UHCCR 1

Office of the President
June 12, 2025

Members, Board of Trustees:

<u>UK HEALTHCARE FY2026</u>
<u>ORGANIZATION QUALITY IMPROVEMENT PLAN</u>

<u>Recommendation:</u> that the Board of Trustees approve the UK HealthCare FY2026 Organization Quality Improvement Plan attached as Exhibit I.

<u>Background:</u> The University of Kentucky Governing Regulation II.G.8, established the University Health Care Committee to serve as the governing body and governing authority to manage and operate the University's academic health system in accordance with the Conditions of Participation promulgated by the Centers for Medicare and Medicaid Services and with all applicable laws and regulations; and has responsibility for the University's clinical enterprise, including the development of policies, rules and regulations for the governance of the University's academic health system.

In 42 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 FY2026 Organization Quality Improvement Plan sets out such a program for the University's hospitals and clinical activities for FY2026.

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 _____

FY2026 ORGANIZATION QUALITY IMPROVEMENT PROGRAM

MISSION

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

VISION

One community committed to creating a healthier Kentucky.

FY2026 ORGANIZATION QUALITY IMPROVEMENT PROGRAM GOAL AND STRUCTURE

In response to the October 2024 UK Board of Trustees retreat and their charge to advance the health of Kentucky, this plan strives to set structure, process, and goals to improve the health of our patients, and strive to support overall health of the people we and our partners serve. This plan will outline the quality and safety goals with targeted action items for UK HealthCare in FY2026. To achieve these goals, leadership will engage stakeholders, support them with necessary resources, and hold stakeholders and themselves accountable to continuously improve care for patients. Keys to the success of this plan will be the ability to leverage data from multiple sources, with an emphasis on optimization of data obtained from our Electronic Health Record (EHR), Epic, and continuous learning using the Model for Improvement. As we continue the pursuit of becoming a high reliability organization by becoming a top performer in quality, safety, and health disparities, the FY2026 plan will describe specific outcome measures and process metrics to support the pillars of our strategic refresh:

- Advanced care
- Taking care of our people and our partners
- Distinction

An important tool that is used to track and trend our work is the Enterprise Balanced Scorecard. The FY2026 Enterprise Balanced Scorecard is composed of five categories (Figure 1) that align with the pillars of the UKHC Strategic Refresh (Figure 2). Each Enterprise Balanced Scorecard category is associated with outcome measures that will be achieved through the successful performance of appropriate process metrics. Each goal will be benchmarked to external and internal entities to optimize patient outcomes and elevate our national reputation. Each of the process metrics and tactics will be cascaded down to the unit. Performance at the unit level will be shared on a regular cadence during huddles, Quarterly Quality meetings and other key venues. Enterprise and entity performance will be shared with the governing body at regular intervals as well.

Figure 1: FY2026 UK HealthCare Balanced Scorecard Categories

Exceptional Clinical Care	Safe Care	Value Access and Efficiency	Extraordinary Engagement

Figure 2: FY2026 Strategic Refresh and Balanced Category Alignment

MISSION

Committed to serving the entirety of the Commonwealth of Kentucky

This includes **commitment to the pillars of academic health care** — research, education and clinical care, **dedication to improving the health of the people of Kentucky** by providing advanced health care, serving as an information resource and **strengthening local health care by partnering** with community hospitals and physicians.

STRATEGIC THEMES

ADVANCING KENTUCKY

ADVANCED CARE
Advance subspecialty care for Kentucky and beyond while maintaining a focus on quality, access and value

TAKING CARE OF OUR PEOPLE AND OUR PARTNERS
Comprehensive care strategy for our employees, the immediate neighborhood, and our partners across the Commonwealth

DISTINCTION
An academic health system with aligned clinical care, research and education of seven health-related colleges

SCORECARD CATEGORY

VALUE, ACCESS & EFFICIENCY | SAFE CARE

EXTRAORDINARY ENGAGEMENT
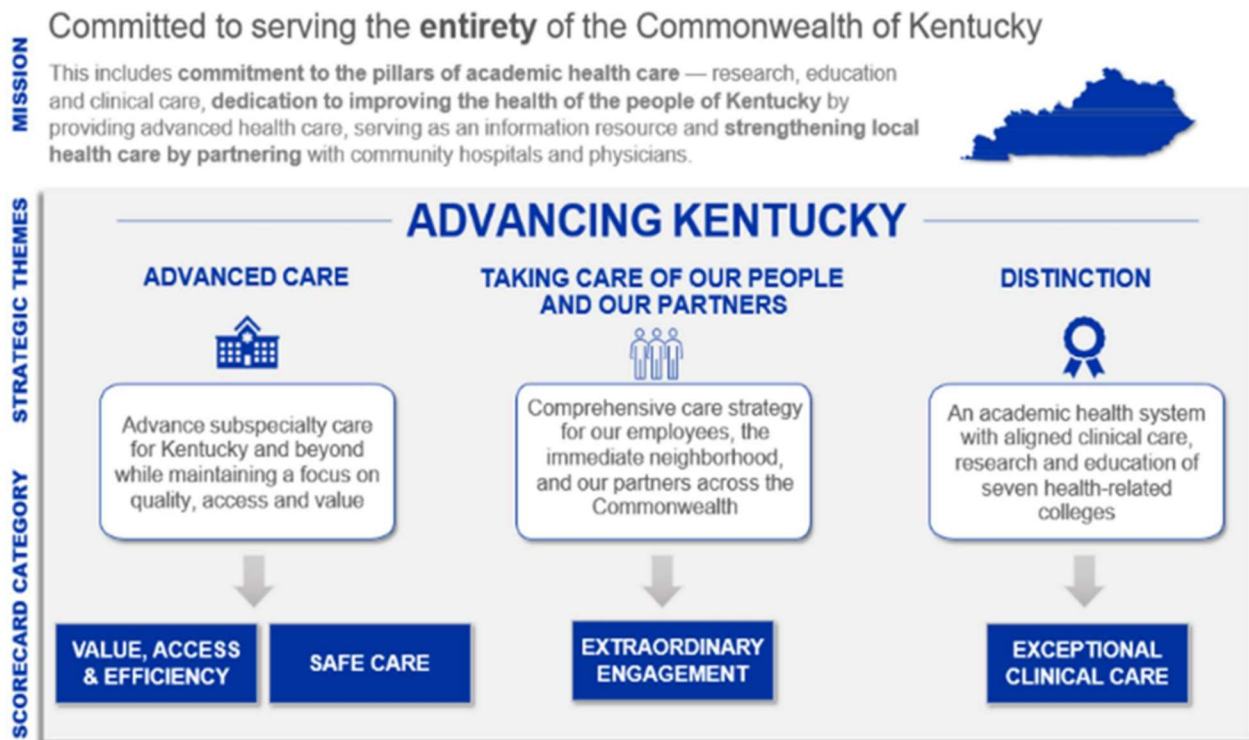
EXCEPTIONAL CLINICAL CARE

Table 1 shows the FY2026 enterprise balanced scorecard metrics and goals using updated baseline and benchmark information.

Table 1: FY2026 Balanced Scorecard Enterprise Metrics and Goals (Preliminary)

