

**Kentucky Hospital Engagement
Network (K-HEN) Needs Assessment
Survey Summary**





Kentucky Hospital Engagement Network Needs Assessment Summary

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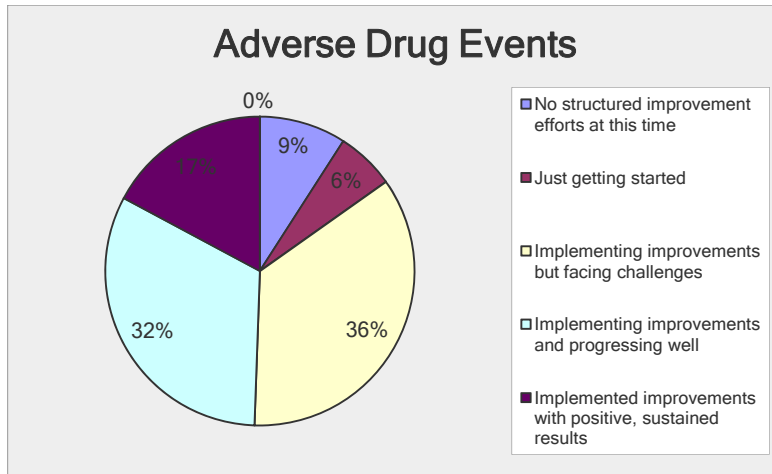
For further information about the publication, or for additional copies, please contact:

Elizabeth Cobb
Vice President, Health Policy
Kentucky Hospital Association
P.O. Box 436629
Louisville, KY 40253-6629
502-426-6220
ecobb@kyha.com

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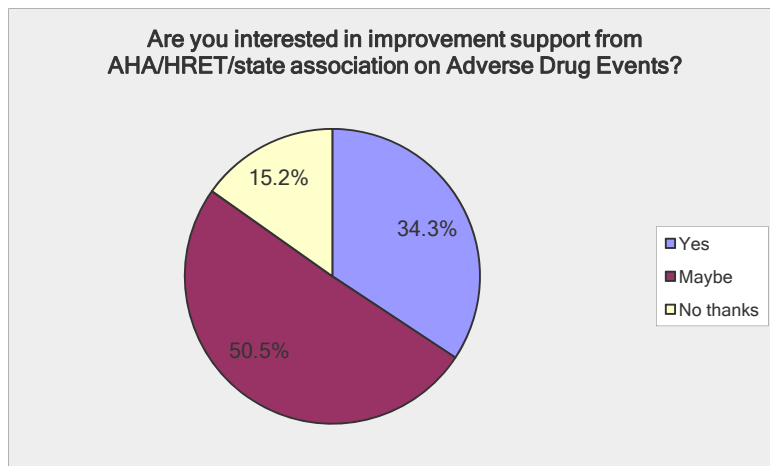
Please tell us about your improvement work with Adverse Drug Events

Answer Options	Response Percent	Response Count
No structured improvement efforts at this time	9.1%	9
Just getting started	6.1%	6
Implementing improvements but facing challenges	35.4%	35
Implementing improvements and progressing well	32.3%	32
Implemented improvements with positive, sustained results	17.2%	17
Not applicable	0.0%	0
answered question		99
skipped question		9



Are you interested in improvement support from AHA/HRET/state association on Adverse Drug Events?

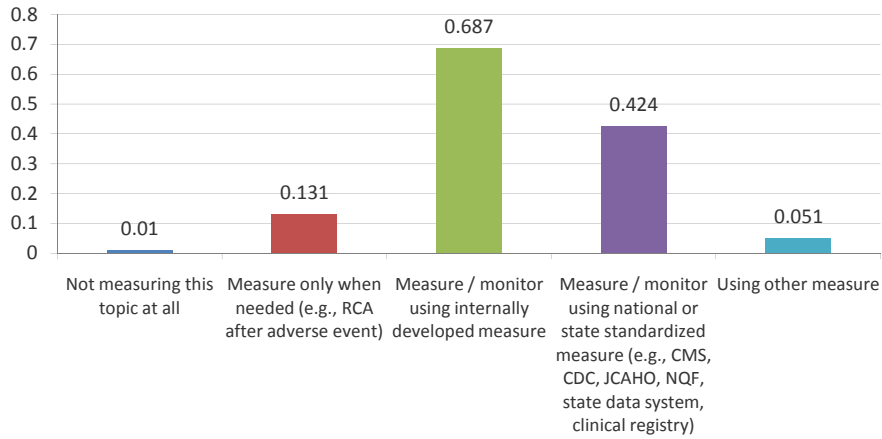
Answer Options	Response Percent	Response Count
Yes	34.3%	34
Maybe	50.5%	50
No thanks	15.2%	15
answered question		99
skipped question		9



How are you measuring quality or monitoring improvement efforts? (mark all that apply)

Answer Options	Response Percent	Response Count
Not measuring this topic at all	1.0%	1
Measure only when needed (e.g., RCA after adverse event)	13.1%	13
Measure / monitor using internally developed measure	68.7%	68
Measure / monitor using national or state standardized	42.4%	42
Using other measure	5.1%	5
answered question		99
skipped question		9

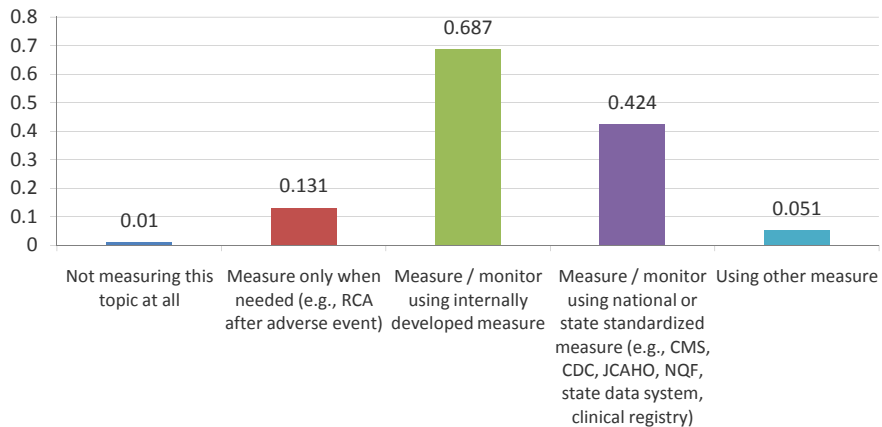
How are you measuring quality or monitoring improvement efforts on Adverse Drug Events?



How are you collecting / reporting the data? (mark all that apply)

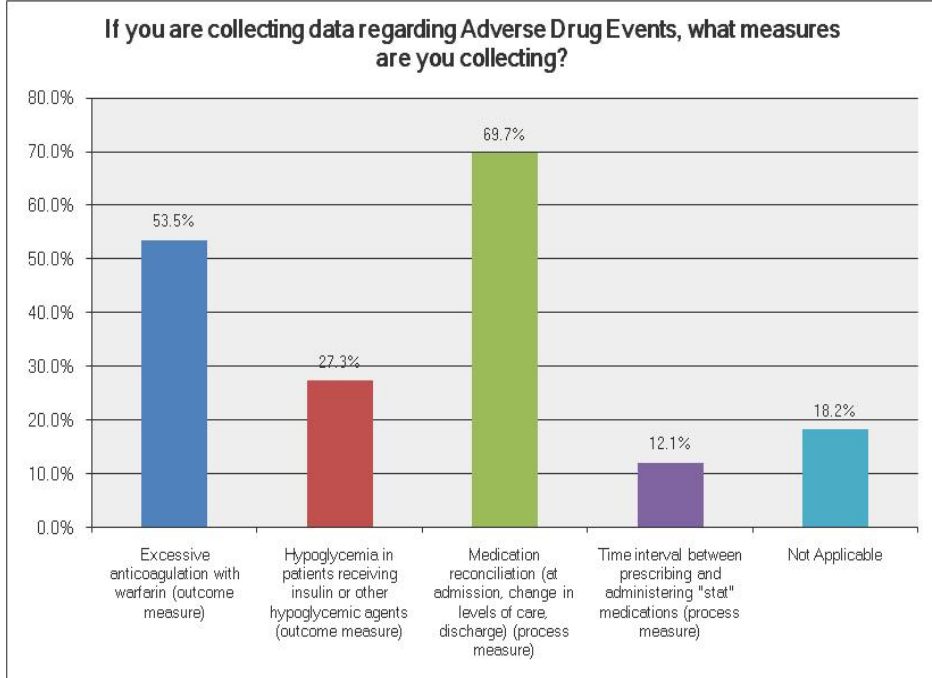
Adverse Drug Events	Response Percent	Response Count
Not reporting on this topic	1.0%	1
Internal reports only	82.8%	82
Voluntary external reporting (to state agency, national)	23.2%	23
Mandatory external reporting (to state agency, national)	13.1%	13
Other reporting	8.1%	8
answered question		99
skipped question		9

How are you measuring quality or monitoring improvement efforts? (mark all that apply)



8. If you are collecting data regarding Adverse Drug Events, what measures are you collecting? And if you are submitting data outside the hospital or system please tell us where you are sending the data in the blank provided? (for example, NHSN, Benchmarking program, IHI) - Mark all that apply

Answer Options	Response Percent	Response Count
Excessive anticoagulation with warfarin (outcome measure)	53.5%	53
Hypoglycemia in patients receiving insulin or other hypoglycemic	27.3%	27
Medication reconciliation (at admission, change in levels of care,	69.7%	69
Time interval between prescribing and administering "stat"	12.1%	12
Not Applicable	18.2%	18
Other		8
answered question		99
skipped question		9

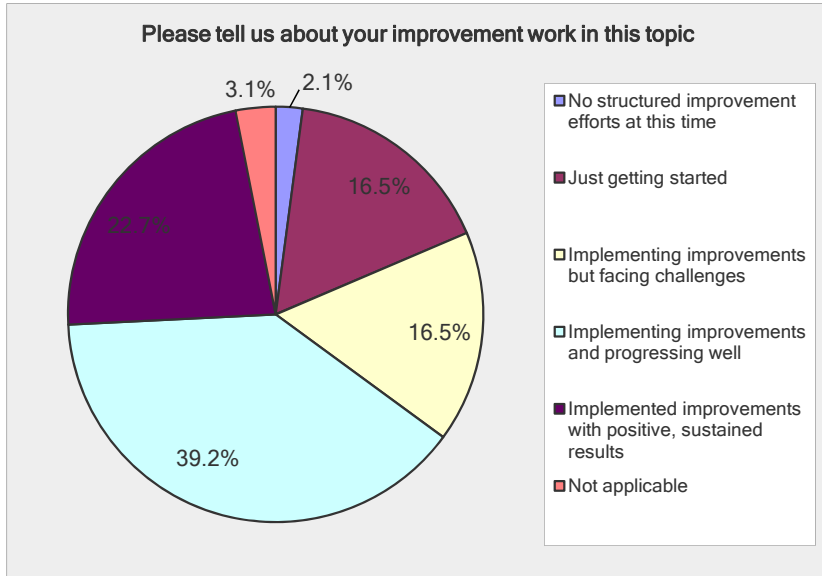


Other: If you are collecting data regarding Adverse Drug Events, what measures are you collecting? And if you are submitting data outside the hospital or system please tell us where you are sending the data in the blank provided? (for example, NHSN, Benchmarking

N/A

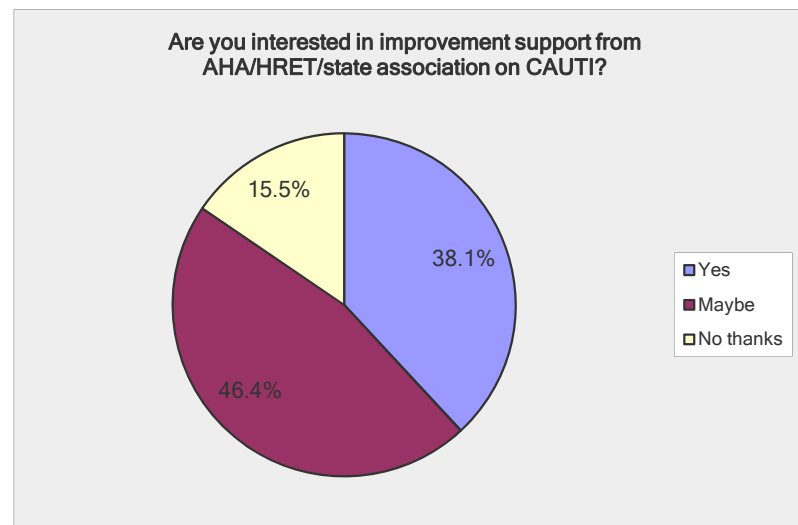
Please tell us about your improvement work with CAUTI

Answer Options	Response Percent	Response Count
No structured improvement efforts at this time	2.1%	2
Just getting started	16.5%	16
Implementing improvements but facing challenges	16.5%	16
Implementing improvements and progressing well	39.2%	38
Implemented improvements with positive, sustained results	22.7%	22
Not applicable	3.1%	3
answered question		97
skipped question		11



Are you interested in improvement support from AHA/HRET/state association on CAUTI

