UHCC 1

Members, University Health Care Committee of the Board of Trustees:

UK HEALTHCARE FY 2017 QUALITY, SAFETY, AND PATIENT EXPERIENCE PLAN

Recommendation: that the University Health Care Committee approve the UK HealthCare FY 2017 Quality, Safety, and Patient Experience Plan, attached hereto as Exhibit I, in accordance with applicable law.

Background: Pursuant to University of Kentucky Governing Regulation II.E.i(1)(a), the University Health Care Committee "Serves 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 and with the laws and regulations governing the operations and services of hospitals in the Commonwealth of Kentucky."

In 42 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, and data-driven quality assessment and performance improvement program. The UK HealthCare FY 2017 Quality, Safety, and Patient Experience Plan sets out such a program for the University's hospitals and clinical activities for FY 2017.

This Plan has been developed and approved by the necessary and appropriate officials as documented on page 1 of the attached Exhibit I.

Action taken: ☑ Approved   ☐ Disapproved   ☐ Other _____

FY2017 Quality, Safety, and Patient Experience Plan

The FY2017 Quality, Safety and Experience Plan demonstrates the commitment of UK HealthCare to the people of the Commonwealth of Kentucky and beyond; to provide high quality, high value, safe, efficient and patient-centered care to each and every patient.

On behalf of all members of the UK HealthCare family, we endorse this plan:
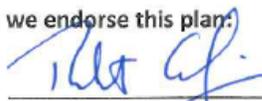
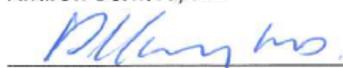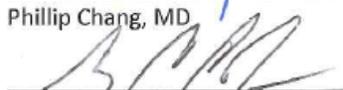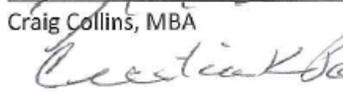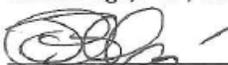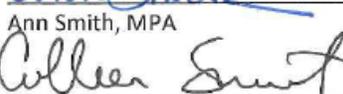|	
Chief Clinical Operations Officer:	Robert H. Cofield, MHA, DrPH
President, Medical Staff:	Andrew Bernard, MD
Chief Medical Officer:	Phillip Chang, MD
VP of Health Affairs, CFO:	Craig Collins, MBA
Chief Information Officer:	Cecilia Page, DNP, RN
Chief, Ambulatory Services:	John Phillips, MHA
Chief Administrative Officer:	Ann Smith, MPA
Chief Nurse Executive:	Colleen H. Swartz DNP, MBA, RN
Chief Transformation & Learning Officer:	Mark V. Williams, MD
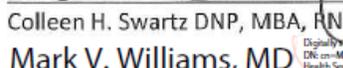
Date Finalized by UK HealthCare Leadership: 11/17/2016

Thank you to the following individuals for assistance in preparing this plan:
- Kim Blanton MSN, MHA, RN, NE-BC, Enterprise Director Infection Prevention & Control
- Amanda Green, DNP, RN, Director Quality Monitoring & Reporting
- Angie Lang, BA, Enterprise Director of Office of Patient Experience
- Jing Li, MD, MS, Deputy Director, Office for Value and Innovation in Healthcare Delivery
- Tukea Talbert, DNP, RN, Assistant Hospital Administrator
- Lee Vermeulen, Jr., RPh, MS, FCCP, FFIP, Director, Office of Value and Innovation in Healthcare Delivery

I. INTRODUCTION

Our highest priority at University of Kentucky HealthCare (UKHC) is high quality, safe, patient- and family-centered care. UKHC has a longstanding commitment to excellence in patient care, teaching and research. We integrate this excellence into our patient safety and quality of care efforts in every aspect of UKHC's day-to-day operations and care delivery. Investing in quality improvement and the implementation of best practices, the UKHC OptimalCare© approach, allows us to achieve the best possible patient outcomes. The FY2017 Quality and Safety Plan reflects the organization's values of providing coordinated patient- and family-centered care and focuses on continuous improvements in the areas of quality and safety, experience, engagement, access and efficiency. Ultimately, our plan will increase the value of the care we deliver to our patients.

In addition to ensuring compliance with The Joint Commission (TJC) Standards and our enterprise policies and bylaws, the UKHC Quality and Safety Plan is built on the following guiding principles:

- *Patient- and family- centered care*: Involve patients and family in care design and decision-making that meets their needs and preferences.
- *A just, non-punitive culture of safety*: Promote blame-free incident reporting with 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 and support them with dedicated staff and resources, data collection and analysis, and monitoring.
- *Comprehensive quality surveillance, measurement and reporting*: Systems approach that fosters active employee and caregiver engagement.
- *Transparency and communication*: Provide easily accessible, valid, meaningful information with open communication with leadership, clinicians, managers, frontline staff, patients and the general public about our clinical performance.
- *Staff empowerment and innovation*: Create an environment and provide resources that foster problem solving and breakthrough change to enhance quality and safety.

The strategies outlined in this plan are intended to facilitate the best service to our patients and the best clinical outcomes, in accordance with evidence-based research. The Quality and Safety Plan affirms UKHC's commitment to quality, safety and patient experience and will assist in the promotion, coordination and leadership of quality and safety priorities throughout the organization.

UKHC Mission
UK HealthCare is committed to the pillars of academic health care – research, education and clinical care. Dedicated to the health of the people of Kentucky and surrounding regions, 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 of the Commonwealth by partnering with community hospitals and physicians. We will support the university's education and research needs by offering cutting edge services on par with the nation's very best providers.

UKHC Vision

Become a top academic medical center serving Kentucky and beyond that strives to:

- Provide a broad range of advanced subspecialty care so that Kentuckians need not travel outside Kentucky for medical care.
- Become a clinical destination serving Kentucky and beyond for select highly specialized services.
- Support rural health care, collaborating closely with community providers to enable residents to receive appropriate health care in their local communities.
- Mature collaborative relationships into a well-integrated health delivery system that can respond to a changing health care environment and provide high-quality, cost-efficient health care.
- Support the research and teaching missions of the university.

Monitoring Metrics

Nationally recognized performance metrics and benchmarks are utilized in order to help position UK HealthCare as a national leader in quality, safety and performance improvement. Vizient, formerly known as the University Healthsystem Consortium (UHC), is used as the primary source of comparison by UKHC.

The hospital first collects data on the required items as defined by The Joint Commission (TJC), Centers for Medicare and Medicaid Services (CMS) and other regulatory bodies. This monitoring includes, but is not limited to, the following. The performance and information are shared through weekly, monthly, and quarterly Quality and Safety meetings and bi-weekly Patient Safety Committee meetings. The weekly and monthly scorecards are available to all staff (via the Quality Monitoring & Reporting SharePoint site).

Measures	Monitoring Frequency
1. Mortality (both observed and expected mortality rates)	Raw numbers monitored weekly Observed/Expected (O/E) received monthly
2. Patient safety indicators	Weekly
3. Hospital acquired infections	Weekly
4. Access to care (new patient visit lag)	Monthly
5. Length of stay (both observed and expected rates)	O/E received monthly
6. Same hospital readmissions	Weekly
7. Patient experience (inpatient and ambulatory)	Weekly
8. Engagement (staff and physicians)	Annually thorough Engagement Survey
9. Sentinel events	Weekly (reported monthly)
10. Nursing sensitive indicators (CAUTI, CLABSI, restraints, assaults, pressure ulcers and falls)	Weekly
11. Diversity & Inclusivity (for staff and College of Medicine faculty)	Annually

II. Setting the Quality and Safety Agenda

The leaders of UK HealthCare, in collaboration with the Medical Staff Committees and the University Health Care Committee (a subcommittee of the University of Kentucky Board of Trustees), set the priorities for quality monitoring, safety and performance improvement annually. These priorities are embodied in the **UK HealthCare Enterprise Goals**, which are discussed and approved by the UK Board of Trustees University Health Care Committee annually. By codifying these goals, the governing body sets the agenda for patient care and quality improvement at UK HealthCare each year. The fiscal year 2017 annual Enterprise goals have the following objectives:

FY17 Enterprise Goals

	Threshold	Target	Max
MORTALITY			
Observed to Expected *(O/E)*	< 0.84	≤ 0.82	≤ 0.80
PATIENT SAFETY			
Patient Safety Indicator 90 *(Harm Score)*	< 0.68	≤ 0.65	≤ 0.63
Hospital Acquired Infections *(6 total)*	3 of 6	4 of 6	5 of 6
CARE CONTINUUM			
New Patient Visit Lag of ≤ 14 days *(76 locations)*	24 locations	31 locations	39 locations
Length of Hospital Stay *(LOS O/E)*	< 1.05	≤ 1.03	≤ 1.01
Same-hospital Readmissions	< 10.33%	≤ 10.23%	≤ 10.13%
PATIENT EXPERIENCE			
Inpatient Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Domains *(9 total)*	6 of 9	7 of 9	8 of 9
Ambulatory Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) Survey Domains *(6 total)*	2 of 6	3 of 6	4 of 6
ENGAGEMENT			
Physician Engagement	>3.52	≥3.60	≥3.67
Employee Engagement	>4.05	≥4.09	≥4.13
DIVERSITY & INCLUSION			
Diversity & Inclusion	1 of 4	2 of 4	3 of 4

June 2016 – Approved by the University of Kentucky Board of Trustee Health Care Committee

Figure 1: FY17 Enterprise Goals - approved by the University Of Kentucky Board Of Trustee Health Care Committee in June 2016.

The iterative process to develop the enterprise goals each year includes input from many individuals and groups within UK HealthCare and local experts/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, and diversity and inclusivity for the coming fiscal year.   Goals are developed based, in part, on the VIZIENT top performer model, which is a robust and tested framework. All metrics are validated by external agencies (such as VIZIENT, CMS, and TJC) and the definition and source is clearly documented. In order to be selected by UK HealthCare as a measure of performance,

historical performance data must be available and the measurement tool must be reliable. The previous calendar year's performance is generally used as the internal benchmark.

The Diversity and Inclusivity domain was added to the FY17 Enterprise Goals in order to align with efforts of the University of Kentucky and promote diversity and inclusivity within UKHC. This domain includes goals for executive and administrative staff, professional staff, and College of Medicine faculty related. These goals were developed in collaboration with the University of Kentucky and based upon the five year strategic plan.

To gain alignment of effort and resource allocation and to focus our quality improvement work, the UK HealthCare deploys **Cascading of Enterprise Goals** throughout the organization, by a variety of methods, to gain alignment on quality improvement efforts (figure 2).
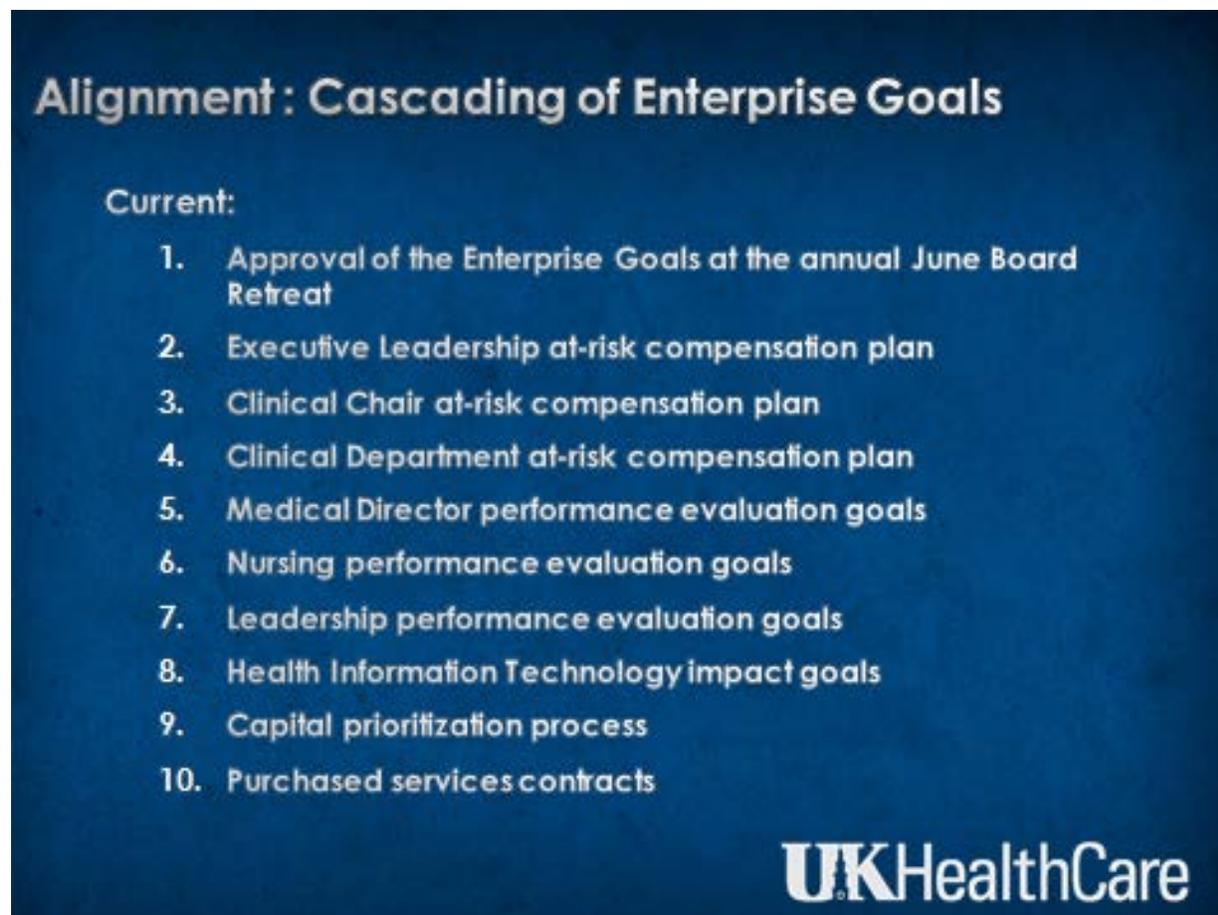

Figure 2: FY17 Cascading of Enterprise Patient Care Goals

The cascading process is a translation or application of the strategic level goals to and more specific goals that can be understood by organizational units such as departments, teams and individuals.

We consider the cascading of our Enterprise Goals to be a performance management system aimed at achieving and sustaining organizational alignment throughout the clinical enterprise of University of Kentucky HealthCare. We use cascading of enterprise goals as a quality strategy execution system.