Category		Metric	Threshold	Target	Max	Benchmark
Exceptional Clinical Care	⭐	CMS 347v7- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	83.20% (CY25 MDP Threshold)	84.90% (CY26 MDP Threshold)	85.00% (Internal Improvement)	Historical Performance
		Adult Mortality Index	0.71 (75th %tile)	0.70 (80th %tile)	0.68 (85th %tile)	Vizient Q&A Comprehensive AMC 2025 (Feb '24 - Jan '25)
		CMS130v10 - Colorectal Cancer Screening	74.00% (Stepped Improvement)	75.00% (Stepped Improvement)	76.00% (Stepped Improvement)	Historical Performance
		CMS165v10 - Controlling High Blood Pressure	73.00% (Stepped Improvement)	74.00% (Stepped Improvement)	75.00% (Stepped Improvement)	Historical Performance
		Neonate Mortality Index	0.87 (50th %tile)	0.75 (75th %tile)	0.59 (90th %tile)	Vizient - KCH Selected Cohort 2025 (Feb '24 - Jan '25)
		NQF1392v7.1 – Well-Child Visits in the First 15 Months of Life	78.00% (CY25 MDP Threshold)	79.60% (CY26 MDP Threshold)	80.00% (Stepped Improvement)	Historical Performance
		NQF1516 - Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	87.00% (Stepped Improvement)	90.00% (CY26 MDP Threshold)	91.00% (Stepped Improvement)	Historical Performance
		Pediatric Mortality Index	0.78 (50th %tile)	0.63 (75th %tile)	0.60 (90th %tile)	Vizient - KCH Selected Cohort 2025 (Feb '24 - Jan '25)
Extraordinary Engagement		CHILD HCAHPS - Rate Hospital Stay	74.10% (50th %tile)	74.90% (60th %tile)	77.40% (75th %tile)	Press Ganey UHS (Jan '24 - Dec '24)
		ED Targeted Survey -Likelihood to Recommend	79.10 (50th %tile)	81.60 (60th %tile)	83.50 (75th %tile)	Press Ganey UHS (Jan '24 - Dec '24)
		HCAHPS - Rate the Hospital	71.80% (50th %tile)	73.40% (60th %tile)	77.10% (75th %tile)	Press Ganey UHS (Jan '24 - Dec '24)
		Medical Practice - Likelihood of Your Recommending Our Practice to Others	95.50 (50th %tile)	96.00 (60th %tile)	96.80 (75th %tile)	Press Ganey UHS (Jan '24 - Dec '24)
		NICU Survey - Likelihood to Recommend	92.30 (50th %tile)	93.40 (60th %tile)	96.00 (75th %tile)	Press Ganey UHS (Jan '24 - Dec '24)
		OAS CAHPS - Facility Rating	88.10% (50th %tile)	88.80% (60th %tile)	90.10% (75th %tile)	Press Ganey UHS (Jan '24 - Dec '24)
		Outpatient Services Survey - Likelihood to Recommend	95.40 (50th %tile)	95.70 (60th %tile)	96.00 (75th %tile)	Press Ganey UHS (Jan '24 - Dec '24)
		Pediatric ED Target Survey - Likelihood to Recommend	82.40(50th %tile)	83.20(60th %tile)	84.70(75th %tile)	Press Ganey UHS(Jan '24 - Dec '24)
		Vizient Staff Turnover Rate	13.96% (65th %tile)	13.60% (75th %tile)	10.59% (90th %tile)	Vizient ODB Comprehensive AMC (Jan '24 - Dec '24)
		Outpatient Services Survey - Staff Worked Together	95.90 (50th %tile)	96.10 (60th %tile)	96.40 (75th %tile)	Press Ganey UHS (Jan '24 - Dec '24)
Safe Care	⭐	Patient Safety Indicator 08 (PSI 08) In-Hospital Fall-Associated Fracture	0.98 (25th %tile)	0.77 (40th %tile)	0.68 (50th %tile)	Vizient Q&A Comprehensive AMC 2025 (Feb '24 - Jan '25)
	⭐	SEP-1 Management Bundle, Severe Sepsis/Septic Shock	42.70% (25th %tile)	52.30% (50th %tile)	64.10% (75th %tile)	Vizient Q&A Comprehensive AMC 2025 (Core Measures) (Apr '23 - Mar '24)
	⭐	OB-4 Maternal Hemorrhage	8.63% (50th %tile)	7.10% (75th %tile)	6.65% (85th %tile)	Vizient UKHC OB Custom Cohort 2025 (Feb '24 - Jan '25)
	⭐	Patient Safety Indicator 11 (PSI 11) Postoperative Respiratory Failure	0.86 (25th %tile)	0.73 (40th %tile)	0.64 (50th %tile)	Vizient Q&A Comprehensive AMC 2025 (Feb '24 - Jan '25)
		Hand Hygiene Compliance	85.00%	90.00%	95.00%	Leapfrog Standard
		Hypoglycemia in Insulin Use Rate	2.63% (50th %tile)	2.28% (60th %tile)	1.79% (75th %tile)	Vizient Q&A 2025 Calculator P0 (Jul '23 - Jun '24)
		NHSN CAUTI SIR	0.59 (50th %tile)	0.52 (60th %tile)	0.39 (75th %tile)	Vizient Q&A 2025 Calculator P0 (Apr '23 - Mar '24)

Table 1: FY2026 Balanced Scorecard Enterprise Metrics and Goals (Preliminary)

Category	Metric	Threshold	Target	Max	Benchmark
	NHSN CLABSI SIR	0.79 (50th %tile)	0.72 (60th %tile)	0.62 (75th %tile)	Vizient Q&A 2025 Calculator P0 (Apr '23 - Mar '24)
	NHSN MRSA SIR	0.73 (50th %tile)	0.65 (60th %tile)	0.56 (75th %tile)	CMS - Vizient Q&A Comprehensive AMC 2025 (Apr '23 - Mar '24)
	NHSN SSI-COLO SIR	0.80 (50th %tile)	0.72 (60th %tile)	0.61 (75th %tile)	Vizient Q&A 2025 Calculator P0 (Apr '23 - Mar '24)
	NHSN SSI-HYST SIR	0.95 (50th %tile)	0.88 (60th %tile)	0.63 (75th %tile)	Vizient Q&A 2025 Calculator P0 (Apr '23 - Mar '24)
	Patient Safety Indicator 03 (PSI 03) Pressure Ulcer Rate	0.95 (50th %tile)	0.52 (75th %tile)	0.29 (90th %tile)	Vizient Q&A Comprehensive AMC 2025 (Feb '24 - Jan '25)
	Patient Safety Indicator 13 (PSI 13) Postoperative Sepsis Rate	0.64 (50th %tile)	0.40 (75th %tile)	0.21 (80th %tile)	Vizient Q&A Comprehensive AMC 2025 (Feb '24 - Jan '25)
	Solutions for Patient Safety (SPS) Unplanned Extubations (UE) Rate	0.34 (Baseline)	0.32 (5% Improvement)	0.31 (10% Improvement)	Historical Performance
	U.S. News & World Report F10.1 Breast Milk at Discharge	58.00% (Internal Improvement)	60.00% (Point Threshold)	62.00% (Internal Improvement)	U.S. News & World Report-Pediatrics 2023
Value, Access & Efficiency	⭐ MS-14: Readmission for a Complication of Care within 30 Days	22.51 (25th %tile)	20.92 (40th %tile)	19.40 (50th %tile)	Vizient Q&A Comprehensive AMC 2025 (Jan '24 - Dec '24)
	⭐ MyChart Self-Scheduling	3.40% (50th %tile)	7.40% (75th %tile)	9.70% (90th %tile)	Epic Academic (Jan '24 - Dec '24)
	30-Day0 Day Unplanned Adult Readmission Rate	12.05% (40th %tile)	11.70% (50th %tile)	11.37% (60th %tile)	Vizient Q&A Comprehensive AMC 2025 (Jan '24 - Dec '24)
	30 Day Unplanned Pediatric Readmission Rate	6.89% (40th %tile)	6.39% (50th %tile)	5.85% (60th %tile)	Vizient - KCH Selected Cohort 2025 (Jan '24 - Dec '24)
	Adult LOS Index	0.97 (50th %tile)	0.91 (75th %tile)	0.88 (90th %tile)	Vizient Q&A Comprehensive AMC 2025 (Feb '24 - Jan '25)
	Neonatal LOS Index	0.90 (50th %tile)	0.80 (75th %tile)	0.76 (90th %tile)	Vizient - KCH Selected Cohort 2025 (Feb '24 - Jan '25)
	New Patient Access: New Patients Seen within 10 Days (%)	38.46% (50th %tile)	42.68% (75th %tile)	46.16% (90th %tile)	Vizient AAMC Clinical Practice Solution Center 2024 (Jan '24 - Dec '24)
	Pediatric LOS Index	0.98 (50th %tile)	0.93 (75th %tile)	0.87 (90th %tile)	Vizient - KCH Selected Cohort 2025 (Feb '24 - Jan '25)
Budget & Expense	Personnel & Non-Personnel Expenses	(4% Over Flex Budget)	(Flex Budget)	(4% Under Flex Budget)	FY26 Annual Budget
Visits & Volumes	Ambulatory Service Visits, New Ambulatory Service Visits, Total Discharges, Operating Room Cases	(4% Under Budget)	(Budget)	(4% Over Budget)	FY26 Annual Budget

⭐ New metric or new benchmark for FY2026

ALIGNMENT WITH UK HEALTHCARE'S STRATEGIC REFRESH

Quality, safety, and health disparity improvement is rooted in the strategic refresh. UK HealthCare is evolving into a high-value organization by continuing our transformation into a highly- reliable organization in our quality, safety and patient experience, and by appropriately managing costs and building efficiencies throughout our health system. UK HealthCare is working to attain demonstrable improvements in care delivery assessments (e.g., mortality, patient safety incidences, standardization of processes with minimization of variation) to document the achievement of being a high reliability, high-value organization viewed as a leading and learning health system. To do this, we have developed an external ranking five-year aspiration.

FIVE YEAR QUALITY ASPIRATION

Why?

