UHCCR 1

Office of the President
June 13, 2024

Members, Board of Trustees:

<u>UK HEALTHCARE FY2025</u>
<u>ORGANIZATION QUALITY IMPROVEMENT PLAN</u>

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

<u>Background:</u> 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.

Action taken: ☑ Approved   ❑ Disapproved   ❑ Other _____

UK HealthCare FY25 Organizational Quality Improvement Program

Mission

UK HealthCare (UKHC) is committed to the pillars of academic health care – research, education, and clinical care. Dedicated to the health of the people of Kentucky, we will provide the most advanced patient care and serve as an information resource. We will strengthen local health care and improve the delivery system by partnering with community hospitals and physicians. We will support the organization's education and research needs by offering cutting edge services on par with the nation's best providers.

Vision: One community committed to creating a healthier Kentucky.

UKHC Values

Diversity: We foster a people-centered environment inclusive of all.

Innovation: We embrace continual learning and improvement to drive positive change.

Respect: We value our patients and families, our community, our co-workers, ourselves and the resources entrusted to us.

Compassion: We express empathy for the needs, thoughts, and feelings of those we serve and with whom we work.

Teamwork: We cultivate meaningful relationships to create positive outcomes.

FY25 Organization Quality Improvement Program Goal and Structure

This plan will outline the quality and safety goals with targeted action items for UKHC in FY25. To achieve these goals, leadership will engage stakeholders, support them with necessary resources and hold stakeholders and themselves accountable to continuously improve care for patients. Keys to the success of this plan will be the ability to leverage data from multiple sources, with an emphasis on optimization of data obtained from our electronic health record (EHR), Epic and continuous learning using the Model for Improvement.

As we continue the pursuit of becoming a high reliability organization by becoming a top performer in quality, safety and health care equity, the FY25 plan will describe specific outcome measures and process metrics to support the five pillars identified in the 2025 UKHC Strategic Plan (Strategic Plan).

- Build Our Culture
- Invest in Our People
- Provide More Value
- Advance Care Strategically
- Create a Healthier Kentucky

An important tool that is used to track and trend our work is the enterprise balanced scorecard. The FY25 UKHC Enterprise Balanced Scorecard (Scorecard) is composed of five categories (Figure 1) that align with the five pillars from the Strategic Plan (Figure 2). Each enterprise balanced scorecard category is associated with outcome measures that will be achieved through the successful performance of appropriate process metrics. Each goal will be benchmarked to external and internal entities in order to optimize patient outcomes and elevate our national reputation. Each of the process metrics and tactics will be cascaded down to the unit. Performance at the unit level will be shared on a regular cadence during huddles, quarterly quality meetings and other key venues. Enterprise and entity performance will be shared with the governing body at regular intervals as well.

Table 1 shows the Scorecard metrics and goals using updated baseline and benchmark information.

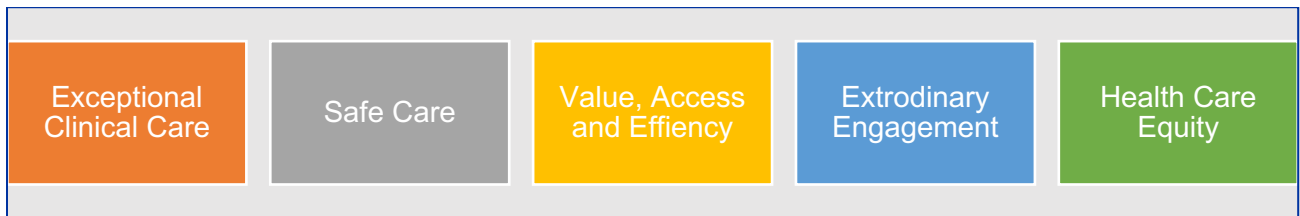Figure 1: FY25 UKHC Enterprise Balanced Scorecard categories

Figure 2: FY25 UKHC strategic pillar and enterprise balanced scorecard category alignment

Table 1: FY2025 Enterprise Balanced Scorecard Metrics and Goals

Scorecard Category	Strategic Objective	Metric	Baseline	Threshold	Target	Max	Benchmark
Exceptional Clinical Care	Provide More Value	⭐ Screening for Depression and Follow-Up Plan	95.96% (Jan '23 - Dec '23)	87.00% (Stepped Improvement)	88.00% (Stepped Improvement)	90.00% (Stepped Improvement)	Historical Performance
		NQF1392v7.1 – Well-Child Visits in the First 15 Months of Life	70.07% (Jan '23 - Dec '23)	75.00% (Stepped Improvement)	78.00% (Stepped Improvement)	79.00% (Stepped Improvement)	Historical Performance
		Adult Mortality Index	0.76 (Jan '23 - Dec '23)	0.82 (50th %tile)	0.72 (75th %tile)	0.64 (90th %tile)	Vizient Q&A Comprehensive AMC 2024 (Jan '23 - Dec '23)
		CMS130v10 - Colorectal Cancer Screening	71.93% (Jan '23 - Dec '23)	74.00% (Stepped Improvement)	75.00% (Stepped Improvement)	76.00% (Stepped Improvement)	Historical Performance
		CMS165v10 - Controlling High Blood Pressure	71.92% (Jan '23 - Dec '23)	73.00% (Stepped Improvement)	74.00% (Stepped Improvement)	75.00% (Stepped Improvement)	Historical Performance
		Neonate Mortality Index	0.69 (Jan '23 - Dec '23)	0.95 (25th %tile)	0.79 (50th %tile)	0.78 (75th %tile)	Vizient - KCH Selected Cohort (Jan '23 - Dec '23)
		NQF1516 - Well-Child Visits 3-6 Years	69.42% (Jan '23 - Dec '23)	87.00% (Stepped Improvement)	90.00% (Stepped Improvement)	91.00% (Stepped Improvement)	Historical Performance
		Pediatric Mortality Index	1.05 (Jan '23 - Dec '23)	1.06 (25th %tile)	0.92 (50th %tile)	0.76 (75th %tile)	Vizient - KCH Selected Cohort
		VPS PRISM III SMR	1.02 (Jan '23 - Dec '23)	1.02 (Baseline)	0.97 (5% Reduction)	0.92 (10% reduction)	Historical Performance
Extraordinary Engagement	Provide More Value	CHILD HCAHPS - Rate Hospital Stay	65.59% (Jan '23 - Dec '23)	73.40% (50th %tile)	75.60% (55th %tile)	76.30% (65th %tile)	Press Ganey UHC (Jan '23 - Dec '23)
		ED Targeted Survey - Likelihood to Recommend	78.64 (Jan '23 - Dec '23)	78.70 (50th %tile)	82.30 (75th %tile)	83.00 (85th %tile)	Press Ganey UHC (Jan '23 - Dec '23)
		HCAHPS - Rate the Hospital	75.86% (Jan '23 - Dec '23)	70.80% (50th %tile)	75.80% (75th %tile)	79.10% (85th %tile)	Press Ganey UHC (Jan '23 - Dec '23)
		Medical Practice - Likelihood of Your Recommending Our	95.33 (Jan '23 - Dec '23)	95.20 (50th %tile)	95.50 (Baseline + 2p)	96.50 (75th %tile)	Press Ganey UHC (Jan '23 - Dec '23)

Scorecard Category	Strategic Objective		Metric	Baseline	Threshold	Target	Max	Benchmark
			Practice to Others					
			NICU Survey - Likelihood to Recommend	86.73 (Jan '23 - Dec '23)	92.60 (50th %tile)	92.80 (55th %tile)	93.20 (60th %tile)	Press Ganey UHC (Jan '23 - Dec '23)
			OAS CAHPS - Facility Rating	88.10% (Jan '23 - Dec '23)	87.30% (50th %tile)	88.10% (Baseline)	89.50% (75th %tile)	Press Ganey UHC (Jan '23 - Dec '23)
			Outpatient Services Survey - Likelihood to Recommend	95.99 (Jan '23 - Dec '23)	95.30 (50th %tile)	96.20 (75th %tile)	96.40 (85th %tile)	Press Ganey UHC (Jan '23 - Dec '23)
			Pediatric ED Target Survey - Likelihood to Recommend	0.82 (Jan '23 - Dec '23)	0.79 (50th %tile)	0.81 (Baseline + 2p)	0.83 (75th %tile)	Press Ganey UHC (Jan '23 - Dec '23)
	Build Our Culture		Vizient Staff Turnover Rate	16.35% (Jan '23 - Dec '23)	15.17% (65th %tile)	14.35% (75th %tile)	14.02% (90th %tile)	Vizient ODB Comprehensive AMC (Jan '23 - Dec '23)
Safe Care	Provide More Value	⭐	Patient Safety Indicator 13 (PSI 13) Postoperative Sepsis Rate	0.94 (Jan '23 - Dec '23)	0.84 (40th %tile)	0.72 (50th %tile)	0.59 (60th %tile)	Vizient Q&A Comprehensive AMC 2024 (Jan '23 - Dec '23)
			Hand Hygiene Compliance	90.90% (Jan '23 - Dec '23)	85.00%	90.00%	95.00%	Leapfrog Standard
			Hypoglycemia in Insulin Use Rate	2.54% (Jan '23 - Dec '23)	2.40% (60th %tile)	2.29% (10% reduction)	1.76% (75th %tile)	Vizient Q&A Comprehensive AMC 2024 (Apr '23 - Sep '23)
			NDNQI Patient Falls with Injury	0.20 (Jan '23 - Dec '23)	0.440 (50th percentile NDNQI Magnet med-surg mix benchmark)	0.20 (maintain baseline)	0.19 (5% reduction)	NDNQI Magnet Facilities
			NHSN CAUTI SIR	0.46 (Jan '23 - Dec '23)	0.46 (Baseline)	0.42 (10% reduction)	0.37 (75th %tile)	Vizient Q&A Comprehensive AMC 2024 (Apr '23 - Sep '23)
			NHSN CLABSI SIR	0.99 (Jan '23 - Dec '23)	0.90 (10% Reduction)	0.76 (50th %tile)	0.54 (75th %tile)	Vizient Q&A Comprehensive AMC 2024 (Apr '23 - Sep '23)
			NHSN MRSA SIR	1.36 (Jan '23 - Dec '23)	1.22 (10% Reduction)	1.09 (20% Reduction)	0.80 (50th %tile)	CMS - Vizient Q&A Comprehensive AMC (Jul '22 - Jun '23)

