

UNIVERSITY OF KENTUCKY BOARD OF TRUSTEES



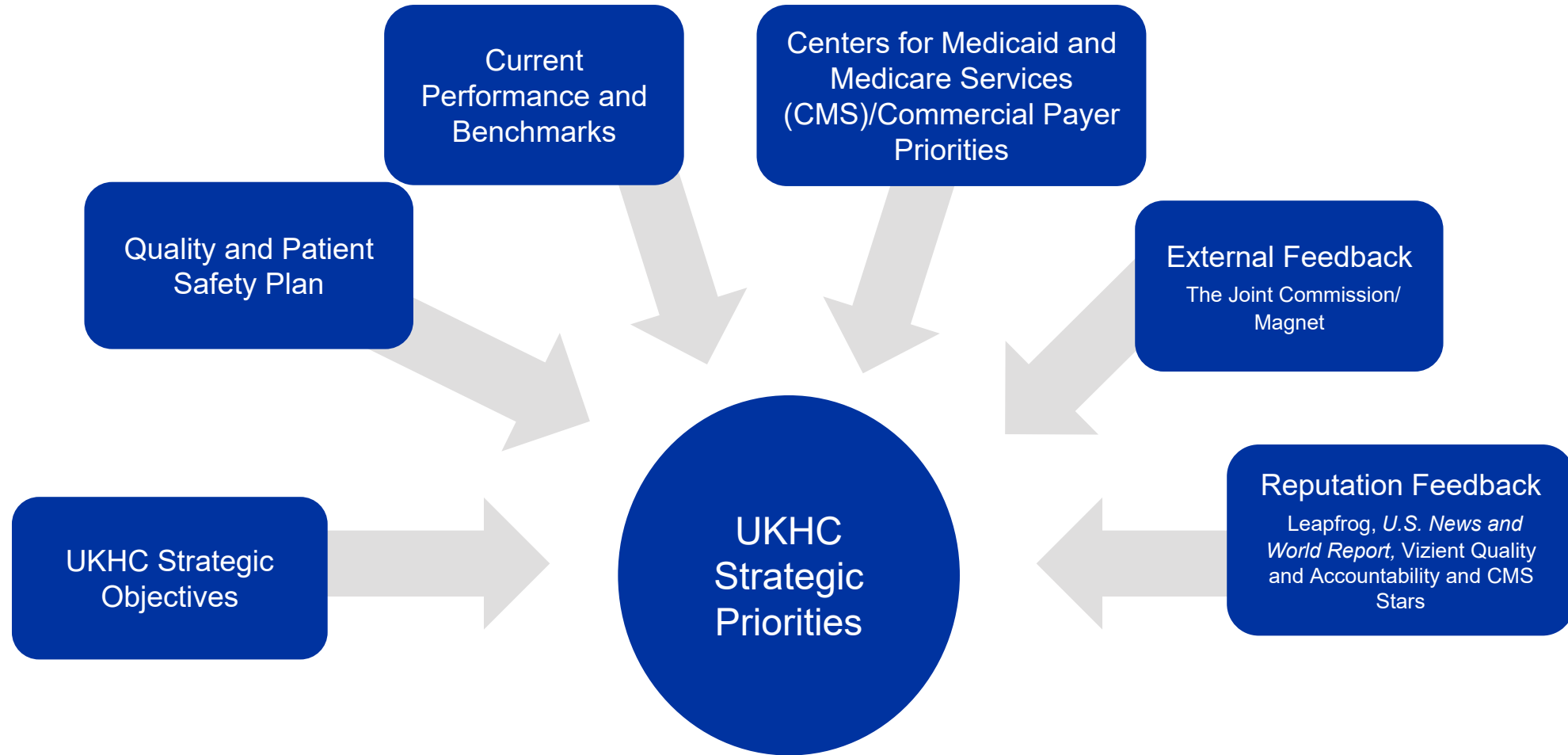
Jennifer Rose, Senior AVP Chandler Expansion and Performance Improvement, UK HealthCare



