QC
KentuckyQualityCounts!
Quality Data Collection

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

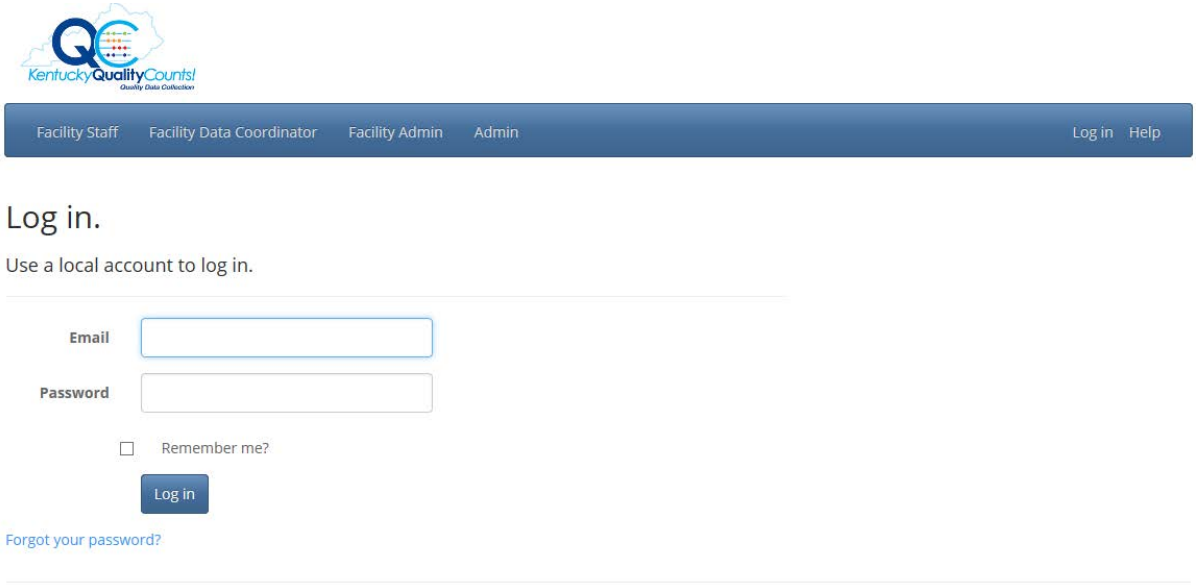
Late Submission of Data

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.

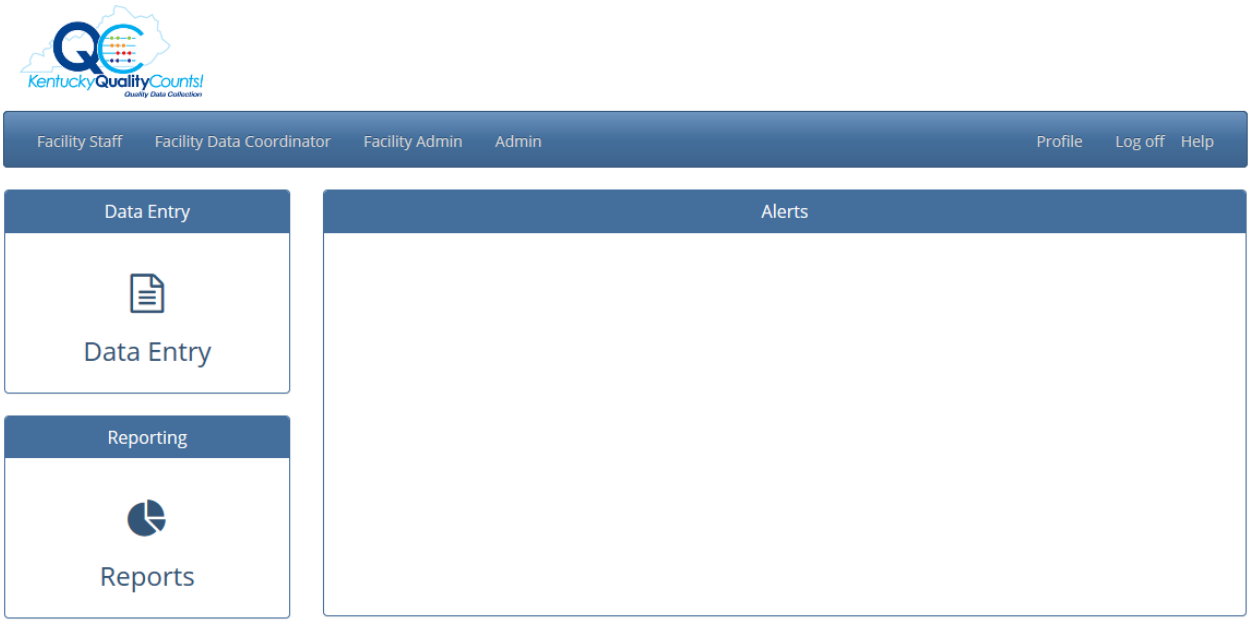
If you find that you data is not correct you will need to contact Kentucky Hospital Association / Kentucky Institute for Patient Safety and Quality informing the Improvement Analyst of the error. The hospital will then need to submit the corrected data to KHA / KIPSQ and the Improvement Analyst will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

