Vision
Integrate across UK colleges to become an international leader in health services research. Leverage collaboration to influence interprofessional practice and education to advance the science of health care delivery and improve population health by transforming care delivery and community health.

Mission
Applying Research to Optimize Care ©
Table of Contents

1-2 Our Team

3-4 Center Development

5-7 Advancing Health Services Research & Scholarship

8 CHSR Featured Study – Project ACHIEVE

9-11 Re-Engineering Health Care

12-13 Education & Training to Promote Health Services Research & Health System Transformation

14-21 Appendices

http://chsr.med.uky.edu
Our Team

This was a remarkable year for the Center for Health Services Research (CHSR). Initiated by the vision of Dr. Mike Karpf, Executive VP for Health Affairs at UK, our team grew from two people in January 2014 to more than 15 today. In this Annual Report we describe our team and many collaborators along with some of our activities and accomplishments. I could not be more proud of what we have achieved in such a short time, but recognize much more needs to be done as we apply research to optimize care.

A primary motivation for me has been the care my father received for kidney cancer 35 years ago. His neurosurgeon spoke at length with me about my father’s spinal metastases, the associated paralysis, and the struggles the surgeon faced attempting to excise the tumor. Without question, I was overwhelmed by the situation . . . yet, this busy physician carefully and tenderly answered all my questions, and asked about me. Learning of my goal to go to medical school, he subsequently invited me along on his rounds and helped me in my medical school application process. As I progressed in my training, I came to appreciate how much he cared for all his patients. About 15 years later, as I immersed myself in learning quality improvement, I came across the famous quote by Avedis Donabedian, renowned as the founder of the study of quality in health care and medical outcomes research. “Ultimately, the secret of quality is love.” I realized that love motivated that neurosurgeon and the many nurses and physicians who taught me during my training.

During this time, I also came to realize that poorly designed systems can thwart efforts to deliver the high quality health care that our patients deserve. The engineer and statistician W. Edwards Deming stated “A bad system will beat a good person every time.” My goal became figuring out how to change systems to make it easiest to do the best for patients. And I learned the critical importance of teamwork in this effort. That wisdom came from mentors who taught me what engineer and inventor Elon Musk eloquently affirmed. “It’s important to have a feedback loop, where you’re constantly thinking about what you’ve done and how you could be doing it better.”

(Continued on Page 2)
Upon arriving in Lexington, Kentucky I was thrilled to discover that Toyota partnered with UK to form the Lean Systems Program at the College of Engineering (http://www.lean.uky.edu). The Toyota Production System is renowned for championing this approach for decades and building the world’s largest automaker. In the past year the Center partnered with them to apply engineering principles to health care delivery. We are excited about how this collaboration can help us transform the system of care, especially by leveraging the expertise of frontline staff in the hospitals, clinics and communities where we perform our research. We hope to realize this goal through the translational arm of the Center—the Office for Value & Innovation in Healthcare Delivery (OVIHD). While the CHSR is housed in the University of Kentucky and collaborates directly with the Colleges of Medicine, Nursing, Pharmacy, Public Health, Health Sciences and Dentistry as well as numerous other colleges, OVIHD operates within UK HealthCare.

With guidance from our three Associate Directors, an active Steering Committee, an Internal Advisory Board composed of UK and UK HealthCare leadership and an experienced External Advisory Board, the CHSR is poised to transform patient care delivery at UK HealthCare and conduct nationally recognized research. As we connect, catalyze and create in our efforts to advance the science of health care delivery, the Center for Health Services Research at UK looks forward to helping improve the health of the Commonwealth of Kentucky.

Mark V. Williams, MD, MHM
Director, Center for Health Services Research
University of Kentucky
Chief Transformation & Learning Officer
UK HealthCare

“I entered Toyota in 1962 and I have spent most of my time at Toyota on the production floor trying to make it a more efficient and more comfortable place to work. Through this experience, I have come to the conclusion that the MOST IMPORTANT FACTOR in making one plant more effective than another is the WORKERS.”

— Fujio Cho, KBE, Master Teacher, Honorary Chairman Toyota Motor Corporation
Center Development

**LEADERSHIP**

Mark V. Williams, MD serves as Director of the Center for Health Services Research with Jing Li, MD, MS as Administrative Director. Together they provide overall leadership and direction for the Center. They are joined by three experienced and successful University of Kentucky researchers – Drs. Ellen Hahn, Glen Mays and Jeff Talbert – as Associate Directors.