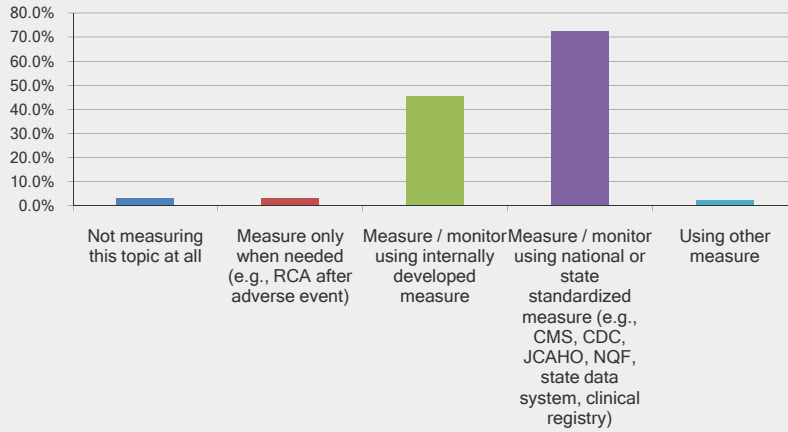
Answer Options	Response Percent	Response Count
Yes	38.1%	37
Maybe	46.4%	45
No thanks	15.5%	15
answered question		97
skipped question		11



How are you measuring quality or monitoring improvement efforts on CAUTI? (mark all that apply)

Answer Options	Response Percent	Response Count
Not measuring this topic at all	3.1%	3
Measure only when needed (e.g., RCA after adverse event)	3.1%	3
Measure / monitor using internally developed measure	45.4%	44
Measure / monitor using national or state standardized	72.2%	70
Using other measure	2.1%	2
answered question		97
skipped question		11

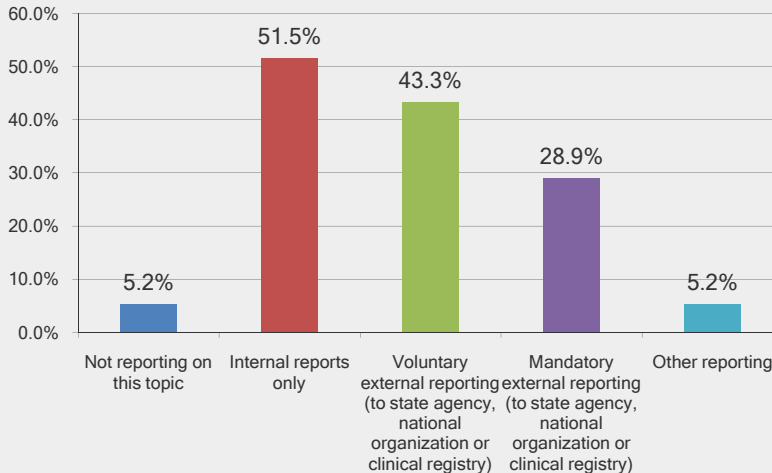
How are you measuring quality or monitoring improvement efforts on CAUTI ?



How are you collecting / reporting the data on CAUTI?

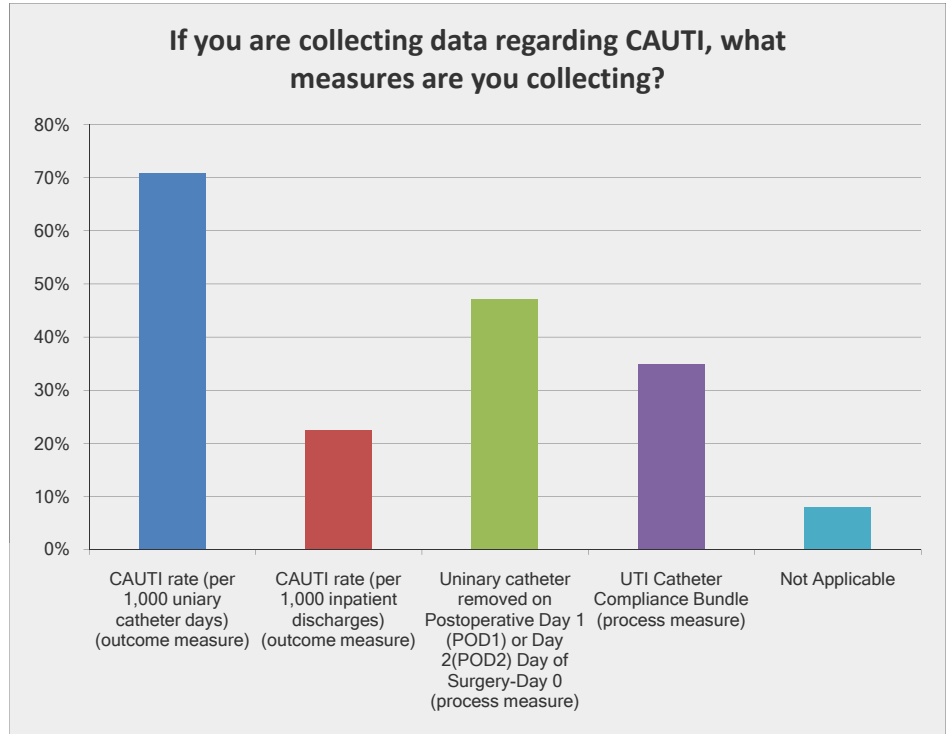
Answer Options	Response Percent	Response Count
Not reporting on this topic	5.2%	5
Internal reports only	51.5%	50
Voluntary external reporting (to state agency, national	43.3%	42
Mandatory external reporting (to state agency, national	28.9%	28
Other reporting	5.2%	5
answered question		97
skipped question		11

How are you collecting / reporting the data on CAUTI?



If you are collecting data regarding CAUTI, what measures are you collecting? And, if you are submitting data outside the hospital or system please tell us where you are sending the data in the blank provided? (for example, NHSN, Benchmarking program, IHI)-Mark all that apply

Answer Options	Response	Response
	Percent	Count
CAUTI rate (per 1,000 urinary catheter days) (outcome measure)	70.8%	63
CAUTI rate (per 1,000 inpatient discharges) (outcome measure)	22.5%	20
Urinary catheter removed on Postoperative Day 1 (POD1) or UTI Catheter Compliance Bundle (process measure)	47.2%	42
UTI Catheter Compliance Bundle (process measure)	34.8%	31
Not Applicable	7.9%	7
If for other than internal reporting, please list any external entities to which you su		0
	answered question	89
	skipped question	19

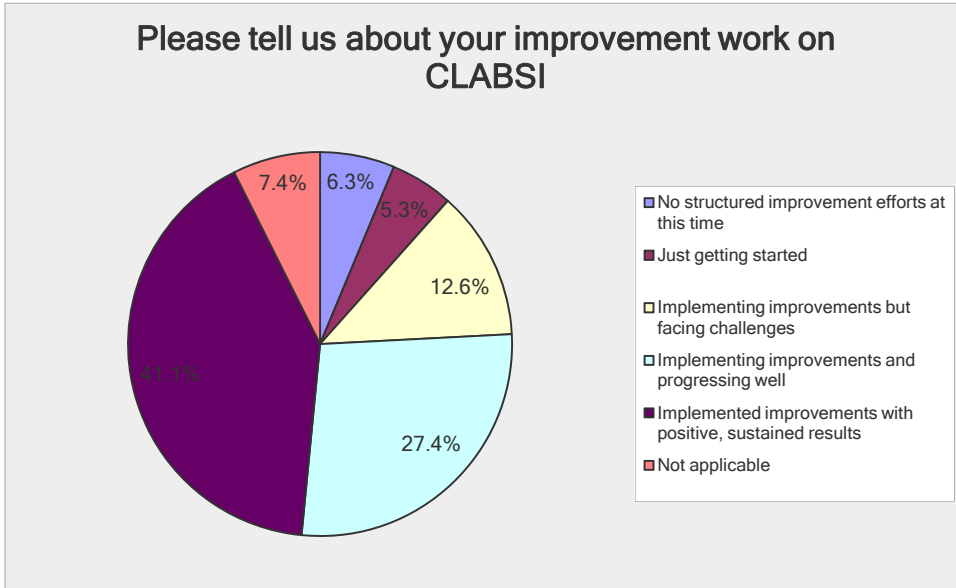


If for other than internal reporting, please list any external entities to which you submit CAUTI data.

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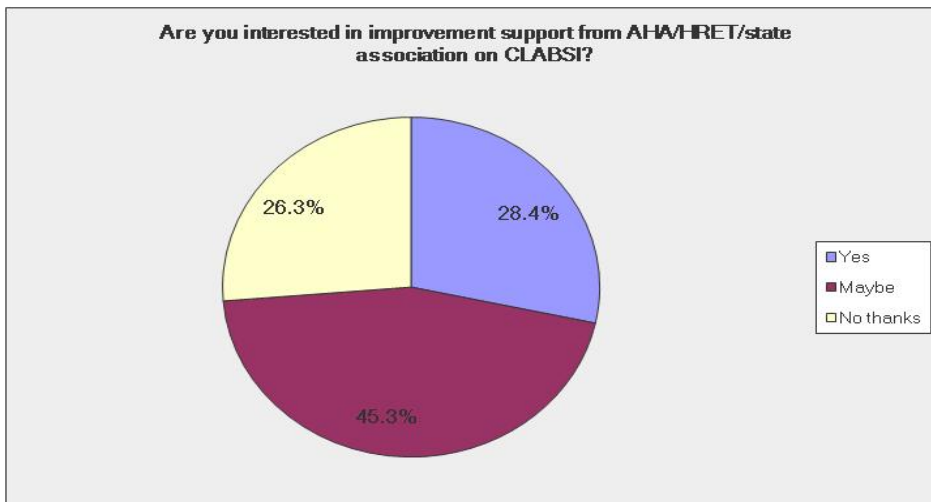
Please tell us about your improvement work on CLABSI

Answer Options	Response Percent	Response Count
No structured improvement efforts at this time	6.3%	6
Just getting started	5.3%	5
Implementing improvements but facing challenges	12.6%	12
Implementing improvements and progressing well	27.4%	26
Implemented improvements with positive, sustained results	41.1%	39
Not applicable	7.4%	7
<i>answered question</i>		95
<i>skipped question</i>		13



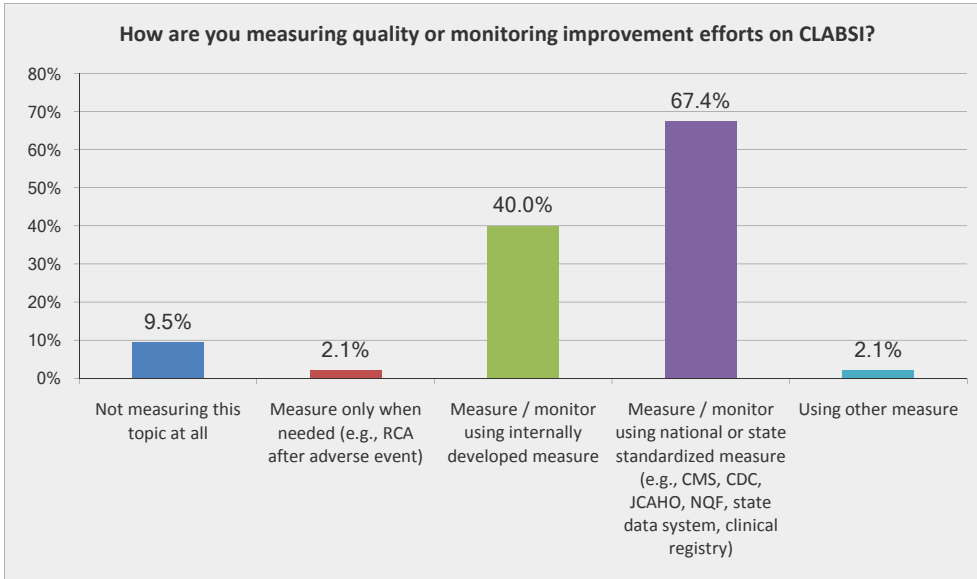
Are you interested in improvement support from AHA/HRET/state association on CLABSI?