⭐ New metric or new benchmark for FY25

A centralized model for quality, safety and health care equity improvement is outlined in the Strategic Plan. UKHC is evolving into a high-value organization by continuing our transformation into a highly- reliable organization in our quality, safety and patient experience, and by appropriately managing costs and building efficiencies throughout our health system. The UK HealthCare Strategy 2025 is shown in Figure 3. This plan outlines how our tactics will improve performance through 2025.

Figure 3: 2025 UKHC Strategy 2025

Further, UKHC is working to attain demonstrable improvements in care delivery assessments (e.g., mortality, patient safety incidences, standardization of processes with minimization of variation) to document the achievement of being a high reliability, high-value organization viewed as a leading and learning health system. To do this, we have developed an external ranking five-year plan (Table 2).

Table 2: External Ranking Five-Year Plan

| Program	Vizient Q&A	CMS Star Rating	U.S. News and World Report	Leapfrog	University Directed Payment Program
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

A tiered accountability structure will be used to guide and supervise the work for each of the outcome metrics, process metrics and tactics. UKHC Executive Clinical Effectiveness Leadership (EXCEL) is the senior oversight committee responsible for providing guidance and direction to the overarching Strategic Plan around quality, safety, health care equity and value for both UKHC and the UK College of Medicine. EXCEL also coordinates all efforts in quality improvement, quality measurement, data reporting, patient safety, patient experience, value-based care and value-based payment. The committee is chaired by Co-Executive Vice President for Health Affairs Robert S. DiPaola and Eric N. Monday. The membership is comprised of UK HC senior leadership, physician and nursing leaders, clinical department chairs and program directors.

All quality and safety work will be linked to the UKHC EXCEL Implementation Committee (EIC) reporting to EXCEL, the operating group and ultimately to the UK Board of Trustees (Figure 4). Accountability will also be driven at the local level through medical directors and associated nursing or administrative partners who report to the entity-based triads and, ultimately, to the Co-Executive Vice President for Health Affairs (EVPHA).

The EXCEL Implementation Committee (EIC) is responsible for developing the enterprise quality and safety strategy, including enterprise goals, objectives and actions related to ensuring exceptional quality, safety, health care equity, value and patient experience at UKHC.

All reporting relationships are bidirectional, with information flowing up to the governing body and back down to the bedside clinicians and patients (Figure 4). Annually, the enterprise priorities and Organization Quality Improvement Plan are presented to the University Health Care Committee for input and discussion.

Figure 4: Quality and Safety Reporting Structure
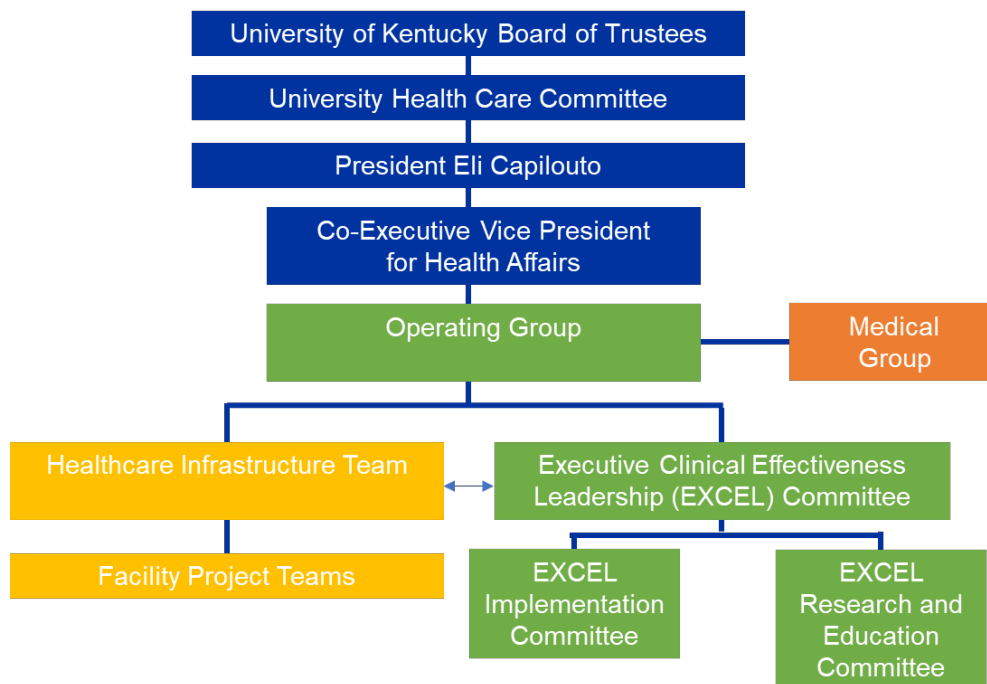
Our governance structure aims to ensure accountability, two-way information sharing, and transparent reporting of performance and oversight regarding the quality and safety improvement efforts at UKHC. This performance monitoring starts at the patient level and is reported up through the enterprise to the University Health Care Committee of the UK Board of Trustees.

Table 3: EIC Organization Quality Improvement Topics

Monthly	Quarterly	Bi-Annually	Annually
Enterprise Goals	Reputation Management Update (Vizient - May, Leapfrog - May, USNWR - Jul, CMS - Jul)	Infection Prevention and Control	Graduate Medical Education Quality and Safety
Sentinel Events / Swarms	Patient Experience	Sepsis Committee - Jun	Gill Heart
FY2025 quality workplan	KCH Update – SPS, VON, External Measures	Quality Website - Jun	Obstetrics
	Medication Safety	Hospice	Kentucky Neurological Institute/Stroke
	No Harm - Jul	Patient Progression Committee	Commercial Insurer Value Based Contracts
	Surgical site infections - Jul	Physician Quality and Safety Review	Pharmacy
	Quality Payment Programs (CMS / Medicaid - Aug)		VAD
	Care Redesign		Transplant
			Enterprise Goal Setting and Quality Plan - May

Organization Quality Improvement Program

This Organization Quality Improvement Program reflects UK HealthCare's drive for excellence in providing safe, high-quality, equitable, patient- and family-centered care in every aspect of its day-to- day operations. Ultimately, our goal is to increase the value of the care we deliver to our patients by building on our current approaches to clinical care, engagement, efficiency, health care equity, safety, accessibility, and affordability.

The plan ensures compliance with The Joint Commission standards and our enterprise policies and bylaws, reflects our dyadic/interdisciplinary teams and is built on the following guiding principles:

- **Equitable patient- and family-centered care:** Involve patients and caregivers in care redesign and decision-making in a way that meets their diverse, social and physical needs and preferences.
- **A relentless culture of safety:** Promote blame-free incident reporting with a focus on correcting the underlying systematic design or system malfunctions.
- **Support and empower interprofessional teams to drive improvement:** Provide care teams with goal-defined responsibilities, support them with dedicated staff and resources, and aid in the collection and analysis of data to drive the best care and outcomes for our patients.
- **Comprehensive quality improvement, measurement and reporting:** Utilize a data-driven, systematic approach that fosters active employee, clinician, patient and family caregiver engagement.
- **Transparency and communication:** Provide easily accessible, valid and meaningful information about our clinical performance through open communication with leadership, clinicians, managers, front-line staff, patients, family caregivers and the general public.
- **Staff empowerment and innovation:** Create an environment and provide resources that foster problem-solving, innovations and breakthrough change to enhance quality and safety.

The engagement of front-line clinical teams in process and performance improvement is a critical component of accelerating our quality and safety work.

The strategies outlined in the Quality Assurance and Safety Performance Improvement Plan intend to facilitate the best care for our patients and the best clinical outcomes in accordance with evidence-based research.

Building a Culture of Safety

A culture of safety is also one of learning: Organizations learn from their safety data, undertake needed actions, and make substantial system changes in order to ultimately prevent injuries and save lives. An organization's actions – its practices, procedures and processes – reflect its culture. UK HealthCare strives for a culture of safety by ensuring it is:

- **Informed**: Leaders understand the technical, organizational, environmental and human factors that impact error.
- **Just**: Trust pervades the organization so that people report safety concerns and errors, and know what constitutes an unsafe practice.
- **Values reporting:** Staff and leaders know the importance of accurate data and reward reporting of errors, and near misses.
- **Flexible**: Front-line experts have the responsibility of addressing immediate safety issues.