- These leading organizations serve as a primary input for enterprise goal-setting.
  - Metrics selected by these organizations are generally accepted as industry standards, targeting national improvements toward vetted best practices and are continuously adapted toward revised standards.
- Reputation is important.
  - These outlets are regularly monitored by local/regional news agencies and drive general impressions of prospective patients.
  - Reputation is also important for talent recruitment, prospective partnerships and negotiations.
- Metrics in these programs largely cross over with Value-Based Payment programs
  - Many of these are mandatory participation and already affect our bottom lines.
  - There are a variety of additional voluntary program for UK HealthCare to consider in the future at such a time it is agreed upon that we developed the structures and cultures for consistent success in this arena.

FIVE YEAR QUALITY ASPIRATION REFRESH

Our "Why": Advancing Kentucky

- Advance subspecialty care for Kentucky and beyond:
  - Advance subspecialty care for Kentucky and beyond while maintaining a focus on quality, access, and value
- Taking care of our people and our partners:
  - Comprehensive care strategy for our employees, the immediate neighborhood, and our partners across the Commonwealth
- Distinction as an academic health system:
  - An academic health system with aligned clinical care, research, and education of seven health-related colleges

Top performance across these programs means we are providing quality and safe care and creating a healthier Kentucky.

Program	Vizient Q&A	CMS Star Rating	U.S. News and World Report	Leapfrog	Medicaid Directed Payment Program
CY24 Baseline	34th	★★★	#1 in Kentucky 5 - Nationally Ranked Programs	B	Achieve Threshold on 7 of 14 measures
CY25 Target	Top 10	★★★★	#1 in Kentucky 5 - Nationally Ranked Programs	A	Achieve Threshold on 8 of 21 Measures
Five-year Aspiration (CY26-30)	Sustain Top 25 or better	Sustain ★★★★ or better	Sustain #1 in Kentucky	Sustain A	Sustain Threshold Achievement +1 Based on Program Requirements
Aspiration-to-Goal Translation	85th %tile	75th %tile	Achieve Vizient goals and continue to monitor/achieve program requirements.	75th %tile in Safety Measures and continue to monitor/achieve program requirements.	Strategically target measures for which threshold is achievable and/or uncertain.

FIVE YEAR QUALITY ASPIRATION REFRESH

Program	Vizient Q&A	CMS Star Rating	U.S. News and World Report	Leapfrog	Medicaid Directed Payment Program
Five-year Goal (CY26-30)	Sustain Top 25 or better	Sustain ★★★★ or better	Sustain #1 in Kentucky	Sustain A	Sustain Threshold Achievement + 1 Based on Program Requirements

Vizient

The clinical database allows us to benchmark performance in a wide variety of areas versus hospitals from across the country, including greater than 90% of Academic Medical Centers (AMCs) similar to UKHC. UKHC's goal is to be a top 25 "comprehensive AMC" according to Vizient's "Quality and Accountability Study" on the annual scorecard.

CMS

The star program covers a variety of metric types and can be seen publicly by visiting the "Care Compare" website. UKHC's goal is to maintain a three-star status or better out of five possible stars.

U.S. News and World Report

U.S. News and World Report Best Hospital rankings evaluate hospital performance on various objective measures such as risk adjusted mortality rates, preventable complications and level of nursing care. The methodology from specialty rankings, procedures and conditions ratings is based on patient outcomes, using data from millions of records provided by CMS. UKHC's goal is to remain the #1 Ranked Hospital in Kentucky.

Leapfrog

Hospital Safety Grade is Leapfrog group's effort to distill a variety of patient safety focused measures into a grading system. In FY20, UKHC made the decision to learn why they were graded a "D" and have undertaken considerable efforts to improve in identified opportunity areas – which include computerized physician order entry and barcode medication administration rates unlocked by the switch to Epic, patient satisfaction in key communication domains, culture/structure of safety (staffing, policies, procedures) and patient outcomes. UKHC's goal is to maintain a "B" grade or better.

Directed Payments

University hospitals and providers must report 21 quality measures and meet quality measure thresholds set by Kentucky Medicaid to qualify for 20% value-based bonus payment.
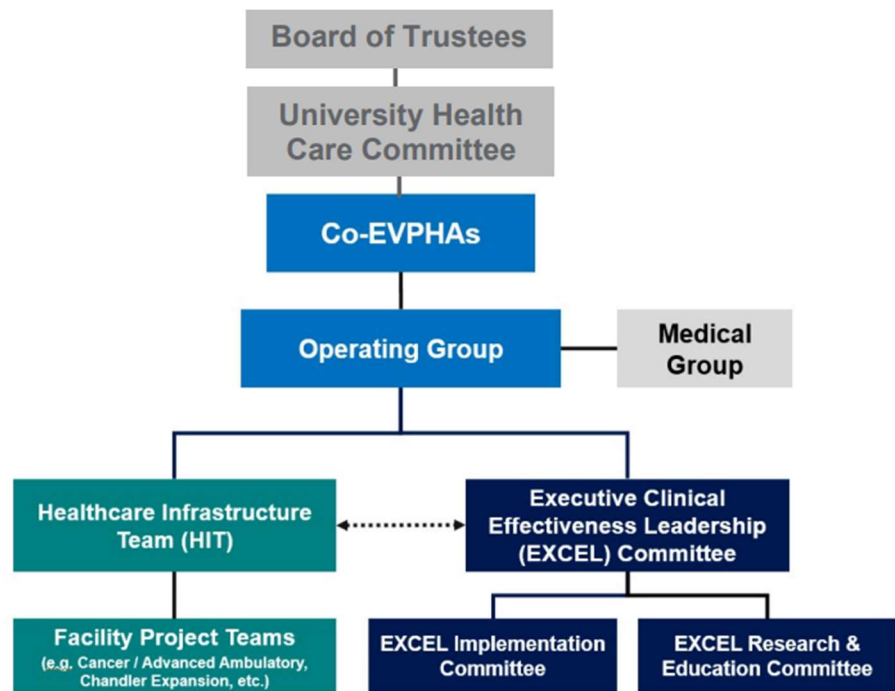
QUALITY AND SAFETY GOVERNANCE STRUCTURES AND PROCESSES

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

All quality and safety work will be linked to the EXCEL Implementation Committee (EIC) reporting to EXCEL, the Operating Group and ultimately to the Board of Trustees (Figure 4). Accountability will also be driven at the local level through medical directors and associated nursing or administrative partners who report to the entity-based triads and ultimately, to the Co-EVPHA.

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

Figure 4: Quality and Safety Reporting Structure

Our governance structure aims to ensure accountability, two-way information sharing, and transparent reporting of performance and oversight regarding the quality and safety improvement efforts at 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, as evidenced in Table 3.

Figure 4 shows the main elements of the reporting structure at UK HealthCare. All reporting relationships are bidirectional, with information flowing up to the governing body and back down to the bedside clinicians and patients. Annually, the enterprise priorities and Organization Quality Improvement Plan are presented to the University Health Care Committee for input and discussion.

Table 3: EIC Organization Quality Improvement Topics

Monthly	Quarterly	Bi-Annually	Annually
Enterprise Goals	Reputation Management Update	Infection Prevention and Control Program	Graduate Medical Education Quality and Safety Program
Sentinel Events/SWARMS	Patient Experience	Sepsis Committee	Gill Heart Program
FY26 Quality Workplan	Kentucky Children's Hospital Update	Quality Website	Obstetrics Program
	Medication Safety	Hospice	Kentucky Neurosciences Institute/Stroke Program
	No Harm	Patient Progression Committee	
	Surgical Site Infections	Physician Quality and Safety Review	Pharmacy Program
	Quality Payment Programs (CMS/Medicaid)		Ventricular Assist Device Program
	Care Redesign		Transplant Program
	Health Disparities		Enterprise Goal Setting and Quality Plan

FY26 ORGANIZATION QUALITY IMPROVEMENT PROGRAM FRAMEWORK

ORGANIZATION QUALITY IMPROVEMENT PROGRAM

This Organization Quality Improvement Program reflects UK HealthCare's drive for excellence in providing safe, high-quality, equitable, patient- and family-centered care in every aspect of its day-to- day operations. Ultimately, our goal is to increase the value of the care we deliver to our patients by building on our current approaches to clinical care, engagement, efficiency, health disparities, safety, accessibility, and affordability. The plan ensures compliance with The Joint Commission standards and our enterprise policies and bylaws, reflects our dyadic/interdisciplinary teams and is built on the following guiding principles:

• Equitable patient- and family-centered care: Involve patients and caregivers in care redesign and decision-making in a way that meets their diverse, social and physical needs and preferences

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

• Support and empower interprofessional teams to drive improvement: Provide care teams with goal-defined responsibilities, support them with dedicated staff and resources, and aid in the collection and analysis of data to drive the best care and outcomes for our patients.