Answer Options	Response Percent	Response Count
Yes	28.4%	27
Maybe	45.3%	43
No thanks	26.3%	25
<i>answered question</i>		95
<i>skipped question</i>		13



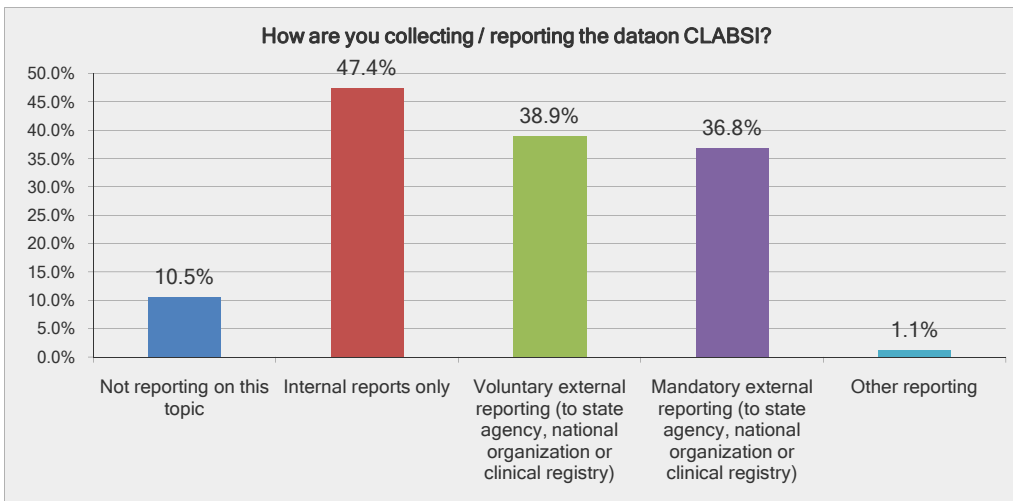
How are you measuring quality or monitoring improvement efforts on CLABSI? (mark all that apply)

Answer Options	Response Percent	Response Count
Not measuring this topic at all	9.5%	9
Measure only when needed (e.g., RCA after adverse event)	2.1%	2
Measure / monitor using internally developed measure	40.0%	38
Measure / monitor using national or state standardized measure (e.g.,	67.4%	64
Using other measure	2.1%	2
answered question		95
skipped question		13



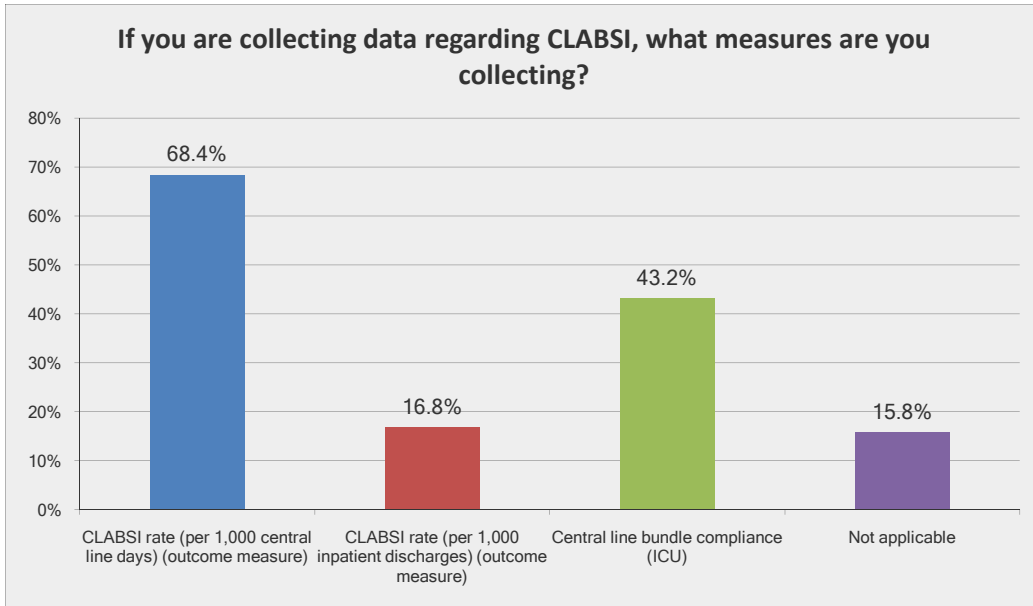
How are you collecting / reporting the data on CLABSI? (mark all that apply)

Answer Options	Response Percent	Response Count
Not reporting on this topic	10.5%	10
Internal reports only	47.4%	45
Voluntary external reporting (to state agency, national organization or	38.9%	37
Mandatory external reporting (to state agency, national organization or	36.8%	35
Other reporting	1.1%	1
answered question		95
skipped question		13



If you are collecting data regarding CLABSI, what measures are you collecting? And, if you are submitting data outside the hospital or system please tell us where you are sending the data in the blank provided? (for example, NHSN, Benchmarking program, IHI) - Mark all that apply

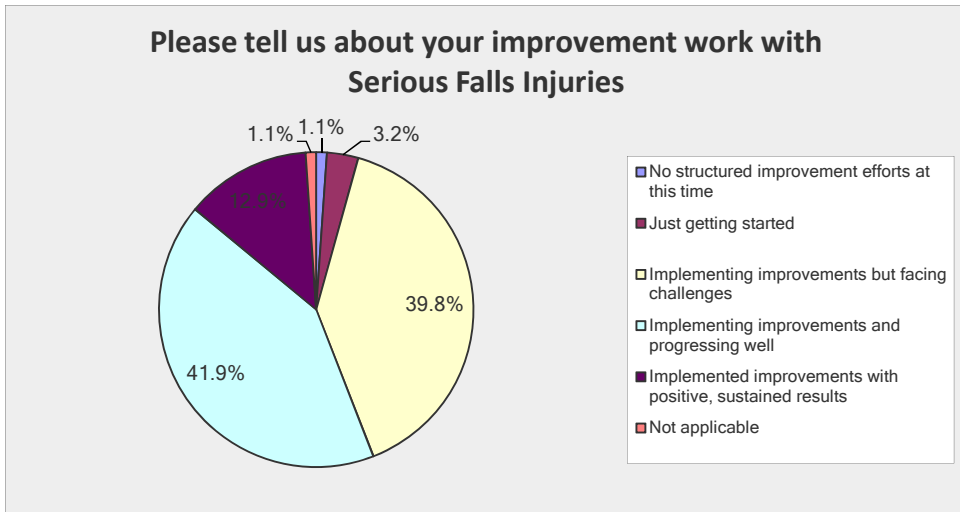
Answer Options	Response Percent	Response Count
CLABSI rate (per 1,000 central line days) (outcome measure)	68.4%	65
CLABSI rate (per 1,000 inpatient discharges) (outcome measure)	16.8%	16
Central line bundle compliance (ICU)	43.2%	41
Not applicable	15.8%	15
If for other than internal reporting, please list any external entities to which you submit		0
<i>answered question</i>		95
<i>skipped question</i>		13



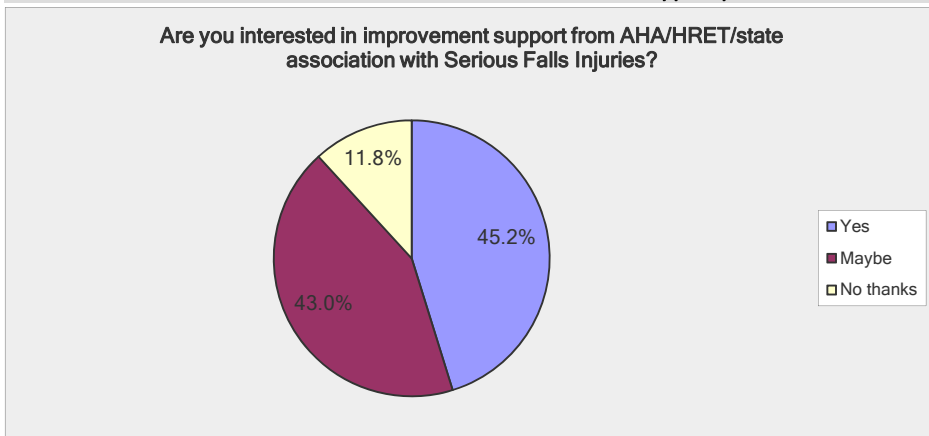
If for other than internal reporting, please list any external entities to which you submit CLABSI data:

0

Please tell us about your improvement work with Serious Falls Injuries		
Answer Options	Response Percent	Response Count
No structured improvement efforts at this time	1.1%	1
Just getting started	3.2%	3
Implementing improvements but facing challenges	39.8%	37
Implementing improvements and progressing well	41.9%	39
Implemented improvements with positive, sustained results	12.9%	12
Not applicable	1.1%	1
<i>answered question</i>		93
<i>skipped question</i>		15

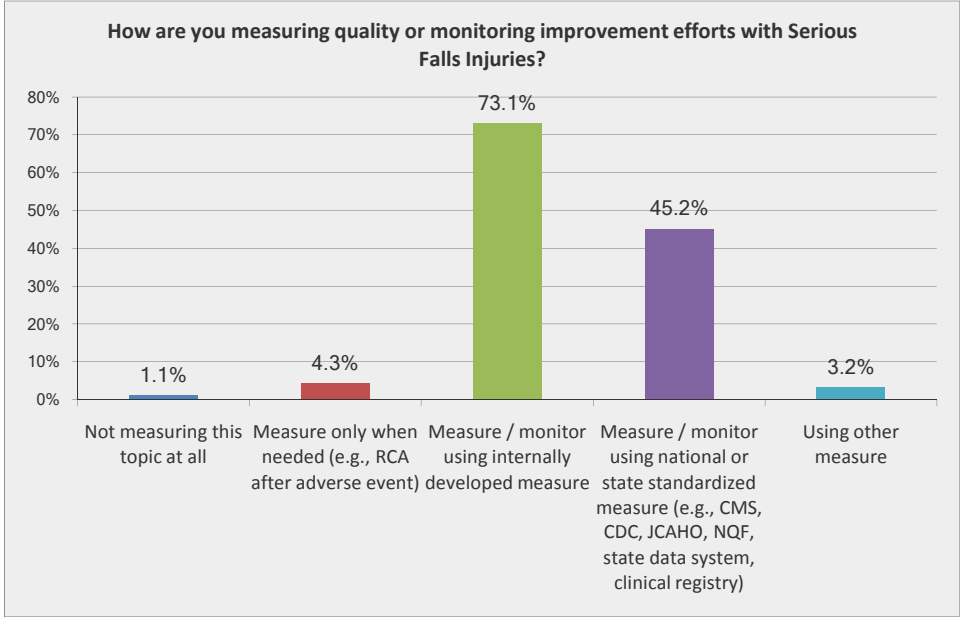


Are you interested in improvement support from AHA/HRET/state association with Serious Falls Injuries?		
Answer Options	Response Percent	Response Count
Yes	45.2%	42
Maybe	43.0%	40
No thanks	11.8%	11
<i>answered question</i>		93
<i>skipped question</i>		15



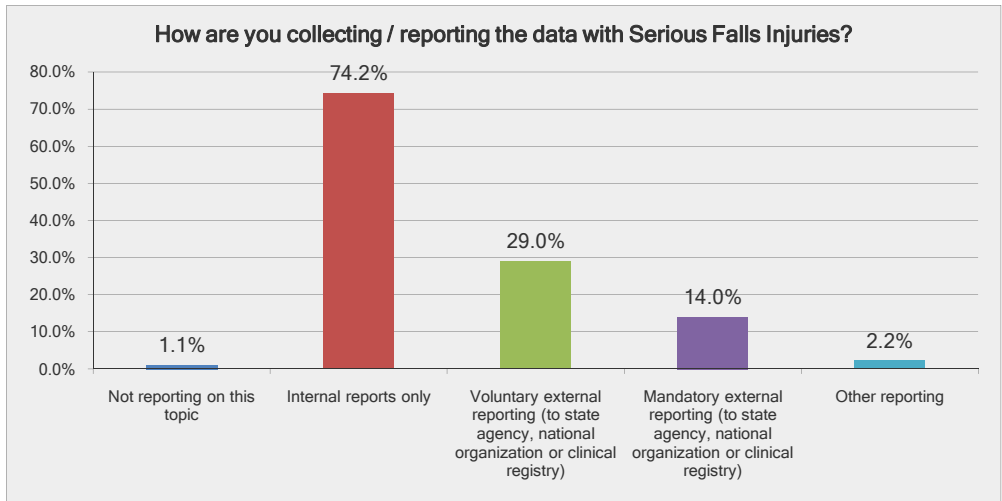
How are you measuring quality or monitoring improvement efforts with Serious Falls Injuries? (mark all that apply)

Answer Options	Response Percent	Response Count
Not measuring this topic at all	1.1%	1
Measure only when needed (e.g., RCA after adverse event)	4.3%	4
Measure / monitor using internally developed measure	73.1%	68
Measure / monitor using national or state standardized	45.2%	42
Using other measure	3.2%	3
answered question		93
skipped question		15

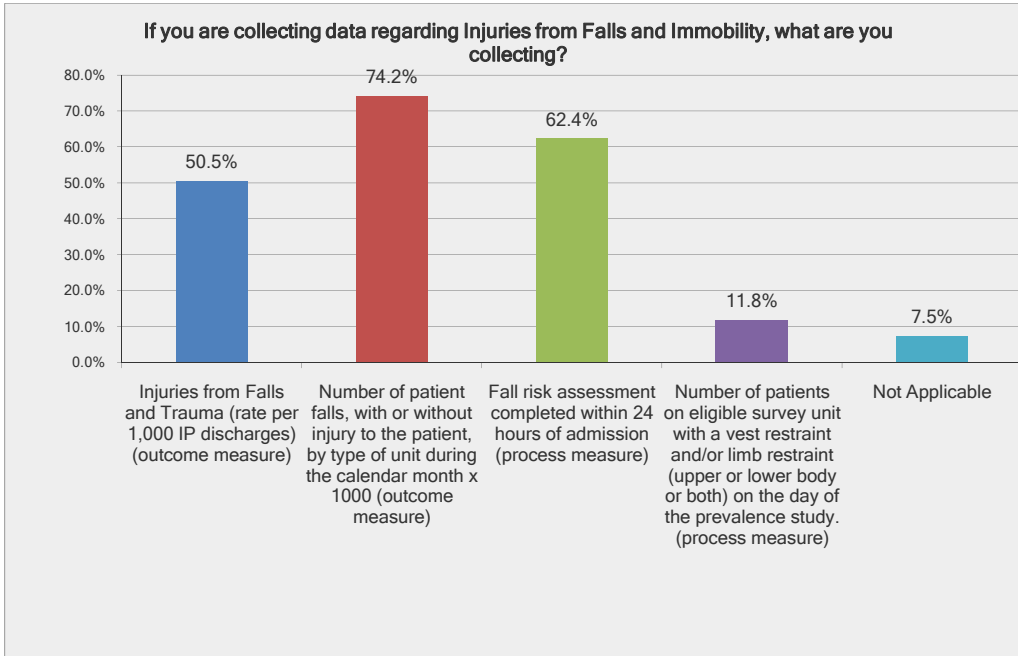


How are you collecting / reporting the data with Serious Falls Injuries ? (mark all that apply)