A Focus on Health Care Equity

Enterprise policy, A01-200: Plan for Improving Health Care Equity, outlines UKHC's commitment to improving health care equity. Consistent with the mission, vision, and values of UKHC to provide consistently safe, high-quality care, treatment, and services, this plan establishes the parameters of the organization's efforts to promote health care equity by addressing disparities in health care. The plan's purpose is to provide guidelines for identifying, analyzing, addressing, and monitoring disparities in health care among the patient populations served by UKHC; to minimize inequities; and to increase quality and safety in an equitable fashion for all patients.

The objectives include:

1. Establishing processes for the following:

   a. Collecting information about patients' health related social needs (HRSNs).

   b. Providing patients with information about internal and external resources and support services that address their HRSNs.

   c. Identifying health care disparities in the hospital's patient population.

   d. Developing not less than one written action plan to address identified health care disparities.

2. Describing processes and expectations for orientation and education, performance monitoring, and annual evaluation of this plan and its related policies and procedures.

HEAT (Healthcare Equity & Advisory Team) serves as the advisory committee ensuring UKHC creates a sustainable system to identify and address health care equity issues across our system. HEAT is accountable to EIC and EXCEL.

Medical Staff and Board of Trustees Alignment

The UK Board of Trustees establishes, maintains, supports, and exercises oversight of the quality, safety and performance activities that occur within the enterprise. The Board fulfills its responsibilities related to these metrics through the governing body, the University Health Care Committee (see Figure 4), which oversees both the Operating Group and the Medical Group. The UK HealthCare Executive Clinical Effectiveness Leadership (EXCEL) Committee receives monthly reports from many committees and departments within the enterprise. This reporting structure allows oversight of all quality, safety and performance initiatives within the enterprise.

The Enterprise Medical Staff Executive Committee is composed of two Medical Staff Operating Subcommittees: Chandler and Good Samaritan Medical Staff Operating Subcommittees. The Medical Staff Executive Committee also oversees medical staff by-law functions and credentialing processes, and reviews contracts for outside clinical services. The Enterprise Medical Staff Operating Subcommittees meet monthly to supervise and direct the progress made by multiple teams and committees throughout the enterprise. The Medical Staff Bylaws outline these committees and teams.

Enterprise Goal Setting and Alignment

It is important that all levels within an organization work to achieve similar goals. This process, also known as 'cascading goals', is our way of aligning the UKHC strategic aims with our annual goal-setting process.

While goal-setting development may vary department-to-department, enterprise operations have worked to establish standard assumptions and expectations. This alignment supports employee engagement while also demonstrating how an individual's work can impact the greater organization performance.

The iterative process of developing the enterprise goals each year includes input from many individuals and groups across UKHC, as well as local experts and teams in each domain. The goal- building process sets the focus for quality improvement, harm prevention and reduction, access and efficiency initiatives, patient experience, engagement, health care equity and inclusivity for the coming fiscal year. We develop goals based, in part, on the Vizient Quality and Accountability Model, which provides a robust and tested framework along with intentional integration with other externally reported measures used for rankings and public reporting (i.e. CMS). All metrics are validated by external agencies (such as Vizient, Solutions for Patient Safety, Centers for Medicare and Medicaid Services, Leapfrog, The Joint Commission, Vermont Oxford Network, and Virtual Pediatric Systems), and their definitions and sources are documented. UK HealthCare selects measures of performance that contain historical performance data and a reliable measurement tool, often using the most recent year's performance as the internal benchmark.

To align effort and resource allocation and to focus our quality improvement work, UK HealthCare deploys cascading enterprise goals throughout the organization by a variety of methods. Those cascading efforts include the following:

- Approval of the enterprise goals at the University Health Care Committee meeting

- Executive leadership at-risk compensation plans

- Clinical chair at-risk compensation plans

- UK HealthCare quality payment program at-risk compensation plan

- Medical director performance evaluation goals

- Nursing performance evaluation goals

- Leadership performance evaluation goals

- Health information technology impact goals

- Other clinical discipline evaluation goals (e.g., pharmacy)

- Staff performance evaluation goals

- Capital prioritization process

- Purchased services contracts

The cascading process is a translation or application of the enterprise strategic-level goals to more specific goals that organizational units such as departments, teams and individuals can easily understand. We consider the cascading of our enterprise goals to be a performance-management system aimed at achieving and sustaining organizational alignment throughout the UKHC clinical enterprise.

Additionally, quality, safety, health care equity, and patient-centered care remain a foundation for our Strategic Plan. The plan also includes a strong focus on value-based care and emphasizes our culture's need to change in order to deliver a more connected and personalized experience for our patients. This five-year strategic plan guides all of us at UKHC toward our goal of delivering safe, high-quality, efficient, equitable and accessible care, and helps us navigate the changing times in the health care industry.

Dyads and Focused Quality Improvement

A hallmark of reliable, high-performing health care organizations across the United States is a focused engagement of front-line teams in leading quality improvement efforts. Many scholarly articles support the use of dyads or triads of medical, nursing, and administrative leaders who commit to serving as front-line champions for quality improvement.

To promote a learning health system, inpatient, procedural and ambulatory dyad groups meet regularly as a learning collaborative – a Rapid Cycle Improvement group – where these teams engage in quality improvement work and sharing of best practices. Dyad leaders meet as pairs regularly and work with all members of the interdisciplinary teams within their units, areas and service lines to maximize quality, health care equity, safety, patient experience and staff engagement. With their teams, they review performance data, identify areas for improvement and develop interventions to test improvements in quality.

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The Inpatient Quality and Safety Team

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The Inpatient Quality and Safety Team is responsible for all strategies of quality, safety, and health care equity work impacting inpatient care. This team is responsible for the following:

- Supporting dyads and clinical leaders to optimize patient outcomes through efforts to eliminate patient harm, including through the facilitation of no harm teams.
- Ongoing development of tools and programs to help UKHC deliver the highest level of patient care and experience while also supporting engaged teams.
- Building and supporting a culture of safety through training and supporting patient safety activities.
- Supporting incident reporting across the enterprise, including tracking and trending reports, in order to support a just culture.
- Facilitating SWARMS, UKHC's preferred method of root cause analysis, and critical incident debriefings to review safety and quality events and leading initiatives identified through these reviews
- Partnering with clinical care areas to provide resources for improving quality and safety.
- Coordinating the daily briefing for safety and operations to promote a culture of safety and promote high reliability across the enterprise.

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Office of Performance Services

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The Office of Performance Services' mission is to support the attainment of enterprise goals through the measurement, monitoring and improvement of performance (see Figure 5). This team is responsible for the following:

- Hospital Performance Management
  o Full understanding of program reporting requirements across CMS, Vizient, US News & World Report and Leapfrog
  o Performance monitoring and identification of improvement opportunities
  o Summary reporting and communication of program outcomes
  o Forecasting performance
  o Coordination of efforts between programs and liaison to other performance services team members and UKHC leaders
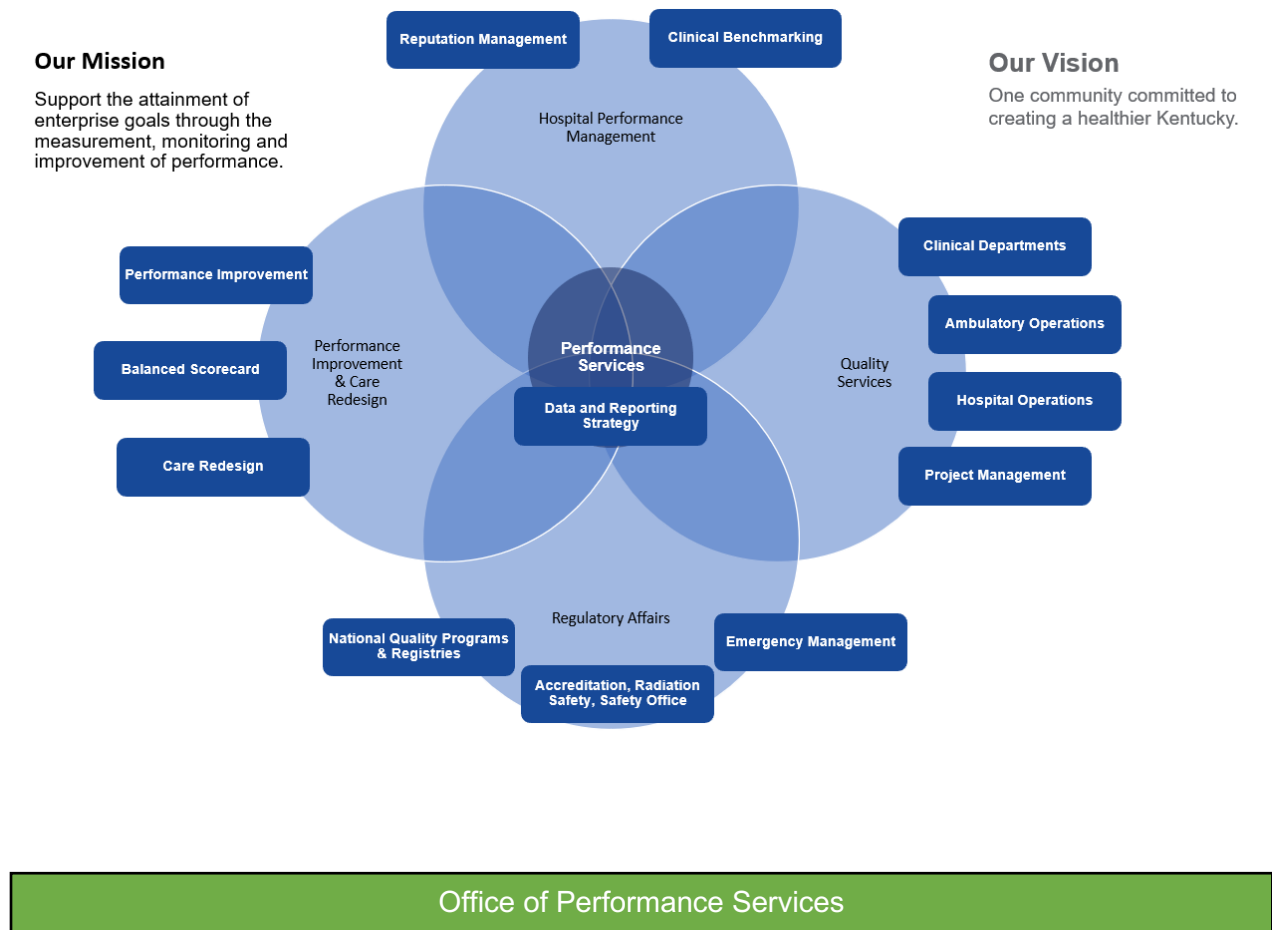
- Performance improvement (PI) services
  - Care Redesign: Facilitate enterprise initiatives focused on a variety of goals including reducing variation, reducing cost, improving clinical outcomes as well as staff and patient experience.
  - Enterprise Balanced Scorecard Process: Work in collaboration with an identified governance structure to lead an annual process that includes reviewing priorities, using benchmarks to set targets, and partnering with subject matter experts and performance analytics center of excellence (PACE) to facilitate process
  - PI Training and Support: Be a resource for the organization to train on PI processes and provide ad hoc support as needed