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

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

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

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

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

BUILDING A CULTURE OF SAFETY

A culture of safety is also one of learning: Organizations learn from their safety data, undertake needed actions, and make substantial system changes in order to ultimately prevent injuries and

save lives. An organization's actions – its practices, procedures and processes – reflect its culture. UK HealthCare strives for a culture of safety by ensuring it is:

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

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

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

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

A FOCUS ON HEALTH CARE DISPARITIES

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

The objectives include:

1. Establishing processes for the following:

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

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

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

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

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

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

MEDICAL STAFF AND BOARD OF TRUSTEES ALIGNMENT

The UK Board of Trustees establishes, maintains, supports and exercises oversight of the quality, safety and performance activities that occur within the enterprise. The Board fulfills its responsibilities related to these metrics through the governing body, the University Health Care Committee (see Figure 4), which oversees both the Operating Group and the Medical Group. The UK HealthCare Executive Clinical Effectiveness Leadership (EXCEL) Committee receives monthly reports from many committees and departments within the enterprise. This reporting structure allows oversight of all quality, safety and performance initiatives within the enterprise. The Enterprise Medical Staff Executive Committee is composed of two Medical Staff Operating Subcommittees: Chandler and Good Samaritan Medical Staff Operating Subcommittees. The Medical Staff Executive Committee also oversees medical staff by-law functions and credentialing processes, and reviews contracts for outside clinical services. The Enterprise Medical Staff Operating Subcommittees meet monthly to supervise and direct the progress made by multiple teams and committees throughout the enterprise. The Medical Staff Bylaws outline these committees and teams.

ENTERPRISE GOAL SETTING AND ALIGNMENT

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

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

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

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

- Approval of the enterprise goals at the University Health Care Committee meeting
- Executive leadership at-risk compensation plans
- Clinical chair at-risk compensation plans
- UK HealthCare quality payment program at-risk compensation plan
- Medical director performance evaluation goals
- Nursing performance evaluation goals

- Leadership performance evaluation goals
- Health information technology impact goals
- Other clinical discipline evaluation goals (e.g., pharmacy)
- Staff performance evaluation goals
- Capital prioritization process
- Purchased services contracts

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

Additionally, quality, safety, health disparities, and patient-centered care remain a foundation for our 2025 UK HealthCare Enterprise Strategy Plan. The plan also includes a strong focus on value-based care and emphasizes our culture's need to change in order to deliver a more connected and personalized experience for our patients. This five-year strategic plan guides all of us at UK HealthCare toward our goal of delivering safe, high-quality, efficient, equitable and accessible care, and helps us navigate the changing times in the health care industry.

DYADS AND FOCUSED QUALITY IMPROVEMENT

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

To promote a learning health system, inpatient, procedural and ambulatory dyad groups meet regularly as a learning collaborative – a Rapid Cycle Improvement group – where these teams engage in quality improvement work and sharing of best practices. Dyad leaders meet as pairs regularly and work with all members of the interdisciplinary teams within their units, areas and service lines to maximize quality, health disparities, 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.

THE INPATIENT QUALITY AND SAFETY TEAM

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

• Supporting dyads and clinical leaders to optimize patient outcomes through efforts to eliminate patient harm, including through the facilitation of No Harm teams

• Ongoing development of tools and programs to help UK HealthCare deliver the highest level of patient care and experience while also supporting engaged teams

• Building and supporting a culture of safety through training and supporting patient safety activities

 • Supporting incident reporting across the enterprise, including tracking and trending reports, in order to support a just culture

• Facilitating swarms, UK HealthCare's preferred method of root cause analysis, and Critical Incident Debriefings to review safety and quality events and leading initiatives identified through these reviews

 • Partnering with clinical care areas to provide resources for improving quality and safety

• Coordinating the Daily Briefing for Safety and Operations to promote a culture of safety and promote high reliability across the enterprise


OFFICE OF PERFORMANCE SERVICES

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

- Hospital Performance Management
    o Enterprise Balanced Scorecard Process: Work in collaboration with an identified governance structure to lead an annual process that includes reviewing priorities, using benchmarks to set targets, and partnering with subject matter experts and performance analytics center of excellence (PACE) to facilitate process
    o Care Redesign: Facilitate enterprise initiatives focused on a variety of goals including reducing variation, reducing cost, improving clinical outcomes as well as staff and patient experience
    o Full understanding of program reporting requirements across CMS, Vizient, US News & World Report and Leapfrog o Performance monitoring and identification of improvement opportunities
    o Summary reporting and communication of program outcomes
    o Coordination of efforts between programs and liaison to other performance services team members and UKHC leaders The Inpatient Quality and Safety Team Dyads and Focused Quality Improvement Office of Performance Services 13

- Quality Services including
    - Performance Services point of contact for entity triads and department chairs o Routine review of performance via an enterprise balanced scorecard, benchmark data and other sources.
    - Close partnership with care redesign, benchmarking/reputation management and clinical quality team to understand scope and identify performance improvement opportunities.
    - Support bi-annual performance review process and focus on follow-up action items.
    - PI Training and Support: Be a resource for the organization to train on PI processes and provide ad hoc support as needed.
- Enterprise Project Management Office
    - Drive the execution of enterprise strategic priorities, by building and leading high-performing program and project teams.
    - Committed to getting things done efficiently and effectively so the organization can stay focused on what matters most – delivering exceptional patient care and other metrics.
- Clinical quality and value-based program management
    - Ensure all abstraction requirements are met across The Joint Commission (TJC) and the Centers for Medicare and Medicaid Services (CMS).
    - Develop processes for registries including annual renewal, resource needs for abstraction, Epic integration, and use of registry outcome metrics for improvement.
- Supporting health disparities efforts across the Enterprise

Figure 5: Office of Performance Services
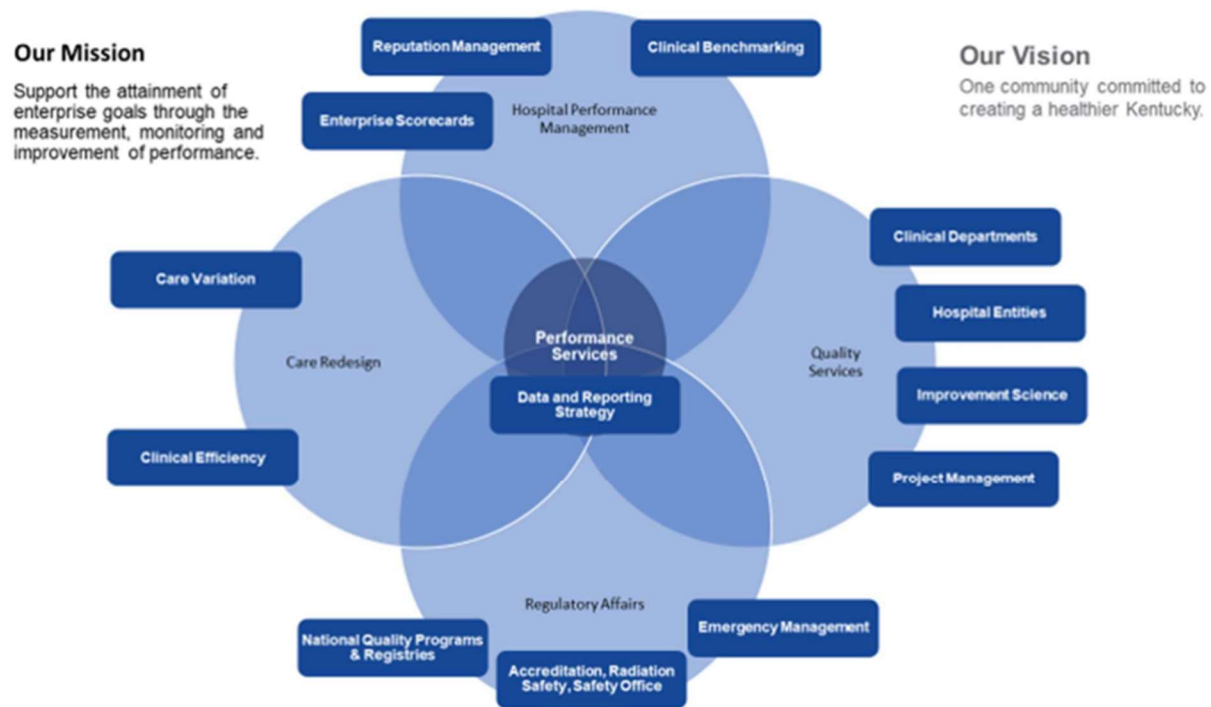
THE AMBULATORY QUALITY TEAM

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

2025 Ambulatory Quality Plan and Tactics

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

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

C. Population Health Capability: UK HealthCare has expanded its Population Health team including care navigators, community health workers and quality technicians who work with patients in coordination with clinic teams to engage patients before and after clinic visits or hospitalizations to ensure patients receive all recommended care.

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

- Kentucky's University Medicaid Directed Payment Program.

- Medicare's Quality Payment Program and

- Value-based contracts with multiple commercial payers.

