

UHCCR 1

Office of the President
June 19, 2020

Members, Board of Trustees:

UK HEALTHCARE FY2021
QUALITY, SAFETY, AND PATIENT EXPERIENCE PLAN

Recommendation: that the Board of Trustees approve the UK HealthCare FY2021 Quality, Safety, and Patient Experience Plan, attached as Exhibit I.

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

In 43 Code of Federal Regulations (CFR) Part 482, the Centers for Medicare and Medicaid Services (CMS) set out the conditions for a hospital to participate in the Medicare Program. As part of the conditions for participation, CMS requires in 42 CFR 482.21 that the participating hospital develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven, quality assessment, and performance improvement program. The UK HealthCare FY2021 Quality, Safety, and Patient Experience Plan sets out such a program for the University's hospitals and clinical activities for FY2021.

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

Action taken: Approved Disapproved Other _____



FY2021 QUALITY, SAFETY, AND PATIENT EXPERIENCE PLAN

The FY2021 Quality, Safety, and Patient Experience Plan demonstrates UK HealthCare’s promise to the people of the Commonwealth of Kentucky and beyond – that we are committed to providing 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.

Mark Newman, MD	Executive Vice President for Health Affairs
Robert DiPaola, MD	Vice President and Dean, UK College of Medicine
Fred Zachman, MD, MBA	President, Medical Staff
Craig Collins, MBA	Vice President and Chief Financial Officer
Jay Grider, DO, PhD, MBA	Interim Chief Physician Executive
Cecilia Page, DNP, RN	Chief Information Officer
John Phillips, MHA	Vice President for Ambulatory Services
Colleen Swartz, DNP, MBA, RN	Vice President for Hospital Operations
Mark V. Williams, MD	Chief Quality and Transformation Officer

DATE FINALIZED BY UK HEALTHCARE LEADERSHIP: JUNE 10, 2020

DATE APPROVED BY THE BOARD OF TRUSTEES HEALTH CARE COMMITTEE:

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OUR QUALITY FOCUS

UK HealthCare has a longstanding commitment to excellence in patient care, teaching and research, and our highest priority is high-quality, safe, patient- and family-centered care. For FY2021, we are seeking to further refine and enhance our ability to ensure quality, safety, value, and engagement for every patient, every time. Our goal is to be among the nation's top-performing academic health systems. As demonstrated by the diagram (Figure 1), our focus on quality, value, and safety will seek to achieve excellence across four domains:

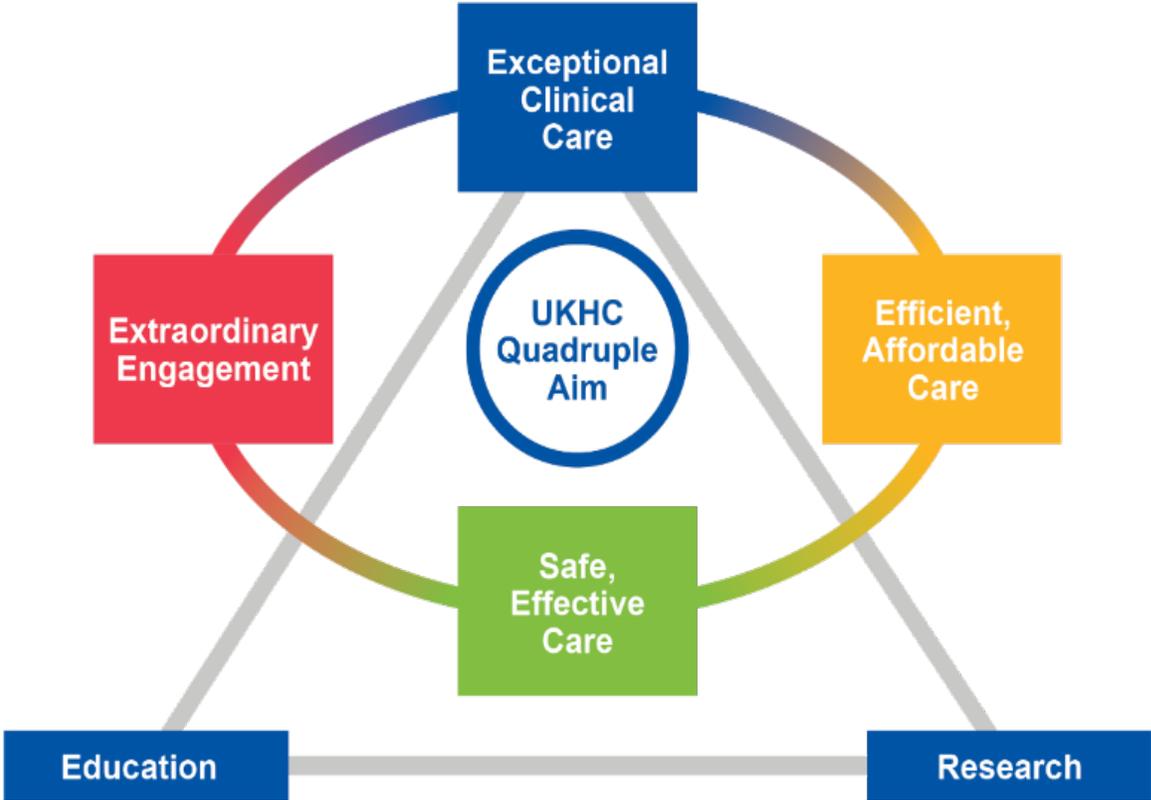
- Exceptional clinical care
- Efficient and affordable care
- Safe and effective care
- Extraordinary engagement of our patients and families, as well as our employees

QUADRUPLE AIM

This UK HealthCare Quadruple Aim is critical to our future success because it is:

- Part of our mission to provide advanced clinical care, education, and research for the people of Kentucky and beyond
- Important to all patients and families
- Vital to all providers and staff who care deeply about providing the best, evidence-based care
- Part of our enterprise strategy and enterprise goals
- Critical to our future under Medicare, Medicaid, and commercial quality, and value programs

Figure 1: UK HealthCare Quadruple Aim



PLAN FOCUS

This updated Quality, Safety and Patient Experience Plan reflects UK HealthCare’s drive for excellence in providing safe, high-quality, patient- and family-centered care in every aspect of its day-to-day operations. Ultimately, our goal is to increase the value of the care we deliver to our patients by building on and enhancing our current approaches to improving clinical care, engagement, efficiency, safety, and affordability.

Engagement of front-line clinical teams in process- and performance-improvement is a critical component of our enhanced effort around sustaining quality and safety.

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

Patient- and family-centered care: Involve patients and caregivers in care redesign and decision-making in a way that meets their needs and preferences.

A culture of safety: Promote blame-free incident reporting with a focus on correcting the underlying systematic design or system malfunctions.

Support and empower interprofessional teams to drive improvement: Provide care teams with goal-defined responsibilities, support them with dedicated staff and resources, and aid in the collection and analysis of data as well as in monitoring/reporting.

Comprehensive quality improvement, measurement and reporting: Utilize a systematic approach that fosters active employee, clinician, patient and family caregiver engagement.

Transparency and communication: Provide easily accessible, valid and meaningful information about our clinical performance through open communication with leadership, clinicians, managers, front-line staff, patients, family caregivers, and the general public.

Staff empowerment and innovation: Create an environment and provide resources that foster problem-solving, innovations, and breakthrough change to enhance quality and safety.

The strategies outlined in the Quality, Safety, and Patient Experience Plan intend to facilitate the best service to our patients and the best clinical outcomes in accordance with evidence-based research.

UK HEALTHCARE 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 commonwealth's health delivery system by collaborating with community hospitals and physicians. We will support the University of Kentucky's education and research needs by offering cutting-edge services on par with the nation's very best providers.

UK HEALTHCARE VISION

UK HealthCare's vision is to become a top academic medical center serving people in 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 people in Kentucky and beyond for select, highly specialized services
- Support rural health care by collaborating closely with community providers so that citizens may receive appropriate health care in their local communities
- Foster collaborative relationships in a well-integrated health delivery system that can respond to a changing health care environment and provide high-quality, cost-efficient health care
- Support UK's research and teaching missions

UK HEALTHCARE DIReCT VALUES

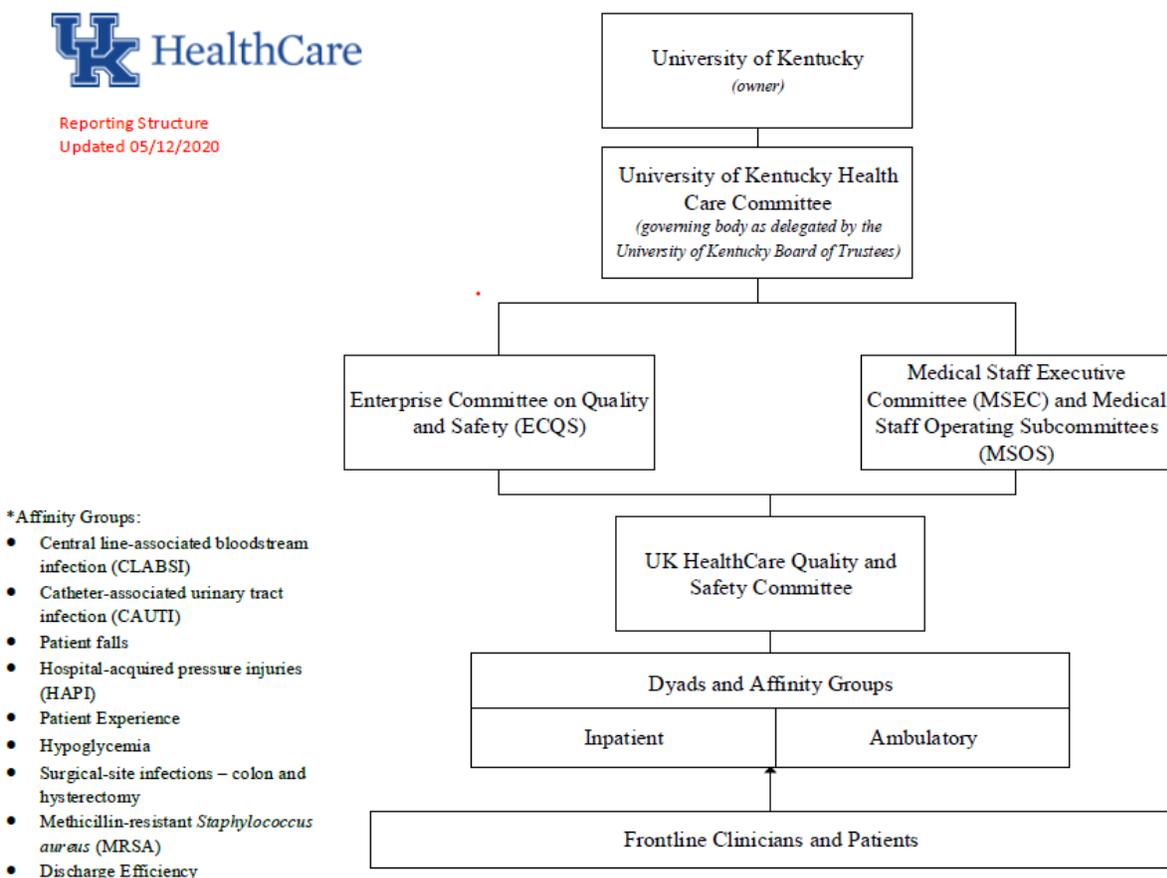
- **Diversity:** We foster a people-centered environment inclusive of all
- **Innovation:** We embrace continual learning and improvement to drive positive change
- **Respect:** We value our patients and families, our community, our co-workers, ourselves, and the resources entrusted to us
- **Compassion:** We express empathy for the needs, thoughts, and feelings of those we serve and with whom we work
- **Teamwork:** We cultivate meaningful relationships to create positive outcomes

GOVERNANCE STRUCTURES AND PROCESSES

Our governance structure aims to ensure accountability, two-way information sharing, and transparent reporting of performance and oversight regarding the quality-improvement efforts at UK HealthCare. This performance monitoring starts at the patient level and is reported up through the enterprise to the governing body – the University Health Care Committee of the UK Board of Trustees.