Additionally, we have incorporated **patient- and family-centered care** as a foundation for our 2020 Strategic Plan, which also includes a strong focus on value-based care (See Figure 3). This strategic plan provides a 5-year guide for UK HealthCare as it navigates changing times in the health care industry. Hundreds of UK HealthCare faculty and staff participated in the plan's development, which represents the collective wisdom of our very talented community. With a foundation of **patient- and family-centered care**, the plan emphasizes that where our culture needs to change – we must change to deliver a more connected and personalized experience for our patients. It will guide all of us at UK HealthCare to our goal of delivering the safest, high quality, efficient and accessible care.
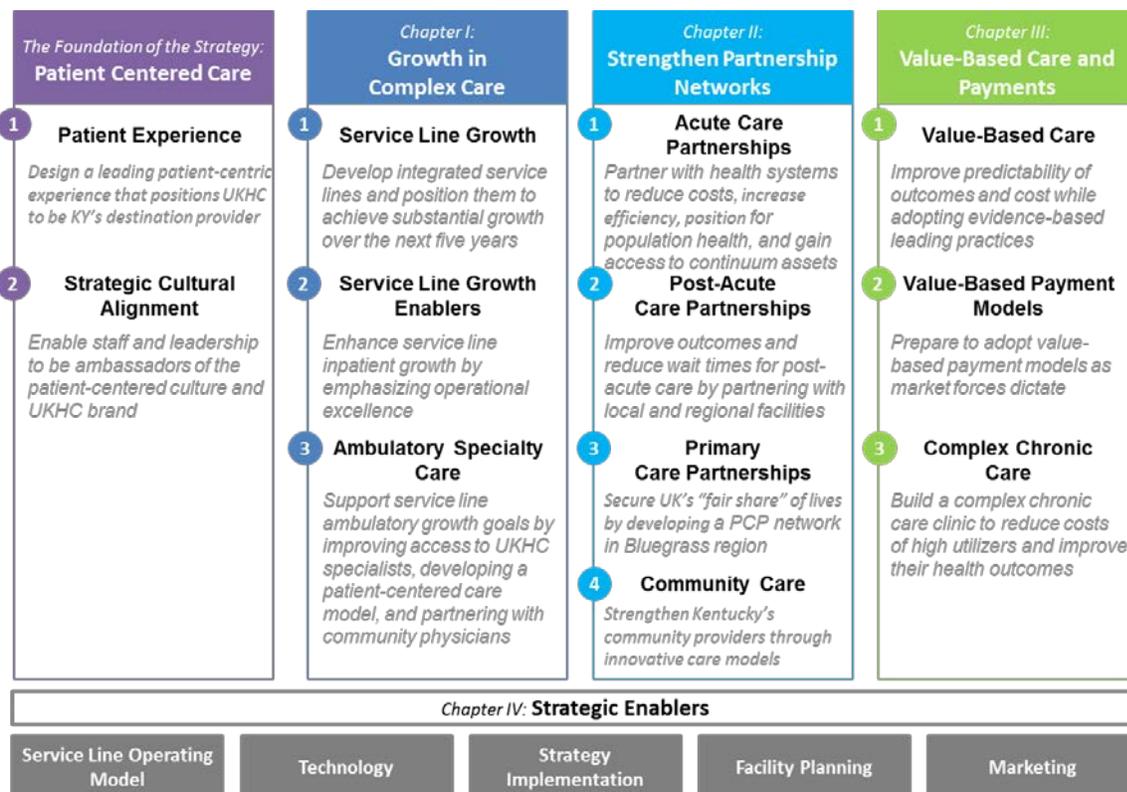
UK HealthCare Strategy 2020

Figure 3: UK HealthCare Strategy 2020

III. **Governance**

Our governance structure is aimed at ensuring accountability, two-way information sharing, and transparent reporting of performance and oversight for the quality improvement efforts at UK HealthCare. This performance monitoring starts at the patient level with performance being reported up through the enterprise and ultimately to the governing body, the University Health Care Committee. Figure 4 shows the main elements of the reporting structure at UK HealthCare. All reporting relationships are bidirectional with information flowing up to the governing body and down the structure ultimately to impact the bedside clinicians and patients. The UK HealthCare Quality & Safety Committee and the Medical Staff Operating Subcommittee receive monthly reports from many other committees and departments within the enterprise (Figures 5 and 6). This reporting structure allows oversight of all quality, safety and performance initiatives within the enterprise.

The medical staff is structured through the medical staff operating subcommittees at Chandler and Good Samaritan hospitals with an overall enterprise Medical Staff Executive Committee.   The Medical Staff Executive Committee (MSEC) provides oversight and support to the medical staff committees, oversees medical staff by-law functions, credentialing processes, and reviews contracts for outside clinical services. The Medical Staff Operating Subcommittees also meet monthly and review the progress by multiple teams and committees throughout the enterprise. These committees and teams are outlined in the medical staff by-laws and include: Pharmacy and Therapeutics, Infection Control, Quality and Safety, Graduate Medical Education, Transfusion, Operating Room, Transplantation Service, Ethics, ICU (Critical Care), Diagnostic Imaging and Testing, Cancer, Nutrition, Anatomic Pathology. While there is some duplication in reporting to the MSEC, the intent of committees reporting at this meeting is to assure that the medical staff has information and authority over the appropriate clinical operation of the facility. The President of the Medical Staff and CMO have the leadership responsibility to bring issues from these venues to the governing body.

The Board of Trustees of the University of Kentucky establishes, maintains, supports, and exercises oversight of the quality, safety and performance activities that occur within the enterprise. The Board of Trustees fulfills its responsibilities related to these metrics through the governing body, the University Health Care Committee.
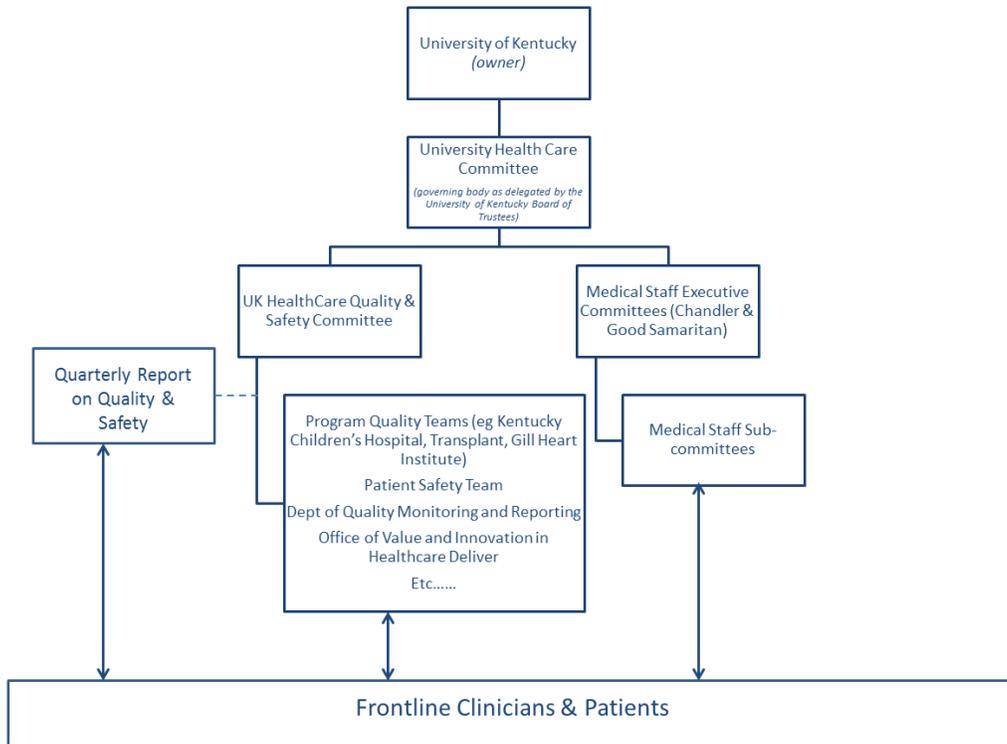
Figure 4: Reporting Structure

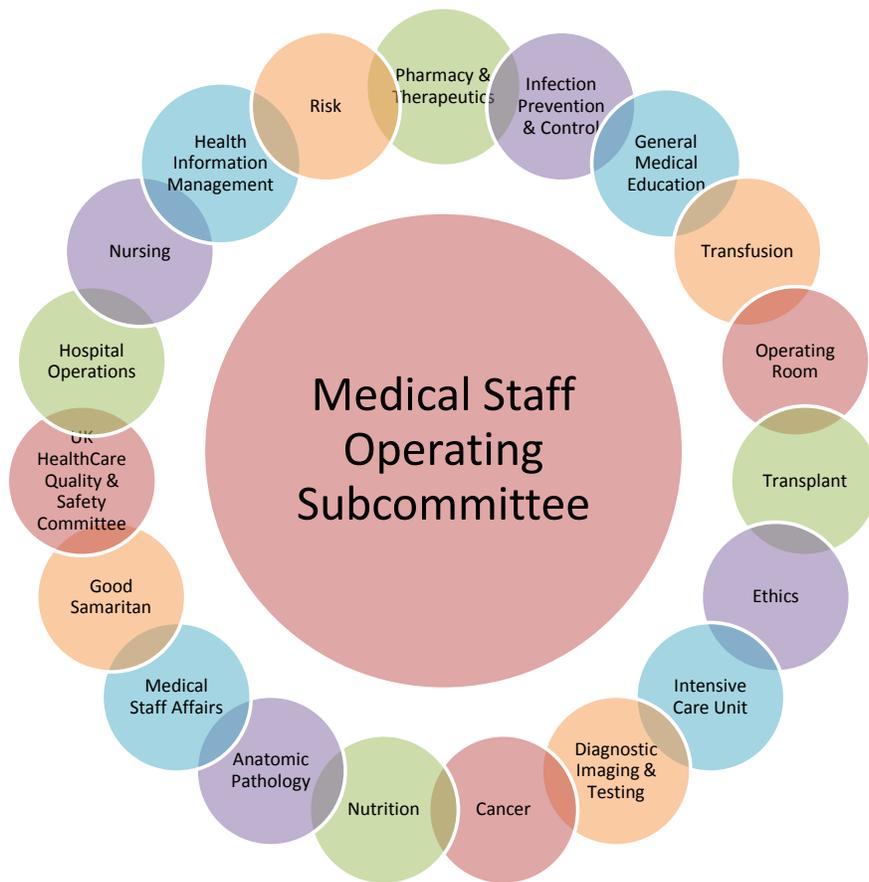*Figure 5: Quality & Safety Committee Reporting Structure and Scheduled Agenda Items*

Figure 6: Medical Staff Operating Subcommittee Reporting Structure

IV. Program Overview

UK HealthCare places great emphasis on the continuous monitoring of quality, safety and performance improvement initiatives throughout the enterprise. This monitoring includes a weekly, monthly and quarterly venue to discuss outcomes in order to assure that UK HealthCare is delivering optimal care in a timely fashion.

The Weekly Patient Care Huddle is an intense and thorough review of the patient care provided each week. This group meets weekly on Thursdays for a huddle to discuss performance on the enterprise goals and other metrics that roll up into these metrics; any safety events occurring during the prior week are also identified and (often) discussed. This meeting is attended by all levels of clinicians and staff, including the Chief Medical Officer (CMO), Chief Nurse Executive (CNE) and Chief Administrative Officer (CAO). The goal of this huddle is to engage all those present in the ongoing initiatives and to create an open dialog to discuss any concerns related to quality and safety.

Monthly, we take time to reflect on our performance results on enterprise metrics by holding the **UK HealthCare Quality and Safety Committee** meeting. This meeting is chaired by the CMO and the Director of Quality Monitoring and Reporting. Attendance at this meeting includes members of the senior leadership team as well as leaders throughout the enterprise. This ensures that the performance on each of the key metrics is transparent throughout the enterprise, and performance improvement plans are discussed. Also, committees, programs and service lines throughout the enterprise report to this committee on a rotating basis to ensure that all initiatives throughout the enterprise are being monitored and supported as necessary (See Figure 5). In addition to the main scorecard used for this monthly meeting, there is a supplemental scorecard with additional quality and safety data. Shortly after this meeting ends, the enterprise scorecard is widely circulated and posted transparently on the UK Healthcare employee website (CareWeb).

The monthly review and evaluation also includes a summary report on the performance of the health system on those measures sensitive to the practice of nursing. The metrics are reported in context of the entire report, but also carved out and presented as needed for Magnet designation. The nursing strategic plan provides the structure to direct and provide a firm foundation for nursing practice expression. The nursing strategic plan for FY 16-17 is provided in Appendix 1.

After each quarter ends, a Report on Quality meeting occurs to review enterprise performance on initiatives and their associated metrics. Patients and their family members may also present at these meetings in order to emphasize the important of patient centered care and provide feedback on the care provided at UKHC. Other agenda items for this meeting include the report out by teams who are working diligently on quality, safety and performance improvement initiatives and awards that recognize teams and individuals who have made significant contributions to the enterprise. These awards include the Great Catch award for those who identify patient safety concerns and prevent harm, the Top Performer award for those who are performing exceptional care for patients, the Rising Star award for teams that have demonstrated improved performance and the Home Run Service award for those who are making a significant impact on the patient and family experience. Importantly, the UK

Executive Vice President for Health Affairs or his designee chairs this meeting. It is open to all at UK HealthCare and routinely the auditorium is packed with approximately 300 people who learn and share. Senior leaders are present and they provide clear direction and support so the organization continues moving forward with a clear purpose. Meeting results and slides are posted transparently on the internal website for reference so even those unable to attend the quarterly meeting learn and become aware of UKHC's current state and progress in quality and safety.

It is highly important that the performance and priorities for the organization are communicated to all staff within the enterprise. Information reaches staff through a variety of channels, including but not limited to:

- Bulletin boards in their work areas
- Regular staff and department meetings
- E-mail (In the Loop, Change Delivered, Weekly Update)
- Web Site – Care Web
- Ad-Hoc Meetings
- Medical Director meetings
- Medical Department meetings
- Town hall leadership meetings
- Regular leadership meetings
- Quarterly nursing staff meetings
- Nursing Leader meetings

V. BUILDING A CULTURE OF SAFETY

A safety culture is also a learning culture – organizations learn from their safety data, undertake needed actions, and make substantial system changes in an effort to ultimately prevent injuries and save lives. Literature and our own experiences document that harm to patients can be reduced or eliminated and our goal is always zero harm. An organization's culture is reflected by what it does - its practices, procedures, and processes - rather than in what it claims to espouse or believe. At UKHC, we strive for a culture of safety by ensuring it is:

1) **Informed** - leaders understand the technical, organizational, environmental, and human factors that impact error
2) **Just** - trust pervades the organization so people report safety concerns and errors and know what constitutes unsafe practice
3) **Values** reporting - staff and leaders know the importance of accurate data and reward reporting of errors and near misses
4) **Flexible** - responsibility for addressing immediate safety situations is given to front-line experts

Proactive Risk Identification and Process for Mitigating the Risk Factors
UKHC collects safety event information using the National Patient Safety Goals (NPSGs) by The Joint Commission, standards of practice of professional organizations and federal guidelines provided by CMS and other regulatory agencies. The information includes actual or potential occurrences involving inpatients, outpatients, employees and visitors. Information is provided from all employees and medical staff through **completion of incident reports**, which is an open online system and reporting can be anonymous.

All reporting data are used to track and trend processes and outcomes or initiate activities that address process, system, protocol or equipment events. Opportunities for improvement regarding patient safety issues are prioritized according to level of severity, frequency of the occurrence, potential for harm to the patient, employee or visitor and potential for liability (Failure Mode Effect Analysis – FMEA). Weekly review of information is performed by an Enterprise Incident Reporting Steering Committee in collaboration with UKHC Risk Management, to direct the administrative and medical staffs' attention to areas of clinical care representing significant sources of actual or potential risk. Types of medical / health care errors included in data analysis are:

➢ *Harm*
- *9: Death*—Dead at time of assessment.
- *8: Severe permanent harm*—Severe lifelong bodily or psychological injury or disfigurement that interferes significantly with functional ability or quality of life. Prognosis at time of assessment.
- *7: Permanent harm*—Lifelong bodily or psychological injury or increased susceptibility to disease. Prognosis at time of assessment.

> **6: Temporary harm**—Bodily or psychological injury, but likely not permanent. Prognosis at time of assessment.

➢ **Reached the Patient**

> **5: Additional treatment**—Injury limited to additional intervention during admission or encounter and/or increased length of stay, but no other injury. Treatment since discovery and/or expected in future as a direct result of event.

> **4: Emotional distress or inconvenience**—Event reached patient; mild and transient anxiety or pain or physical discomfort, but without the need for additional treatment other than monitoring (such as by observation; physical examination; laboratory testing, including phlebotomy; and/or imaging studies). Distress/inconvenience since discovery and/or expected in future as a direct result of event.