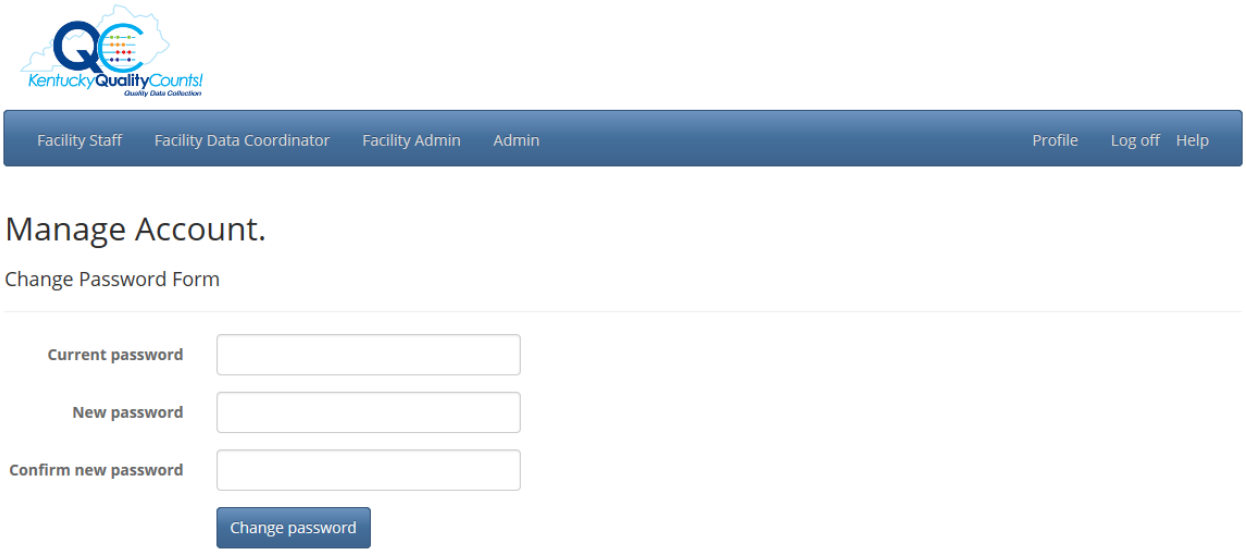


Kentucky Quality Counts Dashboard Page

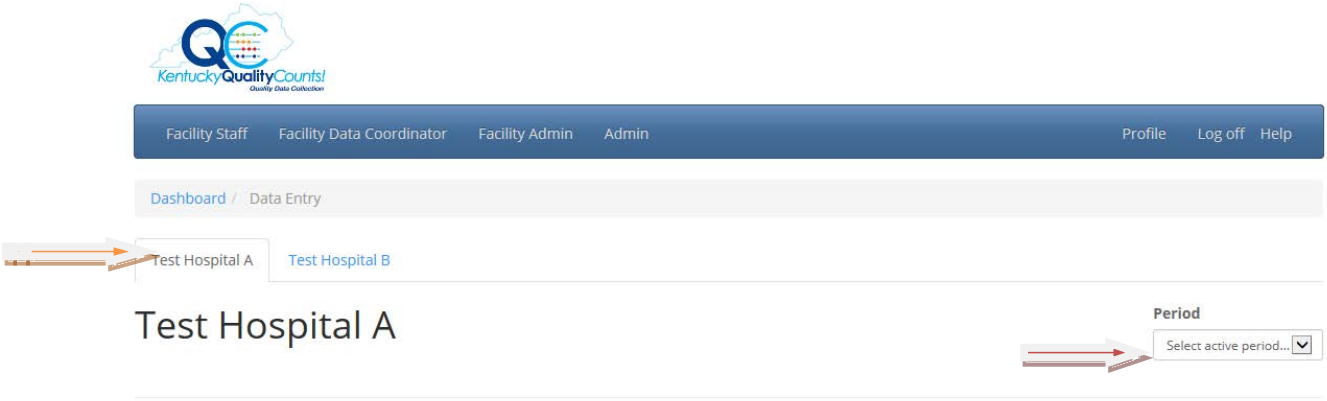


Your Dashboard will depend on your user role. The Dashboard for users with Facility Admin and Facility Data Coordinator roles dashboard screen will have the option of Data Entry, Reports, Alerts, Profile, Log Off and Help. The Dashboard for Facility staff will all of the same options *except* Data Entry

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 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.