AN EQUAL OPPORTUNITY UNIVERSITY

FY2026 ENTERPRISE GOALS

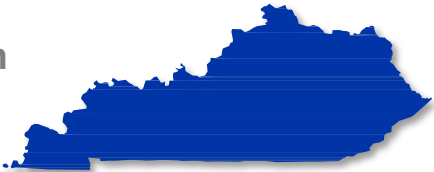
INPUTS TO PRIORITY DEVELOPMENT



SCORECARD ALIGNMENT TO STRATEGIC REFRESH

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.



ADVANCING KENTUCKY

ADVANCED CARE



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



VALUE, ACCESS
and EFFICIENCY

SAFE CARE

TAKING CARE OF OUR PEOPLE
AND OUR PARTNERS



Comprehensive care strategy for our employees, the immediate neighborhood, and our partners across the Commonwealth



EXTRAORDINARY
ENGAGEMENT

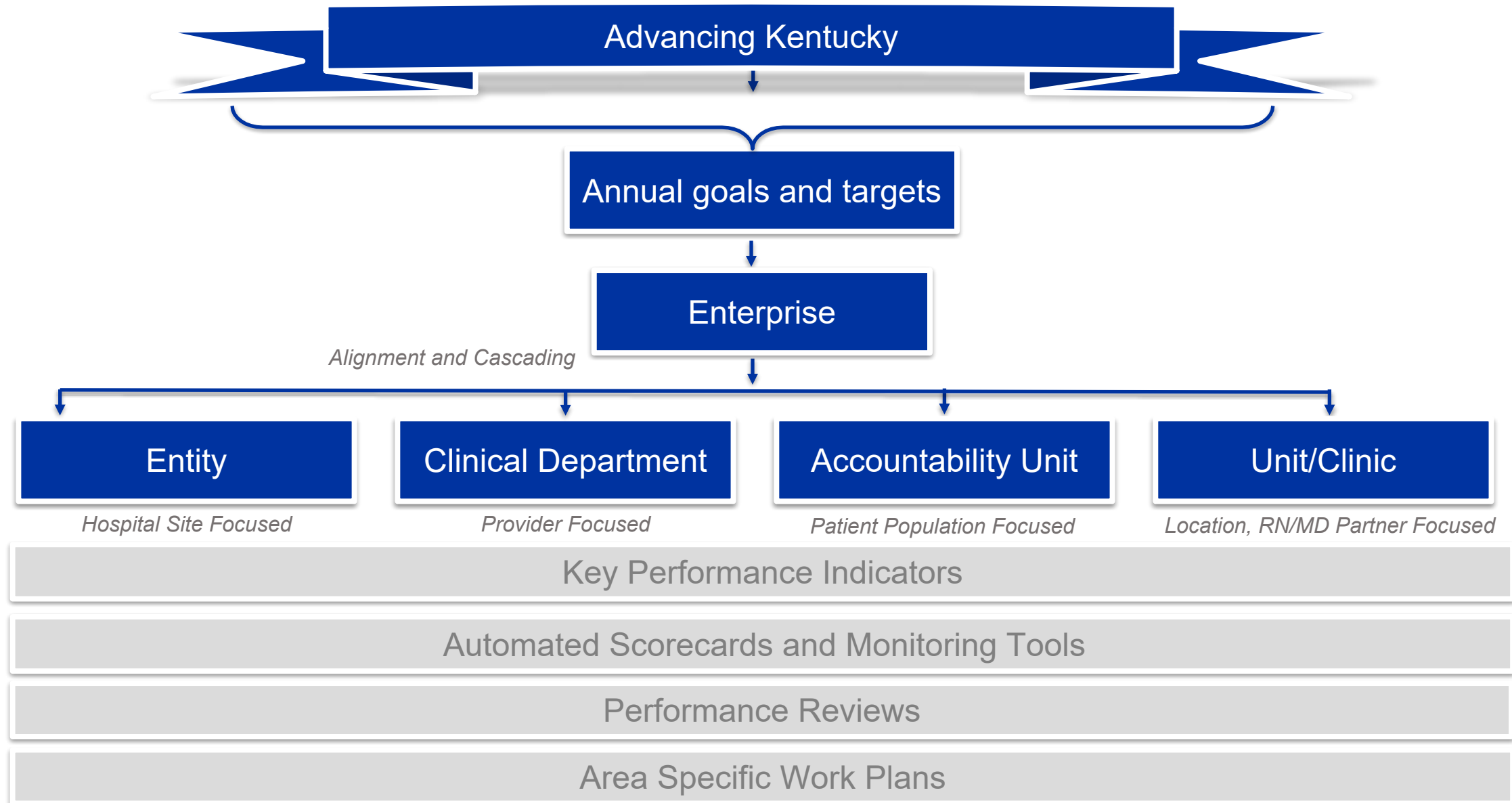
DISTINCTION



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



EXCEPTIONAL
CLINICAL CARE






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 and 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.

ENTERPRISE BENCHMARKS

Balanced Scorecard Category	Metric	Benchmark Peer Group
Exceptional Clinical Care	Value-Based Payment Screening Metrics	Medicare Merit-based Incentive Payment System (MIPS) Historical Quality Benchmarks
	Mortality Index	Vizient Q and A Comprehensive Academic Medical Centers
Extraordinary Engagement	Rate the Hospital/Likelihood to Recommend	Press Ganey University Health System Consortium
	Staff Turnover Rate	Vizient
Safe Care	Hand Hygiene Compliance	Internal Improvement
	Hospital-Acquired Infections (CAUTI, CLABSI, MRSA, SSI)	Vizient Q and A Comprehensive Academic Medical Centers, Centers for Medicare and Medicaid Services
	Patient Safety Events (Falls, Pressure Injuries, Hypoglycemia, Maternal Complications)	Vizient Q and A Comprehensive Academic Medical Centers
Value, Access and Efficiency	Readmission Rate	Vizient Q and A Comprehensive Academic Medical Centers