> **3: No harm evident, physical or otherwise**—Event reached patient, but no harm was evident.

➢ **Near Miss**

> **2: Near miss (requires selection of one of the following)**
> - Fail-safe designed into the process and/or a safeguard worked effectively
> - Practitioner or staff who made the error noticed and recovered from the error (avoiding any possibility of it reaching the patient)
> - Spontaneous action by a practitioner or staff member (other than person making the error) prevented the event from reaching the patient
> - Action by the patient or patient's family member prevented the event from reaching the patient
> - Other
> - Unknown

> **1: Unsafe condition**

Sentinel Events are tracked by the Accreditation and Risk Management departments. The accreditation department works with the CMO office to assure that we have a clear and up to date list of issues considered to be a sentinel event. All sentinel events are reviewed and reported out at the monthly Quality & Safety Committee Meetings to facilitate oversight at the Senior Executive level of the enterprise.

We have a hospital wide interdisciplinary response mechanism to all the sentinel event alerts. To address any patient safety issue related to sentinel event alerts, we immediately construct an interdisciplinary team to formulate the risk reduction strategy and follow up through an action plan. The Comprehensive Accreditation Manual (CAMH) states the TJC expectations of the appropriate response to a sentinel event, which includes conducting a timely, thorough, and credible root cause analysis; developing an action plan designed to implement improvements to reduce risk; implementing the improvements; and monitoring the effectiveness of those improvements. UKHC SWARM includes comprehensive systematic analysis and an action plan, so it meets TJC standards for investigation and analysis of adverse and sentinel events. SWARMing is the UK HealthCare's standard approach to all

sentinel events, with some supplementation (e.g., event-related documents), as reporting of an RCA for a sentinel event.

Investigation, Analysis, and Reporting – RCAs and SWARMing
UKHC developed a novel rapid approach to root cause analysis (RCA)—called "SWARMing"—with the goal of establishing a consistent approach with centralized support to investigate and analyze adverse or undesirable events.* This process occurs without unnecessary delay after an event, undertakes thoughtful analysis by an interdisciplinary team, and encourages reporting of adverse events by frontline staff.

Any personnel at UKHC can call for a SWARM. Most often the SWARM process begins when staff complete an incident report regarding an event. A patient safety analyst, in collaboration with Risk Management, reviews the report or a known adverse event, and makes the decision of conducting either a rapid RCA or a full SWARM. If a SWARM is determined to be the best approach, the report is reviewed by a department administrator and the clinical risk manager who rapidly conduct a preliminary investigation to document the basics of "what happened" and "who was involved" with a timeline to allow a SWARM to be scheduled as soon as possible. In some cases of specific concern, SWARMs are performed immediately after the event.

Commonly, participants include those directly involved in the event aiming to be inclusive, so attendees might range from a ward clerk to the chair of surgery. The SWARM process consist of 5 key steps:
    (1) Introductory explanation of the process;
    (2) Introduction of everyone in the room;
    (3) Review of the facts that prompted the SWARM;
    (4) Discussion of what happened with investigation of the underlying systems factors;
    (5) Conclusion with proposed focus areas for action and assignment of task leaders with specific deliverables and completion dates.

The weekly SWARM Closure report is shared broadly with system leaders to ensure transparency of responsibility of the person assigned to a task and timeliness to closure.

*Li J, Boulanger B, Norton J, Yates A, Swartz CH, Smith A, Holbrook PJ, Moore M, Latham B, Williams MV. "SWARMing" to Improve Patient Care: A Novel Approach to Root Cause Analysis. Jt Comm J Qual Patient Saf. 2015 Nov;41(11):494-3.

Legal Protections for Patient Safety Activities
Congress passed the Patient Safety and Quality Improvement Act (PSQIA) of 2005, 42 U.S.C. 299b-21 et seq. (PSQIA) to "facilitate an environment in which health care providers are able to discuss errors openly and learn from them." H.R. Rep. No. 109-197, at 9 (2005). The Act was intended to replace a "culture of blame" and punishment with a "culture of safety" that emphasizes communication and cooperation. See S. Rep. No. 108-196, at 2 (2003). Patient Safety Activities at UK HealthCare that are carried out in an effort to improve patient safety and the quality of health care delivery, including

collection and analysis of Patient Safety Work Product (PSWP) and the development and dissemination of information with respect to patient safety, such as recommendations, protocols, and best practices or the use of PSWP to encourage a culture of patient safety, that are submitted to the UK HealthCare Patient Safety Organization (PSO), are privileged and confidential to the greatest extent allowable under the PSQIA.   PSWP includes incident reports, SWARM data, sentinel event analyses, and all other data and information described in the UK HealthCare Policy #A06-035 entitled "Patient Safety Evaluation System" and reported to the UK HealthCare PSO in accordance with the PSO Service Agreement.

Integrating Ambulatory Patient Safety

We recognize that the type of events that occur in a dynamic, ever changing ambulatory setting require a similar analysis and approach to those that occur in a controlled hospital environment. Learning from our inpatient partners, the Ambulatory Patient Safety team was formed to look at quality and safety at the ambulatory level. The team is responsible for identification of trends and issues that potentially impact delivery of care, development of the communication plans and educational materials that focus on changing the culture and increasing the quality of care provided to patients in this setting. This team analyzes all events and identifies opportunities for unit and/or system-level SWARMs. This structure has proven effective in providing leadership insight on what is taking place within the ambulatory system that needs to be changed/modified to create a safer environment for patients/visitors/staff. In addition to continuously educating staff on the value of incident reporting, the FY2017 focus includes developing a standard time-out process, hand hygiene compliance initiatives, standard room cleaning between patients, and standardization of emergency response and equipment.

Performance and Measure of Success

Providing periodic (monthly, quarterly, etc.) report on specific sets of indicators is a routine essential of the Quality and Safety Plan. All Patient Safety Indicators for National Patient Safety Goals are observed effectively and continuously in all patient care areas at UKHC monthly. The monitoring and analysis of Patient Safety Indicators are based on multiple patient safety programs, such as National Patient Safety Goals by the Joint Commission, AHRQ Patient Safety Indicators, and CMS hospital acquired infections/conditions.

The Patient Safety (PS) and Infection Prevention and Control (IPAC) department constructs the monthly patient safety report through direct observation of practice, concurrent medical record review, retrospective chart review, etc. As events are identified, the caregivers for these patients work together to complete a RCA in order to identify opportunities for continuous improvement. The data collection and analysis is conducted at an interdisciplinary level and organizational patient safety reporting is constructed and communicated.

The following are some of the metrics monitored by the IPAC department.
- VAE
- CLABSI
- CAUTI
- MRSA/MDRO
- Falls
- HAPI
- SSI
- Hand Hygiene
- Outbreaks of infectious disease (to include *C. diff*)

The following are some of the NPSG metrics monitored by the PS department.
- Improve accuracy of patient identification
- Effective Communication re: Critical Values
- Safe use of Medications re: correct labeling of medications/solution in procedural areas, Anticoagulant therapy mismanagement and Medication Reconciliation
- Reduce harm associated with clinical alarms systems
- Reduce risk of health-care associated infections
- Identification of inherent risks in the population-suicide, patient needs for appropriate treatment and education in the prevention of suicide for patient and his/her family
- Universal Protocol

Patient Safety Educational Activities – Translating Research into Practices
The educational and/or promotional events emphasize research evidence, best practices, medical error reduction, and specific job-related aspects of patient safety. Ongoing in-service and other educational programs emphasize specific job-related aspects of patient safety. As appropriate, training activities incorporate methods of team training to foster interdisciplinary, collaborative approach to the delivery of patient care and reinforces the need and way to report medical errors. Leadership initiates the relevant plans (e.g., World Thrombosis Day) and conducts educational activities in coordination with other educational efforts undertaken at UKHC. Simulation is also utilized within UK HealthCare as an invaluable and necessary adjunct for teaching, certification, training, research and recruitment for all health care and improvement in patient safety.

VI. PERFORMANCE/QUALITY IMPROVEMENT

The Office for Value and Innovation in Healthcare Delivery (OVIHD, Appendix 2 – OVIHD Org Chart) serves as the resource for all quality improvement and patient safety projects. OVIHD uses a systematic approach to support and guide improvement teams at UK HealthCare by applying Lean principles, problem solving, and change management process and tools. The health system operation engineers, analysts, and quality improvement specialists have specific expertise in improvement methodologies, and support UKHC's priority organizational initiatives. The team has expertise in numerous Quality Improvement tools, including, but not limited to: Patient Flow, FOCUS-PDSA, Engagement, Lean, Six Sigma, Process Design, FMEA, Reflective Learning, and Statistical Process Control. This team supports cross-organizational priorities and teams who are engaged in improvement. Educational programs are offered to enable capacity building and bring performance/quality improvement to life within teams at all levels. The strength of encouraging teams to own their quality improvement processes is that change and improvement become real to them and imbedded in their daily activities, rather than housed in a single overseeing department.

UKHC OptimalCare©

UKHC OptimalCare© is a clinical knowledge management program within the Office for Value in Healthcare Delivery (OVIHD) responsible for the curation of evidence-based clinical practice guidelines, and for facilitating the expression of those standards of care in clinical decision support tools that reduce variability in practice, improve quality, lower cost and improve the patient experience. Program staff members work closely with other OVIHD staff members who specialize in process improvement to provide full support for quality initiatives, including both content development and systems engineering expertise. UKHC OptimalCare© staff leverage the expertise of faculty and staff from throughout the University of Kentucky in their work, and partner with all departments within UK HealthCare in the development and implementation of content and systems improvements. We will collaborate with information technology staff, supporting the development of electronic health record-based tools that provide the right guidance to the right provider for the right patient at exactly the right time for that guidance to influence care being delivered, making it inescapably easy to do the right thing for our patients. The UKHC OptimalCare© program can also support enterprise-wide portfolio management, ensuring that improvement initiatives are prioritized in a manner that is consistent with the strategic objectives of UKHC, and are sustained with stable infrastructure and clear communication.

Lean Thinking Principles

Lean in healthcare is "an organization's cultural commitment to applying the scientific method to designing, performing, and continuously improving the work delivered by teams of people, leading to measurably better value for patients and other stakeholders." The leadership at UKHC understands that in order for lean principles to take root, leaders must first work to create an organizational culture that is receptive to lean thinking. We use the six principles of Lean to help implementing this approach to improving care (http://www.mayoclinicproceedings.org/article/S0025-6196%2812%2900938-X/fulltext).

1. Lean is an *attitude of continuous improvement*. Lean involves a culture of continuous improvement in which leaders are always raising the bar to drive value.
2. Lean is *value-creating*. The ultimate goal of Lean is to improve value.
3. Lean is *unity of purpose*. Lean can unify teams around a shared goal.
4. Lean is *respect for the people who do the work*. Healthcare leaders need to empower front-line workers to drive improvement.
5. Lean is *visual*. Visual tracking provides easy access to data and serves as a place for communicating concerns and new ideas.
6. Lean is *flexible regimentation*. In a Lean approach, workers need to identify root causes of problems and change standards to optimize processes.

Through partnership with the UK College of Engineering Lean Systems Program, which is a collaboration between UK and Toyota, the UK Center for Health Services Research developed the UKHC Lean Model (Appendix 3). The UKHC Lean Model video has been distributed to UKHC enterprise and is available at https://chsr.med.uky.edu/chsr-uk-healthcare-lean-model

Health IT Performance Improvement
Following the premise that the health IT, when fully integrated into health care delivery organizations, facilitates substantial improvements in health care quality and safety, we continue to embark on the deployment and optimization of information technology as a critical infrastructure to our program. Our belief in health IT supports the ONC (Office of National Coordinator) objective to use health IT to make care safer and to continuously improve the safety of health IT (ONC, 2013). Monitoring occurs through utilization of previously mentioned incident reports, SWARMS, and aggregating and analyzing data on key processes such as medication errors, computerized provider order entry (CPOE) compliance, and clinical decision support alerting to prevent adverse events.

 Through the organizational quest for meaningful use of the EHR, we have adopted a focus on usability of deployed systems to enhance the user experience with IT and ensure the systems perform safely in the clinical environment. The continuous improvement in the use of Health IT is critical to ensure the complex system is designed, tested and used correctly and safely. We utilize usability testing and evaluation prior to deployment of designed solutions.

 Adherence to the federal mandate by the Department of Health and Human Services (HHS) for a quality payment program, meaningful use (MU) has been modified to the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Compliance to this legislation is a key focus and will continue as such in our deployment, monitoring and evaluation of Health IT. In 2016, the Quality Payment Program policy will reform Medicare payments to pay for performance according to one of two tracks: Advanced Alternative Payment Models (PAMs) and the merit-Based Incentive Payment System (MIPS). As UK Healthcare prepares for at-risk programs, adherence to the MIPS program will be the focus in 2018 and will provide the roadmap for quality initiatives related to Health IT.

UKHC CQI Storyboard

To help teams analyze specific breakdowns in care and discover their underlying causes to develop targeted solutions that solve these complex problems, the OVIHD PI team developed the UKHC CQI Storyboard (Appendix 4) – The FOCUS-PDSA Model. The FOCUS-PDSA quality improvement process can strategically guide team's efforts to narrow down, collect data, and select and organize a team for the problem area chosen. It also guides team through all the remaining steps of the quality improvement process. The checklist is based upon the FOCUS-PDSA cycles of QI.

Find a Process or Problem to Improve
- Align with organizational goals
- Recognize the role of stakeholders/customers in prioritizing potential process improvements
- Identify the known gap between knowledge and practice
- Collect data to understand scope of the problem and possible reasons for it
- Write a good problem statement

Organize a Team to Improve the Process
- Identify key players in a process and organize a multidisciplinary team
- Identify the team leader/process owner
- Determine the goal statement for improvement
- Develop agreed upon ground rules

Clarify Current Knowledge of the Process
- Understand how the current process works
- Flow chart the actual process
- Identify customers and suppliers in the process
- Recognize the importance of performance indicators.
- Set up a measurement process and collect data. Be innovative.

Understand Sources or Causes of Process Variation
- Analyze data using analytical tools
- Understand the capacity for variation in the system
- Brainstorm all possible ideas and causes for problem
- Identify causes of variation in the system

Select the Improvement or Intervention
- Look for ways to limit variation in the process
- Evaluate alternatives for potential effectiveness and feasibility
- Learn what has worked at other organizations (copy)
- Identify what improvements or interventions will be made in the process
- Remember that solution doesn't have to be perfect the first time

Plan How to Implement the Improvement and Test the Changes
- Obtain buy-in from key stakeholders, leadership, and frontline staff.
- Identify key people to assist with implementation

- Make predictions and identify ways to counteract resistance to change
- Develop a communication plan.
- Develop a plan to include who, what, where, and when

Do Implement the Plan

- Implement the improvement in small test of change (pilot)
- Collect data before, during, and after the pilot
- Record any unexpected events and other observations
- Begin analyzing the data.
- Pilot again with changes, OR roll out system-wide

Study the Results of the Implementation

- Analyze data on how well the process is being implemented
- Analyze data to determine if the desired outcomes are being achieved
- Succinctly summarize the findings of the small-scale tests.
- Determine if/when modifications to the solution are needed.