- Quality Services including
  - Performance Services point of contact for entity triads and department chairs
  - Routine review of performance via an enterprise balanced scorecard, benchmark data and other resources
  - Close partnership with care redesign, benchmarking/reputation management and clinical quality team to understand scope and identify performance improvement opportunities
  - Support quarterly performance review process and focus on follow-up action items

- Clinical quality and value-based program management
  - Ensure all abstraction requirements are met across The Joint Commission (TJC) and the Centers for Medicare and Medicaid Services (CMS)
  - Develop processes for registries including annual renewal, resource needs for abstraction, Epic integration, and use of registry outcome metrics for improvement.

- Supporting health care equity efforts across the Enterprise

Figure 5: Office of Performance Services

Our Mission

Support the attainment of enterprise goals through the measurement, monitoring and improvement of performance.

Our Vision

One community committed to creating a healthier Kentucky.

Reputation Management

Clinical Benchmarking

Hospital Performance Management

Performance Improvement

Balanced Scorecard

Care Redesign

Performance Improvement & Care Redesign

Performance Services

Data and Reporting Strategy

Clinical Departments

Ambulatory Operations

Hospital Operations

Project Management

Quality Services

National Quality Programs & Registries

Accreditation, Radiation Safety, Safety Office

Regulatory Affairs

Emergency Management

Office of Performance Services

With the growth in the number of programs and dollars at risk under value-based payment arrangements, UK HealthCare has grown and will continue to develop its ambulatory quality infrastructure. To accomplish the tactics laid out in the 2025 UK HealthCare Strategic Plan, the Ambulatory Quality Leadership Team will ensure our enterprise has the resources and structures needed to deliver high-quality, high-value, equitable healthcare in our ambulatory clinics, including:

2025 Ambulatory Quality Plan and Tactics

A. Performance Measurement and Feedback: Ambulatory quality leadership analyzes payer value-based financial opportunities, develops an aligned set of improvement priorities and develops and maintains performance dashboards at the provider, clinic, department and enterprise levels.

B. Ambulatory Dyads and Collaboratives: Each clinic has a medical director and practice manager that serve as a "dyad" who work together with their clinical teams as champions in the clinic for high quality, safe efficient care. Dyads also work together with other dyads across Ambulatory in a Dyad Quality Collaborative.

C. Population Health Capability: UK HealthCare has expanded its Population Health team including care navigators, community health workers and quality technicians who work

with patients in coordination with clinic teams to engage patients before and after clinic visits or hospitalizations to ensure patients receive all recommended care.

D. Value-based Care Programs and Reporting: The Ambulatory quality leadership is responsible for overseeing UK HealthCare's participation and success in several value-based payment programs:

- Kentucky's University Medicaid Directed Payment Program.
- Medicare's Quality Payment Program and
- Value-based contracts with multiple commercial payers.

E. Care Transitions and Readmissions: A comprehensive UK HealthCare Care Transitions strategy has been developed to bring ambulatory and hospital resources together through a coordinated and sustainable plan for rapid follow up of patients discharged from UK HealthCare hospitals.

<div style="background-color:green; color:white; text-align:center; padding:8px;">Quality Methodology</div>

The Office of Performance Services team works alongside physicians, nurses, respiratory therapists, pharmacists, and all other members of the healthcare team utilizing quality improvement methodologies employed by high-reliability, high-value organizations. The Institute for Healthcare Improvement (IHI) Model for Improvement training provides the foundation for developing a skill set rooted in planning for the improvement and four steps of quality improvement, the Plan-Do-Study-Act (PDSA) cycle. The Performance Services team engages all members of the healthcare team through the project life cycle with hands-on improvement work and gradual adoption through iterative PDSA Sprints.

The use of the Model for Improvement (Figure 6) is evidenced in the structure of all quality improvement work.

Figure 6: IHI Model for Improvement (ihi.org)
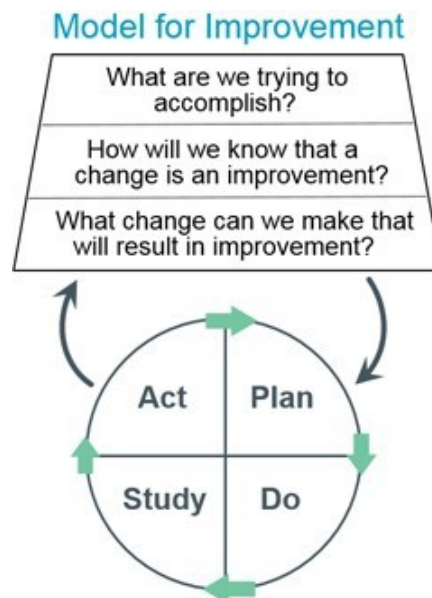
UKHC utilizes nationally recognized performance metrics and benchmarks in order to help position the enterprise as a national leader in quality, safety and performance improvement. Vizient, Press Ganey, Pediatric patient population appropriate comparators are the primary sources of comparison.

UKHC collects data on required items as defined by The Joint Commission, Centers for Medicare and Medicaid Services, Leapfrog, US News and World Report and other regulatory bodies. This monitoring includes but is not limited to the measures in Table 3. The enterprise shares performance data and information through weekly, monthly, and quarterly quality and safety meetings.