Figure 2 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 back down to the bedside clinicians and patients.

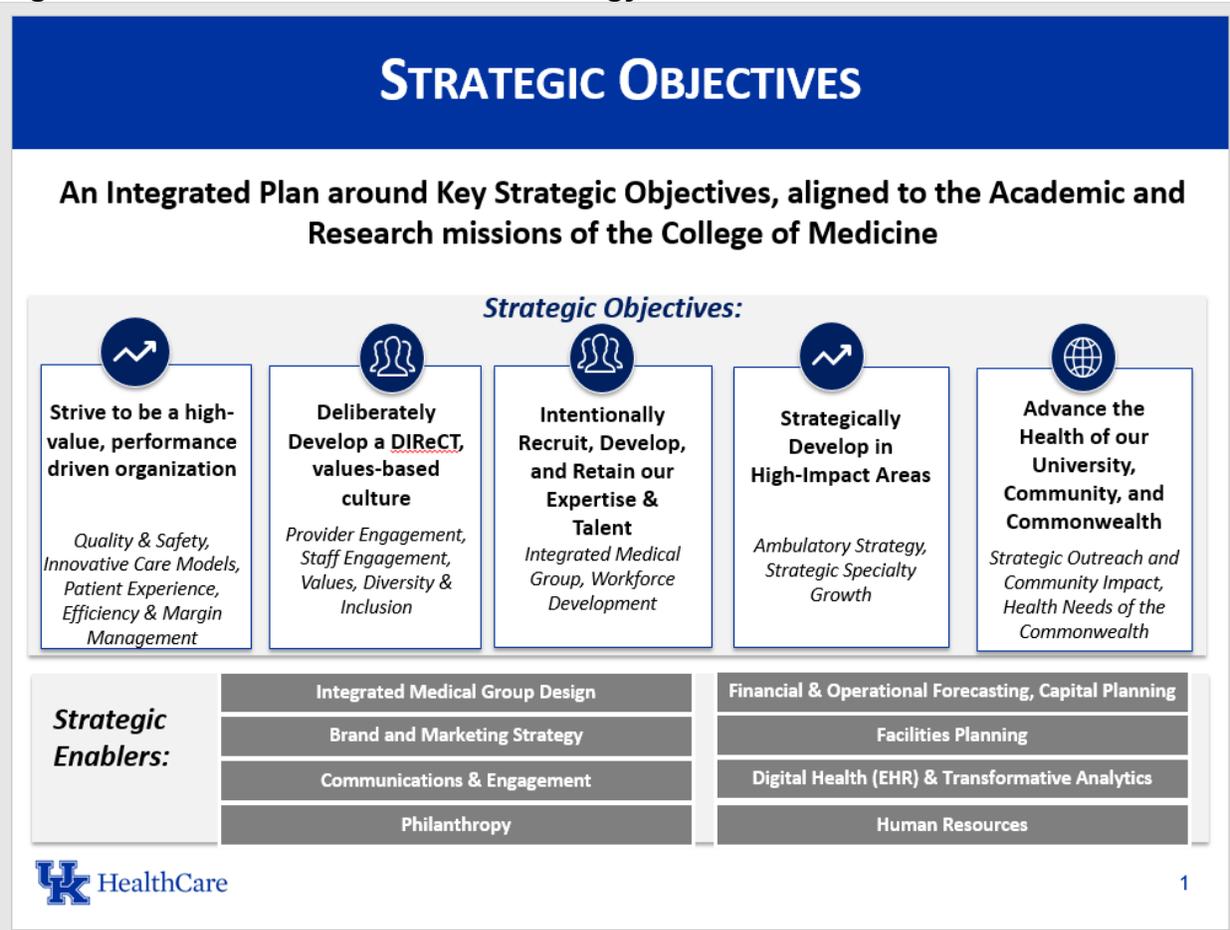
Figure 2: Reporting Structure



EXECUTIVE COMMITTEE FOR QUALITY AND SAFETY

The Executive Committee for Quality and Safety is the senior oversight committee responsible for providing guidance and direction to the overarching UK HealthCare Enterprise Strategic Plan around quality, safety, and value (see Figure 3) for both UK HealthCare and the UK College of Medicine. The ECQS also coordinates all efforts in quality improvement, quality measurement, data reporting, patient safety, patient experience, value-based care and value-based payment. Chief Quality and Transformation Officer Mark V. Williams, MD, chairs the committee. The membership is comprised of UK HealthCare senior leadership, physician and nursing leaders, chairs, program directors, and graduate medical education representatives (residents and fellows). The ECQS is responsible for developing the Enterprise Quality and Safety Strategy, including enterprise goals, objectives, and actions related to ensuring exceptional quality, safety, value, and patient experience at UK HealthCare.

Figure 3: Revised UK HealthCare Strategy 2020 DRAFT



MEDICAL STAFF AND BOARD OF TRUSTEES ALIGNMENT

The UK HealthCare Quality and Safety Committee, also chaired by the chief quality and transformation officer and the Medical Staff Operating Subcommittees, receives monthly reports from many other committees and departments within the enterprise (Tables 1 and 2). This reporting structure allows oversight of all quality, safety, and performance initiatives within the enterprise.

The Medical Staff Operating Subcommittees at both Chandler and Good Samaritan Hospital structure the UK HealthCare medical staff with an overall Enterprise Medical Staff Executive Committee, providing oversight of and support to the medical staff subcommittees. The Medical Staff Executive Committee also oversees medical staff by-law functions and credentialing processes, and reviews contracts for outside clinical services. The Enterprise Medical Staff Operating Subcommittees meet monthly and review the progress made by multiple teams and committees throughout the enterprise. The Medical Staff Bylaws outline these committees and teams.

While there is some duplication in reporting to the Enterprise Medical Staff Executive Committee, the intent is to ensure that the medical staff has information about and authority over the appropriate clinical operation of the facility. The president of the medical staff and the hospital's chief medical officer have the leadership responsibility to bring issues from these venues to the University Health Care Committee of the UK Board of Trustees. The chief medical officer and the chief quality and transformation officer report to the chief physician executive, who has the responsibility of overseeing all quality and safety issues at UK HealthCare in collaboration with other members of the senior executive team.

The UK Board of Trustees establishes, maintains, supports and exercises oversight of the quality, safety and performance activities that occur within the enterprise. The board fulfills its responsibilities related to these metrics through the governing body, the University Health Care Committee (see Figure 2).

Table 1: UK HealthCare Quality and Safety Committee Agenda Items

Commission on Cancer
Eastern State Hospital
Transplant Program
Kentucky Children’s Hospital
Gill Heart & Vascular Institute
Stroke Affiliate Network
Trauma Program
Emergency Department
Radiology Department
Medication Use and Safety Quality Committee
Patient Safety Committee

Table 2: Medical Staff Operating Subcommittees Reporting Areas

Quality & Safety Committee Agenda Items	*Reporting Committees
Risk Management	Pharmacy and Therapeutics
Health Information Management	Infection Prevention and Control
Nursing	Resuscitation
Hospital Operations	Transfusion
Good Samaritan Hospital	Operating Room and Procedural Area
Medical Staff Affairs	Medical Imaging
Information Technology	Ethics
Ambulatory	Intensive Care Unit
Reporting Committees (<i>as defined by the Medical Staff Bylaws</i>)	Laboratory Formulary
Organ Donation	Cancer
Reporting Committees (*see above table)	Nutrition
	Quality and Safety

SETTING THE QUALITY AND SAFETY AGENDA

UK HealthCare expanded the FY2021 Annual Enterprise Goals to support our enterprise efforts in ensuring quality, safety, value, and engagement for every patient, every time. These goals include adding Centers for Medicare and Medicaid Services measures for inpatient and ambulatory goal grids that affect value-based payments and star ratings. By separating goals and performance in this manner, UK HealthCare can have a more focused approach to improving patient care. We have organized all grids into five domains – exceptional clinical care, safe care, value and efficiency, extraordinary engagement, and diversity and inclusivity – with the goals delineated in Tables 3-6:

Table 3: FY2021 UK HealthCare Enterprise Goals - Inpatient

		Threshold	Target	Max	
Exceptional clinical care	Mortality index	≤0.76	≤0.75	≤0.74 + Improvement in 6 key areas	At max level, incorporating 6 Vizient services achieving 50 th percentile (Cardiology, CT Surgery, Vascular Surgery, Solid Organ, Pulmonary, Medicine General)
Safe care	Hospital-acquired conditions	2 of 4	3 of 4	4 of 4	CAUTI, CLABSI, SSI-Colon, MRSA
	Patient safety indicator	3 of 5	4 of 5	5 of 5	Pressure ulcer, iatrogenic pneumothorax, hemorrhage & hematoma, post-op respiratory failure, postop sepsis
	Safety Culture Index (Staff)	≥3.95	≥3.98	≥3.99	Adjusting to the culture of safety index; excluding contractors and outsourced staff.
	Safety Culture Index (Provider)	≥3.89	≥3.93	≥3.94	Adjusting to the culture of safety index; includes doctors and Advanced Practice Providers only
Value and Efficiency	Length of stay index	≤0.93	≤0.92	≤0.91	

	Readmissions	≤12.91%	≤12.41%	≤11.91%	
	Productivity	≤7.5%	≤5%	≤3%	Use running YTD variation by month. Exclude orientation; use cost or FTE.
Extraordinary engagement	Patient experience – ‘Rate the Hospital’	≥73.7	≥74.3	≥74.8	
	Staff and Provider Engagement	See Safe Care – Culture of Safety Index			
Diversity and inclusivity		1 of 4	2 of 4	3 of 4	

NOTE: PENDING approval by the UK Board of Trustees University Health Care Committee in June 2020.

Table 4: FY2021 UK HealthCare Enterprise Goals - Kentucky Children’s Hospital

		Threshold	Target	Max	
Exceptional clinical care	Mortality index	≤0.63	≤0.62	≤0.61	
Safe care	Hospital-acquired conditions	3 of 6	4 of 6	5 of 6	Includes CAUTI, CLABSI, SSI- Spine/Shunt/CT Surgery, Falls, HAPI, unplanned extubations
	Safety Culture Index (KCH Staff)	≥3.87	≥3.91	≥3.96	Adjusting to the culture of safety index; excluding contractors and outsourced staff.
Value and Efficiency	Length of stay index	≤0.91	≤0.89	≤0.87	
	Readmissions	≤5.65%	≤5.28%	≤4.90%	
	Productivity	≤7.5%	≤5%	≤3%	Use running YTD variation by month. Exclude orientation; use cost or FTE.
Extraordinary engagement	Child Experience – ‘Rate the Hospital’	≥73.3	≥73.6	≥73.9	
	Staff Engagement	See Safe Care – Culture of Safety Index			
Diversity and inclusivity*		1 of 4	2 of 4	3 of 4	

NOTE: PENDING approval by the UK Board of Trustees University Health Care Committee in June 2020.