Act to Hold the Gain and Continue Improvement

- Develop implementation strategy across organization
- Develop a monitoring schedule to measure gains over time.
- Keep it on some meeting agenda at least annually
- Establish ongoing education plan
- Determine how processes can be improved further

VII. PATIENT AND STAFF ENGAGEMENT

The Office of Patient Experience (OPE), working in collaboration with Office for Value and Innovation in Healthcare Delivery (OVIHD), serves as the content experts and champions of Patient and Family Centered Care (PFCC) improvements and projects. The OPE uses a systematic approach to consult and guide improvement teams at UK HealthCare by applying best practices, facilitation, problem solving, and change management process 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 Physician Engagement, Patient and Family Partnerships, Education and Training, Leadership Development, Complaint Resolution, Pastoral Care and Volunteer Services.

The following metrics are some of the metrics monitored by the OPE:

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
- Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG CAHPS)
- Additional patient experience surveys for other areas not captured in CAHPS surveys
- Employee and Physician Engagement
- Grievance compliance in accordance with CMS guidelines

The goal of the OPE is to guide the integration of PFCC into all aspects of the planning, delivery, and evaluation of health care at UKHC, which is grounded in mutually beneficial partnerships among health care providers, patients and families.

VIII. CLOSING

The Quality and Safety Plan is designed to align, support and promote the UKHC's mission, vision and values. The plan is not a standalone document - it is supported by other documents and tools including the strategic plan, the balanced scorecard and numerous educational and research opportunities. The plan provides guidance for identifying priorities and measures of our achievements in service quality, care outcomes and risk mitigation. We are attempting to do everything possible to ensure that our organization is a national leader in patient safety and quality, one that does not subject our patients to unintended harm and that delivers best practice care to all our patients. This plan will be reviewed on an annual basis to ensure continued alignment with the vision, mission and strategic directions of UKHC.

Appendix 1 – UKHC Nursing Strategic Plan 2016 - 2017

Nursing Strategic Plan
2016 - 2017

Providing the foundation of nursing practice at UK HealthCare

MAGNET
RECOGNIZED

AMERICAN NURSES
CREDENTIALING CENTER

Table of Contents

I.   Contents, Background and Development

We have a shared vision and want to reinforce our beliefs in the strength that each nursing services member brings to UK HealthCare. It is in those internal and external relationships that define our values that are most critical. Our core values echo what we as individuals embrace when working together with our patients and families. The *UK HealthCare Nursing Strategic Plan* will guide the organizations work in effectively carrying out our roles and responsibilities aimed at advancing health in the state of Kentucky and beyond.

Since 2009, UK HealthCare has been integrating strategic planning into its overall approach for nursing care. We feel that by providing this approach, we are building a high performing, effective team readied to meet the opportunities and challenges of today and the future. This strategic plan is our roadmap and intended to be an integrated effort. The overarching goals provide a balanced framework for what needs to be done by all of us to reach our vision and fulfill the mission of UK HealthCare. While some of the initiatives will be undertaken enterprise-wide, many others will rest with dedicated individuals throughout UK HealthCare who strive to improve the health of Kentuckians and beyond.

As you read through our plan, please embrace our drive for alignment, help us celebrate our recent Magnet® recognition through our spotlights and collaborate with us to implement and drive nursing practice at UK HealthCare forward.

II. Our Nursing Mission, Vision, Values and Philosophy

Mission

Provide leading-edge patient care while advancing professional nursing and practice.

Vision

Leading the way for every patient, every time: *Practice, patient care and scholarship*

Values

Our nursing values serve to advance our professional practice
- Patient-centered care
- Empowerment
- Evidence-based practice
- Teamwork
- Innovation and learning

Our UKHC Values are our foundation for every person, every patient, every time
- Diversity
- Innovation
- Respect
- Compassion
- Teamwork

Philosophy

- We consider our work as nurses to be an honor, and we strive for continuous improvement in order to provide excellence in all that we do.
- Nursing care is delivered in a complex environment that supports the trifold mission of patient care, education and research. As nurses we participate in each aspect of the mission with patient care holding the principal position in our daily efforts.
- Organizationally, we are committed to shared governance for nursing practice. Therefore, UK HealthCare nurses' practice is of an autonomous nature with the commensurate accountability for nursing process and outcomes.
- The dynamic nature of patient care dictates that we support ongoing education for all nurses, including the goal of the baccalaureate degree as the entry level for the majority of our nursing staff. Our nurses are expected to meet patient and organizational goals. Through education, coaching and mentoring, we are committed to developing expert nurse clinicians and leaders.
- By means of clinical inquiry, research and a work environment that fosters learning and expert practice, we continuously strive to add to the body of knowledge that supports and improves nursing quality and patient outcomes.
- As a patient's right to participate in care planning and choices is a held nursing value at UK HealthCare, we understand that patient and family education regarding treatment and care options is a nursing responsibility, held jointly with our physicians and other members of the team. We accept that responsibility.
- Healthy Work Environments (HWE) are safe, healing, humane and respectful of the rights, responsibilities, needs and contributions of all people - including patients, their families and nurses. A HWE fosters employee engagement and therefore improves patient outcomes and nurses' satisfaction.

III. Professional Practice Model Implementation Guide

I believe patient/family-centered care is our core element

I show my belief in patient and family centered care by:
- Working with the patient to develop their goals of care
- Participating in collaborative communication with the multidisciplinary care team that includes the patient and their family related to their plan of care
- Careful listening to know our patients and their needs
- Using hourly rounding to make sure our patients are safe and have what they need
- Involving our patients and their families in Bedside Shift Report (BSR)
- Ensuring our patients are safe by monitoring Nurse Sensitive Indicators (NSIs)
- Using teach back with discharge education so our patients feel confident to care for themselves at home

I am accountable for decisions and actions

I own my nursing practice by:
- Holding ourselves and the entire multidisciplinary care team accountable
- Knowing outcomes data for our patients for whom we provide care
- Participating on a shared governance council or taking identified projects to a council

I am a leader committed to Evidence-Based Practice (EBP)

I am a leader when I:
- Ensure quality and safety in my practice
- Incorporate the spirit of inquiry related to our clinical practice
- Seek out evidence and stay abreast of changes to support my nursing practice
- Collaborate with the multidisciplinary care team to make changes in the care provided based on the evidence

I am empowered to ask, act and decide

I ask, act and decide when I:
- "Stop the line" to advocate for our patients and their families
- Am able to escalate concerns to the appropriate team member
- Work to clarify the goals of care with the multidisciplinary care team
- Advocate for the needs of my patients

I am inspired to learn, innovate and excel

I learn, innovate and excel when I:
- Interact and develop a therapeutic relationship with my patients and their families
- Actively seek opportunities to develop professionally
- Achieve a national certification
- Achieve a Nursing Professional Advancement level
- Join/maintain membership in a professional organization
- Pursue an advanced degree
- Participate in community initiatives
- Precept new staff and students
- Attend a conference related to my clinical area
- Conduct a poster presentation, author a journal article or make a podium presentation

IV. Strategic Plan Implementation Guide

Quality and Safety in Patient Care

- ☐ **IMPLEMENT** Nurse Sensitive Indicator (NSI) / other quality bundles and ensure accurate documentation

- ☐ **ASK, ACT and DECIDE** about the impact of nursing care in prevention of patient harm

- ☐ **UNDERSTAND** NSIs and quality bundles as they relate to my work unit

- ☐ **IMPROVE** my practice by using data

- ☐ **INCORPORATE** unit-specific quality data in service line shared governance councils

- ☐ **CONDUCT** Bedside Shift Report (BSR) and safe patient handoffs/transitions in care

- ☐ **ROUND** with a purpose to make sure my patients are safe

- ☐ **UTILIZE** BCMA and Transfusion Manager to ensure safe delivery of medication and blood products to my patients

The Practice of Nursing

- ☐ **INDIVIDUALIZE** patient plan of care using the foundation of our professional practice model (PPM)

- ☐ Pursue **OPPORTUNITIES** to increase my knowledge

- ☐ **ACTIVELY PARTICIPATE** in the shared governance process by serving on a council or sharing with service line or enterprise-wide councils initiatives to improve the provision of care

- ☐ Proactively **SEEK THE EVIDENCE** to support changes in my nursing practice

- ☐ Assume **ACCOUNTABILITY** for my nursing practice

- ☐ **HAVE** input into the decisions that affect my work

- ☐ **INTEGRATE** the professional practice model into my daily practice
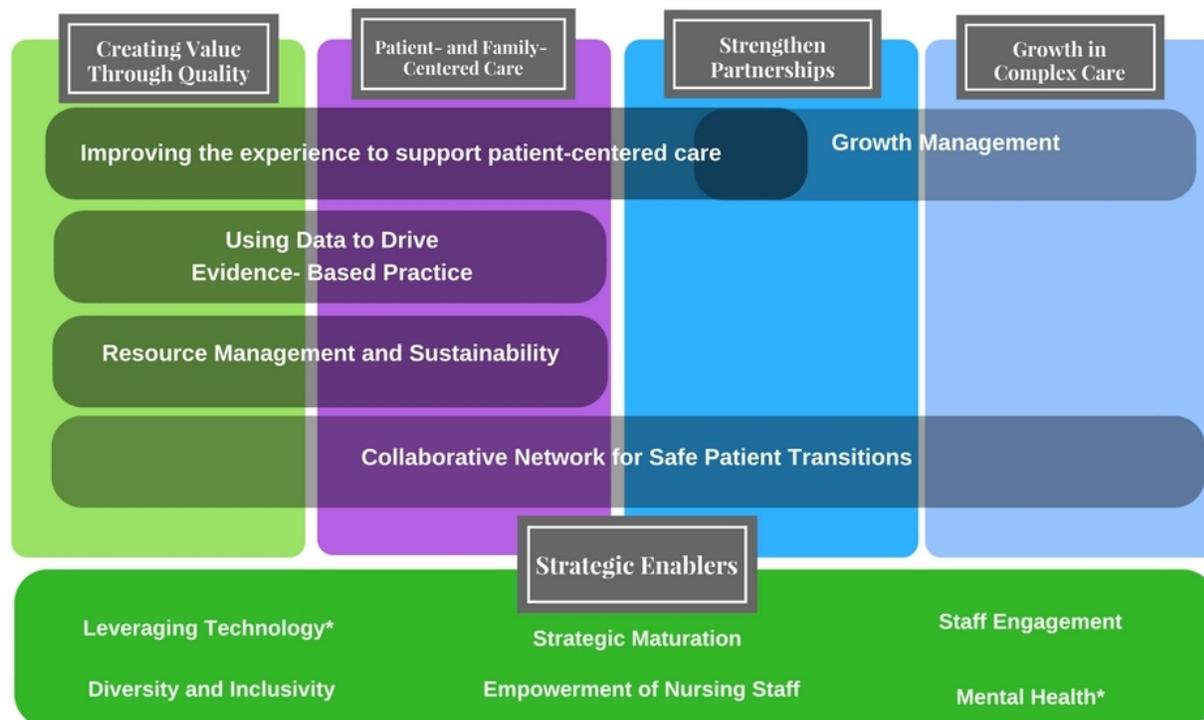
Staff and Patient Experience

- ☐ **USE** AIDET

- ☐ **PARTICIPATE** in shared governance and decision making on my unit

- ☐ **RECOGNIZE** peers who do a great job

- ☐ **ASSIST** with hiring decisions for my team

- ☐ **ENSURE** the patient and family voice is heard in care decisions

- ☐ **DEVELOP** skilled communication for effective interprofessional dialogue

- ☐ **ROUND** with a purpose to ensure our patients have what they need

- ☐ **INVOLVE** patient and/or family in Bedside Shift Report (BSR)

UK HealthCare leaders encourage interaction at all levels of nursing practice to ensure:

- ✓ Patient- and family-centered care models
- ✓ Evidence-based practice
- ✓ Professional development
- ✓ Advanced practice in specialty care

V.   Creating alignment for positive impact

Structuring our plan to improve the processes of care that positively affect patient outcomes

Creating Value Through Quality	Patient- and Family-Centered Care	Strengthen Partnerships	Growth in Complex Care

Improving the experience to support patient-centered care   Growth Management

Using Data to Drive Evidence- Based Practice

Resource Management and Sustainability

Collaborative Network for Safe Patient Transitions

Strategic Enablers

Leveraging Technology*   Strategic Maturation   Staff Engagement

Diversity and Inclusivity   Empowerment of Nursing Staff   Mental Health*

*Embedded throughout the Nursing Strategic Plan for FY17

Transformational Leadership: Supporting growth in complex care

Focus: Optimize UK HealthCare Enterprise capacity management through an evidence based, patient centric approach to patient movement along the care continuum.

UK HealthCare Strategic Plan Reference: Growth in complex care

Metrics:

☐ Optimize placement needs for all transfer requests and smooth transition of ambulatory admissions

☐ Growth at Good Samaritan Hospital (GSH)

☐ Re-energize the UK HealthCare Enterprise Throughput Team

☐ Optimize patient flow across the health system

☐ Interdisciplinary approach to Emergency Department diversion

Nursing Tactics	Outcomes
☐ Engage nursing leadership in planning for anticipated patient procedural and transfer admissions ☐ Build customized unit teletracking/ IT monthly reports to measure unit based throughput. Utilize data to identify opportunities to improve unit based initiatives. ☐ Meet established timely transfer into UK HealthCare.	• Patient placed appropriately and efficiently to meet care needs: monitor with daily lost transfer report from Capacity Command Center and benchmark year-over-year with monthly transfer report; review of outpatient/same-day admission; monthly review of Teletracking metrics • Accept 80% or greater of all interfacility transfers: Daily and hourly review of transfer list
☐ Continue growth across UK HealthCare	• Appropriate patient placement to include increased GSH cohorting: GSH growth will be monitored through monthly report used to analyze successful optimization of available capacity
☐ Continued work to re-establish the throughput team	• Continued drive with throughput metrics and initiation: development of the Throughput Dashboard
☐ Engagement in expected patient admissions, throughput tactics, planning for patient 'pulls', timely report and input on staffing models to care for patient acuity	• Increased efficiency to affect: increased interdepartmental focus on throughput to include patient movement metrics, monthly monitoring of PACU hold data. • Increased capacity relative to appropriate length of stay (LOS)

Nursing Tactics	Outcomes
☐ Identify matrixes to trend diversion with a focus to explore capacity best practices ☐ Development/Redesign capacity management and pre-divert strategies ☐ Partner with Service Line Leadership to optimize service line flow	• Decrease the number of times that the Emergency Department goes on pre-divert and divert: monthly evaluation for Emergency Department pre-divert and divert times.

Team Members: Doreen Yanseen, Kathy Semones, Teresa Bell, OR Nursing Director (TBD), Dr. Chuck Sargent, Patti Howard

Staff Advisor: Sue Taylor

Team Leads: Tish Heaney & Meredith Rice

Structural Empowerment, New Knowledge, Innovation & Improvement: Implement evidence-based practice to improve care

Focus: Build a collaborative network guided by best/evidence-based practices, which insure design & implementation of safe patient transitions throughout various levels of the continuum.

