



What is Kentucky Quality Counts

Kentucky Quality Counts is the new Quality Data Collection tool for the Kentucky Hospital Association and the Kentucky Institute for Patient Safety and Quality. It is an online system that securely allows for the submission, collection and editing of all outcome and process measures for quality reporting.

Kentucky Quality Counts data collection system will begin collecting 2015 data for all initiative based measures. Previous quality data will be submitted into the system by the KHA administration.

The most critical component for utilizing information is the data from which the information is derived. The integrity and usefulness of the Kentucky Quality Counts information are based on the accurate and complete reporting of the data from each individual facility.

Kentucky Quality Counts User Roles

Facility Administrator

The facility administrator should review the Kentucky Quality Counts Manual and address any questions with KHA staff at (502) 426-6220 or website address <https://khaqualitydata.org> by clicking on Help icon. Each facility administrator will:

- Designate a primary and secondary facility data coordinator
- Designate new users for the hospital
- Inform Kentucky Hospital Association / Kentucky Institute for Patient Safety and Quality of personnel changes
- Discuss your data reporting needs with the appropriate staff members at your facility, to ensure that the various departments within your organization understand their part in the process.

The facility administrator does have the option of inputting data into the system and running reports within the system for the hospital.

Facility Data Coordinator

Each facility data coordinator will be responsible for submitting and monitoring their data. The facility data coordinator should review the Kentucky Quality Counts Manual and address any questions with KHA staff at (502) 426-6220 or website address <https://khaqualitydata.org> by clicking on Help prior to any data submission.

Facility Staff

As a facility staff person within the Kentucky Quality Counts System you will have access to run any reports within the system for the hospital(s).

Data Submission Highlights

Facilities will submit their quality data directly to Kentucky Hospital Association / Kentucky Institute for Patient Safety and Quality using the Kentucky Quality Counts data collection system.

- Monthly deadlines are established for the submission of quality data.
- Facilities will be notified of the data submission deadlines in advance, and will also receive submission deadline reminders via email.
- The method of data submission is via Kentucky Quality Counts secure internet connection. You must have access to the internet to submit the data.
- Corrections are made through our secure website through a real-time edit process.

Data Submission Timetable

Period	Start	End	Due	Close	Due Reminder	Close Reminder
January 20XX	1/1/20XX	1/31/20XX	3/1/20XX	4/1/20XX	2/15/20XX	3/21/20XX
February 20XX	2/1/20XX	2/28/20XX	4/1/20XX	5/1/20XX	3/15/20XX	4/21/20XX
March 20XX	3/1/20XX	3/31/20XX	5/1/20XX	6/1/20XX	4/15/20XX	5/21/20XX
1st Qtr 20XX	1/1/20XX	3/31/20XX	5/1/20XX	6/1/20XX	4/15/20XX	5/21/20XX

Period	Start	End	Due	Close	Due Reminder	Close Reminder
April 20XX	4/1/20XX	4/30/20XX	6/1/20XX	7/1/20XX	5/15/20XX	6/21/20XX
May 20XX	5/1/20XX	5/31/20XX	7/1/20XX	8/1/20XX	6/15/20XX	7/21/20XX
June 20XX	6/1/20XX	6/30/20XX	8/1/20XX	9/1/20XX	7/15/20XX	8/21/20XX
2nd Qtr 20XX	4/1/20XX	6/30/20XX	8/1/20XX	9/1/20XX	7/15/20XX	8/21/20XX

Period	Start	End	Due	Close	Due Reminder	Close Reminder
July 20XX	7/1/20XX	7/31/20XX	9/1/20XX	10/1/20XX	8/15/20XX	9/21/20XX
August 20XX	8/1/20XX	8/31/20XX	10/1/20XX	11/1/20XX	9/15/20XX	10/21/20XX
September 20XX	9/1/20XX	9/30/20XX	11/1/20XX	12/1/20XX	10/15/20XX	11/21/20XX
3rd Qtr 20XX	7/1/20XX	9/30/20XX	11/1/20XX	12/1/20XX	10/15/20XX	11/21/20XX