**Using enterprise number and goal*

Table 5: FY2021 UK HealthCare Enterprise Goals - Ambulatory

		Threshold	Target	Max
Exceptional clinical care	Diabetes hemoglobin A1c poor control (<i>lower is better</i>)	≤19%	≤18%	≤17%
	Depression screening and follow-up plan	≥55%	≥60%	≥65%
	Colorectal cancer screening	≥60%	≥65%	≥70%
Safe care	Safety Culture Index (Ambulatory Staff)	≥4.01	≥4.06	≥4.07
	Safety Culture Index (Ambulatory Providers)	≥3.96	≥4.03	≥4.04
Value and Efficiency	30-day all-cause hospital readmission rate	≤12.91%	≤12.41%	≤11.91%
	No-show rate (<i>lower is better</i>)	≤22%	≤21.5%	≤21%
	14-day new patient access	≥42.5%	≥43.5%	≥44.5%
	Ambulatory Cost Per Visit	≤Budgeted cost per visit for provider-based clinics	≤0.5% lower than budget	≤1% lower than budget
Extraordinary engagement	Patient experience – Likelihood to Recommend	≥94.3	≥94.5	≥94.7
	Staff and Provider Engagement	See Safe Care – Culture of Safety Index		
Diversity and inclusivity*		1 of 4	2 of 4	3 of 4

NOTE: PENDING approval by the UK Board of Trustees University Health Care Committee in June 2020.

**Using enterprise number and goal*

Table 6: FY2021 UK HealthCare Enterprise Goals – Eastern State Hospital

		Threshold	Target	Max
Exceptional clinical care	Alcohol use treatment during hospitalization	≥88.00%	≥91.00%	≥94.00%
	Substance use treatment at discharge	≥72.00%	≥75.00%	≥78.00%
	Tobacco use treatment during hospitalization	≥94.00%	≥95.00%	≥96.00%
	Metabolic Screenings	≥74%	≥76%	≥78%
Safe care	Adult Fall Rate	≤5.00	≤4.46	≤3.35
	Geriatric Fall Rate	≤7.00	≤6.66	≤3.57
	Restraint Hours	≤0.08	≤0.07	≤0.06
	Culture of Safety Index (staff)	≥4.01	≥4.08	≥4.09
Value and Efficiency	Readmissions	≤9.00%	≤8.50%	≤8.00%
	Contract Expense Utilization	100%	≥98%	≥96%
Extraordinary engagement	NRI patient satisfaction	4 of 7	5 of 7	6 of 7
	Staff Engagement	See Safe Care – Culture of Safety Index		

NOTE: PENDING approval by the UK Board of Trustees University Health Care Committee in June 2020.

ENTERPRISE GOAL ALIGNMENT

The iterative process of developing the enterprise goals each year includes input from many individuals and groups across UK HealthCare, as well as local experts and teams in each domain. The goal-building process sets the focus for quality improvement, harm prevention and reduction, access and efficiency initiatives, patient experience and engagement, and diversity and inclusivity for the coming fiscal year. We develop goals based, in part, on the Vizient Top Performer model, which provides a robust and tested framework. All metrics are validated by external agencies (such as Vizient, Solutions for Patient Safety, Centers for Medicare and Medicaid Services, Leapfrog, and The Joint Commission), and their definitions and sources are clearly documented. UK HealthCare selects measures of performance that contain historical performance data and a reliable measurement tool, often using the most recent year's performance as the internal benchmark.

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

- Approval of the enterprise goals at the University Health Care Committee meeting
- Executive leadership at-risk compensation plans
- Clinical chair at-risk compensation plans
- Medical director performance evaluations
- Nursing performance evaluation goals
- Leadership performance evaluation goals
- Health information technology impact goals
- Other clinical discipline evaluation goals (e.g., pharmacy, therapeutic services, etc.)
- Staff performance evaluation goals
- Capital prioritization process
- Purchased services contracts

The cascading process is a translation or application of the enterprise strategic-level goals to more specific goals that organizational units such as departments, teams, and individuals can easily understand. We consider the cascading of our enterprise goals to

be a performance-management system aimed at achieving and sustaining organizational alignment throughout the UK HealthCare clinical enterprise.

Additionally, patient- and family-centered care remains a foundation for our UK HealthCare Enterprise Strategic Plan 2020 (developed in 2015). The plan also includes a strong focus on value-based care (see Figure 3) and emphasizes our culture’s need to change in order to deliver a more connected and personalized experience for our patients. This five-year strategic plan guides all of us at UK HealthCare toward our goal of delivering safe, high-quality, efficient and accessible care, and helps us navigate the 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 talented community. Currently, UK HealthCare has initiated its process to develop the 2025 Enterprise Strategic Plan, aiming to complete it by the summer of 2020.

KEY PERFORMANCE INDICATORS

Key performance indicators drive performance-improvement activities within organized areas and align with UK HealthCare’s needs and the Quality, Safety, and Patient Experience Plan. See Figure 4 for a sampling of metrics that would fall within these respective categories.

Figure 4: Key Performance Indicator Domain Example

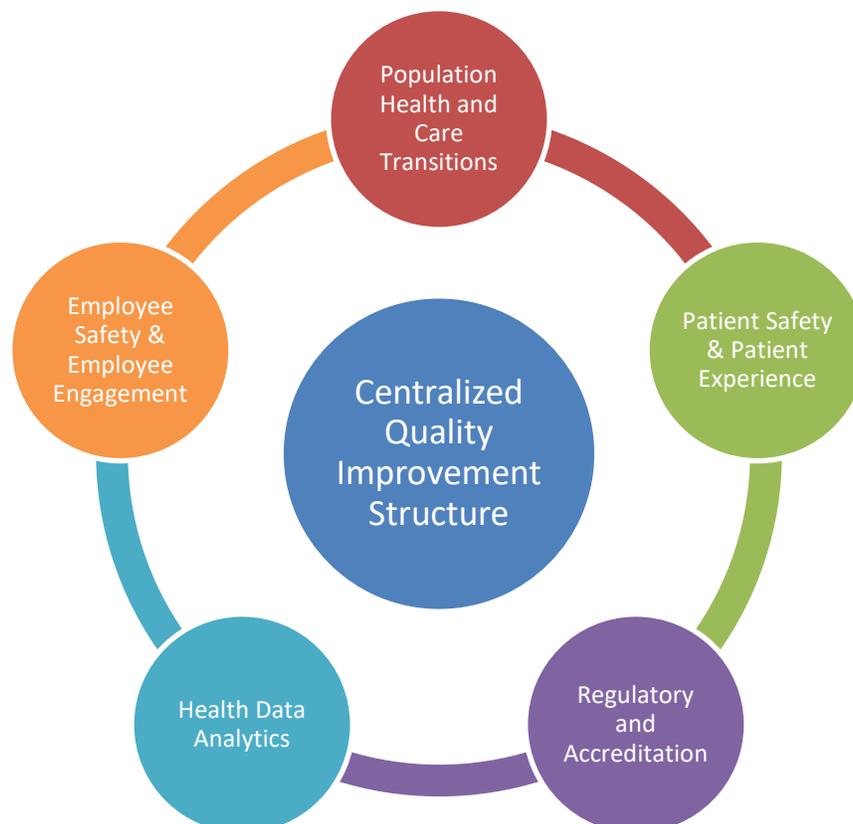
Clinical Care	Efficient Care	Safe, Effective Care	Extraordinary Experience	Healthy Financial Performance
<ul style="list-style-type: none"> •Hospital inpatient quality reporting •Ambulatory quality reporting •Medicaid-directed payment reporting 	<ul style="list-style-type: none"> •Readmission reduction •Length of stay •Ambulatory access •Value-based care 	<ul style="list-style-type: none"> •Hospital-acquired conditions •Patient safety •Mortality •Incident reporting 	<ul style="list-style-type: none"> •Patient experience •Provider and employee engagement •Diversity and inclusivity 	<ul style="list-style-type: none"> •Growth/volume •Financial performance (revenues and expenses)

CENTER FOR QUALITY, VALUE, AND SAFETY

The University of Kentucky Office for Value and Innovation in Healthcare Delivery and the quality monitoring and reporting department merged to form the Center for Quality, Value, and Safety (CQVS). The senior director for quality and safety, who reports to the chief quality transformation officer, oversees the CQVS, which includes 31 staff members. This new team is responsible for the following:

- Quality-improvement training
- Supporting dyads, affinity groups and other quality-improvement teams
- Performing quality monitoring and reporting
- Developing tools and programs to help UK HealthCare deliver the highest level of patient care and experience while also supporting engaged teams

Figure 5: Centralized Quality Improvement Structure



CENTRALIZED MODEL FOR QUALITY – CENTER FOR QUALITY, VALUE, AND SAFETY

A centralized model for quality improvement is outlined in the 2025 Strategic Plan for the Center for Quality, Value, and Safety. This approach is consistent with the reorganization that UK HealthCare initiated in early 2019 to integrate the Office for Value and Innovation in Healthcare Delivery and quality management and reporting. Importantly, this also aligns with the centralized model for analytics as implemented with the Performance Analytics Center for Excellence and bolstered in the 2025 Strategic Plan. Aligning the analytics (PACE) and quality/safety (CQVS) departments assures that clinical and operational teams are appropriately and effectively supported across UK HealthCare as they pursue quality, value, and safety efforts. Moreover, this will simultaneously promulgate across UK HealthCare a standardized, reliable approach to improving the quality and safety of care through the FOCUS-PDSA approach and standardized analytics, especially with run-charts and statistical process control charts. Nurses, pharmacists, physicians and others will consistently learn one approach and build capacity for this work.

Key aspects of a centralized model for quality are delineated below and summarized in table 7.

STANDARDS AND BEST PRACTICES

To achieve alignment with standards and delivery of best practices requires use of standard tools and approaches. By using and sharing the same tools with all front-line teams, the quality group spreads its knowledge and skills as these teams consistently learn and gain expertise. The organization becomes smarter overall as the supporting infrastructure broadens, ensuring more consistent availability of resources and performance-improvement capacity. Standardizing the quality tools and methodologies means that a quality specialist can move among clinical and operation domains much more easily, while still maintaining expertise in his or her assigned area. This delivers consistent improvement everywhere, instead of only in particular areas, satisfying leaders' goals. This is an important step toward becoming a high-reliability organization.

FLEXIBILITY

Although having a quality-improvement specialist(s) assigned exclusively to specific clinical areas may seem ideal, it limits the ability to respond to the reality of peaks and valleys in workloads. A centralized approach can shift resources to where and when they are needed. If a sudden change (regulatory requirement, unexpected worsened outcomes, competitive challenge) requires enhanced resources, redistribution to address such requests will be possible.

ENHANCED REPORTING TO LEADERSHIP

A centralized model for quality aligned with the Performance Analytics Center for Excellence can yield standardized reporting globally across the health system and standardized actionable reports from individual areas that clearly show the direction that work is heading overall. Leadership can be assured that the Center for Quality, Value, and Safety and PACE are tracking trends.