UK HealthCare Strategic Plan Reference: Strengthening partnership networks

Metrics:

☐ Refine or implement preferred partnerships for Skilled Nursing Facility (SNF), LTACs, HC, and IRU

☐ Create/implement new divisional substance abuse care team

☐ Grow the UK HealthCare Palliative Care division

☐ Pilot bundled payment process (total of 1 pilot)

☐ Decrease Enterprise length of stay (LOS)

☐ Grow transitional care continuum program (KATS)

Nursing Tactics	Frequency	Outcomes
☐ Improve care delivery and expand acute care capacity by moving patients to more appropriate settings (SNF, LTAC, IRU, home health, hospice, palliative care, etc) as quickly as health status warrants.	• Ongoing evaluation with annual evaluation of partnerships	• Finalize top 10 SNF partnerships - annually • Implement Home Care on-site liaison pilot to identify HC partnerships first 6 months – then finalize partnerships • Pilot LTAC partnerships first 6 months – then finalize partnerships
☐ Create an inter-professional team to enhance care transitions for the substance abuse population.	• Ongoing evaluation implementation this fiscal year with ongoing changes over the next five years to perfect outcomes	• Complete the build/implementation around a substance abuse consultative service. Pilot endocarditis and osteomyletis over 6-12 month period • Implement specialty team for evaluation of changing practices/protocols • Complete business proposal • Development and implementation of policies and procedures to support practices
☐ Create a multidisciplinary team for palliative care program implementation	• Ongoing evaluation with annual goals to increase/optimize services and patient/family satisfaction	• Implementation of a palliative care program to include increase in patient conversions to the service by 5% from baseline. • Implementation around solid evidence-based process/procedures of services with a goal to increase patient/family satisfaction

Nursing Tactics	Frequency	Outcomes
☐ Identify and support tactics in the bundled payment process	• Ongoing with completion of first bundle by end of fiscal year – adding a bundle DRG each year per CMS	• Successful pilot for the bundled payment process to include finance understanding and payment methodology for a minimum of 1 DRG
☐ Full implementation of the transitional care case management model	• Ongoing completion of model staffing by end of fiscal year • Avoidable day collection by December 2016 • Data analysis of Case Management processes (documentation compliance, etc. each year)	• Decrease length of stay (LOS) reviews to 20 day with a goal of reducing the number of patients with a LOS >30 days by 5% • Sustain an enterprise LOS of 1.02 or less • Continued bi-weekly reviews for complex and difficult discharges • Implement the transitional care case management model that includes an RN Case Manager and Social Worker for every patient to meet the psychosocial needs of our patients
☐ Continue to expand our post-acute DRGs with the KATS program	• Ongoing with monthly reviews of data/outcomes which include control group analysis and return of investment (ROI) • Collaboration with additional community resources over the next 3 years, including homeless coalition and Bluegrass Health Coalition	• Assuring high-risk/high readmission populations are serviced with in-home coverage and taught necessary skills to maintain health. • Include at least 1 more population (stroke) into the program • Implement a similar service for those patients that fall into gaps of 'no service needed' to 'high-risk services needed'. • Reduce 30-day readmissions (same hospital) for identified populations to meet Center for Medicare and Medicaid Services (CMS) benchmarks.

Team Members: Julian Cunningham, Debra Gleason, Regina Prewitt, Ellen Crawford, Brandy Mathews, Donna Vela
Staff Advisor: Raven Darksmensah & Tammy Scully
Team Leads: Penny Gilbert, Nancy Maggard & Cheryl Talbert

Empirical Quality Outcomes & Exemplary Professional Practice: Creating a culture where data is utilized to support decision making and drive practice

Focus: Provide accurate and timely Nursing Sensitive Indicator (NSI) and safety metrics data to guide evidence-based care.

UK HealthCare Strategic Plan Reference: Patient-Centered Care & Value-Based Care

Metrics:

☐ Daily Rounding Report (DRR): Update complete-ongoing accuracy assessment

☐ Unit Specific Scorecard (USS): Develop prototype to be utilized and interpreted by all nurses, especially at the point of care.

☐ Consolidate work of NSI steering teams & NSI data team to ensure we are consistently answering the question, "data to what end?"

Nursing Tactics	Frequency	Outcomes
☐ PCMs/CNSs to utilize DRR to target NSI interventions	• Ongoing evaluation	• Utilize data to optimize patient outcomes at point of care (POC)
☐ Continue prototype development and finalize new version of USS. ☐ Automated alert with link sent monthly to Nursing Leadership; managers to include button within their weekly notes for staff to easily access. ☐ Expand team membership to include ambulatory partners.	• 7/29: prototype; 8/26: 3 month data; January 2017: re-evaluate with staff feedback February: NSI automation vs. manual entry following 2nd release of data mart.	• Utilize data to optimize patient outcomes at point of care (POC) • Development of a monthly fall risk screening report for ambulatory
☐ Invite executive sponsors and team leads to report out monthly. ☐ Develop/refine reporting tool to be utilized by team leads	• Monthly review of NSI work	• Utilize data to optimize patient outcomes at point of care (POC)

Team Members: Carla Teasdale, Ben Nichols, Amanda Green, Jill Blake, Lacey Buckler, Leah Perkins, Lisa Butcher, Sarah Gabbard, Christopher Burton, Nina Barnes, Donna Ricketts
Staff Advisor: Amanda Lykins, Angela McIntosh
Team Leads: Suzanne Springate, Sarah Lester

Transformational Leadership, Exemplary Professional Practice & Strategic Professional Practice: Support of diversity and inclusivity

Focus: Focusing on issues and support of valuing diversity and inclusivity as they relate to the provision of care to our patients and their families as well as to our workforce.

UK HealthCare Strategic Plan Reference: Patient experience, strategic cultural alignment & strategic enabler

Metrics:

☐ Achieve improvements among the workforce analysis of job categories inclusive of nursing

☐ Unconscious Bias Training attendance

☐ Implement 1-2 initiatives to improve care among underrepresented patient(s) population (race, ethnicity, limited English proficiency (LEP), mental/physical disability, etc.)

Nursing Tactics	Outcomes
☐ Explore with the UK CON how to increase diversity among nursing students	• To meet the goals outlined by the University of Kentucky
☐ Review workforce data provided by the Office for Institutional Diversity in the Professional category that includes nursing	
☐ Collaborate with the CON in a study to assess RNs perception of caring for LGBTQ Patients	
☐ Explore partnership with CON for a joint appointment position focused on healthcare disparities among minority patients	
☐ Unconscious bias training	• Unconscious Bias training completed
☐ Raise issues to support awareness and understanding	
☐ Maintain HEI status	

| Nursing Tactics	Outcomes
☐ NCT scholarship program	• Implement 1-2 initiatives to improve care among underrepresented patient(s) population (race, ethnicity, LEP, mental/physical disability, etc.)
☐ Explore interpreter services 24/7	
☐ Increase dedicated diversity and inclusivity resources	
☐ Work in tandem with Enterprise D&I Committee to review options for increased resources for Limited English Proficiency (LEP) patients	

Team Members: Sarah Hesler, Rhonda Yocum-Saulsberry, Nina Barnes, Graig Casada, Lisa Thornsberry, Isaac Payne
Staff Advisor: Khay Douangdara
Team Leads: Tukea Talbert & Kathy Isaacs
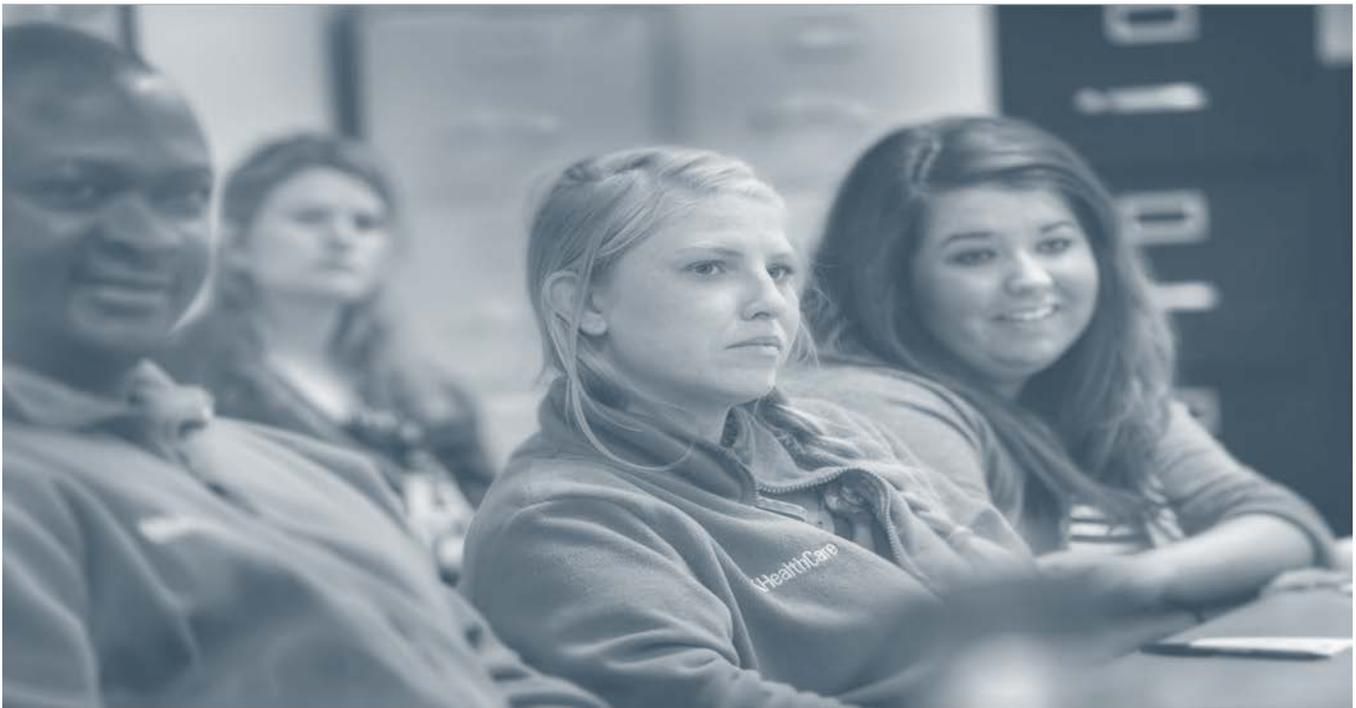
Exemplary Professional Practice: Implement evidence-based practice to improve care

Focus: To develop nursing tactics related to patient- and family-centered care and staff engagement which support the UK Healthcare Strategic Plan and Magnet® guiding principles.

UK HealthCare Strategic Plan Reference: Design a leading patient-centered experience that positions UK HealthCare to be Kentucky's destination provider.

Metrics:

☐ Mastery simulation training for all patient handoffs and hourly rounding.

☐ Educate UK HealthCare staff on enhanced role of patients and families in decision making, to include patient and family involvement through the patient advisory council.

Nursing Tactics	Outcomes
☐ Utilizing handoff to include patient and family in Plan of Care (POC) and to assess their needs and respond appropriately.	• Reduction in readmission rates • Decrease in fall rates • Improvement in patient satisfaction scores (HCAHPS* domains): responsiveness, nursing communication, pain, discharge and care transitions. • Monitor data, review trends, and communicate changes to nursing leadership.
☐ Enhances role of patients and families in decision making by utilizing teach back, unit champions, enhanced education, patient advisory councils, ITIM principles and the GetWell Network.	• Improvement in patient satisfaction score (HCAHPS* domain) of nursing communication. • Continued work around CG-CAHPs** domains • Improvement in teach back documentation audits via the electronic medical record • GetWell Network focused audit improvement in focused areas. • Monitor data, review trends, and communicate changes to nursing leadership.

Nursing Tactics	Outcomes
☐ Develop Nursing Orders/Order sets and optimize Clinical Practice Guidelines for the improvement and promotion of evidence based practice.	• Improvement in compliance and utilization of Nursing Orders/order sets and clinical practice guidelines • Leveraging appropriate Clinical Practice guidelines and nursing orders/order sets to support evidence base practice for patient specific conditions. • Decrease Length of stay through improved planning and reduction of risk factors with clinical practice Guidelines and nursing orders/ order sets. • Monitor data, review trends, and communicate changes to nursing leadership

Hospital Consumer Assessment of Healthcare Providers and Systems
** The Clinician and Group Consumer Assessment of Healthcare Providers and Systems

Team Members: Angela Lang, Anita Taylor, Leah Perkins, Gwen Moreland, Jill Dobias, Rhonda Doris, Tanna McKinney (ESH), Judi Dunn, Sherri Dotson, Jennifer Ballard and Kathy Bachman
Staff Advisor: Richard Zerbee, Kristin Six
Team Leads: Lisa Thornsberry & Judy Poe

Structural Empowerment & Transformational Leadership:
Improving the nursing staff experience across the Enterprise

Focus: Ensure staff understands the relationship between employee engagement and a Healthy Work Environment (HWE). Skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership (HWE standards) will be the foundation of professional practice at UKHC.

UK HealthCare Strategic Plan Reference: Patient-centered care

Metrics:

☐ Connect employee engagement to the HWE.

☐ Develop a collaborative council

Nursing Tactics	Outcomes
☐ Educate nursing leadership and staff around HWE via communication, quarterly session education and quarterly service meetings.	• Baseline survey of staff knowledge related to HWE concepts will be completed Q1FY17, • Staff will have increased knowledge of HWE concepts on post survey assessment. • Implementation of HW tem in Kentucky Neurosciences Institute
☐ Solicitation of members from nursing, physician, radiology, respiratory therapy, physical/occupational therapy, laboratory, case management, Eastern State Hospital, Ambulatory and Information Technology areas.	• Implementation of a collaborative council in FY17 • Activation of a HWE discussion board • Structured shadowing by nursing staff

Team Members: Sabrena Fields (ESH), Ryan Marler, Jessica Porter, Lola Thomason, Amberlee Fay, Phillip Eaton, Justina Powell, Shelly Marino, Brandy Mathews
Staff Advisor: Gail Starnes, Amy Means, Adam Gould, Jan Coyle, Alice Carpenter, Corie May, Barb DelMonico
Team Leads: Patti Howard & Lisa Fryman

Exemplary Professional Practice: Optimizing our Service Delivery

Focus: Developing both nursing and materials management tactics related to patient/family centered care and staff engagement which support the UK Healthcare Strategic Plan and Magnet guiding principles. Our initiative is to implement evidence-based practice to improve having the supplies and tools to manage supply needs to provide patient center care. An additional focus is to work on sustainability with in the nursing care environment to look for and initiate evidence based practices that support reducing wastage as well as support a healthy carbon footprint for the Commonwealth of Kentucky.

UK HealthCare Strategic Plan Reference: Value-based care, patient centered care

Metrics:

☐ Pilot supply ambassador in procedural, inpatient/acute and ambulatory areas

☐ Develop a user-friendly supply PYXIS report

☐ Service delivery to include 'live' receiver of communication

☐ Sustainability

Nursing Tactics	Frequency	Outcomes
☐ In collaboration with leadership, will pilot and support a supply ambassador in key areas across the organization	• Proposal due September 1, 2016	• Right supply, right place and right time
☐ Development of a more 'user-friendly' medication supply report where the Patient Care Managers and care team understand the reports and how to quickly locate	• As soon as possible	• Reports that are actionable and usable within each PYXIS area
☐ Ability to call for additional items and know status with a 'live' receiver of communication	• As soon as possible to include record of the time the supply was tubed/call taken	• Nurses report they have the supplies they need in a timely manner.
☐ Participation and engagement with the Nursing Sustainability Committee	• Monthly meeting to include: Recycling of blue wrap; reduction of wasted supplies in patient rooms	• Reduction in waste to landfills by pound assessment.

Team Members: Sherri Dotson, Chris Petter, Bob Payton, Lorra Miracle, Acute Care PCM, Gwendolyn Fitzpatrick.
Staff Advisor: Brenda Capps
Team Leads: Julia DeVerges and Shelly Marino

Structural Empowerment: Fostering a professional governance model

Focus: To enhance structural empowerment through fostering a professional governance model and a Nursing Professional Practice Model (NPPM) that nurses' live through the daily work of nursing.

UK HealthCare Strategic Plan Reference: Strategic enabler

Metrics:

☐ Recognize and celebrate the work of councils

☐ Broaden ambulatory representation and engagement

☐ Enhance nursing staff understanding of the NPPM and the connection to the daily work of nursing.