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

QUALITY METHODOLOGY

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

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

Figure 6: IHI Model for Improvement (ihi.org)
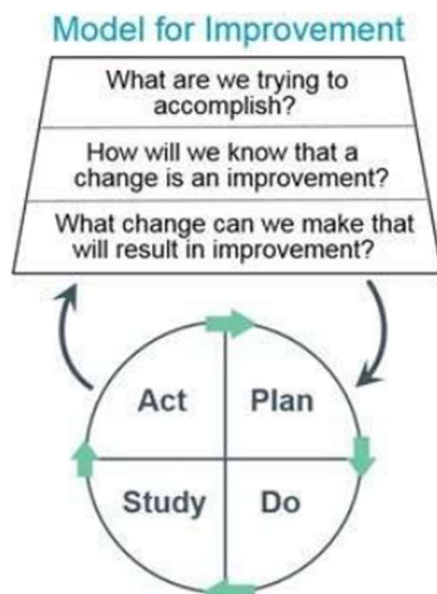
MEASURES OF SUCCESS

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, Press Ganey, Pediatric patient population appropriate comparators are the primary sources of comparison.

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

Table 3: UK HealthCare Reported Measures and Monitoring Frequency

Cadence for EIC Update	EIC Organization Quality Improvement Topics	Measures Monitored	Measure Monitoring Frequency	Responsible To
Monthly	Enterprise Goals	Mortality, Length of Stay, Readmissions	Weekly, Monthly	EXCEL; Operating Group
Monthly	FY2026 Quality Workplan	Outcomes for FY Priorities	Monthly	Chief Medical Officers
Monthly	Sentinel Events/ Swarms	Review of Sentinel Events and Swarms by Category; Reportable Events	Monthly	EXCEL; Operating Group
Quarterly	Care Redesign	Outcomes for Care Redesign Priorities	Monthly	EIC
Quarterly	Health Care Equity	Social drivers of health	Monthly	HEAT (Healthcare Equity & Advisory Team)
Quarterly	Kentucky Children's Hospital Update	Solutions for Patient Safety Outcomes, Vermont Oxford Network Outcomes, Other External Pediatric Measures	Monthly	EXCEL
Quarterly	Medication Safety	Adverse Drug Events	Monthly	EIC
Quarterly	No Harm	Hospital Associated Infections (HAIs)	Weekly	No Harm Steering Committee
Quarterly	Patient Experience	Patient Experience Survey Outcomes, Staff and Physician Engagement Survey Outcomes	Weekly	EXCEL; Operating Group
Quarterly	Quality Payment Programs (CMS / Medicaid)	Medicaid Value-Based Metrics (Screenings, Readmissions, etc.)	Monthly	Ambulatory Quality Leadership
Quarterly	Reputation Management Update	Vizient, US News & World Report, Leapfrog, CMS	Quarterly, Bi-Annually	EIC
Quarterly	Surgical Site Infections	SSI - Colorectal and SSI - Hysterectomy Outcomes	Weekly	No Harm Steering Committee
Bi-Annually	Hospice	Hospice Utilizaton	Weekly	EIC
Bi-Annually	Infection Prevention & Control Program	Overall Program Outcomes	Monthly	Infection Prevention & Control Committee
Bi-Annually	Patient Progression	Readmission Rates, LOS, Additional Throughput Metrics	Weekly, Monthly	Patient Progression Committee
Bi-Annually	Physician Quality & Safety Review	PARS® (Patient Advocacy Reporting System) and CORS™ (Co-worker Observation Reporting System) program update	As needed	Medical Staff Operating Subcommittee
Bi-Annually	Quality Website	Review of Outcomes Published on UKHC Website	Quarterly	Quality Website Committee
Bi-Annually	Sepsis	Sepsis Bundle Compliance	Monthly	Sepsis Steering Committee
Annually	Commercial Insurer Value Based Contracts	Annual Review of Value Based Metrics	Programmatic	EXCEL; Operating Group
Annually	Enterprise Goal Setting & Quality Plan	Review of Next Fiscal Year Enterprise Goals and Updated Quality Plan	Programmatic	EXCEL; Operating Group
Annually	Gill Heart Program	Overall Program Outcomes	Programmatic	EXCEL
Annually	Graduate Medical Education Quality & Safety Program	Overall Program Outcomes	Programmatic	EXCEL
Annually	Kentucky Neurosciences Institute (KNI) / Stroke Program	Overall Program Outcomes; Get with the Guidelines Comprehensive Stroke Center Outcomes	Programmatic	EXCEL
Annually	Obstetrics Program	Overall Program Outcomes	Programmatic	EXCEL
Annually	Pharmacy Program	Overall Program Outcomes including Antimicrobial Stewardship, Barcode Administration, Medication Safety	Programmatic	EXCEL
Annually	Transplant Program	Overall Program Outcomes; UNOS Reporting Outcomes	Programmatic	EXCEL
Annually	Ventricular Assist Device (VAD) Program	Overall Program Outcomes; Get with the Guidelines VAD Outcomes	Programmatic	EXCEL

MEASUREMENT FOR QUALITY AND SAFETY

The Performance Analytics Center for Excellence (PACE), under the Chief Data Officer, was created to meet the reporting and analytics needs of the organization ensuring data from various clinical, financial, and operational sources is trustworthy and well-integrated. PACE provides data feeds and models, enhances data quality through governance, and enables data sharing across different systems and partners. It oversees metric definitions, creates reports and dashboards, maintains the Enterprise Balanced Scorecard, and collaborates to develop custom data analysis tools. Additionally, PACE focuses on providing analytic support for core strategies such as enterprise needs, performance improvement, and population health. At its core, PACE ensures that data is accurate, accessible, and actionable for improving operations and patient care at UK HealthCare. The reach of this group is to facilitate performance improvement, analytics and reporting in quality, operations and research.

PACE is comprised of several teams:

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

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

Performance Analytics is focused on exploratory analysis, delivering and quantifying value in performance improvement work with statistical process control, consulting/advisory services, defining expected value/effort in evaluating potential projects to prioritize resources effectively, and designing new standard metric definitions. The team works with Super Users throughout the organization to educate and drive data literacy and to drive the application of robust analytic methods in rapid cycle improvement.

Business Intelligence creates dashboards and well-defined reporting that integrate into operational and clinical workflows. This team works in concert with Performance Analytics as PDSAs stabilize. It also involves data model development in partnership with Enterprise Data Management. Business Intelligence provides governed standardized reporting. The aim of the team is to bring rigor and automation. To accomplish this, they work in a coordinated effort across PACE as well as other partners through our Hub & Spoke program.

Data Science governs and evaluates enterprise predictive modeling, such as Epic, and develops enterprise-prioritized custom predictive/prescriptive modeling. It also conducts complex statistical analyses beyond the span of Performance Analytics and provides consulting/advisory services. Data Science analyze data aiming to anticipate future outcomes.

Population Health and Regulatory/Safety includes managing population health, addressing social determinants of health (SDOH), ensures IT regulatory compliance, handles critical enterprise surveys. The IT Patient Safety Program is an integral part of ensuring patient safety through technology. The team promotes a holistic view of the patient beyond a singular event.

DAILY BRIEFING FOR SAFETY AND OPERATIONS

UK HealthCare began the Daily Briefing for Safety and Operations (DBSO) in October 2019. This daily huddle occurs seven days a week and includes over 30 departments in participation. It is a brief meeting to share safety concerns that occurred in the previous 24 hours, as well as to review the next 24 hours to identify potential patient safety and operational issues and discuss mitigation strategies. According to The Joint Commission (2017), a daily safety briefing is one of the hallmarks of a highreliability organization.

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

SWARMS

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

Any personnel at UK HealthCare may call for a SWARM. Most often, the SWARM process begins when a staff member completes an incident report regarding an event. The quality and safety team, in collaboration with the risk management and entity or system leadership team, reviews the report and makes the decision of conducting either a rapid root-cause analysis or a full SWARM. There are three levels of SWARMs that can be scheduled, a system, entity or unit level swarm. System level SWARMs are conducted for serious safety events or events relating to the operations across multiple entities. An entity SWARM related to the operations of multiple units or departments within a single entity. Unit levels SWARMs are narrower in scope and tend to be lower harm events that involve a single unit or department.

If a SWARM is determined to be the best approach, the report is reviewed by the teams, who rapidly conduct a preliminary investigation to document the basics of what happened and who was involved. Together, they develop a timeline, with the goal of scheduling a SWARM as soon as possible. In some cases of specific concern, SWARMs are performed immediately after the event.

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

The SWARM process consists of five key steps:

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

PEER REVIEW

With the approval of the UK Board of Trustees 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.