OPTIMIZED MANAGEMENT OF RESOURCES

Allocation of effort can be quantified and committed to high-priority areas (e.g., Kentucky Children's Hospital) with integration into the annual budget. This will ensure these areas receive the support they need to help them succeed locally, regionally and nationally.

Additionally, if a quality specialist evaluates a project request in a centralized model, it should be feasible to accurately determine time commitment and resources with clear communication.

HAZARDS OF A FRAGMENTED OR SILOED APPROACH

Individual pockets of expertise limit the sharing of knowledge and expertise. Importantly, this approach leads to varying methodologies and a lack of standardization inhibiting the aggregation of data reports. Moreover, the likely use of varying measurement and quality tools impedes communication and sustainment efforts. Such an approach also adds complexity and costs. Quality islands of variable calibers will limit what UK HealthCare can accomplish overall as a system.

TABLE 7: Comparison of Centralized vs. Localized/Initiative-Driven Quality Improvement

Standards and Best Practices	Centralized	Localized or Initiative-Driven
<ul style="list-style-type: none"> • Flexibility • Resource management • Consistent management of quality improvement talent pool • Singular repository of QI and safety work at UK HealthCare • Executive review of QI work monthly or bi-monthly by Enterprise Committee Quality Safety and Quality Operations Committee 	<p><u>Pro</u></p> <ul style="list-style-type: none"> • Emphasizes high-reliability • Shared learning • Broadens infrastructure • More flexibility for staff to migrate to various projects as needed • Standardized structure discourages workarounds <p><u>Con</u></p> <ul style="list-style-type: none"> • May impede innovation 	<p><u>Pro</u></p> <ul style="list-style-type: none"> • Each area has control over its resources <p><u>Con</u></p> <ul style="list-style-type: none"> • Expensive and inefficient; does not guarantee successful outcomes • Inhibits sharing of knowledge and skills

PATIENT SAFETY AND PATIENT EXPERIENCE

THE FORMATION OF DYADS AND FOCUSED QUALITY IMPROVEMENT

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

On Aug. 31, 2018, Mark Newman, MD, executive vice president for health affairs, named more than 60 “dyad” leaders within inpatient and procedural units and areas to serve as visible champions of quality at UK HealthCare. This expanded to include more than 50 dyad leaders within ambulatory services in March 2019. Both groups participated in kickoff meetings that established expectations for the dyad leaders and supported goal-setting for performance improvement.

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

Beginning in September 2019, UK HealthCare formed affinity groups of dyads to focus quality and safety efforts on specific issues, such as patient experience, hospital-acquired pressure injuries, falls, surgical-site infections, methicillin-resistant *Staphylococcus aureus* infections, hypoglycemia episodes, central line-associated blood stream infections, catheter-associated urinary tract infections, etc. These affinity groups use key-driver diagrams to show the relationship between the overall aims (or goals) of their initiative, the key drivers that contribute directly to achieving the aim, the secondary drivers that are components of the primary drivers, and specific change ideas to test for each secondary driver. Additionally, the diagrams include the individual(s) accountable for carrying out tests of change.

Each dyad submitted at least two initial improvement goals for FY2020. The dyads use the FOCUS-PDSA model to conduct small tests of change, as well as weekly huddles, leader rounding, and a peer learning collaborative to support the changes necessary for goal progress. The dyads also involve the entire team in evaluating quality issues in inpatient and procedural areas, addressing them through evaluation of root causes and small cycles of change to improve outcomes.

UK HealthCare is making quality-improvement coaching and other resources available to the dyads and their teams, and each dyad has an executive sponsor supporting their work. By leveraging dyad leadership at the front lines, UK HealthCare is committed to equipping clinical leaders to improve clinical care, safety, efficiency, patient experience and employee engagement.

While still new within UK HealthCare, dyads have shown substantial improvements in their units and clinics in their focused areas for improvement: patient experience, patient safety, faculty and staff engagement, and no-show rates.

HOSPITAL-ACQUIRED CONDITIONS AND PATIENT SAFETY INDICATORS

Safety is measured by the no-harm score (patient safety indicator-90), individual Agency for Healthcare Research and Quality patient safety indicators, and rates of health care-acquired infections. UK HealthCare maintains focus in the following areas:

- Central line-associated bloodstream infections
- Catheter-associated urinary tract infections
- Ventilator-associated events
- *Clostridium difficile* infections
- Methicillin-resistant *Staphylococcus aureus*
- Surgical-site infections – colon and hysterectomy
- Patient falls
- Hospital-acquired pressure injuries
- Zero Suicide Initiative – early phases

The no-harm initiative – led by nursing teams consisting of directors, patient care managers, assistant patient care managers, clinical nurse specialists, infection preventionists, staff development specialists, and clinical quality specialists – convened on a quarterly basis and focused on falls, hospital-acquired pressure injuries, central line-associated bloodstream infections, and catheter-associated urinary tract infections. The goal of these discussions was to support coordination of UK HealthCare leadership roles in order to promote a safe patient care environment. Leads for each workgroup presented emerging trends, corresponding evidence-based practices and gap analyses, and provided recommended next steps, demonstrating their commitment to ensuring no harm to their patients and the support of clinical nurses at the point of care. Standardization of work across the organization includes but is not limited to the following:

- Wildcard initiative to promote real-time quality improvement at the point of care through implementation of evidence-based practices
- Weekly huddles when patient harm occurs to evaluate care improvement opportunities
- Standardization of data use across the organization

- Electronic health record optimization and alerts to support best practices at the point of care (e.g., tracheotomy suture removal reminder)
- Automated vs. manual data extraction to create more time to spend at the point of care

With implementation of the dyad leadership approach and, subsequently, affinity groups that predominantly focus on hospital-acquired conditions, the efforts of the no-harm initiative were incorporated into the appropriate affinity groups.

DAILY BRIEFING FOR SAFETY AND OPERATIONS

UK HealthCare began the Daily Briefing for Safety and Operations in October 2019. It is a brief meeting to share safety concerns that happened in the past 24 hours, as well as to review the next 24 hours to evaluate potential patient safety issues. According to The Joint Commission (2017), a daily safety briefing is one of the hallmarks of a high-reliability organization. UK HealthCare introduced representatives from every department into the DBSO process on a rolling timeline. The DBSO allows all departments to report out during the briefing to increase awareness of patient safety issues and create a culture of safety.

This process begins every morning with a unit-level huddle, utilizing an enterprise-wide standard huddle form. This rolls up to a department huddle, which is then reported out during the 10 a.m. DBSO. It is facilitated weekly by a senior leader within the hospital. There are currently 25 departments present and reporting. The DBSO is just one step toward becoming a high-reliability organization and improving quality of care at UK HealthCare.

Reference:

The Joint Commission: Quick Safety, Issue 24, June 1017.

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=2ahUKEwj93MHmqrijnAhVMGs0KHa0ZAmwQFjAAegQIARAB&url=https%3A%2F%2Fwww.jointcommission.org%2Fsitecore%2Fmedia-library%2Ftjc%2Fdocuments%2Fnewsletters%2Fquick%2Fsafety%2Fissue%2F34%2F2017%2Fsafety%2Fbriefings%2Ffinalpdf%2F&usq=AOvVaw2x1uq56ZZSNgPVv5n5lqN3>

EVALUATING THE SUSTAINABILITY FOR ALL INITIATIVES – INVESTIGATION, ANALYSIS AND REPORTING

UK HealthCare developed a novel, rapid approach to root-cause analysis – called “SWARMing” – with the goal of establishing consistency in investigating and analyzing adverse or undesirable events. * Ideally, this process occurs without unnecessary delay after an event, undertakes thoughtful analysis by an interdisciplinary team, and encourages reporting of adverse events by front-line staff.

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

Participants typically include those directly involved in the event, as well as those with authority over or responsibility for a unit, service or department. Attendees might range from a ward clerk to the chair of the department of surgery.

The SWARM process consists of five key steps:

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

UK HealthCare disseminates the weekly SWARM closure status to system leaders to ensure transparency and accountability for tasks assigned in order to ensure timely closure.

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

BUILDING A CULTURE OF SAFETY

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

Informed: Leaders understand the technical, organizational, environmental, and human factors that impact error

Just: Trust pervades the organization so that people report safety concerns and errors, and know what constitutes unsafe practice

Values reporting: Staff and leaders know the importance of accurate data, and reward reporting of errors, and near misses

Flexible: Front-line experts have the responsibility of addressing immediate safety issues

PATIENT EXPERIENCE

The UK HealthCare Office of Patient Experience, working in collaboration with the Center for Quality, Value, and Safety, serves as the content expert and champion of patient- and family-centered care improvements, and projects. The Office of Patient Experience uses a systematic approach to consulting and guiding improvement teams at UK HealthCare by applying best practices, facilitation, problem-solving, and change-management processes, and tools. The team has expertise in numerous patient- and staff-experience improvement topics, including but not limited to analysis of patient satisfaction and employee and provider engagement, patient and family partnerships, education and training, leadership development, and complaint resolution.

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

- Hospital Consumer Assessment of Healthcare Providers and Systems
- Clinician and Group Consumer Assessment of Healthcare Providers and Systems
- Additional patient experience surveys for other areas not captured in Consumer Assessment of Healthcare Providers and Systems surveys
- Employee and physician engagement

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

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

PATIENT AND FAMILY ADVISORY COUNCILS

Operating monthly, there are six patient and family advisory councils with more than 75 patient, parent, and family advisors, and facilitators. Potential advisors are recruited and recommended by the Health Care Steering Council members and complete an onboarding process to secure a committed advisor role. Patient and family advisors provide feedback and insight about their health care experiences across the UK HealthCare enterprise, and partner with interdisciplinary teams to improve quality, safety, and patient experience.

After each meeting, the council records the topic of focus on a tracking tool under a category labeled "Strategy." There are four additional sub-categories: patient and family experience, staff/organizational experience, health care quality, and safety/risk. The impact of the advisory work is often cross-sectional, meaning that the advisors' input affects multiple areas across quality, safety, and service.

AMBULATORY QUALITY AND VALUE STEERING COMMITTEE

On Oct. 14, 2016, the Centers for Medicare and Medicaid Services created a new payment program called the Quality Payment Program, authorized by the Medicare Access and CHIP Reauthorization Act of 2015. The MACRA and QPP regulations established a fundamentally new framework for how physicians and other eligible clinicians receive compensation from Medicare Part B through 2025. This new program is part of the shift to value-based payment at the federal level. Under the QPP requirements, Medicare providers who meet those requirements must submit data to the Centers for Medicare and Medicaid Services and then receive a score in four categories: quality, cost, improvement activities, and use of technology (promoting interoperability). Based on the score, Medicare adjusts claims payments upward or downward, or they remain neutral.

UK HealthCare formed the MACRA Steering Committee in 2016 to organize and oversee the implementation of the new QPP requirements. Over time, additional commercial payers began to join Medicare in incentivizing UK HealthCare to achieve a certain level of quality performance. Therefore, in January 2019, UK HealthCare changed the name and scope of the MACRA Steering Committee to the Ambulatory Quality and Value Steering Committee. This committee is comprised of leadership members from across the enterprise who meet monthly and oversee work on a variety of pay-for-performance and value-based payment initiatives, including MACRA and QPP, Medicare Advantage plans, and Medicaid Managed Care Organizations, among others. The committee worked to develop an aligned quality-measure grid across the various value-based initiatives. This includes an aligned set of roughly 20 high-priority ambulatory quality measures that are reported to the Centers for Medicare and Medicaid Services or are assessed by commercial payers or Medicaid Managed Care Organizations. UK HealthCare uses these priority measures to formulate enterprise goals, and they will inform ambulatory dyad quality improvement efforts in FY2021.