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

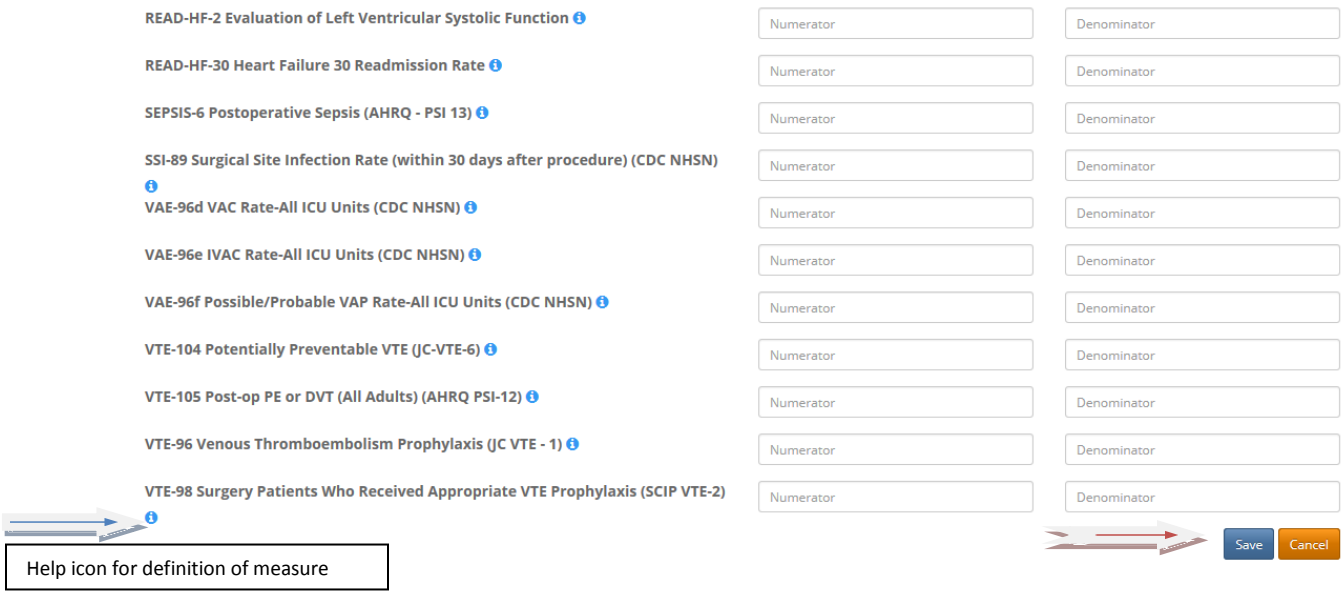
Dashboard / Data Entry

Test Hospital A | Test Hospital B

Test Hospital A

Period: February

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

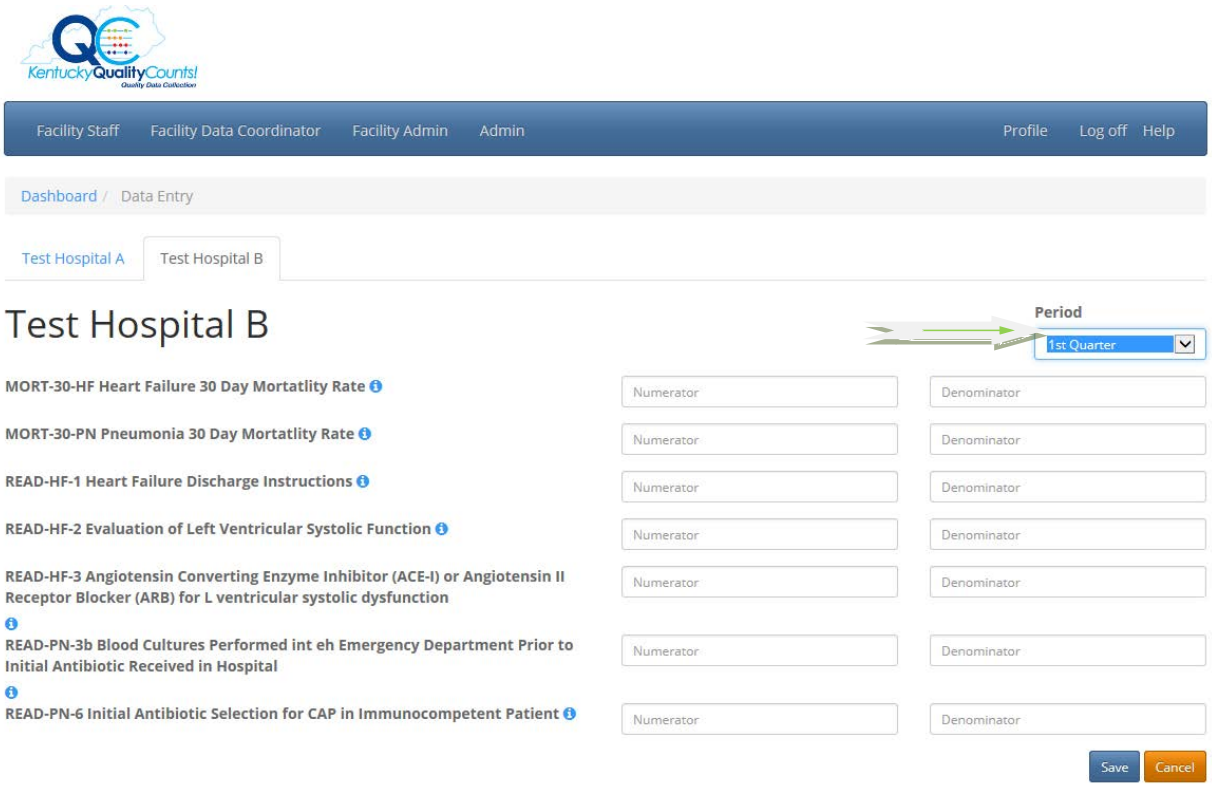


You will enter the numerator and denominator for each of the measures and then click Save. Once you hit Save a **green box** will appear at the top of the screen letting you know that the Measures for Hospital "A" saved successfully.

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.