Table 3:UKHC Reported Measures and Monitoring Frequency

Cadence for EIC Update	EIC Organization Quality Improvement Topics	Measures Monitored	Measure Monitoring Frequency	Responsible To
Monthly	Enterprise Goals	Mortality, Length of Stay, Readmissions	Weekly, Monthly	EXCEL; Operating Group
Monthly	FY2025 Quality Workplan	Outcomes for FY Priorities	Monthly	Chief Medical Officers
Monthly	Sentinel Events/ Swarms	Review of Sentinel Events and Swarms by Category; Reportable Events	Monthly	EXCEL; Operating Group
Quarterly	Care Redesign	Outcomes for Care Redesign Priorities	Monthly	EIC
Quarterly	Health Care Equity	Social drivers of health; quality outcomes stratified by race, ethnicity, language; Equity dashboard	Monthly	HEAT (Healthcare Equity & Advisory Team)
Quarterly	Kentucky Children's Hospital Update	Solutions for Patient Safety Outcomes, Vermont Oxford Network Outcomes, Other External Pediatric Measures	Monthly	EXCEL
Quarterly	Medication Safety	Adverse Drug Events	Monthly	EIC
Quarterly	No Harm	Hospital Associated Infections (HAIs)	Weekly	No Harm Steering Committee
Quarterly	Patient Experience	Patient Experience Survey Outcomes, Staff and Physician Engagement Survey Outcomes	Weekly	EXCEL; Operating Group
Quarterly	Quality Payment Programs (CMS / Medicaid)	Medicaid Value-Based Metrics (Screenings, Readmissions, etc.)	Monthly	Ambulatory Quality Leadership
Quarterly	Reputation Management Update	Vizient, US News & World Report, Leapfrog, CMS	Quarterly, Bi-Annually	EIC
Quarterly	Surgical Site Infections	SSI - Colorectal and SSI - Hysterectomy Outcomes	Weekly	No Harm Steering Committee
Bi-Annually	Hospice	Hospice Utilizaton	Weekly	EIC
Bi-Annually	Infection Prevention & Control Program	Overall Program Outcomes	Monthly	Infection Prevention & Control Committee
Bi-Annually	Patient Progression	Readmission Rates, LOS, Additional Throughput Metrics	Weekly, Monthly	Patient Progression Committee
Bi-Annually	Physician Quality & Safety Review	PARS® (Patient Advocacy Reporting System) and CORS™ (Co-worker Observation Reporting System) program update	As needed	Medical Staff Operating Subcommittee
Bi-Annually	Quality Website	Review of Outcomes Published on UKHC Website	Quarterly	Quality Website Committee
Bi-Annually	Sepsis	Sepsis Bundle Compliance	Monthly	Sepsis Steering Committee
Annually	Commercial Insurer Value Based Contracts	Annual Review of Value Based Metrics	Programmatic	EXCEL; Operating Group
Annually	Enterprise Goal Setting & Quality Plan	Review of Next Fiscal Year Enterprise Goals and Updated Quality Plan	Programmatic	EXCEL; Operating Group
Annually	Gill Heart Program	Overall Program Outcomes	Programmatic	EXCEL
Annually	Graduate Medical Education Quality & Safety Program	Overall Program Outcomes	Programmatic	EXCEL
Annually	Kentucky Neurosciences Institute (KNI) / Stroke Program	Overall Program Outcomes; Get with the Guidelines Comprehensive Stroke Center Outcomes	Programmatic	EXCEL
Annually	Obstetrics Program	Overall Program Outcomes	Programmatic	EXCEL
Annually	Pharmacy Program	Overall Program Outcomes including Antimicrobial Stewardship, Barcode Administration, Medication Safety	Programmatic	EXCEL
Annually	Transplant Program	Overall Program Outcomes; UNOS Reporting Outcomes	Programmatic	EXCEL
Annually	Ventricular Assist Device (VAD) Program	Overall Program Outcomes; Get with the Guidelines VAD Outcomes	Programmatic	EXCEL

Measurement for Quality and Safety

The Performance Analytics Center for Excellence (PACE), under the chief data officer, has been created to meet the reporting and analytics needs of the organization. This is done through direct support, partnered work or by serving as the data infrastructure backbone for UK HealthCare. The reach of this group is to facilitate performance improvement, analytics and reporting in quality, operations and research.

PACE has several teams:

- Enterprise Data Management
- Performance Analytics
- Business Intelligence
- Data Science
- Population Health & IT Regulatory Reporting

Enterprise Data Management is comprised of two teams: (1) data architecture team; and (2) master data management (MDM) team. The data architecture team provides the data backbone for reliable, scalable, and standardized data. They are primarily responsible for bringing data into the enterprise data warehouse through standard extract transfer load (ETL) processes, integrating that data into standard data models, and staging data outbound to other systems or third parties.

- The MDM Team is responsible for mastering data through the enterprise data stewardship program (enterprise data steward oversight committee). They are primarily responsible for ensuring the fidelity of the data as an enterprise asset.
- The performance analytics team is the nimble arm of PACE that can rapidly deliver data for baseline measures and data over time for the teams engaged in improvement activities. Through structured data in the Enterprise Data Warehouse (EDW), as well as source systems. The aim is to provide high-touch data rapidly. The analysis is the focus of this team.
- The focus of the business intelligence team is to create dashboards and well-defined reporting that integrate into workflows. This team works in concert with the performance analytics team as PDSAs stabilize. The aim of the business intelligence team is to bring rigor and automation. To accomplish this, they work in a coordinated effort across PACE as well as other partners.
- The data science team aims to bring predictive and prescriptive modeling through machine learning (with an eye toward natural language processing). In addition, this team brings the discipline and oversight of the standard predictive models within Epic.

Daily Briefing for Safety and Operations

UKHC began the Daily Briefing for Safety and Operations (DBSO) in October 2019. This daily huddle initially began with pilot areas reporting out Monday through Friday and has quickly evolved to seven days a week with over 30 departments in participation. It is a brief meeting to share safety concerns that happened in the past 24 hours, as well as to review the next 24 hours to evaluate potential patient safety and operational issues. According to The Joint Commission (2017), a daily safety briefing is one of the hallmarks of a high-reliability organization. UK HealthCare introduced representatives from every department into the DBSO process on a rolling timeline. The DBSO allows all departments to report out during the briefing to increase awareness of patient safety issues and create a culture of safety.

This process begins every morning with a unit-level huddle, utilizing an enterprise-wide standard huddle form. This rolls up to a department huddle and then an entity huddle. Each entity reports out during System DBSO which occurs each morning at 10 am. It is facilitated weekly by a senior leader within the hospital. The DBSO is just another step toward becoming a high-reliability organization and improving the quality of care at UK HealthCare.

SWARMs

UKHC developed a novel, rapid approach to root-cause analysis – called "SWARMing" – with the goal of establishing consistency in investigating and analyzing adverse or undesirable events (Li et al., 2015). Ideally, this process occurs without unnecessary delay after a patient or staff safety event, undertakes thoughtful analysis by an interdisciplinary team, and encourages reporting of near-miss and adverse events by front-line staff.

Any personnel at UK HealthCare may call for a SWARM. Most often, the SWARM process begins when a staff member completes an incident report regarding an event. The quality and safety team, in collaboration with the risk management team, reviews the report and makes the decision of conducting either a rapid root-cause analysis or a full SWARM. If a SWARM is determined to be the best approach, the report is reviewed by the teams, who rapidly conduct a preliminary investigation to document the basics of what happened and who was involved. Together, they develop a timeline, with the goal of scheduling a SWARM as soon as possible. In some cases of specific concern, SWARMs are performed immediately after the event.

Participants include those directly involved in the event, as well as leaders of the units, service or departments involved in the event, and subject matter experts. Attendees might range from a ward clerk to the chair of the department of surgery.

The SWARM process consists of five key steps:

- Brief explanation of the process and guiding principles
- Introduction of participants
- Review of the facts that prompted the SWARM through the creation of a timeline
- Discussion of what, why, and how the event happened, with investigation of the underlying system factors
- Conclusion outlining proposed focus areas for action and assignment of task leaders, with specific deliverables and completion dates

Peer Review

With the approval of the UK Board of Trustees University Health Care Committee, the UKHC medical staff has established a Peer Review Committee responsible for safety- and quality-related oversight activities regarding the practices of the advanced practice professionals throughout the UKHC enterprise. The charge of this committee is to establish policies and procedures to formalize and modernize peer-review processes that protect the quality and safety of patients and promote professionalism.

To support the legal protections for patient safety activities, UK HealthCare carries out patient safety activities under the realm of UK HealthCare's Patient Safety Evaluation System to improve patient safety and the quality of health care delivery. This includes the collection and analysis of patient safety work products and the development and dissemination of information with respect to patient safety, such as recommendations, protocols and best practices. It may also include the use of Patient Safety Work Products (PSWP) to encourage a culture of patient safety. PSWP

includes incident reports, SWARM data, root-cause analyses, sentinel-event reviews, and all other data and information described in UKHC Policy No. A06-035, entitled "Patient Safety Evaluation System," and submitted to UK HealthCare's patient safety organization in accordance with the Patient Safety Organization Service Agreement. All activities conducted within the Patient Safety Evaluation System are privileged and confidential to the greatest extent allowable under the Patient Safety and Quality Improvement Act and the Kentucky Court of Appeals. Counsel in risk management is responsible for legal oversight and protection of information contained within the Patient Safety Evaluation System and works closely with the Executive Quality and Safety Committee to ensure the integrity of the information and the institutional processes.

Workplace Safety

The UKHC Workplace Violence Prevention (WVP) team is composed of an inter-professional team with representatives from all areas of the enterprise including, but not limited to staff, leaders, faculty, residents, nursing, diagnostic/therapeutic team members, support services, and ambulatory team members. This group is committed to promoting a safe work environment, reducing workplace violence and ensuring staff have access to de-escalation training.