Period	Start	End	Due	Close	Due Reminder	Close Reminder
October 20XX	10/1/20XX	10/31/20XX	12/1/20XX	1/1/20XX	11/15/20XX	12/21/20XX
November 20XX	11/1/20XX	11/30/20XX	1/1/20XX	2/1/20XX	12/15/20XX	1/21/20XX
December 20XX	12/1/20XX	12/31/20XX	2/1/20XX	3/1/20XX	1/15/20XX	2/21/20XX
4th Qtr 20XX	10/1/20XX	12/31/20XX	2/1/20XX	3/1/20XX	1/15/20XX	2/21/20XX

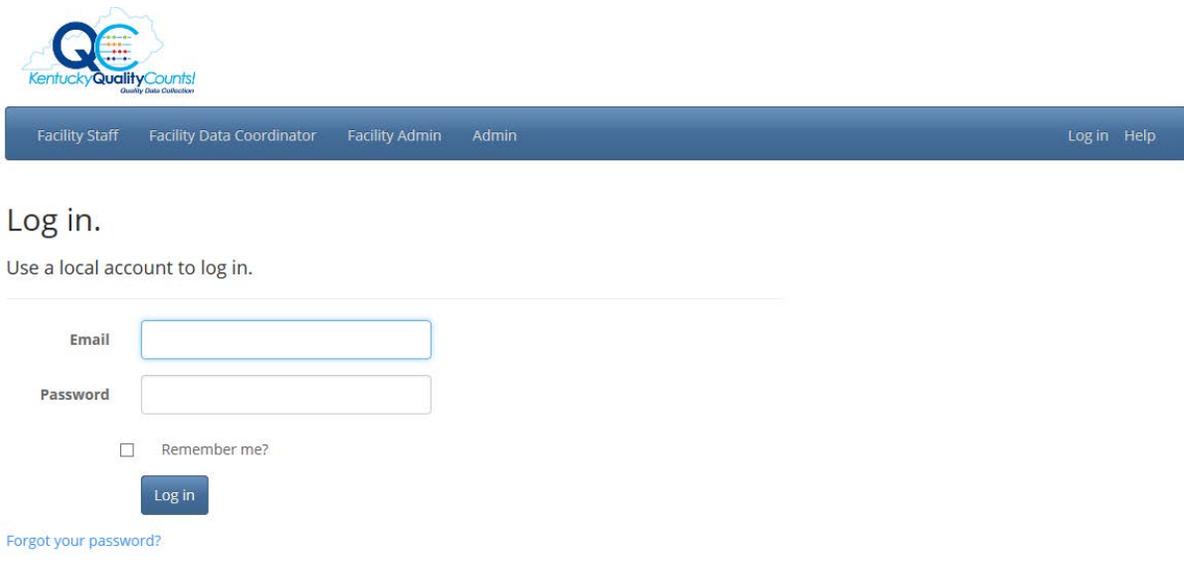
Late Submission of Data

If the period close date occurs and you have not submitted your data to Kentucky Quality Counts you will submit your data to Kentucky Hospital Association / Kentucky Institute for Patient Safety and Quality, Quality Improvement Analyst using the provided data spreadsheet. Please notify the Improvement Analyst for a copy of the data spreadsheet. The data will then be uploaded to the system in order for you to view your improvement dashboard or measure run charts.

If you find that you data is not correct you will need to contact Kentucky Hospital Association / Kentucky Institute for Patient Safety and Quality informing the Improvement Analyst of the error. The hospital will then need to submit the corrected data to KHA / KIPSQ and the Improvement Analyst will upload to Kentucky Quality Counts for the hospital.