To support the legal protections for patient safety activities, UK HealthCare carries out patient safety activities under the realm of UK HealthCare's Patient Safety Evaluation System to improve patient safety and the quality of health care delivery. This includes the collection and analysis of patient safety work products and the development and dissemination of information with respect to patient safety, such as recommendations, protocols and best practices. It may also include the use of Patient Safety Work Products (PSWP) to encourage a culture of patient safety. PSWP includes incident reports, SWARM data, root-cause analyses, sentinel-event reviews, and all other data and information described in 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 Quality and Safety Committee to ensure the integrity of the information and the institutional processes.

WORKPLACE SAFETY

The UK HealthCare Workplace Violence Prevention (WVP) team is composed of an inter-professional team with representatives from all areas of the enterprise including, but not limited to staff, leaders, faculty, residents, nursing, diagnostic/therapeutic team members, support

services, and ambulatory team members. This group is committed to promoting a safe work environment, reducing workplace violence and ensuring staff have access to de-escalation training. The WVP team analyzes monthly data related to assaults on UKHC faculty and staff, evaluates post assault huddle completion and advocates for staff support post assault. This team has an integral role in polices and processes that:

- promote UKHC employee reporting assaults in the SI system
- support identification of patients with a history of or potential for violence
- have an enterprise commitment to a zero tolerance for workplace violence
- advocates for a culture of safety
- provide staff resources needed, post-assault

Organizational Reporting Structure
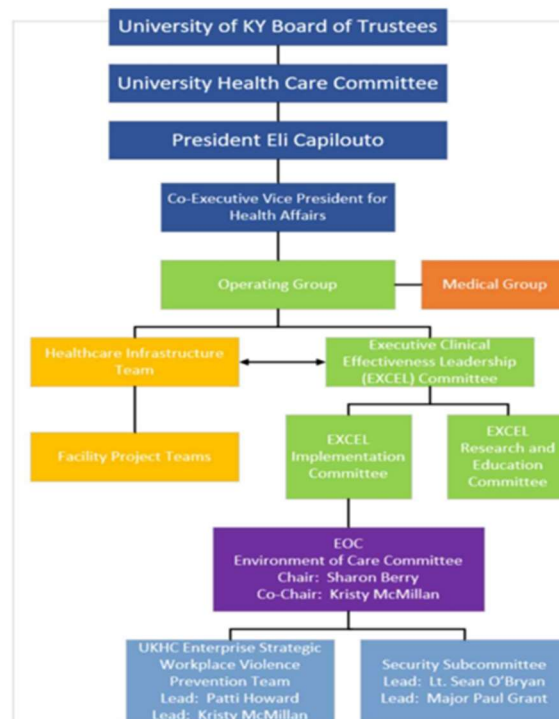
Initiatives:

Patient Specific Proactive Prevention:
Behavioral Emergency Response Team (BERT) and Code Violet Process Behavioral Health Specialist
Addiction Consult
Rover Communication
Patient Violence Risk Assessment (History of Violence & Potential for Violence)
Patient & Visitor Expectation for Zero-Tolerance

Behavioral Expectations Flyer (Ambulatory)
Patient Behavioral Expectations (Inpatients)
Care Contract for Safe Behavior
Policy: Administrative Discharge
Visual Workplace Safety Graphic

Escalation Process:
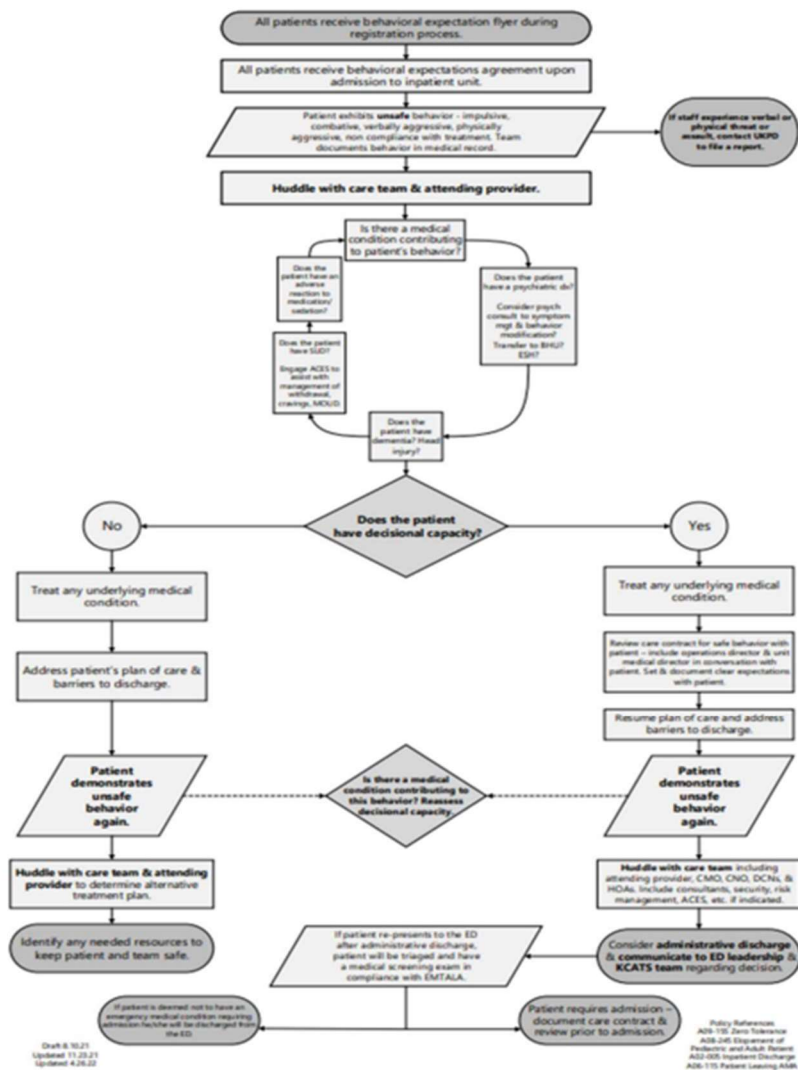
Risk Assessments:

The UK Police Department Security Division collaborates with various departments to identify, analyze, and mitigate security risks affecting patients, visitors, and staff. Risk assessments can be initiated based on the following activities:

• Healthcare security patrols, including bike patrols
• Monitoring of the CCTV network
• 24-hour UKPD presence in Chandler and Good Samaritan Emergency Departments (EDs)
• 24-hour metal detection in Chandler and Good Samaritan EDs
• Deployment of signs informing individuals of the weapon policy
• Issues identified during Environment of Care tracers
• Safety Intelligence reports
• Tips from the LiveSafe App
• Employee engagement surveys

University of Kentucky Police Department (UKPD):

• Reviews and provides security recommendations for new buildings and renovation projects.
• Responds to Workplace Violence (WPV) events that exceed standard security capabilities.
• In 2024, UKPD continued proactive risk assessments on multiple buildings and implemented several recommendations from the 2022 and 2023 comprehensive assessments (See Attachment 1).
• Reports results of metal detector screenings to both the Environment of Care (EOC) and WPV Prevention Committees.
• Monitors and notifies UK HealthCare (UKHC) of potential security events.

Security Management Plan:

The HealthCare Operations Police Captain, or their designee, conducts annual security risk assessments for security-sensitive areas and makes recommendations for additional security measures if needed. This risk assessment process is designed to proactively evaluate the security of building grounds (including the physical structure), equipment, materials, and operations, covering all patients, employees, and visitors. These assessments and recommendations are reported to the EOC Committee quarterly.

Monthly Metrics:

Incident Reporting
Post-Assault Checklist
Compliance
Physical Assaults
Verbal Assaults

Post-Assault Checklist Workflow:

Event Occurs → Incident Report Placed → Supervisor Notified → Post Threat/Assault Huddle Form Completed
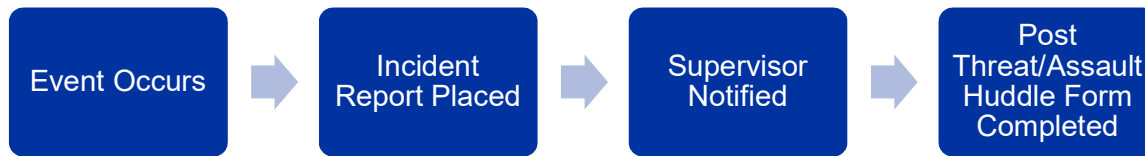
HEALTH DISPARITIES

The aim of the Office of Health Disparities is to oversee all efforts related to health disparities across the UK HealthCare system. The Chief Health Disparities Officer (CHDO) will work with the team to establish an ongoing business case for a healthcare quality outcomes data infrastructure, educational resources for culturally sensitive care awareness, advisement and consultation on recruitment pathways, and community engagement strategies. The CHDO will lead and support efforts to monitor, report, and communicate health disparities and plans to address. Some of the key areas of focus to becoming a premiere leader and top performing Institution of Excellence, are the following:

- Data collection process includes assessing patients' social drivers of health
- Identifying health care disparities in the patient population served Responding to identified health disparities through written action plans
- Monitoring performance related to health care disparities action plans and responding when goal(s) are not met or sustained
- Identifying internal and external stakeholders and subject matter experts (SMEs) to serve as resources and partners in the Health Disparities Strategic Plan and its activities
- Communicates with internal and external partners and stakeholders about health care disparities efforts and progress toward reducing identified health care disparities as appropriate

PATIENT EXPERIENCE AND STAFF/PROVIDER ENGAGEMENT

The UK HealthCare Office of Patient Experience 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 experience improvement focus areas, including but not limited to:

- Analysis of quantitative and qualitative patient survey data

- Patient and family partnerships and feedback opportunities

- Education and training

- Complaint resolution

Feedback from patients and families comes into the organization in many ways, but one significant way is through patient surveys. Currently nine surveys are administered across the system to reach a diverse patient population. This feedback, both quantitative and qualitive, is used for performance improvement initiatives and ongoing operational and professionalism improvements.

