Hospital/Likelihood to Recommend	Press Ganey University Health System Consortium
	Safe Care	Hand Hygiene Compliance	Internal Improvement
		Hospital-Acquired Infections (CAUTI, CLABSI, MRSA, SSI)	Vizient Q&A Comprehensive Academic Medical Centers
		Patient Safety Events (Falls, Pressure Injuries, Hypoglycemia)	Vizient Q&A Comprehensive Academic Medical Centers, National Database of Nursing Quality Indicators (NDNQI)
	Value, Access and Efficiency	Readmission Rate	Vizient Q&A Comprehensive Academic Medical Centers
		Length of Stay Index	Vizient Q&A Comprehensive Academic Medical Centers
	Extraordinary Engagement	Staff Turnover Rate	Vizient
	Value, Access and Efficiency	Personnel and Non-Personnel Expenses	Budget
		Strategic Volumes (Ambulatory Service Visits, New Ambulatory Service Visits, Total Discharges, Operating Room Cases)	
		Access: New Patients Seen within 10 Days	Vizient AAMC Clinical Practice Solution Center
	Value, Access and Efficiency	Number of Counties Served	Internal Goal
		Unique Lives Touched	Growth from 2020, 2021, 2022 (2020 U.S. Census)

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EXCEPTIONAL CLINICAL CARE

Metric	Neonate Mortality Index	Pediatric Mortality Index	Pediatric Mortality Ratio	Mortality Index - Enterprise Adult	Colorectal Cancer Screening	Screening for Depression & Follow-Up Plan	Controlling High Blood Pressure	Well-Child Visits, 3-6 Years	Well-Child Visits, 0-15 Months
FY24 Baseline	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23
	0.69	1.05	1.017	0.76	71.93%	95.96%	71.92%	69.42%	70.07%
FY25 Target	**0.79**	**0.92**	**0.97**	**0.72**	**75.00%**	**88.00%**	**74.00%**	**90.00%**	**78.00%**
	Median	**Median**	**Step to Top Decile**	**Top Quartile**	**Stepped Improvement**	**Stepped Improvement**	**Stepped Improvement**	**Stepped Improvement**	**Stepped Improvement**
FY26 Target	Top Quartile	Top Quartile	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile	Top Quartile	Top Quartile
FY27 Target	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile
Benchmark	Vizient - KCH Selected Cohort	Vizient - KCH Selected Cohort	Historical Performance, Virtual Pediatric Systems	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2024	Medicare Merit-based Incentive Payment System (MIPS) Historical Quality Benchmarks	Medicare Merit-based Incentive Payment System (MIPS) Historical Quality Benchmarks	Medicare Merit-based Incentive Payment System (MIPS) Historical Quality Benchmarks	Medicare Merit-based Incentive Payment System (MIPS) Historical Quality Benchmarks	Medicare Merit-based Incentive Payment System (MIPS) Historical Quality Benchmarks

★ New measure

EXTRAORDINARY ENGAGEMENT

Metric	Provide More Value						Invest in Our People
	Child CAHPS* - Rate Hospital Stay	Emergency Department - Likelihood of Recommending	HCAHPS** - Rate the Hospital	OAS CAHPS*** - Facility Rating	Outpatient Services Survey - Likelihood to Recommend	Medical Practice - Likelihood to Recommend the Practice	Turnover
FY24 Baseline	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23
	65.59%	78.64	75.86%	88.10%	95.99	95.33	16.35%
FY25 Target	**75.60%**	**82.3**	**75.80%**	**88.10%**	**96.2**	**95.5**	**14.35%**
	55th Percentile	**Top Quartile**	**Top Quartile**	**Step to Top Quartile**	**Top Quartile**	**Step to Top Quartile**	**Top Quartile**
FY26 Target	Top Quartile	Top Quartile	Top Decile	Top Decile	Top Decile	Top Quartile	85th Percentile
FY27 Target	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile
Benchmark	Press Ganey and University Health System Consortium	Press Ganey University Health System Consortium	Press Ganey University Health System Consortium	Press Ganey University Health System Consortium	Press Ganey University Health System Consortium	Press Ganey University Health System Consortium	Vizient ODB Comprehensive AMC

*Consumer Assessment of Healthcare Providers and Systems
**Hospital Consumer Assessment of Healthcare Providers and Systems
*** Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems

New benchmark

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SAFE CARE

Metric	Hand Hygiene	NDNQI Patient Falls with Injury-Adult	NHSN CAUTI SIR-Adult/Peds	NHSN CLABSI SIR-Adult/Peds	NHSN MRSA SIR-Adult/Peds	NHSN SSI-COLO SIR-Adult/Peds	NHSN SSI-HYST SIR-Adult	PSI-03 - Pressure Ulcer Adult (rate per 1,000)	PSI-13 – Postoperative Sepsis Rate	Hypoglycemia in Insulin Use-Adult
FY24 Baseline	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23
	84.8%	0.20	0.46	0.99	1.36	0.72	1.83	0.648	0.94	2.5%
FY25 Target	**90%**	**0.20**	**0.42**	**0.76**	**1.09**	**0.65**	**1.38**	**0.63**	**0.72**	**2.3%**
	Internal Improvement	**Step to Top Quartile**	**Step to Top Quartile**	**Median**	**Step to Median**	**Step to Top Decile**	**Step to Median**	**Top Quartile**	**Median**	**Step to Top Quartile**
FY26 Target	92.50%	Top Decile	Top Quartile	Step to Top Quartile	Median	80th Percentile	Median	Top Quartile	Top Quartile	Top Quartile
FY27 target	95%	Top Decile	Top Decile	Top Quartile	Top Quartile	Top Decile	Top Quartile	Top Decile	Top Quartile	Top Decile
Benchmark	Leapfrog Standard	NDNQI*- Magnet Facilities	Vizient Q&A Comprehensive Academic Medical Centers 2024	Vizient Q&A Comprehensive Academic Medical Centers 2024	CMS - Vizient Q&A Comprehensive AMC	Vizient Q&A Comprehensive Academic Medical Centers 2024	Vizient Q&A Comprehensive Academic Medical Centers 2024	Vizient Q&A Comprehensive Academic Medical Centers 2024	Vizient Q&A Comprehensive Academic Medical Centers 2024	Vizient Q&A Comprehensive Academic Medical Centers 2024