Ellen Hahn, PhD, is Marcia A. Drake Professor and Director of the Kentucky Center for Smoke-free Policy, UK College of Nursing. Glen Mays, PhD, MPH, is F. Douglas Scutchfield Professor in UK’s Department of Health Management and Policy. He directs the National Coordinating Center for Public Health Services and Systems Research funded by the Robert Wood Johnson Foundation and directs the Public Health Practice-Based Research Network Program. Jeff Talbert, PhD, is Professor in the Department of Pharmacy Practice and Science, UK College of Pharmacy, and Director of the Institute for Pharmaceutical Outcomes and Policy. This leadership team aims to expand the Center’s research and scholarly endeavors through creating, testing, and scaling next-generation solutions to improve the efficiency and effectiveness of health care delivery.

Overall, they hope to improve the health of the people of the Commonwealth of Kentucky. The Associate Directors also play a major role in faculty development efforts such as supporting the recruitment and retention of the highest quality faculty as well as expand professional skills, nurture and cultivate junior faculty to become the next generation of academic leaders, and develop structured mentoring programs.

**ADVISORY BOARDS**

CHSR leadership leans on the combined wisdom and guidance of internal and external advisory boards, and a steering committee. The External Advisory Board (EAB) consists of national experts in the field of health services research and health system transformation. Led by Tim Carey, MD, MPH, Professor of Medicine and Social Medicine, and Director of the University of North Carolina’s Sheps Center for Health Services Research, the EAB provides strategic guidance, feedback, recommendations and suggestions to:

- Enhance the local, national and international visibility of CHSR as a leader in health services research
- Strengthen existing relationships with UK and UK Healthcare and develop collaborations with other stakeholders in health services research
- Facilitate regional outreach and community engagement, and create initiatives to train and develop the next generation of health services researchers
- Advance CHSR research, educational, and health care delivery initiatives

The Internal Advisory Board (IAB) consists of Deans of UK Colleges and leaders at UK HealthCare. Biannual reporting sessions facilitate communication of CHSR activities broadly. The Steering Committee is composed of faculty from colleges across UK and key department directors from UK HealthCare. They meet quarterly with CHSR’s leadership and staff to provide guidance on current HSR improvement initiatives at UK, and presently advise how the CHSR might assist with transforming health systems within communities across Kentucky.

(Continued on Page 4)
**Center Development (Contd.)**

**CENTER EXPERTISE AND CAPACITY**

Starting with just two members in January 2014 (Drs. Williams and Li) the CHSR grew its capacity and expertise by recruiting 2 faculty and hiring 15 staff.

The Center is currently comprised of six units:

- **Core Research Unit:** The Core Research Unit of CHSR creates, connects and catalyzes inter-professional team-based health services research. This team includes the director, administrative director, associate directors, and faculty with expertise in different areas of health services research. CHSR research expertise focuses on five areas of inquiry: population health; implementation science; quality measurement and improvement; patient-centered outcomes and comparative effectiveness research; and health informatics.

- **Research Support Unit:** This unit provides expertise in proposal development and grant submission, literature synthesis, research development and coordination, program evaluation, and project implementation and management to facilitate the achievement of Center goals and missions.

- **Analytic Support Unit:** The team provides expertise in quantitative and qualitative research methods, study designs, data collection and management, database and tracking system development, data mining, statistical modeling and analysis, and survey development and validation. The team also collaborates among analytic groups within UK Healthcare.

- **The Administrative Support Unit** provides administrative services to facilitate the day-to-day operations of the Center.

- **The Business/Financial Unit** manages the accounting operations of the Center including budgeting, account reconciliations, financial compliance and reporting and grant budget administration.

- **Education Support Unit:** This unit includes staff with expertise in creating eLearning modules for a wide range of educational, technical and promotional efforts. Using multiple software packages, including Captivate, Articulate, Videoscribe and Canvas, the Center creates interactive learning environments and training modules for students and professionals and promotes materials for public dissemination. This unit also maintains the Center’s literature bibliography, and coordinates the Center’s health services research seminar series and Work in Progress sessions.

**FEATURED CHSR STAFF – JASON SOUDERS**

CHSR staff members are dynamic and multi-talented. Jason Souders, MLS, the Center’s instructional designer, leverages his skills and expertise in eLearning to advance CHSR’s work in promoting a transforming learning experience – making learning new knowledge and skills interesting and effective to accelerate education and information disseminating.