	Length of Stay Index	Vizient Q and A Comprehensive Academic Medical Centers
	Personnel and Non-Personnel Expenses	Budget
	Strategic Volumes (Ambulatory Service Visits, Total Discharges, Operating Room Cases)	
	Access: New Patients Seen within 10 Days	Vizient AAMC Clinical Practice Solution Center

EXCEPTIONAL CLINICAL CARE



Metric	Neonate Mortality Index	Pediatric Mortality Index	Mortality Index - Enterprise Adult	Colorectal Cancer Screening	Controlling High Blood Pressure	Well-Child Visits, 3-6 Years	Well-Child Visits, 0-15 Months	Statin Therapy for Cardiovascular Disease
FY26 Baseline	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25
	0.68	0.57	0.80	75.23%	74.41%	84.62%	77.44%	77.20%
FY26 Target	0.75	0.63	0.70	75.00%	74.00%	90.00%	79.60%	84.90%
	75 th %tile	75 th %tile	80 th %tile	Stepped Improvement	Stepped Improvement	CY26 MDP Threshold	CY26 MDP Threshold	CY26 MDP Threshold
FY27 Target	Top Quartile	Top Quartile	Top Decile	Top Decile	Top Decile	Top Quartile	Top Quartile	Top Quartile
FY28 Target	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile
Benchmark	Vizient Quality and Accountability Specialty – KCH Selected Cohort 2025	Vizient Quality and Accountability Specialty – KCH Selected Cohort 2025	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025	Medicare Merit-based Incentive Payment System (MIPS) Historical Quality Benchmarks	Medicare Merit-based Incentive Payment System (MIPS) Historical Quality Benchmarks	Medicare Merit-based Incentive Payment System (MIPS) Historical Quality Benchmarks	Medicare Merit-based Incentive Payment System (MIPS) Historical Quality Benchmarks	Medicare Merit-based Incentive Payment System (MIPS) Historical Quality Benchmarks