*NDNQI – National Database of Nursing Quality Indicators

**NHSN CAUTI SIR – National Healthcare Safety Network Catheter-Associated Urinary Tract Infection Standardized Infection Ratio

***NHSN CLABSI SIR - National Healthcare Safety Network Central Line-Associated Bloodstream Infection Standardized Infection Ratio

****NHSN MRSA SIR - National Healthcare Safety Network Methicillin-Resistant Staphylococcus Aureus Standardized Infection Ratio

*****NHSN SSI – COLO SIR - National Healthcare Safety Network Surgical Site Infection for Colorectal Surgeries Standardized Infection Ratio

******NHSN SSI – HYST SSI - National Healthcare Safety Network Surgical Site Infection for Abdominal Hysterectomy Standardized Infection Ratio

*******PSI-03 – Patient Safety Indicator for AHRQ (Agency for Healthcare Research and Quality) Measure 3 – Pressure Injury Stage III or IV

New measure

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VALUE, ACCESS AND EFFICIENCY

Metric	30-Day All Cause Unplanned Readmission Rate - Enterprise Adult	30-Day All Cause Unplanned Readmission Rate - Pediatric	Pediatric Length of Stay Index	Neonatal Length of Stay Index	Adult Length of Stay Index	Percent of New Patients Seen within 10 Days
FY24 Baseline	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23	Jan '23 – Dec '23
	12.16%	5.57%	0.86	0.89	0.96	40.44%
FY25 Target	**11.55%**	**4.80%**	**1.03**	**0.85**	**0.92**	**41.94%**
	Median	**Top Quartile**	**Median**	**Median**	**Top Quartile**	**Top Quartile**
FY26 Target	60th Percentile	85th Percentile	65th Percentile	65th Percentile	Top Quartile	Top Decile
FY27 target	65th Percentile	Top Decile	Top Quartile	Top Quartile	Top Decile	Top Decile
Benchmark	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2024	Vizient Quality and Accountability Specialty – **KCH Selected Cohort** 2024	Vizient Quality and Accountability Specialty – **KCH Selected Cohort** 2024	Vizient Quality and Accountability Specialty – **KCH Selected Cohort** 2024	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2024	Vizient AAMC Clinical Practice Solution Center

VALUE, ACCESS AND EFFICIENCY

Balanced scorecard category	Strategic objective	Metric	Benchmark
Value, access and efficiency	Advance care strategically	Strategic volumes (ambulatory service visits, new ambulatory service visits, total discharges, operating room cases)	Budget
		Personnel and non-personnel expenses	Budget
	Create a healthier community	Number of counties served	Internal goal to serve all 120 counties in Kentucky
		Unique lives touched	Growth from 2020, 2021, 2022

FY2025 ORGANIZATION QUALITY IMPROVEMENT PLAN

- Links mission, vision, values and strategic objectives to our enterprise goals and performance improvement structure and initiatives.

- Outlines our processes and structure for performance improvement across the enterprise.

- Incorporates language demonstrating our commitment to health care equity.

- Highlights how data and information are reviewed through our committee structure and governing bodies.

- Describes our enterprise performance improvement methodology.

- Identifies the processes and outcomes that will be the focus for improvement.

- Provides structure and focus for both leaders and staff that will lead to meaningful and sustainable change.

Office of the President
June 13, 2024

Members, Board of Trustees:

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UK HEALTHCARE FY2025
ORGANIZATION QUALITY IMPROVEMENT PLAN

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Recommendation: that the Board of Trustees approve the UK HealthCare FY2025 Organization Quality Improvement Plan attached as Exhibit I.

Background: The University of Kentucky Governing Regulation II.E.i(1)(a), established the University Health Care Committee to serve as the governing body and governing authority to manage and operate the University Hospitals in accordance with the Conditions of Participation promulgated by the Centers for Medicare and Medicaid Services, The Joint Commission and with the laws and regulations governing the operations and services of hospitals in the Commonwealth of Kentucky.

In 43 Code of Federal Regulations (CFR) Part 482, the Centers for Medicare and Medicaid Services (CMS) set out the conditions for a hospital to participate in the Medicare Program. As part of the conditions for participation, CMS requires in 42 CFR 482.21 that the participating hospital develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven, quality assessment, and performance improvement program. The UK HealthCare FY2025 Organization Quality Improvement Plan sets out such a program for the university's hospitals and clinical activities for FY2025.

This Plan has been developed and approved by the necessary and appropriate officials as documented on page one of the attached Exhibit I.

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QUESTIONS

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AN EQUAL OPPORTUNITY UNIVERSITY