Answer Options	Response Percent	Response Count
Not reporting on this topic	1.1%	1
Internal reports only	74.2%	69
Voluntary external reporting (to state agency, national	29.0%	27
Mandatory external reporting (to state agency, national	14.0%	13
Other reporting	2.2%	2
answered question		93
skipped question		15

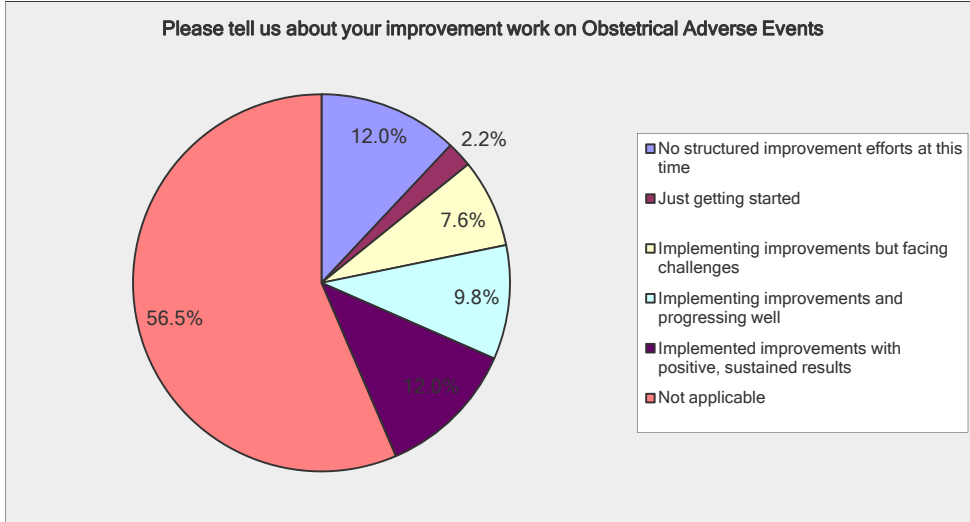


If you are collecting data regarding Injuries from Falls and Immobility, what measures are you collecting?		
Answer Options	Response Percent	Response Count
Injuries from Falls and Trauma (rate per 1,000 IP discharges)	50.5%	47
Number of patient falls, with or without injury to the patient, by	74.2%	69
Fall risk assessment completed within 24 hours of admission	62.4%	58
Number of patients on eligible survey unit with a vest restraint	11.8%	11
Not Applicable	7.5%	7
If for other than internal reporting, please list any external entities to which you submit		0
	answered question	93
	skipped question	15



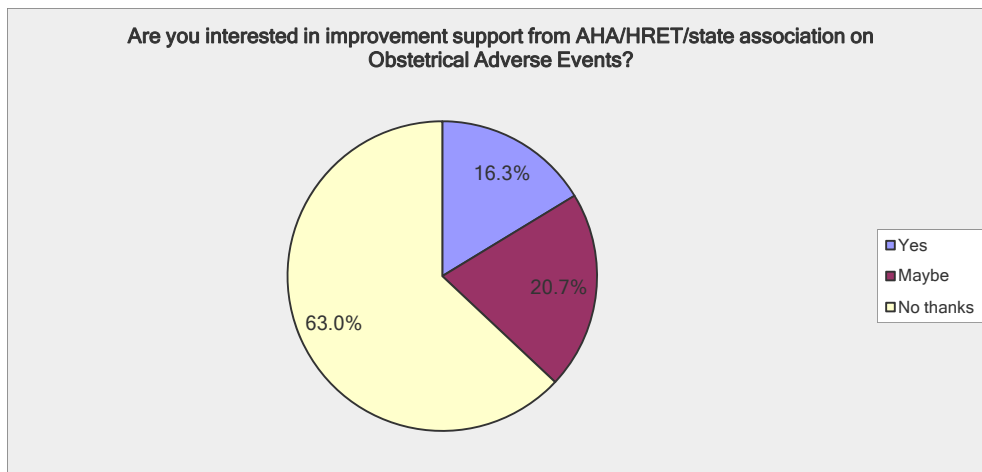
Please tell us about your improvement work on Obstetrical Adverse Events

Answer Options	Response Percent	Response Count
No structured improvement efforts at this time	12.0%	11
Just getting started	2.2%	2
Implementing improvements but facing challenges	7.6%	7
Implementing improvements and progressing well	9.8%	9
Implemented improvements with positive, sustained results	12.0%	11
Not applicable	56.5%	52
answered question		92
skipped question		16



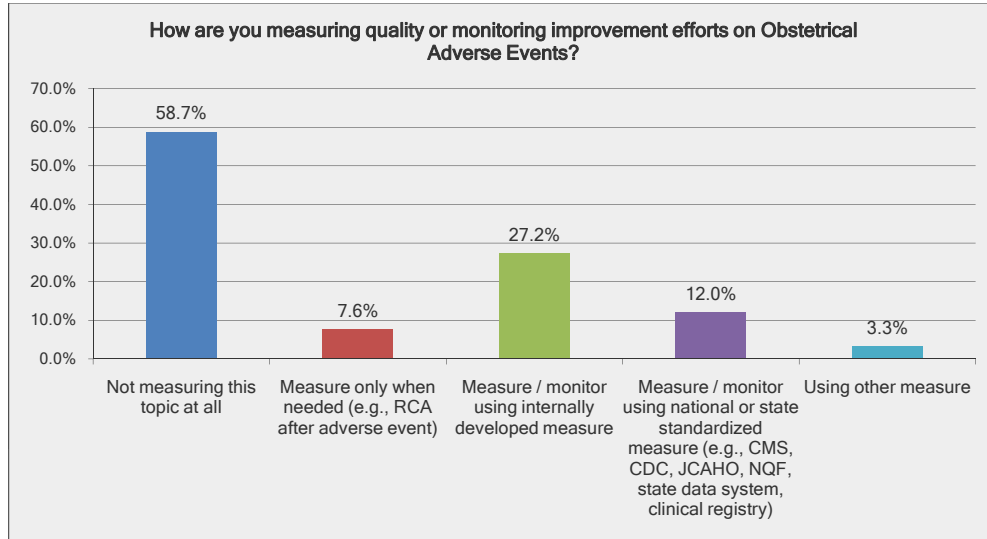
Are you interested in improvement support from AHA/HRET/state association on Obstetrical Adverse Events?

Answer Options	Response Percent	Response Count
Yes	16.3%	15
Maybe	20.7%	19
No thanks	63.0%	58
answered question		92
skipped question		16



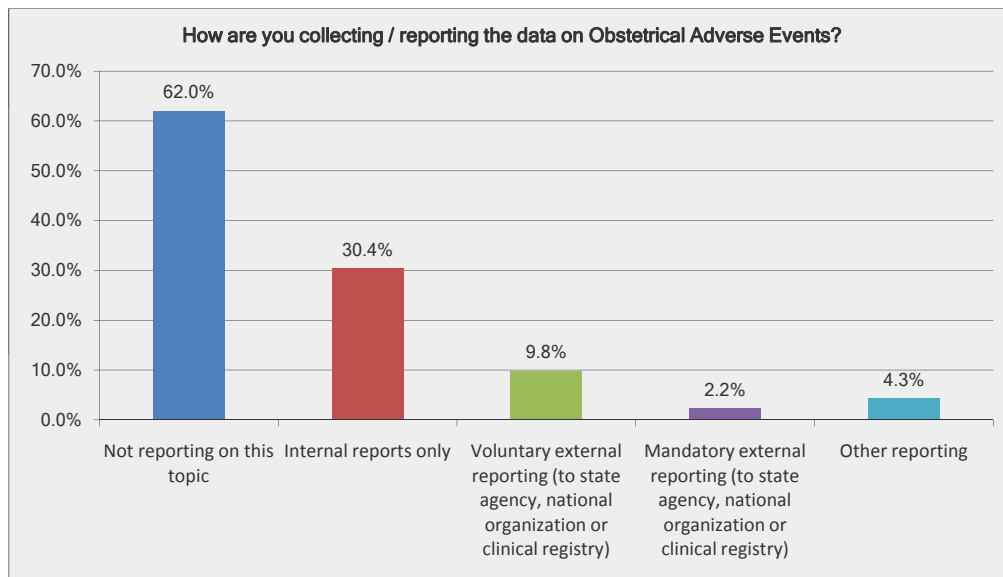
How are you measuring quality or monitoring improvement efforts on Obstetrical Adverse Events ? (mark all that apply)

Answer Options	Response Percent	Response Count
Not measuring this topic at all	58.7%	54
Measure only when needed (e.g., RCA after adverse event)	7.6%	7
Measure / monitor using internally developed measure	27.2%	25
Measure / monitor using national or state standardized measure (e.g., CMS, CDC, JCAHO, NQF, state data system, clinical registry)	12.0%	11
Using other measure	3.3%	3
answered question		92
skipped question		16



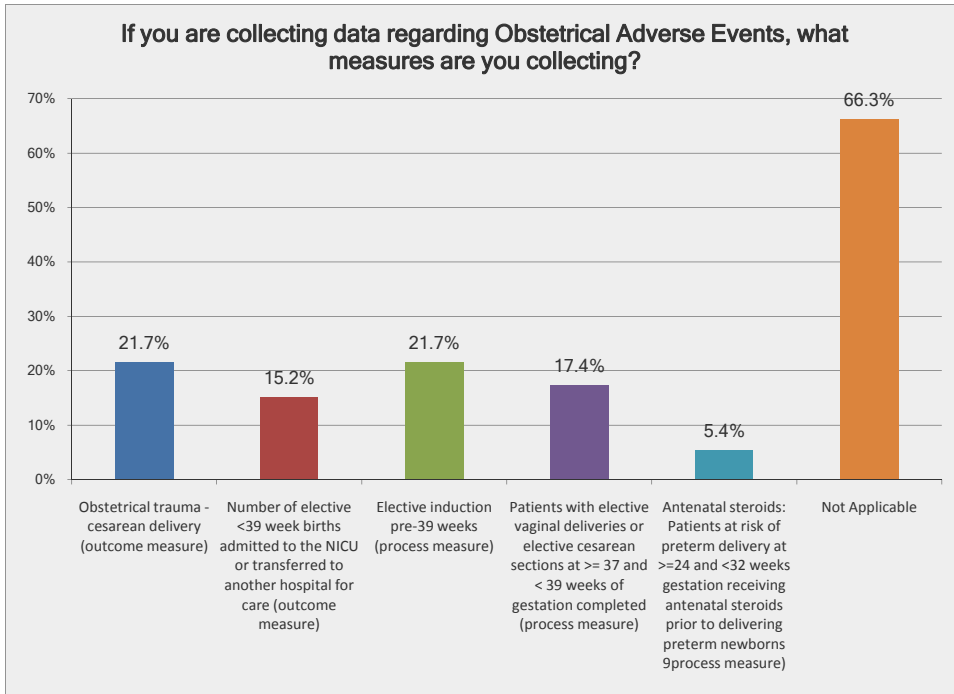
How are you collecting / reporting the data on Obstetrical Adverse Events? (mark all that apply)

Answer Options	Response Percent	Response Count
Not reporting on this topic	62.0%	57
Internal reports only	30.4%	28
Voluntary external reporting (to state agency, national organization or clinical registry)	9.8%	9
Mandatory external reporting (to state agency, national organization or clinical registry)	2.2%	2
Other reporting	4.3%	4
answered question		92
skipped question		16



If you are collecting data regarding Obstetrical Adverse Events, what measures are you collecting? And, if you are submitting data outside the hospital or system please tell us where you are sending the data in the blank provided? (for example, NHSN, Benchmarking program, IHI) - Mark all that apply

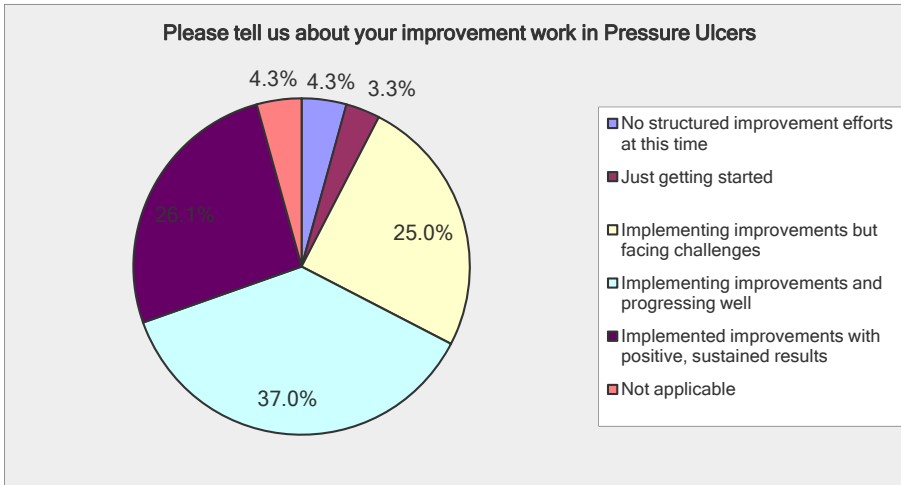
Answer Options	Response Percent	Response Count
Obstetrical trauma - cesarean delivery (outcome measure)	21.7%	20
Number of elective <39 week births admitted to the NICU or transferred to another hospital for care (outcome measure)	15.2%	14
Elective induction pre-39 weeks (process measure)	21.7%	20
Patients with elective vaginal deliveries or elective cesarean sections at >= 37 and < 39 weeks of gestation completed (process measure)	17.4%	16
Antenatal steroids: Patients at risk of preterm delivery at >=24 and <32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns (process measure)	5.4%	5
Not Applicable	66.3%	61
If for other than internal reporting, please list any external entities to which you submit Obstetrical adverse events data:		0
answered question		92
skipped question		16