The WVP team analyzes monthly data related to assaults on UKHC faculty and staff, evaluates post assault huddle completion and advocates for staff support post assault. This team has an integral role in polices and processes that:

- Promote UKHC employee reporting assaults in the SI system

- Support identification of patients with a history of or potential for violence

- Have an enterprise commitment to a zero tolerance for workplace violence

- Advocates for a culture of safety

- Provide staff resources needed, post-assault

Organizational Reporting Structure:
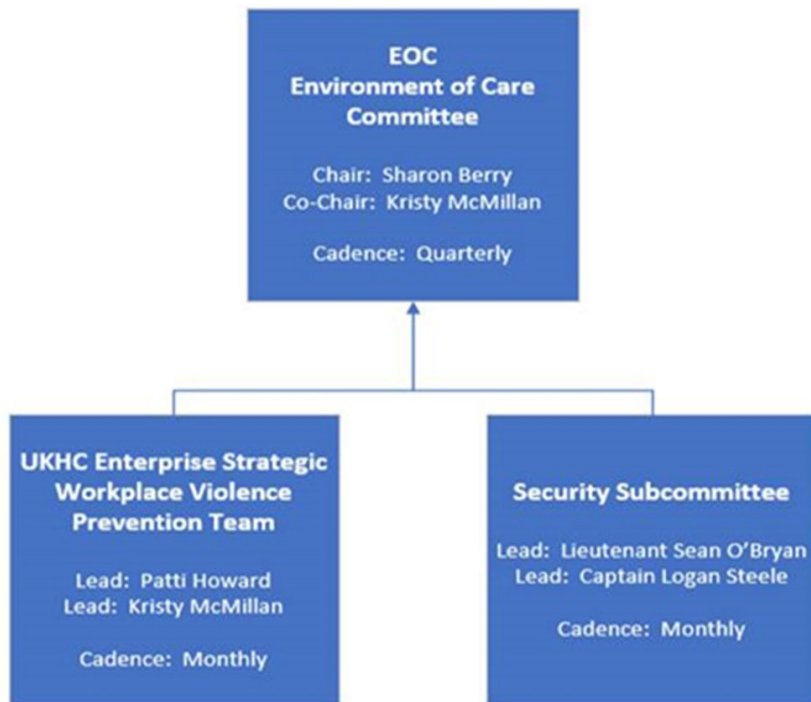
Initiatives:

Patient specific proactive prevention:

- Patient and Visitor Expectation for Zero-Tolerance Behavioral Expectations Flyer (ambulatory) Patient Behavioral Expectations (inpatients) Care Contract for Safe Behavior
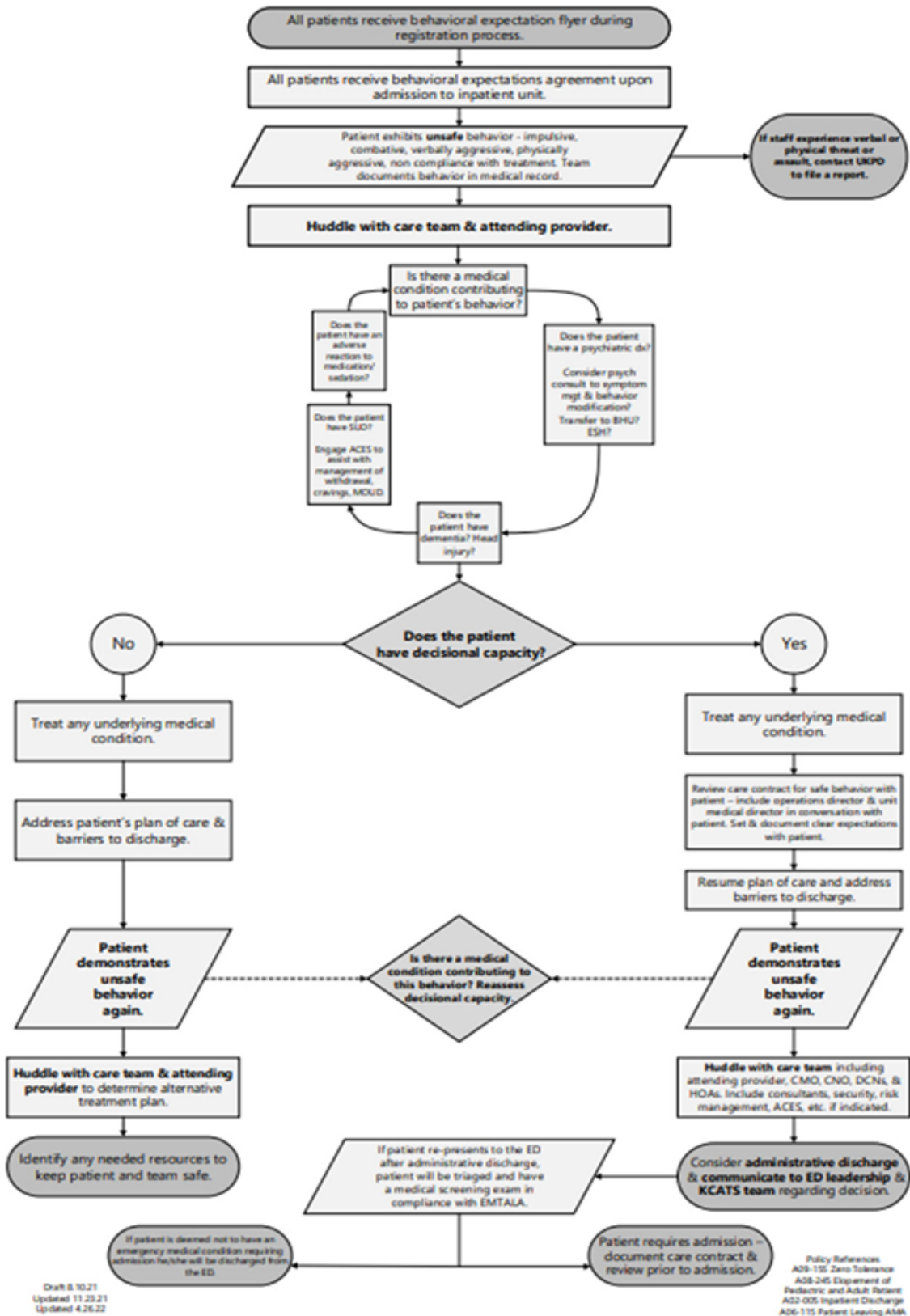- Policy: Administrative Discharge Visual Workplace Safety Graphic
    Hill-Rom/Voalte Alarm Updates

- Patient Violence Risk Assessment (history of violence)

Escalation Process:

All patients receive behavioral expectation flyer during registration process.

All patients receive behavioral expectations agreement upon admission to inpatient unit.

Patient exhibits **unsafe** behavior - impulsive, combative, verbally aggressive, physically aggressive, non compliance with treatment. Team documents behavior in medical record.

If staff experience verbal or physical threat or assault, contact UKPD to file a report.

Huddle with care team & attending provider.

Is there a medical condition contributing to patient's behavior?

Does the patient have an adverse reaction to medication/ sedation?

Does the patient have a psychiatric dx? Consider psych consult to symptom mgt & behavior modification? Transfer to BHU? ESH?

Does the patient have SUD? Engage ACES to assist with management of withdrawal, cravings, MOUD.

Does the patient have dementia? Head injury?

Does the patient have decisional capacity?

No — Yes

Treat any underlying medical condition.

Treat any underlying medical condition.

Address patient's plan of care & barriers to discharge.

Review care contract for safe behavior with patient – include operations director & unit medical director in conversation with patient. Set & document clear expectations with patient.

Resume plan of care and address barriers to discharge.

Patient demonstrates unsafe behavior again.

Is there a medical condition contributing to this behavior? Reassess decisional capacity.

Patient demonstrates unsafe behavior again.

Huddle with care team & attending provider to determine alternative treatment plan.

Huddle with care team including attending provider, CMO, CNO, DCNs, & HOAs. Include consultants, security, risk management, ACES, etc. if indicated.

Identify any needed resources to keep patient and team safe.

If patient re-presents to the ED after administrative discharge, patient will be triaged and have a medical screening exam in compliance with EMTALA.

Consider **administrative discharge & communicate to ED leadership & KCATS team** regarding decision.

If patient is deemed not to have an emergency medical condition requiring admission he/she will be discharged from the ED.

Patient requires admission – document care contract & review prior to admission.

Draft 8.10.21
Updated 11.23.21
Updated 4.26.22

Policy References
A09-155 Zero Tolerance
A08-245 Elopement of Pediatric and Adult Patient
A52-005 Inpatient Discharge
A06-115 Patient Leaving AMA

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Risk assessments:

The HealthCare Operations Police Captain, or his/her designee, conducts proactive risk assessments to evaluate the potential for adverse impact on the security of patients, staff or visitors coming to the organization's facilities. The risk assessments are used to evaluate current programs and help identify new programs and activities to better protect the patients, staff and the organization. This includes the potential for workplace violence.

The risk assessment process is designed to proactively evaluate the security of building grounds (including the physical structure), equipment, materials and operations to include all patients, employees and visitors. UK Police Department Security Division works with departments to identify, analyze and mitigate security risks to patients, visitors and staff.

Monthly Metrics:

UKHC Physical Assaults UKHC Verbal Assaults

Post-Assault Checklist Workflow:

Post Assault Support and Resources:

- **SOAR (Supporting One Another to Rise):** Team of trained peers to provide supportive care through active listening and empathy to colleagues involved in emotionally traumatic events.

    o UKHC is committed to maintaining a healthy work environment, and SOAR offers peer support and other resources to our employees.

    o **How the SOAR team can help?**

        ▪ Provide a safe zone to express thoughts and reactions to enhance coping while ensuring that information is strictly confidential.

        ▪ Provide one-on-one peer support or team support for a group, and explore the staff's normal reactions and feelings that often occur after a stressful or emotionally traumatic event.

        ▪ Assess and make appropriate referrals to additional resources.