EXTRAORDINARY ENGAGEMENT

	Provide More Value						Invest in Our People
Metric	Child CAHPS* - Rate Hospital Stay	Emergency Department - Likelihood of Recommending	HCAHPS** - Rate the Hospital	OAS CAHPS*** - Facility Rating	Outpatient Services Survey - Likelihood to Recommend	Medical Practice - Likelihood to Recommend the Practice	Turnover
FY26 Baseline	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25
	68.66%	79.31	74.98%	85.51%	96.02	95.65	14.37%
FY26 Target	74.90%	81.60	73.40%	88.80%	95.70	96.00	13.60%
	Step to Top Quartile	Step to Top Quartile	Step to Top Quartile	Step to Top Quartile	Step to Top Quartile	Step to Top Quartile	Top Quartile
FY27 Target	Top Quartile	Top Quartile	Top Decile	Top Decile	Top Decile	Top Quartile	85 th Percentile
FY28 Target	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile	Top Decile
Benchmark	Press Ganey University Health System Consortium	Press Ganey University Health System Consortium	Press Ganey University Health System Consortium	Press Ganey University Health System Consortium	Press Ganey University Health System Consortium	Press Ganey University Health System Consortium	Vizient ODB Quality and Accountability Comprehensive Academic Medical Centers

*Consumer Assessment of Healthcare Providers and Systems

**Hospital Consumer Assessment of Healthcare Providers and Systems

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

SAFE CARE – HOSPITAL ACQUIRED INFECTIONS



Metric	Hand Hygiene	NHSN CAUTI SIR-Adult/Peds	NHSN CLABSI SIR-Adult/Peds	NHSN MRSA SIR-Adult/Peds	NHSN SSI- COLO SIR- Adult/Peds	NHSN SSI- HYST SIR- Adult	PSI*-13 Postoperative Sepsis Rate	Sepsis Management Bundle
FY26 Baseline	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Jan '24 – Dec '24
	93.34%	0.61	0.82	1.36	0.99	1.22	0.77	22.26%
FY26 Target	90%	0.52	0.72	0.65	0.72	0.88	0.40	52.30%
	Internal Improvement	Step to Top Quartile	Step to Top Quartile	Step to Top Quartile	Step to Top Quartile	Step to Top Quartile	Top Quartile	Median
FY27 Target	95%	Top Quartile	Top Quartile	Top Quartile	Top Quartile	Top Quartile	Top Quartile	Median
FY28 Target	95%	85 th %tile	85 th %tile	Top Quartile	85 th %tile	85 th %tile	Top Quartile	Top Quartile
Benchmark	Leapfrog Standard	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025	CMS - Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025

*Patient Safety Indicator for AHRQ (Agency for Healthcare Research and Quality) Measure

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

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

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

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

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



New measure

SAFE CARE – PATIENT SAFETY EVENTS



Metric	PSI*-03 Pressure Ulcer Adult (rate per 1,000)	PSI*-08 In-Hospital Fall- Associated Fracture (rate per 1,000)	PSI*-11 Postoperative Respiratory Failure (rate per 1,000)	Hypoglycemia in Insulin Use-Adult	Maternal Hemorrhage	Unplanned Extubation Rate (Peds)
FY26 Baseline	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25
	0.33	1.32	1.09	2.10%	6.73%	0.34
FY26 Target	0.52	0.77	0.73	2.28%	7.10%	0.32
	Top Quartile	Step to Median	Step to Median	Step to Top Quartile	Top Quartile	Internal Improvement
FY27 Target	85 th %tile	Median	Median	Top Quartile	Top Quartile	Internal Improvement
FY28 Target	Top Decile	Top Quartile	Top Quartile	Top Decile	Top Decile	Internal Improvement
Benchmark	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025	Vizient Quality and Accountability Specialty – UKHC Obstetrics Selected Cohort 2025	Solutions for Patient Safety