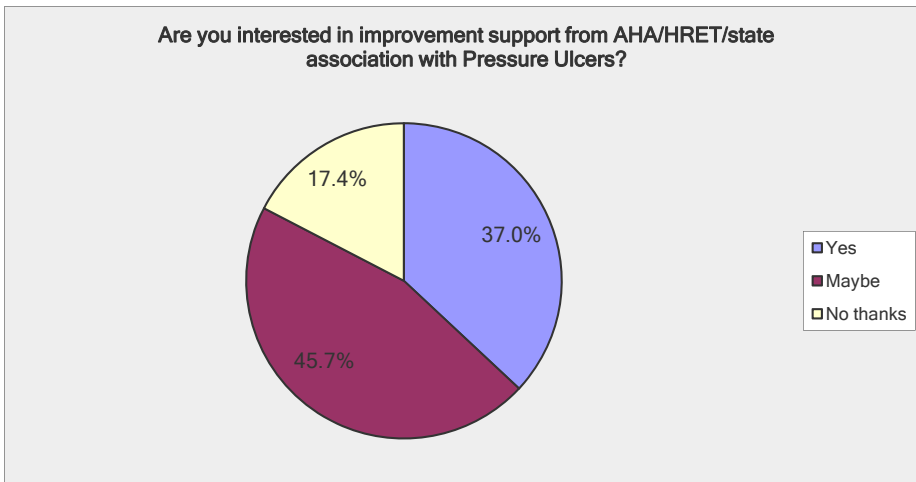
If for other than internal reporting, please list any external entities to which you submit Obstetrical adverse events data:

0

Please tell us about your improvement work in Pressure Ulcers		
Answer Options	Response Percent	Response Count
No structured improvement efforts at this time	4.3%	4
Just getting started	3.3%	3
Implementing improvements but facing challenges	25.0%	23
Implementing improvements and progressing well	37.0%	34
Implemented improvements with positive, sustained	26.1%	24
Not applicable	4.3%	4
answered question		92
skipped question		16

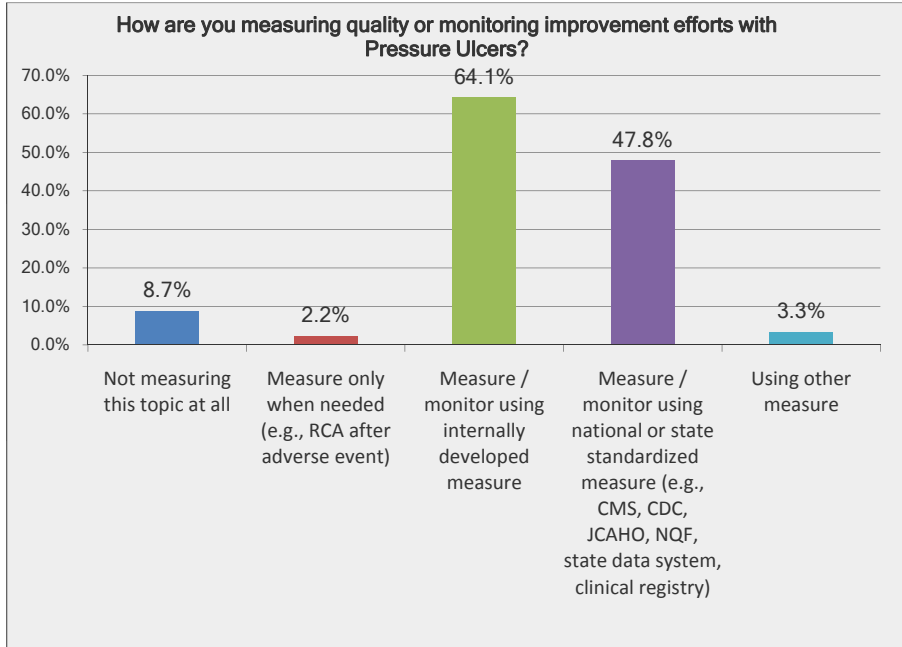


Are you interested in improvement support from AHA/HRET/state association with Pressure Ulcers?		
Answer Options	Response Percent	Response Count
Yes	37.0%	34
Maybe	45.7%	42
No thanks	17.4%	16
answered question		92
skipped question		16



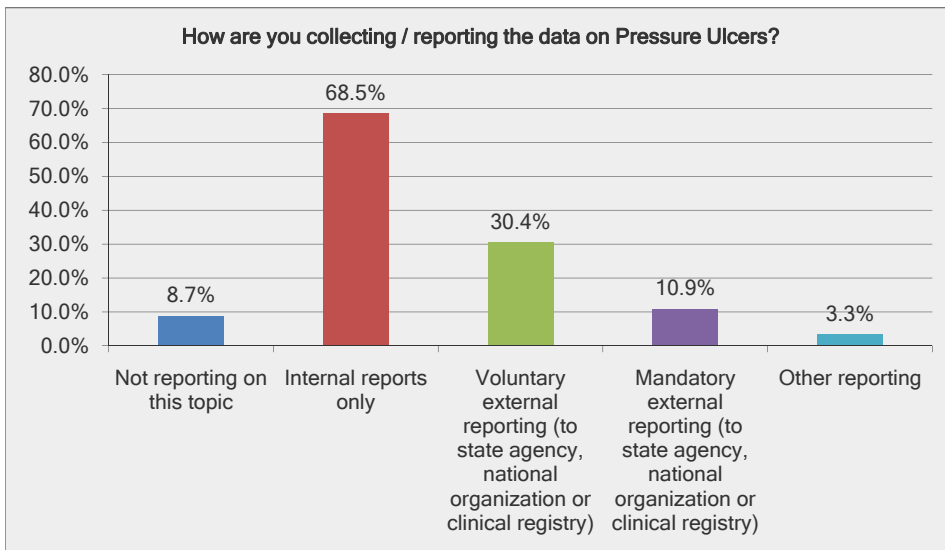
How are you measuring quality or monitoring improvement efforts with Pressure Ulcers? (mark all that apply)

Answer Options	Response Percent	Response Count
Not measuring this topic at all	8.7%	8
Measure only when needed (e.g., RCA after adverse event)	2.2%	2
Measure / monitor using internally developed measure	64.1%	59
Measure / monitor using national or state standardized measure	47.8%	44
Using other measure	3.3%	3
answered question		92
skipped question		16



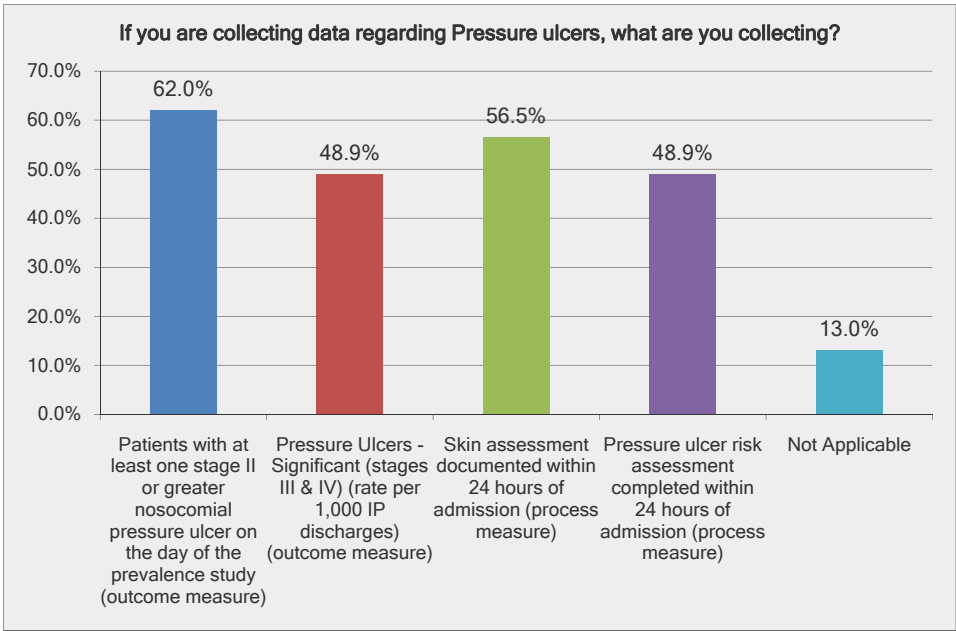
How are you collecting / reporting the data on Pressure Ulcers? (mark all that apply)

Answer Options	Response Percent	Response Count
Not reporting on this topic	8.7%	8
Internal reports only	68.5%	63
Voluntary external reporting (to state agency, national organization or clinical registry)	30.4%	28
Mandatory external reporting (to state agency, national organization or clinical registry)	10.9%	10
Other reporting	3.3%	3
answered question		92
skipped question		16



If you are collecting data regarding Pressure ulcers, what measures are you collecting? And, if you are submitting data outside the hospital or system please tell us where you are sending the data in the blank provided? (for example, NHSN, Benchmarking program, IHI) - Mark all that apply

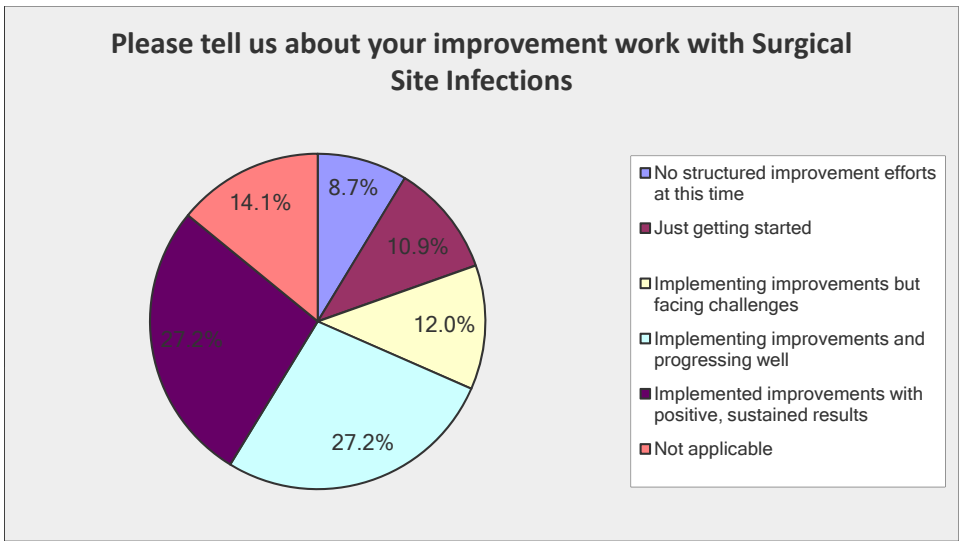
Answer Options	Response Percent	Response Count
Patients with at least one stage II or greater nosocomial Pressure Ulcers - Significant (stages III & IV) (rate per 1,000 IP discharges) (outcome measure)	62.0%	57
Skin assessment documented within 24 hours of admission (process measure)	56.5%	52
Pressure ulcer risk assessment completed within 24 hours of admission (process measure)	48.9%	45
Not Applicable	13.0%	12
If for other than internal reporting, please list any external entities to which you submit Pressure Ulcers data:		0
answered question		92
skipped question		16



If for other than internal reporting, please list any external entities to which you submit Pressure Ulcers data: 0

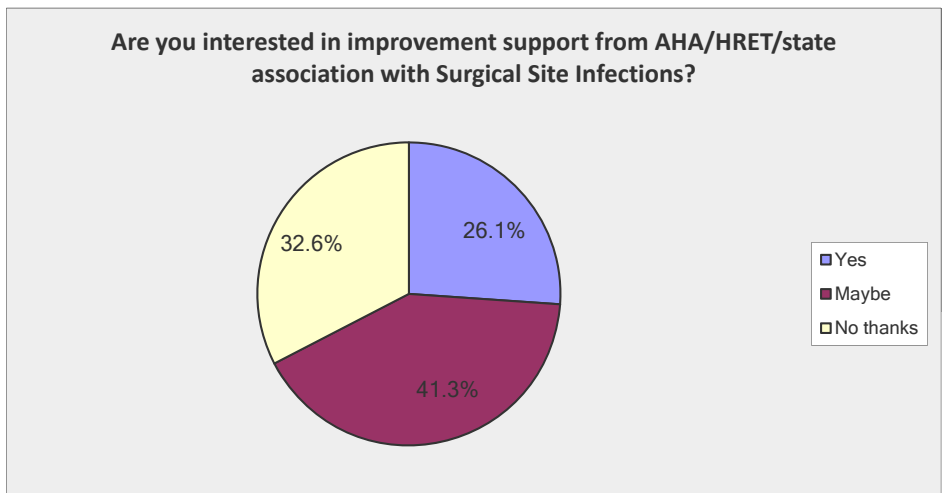
Please tell us about your improvement work with Surgical Site Infections

Answer Options	Response Percent	Response Count
No structured improvement efforts at this time	8.7%	8
Just getting started	10.9%	10
Implementing improvements but facing challenges	12.0%	11
Implementing improvements and progressing well	27.2%	25
Implemented improvements with positive, sustained results	27.2%	25
Not applicable	14.1%	13
answered question		92
skipped question		16