Further development of an ambulatory quality and value infrastructure has been important to UK HealthCare in succeeding with value-based payment programs. For the 2017-18 performance years in the QPP, UK HealthCare clinics and providers received an exceptional performance score. The Kentucky Medical Services Foundation's tax identification number, which includes most physicians, received a score of 99.94 points and, as a result, received a 1.68 percent positive payment adjustment for Medicare Part B claims in 2020. The UK HealthCare tax identification number, which includes some physicians and most advanced practice providers, received a score of 95.03 and received a 1.45 percent positive payment adjustment for Medicare Part B claims in

2020. Additionally, UK HealthCare continues to work with commercial payers and Medicaid Managed Care Organizations to hit quality targets for those value-based contracts.

MEDICAID-DIRECTED PAYMENTS TO UNIVERSITY PROVIDERS AND THE KENTUCKY QUALITY STRATEGY

On Sept. 5, 2019, the Centers for Medicare and Medicaid Services approved Kentucky's Department for Medicaid Services proposal for state university teaching hospitals and professionals to begin a five-year plan to transition to value-based Medicaid-directed payments. This approval marked a significant milestone for UK HealthCare related to its quality infrastructure.

For many years, state university teaching providers and other high-volume Medicaid providers across the country have received additional funding from Medicaid through what were called Medicaid supplemental or "pass-through" payments. Under the 2016 Medicaid Managed Care regulation, the Centers for Medicare and Medicaid Services began phasing out pass-through payments. Instead, states could apply for directed payments, which, among other requirements, must be tied explicitly to Medicaid encounters and to supporting quality and value-based payment.

Teams from the University of Kentucky and University of Louisville worked with Kentucky Medicaid to convert to a new Medicaid-directed payment model for state university teaching hospitals and professionals. Under Kentucky's university provider plan approved by the Department for Medicaid Services and the Centers for Medicare and Medicaid Services, state university teaching hospitals and professionals must monitor and report the following to the Department for Medicaid Services:

- Utilization and delivery of services to Medicaid patients
- Maintaining access for the Medicaid population
- Performance on 14 quality measures connected to Medicaid's Quality Strategy

Most significant for UK HealthCare's quality plan is that state university teaching providers in Kentucky may now qualify to receive a quality bonus from Kentucky's Medicaid Managed Care Organizations. In year one of the plan, the bonus is equal to a maximum of 5% of the overall payments for the services provided (inpatient hospital, outpatient hospital, and professional services). In subsequent years, the bonus increases to 10%, 15%, and then 20%. To qualify for the bonus in year one, university providers report baseline performance on 14 clinical quality measures selected by

Kentucky Medicaid that align with its Medicaid Quality Strategy. In years two through five, UK and UofL must meet an increasing number of quality targets in order to qualify for the bonus funds. Thus, UK HealthCare and UofL Health have significant incentives to meet and exceed performance targets in this new value-based payment model.

This plan is part of a five-year effort by Kentucky Medicaid to accelerate the transition to value-based payment models, improve care, and outcomes for chronic conditions, improve prevention, reduce costs, and improve overall health system performance in Kentucky. The partnership with state university providers will also encourage the development of population-based innovative care delivery models that improve health outcomes, ensure timely access to treatment for Medicaid beneficiaries, and focus on the prevention and treatment of opioid misuse.

BUNDLED PAYMENTS FOR CARE IMPROVEMENT

On Oct. 1, 2018, UK HealthCare began participating in a new Medicare alternative payment model called the Bundled Payments for Care Improvement (BPCI) Advanced Model. Participation means that UK HealthCare joined an elite group of health care providers nationwide working to identify and address opportunities to reduce cost and improve patient outcomes, as well as to prepare UK HealthCare to participate more widely in alternative payment models and value-based payment initiatives.

UK HealthCare chose two initiatives in the first program cycle – outpatient percutaneous coronary intervention and coronary artery bypass grafting. Led by the division of cardiology, those two initiatives were successful in an initial pilot of participation in bundled payments. In 2019, UK HealthCare decided to expand its participation in the BPCI-Advanced program.

Based on an analysis of current costs, quality, leadership capability, and other factors, UK HealthCare selected eight initiatives for the new BPCI-Advanced round:

- Cardiovascular (4): Acute myocardial infarction, coronary artery bypass grafting, arrhythmias, inpatient percutaneous coronary intervention
- Digestive health (3): gastrointestinal obstruction, gastrointestinal hemorrhage, liver disorders
- Sepsis

The key to the success in the first round of BPCI was the active engagement and leadership of physician, nurse and administrative leaders within the service line, as well as enterprise investment in additional staff support for the program. This strategy will further guide our efforts in the second round. Given the expansion of the effort, there is

also a new governance structure – the BPCI Steering Committee – to support our efforts organizationally, which includes representatives from finance, regulatory affairs, quality, information technology, and other teams at UK HealthCare. This group will monitor program progress, including cost and quality measures, and determine supports necessary for the success of the new program.

PATIENT-CENTERED MEDICAL HOME

Over the past three years, 15 UK HealthCare clinics have earned Patient-Centered Medical Home or Patient-Centered Specialty Practice recognition from the National Committee for Quality Assurance. This nationally recognized program helps practices develop and implement comprehensive, high-quality, patient-centered care. To achieve these recognitions, clinics met rigorous requirements and demonstrated capabilities around team-based care, patient-centered care and access, continuous quality improvement, population health, care management, and care coordination.

UK HealthCare Patient-Centered Medical Home Clinics

- General Internal Medicine Clinic
- Center for the Advancement of Women’s Health
- UK Polk-Dalton Clinic
- Adolescent Medicine
- General Pediatrics, Kentucky Clinic South
- UK Pediatrics at Maxwell
- UK Pediatrics - Family Care Center
- Family Medicine - UK North Fork Valley Community Health Center, Hazard

UK HealthCare Patient-Centered Specialty Practice Clinics

- UK Pediatric Developmental Behavioral Clinic
- UK Pediatric Specialties
- UK Pediatric Hematology/Oncology

- UK Pediatric Congenital Heart Clinic
- UK Neonatal Intensive Care Unit Graduate Clinic

BRIDGING INPATIENT AND AMBULATORY CARE

UK HealthCare has focused on reducing 30-day all-cause readmissions among both inpatient and outpatient populations for several years. With the rise of value-based payment over the last five years, this work has taken on greater urgency, as nearly every payor is interested in reducing avoidable readmissions emergency room visits. Therefore, in FY2021, UK HealthCare is undertaking a renewed emphasis on care transitions as a means of bridging inpatient to ambulatory care, providing a more seamless experience for patients and improving overall health outcomes, quality, and value.

As a part of the 2025 strategic planning process, UK HealthCare is reformulating its approach and focus on care transitions and readmissions prevention. A comprehensive UK HealthCare Care Transitions strategy has been developed to bring ambulatory and hospital resources together and develop a coordinated and sustainable plan for patients cared for by UK HealthCare. Initial work teams formed in FY2020 have developed high-level tactics. Additional work in FY2021 will focus on developing more detailed tactics, implementation plans, applicable pro formas, workflows, and standard work. This development will be led by Chief Quality and Transformation Officer Mark V. Williams, MD, and Associate Chief Medical Officer for Population Health Roberto Cardarelli, MD. These leaders will guide the implementation plans developed across the following cross-organizational groups:

1. Provider Notification Task Force
2. Technology Task Force
3. Scheduling Task Force
4. UK HealthCare Discharge Clinic Task Force
5. UK HealthCare Attributable Population Care Transition Task Force
6. Non-UK HealthCare Population Care Transition Task Force
7. UK HealthCare Care Central Task Force.

INTEGRATING AMBULATORY PATIENT SAFETY

We recognize that the types 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. Continuing to learn from inpatient partners and other organizations across the country, the Ambulatory Patient Safety Team evaluates quality and safety at the ambulatory level. The team is responsible for identifying trends and issues that potentially influence care delivery, and for developing communication plans and educational materials that focus on changing the culture and increasing the quality of care provided to patients in this setting.

The Ambulatory Patient Safety Team analyzes all patient-safety events and identifies opportunities for unit- and/or system-level SWARMS. This structure has proven effective in providing leadership with insight into what needs changing or modification within the ambulatory system in order to create a safer environment for patients, visitors, and staff. In addition to continuously educating staff on the value of incident reporting, the FY2021 focus includes developing a hand-hygiene compliance initiative, standard equipment cleaning between patients, a standard approach for sample medications, standard temperature monitoring of refrigerated medications, high-level disinfection compliance, and a structure to ensure all patients considering suicide receive assessment and referral as appropriate.

REGULATORY READINESS AND ACCREDITATION

The Regulatory Readiness Program at UK HealthCare exists to focus on creating a framework for continual survey readiness across the enterprise. The program utilizes a variety of approaches to promote continual survey readiness that includes but is not limited to internal tracers, environment of care safety rounds, conducting a standards gap analysis, policy management, and intracycle monitoring.

REGULATORY READINESS PLAN

The Regulatory Readiness Program shall formulate an annual readiness plan that is based on current and emerging trends within the facility and from outside agencies such as The Joint Commission, Office of Inspector General, and Center for Medicare and Medicaid Services.

a. 2021 areas of focus:

- i. Monitor compliance to The Joint Commission post-survey action plans using Joint Commission Resources (JCR) software reporting
- ii. Prepublication standards implementation for perinatal safety
- iii. Compliance to recently implemented national patient safety goal 15 – protecting patients at risk for suicide
- iv. Compliance to revised environment of care and life safety standards

b. Special projects

- i. Reduction of therapeutic duplication medication orders
- ii. Identification of standing orders and protocols in use
- iii. Implementation of standard policy review processes
- iv. Implementation of EPIC
- v. Environment of Care (EOC) / Life Safety (LS) sustainability program

c. Regulatory calendar 2021

- i. Schedule for tracer activity and environment of care safety rounds
- ii. Integration of continuous readiness checklist into tracer software
- iii. Mock survey
- iv. Monthly Accreditation Management Team meetings with chapter champion updates

POLICY REVIEW

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

TRACER ACTIVITY

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

- New or prepublication standards
- High-risk, problem-prone processes
- Identification for improvement during regulatory survey by outside licensure and accrediting agencies
- Identification during intracycle monitoring of non-compliance
- Non-compliance noted during routine tracer activity

REGULATORY REPORTS

Regulatory reports are provided weekly at the safety briefing and monthly at the HealthCare Quality and Safety Committee and Accreditation Management Team meetings, and other groups upon request.