“My job is to create eLearning experiences for physicians, staff, and students. I utilize various technologies to create dynamic, engaging courses and training modules that can be taken anywhere, with the flexibility to be experienced at an individual, comfortable pace.”

“I’ve been fortunate enough to be involved in several notable projects at the Center. I produced an animated video demonstrating the development and implementation of the Toyota’s Lean System model in the Observation Unit, a product of the Center’s collaboration with the Lean Systems Group and UK HealthCare. I also helped with a proposal for the Electronic Learning Innovation Initiative (eLII), for which we were awarded $25,000 to create a graduate level hybrid course about communication and teamwork in healthcare. I will be working with the faculty to produce eLearning courses for the online portion of the class.”

Jason Souders, MLS
Instructional Designer
Advancing Health Services Research and Scholarship — **Connect-Catalyze-Create**

**BY THE NUMBERS — FACULTY PRODUCTIVITY:**

- See Appendices for lists of publications, proposals and grant awards

- 16 Peer-reviewed Publications
- 1 Book Chapter
- 5 Conference Presentations

- Developed and submitted 12 grant proposals
- CHSR was lead on 2 of these proposals
- 6 of the proposals have been funded and 3 are still in review as of May 7, 2015
- CHSR has collaborated with researchers within and outside UK to request more than $89m in grant funding
- CHSR received more than $16m in grant funding
- Funding Agencies include PCORI, BCBS of Illinois, eLII
CHSR collaborates with researchers and organizations within and outside the University of Kentucky to develop, submit, and implement proposals and projects to address important issues in health services organization, financing, accessibility, cost, quality, appropriateness, and outcomes. Our ultimate goal is improving the health status of individuals and populations. These collaborations offer mutual benefits for the Center and collaborators by providing the partners with unique access to research resources and expertise while expanding the Center’s reach, influence, recognition, and visibility beyond Kentucky. Through proposal development, the Center established new partnerships with Westat, Kaiser Permanente, University of Pennsylvania, Boston Medical Center, Joint Commission Resources, America’s Essential Hospitals, American Hospital Association’s Hospital Research & Education Trust, The Hastings Center, and the quality improvement organizations (QIOs) HealthBridge, and Qsource. We also strengthened ongoing collaborations with Telligen, Northwestern University, the University of Illinois at Chicago, the Society of Hospital Medicine, Massachusetts General Hospital, and others.

CHSR also collaborates with UK faculty and staff across diverse colleges and research Centers including the colleges of Medicine, Nursing, Pharmacy, Public Health, Health Sciences, Dentistry, Engineering, Arts and Sciences, Communication and Information, the UK Center for Clinical and Translational Sciences (CCTS), and the Center of Excellence in Rural Health. These collaborations have helped to strengthen CHSR’s linkages with UK faculty and also increased educational opportunities while facilitating faculty research efforts.

Arnold Stromberg, PhD, Professor and Chair of UK’s Department of Statistics, was one of the first UK faculty to collaborate with CHSR.

“My primary collaboration with CHSR is by being part of the research design and data analysis team for Project ACHIEVE. With Mark Williams and Jing Li from CHSR and others affiliated with CHSR, I’ve submitted a PCORI methodology grant that if funded, will develop methodology for identifying combinations of treatments that benefit or harm patients.”

Patrick Kitzman, Associate Professor in the Division of Physical Therapy also collaborated with CHSR to develop and submit Center of Excellence proposal:

“In 2014 the UK Division of Physical Therapy developed a grant proposal to develop a Center for Excellence in Physical Therapy Health Service and Health Policy and Training. This COE was to be the first of its kind funded through the American Physical Therapy Association. We reached out to the CHSR for their expertise in developing this type of proposal and both Drs. Williams and Li provided substantial input with respect to the Leadership and Dissemination Cores for this COE proposal. In addition, the CHSR provided the services to help pull the many pieces of the COE grant together. While we were not chosen as the recipient of this COE award, the process of developing this grant proposal has provided valuable connections between our PT program and the CHSR that I am sure will continue to grow.”

(Continued on Page 7)
CHSR Collaborations and Engagement —
Connect-Catalyze-Create

(Continued from Page 8)

CHSR also supports the professional development of junior faculty. Laura Fanucchi, MD, Hospitalist and Assistant Professor in the College of Medicine, is currently collaborating with CHSR on a study of the local epidemiology, utilization, and cost of infections due to IDU (Intravenous Drug Use). The ongoing study employs a mixed-methods approach to better understand the patient experience, as well as to identify current physician practices, behaviors, and opinions with respect to discharging patients with a history of IDU on OPAT (Outpatient Parenteral Antimicrobial Therapy).