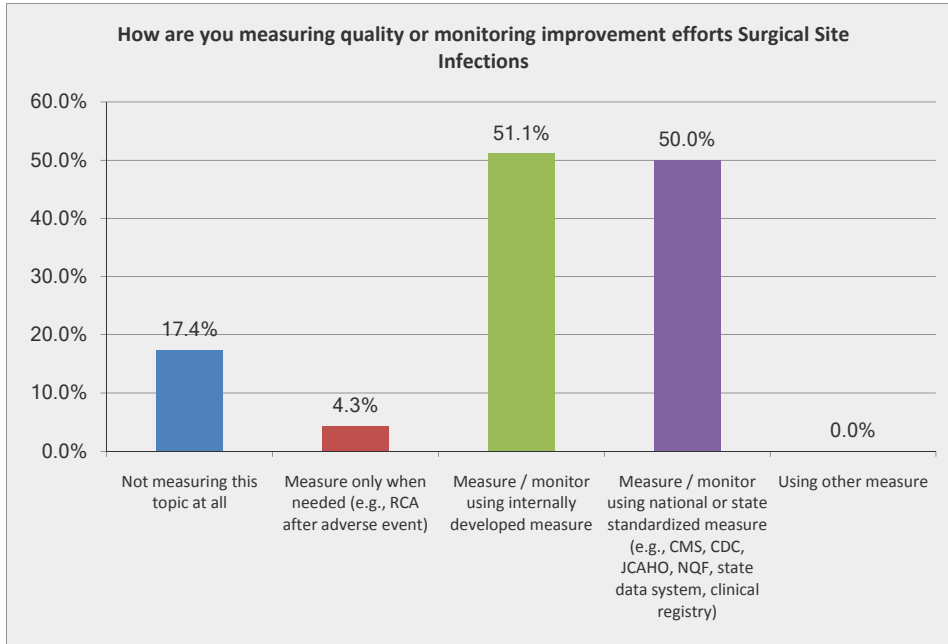
Are you interested in improvement support from AHA/HRET/state association with Surgical Site

Answer Options	Response Percent	Response Count
Yes	26.1%	24
Maybe	41.3%	38
No thanks	32.6%	30
answered question		92
skipped question		16



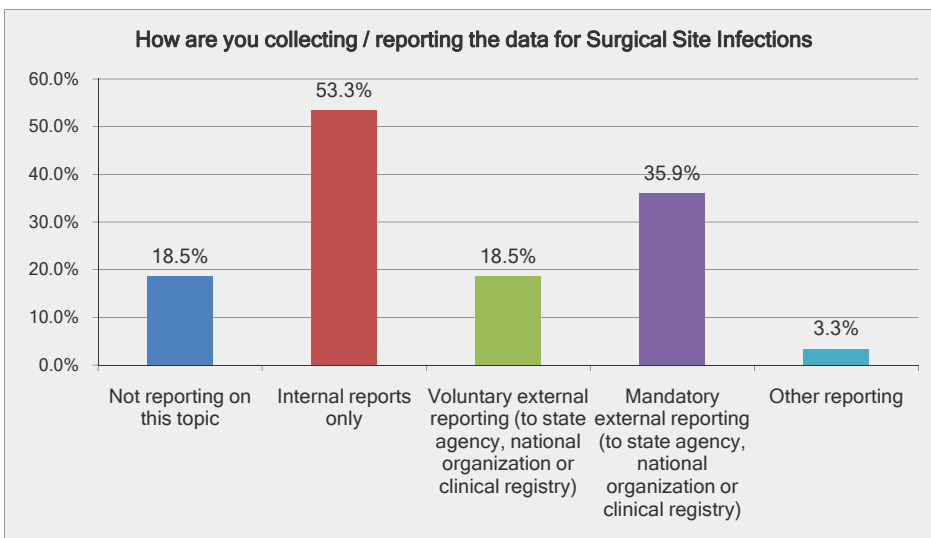
How are you measuring quality or monitoring improvement efforts with Surgical Site Infections

Answer Options	Response Percent	Response Count
Not measuring this topic at all	17.4%	16
Measure only when needed (e.g., RCA after adverse event)	4.3%	4
Measure / monitor using internally developed measure	51.1%	47
Measure / monitor using national or state standardized measure	50.0%	46
Using other measure	0.0%	0
answered question		92
skipped question		16



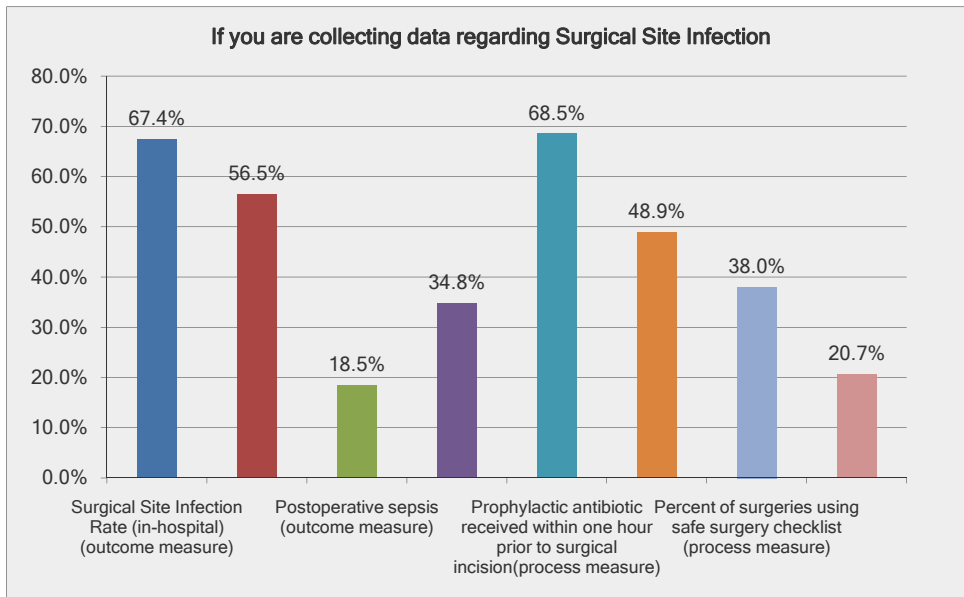
How are you collecting / reporting the data for Surgical Site Infections? (mark all that apply)

Answer Options	Response Percent	Response Count
Not reporting on this topic	18.5%	17
Internal reports only	53.3%	49
Voluntary external reporting (to state agency, national)	18.5%	17
Mandatory external reporting (to state agency, national)	35.9%	33
Other reporting	3.3%	3
answered question		92
skipped question		16



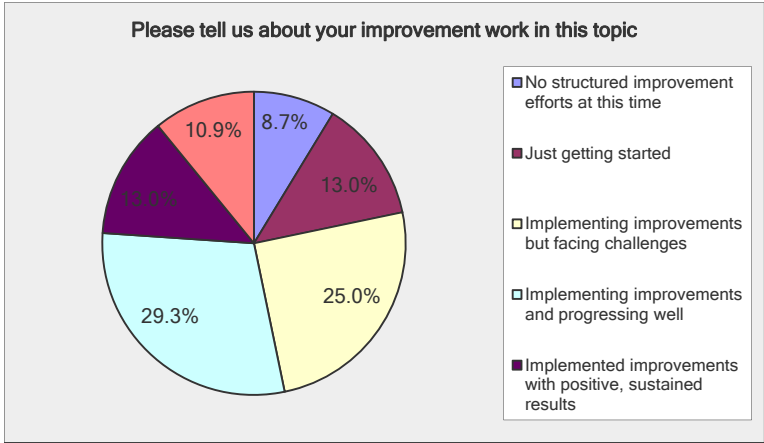
If you are collecting data regarding Surgical Site Infection, what measures are you collecting? And, if you are submitting data outside the hospital or system please tell us where you are sending the data in the blank provided? (for example, NHSN, Benchmarking program, IHI) - Mark all that apply

Answer Options	Response Percent	Response Count
Surgical Site Infection Rate (in-hospital) (outcome measure)	67.4%	62
Surgical Site Infection Rate (occurring within 30 days after	56.5%	52
Postoperative sepsis (outcome measure)	18.5%	17
Death among surgical inpatients with serious, treatable	34.8%	32
Prophylactic antibiotic received within one hour prior to surgical	68.5%	63
Surgery Patients with Perioperative Temperature Management	48.9%	45
Percent of surgeries using safe surgery checklist (process	38.0%	35
Not Applicable	20.7%	19
If for other than internal reporting, please list any external entities to which you		0
answered question		92
skipped question		16



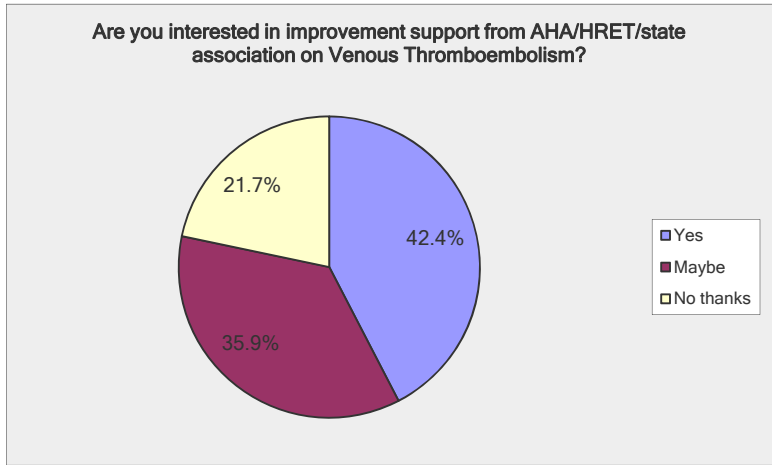
Please tell us about your improvement work on Venous Thromboembolism

Answer Options	Response Percent	Response Count
No structured improvement efforts at this time	8.7%	8
Just getting started	13.0%	12
Implementing improvements but facing challenges	25.0%	23
Implementing improvements and progressing well	29.3%	27
Implemented improvements with positive, sustained	13.0%	12
Not applicable	10.9%	10
answered question		92
skipped question		16



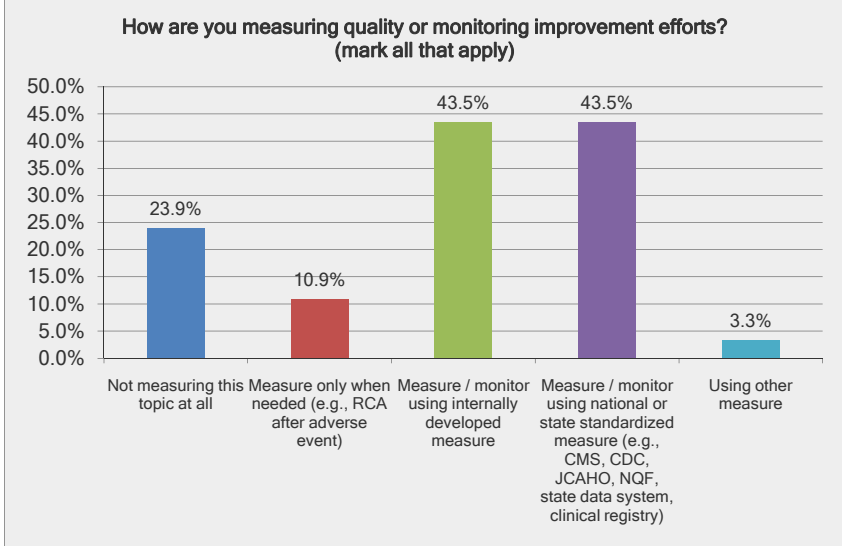
Are you interested in improvement support from AHA/HRET/state association on Venous Thromboembolism?

Answer Options	Response Percent	Response Count
Yes	42.4%	39
Maybe	35.9%	33
No thanks	21.7%	20
answered question		92
skipped question		16



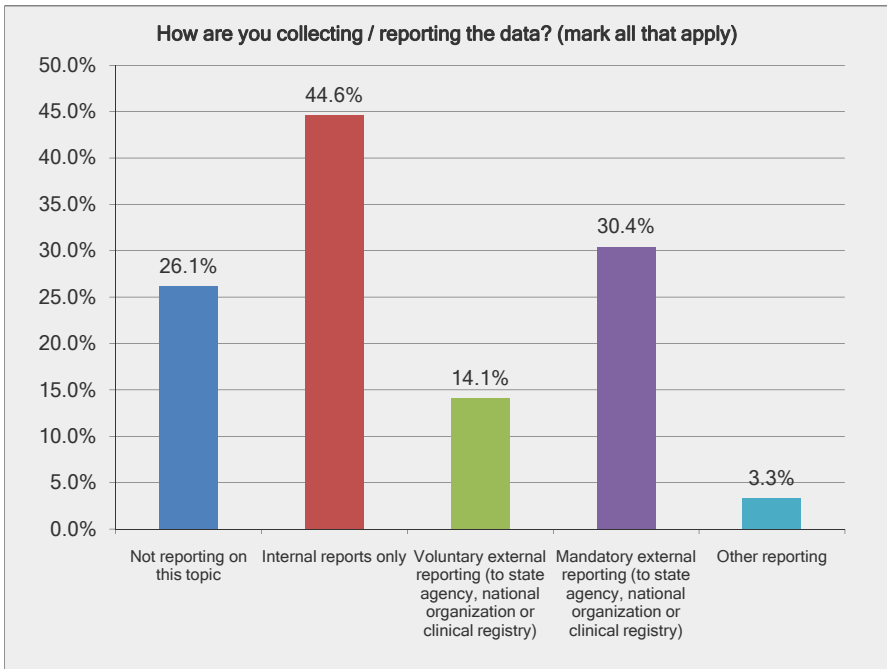
How are you measuring quality or monitoring improvement efforts on Venous Thromboembolism? (mark all that apply)