☐ Seek opportunities for further development of professional governance

Nursing Tactics	Outcomes
☐ Identify outstanding council work product. ☐ Via the Professional Governance taskforce, determine a strategy to develop content for Professional Governance corner.	• Highlight work of at least 4 councils at the annual congress. • Identify topics/content for governance corner monthly
☐ Imbed Ambulatory into all councils. ☐ Implement at least one population based council in Ambulatory.	• Ambulatory nursing will be represented on all Tier 2 and 3 councils by FY17 quarter 2. • Satisfaction survey FY17 quarter 3. • Work product from the population based council will be highlighted at the annual congress, June 2017. • Evaluate in 6 months for relevancy to ambulatory nursing staff – conduct satisfaction survey from members.

Nursing Tactics	Outcomes
☐ Continue with work on identifying real examples of NPPM tenets that will resonate with frontline nursing staff	• Identify work events/circumstances/situations where nurses exhibit NPPM tenants • Incorporate NPPM language into daily conversations with staff, peers, etc. • At least 1 example will be shared in the biweekly Professional governance corner and with CL council. • Improved Employee Engagement (EE) scores relevant to empowerment: My ideas & suggestions are seriously considered; I am involved in decisions that affect my work; I have the opportunity to influence nursing practice in this organization • Through work of this team and the taskforce, identify real work events/circumstances/situations where nurses exhibit NPPM tenets – immediate and ongoing. • Incorporate NPPM language into daily conversations with staff, peers, etc.
☐ Revise council purpose statements to create clarity. ☐ Identify accountabilities of each council. ☐ Determine member representation for Tier 1 and 2 councils. ☐ Council membership to include all PCMs.	• Complete by FY17 quarter 2 • Implement during FY17 quarter 3 • Progress to be evaluated by professional governance consultant spring 2017.

Team Members: Tanna McKinney, Shannon Haynes, Patty Hughes, Becky Garvin, Lindsey Hensley
Staff Advisor: Rhoda Woodward
Team Lead: Kathy Isaacs

Exemplary Strategic Professional Practice: Guiding the direction of professional nursing

Focus: Outlining our direction as the profession of nursing at UK HealthCare including maximizing collegiality among disciplines and continued professional development to ensure the provision of the very best care for our patients and their families.

UK HealthCare Strategic Plan Reference: Strategic enabler

Metrics:

☐ Mature/improve collegial relationship with physician partners

☐ Mutualistic relationship with the University of Kentucky College of Nursing (CoN)

☐ Certification Goal and a Bachelors of Science in Nursing (BSN) prepared workforce

☐ Professional development within nursing services

☐ Generate new knowledge through nursing research

Nursing Tactics	Outcomes
☐ Continue to build nursing-provider relationships through multidisciplinary teamwork to include rounding on patients as a care team; communicating the plan of care (POC) to the patient/families and care team; and empowering nurses to have a voice within the multidisciplinary team	• Annual employee engagement (EE) survey physicians/staff work well together will increase to 3.9
☐ UK HealthCare and University of Kentucky College of Nursing (UKHC/CON) practice collaborative with Advanced Practice Registered Nurse's (APRNs), Researchers and Clinical Scholars ☐ Showcase the collaboration: INSTEP/NRPD ☐ Leverage resources between UKHC/CON for staff /leadership development	• Practice Agreements • Produce INSTEP Publication and Nursing Research Papers Day (NRPD) • Joint Nursing Leadership Lecture Series • Faculty Appointment Letters for UKHC Nursing

Nursing Tactics	Outcomes
☐ UKHC Enterprise will increase the number of RNs that achieve a national certification ☐ UKHC Nursing will increase the percent of BSN prepared RNs (inpatient and ambulatory settings)	• Will increase the number of RNs in FY17 to 120 from our current number of 107 in FY16. • Each service line will increase the number of nationally certified RNs by 5. • BSN attainment from current state of 67% to a goal of 70% by the end of FY17
☐ Educational Needs Assessment (ENA) ☐ Plan development programs based on ENA ☐ Continue with leadership development programs ☐ Continued education unit (CEU) opportunities for all nursing	• Evaluation of needs assessment • Evaluation of courses offered
☐ Support Nursing Research Council ☐ Investigate opportunities to support nursing research activities at the CON/UKHC	• Evaluation of scholarly work

Team Members: Graig Casada, Becky Garvin, Rachel Ballard
Staff Advisor: Tonya Tingle, Nicole Smith
Team Lead: Kathy Isaacs

Transformational Leadership: Building a Collaborative Network

Focus: To develop and refine nursing strategic outreach with external partners

UK HealthCare Strategic Plan Reference: Strengthening Partnership Networks

Metrics:

☐ Expand nursing strategic outreach with external partners
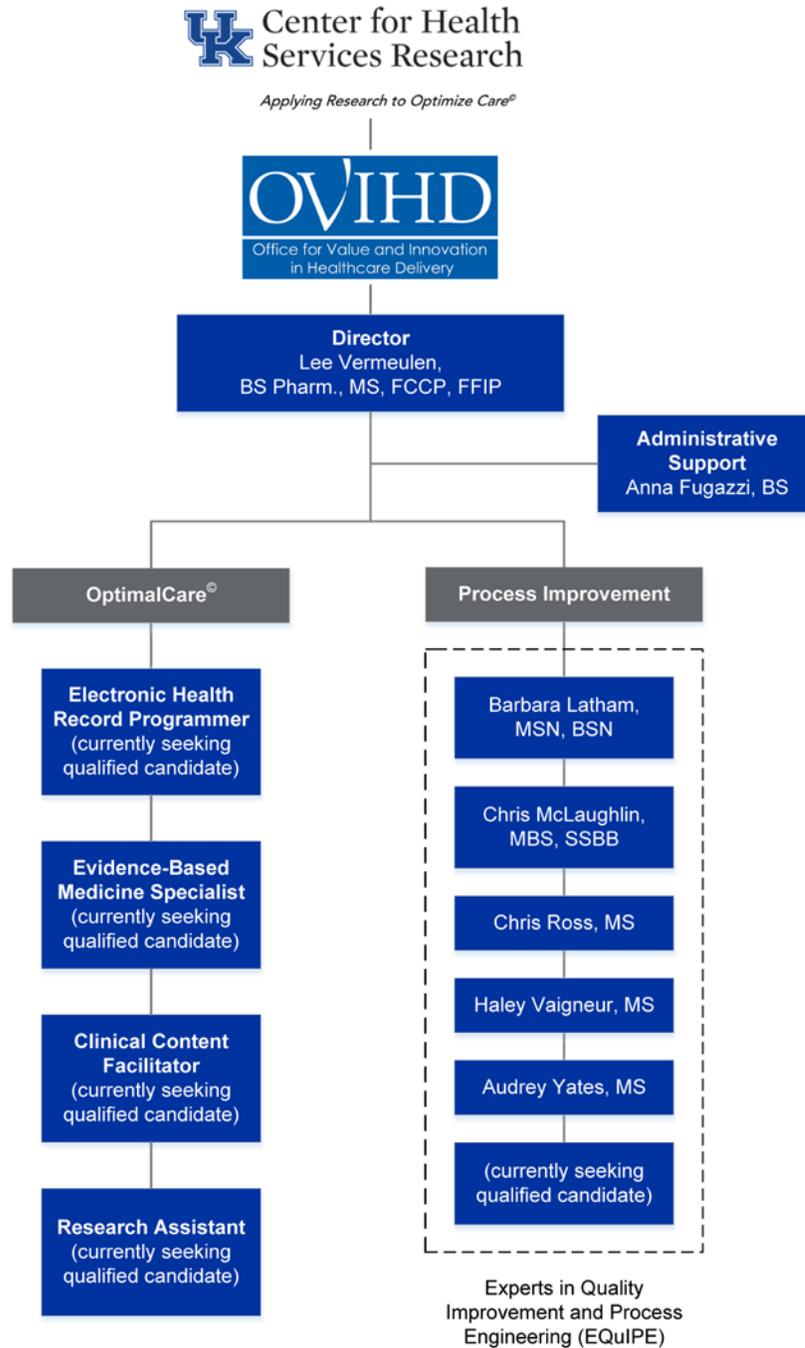
Nursing Tactics	Outcomes
☐ Extend UK HealthCare nursing and quality expertise throughout affiliate networks and beyond	• Increase number of nursing and advanced practice relationships with external agencies • Participate in the Collaborative activities • Continue to mature current relationships • Continued (ongoing and monthly updates) to the UK HealthCare Outreach Advisory Team.

Team Members: Kim Morton, Amanda Currier Bull, Rob Edwards, Kim Handshoe, Cathy Masoud, Kim Blanton
Team Lead: Lacey Buckler

Appendix 2 – OVIHD Org Chart

Center for Health Services Research
Applying Research to Optimize Care©

OVIHD
Office for Value and Innovation in Healthcare Delivery

Director
Lee Vermeulen,
BS Pharm., MS, FCCP, FFIP

Administrative Support
Anna Fugazzi, BS

OptimalCare©

Electronic Health Record Programmer
(currently seeking qualified candidate)

Evidence-Based Medicine Specialist
(currently seeking qualified candidate)

Clinical Content Facilitator
(currently seeking qualified candidate)

Research Assistant
(currently seeking qualified candidate)

Process Improvement

Barbara Latham, MSN, BSN

Chris McLaughlin, MBS, SSBB

Chris Ross, MS

Haley Vaigneur, MS

Audrey Yates, MS

(currently seeking qualified candidate)

Experts in Quality Improvement and Process Engineering (EQuIPE)

Connect • Catalyze • Create

Appendix 3 – UK HealthCare Lean Model

Appendix 4 – UKHC CQI Storyboard

TITLE:
EXECUTIVE SPONSOR:
FRONT LINE LEADERS:

OVIHD — Office for Value and Innovation in Healthcare Delivery

CQI Storyboard
(Continuous Quality Improvement)

UK HealthCare

FIND a Process to Improve

- ☐ Identify a problem and understand how solving would align with UKHC Enterprise Goals
- ☐ Collect and analyze data to understand scope of problem
- ☐ Display the gap between standard and current situation
- ☐ Observe the process through the eyes of the patient and/or staff
- ☐ Write a problem statement describing the impact on care provided at UKHC

Available OVIHD Tools
- Observations
- Data
- Staff/Patient Surveys
- Scoping Document
- Prioritization Matrix
- FMEA

ORGANIZE a Team

- ☐ List project owner responsible for ensuring project completion
- ☐ List key team members essential for the interdisciplinary team
- ☐ List the team member who is responsible for collecting, analyzing, and displaying data
- ☐ Set-up and schedule standing meetings

Available OVIHD Tools
- Team Member List
- Meeting Agenda
- Timeline

CLARIFY Current Knowledge

- ☐ Complete observations and identify waste
- ☐ Define current state process map
- ☐ Analyze data to verify the problem is clearly identified
- ☐ Create SMART (specific, measurable, achievable, relevant, time-bound) goals using STEEEP principles (safe, timely, effective, efficient, equitable, and patient-centered)

Available OVIHD Tools
- Waste Identification
- Current State Process Map
- Pareto
- Process Measurement and Data Collection
- Spaghetti Diagram
- Time Studies
- SMART Goals Template

UNDERSTAND Root Causes

- ☐ Brainstorm all possible causes of the identified problem
- ☐ Complete observations to eliminate causes that are not true
- ☐ Continue to narrow down the list and identify causes for variation in the process

Available OVIHD Tools
- Fishbone Diagram
- Affinity Diagram
- 5 Whys

SELECT the Improvement

- ☐ Brainstorm change ideas for eliminating root causes
- ☐ Complete observations to verify effectiveness, feasibility, and sustainability of change ideas
- ☐ Contact similar areas or organizations to see what has worked
- ☐ Identify what improvements will be made in the process
- ☐ Remember the solution does not have to be perfect the first time

Available OVIHD Tools
- Brainstorming (Learning Circle)

PLAN the Improvement

- ☐ Obtain buy-in from key stakeholders, leadership, and frontline staff on change ideas
- ☐ Create future state process map
- ☐ Make predictions and identify ways to counteract resistance to change
- ☐ Create communication action plan and project timeline describing how the team will move forward including who, what, where, and when
- ☐ Finalize SMART goals

Available OVIHD Tools
- Communication Plan
- Future State Process Map
- FMEA

DO the Improvement

- ☐ Pilot the improvement with a small cycle of change
- ☐ Observe the process through the eyes of the patient and staff
- ☐ Collect data before, during, and after the pilot
- ☐ Analyze the results
- ☐ Document any unexpected events and other observations
- ☐ Make any system adjustments to improve data outcome
- ☐ Pilot again with changes if needed
- ☐ Document standardized work

Available OVIHD Tools
- 5S
- Revisions to Future State Process Map
- Observations
- Standardized Work

STUDY the Results

- ☐ Collect data before, during, and after system-side implementation and analyze
- ☐ Analyze data to determine if the team achieved SMART goals
- ☐ Complete observation of compliance of change idea including speaking with frontline staff and patients
- ☐ Document the findings of the pilot and system-wide implementation
- ☐ Determine if/when modification to the change idea is needed

Available OVIHD Tools
- Data Analysis
- Pre/Post Data Comparison
- Run Chart
- Observations
- Compliance

ACT and Determine Next Steps

- ☐ Develop implementation strategy across areas impacted by change idea
- ☐ Develop a monitoring schedule to measure if SMART goal is continually being sustained
- ☐ If SMART goal is not met, evaluate process to determine if it needs to be refined or if a new FOCUS-PDSA necessary
- ☐ Establish ongoing education plan to keep stakeholders informed
- ☐ Document obstacles and lessons learned encountered throughout the process
- ☐ Continually challenge the team on how the process can be improved further

Available OVIHD Tools
- Sustainability Plan
- Observations
- Lessons Learned
- Action Items List
- Visual Management
- Dashboard
- Run Chart

Appendix 5 – FY17 Goal Development Overview and Presentation at the UKHCC Retreat on June 23, 2016

Enterprise Goals

Bo Cofield, DrPH
Vice President and Chief Clinical Operations Officer

Phillip Chang, MD
Chief Medical Officer

Presented at the UKHCC Retreat on June 23, 2016

FY16 Enterprise Performance

	Threshold	Target	Max	Actual Performance FY16
MORTALITY				
Observed to Expected *(O/E)*	≤ 0.84	≤ 0.82	≤ 0.80	0.80
PATIENT SAFETY				
Patient Safety Indicator 90 *(Harm Score)*	≤ 0.68	≤ 0.64	≤ 0.59	0.68
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	1.03
Same-hospital Readmissions	≤ 10.85%	≤ 10.75%	≤ 10.65%	10.33%
PATIENT EXPERIENCE				
Inpatient Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Domains *(9 total)*	6 of 9	7 of 9	8 of 9	5 of 9 (under threshold)
Ambulatory Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) Survey Domains *(6 total)*	3 of 6	4 of 6	5 of 6	5 of 6
ENGAGEMENT				
Physician Engagement	≥ 3.66	≥ 3.70	≥ 3.74	3.52
Employee Engagement	≥ 4.05	≥ 4.09	≥ 4.13	4.08