Dr. Fanucchi explained that “While OPAT is used worldwide for the ongoing management of infections once patients are medically stable to leave the hospital, a dearth of research provides guidance on use of OPAT in the IDU subgroup. Our experience has been that hospitals often keep patients with a history of IDU as inpatients for the full duration of their antibiotic courses, as long as six to eight weeks. It is unknown how this common practice affects outcomes for patients with a history of IDU. At UK HealthCare, this population makes up 20 percent of our length-of-stay outliers, according to the University HealthSystem Consortium (UHC) outlier definition.”

CHSR MEMBERSHIP

As part of its efforts to engage UK faculty interested in health services research, CHSR created a membership application process. CHSR membership provides UK researchers with the opportunity to connect and participate in Center research activities. Applications are reviewed to ascertain applicants’ expertise, potential for funded research collaborations, and ability to contribute to the Center’s mission, vision, and goals. CHSR members enjoy several valuable benefits, including professional development (i.e., seminars, workshops, and training programs); access to a broad network of researchers, clinicians, educators, and industrial partners; mentor/mentee opportunities; access to resources and research support services; and the quarterly CHSR Newsletter that provides timely information on recent CHSR activities, new HSR publications, and news of the profession. Current CHSR members represent a broad range of disciplines and colleges including nursing, medicine, health sciences, health services, public health, education, engineering and behavioral sciences.

Laura Fanucchi,
MD, MPH
Project ACHIEVE: Achieving Patient-Centered Care and Optimized Health In Care Transitions by Evaluating the Value of Evidence

Project ACHIEVE is a national study of transitional care funded by a $15 million award from the Patient Centered Outcome Research Institute (PCORI). It is the largest study funded solely by PCORI since its creation and the first award to the CHSR. Project ACHIEVE aims to:

1. Identify the transitional care outcomes and components that matter most to patients and caregivers.
2. Determine which evidence-based transitional care components (TCCs) or clusters most effectively yield patient and caregiver desired outcomes overall and among diverse patient and caregiver populations in different types of care settings and communities.
3. Identify barriers and facilitators to the implementation of specific TCCs or clusters of TCCs for different types of care settings and communities.
4. Develop recommendations for dissemination and implementation of the findings on the best evidence regarding how to achieve optimal TC services and outcomes for patients, caregivers and providers.

Capitalizing on the opportunity for a natural experiment observational study, the research team will conduct qualitative and quantitative studies. This three-year study is divided into two distinct phases. During the first phase, Project ACHIEVE uses focus groups, with patients, caregivers, providers, and site visits to identify the transitional care outcomes and service components that matter most to patients. In this first phase, the team also will refine and validate outcome assessment instruments and secure commitments from institutions and community based organizations participating in the study. During the second phase, the team will evaluate the comparative effectiveness of multi-component care transitions programs occurring across the U.S.

Project ACHIEVE is an excellent example of how the CHSR develops, maintains and leverages collaborations and partnerships to expand and grow its capacity. Project ACHIEVE collaborators are listed in the figure.
Re-Engineering Health Care

OFFICE FOR VALUE INNOVATION IN HEALTHCARE DELIVERY — OVIHD
CHSR serves as a link between UK HealthCare and the University of Kentucky including resources in the Colleges of Medicine, Public Health, Nursing, Pharmacy, Health Sciences and Dentistry. OVIHD was established by UK HealthCare to coordinate patient safety and quality improvement while developing population health approaches. It aims to facilitate delivery of value driven care through managing overall medical care delivery to the population served by UK HealthCare. Positioned as CHSR’s translational arm and co-directed by Drs. Mark Williams and Bernie Boulanger, OVIHD will provide the infrastructure necessary to transform UK HealthCare. OVIHD recently hired health system engineers with expertise in problem solving and standardized work. These experts with extensive experience in industrial engineering will develop and implement process improvement efforts, help standardize delivery of evidence-based practices, and evaluate the efficiency and effectiveness of these efforts. OVIHD is also home to UK HealthCare’s Optimal Care effort which aims to optimize care by applying evidence-based practice and eliminating of unnecessary variation.