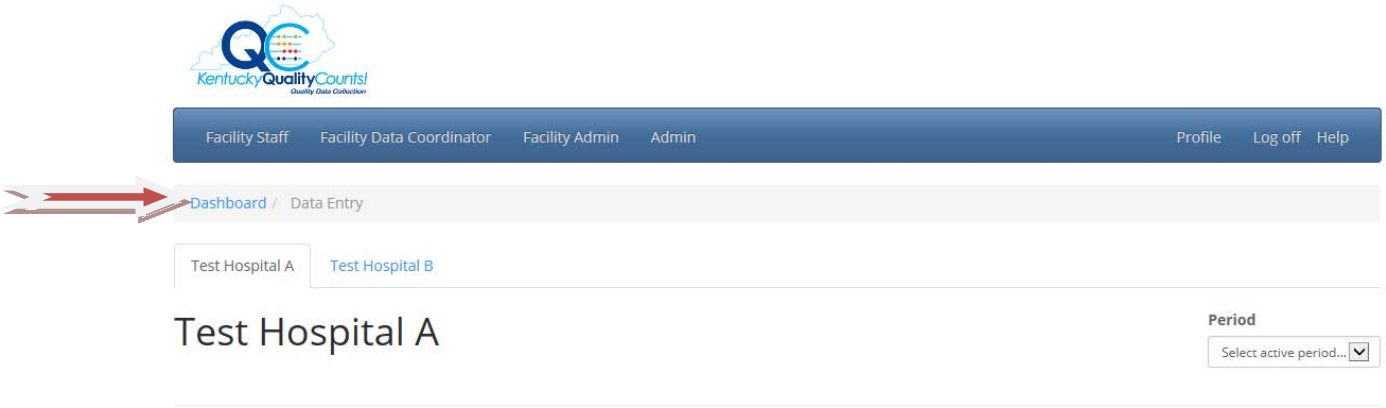
At anytime you can find a particular measure by pressing "Ctrl+F" and type in the measure and/or words within the measure and press enter and the system will find the measure.

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

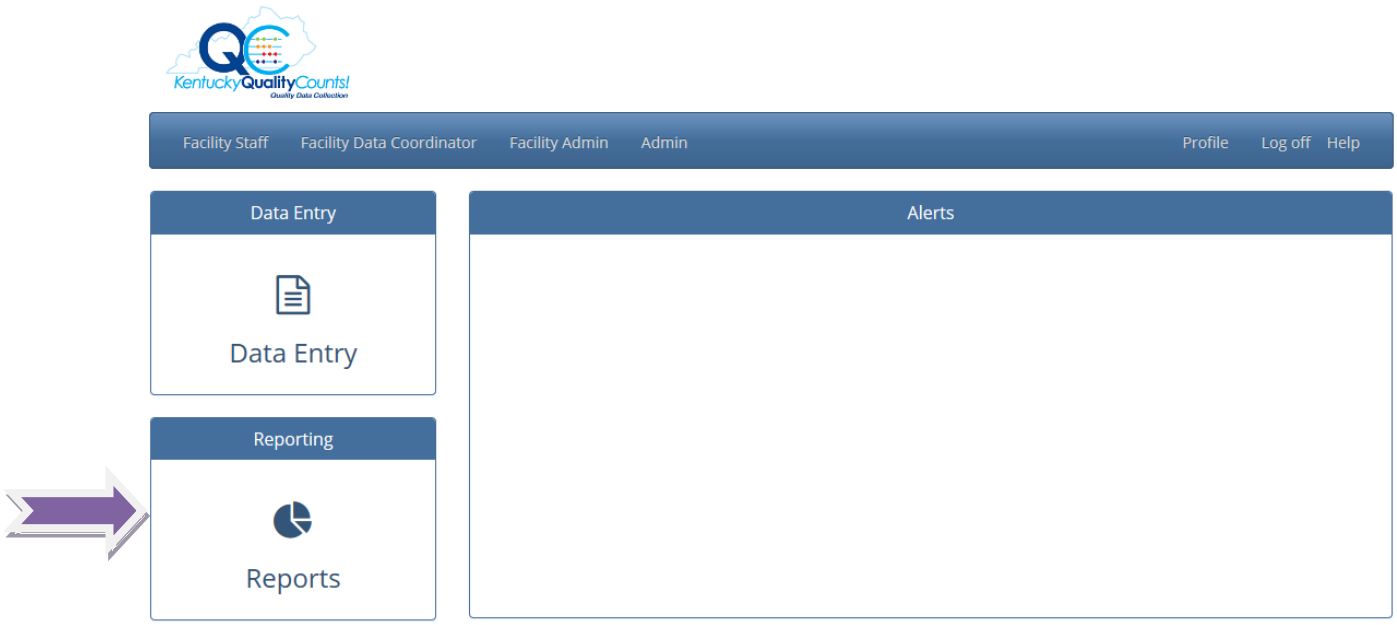


After the period closes the period option in the drop down will disappear and will no longer allow you to enter data for those measures within that timeframe. You will need to contact administration at Kentucky Hospital Association / Kentucky Institute for Patient Safety and Quality to request the data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