Mortality

UK HealthCare Mortality (O/E Ratio)
July 2014 – February 2016
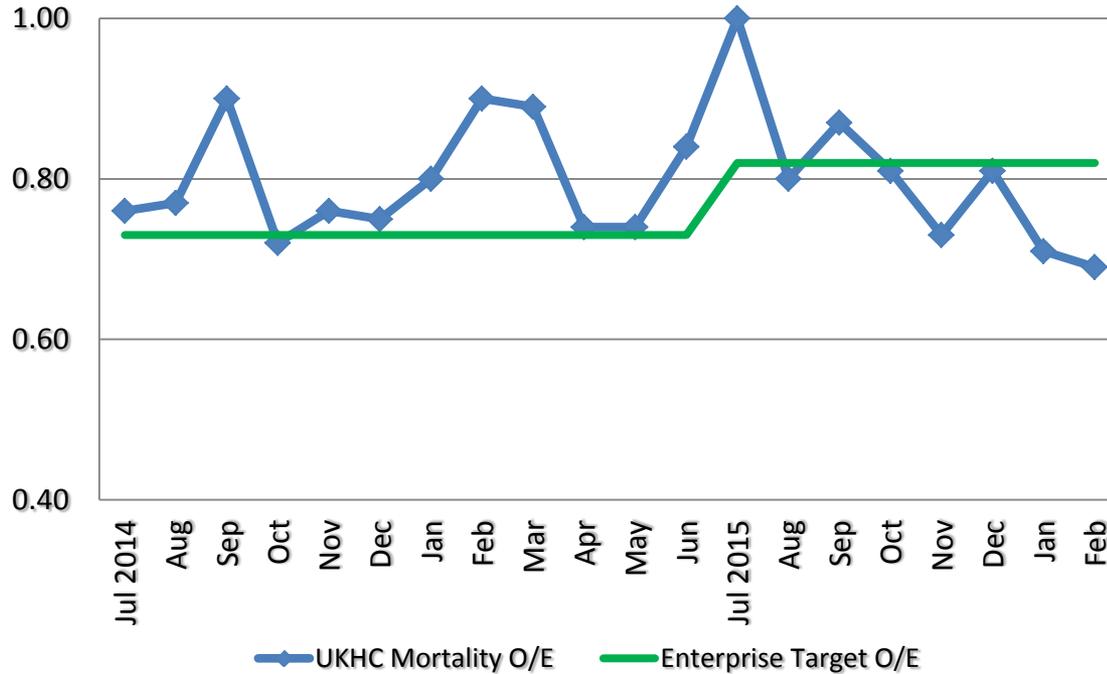
Mortality
0.80

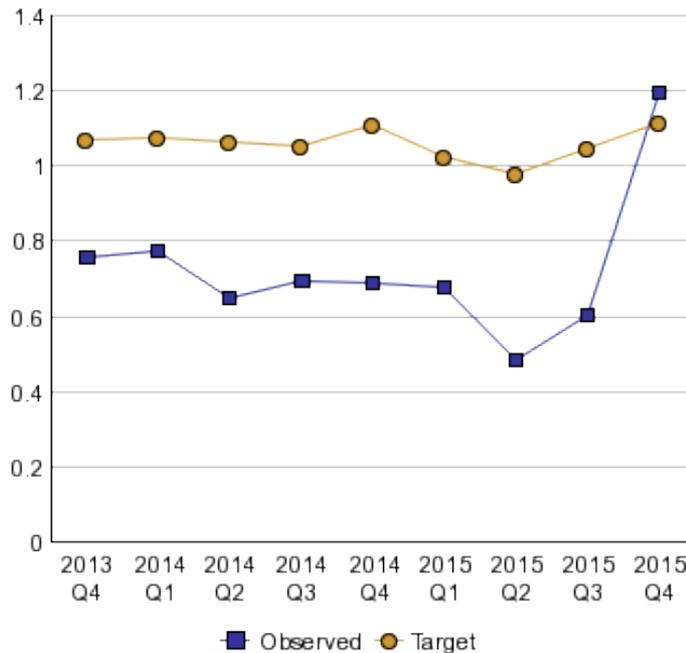FY17 model
0.84

| FY17 Threshold <0.84 | FY17 Target ≤0.82 | FY17 Max ≤0.80 |

PSI-90 (Harm Score)

Agency for Healthcare Research and Quality (AHRQ) Patient Safety Composite Indicators – PS190 AHRQ Patient Safety Quality Indicator Composite

Composite Score of the following Patient Safety Indicators (PSIs): *Pressure Ulcers, Iatrogenic Pneumothorax, Central Venous Catheter-Related Bloodstream Infections, Post-operative Hip Fracture, Post-operative Pulmonary Embolism or Deep Venous Thrombosis, Post-operative Sepsis, Post-operative Wound Dehiscence, Accidental Puncture or Laceration*

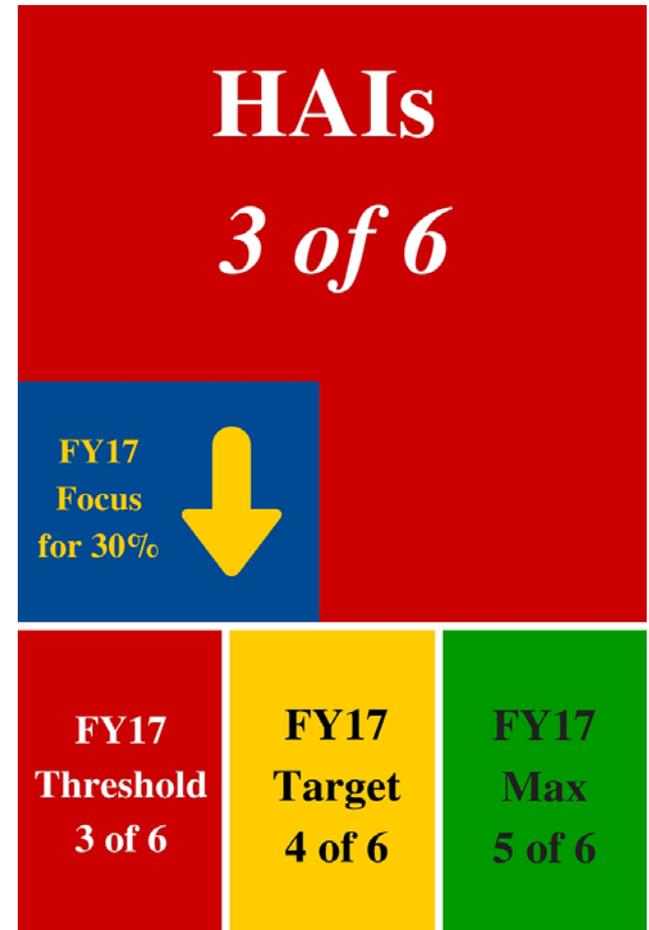Rolling Year (O/E) 0.68

FY17 Model 0.68

| FY17 Threshold < 0.68 | FY17 Target ≤0.65 | FY17 Max ≤0.63 |

Healthcare Acquired Infection (HAI)

Indicators	Standardized Infection Rate (SIR) Target	SIR vs. Target YTD
Catheter Associated Urinary Tract Infections	1.06	0.43
Central Line Associated Bloodstream Infections	0.54	0.58
C. Difficile Infection***	0.90	0.99
Methicillin-resistant *Staphylococcus aureus* Bacteremia***	0.92	1.92
Surgical Site Infection: Abdominal Hysterectomy**	0.86	0.86
Surgical Site Infection: Colon**	0.92	0.66

**30 Days Behind   ***Behind a Quarter

HAIs
3 of 6

FY17 Focus for 30%

| FY17 Threshold 3 of 6 | FY17 Target 4 of 6 | FY17 Max 5 of 6 |

Healthcare Acquired Infection (HAI)

| Indicators	Calendar year 2015 Results	FY17 Goal
Catheter Associated Urinary Tract Infections	83	**58**
Central Line Associated Bloodstream Infections	89	**62**
C. Difficile **Infection**	265	**186**
Methicillin-resistant *Staphylococcus aureus* **Bacteremia**	55	**36**
Surgical Site Infection: Abdominal Hysterectomy	10	**7**
Surgical Site Infection: Colon	30	**21**

FY17 - Focus on a 30% reduction in case numbers

New Patient Visit Lag (≤ 14 days)

UK HealthCare Ambulatory New Patient Visit Lag
July 2015 – February 2016

Number of Locations — FY16 Target number of clinics
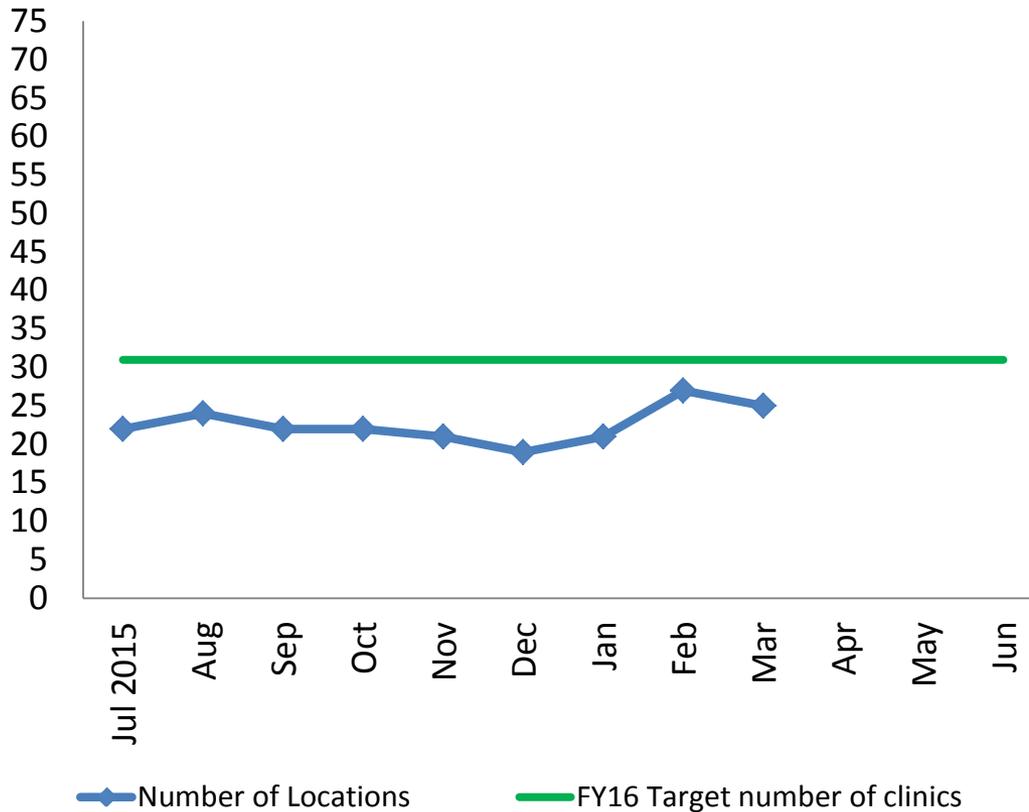
New Patient Visit Lag 21 locations

FY17 Model 21 locations
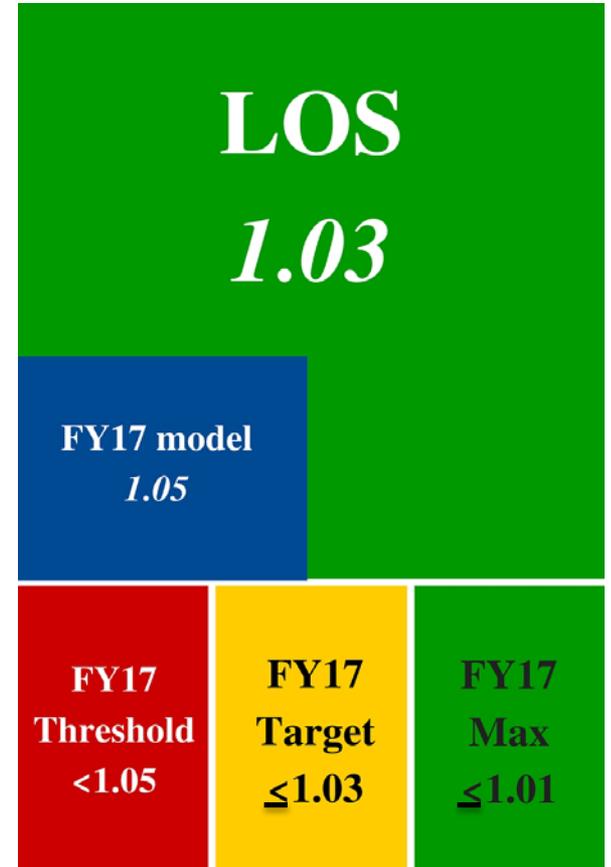
FY17 Threshold 24 locations

FY17 Target 31 locations

FY17 Max 39 locations

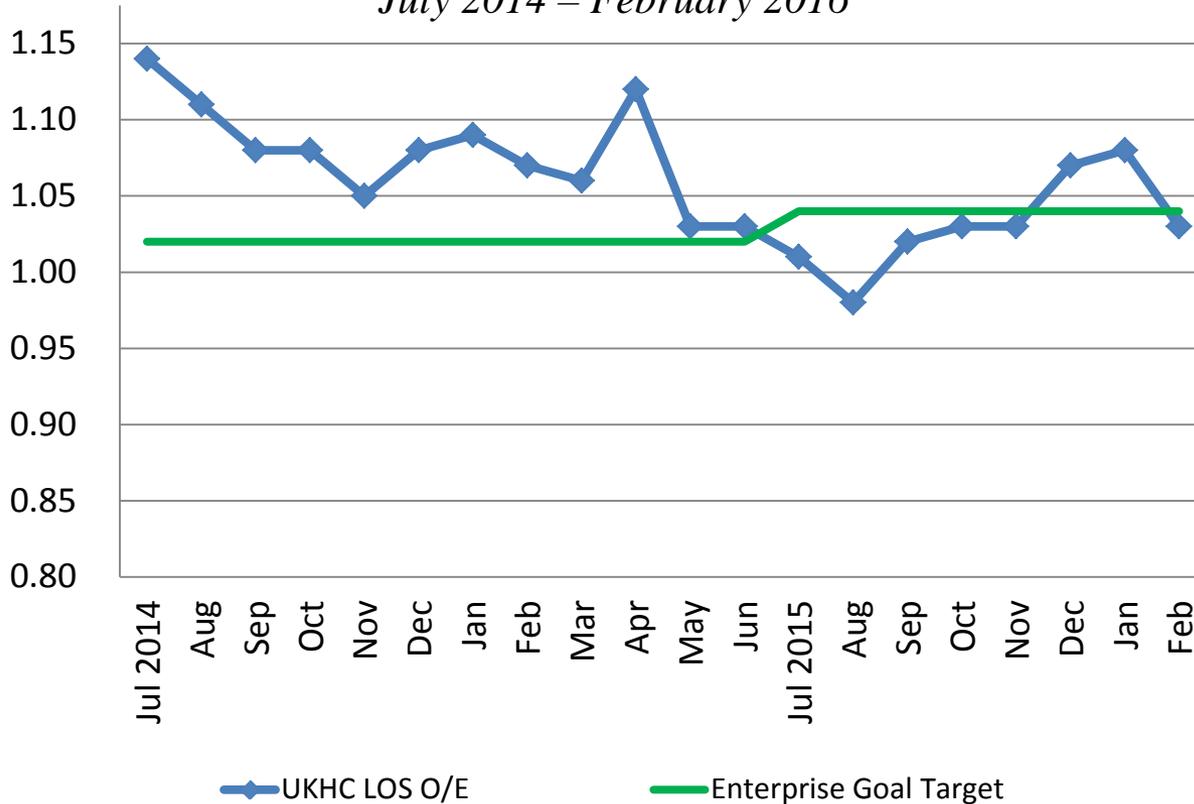# Length of Stay (LOS)