Answer Options	Response Percent	Response Count
Not measuring this topic at all	23.9%	22
Measure only when needed (e.g., RCA after adverse event)	10.9%	10
Measure / monitor using internally developed measure	43.5%	40
Measure / monitor using national or state standardized measure	43.5%	40
Using other measure	3.3%	3
answered question		92
skipped question		16



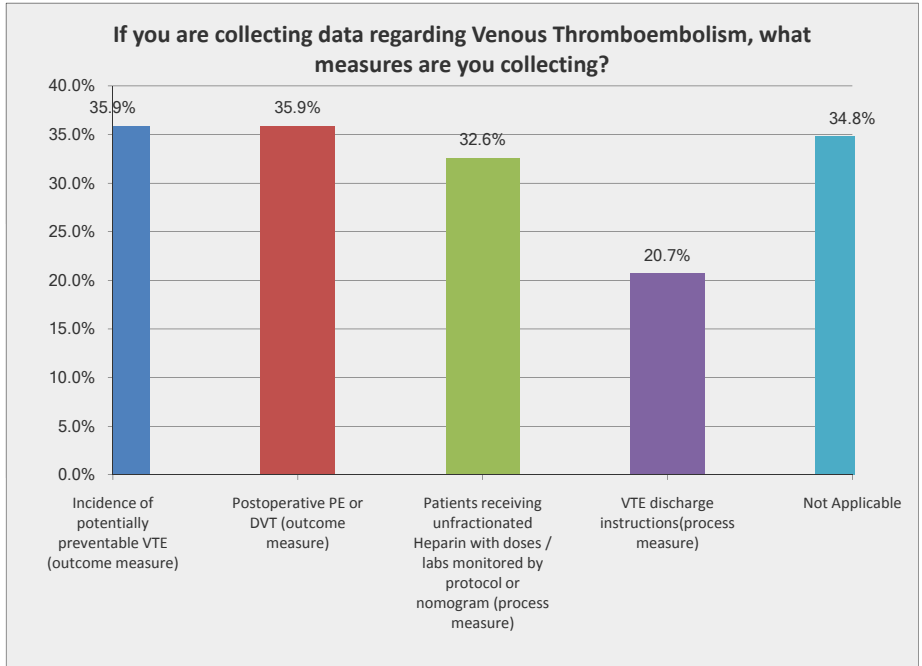
How are you collecting / reporting the data on Venous Thromboembolism,? (mark all that apply)

Answer Options	Response Percent	Response Count
Not reporting on this topic	26.1%	24
Internal reports only	44.6%	41
Voluntary external reporting (to state agency, national)	14.1%	13
Mandatory external reporting (to state agency, national)	30.4%	28
Other reporting	3.3%	3
answered question		92
skipped question		16



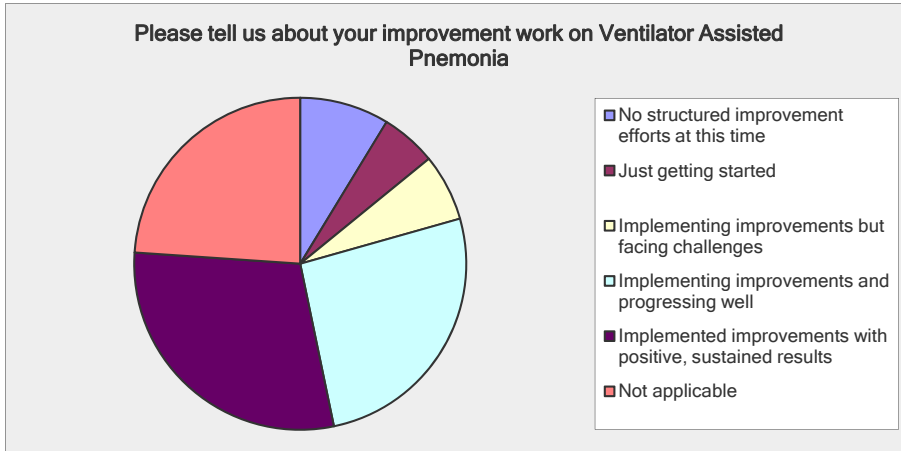
If you are collecting data regarding Venous Thromboembolism, what measures are you collecting? And if you are submitting data outside the hospital or system please tell us where you are sending the data in the blank provided? (for example, NHSN, Benchmarking program, IHI) - Mark all that apply

Answer Options	Response Percent	Response Count
Incidence of potentially preventable VTE (outcome)	35.9%	33
Postoperative PE or DVT (outcome measure)	35.9%	33
Patients receiving unfractionated Heparin with doses / VTE discharge instructions(process measure)	32.6%	30
Not Applicable	20.7%	19
	34.8%	32
If for other than internal reporting, please list any external entities to which you submit VTE data:		0
answered question		92
skipped question		16

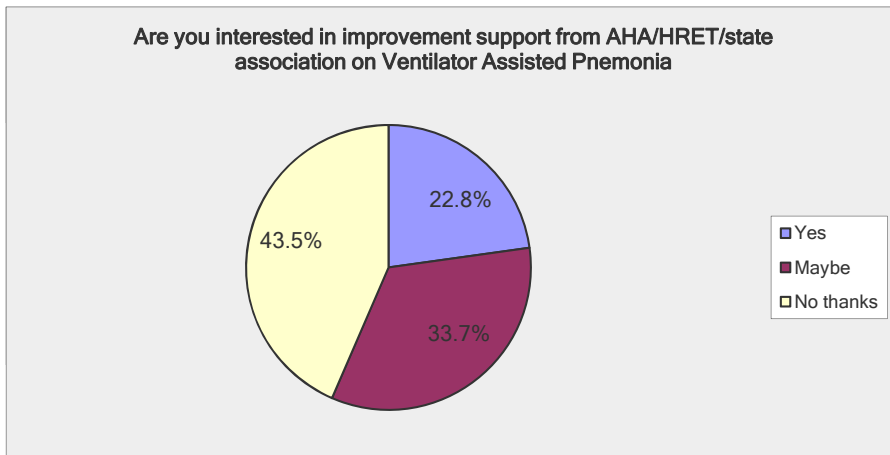


If for other than internal reporting, please list any external entities to which you submit VTE data: 0

Please tell us about your improvement work on Ventilator Assisted Pneumonia		
Answer Options	Response Percent	Response Count
No structured improvement efforts at this time	8.7%	8
Just getting started	5.4%	5
Implementing improvements but facing challenges	6.5%	6
Implementing improvements and progressing well	26.1%	24
Implemented improvements with positive, sustained	29.3%	27
Not applicable	23.9%	22
answered question		92
skipped question		16

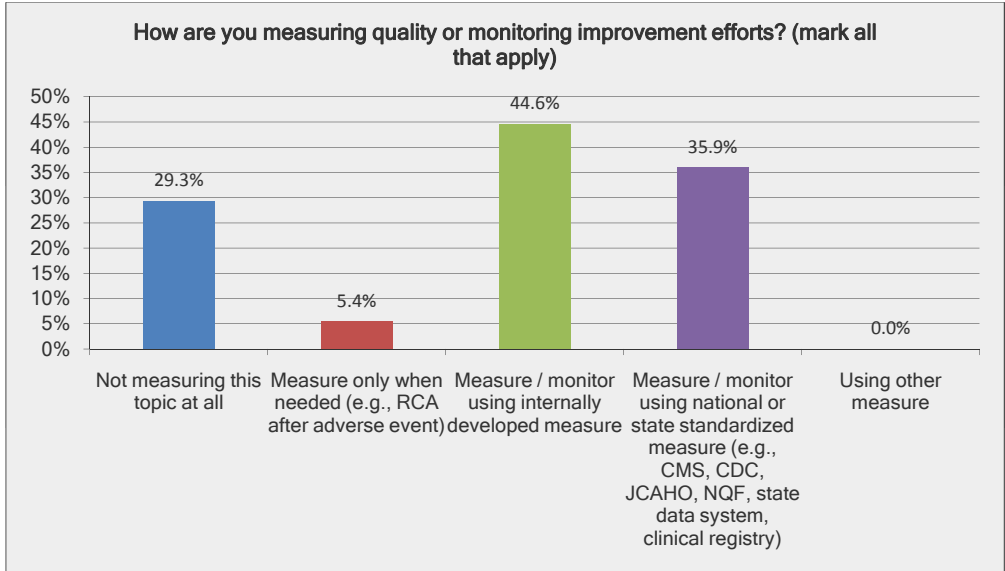


Are you interested in improvement support from AHA/HRET/state association on Ventilator Assisted Pneumonia?		
Answer Options	Response Percent	Response Count
Yes	22.8%	21
Maybe	33.7%	31
No thanks	43.5%	40
answered question		92
skipped question		16



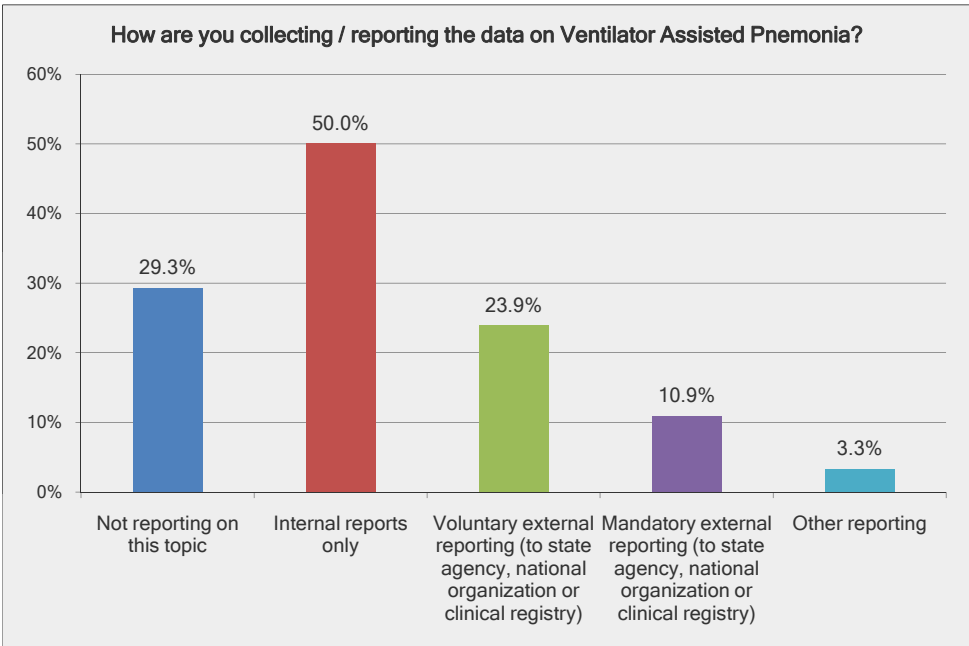
How are you measuring quality or monitoring improvement efforts Ventilator Assisted Pneumonia? (mark all that apply)

Answer Options	Response Percent	Response Count
Not measuring this topic at all	29.3%	27
Measure only when needed (e.g., RCA after adverse event)	5.4%	5
Measure / monitor using internally developed measure	44.6%	41
Measure / monitor using national or state standardized measure	35.9%	33
Using other measure	0.0%	0
answered question		92
skipped question		16



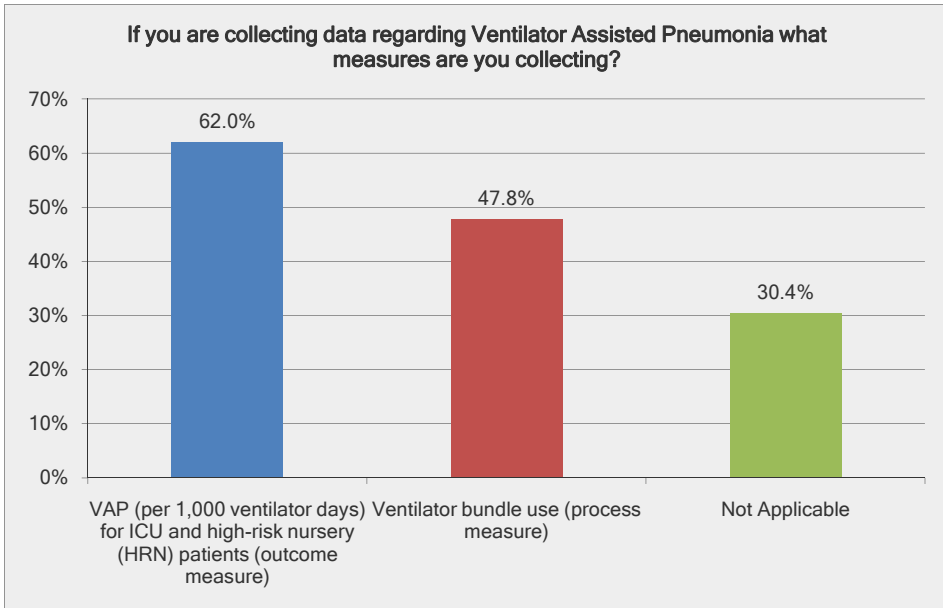
How are you collecting / reporting the data on Ventilator Assisted Pneumonia? (mark all that apply)

Answer Options	Response Percent	Response Count
Not reporting on this topic	29.3%	27
Internal reports only	50.0%	46
Voluntary external reporting (to state agency, national organization or clinical registry)	23.9%	22
Mandatory external reporting (to state agency, national organization or clinical registry)	10.9%	10
Other reporting	3.3%	3
answered question		92
skipped question		16



If you are collecting data regarding Ventilator Assisted Pneumonia, what measures are you collecting? And, if you are submitting data outside the hospital or system please tell us where you are sending the data in the blank provided? (for example, NHSN, Benchmarking program, IHI) - Mark all that apply