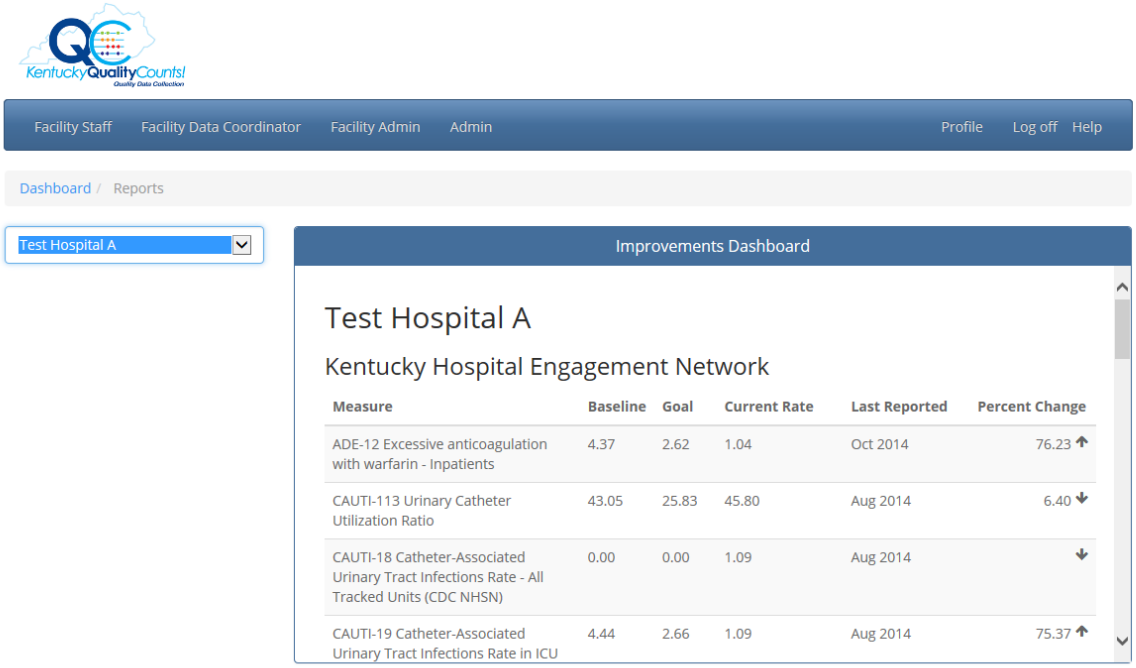
At any time you can click on Dashboard to take you back to the home page.