Patient Experience Surveys:

Inpatient:

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

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

• Neonatal Intensive Care (NICU)

Ambulatory and Outpatient Services:

• Medical Practice (ambulatory clinics)

• Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Health Disparities Patient Experience and Staff and Provider Engagement 25 Systems (OAS CAHPS)

• Outpatient Services (Radiology, Lab, Infusion, etc.)

• Urgent Care

Emergency Department:

• Emergency Department (adult)

• Emergency Department (pediatrics)

Customer Relations in the Office of Patient Experience is another way in which feedback is received: compliments, complaints and grievances. They partner with leaders and care teams across the system to address complaints and work towards resolution. Data is reported to the Enterprise Grievance Committee each quarter for awareness and discussion.

Patient and Family Advisory Councils:

UK HealthCare has seven Patient, Parent, and Family Advisory Councils with over 60 patients, parent, and family advisors and facilitators. Prospective advisors are recruited and recommended by Steering Committee members for each council or self-nominate via an online interest form, email, or phone call. Each new advisor completes an onboarding process to secure a committed advisor role. Patient and family advisors provide feedback and insight about their health care experiences within our mission goals of research, education, and clinical care. They partner with interdisciplinary teams to improve quality, health disparities, safety, and patient experience. The work of the councils also is included in ranking submissions such as U.S. News and World Report and program accreditation applications.

 After each meeting, the content and information received are tracked in a strategy tool. There are four additional sub-categories: patient and family experience, staff/organizational experience, health care quality and safety/risk. The impact of the advisory work is often cross-sectional,

meaning that the advisors' input affects multiple areas across quality, safety, and service. The council's influence creates change for the enterprise from signage, patient education material and bedside communication. Once implemented, items are marked with a seal of approval. The seal of approval designates that the healthcare team and the advisors have worked together to make a change that improves quality, safety and service.

Two members from the patient and family advisory councils participate on the Advisory Group to the Healthcare Subcommittee of the Board of Trustees to demonstrate the commitment of UK HealthCare to a culture of leadership structures and systems. These members are active participants in enterprise-wide safety and quality discussions.

GRADUATE MEDICAL EDUCATION INTEGRATION

The Accreditation Council for Graduate Medical Education (ACGME) determines educational program guidelines, benchmarks for physician residencies, and fellowships. ACGME accredited residency and fellowship programs must ensure that learners are not only educated regarding fundamental patient safety and quality improvement methods but that they are also assimilated into health systems' continuous improvement efforts. Since 2013, the ACGME has conducted Clinical Learning Environment Review (CLER) site visits with a focus on understanding and enhancing resident and fellow Graduate Medical Education Integration 26 Engagement in quality improvement and patient safety. The University of Kentucky Albert B. Chandler Medical Center had its fourth CLER site visit in 2022. Collaborating with the Graduate Medical Education (GME) Office and training programs, UK HealthCare has continued to enhance the integration of residents and fellows in supporting the organization's strategic goals to improve patient care. Residents and fellows regularly attend patient safety analysis events and participate in interprofessional quality improvement teams. GME also collaborates with UK HealthCare to provide additional training in patient safety and quality improvement for residents, fellows, and faculty.

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

HEALTH INFORMATION TECHNOLOGY

The adoption of health information technology (HIT) and the promotion of health information exchange to improve health care follows the premise that HIT, when fully integrated into a health care delivery organization, facilitates substantial improvements in health care quality and safety. Our belief in HIT supports the Office of National Coordinator's objective to use HIT to improve healthcare quality and reduce costs, and also improve care coordination through

interoperability (ONC, 2025). 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 the adoption of industry best practices to ensure marked improvements in all aspects of care delivery. This project provided innovative, real-time clinical data integrated across the enterprise, with an activation date of June 5, 2021. The future of the UK Healthcare single digital patient record will expand to include partner sites and affiliates across the region to support multi-mode care delivery to Kentuckians.

The broad adoption of various digital platforms into the health care workflow continues to be a catalyst for clinical and business process improvement, allowing the industry to pivot in response to environmental changes and evolving consumer needs. As of 2025, this digital transformation extends beyond the electronic medical record to encompass innovative modalities such as artificial intelligence (AI), blockchain technology, and advanced telehealth solutions.

Virtual care environments and telehealth have matured significantly, providing robust support for virtual visits, home monitoring, and patient communication through diverse digital channels. Additionally, the use of AI for predictive analytics and personalized medicine has become commonplace, enhancing remote oversight of critical patients and streamlining care delivery.

Privacy and security of patient health information remain paramount. Enterprises like UK HealthCare have instituted comprehensive policies and sophisticated security safeguards to protect all health information. By adopting a risk-aware organizational approach, constant monitoring through advanced risk assessments, incident reports, SWARMs, and the aggregation and analysis of data on key processes help prevent adverse events and ensure patient safety.

PHARMACY QUALITY AND SAFETY

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

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

• Key performance indicator metrics (KPI) for medication safety-related HIT are tracked quarterly and action plans are implemented if metrics are not meeting goals. Examples include: smart pump safety software utilization and alert rates, BCMA utilization rate, EHR medication warning and override rates, and automatic dispensing cabinet (ADC) override rate.

Quality Program Focus

Office of Pharmacy Value and Analytics (OPVA): The OPVA is comprised of 5 pharmacy stewardship programs and an operations specialist. The OPVA is charged with delivering data-driven collaborative solutions that maximize the value of pharmacy practice and stewardship contributions. The OPVA works closely with clinical pharmacists, providers, and nurses across the enterprise to evaluate and optimize medication use practices. The OPVA team ultimately helps identify opportunities and collaborates with staff to implement changes through quality improvement projects, guideline creation and management, and EHR enhancements.

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

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

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

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

     • **Parenteral Nutrition Stewardship Program:** The parenteral nutrition stewardship program oversees the usage of parenteral (IV) nutrition for UK HealthCare adult patients that are unable to use their GI tract for adequate nutrition support. This complex and expensive therapy requires specialized assessment, monitoring and compounding to treat malnourished or

nutritionally compromised patients due to their disease or injuries. The stewardship established Pharmacy Quality and Safety 28 guidelines for appropriate indications, consults for optimal drug dosing, daily monitoring for efficacy and complication, minimizes expensive drug waste, and assists with the transition of care for outpatient therapy. Opioid Stewardship Program: The opioid stewardship program improves patient care and pain management by reducing unnecessary opioid use and related harm within the UK HealthCare Enterprise. The OS program develops, maintains, and distributes relevant data regarding opioid use and safety. Further, the OS program develops data- and evidence-driven interventions to minimize inappropriate opioid use and opioid-related harm, designs usable multimodal patient & family educational materials regarding pain management & opioid safety, and evaluates the efficacy of and increase access to nonopioid and nonpharmacologic therapies for pain management. The OS program leverages the EHR functionality to ensure appropriate opioid prescribing. The OS strives to advance healthcare provider knowledge, expertise, and practice regarding pain management and safe opioid use. Medication Safety The medication safety team at UKHC reviews all reported medication errors and adverse drug reactions, analyzes data, and evaluates processes to optimize workflows. The team of pharmacist reviews medication error reports individually monthly trends and analyzes subsets of the data to identify system opportunities. Quarterly, this data is entered into Tableau for data visualization. ADRs are reviewed and analyzed on a quarterly basis. The medication safety team assists in root cause analysis and timeline development.

Specialty Pharmacy and Infusion Services Quality and Outcomes Program

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

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

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

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

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

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

- **Quality Management Committee (QMC)** – Mandatory Measures for accreditation and other relevant quality metrics are collected by the program and presented quarterly to internal

stakeholders. In addition to Mandatory Measures, Specialty quality metrics such as medication adherence, patient and provider satisfaction and rare/orphan drug metrics are provided. Additionally, nursing and infusion metrics such as BCMA utilization rates, and AVS printing compliance are reported.