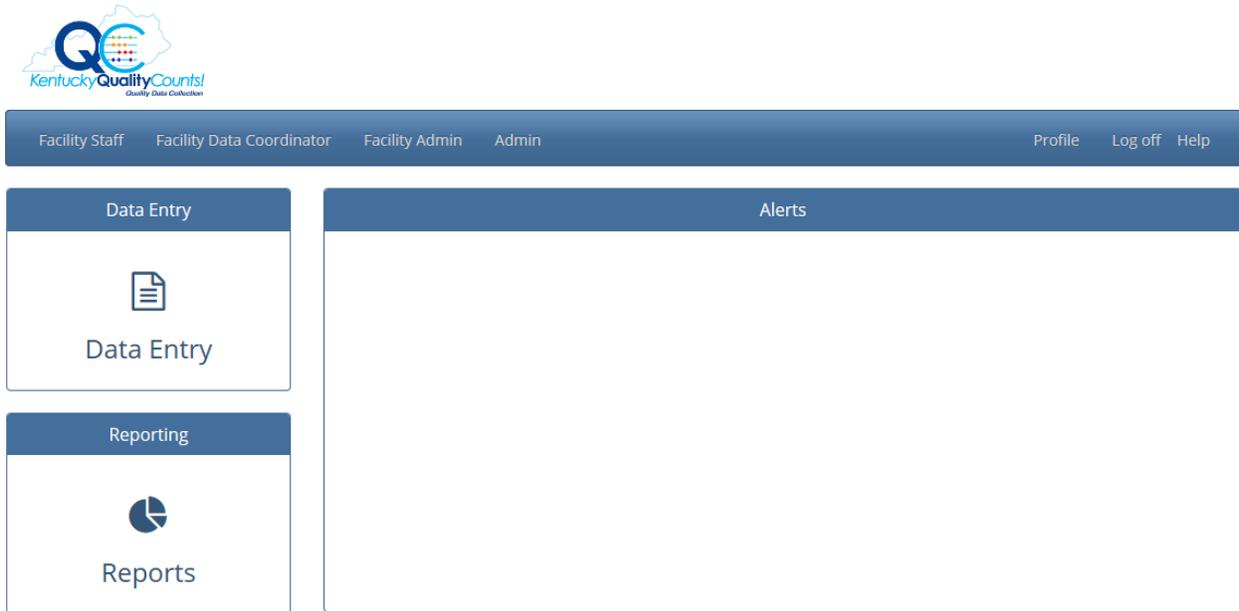
Log In

To log in to the Kentucky Quality Counts website please go to <https://khaqualitydata.org>. You will be prompted to enter your email address as your username and your password. If you forgot your password please click on [Forgot your password](#) and you will be emailed a link to reset your password. If at any time you need assistance you can click on the Help button and it will send an email directly to KHA Administration. Once you enter in your email and password you will click on Log In and it will take you to the Kentucky Quality Counts dashboard page.



The screenshot shows the login page for the Kentucky Quality Counts website. At the top left is the logo for Kentucky Quality Counts, which includes a stylized 'QC' and the text 'Kentucky Quality Counts! Quality Data Outcomes'. Below the logo is a navigation bar with links for 'Facility Staff', 'Facility Data Coordinator', 'Facility Admin', and 'Admin'. On the right side of the navigation bar are links for 'Log in' and 'Help'. The main content area has the heading 'Log in.' followed by the instruction 'Use a local account to log in.' Below this are two input fields: 'Email' and 'Password'. There is a checkbox labeled 'Remember me?' and a blue 'Log in' button. At the bottom left of the form area is a link for 'Forgot your password?'.

Kentucky Quality Counts Dashboard Page



The dashboard interface includes a top navigation bar with the following elements: Facility Staff, Facility Data Coordinator, Facility Admin, Admin, Profile, Log off, and Help. The main content area is organized into three primary sections: 'Data Entry' (represented by a document icon), 'Reporting' (represented by a pie chart icon), and 'Alerts' (represented by a large empty box).

Your Dashboard will depend on your user role. The Dashboard for users with Facility Admin and Facility Data Coordinator roles dashboard screen will have the option of Data Entry, Reports, Alerts, Profile, Log Off and Help. The Dashboard for Facility staff will all of the same options *except* Data Entry

The Profile icon (top right hand side of screen) will allow you to change your password. You will need to input your current password and then add the new password. Once you re-type the new password and click the 'change password' button your password will automatically update.



The 'Manage Account' section displays the 'Change Password Form'. It contains three input fields: 'Current password', 'New password', and 'Confirm new password'. A 'Change password' button is located below the input fields. The top navigation bar remains consistent with the dashboard screenshot.

Manage Account.

Change Password Form

Current password

New password

Confirm new password

The Data Entry page is where you will input your numerator and denominator for each of the measures that your facility is enrolled in. By clicking on the data entry button it will take you to the data entry screen as seen below:



If you have more than one facility you will want to choose the facility that you would like to enter the data for. You can switch back and forth from facility to facility.

Once you choose the facility, you will then want to choose the Period (month or quarter) on the right hand side of the page. Once you select the period all of the measures manually that the hospital is enrolled in will appear on the screen.