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



Improvement Dashboard Report

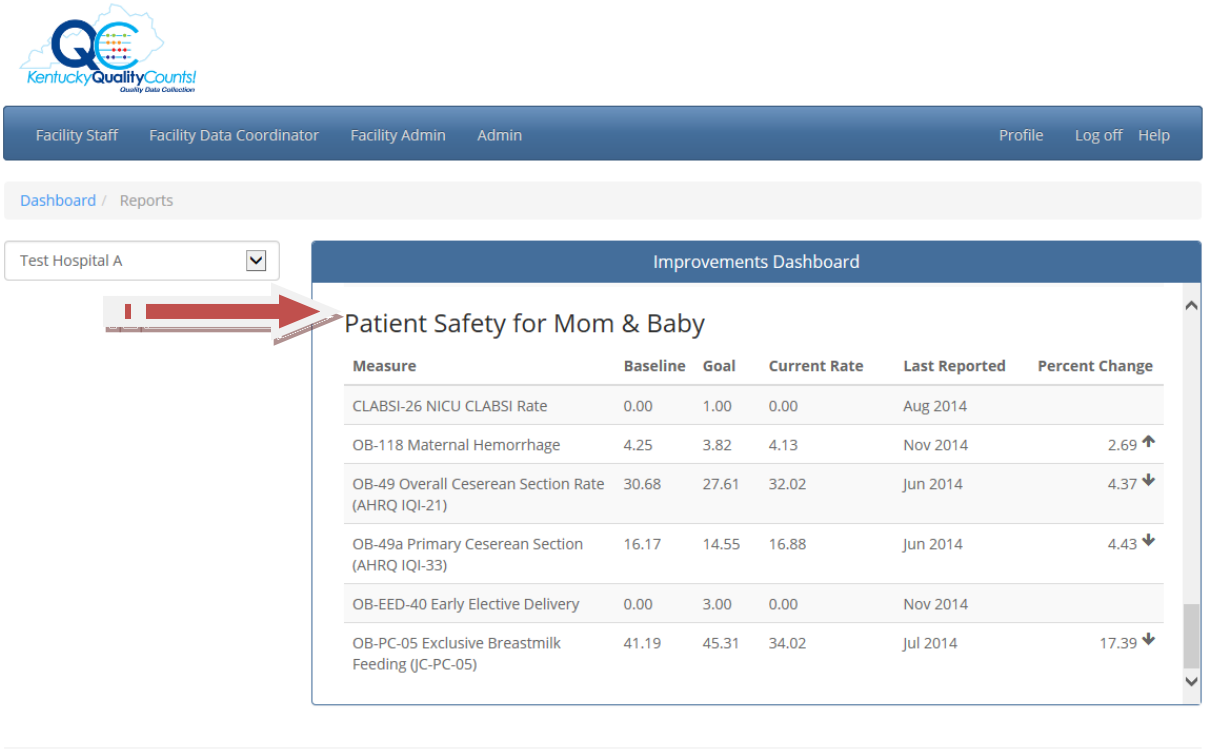


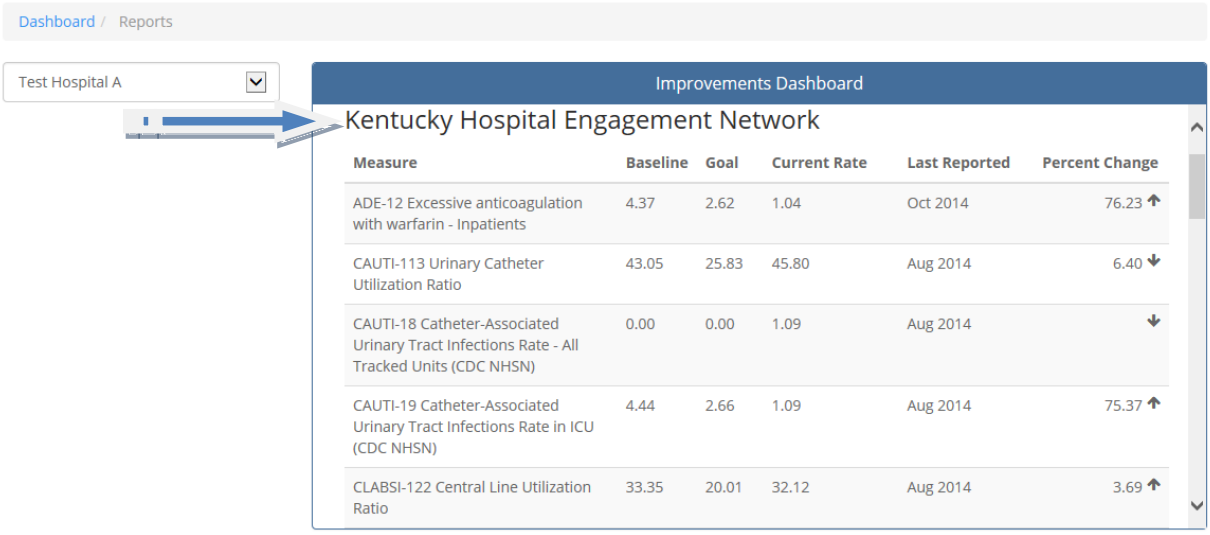
You will choose the hospital that you would like to see the Improvement Dashboard Report for. If you do not have more than one hospital then your hospital will appear by default.

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.





You can print the Improvement Dashboard Report by clicking on “Crtl+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