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

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

REGULATORY READINESS AND ACCREDITATION

The Regulatory Affairs program at UK HealthCare has implemented a framework to focus on sustained compliance. The program utilizes a variety of approaches that include:

1. External agency surveys and investigations

2. Weekly internal mock tracers

3. Monthly Continuous Readiness Checklist process

4. Weekly environment of care and life safety tracers

5. Annual review and gap analysis of TJC Standards and CMS Conditions of Participation

6. Chapter Champion structure with monthly Accreditation Management Team (AMT) Committee reporting

7. Staff training on regulatory requirements and processes including AMP Software, CR Checklist and tracer processes and survey preparedness.

Surveillance of Regulatory Changes

Regulatory changes are monitored closely using the following methods:

• Engagement of outside consultants such as Joint Commission Resources and Vizient

• Monitoring of monthly TJC publications

• Industry-related newsletters and periodicals

• Monitoring regulatory websites for information regarding prepublication standards, proposed rules, or frequently asked questions

• Participation in industry audioconferences and webinars

• Participation with Kentucky Hospital Association Accreditation Committee

Environment of Care and Life Safety

The Enterprise Director of Healthcare Safety provides leadership and oversight for the environment of care and life safety requirements. Based on a predetermined schedule, safety rounds occur weekly on patient care units, in departments and on outside grounds looking for safety issues and non-compliance with standards. Focus areas for tracers are compliance with policy and standards, such as:

• Physical environment (on doors, walls, and ceiling tiles)

• Fire safety features, such as fire extinguishers, fire alarm activation devices and sprinklers

• Discussion with staff on knowledge of emergency response for fire, code silver and tornados

• Employee identification

Employee Injury Prevention

Daily reporting of employee injuries and identification of any serious employee injury is tracked and monitored by the Healthcare Safety team. Reports are shared at the Daily Briefing for Safety and Operations (DBSO) as they occur. Healthcare Safety continues the employee injury investigation and reporting to unit/department managers. Other reporting venues include:

• Excel Implementation Committee (EIC)

• Policy review and development related to the Healthcare Safety and Emergency Management Program

Safety 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 Regulatory Readiness and Accreditation 30

• 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

Enterprise Policies

UKHC implemented a new policy platform in July 2024. This system, MCN, extended access to our campus partners and is available for employees across our university system. Currently, there are 2,089 policies in the system. One of the goals of the policy platform is to help departments move policies from other locations (Teams, Share drives, etc.) to this centralized repository. This ensures staff access, awareness, and attestation (if necessary) and helps with routine updates, or archival of policies.

Clinical Contracts

The UK HealthCare Clinical Contracts Committee meets monthly for Business Owners to provide written and verbal reports of performance metrics for the vendors they monitor. The Clinical Contracts Steering Team meets weekly to provide regulatory and operational oversight and support to business owners. The Team initiated an audit in 2024 of KPIs in all clinical contracts. Policy A01-135 UK Healthcare Clinical Contracts reflect the current work of the committee.

Quality Measures

The Performance Improvement Coordinator provides oversight and support for quality monitoring and reporting processes at UKHC. This includes data collection processes, analysis, trending and communication or escalation of any concerns or gaps. Specific areas of focus are:

- Contracted services with Direct Difference for chart abstraction

- Reporting for HCAHPS, COVID19, HAI, Influenza, and all Medisolv submissions to CMS/TJC

- Ensure timely submission for OQR/IQR requirements

- Medisolv submission of Sepsis, OQR and Pop/Sampling data on our behalf quarterly

Radiation Safety

CY 2024 marks the third full year that the UKHC Radiation Safety Program has been fully managed by the HealthCare Enterprise. All core services have now been transitioned to be internal to UKHC operations.

The UKHC Associate Chief Radiation Safety Officer and Radiation Safety Officer partners with the UK Radiation Safety Committee and the UKHC Radiation Quality and Safety Committee to establish policies and practices to ensure a positive radiation safety culture and compliance with safety standards.

This includes oversight for compliance in x-ray safety programs, compliance monitoring and metric development in the occupational radiation dosimetry program, and in laying groundwork for establishing a HealthCare enterprise Laser Safety program. In addition, several major projects related to radiation safety continue in the IT space that have significant operational, compliance and patient safety impacts.

More specifically, this includes the following:

- Directly supported radiation therapies

- Radioactive materials shipments

- Radioactive waste disposal

- Control of radiation dose to the public

- Radiation incidents

- Occupational radiation dosimetry monitoring

- Radiation safety training program

- Radiation safety web-based training

- Patient radiation dose monitoring

- Research support and review

- X-ray safety and compliance inspections 31

Strategic Leadership in Quality and Safety:

- Collaborate with leadership teams to drive regulatory strategy, setting the vision and direction for regulatory compliance as a cornerstone of patient safety and quality improvement.

- Utilize data and analytics to monitor compliance performance, identify trends, and proactively address areas for improvement.

- Develop and lead training programs to educate staff and leaders on regulatory standards, emphasizing the importance of compliance in achieving high-quality care.

Performance Measurement and Reporting:

- Develop and monitor key performance indicators (KPIs) related to regulatory compliance and quality standards, providing regular reports to executive leadership and the Board of Directors

- Oversee the implementation of compliance and quality assurance dashboards, enabling real-time monitoring and data-driven decision-making.

- Ensure that all compliance-related documentation is accurate, up-to-date, and readily available for regulatory review.

HEALTHCARE SAFETY AND EMERGENCY MANAGEMENT PROGRAM

The UK HealthCare Director of Emergency Management maintains oversight of the program. The UKHC Associate Chief Regulatory Officer serves as the Emergency Management Coordinator and ensures compliance with TJC EM Standards and CMS Conditions of Participations. The EM Director and EM Coordinator co-lead the Emergency Management Committee (EM Committee).

The EM Committee is a multidisciplinary group comprised of but not limited to representatives from the following: administration, physician and nursing leadership, transplant, emergency department, facilities management, physical plant, and multiple ancillary departments. The EM Committee ensures a Hazard Vulnerability Assessment (HVA) is conducted annually to facilitate revision to this plan and associated procedures utilizing an all-hazards approach. In addition, the EM Committee participates in development of policies and procedures, planning exercises, and the review of performance initiatives.

The University of Kentucky HealthCare Emergency Management Program describes the basic strategies, assumptions, policies, mechanisms, operational goals, and objectives through which the enterprise will mobilize resources. These elements guide hospital leadership to respond and coordinate activities for support and emergency operation efforts. These actions are supported through best practice efforts of prevention, mitigation, preparedness, response, and recovery.

The UKHC Emergency Management Program (EMP) is the response/recovery support department for UKHC disaster response. The foundation of the Emergency Operations Plan (EOP) is the HealthCare Incident Command System (HICS), an incident management tool, which provides an efficient and effective utilization of hospital resources in response to an incident. This tool is the Incident Command System (ICS) used by public safety agencies and other participants in regional emergency response, enhancing our interoperability and streamlining communication and coordination during a crisis. HICS, ensures the hospital meets requirements as outlined by the Centers for Medicare and Medicaid Services (CMS), the Joint Commission (TJC) and the United States Department of Homeland Security (DHS) National Incident Management System (NIMS) for optimally managing crisis incidents.

The chain of command incorporates four sections -- Logistics, Planning, Finance, and Operations. The sections fall under an overall Hospital Incident Commander (IC). Each of the four areas has a Section Chief assigned by the UKHC EM Director. The Section Chiefs designate directors and unit leaders to sub-functions, with supervisors and officers fulfilling other critical roles. This plan is intended to be flexible in every aspect. Since it is impossible Healthcare Safety and Emergency Management Program 32 to precisely predict the nature or scope of an emergency, the intention is that it is a guide - modified as needed at the direction of competent authority. The plan does not prescribe every step for every person in every possible situation. Instead, it creates a framework adaptable to various situations.

The University of Kentucky HealthCare enterprise will test its emergency operations plan twice a year, either in response to an actual emergency or a planned exercise. Implementation is documented in the form of an AfterAction Report/Improvement Plan (AAR/IP). AAR/IPs are utilized to critique preparedness and response of the EM program and UKHC. Findings are used to identify opportunities to improve staff training, equipment needs, EOP shortfalls, the planning process, or the resources available to staff. AAR/IPs resulting in identified areas of improvement shall be assigned to the best qualified person to implement mitigation or correction strategies. All training and exercise AAR/IPs shall be completed, recorded, and maintained by the EM Educator. Any AAR/IP resulting from a significant incident or HICS activation will be the responsibility of the EM Specialist. All AAR/IPs shall be maintained for historical purposes in the AAR/IP Progress Log. Staff required to respond during emergencies receive training specific to the roles and responsibilities they are expected to perform. Training may include the use of personal protective equipment or other specialized equipment required.