Test Hospital A

Period

ADE-1 CPOE Used for ED Medication Orders (CMS MU)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
ADE-12 Excessive anticoagulation with warfarin - Inpatients	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
ADE-3 CPOE Used for Inpatient Medication Orders ordered through CPOE (CMS M)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
CAUTI-113 Urinary Catheter Utilization Ratio	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
CAUTI-18 Catheter-Associated Urinary Tract Infections Rate - All Tracked Units (CDC NHSN)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
CAUTI-19 Catheter-Associated Urinary Tract Infections Rate in ICU (CDC NHSN)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
CLABSI-122 Central Line Utilization Ratio	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
CLABSI-24 CLABSI Rate - All Units (by Device Days) (CDC NHSN)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
CLABSI-25 CLABSI Rate - ICU (by Device Days) (CDC NHSN)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
CLABSI-26 NICU CLABSI Rate	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
FALLS-34 Fall Risk Assessment Completed within 24 Hours of Admission	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
FALLS-37 Falls With or Without Injury (NSC-4)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
FALLS-38 Falls With Injury (minor or greater) (NSC-5)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
OB-118 Maternal Hemorrhage	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
OB-120 ICU days among Pre-eclamptic women	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
OB-48 Birth Trauma - Injury to Neonate (AHRQ PSI 17)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
OB-49 Overall Cesarean Section Rate (AHRQ IQI-21)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
OB-49a Primary Cesarean Section (AHRQ IQI-33)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
OB-54 OB Trauma - Vaginal Delivery with Instrument (AHRQ PSI 18)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
OB-55 OB Trauma - Vaginal Delivery without Instrument (AHRQ PSI 19)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
OB-EED-40 Early Elective Delivery	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
OB-PC-05 Exclusive Breastmilk Feeding (JC-PC-05)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
PrU-56 Patients with Pressure Ulcer Risk Assessment Completed within 24 hours of Admission	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
PrU-58 Patients with at least One Stage II or Greater Nosocomial Pressure Ulcers (NSC-2)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
READ-75 Readmission within 30 days (All Cause)	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>

READ-HF-2 Evaluation of Left Ventricular Systolic Function ⓘ	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
READ-HF-30 Heart Failure 30 Readmission Rate ⓘ	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
SEPSIS-6 Postoperative Sepsis (AHRQ - PSI 13) ⓘ	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
SSI-89 Surgical Site Infection Rate (within 30 days after procedure) (CDC NHSN) ⓘ	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
VAE-96d VAC Rate-All ICU Units (CDC NHSN) ⓘ	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
VAE-96e IVAC Rate-All ICU Units (CDC NHSN) ⓘ	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
VAE-96f Possible/Probable VAP Rate-All ICU Units (CDC NHSN) ⓘ	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
VTE-104 Potentially Preventable VTE (JC-VTE-6) ⓘ	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
VTE-105 Post-op PE or DVT (All Adults) (AHRQ PSI-12) ⓘ	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
VTE-96 Venous Thromboembolism Prophylaxis (JC VTE - 1) ⓘ	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>
VTE-98 Surgery Patients Who Received Appropriate VTE Prophylaxis (SCIP VTE-2) ⓘ	<input type="text" value="Numerator"/>	<input type="text" value="Denominator"/>

 Help icon for definition of measure

You will enter the numerator and denominator for each of the measures and then click Save. Once you hit Save a **green box** will appear at the top of the screen letting you know that the **Measures for Hospital "A" saved successfully**.

If you need information regarding the measure you can move your cursor over the blue bubble with the "i" to see the definition of the measure and the numerator and denominator.

At anytime you can find a particular measure by pressing "Ctrl+F" and type in the measure and/or words within the measure and press enter and the system will find the measure.

For those measures that you are reporting Quarterly when you choose the quarter under Period only those measures will appear for your data entry.



Test Hospital B

Period
1st Quarter

- MORT-30-HF Heart Failure 30 Day Mortality Rate ⓘ
- MORT-30-PN Pneumonia 30 Day Mortality Rate ⓘ
- READ-HF-1 Heart Failure Discharge Instructions ⓘ
- READ-HF-2 Evaluation of Left Ventricular Systolic Function ⓘ
- READ-HF-3 Angiotensin Converting Enzyme Inhibitor (ACE-I) or Angiotensin II Receptor Blocker (ARB) for L ventricular systolic dysfunction ⓘ
- READ-PN-3b Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital ⓘ
- READ-PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient ⓘ

Numerator	Denominator

Save Cancel

After the period closes the period option in the drop down will disappear and will no longer allow you to enter data for those measures within that timeframe. You will need to contact administration at Kentucky Hospital Association / Kentucky Institute for Patient Safety and Quality to request the data to be uploaded.