*Patient Safety Indicator for AHRQ (Agency for Healthcare Research and Quality) Measure



New measure

VALUE, ACCESS AND EFFICIENCY



Metric	30-Day All Cause Unplanned Readmission Rate - Enterprise Adult	30-Day All Cause Unplanned Readmission Rate - Pediatric	Readmission for a Complication of Care within 30 Days	Pediatric Length of Stay Index	Neonatal Length of Stay Index	Adult Length of Stay Index	Percent of New Patients Seen within 10 Days	MyChart Self- Scheduling
FY26 Baseline	Jan '24 – Dec '24	Jan '24 – Dec '24	Jan '24 – Dec '24	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25	Feb '24 – Jan '25
	13.11%	5.79%	25.39	0.83	0.90	0.96	40.52%	3.70%
FY26 Target	11.70%	6.39%	20.92	0.93	0.80	0.91	42.68%	7.40%
	Median	Median	Step to Median	Top Quartile	Top Quartile	Top Quartile	Top Quartile	Top Quartile
FY27 Target	60 th Percentile	Top Quartile	Median	Top Quartile	Top Quartile	Top Quartile	Top Decile	Top Quartile
FY28 Target	65 th Percentile	Top Decile	Top Quartile	Top Quartile	Top Quartile	Top Decile	Top Decile	Top Decile
Benchmark	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025	Vizient Quality and Accountability Specialty – KCH Selected Cohort 2025	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025	Vizient Quality and Accountability Specialty – KCH Selected Cohort 2025	Vizient Quality and Accountability Specialty – KCH Selected Cohort 2025	Vizient Quality and Accountability Comprehensive Academic Medical Centers 2025	Vizient AAMC Clinical Practice Solution Center	Epic Academic Hospitals



New measure

VALUE, ACCESS AND EFFICIENCY

Balanced Scorecard Category	Strategic Objective	Metric	Benchmark
Value, Access and Efficiency	Advance Care Strategically	Strategic Volumes (Ambulatory Service Visits, Emergency Department Visits, Total Discharges, Operating Room Cases)	Budget
		Personnel and Non-Personnel Expenses	Budget

FY2026 ORGANIZATION QUALITY IMPROVEMENT PLAN

ANNUAL ORGANIZATION QUALITY AND PERFORMANCE IMPROVEMENT PLAN REQUIREMENTS

The Joint Commission Standards state:

- Leadership Standard LD.01.03.01 states that the governing body is ultimately accountable for the safety and quality of care, treatment, and services.
- This is accomplished through the use of data and information to guide decisions in performance improvement.
- Additionally, the Performance Improvement Standard 02.01.01 states that the hospital has a performance improvement plan that is reviewed at least annually by leadership and the plan will reflect any changes in strategic priorities and in response to changes in the internal or external environment.

FY2026 ANNUAL ORGANIZATION QUALITY AND PERFORMANCE IMPROVEMENT PLAN

- Links mission, vision and strategic objectives to UK HealthCare Enterprise Goals and Performance Improvement structure and initiatives
- Outlines processes and structure for performance improvement across the enterprise
- Highlights how data and information are reviewed through committee structures and governing bodies
- Describes enterprise performance improvement methodology
- Identifies the processes and outcomes that will be the focus for improvement
- Provides structure and focus for both leaders and staff that will lead to meaningful and sustainable change

UHCCR 1
UK HEALTHCARE FY2026
ORGANIZATION QUALITY
IMPROVEMENT PLAN

UHCCR 1

Office of the President
June 12, 2025

Members, Board of Trustees:

UK HEALTHCARE FY2026 ORGANIZATION QUALITY IMPROVEMENT PLAN

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

Background: 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.

QUESTIONS