        ▪ Call 859-323-SOAR (7627) or go to the website at http://www.ukhealthcare.uky.edu/patients-visitors/pastoral-care/soar

- **Mental Health Services:** Employee Assistance offers 5 free counseling sessions and there are no copays on medical and mental telehealth until 6/30/2022. https://www.uky.edu/hr/mental-health

- **UK Counseling Center Crisis and Emergency Assistance:** 859-257-8701 and dial "1" at the prompt (after hours).

- **LiveSafe App:** A personal safety mobile app that University of Kentucky is providing to all students, faculty, and staff to download for free. The app provides a quick, convenient, and discreet way to communicate directly with University of Kentucky Police Department about potential risks and threats before they escalate, thereby enhancing your overall safety.

<div style="background-color:green;color:white;text-align:center;">Health Care Equity and Inclusion</div>

The aim of the Office of Health Care Equity is to oversee all health equity efforts across the UK HealthCare system. The Chief Health Equity Officer (CHEO) will work with the team to establish an ongoing business case for a diverse workforce representative of the patient population; a culturally aware and sensitive work environment; and identify and address health inequities through data stratification, monitoring and reporting.

Some of the key areas of focus to becoming a premiere leader and top performing health care equity, and inclusion institution of excellence, are the following:

- Data collection, demographic disaggregation, tracking, monitoring, and reporting results

- Cultural humility training and development through education

- Hiring and retention of a diverse workforce through talent management and recruitment pathway establishment

- Use data to address health inequities through dismantling differential care, care gaps, and barriers to access associated with patient's race, ethnicity, language, social drivers of health (SDOH) and/or other marginalized identities

- Establish baseline goals for quality and safety, patient experience, workforce utilization and employee engagement stratified by race, ethnicity, and language (REaL)

- Building community partnerships to meet the needs of historically underserved populations (HUP)

The UKHC Office of Patient Experience, working in collaboration with the Center for Quality, Value, and Safety, serves as the content expert and champion of patient- and family-centered care improvements, and projects. The Office of Patient Experience uses a systematic approach to consulting and guiding improvement teams at UKHC by applying best practices, facilitation, problem-solving and change-management processes and tools. The team has expertise in numerous patient, and staff-experience improvement topics, including but not limited to:

- Analysis of patient satisfaction and employee and provider engagement

- Patient and family partnerships

- Education and training

- Leadership development

- Complaint resolution

The following are metrics monitored by the Office of Patient Experience:

Experience:

Inpatient:

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- Child Hospital Consumer Assessment of Healthcare Providers and Systems (CHCAHPS)

- Neonatal intensive care (NICU)

Ambulatory and outpatient services:

- Medical practice (ambulatory clinics)

- Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)

- Outpatient services (radiology, lab, infusion, etc.)

- Urgent care

Emergency department:

- Emergency department (adult)

- Emergency department (pediatrics)

Engagement:

- Staff engagement

- Physician and advanced practice provider engagement and alignment

Customer Relations:

- Grievance compliance in accordance with Centers for Medicare and Medicaid Services guidelines

- Complaints and resolutions

The Office of Patient Experience's goal is to guide the integration of patient- and family-centered care into all aspects of the planning, delivery and evaluation of health care through mutually beneficial partnerships among health care providers, patients and families.

Patient and Family Advisory Councils

UKHC has seven patient, parent, and family advisory councils with over 60 patient, parent, and family advisors and facilitators. Prospective advisors are recruited and recommended by steering committee members for each council or self-nominate via an online interest form, email, or phone call. Each new advisor completes an onboarding process to secure a committed advisor role. Patient and family advisors provide feedback and insight about their health care experiences within our mission goals of research, education, and clinical care. They partner with interdisciplinary teams to improve quality, health care equity, safety, and patient experience. The work of the councils also is included in ranking submissions such as *U.S. News and World Report* and program accreditation applications. After each meeting, the content and information received are tracked in a strategy tool. There are four additional sub-categories: patient and family experience, staff/organizational experience, health care quality and safety/risk. The impact of the advisory work is often cross-sectional, meaning that the advisors' input affects multiple areas across quality, safety, and service. The council's influence creates change for the enterprise from signage, patient education material and bedside communication. Once implemented, items are marked with a seal of approval. The seal of approval designates that the healthcare team and the advisors have worked together to make a change that improves quality, safety and service.

Two members from the patient and family advisory councils participate on the advisory group to the healthcare subcommittee of the Board of Trustees to demonstrate the commitment of UKHC to a culture of leadership structures and systems. These members are active participants in enterprise-wide safety and quality discussions.

Graduate Medical Education Integration

The Accreditation Council for Graduate Medical Education (ACGME) determines educational program guidelines, benchmarks for physician residencies, and fellowships. ACGME accredited residency and fellowship programs must ensure that learners are not only educated regarding fundamental patient safety and quality improvement methods but that they are also assimilated into health systems' continuous improvement efforts. Since 2013, the ACGME has conducted Clinical Learning Environment Review (CLER) site visits with a focus on understanding and enhancing resident and fellow engagement in quality improvement and patient safety. The University of Kentucky Albert B. Chandler Medical Center had its fourth CLER site visit in 2022. Collaborating with the Graduate Medical Education (GME) Office and training programs, UKHC has continued to enhance the integration of residents and fellows in supporting the organization's

strategic goals to improve patient care. Residents and fellows regularly attend patient safety analysis events and participate in interprofessional quality improvement teams. GME also collaborates with UKHC to provide additional training in patient safety and quality improvement for residents, fellows and faculty.

The Department Quality and Safety Program Officer (DQSPO) role was developed in FY22. This role works to further the education and engagement of residents, fellows and faculty with a focus around patient safety and quality improvement. It acts as a bridge between UKHC, GME and department personnel for quality and performance improvement engagement and education. Duties of this role include expanding in education and on quality improvement and patient safety, involvement in swarms, support of GME program systems improvement curriculum expansion, support of GME program quality improvement curriculum and engagement in enterprise goal improvement through the integration of residents and fellows.

Health Information Technology

The adoption of health information technology (HIT) and the promotion of health information exchange to improve health care follows the premise that HIT, when fully integrated into a health care delivery organization, facilitates substantial improvements in health care quality and safety. Our belief in HIT supports the Office of National Coordinator's objective to use HIT to make care safer and to continuously improve the safety of HIT (ONC, 2013). In support of this principle, technology remains one of the key enablers of the UK HealthCare Strategic Plan.

In 2019, UKHC embarked on a journey to select the best electronic medical record platform, Epic, to support the clinical enterprise needs of the future. Our quest is the successful implementation of a single digital patient record required for success in the value-based ecosystem. The entire enterprise is engaged in a robust evaluation of current processes and the adoption of industry best practices to ensure marked improvements in all aspects of care delivery. This project provided innovative, real-time clinical data integrated across the enterprise, with an activation date of June 5, 2021.

The broad adoption of other digital platforms into the health care workflow is proving to be a catalyst for clinical and business process improvement in order to pivot in response to environmental changes and consumer needs. This digital transformation is occurring in various modalities beyond the electronic medical record, such as the move to a virtual care environment and the use of telehealth. Enabling virtual visits, home monitoring, patient communication through alternative modalities and remote oversight of critical patients are examples of the digital support to newer modalities of care.

The privacy and security of patient health information is a top priority for the enterprise, and UKHC institutes policies and security safeguards to protect all health information. Adopting a risk- aware organizational approach, monitoring occurs through risk assessments, the utilization of previously mentioned incident reports, SWARMs and the aggregation and analysis of data on key processes to prevent adverse events.

Medication-Use Technology and Automation

Pharmacy Services contribute to the selection, implementation, monitoring, and optimization of various health information technologies (HIT) that help prevent medication errors.

- Each event includes the medication administration error demographics, type of error, breakdown point, severity, drugs involved and actions taken into a database.

- Key performance indicator metrics (KPI) for medication safety-related HIT are tracked quarterly and action plans are implemented if metrics are not meeting goals. Examples include:

  - Smart pump safety software utilization and alert rates, BCMA utilization rate, EHR medication warning and override rates, and automatic dispensing cabinet (ADC) override rate.

Quality Program Focus

Office of Pharmacy Value and Analytics (OPVA): The OPVA is comprised of five pharmacy stewardship programs and an operations specialist. The OPVA is charged with delivering data-driven collaborative solutions that maximize the value of pharmacy practice and stewardship contributions. The OPVA works closely with clinical pharmacists, providers, and nurses across the enterprise to evaluate and optimize medication use practices. The OPVA team ultimately helps identify opportunities and collaborates with staff to implement changes through quality improvement projects, guideline creation and management, and EHR enhancements.

Antimicrobial Stewardship Program: As part of the Antimicrobial Stewardship Program (ASP) leadership of the Antimicrobial and Emerging Diseases Pharmacy and Therapeutics (P&T) Subcommittees), this program reviews, develops and updates EHR order sets, protocols, algorithms and guidelines to guide users in the appropriate selection and dosing of antimicrobials. The program has continued its work to build and validate required reporting regarding antimicrobial resistance and utilization to NHSN to meet CMS standards. ASP is also evaluating new Joint Commission regulations related to antimicrobial stewardship to ensure ongoing compliance and has notably maintained UK HealthCare's IDSA Antimicrobial Stewardship Center of Excellence designation.