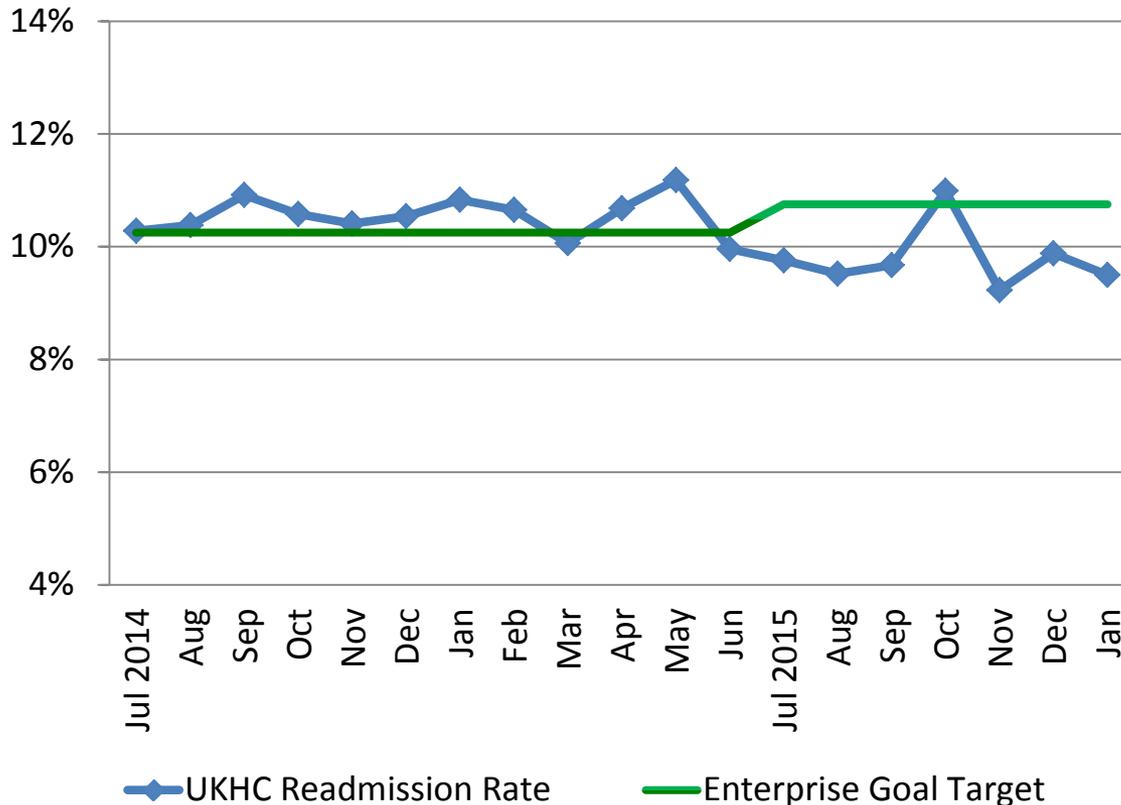**UK HealthCare Length of Stay (LOS)**
July 2014 – February 2016

LOS
1.03

FY17 model
1.05

FY17 Threshold <1.05

FY17 Target ≤1.03

FY17 Max ≤1.01

UKHC LOS O/E — Enterprise Goal Target

Readmissions
30-Day All Cause – Same Hospital

UK HealthCare Readmissions
July 2014 – February 2016

Inpatient Experience

HCAHPS* – Inpatient

HCAHPS Domain	YTD	Target	YTD vs GOAL
Rate 9/10	71.2%	73.2%	
Communication with Nurses	80.9%	79.9%	
Responsiveness	67.3%	64.9%	
Communication with Doctors	80.6%	81.5%	
Hospital Environment	63.4%	65.4%	
Pain	71.3%	71.6%	
Communication with Meds	67.7%	64.2%	
Discharge	88.7%	87.7%	
Care Transitions	57.5%	55.5%	

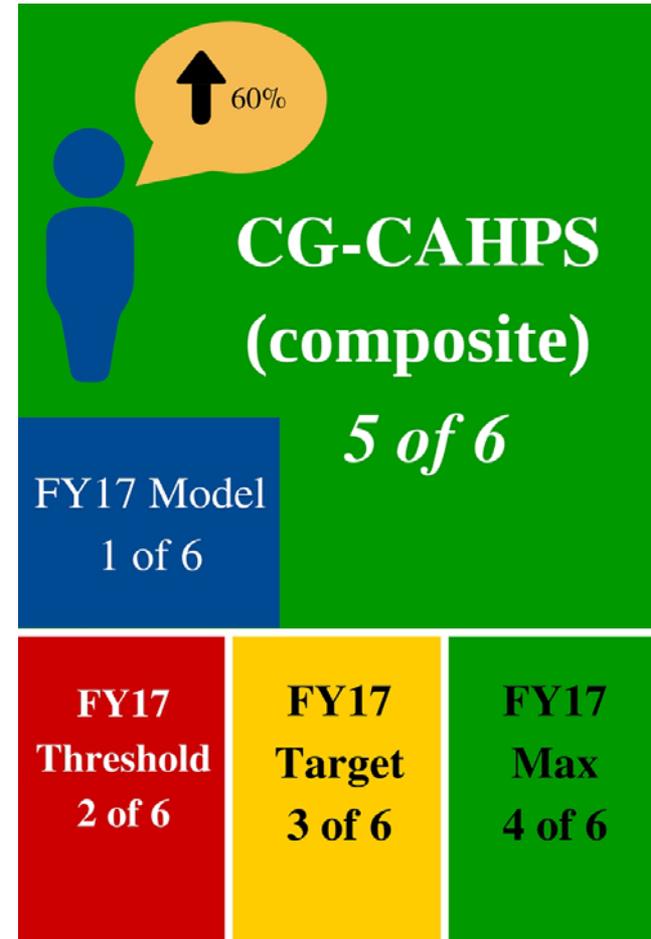*HCAHPS: *Hospital Consumer Assessment of Healthcare Providers and Systems*

60%

HCAHPS (composite) 5 of 9

FY17 Model 4 of 9

FY17 Threshold 6 of 9

FY17 Target 7 of 9

FY17 Max 8 of 9
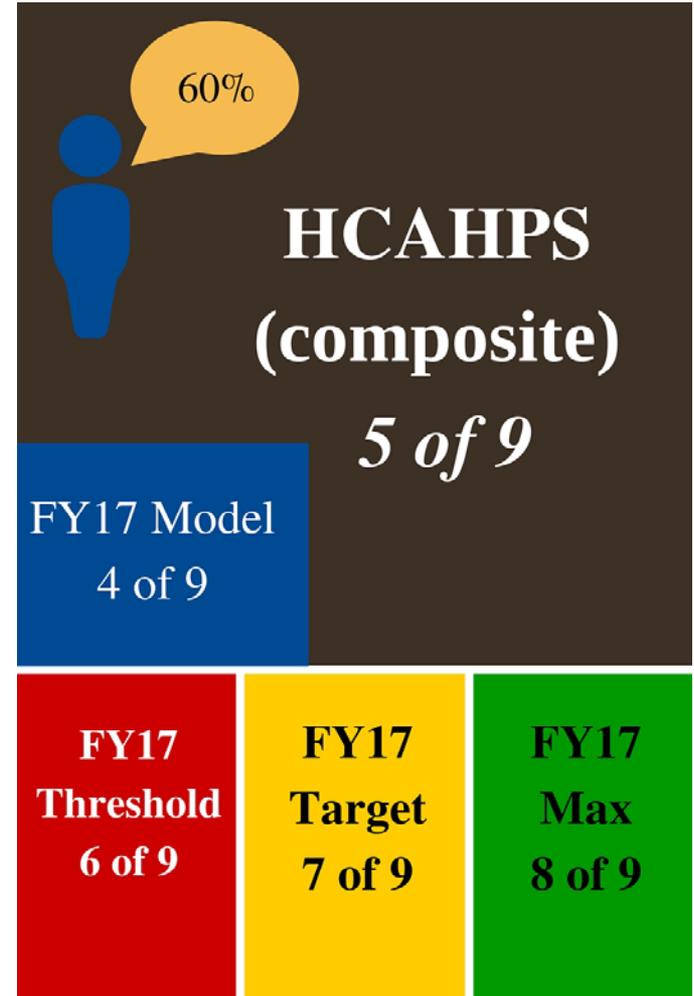
Outpatient Experience

CG-CAHPS[*] - Outpatient

CG-CAHPS Domain	YTD	Target	YTD vs GOAL
Rate the Provider	84.6%	83.6%	
Access to Care	59.1%	56.2%	
Test Results	75.0%	74.5%	
Physician Communication	91.1%	91.2%	
Office Staff Quality	91.6%	91.0%	
Willingness to Recommend	90.5%	90.3%	

*CG-CAHPS: *Clinician and Group Consumer Assessment of Healthcare Providers and Systems*

Team Member Engagement
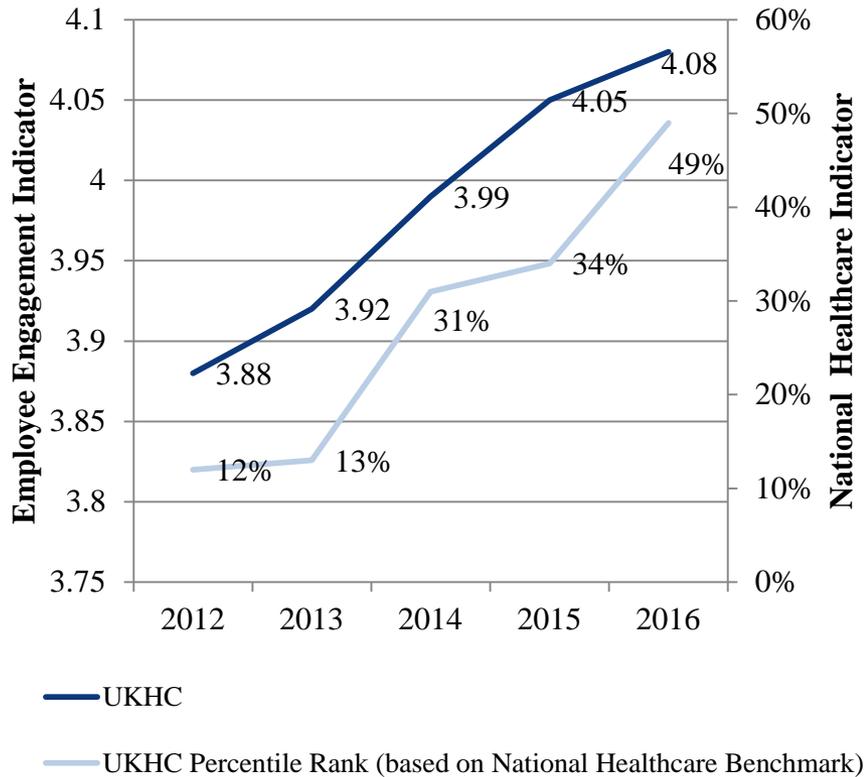
Physician Engagement

- 2016 record participation
  - 87% response rate
- Second year for this survey

Physician Engagement 3.52

FY17 model 3.52

FY17 Threshold >3.52

FY17 Target >3.60

FY17 Max >3.67

FY17 Proposed Enterprise Goals

	Threshold	Target	Max	FYTD16 Performance on FY17 Goals
MORTALITY				
Observed to Expected (*O/E*)	< 0.84	≤ 0.82	≤ 0.80	0.84
PATIENT SAFETY				
Patient Safety Indicator 90 (*Harm Score*)	< 0.68	≤ 0.65	≤ 0.63	0.68
Hospital Acquired Infections (*6 total*)	3 of 6	4 of 6	5 of 6	0 of 6
CARE CONTINUUM				
New Patient Visit Lag of ≤ 14 days (*76 locations*)	24 locations	31 locations	39 locations	21 locations
Length of Hospital Stay (*LOS O/E*)	< 1.05	≤ 1.03	≤ 1.01	1.05
Same-hospital Readmissions	< 10.33%	≤ 10.23%	≤ 10.13%	10.33%
PATIENT EXPERIENCE				
Inpatient Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Domains (*9 total*)	6 of 9	7 of 9	8 of 9	4 of 9
Ambulatory Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) Survey Domains (*6 total*)	2 of 6	3 of 6	4 of 6	1 of 6
ENGAGEMENT				
Physician Engagement	>3.52	≥3.60	≥3.67	3.52
Employee Engagement	>4.05	≥4.09	≥4.13	4.05
DIVERSITY & INCLUSION				
Diversity & Inclusion	1 of 4	2 of 4	3 of 4	0 of 4

Diversity & Inclusion

Metric	Current State	5 Year Goal	Year 1 Goal (FY17) 10% Increase	Year 2 Goal (FY18) 20% Increase	Year 3 Goal (FY19) 20% Increase	Year 4 Goal (FY20) 20% Increase	Year 5 Goal (FY21) 30% Increase	FY17 Target
1 E/A/M – All Minorities (128 FTE)	3.9%	16.1%	5.1% + 2	7.6% + 3	10.0% + 3	12.4% + 3	16.1% + 5	5.1%
2 Professional – All Minorities (3,811 FTE)	7.5%	13.3%	8.1% + 24	9.2% + 48	10.4% + 48	11.6% + 48	13.3% + 72	8.1%
3 Faculty – African-American & Hispanic (933 FTE)	4.8%	8.8%	5.2% + 3	6.0% + 8	6.8% + 8	7.6% + 8	8.8% + 12	5.2%
4 Faculty – Female (933 FTE)	34.7%	48.0%	36.0% + 12	38.7% + 24	41.1% + 24	44.0% + 24	48.0% + 36	36.0%

Diversity & Inclusion

- Composite of 4 measures
  - (1) - EVPHA E/A/M (0.75 FTE and Greater) for All Minorities
    - Includes Executive, Administrative & Managerial
  - (2) - EVPHA Professional (0.75 FTE and Greater) for All Minorities
    - Includes Health, Administrative Support, Student Support & Technical Support
  - (3) - College of Medicine Faculty (1.0 FTE) for African-American & Hispanic combined
  - (4) - College of Medicine Faculty (1.0 FTE) for Females
- Baseline based on snapshot during fall term (2015)
- Goals will be re-evaluated annually
  - Number of employees for years 2-5. Approximation based upon current number of total employees

D & I (composite)

Focus on 4 areas for FY17 5 year plan overall

| FY17 Threshold 1 of 4 | FY17 Target 2 of 4 | FY17 Max 3 of 4 |

FY17 Proposed Enterprise Goals

	Threshold	Target	Max	FYTD16 Performance on FY17 Goals
MORTALITY				
Observed to Expected (*O/E*)	< 0.84	≤ 0.82	≤ 0.80	0.84
PATIENT SAFETY				
Patient Safety Indicator 90 (*Harm Score*)	< 0.68	≤ 0.65	≤ 0.63	0.68
Hospital Acquired Infections (*6 total*)	3 of 6	4 of 6	5 of 6	0 of 6
CARE CONTINUUM				
New Patient Visit Lag of ≤ 14 days (*76 locations*)	24 locations	31 locations	39 locations	21 locations
Length of Hospital Stay (*LOS O/E*)	< 1.05	≤ 1.03	≤ 1.01	1.05
Same-hospital Readmissions	< 10.33%	≤ 10.23%	≤ 10.13%	10.33%
PATIENT EXPERIENCE				
Inpatient Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Domains (*9 total*)	6 of 9	7 of 9	8 of 9	4 of 9
Ambulatory Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) Survey Domains (*6 total*)	2 of 6	3 of 6	4 of 6	1 of 6
ENGAGEMENT				
Physician Engagement	>3.52	≥3.60	≥3.67	3.52
Employee Engagement	>4.05	≥4.09	≥4.13	4.05
DIVERSITY & INCLUSION				
Diversity & Inclusion	1 of 4	2 of 4	3 of 4	0 of 4