At any time you can click on Dashboard to take you back to the home page.



Test Hospital A

Period
Select active period...



From the dashboard home page you can click on Reports to see your Improvement Dashboard Report or the Measure Run Charts for your hospital.



Facility Staff Facility Data Coordinator Facility Admin Admin Profile Log off Help

Data Entry



Data Entry

Reporting



Reports

Alerts

Improvement Dashboard Report



Facility Staff Facility Data Coordinator Facility Admin Admin Profile Log off Help

Dashboard / Reports

Test Hospital A

Improvements Dashboard

Test Hospital A

Kentucky Hospital Engagement Network

Measure	Baseline	Goal	Current Rate	Last Reported	Percent Change
ADE-12 Excessive anticoagulation with warfarin - Inpatients	4.37	2.62	1.04	Oct 2014	76.23 ↑
CAUTI-113 Urinary Catheter Utilization Ratio	43.05	25.83	45.80	Aug 2014	6.40 ↓
CAUTI-18 Catheter-Associated Urinary Tract Infections Rate - All Tracked Units (CDC NHSN)	0.00	0.00	1.09	Aug 2014	↓
CAUTI-19 Catheter-Associated Urinary Tract Infections Rate in ICU	4.44	2.66	1.09	Aug 2014	75.37 ↑

You will choose the hospital that you would like to see the Improvement Dashboard Report for. If you do not have more than one hospital then your hospital will appear by default.

The Improvement Dashboard Report will provide you with the following information by initiative:

- Each measure that the hospital is enrolled in
- Your baseline
- Your baseline period
- The goal for the measure
- Your current rate (last three months of data entered)
- Last reported – the last month of data reported for each measure
- Percent change
- Up and Down Arrows that will indicate if you are trending in the right direction

Each measure will be listed by initiative so if your hospital is enrolled in several initiatives you will see the initiative listed at the top and then the measures that appear under the initiative.



Facility Staff Facility Data Coordinator Facility Admin Admin Profile Log off Help

Dashboard / Reports

Test Hospital A

Improvements Dashboard

Patient Safety for Mom & Baby

Measure	Baseline	Goal	Current Rate	Last Reported	Percent Change
CLABSI-26 NICU CLABSI Rate	0.00	1.00	0.00	Aug 2014	
OB-118 Maternal Hemorrhage	4.25	3.82	4.13	Nov 2014	2.69 ↑
OB-49 Overall Cesarean Section Rate (AHRQ IQI-21)	30.68	27.61	32.02	Jun 2014	4.37 ↓
OB-49a Primary Cesarean Section (AHRQ IQI-33)	16.17	14.55	16.88	Jun 2014	4.43 ↓
OB-EED-40 Early Elective Delivery	0.00	3.00	0.00	Nov 2014	
OB-PC-05 Exclusive Breastmilk Feeding (JC-PC-05)	41.19	45.31	34.02	Jul 2014	17.39 ↓

Dashboard / Reports

Test Hospital A

Improvements Dashboard

Kentucky Hospital Engagement Network

Measure	Baseline	Goal	Current Rate	Last Reported	Percent Change
ADE-12 Excessive anticoagulation with warfarin - Inpatients	4.37	2.62	1.04	Oct 2014	76.23 ↑
CAUTI-113 Urinary Catheter Utilization Ratio	43.05	25.83	45.80	Aug 2014	6.40 ↓
CAUTI-18 Catheter-Associated Urinary Tract Infections Rate - All Tracked Units (CDC NHSN)	0.00	0.00	1.09	Aug 2014	↓
CAUTI-19 Catheter-Associated Urinary Tract Infections Rate in ICU (CDC NHSN)	4.44	2.66	1.09	Aug 2014	75.37 ↑
CLABSI-122 Central Line Utilization Ratio	33.35	20.01	32.12	Aug 2014	3.69 ↑

You can print the Improvement Dashboard Report by clicking on “Ctrl+P”.

Resources

Contact Information

Kentucky Hospital Association / Kentucky Institute for Patient Safety and Quality
 2501 Nelson Miller Parkway
 Louisville, KY 40223

(502) 426-6220

Kentucky Quality Counts Website

<https://khaqualitydata.org>