ANNUAL ACTIVITIES

- Failure Mode and Effects Analysis (FMEA)
- Education (new employee orientation, new provider orientation, supervisor training, continuous readiness checklist training)
- Review of standing orders and protocols
- Intracycle monitoring for The Joint Commission
- Licensure and accreditation application submissions

SURVEILLANCE OF REGULATORY CHANGES

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

- Engagement of outside consultants such as Joint Commission Resources
- Monitoring of “The Joint Commission Perspectives” monthly publication
- Industry-related newsletters and periodicals

- Monitoring regulatory websites for information regarding prepublication standards, proposed rules or frequently asked questions
- Participation in industry audioconferences and webinars
- Participation with Kentucky Hospital Association Accreditation Committee

EMPLOYEE SAFETY AND EMPLOYEE ENGAGEMENT

HEALTHCARE SAFETY AND EMERGENCY MANAGEMENT PROGRAM

The Healthcare Safety and Emergency Management Program aims to provide a safe environment for all patients, the UK HealthCare workforce and visitors across the enterprise. Some examples of methods utilized to meet the program mission and goals are environment of care rounds, incident report review and follow-up, data collection and analysis, and actual emergency events and drills.

PROGRAM DESCRIPTION

The Healthcare Safety and Emergency Management Program has several regulatory agencies – such as The Joint Commission, Occupational Safety and Health Administration and the Environmental Protection Agency – that require compliance with their standards, guidelines and recommendations.

Areas of concentration for 2021:

- Compliance with The Joint Commission standards for environment of care, emergency management and life safety chapters
- Professional development of new staff to the department
- Compliance with behavioral health unit standards as they relate to the environment and suicide prevention
- Continued participation with Kentucky Children’s Hospital and Solutions for Patient Safety
- Compliance with emergency management drills
- Employee injury reduction
- Monitoring and implementation of requirements for safety and expansion during the COVID-19 pandemic, as these develop

ENVIRONMENT OF CARE ROUNDS

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

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

Implementation of The Joint Commission tracer software for environment of care will occur in July 2020.

EMPLOYEE INJURY PREVENTION

- Further development of employee injury investigation and reporting for the Kentucky Children's Hospital (KCH) Solutions for Patient Safety (SPS) program, which also has implications for the adult hospital
- Daily reporting of employee injuries and identification of any serious employee injury at the daily safety briefing
- Continue employee injury investigation and reporting to unit/department managers
- Quarterly EOC Committee meetings
- Policy review and development related to the Healthcare Safety and Emergency Management Program

PROGRAM AND PROCESS MONITORING FOR THE FOLLOWING AREAS IS ONGOING WITH SUBCOMMITTEES

- Chemical safety: Departmental inventories and safety data sheets requirements; chemical spill response
- Medical equipment: Staff and patient injury prevention; compliance with manufacturer maintenance requirements
- Security: Risk assessments for identified high-risk areas and, as requested, training for safe patient interactions
- Utilities: Maintenance and testing; requirements and emergency response with interruptions

EMERGENCY MANAGEMENT

- Conduct monthly fire drills; annual The Joint Commission requirements related to an influx of patients and an escalating event
- Follow-up on opportunities for improvement related to events that occur
- Quarterly Emergency Management Committee Meeting

PROVIDER AND STAFF ENGAGEMENT

Engagement is one of the measures used to gauge UK HealthCare's cultural health and to provide further insights into how the organization can continue to develop a values-based culture. Engaged employees drive outcomes, which leads to a better work environment, increased quality outcomes, higher productivity, and enhanced patient satisfaction, as well as improved financial performance.

UK HealthCare conducts an annual full-census survey for regular and on-call UK HealthCare staff and clinical practicing providers (residents and fellows were included in the 2018 provider survey). A third-party vendor, Press Ganey – which provides validation for themes and survey items, as well as academic health care and physician benchmarks – administers the surveys annually. The vendor receives responses directly, and then aggregates and reports them to UK HealthCare, adhering to strict confidentiality guidelines.

The surveys offer employees the opportunity to provide confidential feedback that helps the organization gauge the management team's performance and pinpoint how to assist leaders in influencing change. The surveys, administered online using a five-point agreement Likert scale, include various metrics, domains and themes, such as autonomy, communication, leadership, and teamwork.

HEALTH INFORMATION TECHNOLOGY PERFORMANCE IMPROVEMENT

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

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

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

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

THE PERFORMANCE ANALYTICS CENTER FOR EXCELLENCE

The Performance Analytics Center for Excellence, under the chief data officer, has been created to meet the reporting and analytics needs of the organization, such as the

quality plan. This is done through direct support, partnered work or by serving as the data infrastructure backbone for UK HealthCare. The reach of this group is to facilitate performance improvement, analytics and reporting in quality, operations and research.

PACE has several teams:

- Data Infrastructure (i.e., enterprise data warehouse; eDW)
- Performance Analytics
- Business Intelligence & Standardized Reporting
- Data Science

The eDW team provides the data backbone for reliable, scalable, and standardized data. Master data management is part of the responsibility of this team. The Performance Analytics Team is the nimble arm of PACE that can rapidly deliver data for PDSA cycles through structured data in the eDW, as well as source systems. The aim is to provide high-touch data rapidly. The analysis is the focus of this team. The focus of the Business Intelligence & Standardized Reporting Team is to create dashboards and well-defined reporting that integrate into workflows. This team works in concert with the Performance Analytics Team as PDSAs stabilize. The aim of the Business Intelligence Team is to bring rigor and automation. To accomplish this, they work in a coordinated effort across PACE as well as other Information Technology Services teams. The Data Science Team, which is being currently recruited, aims to bring predictive and prescriptive modeling through machine learning (with an eye towards natural language processing).

ENTERPRISE ENABLERS FOR QUALITY IMPROVEMENT

A key part of performance improvement is developing the capacity of clinical teams to lead transformation efforts in their areas. UK HealthCare has established several enterprise support structures aimed at providing teams across the organization with the training, tools, and data needed to aid front-line improvement efforts.

QUALITY METHODOLOGY

Quality improvement specialists with backgrounds in engineering and health care work alongside staff to utilize quality-improvement methodologies employed by high-

reliability, high-value organizations. FOCUS-PDSA training provides the foundation for developing a skill set rooted in planning for the improvement and four steps of quality assurance — the Plan-Do-Study-Act cycle. Quality-improvement staff engage team members through the project life cycle with hands-on improvement work and gradual adoption through iterative PDSA Sprints.

QUALITY IMPROVEMENT TRAINING

Since July 2018, UK HealthCare has focused on ensuring all clinician and administrative leaders receive quality-improvement training. Initially, this effort started with a three-month initiative to train a large selection of managers and clinical leaders in basic quality-improvement methods. To date, more than 1,500 physicians, nurse managers, and administrative leaders have received basic training in using the FOCUS-PDSA model of quality improvement (see Figure 5). FOCUS-PDSA is a method for identifying problems and efficiently completing tasks. The training provides common language, structures, and processes for teams to undertake in their improvement efforts.

Figure 5: FOCUS-PDSA Overview

FOCUS-PDSA is the basic process-improvement model that UK HealthCare will use going forward to help teams improve quality, safety, efficiency, and engagement.

F	Find a process to improve	P	Plan the improvement
O	Organize a team	D	Do the improvement
C	Clarify current knowledge	S	Study the results
U	Understand root causes	A	Act and determine next steps
S	Select the improvement		

To help teams analyze specific breakdowns in care and their underlying causes, the UK Center for Quality, Value, and Safety developed a continuous quality-improvement storyboard using the FOCUS-PDSA model (Appendix 1). This process can strategically guide teams' efforts to focus, collect data, and select and organize a team for the problem area chosen. It also guides teams through all the remaining steps of the

quality-improvement process using a checklist based upon the FOCUS-PDSA cycles of quality improvement.

In order to build enhanced capacity in quality improvement, UK HealthCare leadership supported a two-day “white belt” training program in FOCUS-PDSA methodology to provide more intense instruction for dyads and other UK HealthCare leaders. This effort kicked off in the spring of 2019 with 105 participants and gained steam throughout the remainder of calendar year 2019. Overall, across FY2019 and FY2020, more than 500 UK HealthCare physicians, nurse managers, administrative leaders, and others at every level of leadership have completed this training, with additional trainings occurring every month. In preparation for more accessibility, especially given COVID-19 restrictions, the course is currently being modified for delivery on a web-based platform.

The details of the FY2020 trainings are shown in the table below.

Course Title	Description	Number of sessions	Number of Participants
FOCUS-PDSA Introduction Two hours	Course 1 Instructor-led	18	193
FOCUS-PDSA Introduction WBT	Course 1 Online option	N/A	301
White Belt Two days*	Course 2 “Quality Improvement Team Skills”	20	448
Azure Belt Four days	Course 3 “Quality Improvement Project Leader Skills”	1	8

Additional training will be available in the coming months for employees seeking to incorporate quality- and process-improvement methods into their work.

MODEL UNITS

The advent of value-based payment has been transforming the way health care organizations deliver care and receive compensation for it. This shift in the fundamental operating system of health care demands a substantial change at UK HealthCare as

well. While dyad leaders will work broadly across every unit and area as champions for quality, there is also the need to begin deeper testing of innovations as required by new care-delivery and payment models.

The Executive Committee for Quality and Safety approved plans to create a focused effort for total transformation by recruiting a small number of departments to serve as “model units” or learning labs. The Center for Quality, Value, and Safety and the Performance Analytics Center for Excellence are working more intensively over an 18-month period with a group of three inpatient groups to assess and improve all aspects of clinical operations, including clinical quality, safety, efficiency, patient engagement, faculty and staff engagement, and financial and operational health. The lessons learned from these model units can be tested and then scaled across additional areas. UK HealthCare leadership members plan to work with a multidisciplinary transformation team – including a health system engineer from the Center for Quality, Value, and Safety and a data analyst from the Performance Analytics Center for Excellence – in each unit to coordinate improvement efforts. An executive sponsor within the unit and at the enterprise level will also work with the transformation team on escalation of issues as needed for resolution. Additionally, UK HealthCare will provide the following support:

Training: Model unit teams will participate in initial intensive training in quality, safety, process improvement, project management, and change management. Team leads and selected members of the team will also participate in monthly learning sessions with an improvement coach, and the whole team will attend two additional in-person trainings across 12 months.

Data: Transformation teams will receive monthly data dashboards for all improvement areas, including:

- Exceptional care: clinical quality (enterprise, Centers for Medicare and Medicaid Services, and unit-specific goals)
- Safe care: hand hygiene, hospital-acquired conditions
- Efficient care: readmissions, length of stay, access, etc.
- Care experience: staff, faculty, and patient engagement
- Financial health: billing, revenue, total cost per patient, etc.

Initial assessment: Each model unit went through an initial assessment of its performance across the domains to identify its resources and capabilities for improvement work, and then determined a core set of aims and measures for improvement.

Transformation plan: Following the initial training, each model unit identified its top five improvement areas based on the assessment results, enterprise goals, and unit performance data. Each team then developed an initial transformation plan for tests of change around these areas. The plan was presented to unit leadership and front-line teams with the goal of refining the priority list to three or four areas to undergo further improvement work, with at least one area identified as being accomplished in under three months.

Coaching and tools: Each model unit has an improvement coach and a data analyst. These individuals participate together with dyads and transformation teams. Model units have access to standardized methodologies for project management and process improvement.