Answer Options	Response Percent	Response Count
VAP (per 1,000 ventilator days) for ICU and high-risk	62.0%	57
Ventilator bundle use (process measure)	47.8%	44
Not Applicable	30.4%	28
If for other than internal reporting, please list any external entities to which you		0
<i>answered question</i>		92
<i>skipped question</i>		16

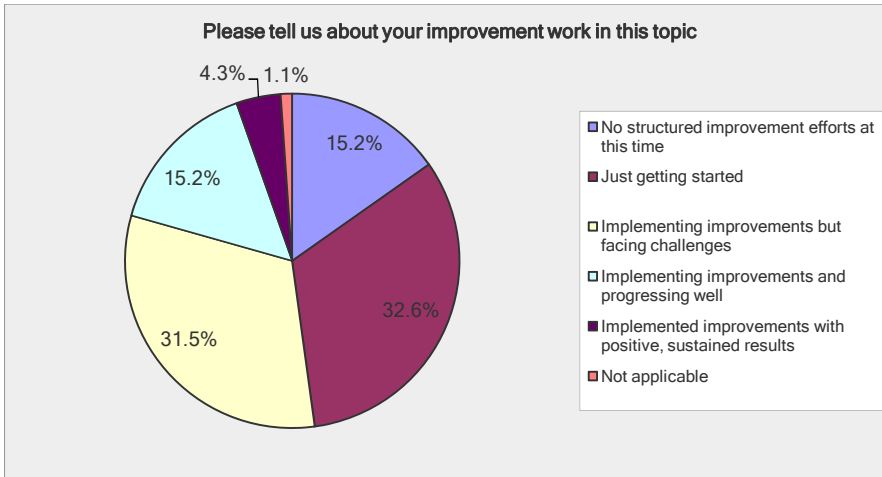


If for other than internal reporting, please list any external entities to which you submit VAP data:

0

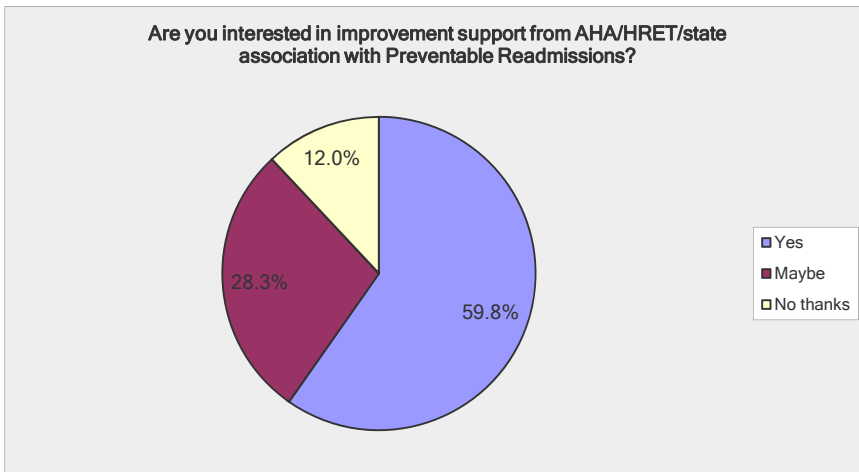
Please tell us about your improvement work with Preventable Readmissions

Answer Options	Response Percent	Response Count
No structured improvement efforts at this time	15.2%	14
Just getting started	32.6%	30
Implementing improvements but facing challenges	31.5%	29
Implementing improvements and progressing well	15.2%	14
Implemented improvements with positive, sustained results	4.3%	4
Not applicable	1.1%	1
answered question		92
skipped question		16



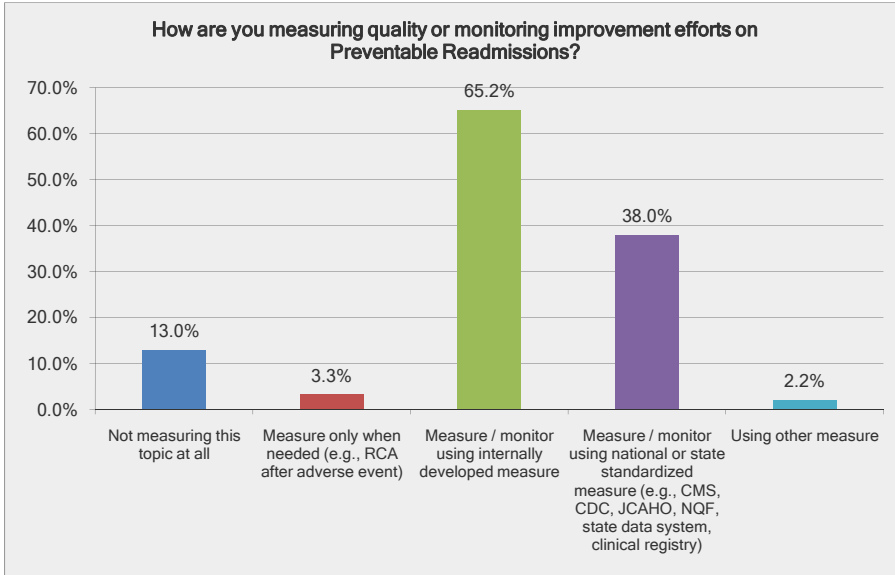
Are you interested in improvement support from AHA/HRET/state association with Preventable Readmissions?

Answer Options	Response Percent	Response Count
Yes	59.8%	55
Maybe	28.3%	26
No thanks	12.0%	11
answered question		92
skipped question		16



How are you measuring quality or monitoring improvement efforts on Preventable Readmissions? (mark all that apply)

Answer Options	Response Percent	Response Count
Not measuring this topic at all	13.0%	12
Measure only when needed (e.g., RCA after adverse event)	3.3%	3
Measure / monitor using internally developed measure	65.2%	60
Measure / monitor using national or state standardized measure (e.g.,	38.0%	35
Using other measure	2.2%	2
answered question		92
skipped question		16



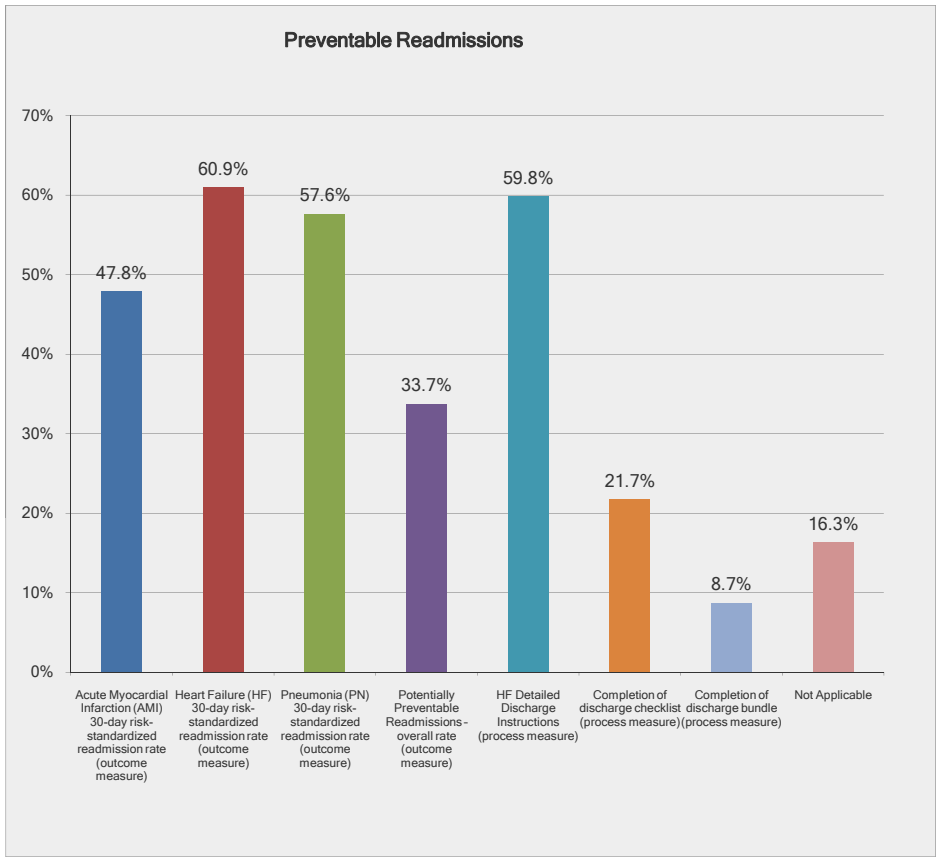
How are you collecting / reporting the data on Preventable Readmissions? (mark all that apply)

Answer Options	Response Percent	Response Count
Not reporting on this topic	16.3%	15
Internal reports only	60.9%	56
Voluntary external reporting (to state agency, national organization or	22.8%	21
Mandatory external reporting (to state agency, national organization or	18.5%	17
Other reporting	4.3%	4
answered question		92
skipped question		16



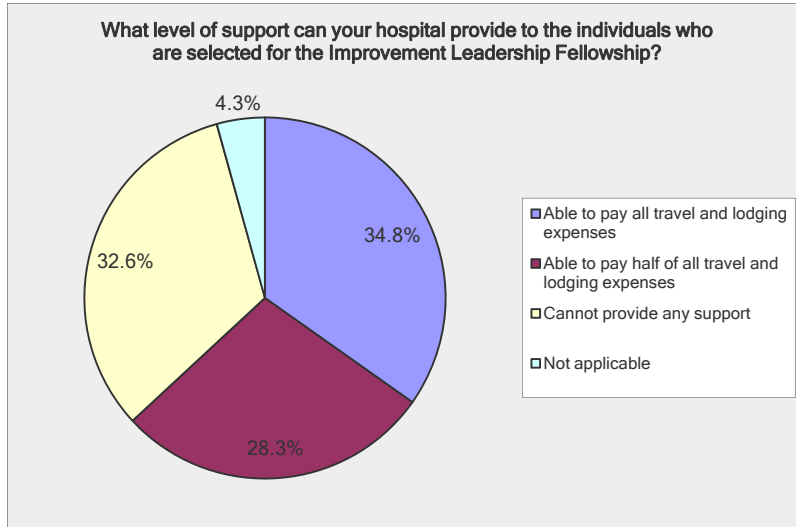
If you are collecting data regarding Preventable Readmissions, what measures are you collecting? And, if you are submitting data outside the hospital or system please tell us where you are sending the data in the blank provided? (for example, NHSN, Benchmarking program, IHI) - Mark all that apply

Answer Options	Response Percent	Response Count
Acute Myocardial Infarction (AMI) 30-day risk-standardized readmission	47.8%	44
Heart Failure (HF) 30-day risk-standardized readmission rate (outcome	60.9%	56
Pneumonia (PN) 30-day risk-standardized readmission rate (outcome	57.6%	53
Potentially Preventable Readmissions - overall rate (outcome measure)	33.7%	31
HF Detailed Discharge Instructions (process measure)	59.8%	55
Completion of discharge checklist (process measure)	21.7%	20
Completion of discharge bundle (process measure)	8.7%	8
Not Applicable	16.3%	15
If for other than internal reporting, please list any external entities to which you submit		0
answered question		92
skipped question		16



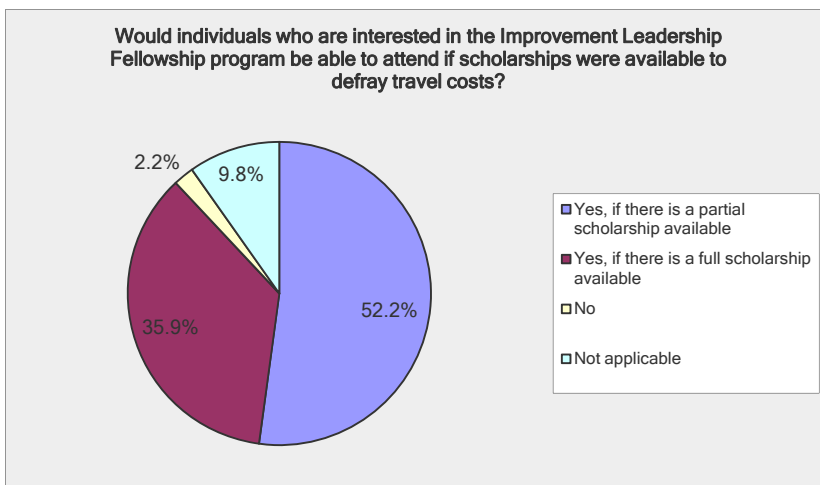
What level of support can your hospital provide to the individuals who are selected for the Improvement Leadership Fellowship?

Answer Options	Response Percent	Response Count
Able to pay all travel and lodging expenses	34.8%	32
Able to pay half of all travel and lodging expenses	28.3%	26
Cannot provide any support	32.6%	30
Not applicable	4.3%	4
answered question		92
skipped question		16



Would individuals who are interested in the Improvement Leadership Fellowship program be able to attend if scholarships were available to defray travel costs?

Answer Options	Response Percent	Response Count
Yes, if there is a partial scholarship available	52.2%	48
Yes, if there is a full scholarship available	35.9%	33
No	2.2%	2
Not applicable	9.8%	9
answered question		92
skipped question		16



If you wish to be contacted about this needs assessment or any other aspect of this project, please indicate and someone will follow up with you.

Answer Options	Response Percent	Response Count
Yes, please contact me.	27.8%	25
No need for follow-up at this time.	72.2%	65
<i>answered question</i>		90
<i>skipped question</i>		18