Antithrombosis Stewardship Program: The UK HealthCare antithrombosis (AT) stewardship program was developed in 2014 with the primary goal to improve/optimize the care of patients on antithrombotic agents for patients at UK HealthCare. Active work of the AT Stewardship program includes leadership of the Anticoagulation Subcommittee, of the Pharmacy and Therapeutics (P&T) Committee including the development of over 20 new UK HealthCare institution-specific guidelines and protocols for adults and pediatrics including antithrombotic guidance for the care of COVID-19 patients, participation in Anticoagulation Quality Assurance and Safety Committees, lab monitoring optimization for antithrombotic and development of a Pulmonary Embolism Response Team (PERT). Recent highlights for the AT team:

- AT stewardship leadership is actively involved with the National PERT Consortium which UKHC is a founding member with the PERT Consortium now includes over 80 academic and community hospitals in the US and focuses on the #1 preventable cause of hospital death in the US which is venous thromboembolism including pulmonary embolism.

Glycemic Control Support: The diabetes stewardship program's goal is to improve the overall management of blood glucose throughout the enterprise while reducing the harm associated with hyperglycemia and hypoglycemia. The program coordinator and other clinical pharmacists have been an integral part of multidisciplinary teams to identify root causes for hypoglycemia and have proposed ideas for order set modifications and education to reduce rates of low blood glucose. The team has notably also developed new order sets and guidelines to address the treatment of various diabetes-related emergencies. The program's ambulatory footprint continues to grow with engagement in multiple clinics including Endocrine, Maternal Fetal Medicine, and Transitions of Care.

Parenteral Nutrition Stewardship Program: The parenteral nutrition stewardship program oversees the usage of parenteral (IV) nutrition for UK HealthCare adult patients that are unable to use their GI tract for adequate nutrition support. This complex and expensive therapy requires specialized assessment, monitoring and compounding to treat malnourished or nutritionally compromised patients due to their disease or injuries. The stewardship established guidelines for appropriate indications, consults for optimal drug dosing, daily monitoring for efficacy and complication, minimizes expensive drug waste, and assists with the transition of care for outpatient therapy.

Opioid Stewardship Program: The opioid stewardship program improves patient care and pain management by reducing unnecessary opioid use and related harm within the UKHC Enterprise The OS program develops, maintains, and distributes relevant data regarding opioid use and safety. Further, the OS program develops data- and evidence-driven interventions to minimize inappropriate opioid use and opioid-related harm, designs usable multimodal patient & family educational materials regarding pain management & opioid safety, and evaluates the efficacy of and increase access to nonopioid and nonpharmacologic therapies for pain management. The OS program leverages the EHR functionality to ensure appropriate opioid prescribing. The OS strives to advance healthcare provider knowledge, expertise, and practice regarding pain management and safe opioid use.

Medication Safety

The medication safety team at UKHC reviews all reported medication errors and adverse drug reactions, analyzes data, and evaluates processes to optimize workflows. The team of pharmacists reviews medication error reports individually monthly trends and analyzes subsets of the data to identify system opportunities. Quarterly, this data is entered into Tableau for data visualization. ADRs are reviewed and analyzed on a quarterly basis. The medication safety team assists in root cause analysis and timeline development.

Specialty Pharmacy and Infusion Services Quality and Outcomes Program

The Specialty Pharmacy and Infusion Services Quality and Outcomes Program monitors clinical and operational measures of quality related to specialty pharmacy and infusion services at UKHC.

- **Compliance Auditing Support –** In order to ensure policies and procedures and approved guidelines for provision of clinical care and documentation are followed, the program provides routine and on-demand reporting to allow for proactive review by Specialty and Infusion compliance coordinators.

- **Mandatory Measures** - Mandatory Measures for Specialty Pharmacy and Infusion are collected by the program and reported annually to accrediting bodies, including call center performance, medication dispensing and distribution accuracy and turnaround time.

- **Medication Safety Review** - On a weekly basis, medication safety incidents and issues are reviewed and discussed with specialty pharmacy leadership in order identify opportunities to improve processes and mitigate risk.

- **On-Demand Reporting** - On-Demand reporting services are provided for Infusion, Pharmacy Patient Support Services, Retail and Specialty service lines at UK HealthCare by the program. This information is utilized to proactively detect and correct quality issues, as well as inform decision-making on workflow modifications and targeted development of new services.

- **Quality and Outcomes Research Committee –** The program conducts research into relevant factors affecting specialty medication health outcomes with a focus on social determinates of health and patient-reported outcomes.

- **Quality Management Committee (QMC) –** Mandatory Measures for accreditation and other relevant quality metrics are collected by the program and presented quarterly to internal stakeholders. In addition to Mandatory Measures, Specialty quality metrics such as medication adherence, patient and provider satisfaction and rare/orphan drug metrics are provided. Additionally, nursing and infusion metrics such as BCMA utilization rates, and AVS printing compliance are reported.

- **REMS/Manufacturer Data Requirements –** UKSPIS leadership works with manufacturers to gain access to limited distribution medications to provide care to all UK patients. The program provides data support related to contractual obligations and REMS program requirements to ensure compliance and continued access to these limited distribution drugs.

- **Star Ratings –** Tools that identify pharmacy patients that may impact Medicare Star rating measures (e.g. low medication adherence, gaps in therapy such as missing statin therapy) are developed and maintained by the program. These tools are utilized by Pharmacy Patient Support Services to address care gaps and aid in improving population health.

The regulatory readiness program at UK HealthCare exists to focus on creating a framework for continual survey readiness across the enterprise. The program utilizes a variety of approaches to promote continual survey readiness that includes but is not limited to internal tracers, an environment of care safety rounds, conducting a standard gap analysis, policy management and intracycle monitoring. See appendix for a full report of the regulatory readiness plan, policy review, tracer activities and regulatory reports.

Policy Review

The regulatory readiness program shall serve as the manager for the enterprise policy committee and policy review processes. The policy manager shall provide oversight to ensure policy reviews are completed in a timely manner by policy stakeholders. New policies proposed should be reviewed carefully to avoid duplicate or conflicting active policies. Policy version control shall be maintained.

Tracer Activity

Patient tracer activity is recommended on but not limited to the following factors:

- New or prepublication standards

- High-risk, problem-prone processes

- Identification for improvement during the regulatory survey by outside licensure and accrediting agencies

- Identification during intracycle monitoring of non-compliance

- Non-compliance noted during routine tracer activity

- Accreditation Preparedness for Medication Management: Pharmacy services participate in the accreditation team's weekly tracer activities conducted throughout the Enterprise to assess compliance with The Joint Commission accreditation standards. Pharmacy specifically is assessing for medication management compliance. In addition to the weekly tracers, an additional tracer was conducted for sterile compounding areas. This past year, Pharmacy also implemented the Joint Commission Resource (JCR) software inspection auditing tools for the sterile compounding areas. The tools allow for consistent auditing and trending of issues identified.

Regulatory Reports

Regulatory reports are provided weekly at the safety briefing and monthly at the EIC and accreditation management team meetings, and other groups upon request.

Annual Activities

- Education (e.g. new employee orientation, new provider orientation, supervisor training, continuous readiness checklist training)

- Review of standing orders and protocols

- Intracycle monitoring for The Joint Commission

- Licensure and accreditation application submissions

Surveillance of Regulatory Changes

The Regulatory Readiness Program monitors changes in the regulatory environment through several different methods:

- Engagement of outside consultants such as Joint Commission Resources
- Monitoring of "The Joint Commission Perspectives" monthly publication
- Industry-related newsletters and periodicals
- Monitoring regulatory websites for information regarding prepublication standards, proposed rules or frequently asked questions
- Participation in industry audioconferences and webinars
- Participation with Kentucky Hospital Association accreditation committee

Environment of Care Rounds

Based on a predetermined schedule, tracers occur weekly on patient care units, in departments and on outside grounds looking for safety issues and non-compliance with standards. Focus areas for tracers are compliance with policy and standards, such as:

- Physical environment (on doors, walls and ceiling tiles)
- Fire safety features, such as fire extinguishers, fire alarm activation devices and sprinklers
- Discussion with staff on knowledge of emergency response for fire, code silver and tornados
- Employee identification

Employee Injury Prevention

Daily reporting of employee injuries and identification of any serious employee injury occurs at the DBSO. We continue employee injury investigation and reporting to unit/department managers. Other reporting venues include:

- Emergency Management Committee (EMC) meetings
- Policy review and development related to the Healthcare Safety and Emergency Management Program

Program and Process Monitoring

Monitoring for the Following Areas is Ongoing with Subcommittees:

- Chemical safety: Departmental inventories and safety data sheets requirements; chemical spill response

- Medical equipment: Staff and patient injury prevention; compliance with manufacturer maintenance requirements

- Security: Risk assessments for identified high-risk areas and, as requested, training for safe patient interactions

- Utilities: Maintenance and testing; requirements and emergency response with interruptions

Healthcare Safety and Emergency Management Program

The healthcare safety and emergency management program aim to provide a safe environment for all patients, the UK HealthCare workforce and visitors across the enterprise. Some examples of methods utilized to meet the program mission and goals are environment of care tracers, incident report review and follow-up, data collection and analysis and planning for and responding to emergency events and drills.

- Conduct regular fire drills; annual TJC requirements related to an influx of patients and an escalating event.

- Follow-up on opportunities for improvement related to events that occur.