After a competitive application process and review, UK HealthCare named the following as model units:

- Neonatal intensive care unit
- Trauma/surgery progressive care unit at Chandler Hospital Pavilion A, Floor 7
- Medicine universal care unit at Chandler Hospital Pavilion A, Floor 9

Table 8: Model Unit Projects and Goals

Unit/Area	Goal Number	Goal/Project Details
Trauma/surgery progressive care unit	1	By June 30, 2020, the trauma/surgical services unit on Floor 7 of Pavilion A will improve the physician and nurse communication domain scores as reported by Press Ganey through the Office of Patient Experience Stoplight Reports, with both areas exceeding the threshold (for physicians >83.8%; nurses >82.3%) as defined by enterprise goals.
	2	By June 30, 2020, the trauma/surgical services unit on Floor 7 of Pavilion A will reduce the number of hospital-acquired pressure injuries by 15% (57 HAPIs compared to the baseline of 67 HAPIs as measured by the Tableau report).
	3	By June 30, 2020, the trauma/surgical services unit on Floor 7 of Pavilion A will reduce the number of inpatient falls by 15% (38 falls compared to the baseline of 45

		falls) as measured by the safety incidence reporting system.
Medicine universal care unit (9UB)	1	By October 2020, 9UB will improve the Top Box rating for “Hospital Environment” from 62.7% to the FY2020 enterprise target goal of 66.7% as reported by Press Ganey through the Office of Patient Experience Stoplight Reports.
	2	By March 2020, 9UB will improve the overall employee engagement score of 3.93 (March 2019 score) to 4.03.
	3	By October 2020, 9UB will decrease the fall rate from 1.80 to 1.40 or less.
	4	By October 2020, 9UB will decrease 30-day readmissions (baseline of FY2019) by 10%.
Neonatal intensive care unit	1	Decrease the Vermont Oxford Network rate of severe retinopathy of prematurity from 14.3% to 10.0% by June 30, 2020, in very low birth weight infants.
	2	Decrease unplanned extubations from 2.23/100 vent days to 1.0/100 vent days by June 30, 2020.
	3	Increase breast milk at discharge from 41.2% to 55% by June 30, 2020.

In May of 2020, the Center for Quality, Value, and Safety initiated an internal review process of the model units that will be facilitated by an external expert to assess their progress to date and determine next steps.

EXPANSION OF PEER REVIEW FOR QUALITY AND SAFETY

In the 2018 state legislative session, the Kentucky General Assembly passed House Bill 4, signed into law by Governor Matthew Bevin. Until that time, Kentucky was only one of two states in the U.S. not to protect peer-review documents from discovery by malpractice attorneys. Peer review in health care organizations in other states has long been a cornerstone of creating a blame-free, non-punitive culture of safety that promotes understanding the root causes of poor outcomes and patient safety issues and errors, and has helped to address them. With the new authority granted by law, UK HealthCare is working to significantly expand its peer-review framework and policies to establish a modernized system for overseeing medical practice in UK HealthCare hospitals and clinics.

With approval of the UK Board of Trustees Health Care Committee, the UK HealthCare medical staff has established a Peer Review Committee responsible for safety- and quality-related oversight activities regarding the practices of the advanced practice

professionals throughout the UK Healthcare enterprise. The charge of this committee is to establish policies and procedures to formalize and modernize peer-review processes that protect the quality and safety of patients and promote professionalism.

Peer review involves monitoring, assessment, review and evaluation of practitioners, and consists of a range of interventions, from collegial interventions to referrals for formal action. All organizational units of the medical staff will perform peer review, and all practitioners will be required to cooperate with any peer-review activity. These changes provide a comprehensive system of peer review, from credentialing and privileges through ongoing and focused professional practice evaluation to more formalized peer-review actions. The peer-review framework will involve UK HealthCare's Credentials Committee, department leadership, the Peer Review Committee and the Enterprise Medical Staff Executive Committee.

GRADUATE MEDICAL EDUCATION INTEGRATION

The Accreditation Council for Graduate Medical Education determines educational program guidelines, benchmarks for physician residencies, and fellowships. ACGME-accredited residency and fellowship programs must ensure that learners are not only educated regarding fundamental patient-safety and quality-improvement methods, but that they are also assimilated into health systems' patient-safety and quality-improvement efforts. Since 2013, the ACGME has conducted Clinical Learning Environment Review site visits with a focus on understanding and enhancing resident and fellow engagement. At UK HealthCare, residents and fellows regularly attend patient-safety analysis events and participate on interprofessional quality-improvement teams. Additionally, a resident and fellow serve as active members on the Executive Committee on Quality and Safety. The University of Kentucky Albert B. Chandler Medical Center had its third CLER site visit in August 2019. In meetings with senior leadership, patient safety and quality leaders, graduate medical education program directors, and residents and fellows, the CLER team explored the hospital's efforts to integrate GME in supporting the organization's strategic goals to improve patient care, including changes made since the last CLER visit in 2017. Collaborating with the GME Office and training programs, the Executive Committee on Quality and Safety will review site-visit recommendations and integrate them into ongoing improvement efforts. Additionally, the UK College of Medicine continues to participate in the ACGME Patient Safety Leaders Collaborative, with a focus on piloting strategies to increase learner engagement in patient safety and advance organizational patient-safety culture.

MONITORING METRICS

UK HealthCare utilizes nationally recognized performance metrics and benchmarks in order to help position the enterprise as a national leader in quality, safety and performance improvement. Vizient is the primary source of comparison.

UK HealthCare collects data on required items as defined by The Joint Commission, Centers for Medicare and Medicaid Services, and other regulatory bodies. This monitoring includes but is not limited to the measures in Table 9. The enterprise shares performance data and information through weekly, monthly and quarterly quality and safety meetings, and biweekly Patient Safety Committee meetings. Weekly and monthly scorecards are available to all staff (via the Quality Monitoring and Reporting SharePoint site). The Center for Quality, Value, and Safety is now working with the Performance Analytics Center for Excellence to evolve these scorecards into data visualization dashboards.

Table 9: UK HealthCare Reported Measures and Monitoring Frequency

Measures	Monitoring Frequency
1. Mortality, both observed and expected (O/E) mortality rates	Raw numbers monitored weekly; O/E rates received monthly
2. Patient safety indicators (Agency for Healthcare Research and Quality [AHRQ] Patient Safety Indicators)	Weekly
3. Hospital-acquired infections	Weekly
4. Access to care (new patient visit lag, bump rate, and no-show rate)	Monthly
5. Length of stay (both O/E rates)	Monthly -O/E rates received monthly; Weekly - # of admissions and discharges
6. Same-hospital readmissions	Weekly
7. Patient experience (inpatient and ambulatory)	Weekly
8. Engagement (staff and providers)	Annually through engagement survey
9. Sentinel events	Weekly (reported monthly)
10. Nursing sensitive indicators (catheter-associated urinary tract infections, central line-associated bloodstream infections,	Weekly

restraints, assaults, pressure ulcers, and falls)	
11. Diversity and inclusivity (for staff and College of Medicine faculty)	Annually

SAFE CARE

UK HealthCare places great emphasis on the continuous monitoring of quality, safety and performance-improvement initiatives throughout the enterprise. This monitoring includes weekly, monthly, and quarterly venues to discuss outcomes in order to ensure 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 on Thursdays to discuss performance on the enterprise goals, and identifies, and often discusses, any safety events that occurred during the prior week. All levels of clinicians and staff (inpatient and ambulatory) attend this meeting with the goal of engaging all participants in ongoing initiatives and creating an open dialog to discuss any concerns related to quality and safety. This huddle has been merged with the Daily Briefing for Safety and Operations.

UK HealthCare takes time monthly to reflect on performance results regarding enterprise metrics by holding the UK HealthCare Quality and Safety Committee meeting. The chief quality and transformation officer and the director of quality monitoring and reporting co-chair this meeting. Attendees include members of the senior leadership team and leaders throughout the enterprise, ensuring key metrics are transparent. Committees, programs, and service lines report to this group on a rotating basis to ensure monitoring and support of all initiatives as necessary (see Table 1). UK HealthCare widely circulates the enterprise scorecard and posts it on the employee website (CareWeb).

This monthly review and evaluation include a summary report regarding the health system's performance on measures sensitive to the practice of nursing. The metrics are included in the full report but also are furnished and presented as needed for Magnet designation. The Nursing Strategic Plan provides the structure to implement and direct a firm foundation for nursing practice expression.

At the end of each quarter, a Report on Quality meeting reviews enterprise performance on initiatives and their associated metrics. Patients and their family members may also present at these meetings in order to emphasize the importance of patient-centered care and provide feedback on the care provided at UK HealthCare. Agenda items for this meeting include reports by the teams working diligently on quality, safety, performance-improvement initiatives, and awards that recognize teams and individuals who have made significant contributions to the enterprise. The executive vice president for health affairs or his designee chairs this meeting. The meeting is open to all UK HealthCare physicians and staff, and more than 300 people routinely attend. UK HealthCare posts meeting results and slides on the internal website for reference.

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

- Bulletin boards in work areas
- Regular staff and department meetings
- Huddles (departmental, dyadic, etc.)
- Leader rounding
- Email (In the Loop)
- Website - CareWeb
- Ad-hoc meetings
- Medical director meetings
- Medical department meetings
- Town hall leadership meetings
- Regular leadership meetings
- Quarterly nursing staff meetings
- Nursing leader meetings

PHARMACY SERVICES: MEDICATION SAFETY, UTILIZATION, AND VALUE

MEDICATION SAFETY TRENDS

Number of events reported is up from FY2019. More robust reporting is important to allow awareness of systems issues and allows issues to be addressed. Medication Event review meetings have evolved over the past two years to include clinical pharmacists, Nurses, IT. We continue to evolve this meeting to have more documentation.

Pharmacy started provided Good Catch Awards to reporters in the department last year. Everyone at the med event review meeting can nominate a report. Tableau dashboard was created July 2018, to provide visual representation of reports and more easily determine what to focus on.

Retail pharmacy recently had their trend report completed, and are more engaged in medication errors in their locations.

Barcode medication administration (BCMA) average for the Enterprise is at 91.1%. Only 14 units house wide are meeting the Enterprise goal of 95% BCMA compliance. This has been identified as an area of opportunity by the Quality & Safety team. Work will begin to understand how nurse managers retrieve this data and how we can increase compliance, safely and appropriately.

Pyxis overrides are at an average of 2.5%. Only profiled Pyxis stations are included in this rate (122 of 156).

Alaris Smart pump infusion library usage rates, alarm rates, and alert rates are tracked. Library usage average is 78.2% Enterprise wide, which is not meeting the goal of 95%. Units are consistently performing below goal. This is an area of opportunity if UK HealthCare plans to implement Smart Pump Interoperability post Epic implementation.

ANTIMICROBIAL STEWARDSHIP PROGRAM

The Antimicrobial Stewardship Program has maximized appropriate antimicrobial therapy with rapid diagnostics technology, Improved treatment outcomes through disease state stewardship Urinary Tract Infections stewardship initiative since 2018), decreased acute kidney injury in patients on vancomycin through Area under the Curve (AUC) monitoring (implemented in 2017), and provided treatment options for patients with multidrug resistant organisms.

The Antimicrobial Stewardship Program has had numerous accomplishments and recognitions over time: ASHP Best Practice Award (2004), SIDP Outstanding Practice Award (2005) Approval of two inpatient ID pharmacy positions and increased DOE allotment of stewardship physicians (2016-17), Approval of an (OPAT) Clinic and HIV/ID clinic pharmacists (2018-19), Enhanced visibility and outreach through development of the UKHC Antimicrobial Stewardship App, Twitter account (@UKAbxStew), and public website, and most recently was designated as IDSA Antimicrobial Stewardship Center of Excellence (2019).

The Antimicrobial Stewardship program's next step is the expansion of stewardship leadership and programs to additional settings such as ambulatory and long-term care facilities throughout the Commonwealth of Kentucky.

PHARMACY SUPPORT FOR UKHC COVID-19 RESPONSE

Pharmacotherapy

1. Interim Pharmacotherapy Guidance for SARS-CoV-2 (COVID-19) Infection in Adult Patients

2. Interim Pharmacotherapy Guidance for SARS-CoV-2 (COVID-19) Infection in Pediatric Patients
3. Remdesivir for compassionate use
4. Thrombolytic Therapy for STEMI Fibrinolysis Guideline For Covid-19 with the formulary additions of Tenecteplase and Reteplase
5. Tocilizumab Criteria for Use in COVID-19

Drug Shortages

6. Drug shortage management of hydroxychloroquine, azithromycin, NMG, pressors, tozoluzimab, etc.
7. Conservation of Multi Dose Inhaler (MDI) medications practice guidelines
8. Medications Administered via IV Push (IVP) in Adults
9. IV Tubing/IV Fluid Conservation Practices

Conservation of PPE and Staff Exposure Guidelines

10. Management of IV Pumps outside the room for COVID-19 positive patients
11. Actions taken to facilitate surveillance of COVID related medications
12. Code response and Code Cart Management

Alternative approach to Providing Care

13. Anticoagulation Warfarin Clinic Drive through
14. Patient Care via Telehealth services Pharmacy Services
15. Pharmacists participating in virtual rounds
16. PharmD On Call Onsite support
17. UK Retail Pharmacy Curbside Prescription pick up
18. Field Hospital – Planning and Implementation, Pyxis deployment
19. Facilitation of COVID related Research Requests

LEGAL PROTECTIONS FOR PATIENT SAFETY ACTIVITIES

Congress passed the Patient Safety and Quality Improvement Act of 2005, 42 U.S.C. 299b-21 et seq., 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).

UK HealthCare carries out patient safety activities under the ambit of UK HealthCare’s Patient Safety Evaluation System to improve patient safety and the quality of health care delivery. This includes the collection and analysis of patient safety work product, and the development and dissemination of information with respect to patient safety, such as recommendations, protocols and best practices. It may also include the use of PSWP to encourage a culture of patient safety. PSWP includes incident reports,

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

PERFORMANCE AND MEASURES OF SUCCESS

Providing periodic (monthly, quarterly, etc.) reports on specific sets of indicators is a routine essential to the quality and safety plan. All patient care areas at UK HealthCare effectively and continuously monitor all patient safety indicators for national patient safety goals on a monthly basis. UK HealthCare bases monitoring and analysis of patient safety indicators on multiple patient safety programs: The Joint Commission’s national patient safety goals, the Agency for Healthcare Research and Quality’s patient safety indicators, and the Centers for Medicare and Medicaid Services’ standards for hospital-acquired infections/conditions.

The patient safety and infection prevention and control departments construct the monthly patient safety report through direct observation of practice, concurrent medical-record review, and retrospective chart review. As events are identified, the caregivers for these patients work together to complete a root-cause analysis in order to identify opportunities for continuous improvement. UK HealthCare conducts data collection and analysis at an interdisciplinary level, and then constructs and communicates organizational patient safety reporting.

The following are some of the metrics monitored by the infection prevention and control department:

- Ventilator-associated events
- Central line-associated bloodstream infections
- Catheter-associated urinary tract infections
- Methicillin-resistant *Staphylococcus aureus* or multidrug resistant organisms
- Surgical-site infections

- *Clostridium difficile* infections
- Hand hygiene
- Outbreaks of infectious disease or clusters of organisms

The following are some of the national patient safety goal metrics monitored by the patient safety department:

- Improved accuracy of patient identification
- Effective communication regarding critical values
- Safe use of medications regarding correct labeling of medications and/or solutions in procedural areas, anticoagulant therapy mismanagement and medication reconciliation
- Reduced harm associated with clinical alarm systems
- Reduced risk of health care-associated infections
- Identification of inherent risks in the suicide population, patient needs for appropriate treatment, and education in the prevention of suicide for the patient and his or her family
- The Joint Commission's Universal Protocol
- Falls
- Hospital-acquired pressure injuries

PATIENT SAFETY EDUCATIONAL ACTIVITIES – TRANSLATING RESEARCH INTO BEST PRACTICES

UK HealthCare's educational and promotional events emphasize research evidence, best practices, medical-error reduction and specific job-related aspects of patient safety. As appropriate, training activities incorporate methods of team training to foster an interdisciplinary, collaborative approach to the delivery of patient care, and reinforce the importance of reporting medical errors as well as the proper way to report them. Leadership initiates the relevant plans (e.g., World Thrombosis Day) and conducts educational activities in coordination with other educational efforts undertaken at UK HealthCare. Simulation is also an invaluable and necessary adjunct for teaching, certification, training, research, and recruitment for all health care areas.

CLOSING

The FY2021 UK HealthCare Quality, Safety and Patient Experience Plan aligns with, supports and promotes UK HealthCare's mission, vision and values. The plan is not a stand-alone document; it is supported by other documents and tools, including the Enterprise Strategic Plan, the balanced scorecard, and numerous educational and research opportunities.

The Quality, Safety, and Patient Experience Plan provides guidance for identifying priorities and measures of our achievements in service quality, care outcomes and risk mitigation. UK HealthCare wants to ensure that it is a national leader in patient safety and quality, does not subject patients to unintended harm, and delivers best-practice care to all patients. UK HealthCare reviews this plan on an annual basis to ensure continued alignment with the vision, mission, and strategic directions of the enterprise.

AWARDS AND RECOGNITION FOR 2020

MAGNET DESIGNATION

UK HealthCare achieved Magnet Designation in 2015. Magnet Designation is the gold standard for nursing care delivery. This designation is the highest and most prestigious credential awarded by the American Nurse Credentialing Center for excellence in nursing practice and quality patient outcomes. Organizations that achieve this honor must demonstrate the core Magnet principles of quality patient outcomes, a commitment to patient satisfaction, support of new nursing knowledge through nursing research, and nurse engagement. The Magnet principles directly align with the quadruple aim of UKHC's Quality, Safety and Patient Experience Plan. Nursing plays an integral role in leading the way for improving patient outcomes and changing healthcare. The organization recently submitted their application for a 2020 re-designation. The emphasis on safe patient care, improvements in nurse sensitive care, and patient experience are highlighted throughout the application.

LISTING OF ENTERPRISE AWARDS AND RECOGNITIONS

- Level 1 Trauma Center
- Level IV Neonatal Intensive Care Unit
- Magnet® recognized
- No. 1 Hospital in Kentucky and the Bluegrass region, according to the *U.S. News & World Report* Best Hospitals rankings for a fifth consecutive year
- *U.S. News & World Report* Top 50 national ranking in cancer
- The only National Cancer Institute-designated cancer center in Kentucky, having earned a five-year NCI-designation renewal in 2018
- UK Albert B. Chandler Hospital remains among the “100 Great Hospitals in America” by *Becker's Hospital Review*
- UK Gill Heart & Vascular Institute received the Get with the Guidelines® - Resuscitation Gold Award
- Comprehensive Stroke Center
- Baby-Friendly
- UK HealthCare's Kentucky Neuroscience Institute received the Get with the Guidelines® - Stroke Gold Plus Quality Achievement Award
- Kentucky Children's Hospital Circle of Blue Sedation and Procedure Unit designated as a Center of Excellence in Pediatric Sedation
- Healthcare Equality Index Leader status for 2018, 2017 and 2016
- Kentucky Children's Hospital named a National Gold Certified Safe Sleep Hospital by the Cribs for Kids National Safe Sleep Initiative
- 155 physicians named to the “Best Doctors in America List” by Best Doctors Inc. for 2019-20
- Kentucky Neuroscience Institute named a Certified Treatment Center of Excellence by the Amyotrophic Lateral Sclerosis Association
- Women's Choice Award in cancer care and for the UK Comprehensive Breast Care Center

- Ranked 27 out of 93 academic medical centers in the Vizient 2019 Quality and Accountability Study, receiving four out of five stars

Appendix 1 – UK HealthCare Clinical Quality Improvement (CQI) Storyboard

TITLE: EXECUTIVE SPONSOR: FRONT LINE LEADERS:		CQI Storyboard <i>(Continuous Quality Improvement)</i>	
FIND a Process to Improve			
<input type="checkbox"/> Identify a problem and understand how solving would align with UKHC Enterprise Goals <input type="checkbox"/> Collect and analyze data to understand scope of problem <input type="checkbox"/> Display the gap between standard and current situation <input type="checkbox"/> Observe the process through the eyes of the patient and/or staff <input type="checkbox"/> Write a problem statement describing the impact on care provided at UKHC	Available OVIHD Tools <ul style="list-style-type: none"> • Observations • Data • Staff/Patient Surveys • Scoping Document • Prioritization Matrix • FMEA 	<input type="checkbox"/> Obtain buy-in from key stakeholders, leadership, and frontline staff on change ideas <input type="checkbox"/> Create future state process map <input type="checkbox"/> Make predictions and identify ways to counteract resistance to change <input type="checkbox"/> Create communication action plan and project timeline describing how the team will move forward including who, what, where, and when <input type="checkbox"/> Finalize SMART goals	Available OVIHD Tools <ul style="list-style-type: none"> • Communication Plan • Future State Process Map • FMEA
ORGANIZE a Team			
<input type="checkbox"/> List project owner responsible for ensuring project completion <input type="checkbox"/> List key team members essential for the interdisciplinary team <input type="checkbox"/> List the team member who is responsible for collecting, analyzing, and displaying data <input type="checkbox"/> Set-up and schedule standing meetings	Available OVIHD Tools <ul style="list-style-type: none"> • Team Member List • Meeting Agenda • Timeline 		
CLARIFY Current Knowledge			
<input type="checkbox"/> Complete observations and identify waste <input type="checkbox"/> Define current state process map <input type="checkbox"/> Analyze data to verify the problem is clearly identified <input type="checkbox"/> Create SMART (specific, measurable, achievable, relevant, time-bound) goals using STEEEP principles (safe, timely, effective, efficient, equitable, and patient-centered)	Available OVIHD Tools <ul style="list-style-type: none"> • Waste Identification • Current State Process Map • Pareto • Process Measurement and Data Collection • Spaghetti Diagram • Time Studies • SMART Goals Template 		
UNDERSTAND Root Causes			
<input type="checkbox"/> Brainstorm all possible causes of the identified problem <input type="checkbox"/> Complete observations to eliminate causes that are not true <input type="checkbox"/> Continue to narrow down the list and identify causes for variation in the process	Available OVIHD Tools <ul style="list-style-type: none"> • Fishbone Diagram • Affinity Diagram • 5 Whys 		
SELECT the Improvement			
<input type="checkbox"/> Brainstorm change ideas for eliminating root causes <input type="checkbox"/> Complete observations to verify effectiveness, feasibility, and sustainability of change ideas <input type="checkbox"/> Contact similar areas or organizations to see what has worked <input type="checkbox"/> Identify what improvements will be made in the process <input type="checkbox"/> Remember the solution does not have to be perfect the first time	Available OVIHD Tools <ul style="list-style-type: none"> • Brainstorming (Learning Circle) 		
PLAN the Improvement			
DO the Improvement			
STUDY the Results			
ACT and Determine Next Steps			