INTERPROFESSIONAL TEAMWORK INNOVATION MODEL (ITIM)

Good Samaritan 7 Incubator Unit
Recognizing the importance of teamwork in patient care, UK HealthCare partnered with the Division of Hospital Medicine and the CHSR to develop an “incubator unit” to allow experimentation with best practices and evaluate outcomes. With strong support from Colleen Swartz, DNP, MBA, RN (Chief Nurse Executive for UKHC), Good Samaritan Hospital’s newly renovated 7th floor was selected for implementation. For the past year, a team led by the nursing unit director (Sherry Dotson, RN) and director of the hospital medicine service at Good Samaritan (Zack Roy, MD) have steadily worked to cohort patients on this unit and structure rounds to include bedside nurses, a case manager, a pharmacist, and hospitalist. They have addressed and overcome numerous barriers. This platform will establish the infrastructure necessary for multiple care improvement initiatives.

IMPROVING CARE TRANSITIONS: PROJECT BOOST
In line with its goal of “Applying Research to Optimize Care,” the CHSR is currently collaborating with UKHC to implement Project BOOST (Better Outcomes by Optimizing Safe Transitions) to improve care coordination and hospital discharge transitions. Project BOOST is an evidence-based care transitions model developed by a team led by Dr. Mark Williams, principal investigator for BOOST, and the Society of Hospital Medicine. Funded by The John A. Hartford Foundation, BOOST includes a toolkit that has been implemented at nearly 200 hospitals across the U.S. to improve the hospital discharge process and patient outcomes such as reducing readmissions. Physician mentored implementation is a unique and integral aspect of Project BOOST’s success.

In the fall of 2014, UKHC leadership, in collaboration with the CHSR convened a team to oversee the implementation of Project BOOST within the UKHC system. Dr. Jeff Greenwald, one of the original co-investigators and lead designer of the Project BOOST toolkit and Associate Professor at Harvard and Massachusetts General Hospital is UK HealthCare’s BOOST mentor.

(Continued on Page 10)
The team selected the 7th floor at Good Samaritan Hospital (GSH) as the pilot BOOST implementation unit. CHSR staff is helping by coordinating and compiling materials for meetings and mentor calls, assisting with process mapping and root cause analysis, collaborating with Patient Education and Staff Development on teach back trainings, developing and modifying BOOST curriculum for internal staff and resident training, and monitoring progress and evaluating the effectiveness of intervention implemented.

Lisa Thornsberry, Nursing Division Director at UK HealthCare Good Samaritan Hospital, views this collaboration as an opportunity to improve care transitions throughout the enterprise: “In collaboration with CHSR, we began planning for implementation of Project BOOST by completing process mapping of the discharge and patient care transition process on GSH 7th floor. The BOOST team set goals and metrics to improve length of stay, readmission rates, patient/nurse/physician satisfaction, communication between the interdisciplinary team and patients, and the final discharge time on the BOOST unit. The first implementation efforts occurred in January of 2015 when interdisciplinary rounding was introduced to the BOOST unit.

The BOOST team, through interdisciplinary rounding, focuses on improving working relationships with patients and caregivers, improving plan of care process and develop a discharge plan that starts at the point of admission to work toward meeting our overall goals. Other efforts made by the BOOST team to meet goals include promoting teach back method in practice, completing follow up phone calls, developing root cause analysis/tool for assessing readmission risks, collecting ongoing data and working subgroups to help ensure continuous progression toward achieving goals. As we move forward, our goals will include other patient care areas within the enterprise as we expand our efforts within the BOOST project.”

COLLABORATION WITH UK HEALTHCARE’S PLAN OF CARE (POC) EFFORT

The CHSR provides expertise in care coordination and quality improvement to support UKHC’s Plan of Care team. Collective efforts between the CHSR and the Plan of Care team included two planning workshops, three pilot cycles and process refinement, one feedback workshop, and the development of two training videos on patient-centered team-based care and how to engage patients in review of their care plan.

Future efforts include:
• Identify and examine the existing plan of care processes in the ICUs
• Engage interdisciplinary care delivery teams in efforts to standardize and contextualize daily plan of care processes across UKHC enterprise
• Develop and refine strategies for testing the improved plan of care process in the ICUs and subsequent enterprise-wide implementation

(Continued on Page 11)
In partnership with the UK Lean Systems Program, the CHSR and UK HealthCare are working with the True Lean® group to implement quality improvement strategies at UK Chandler Medical Center Observation Unit. The CHSR initiated this collaboration based on a common interest in the vision of transforming UK HealthCare, with the goal of enhancing the efficiency and effectiveness of care delivery within UK HealthCare.

The CHSR is leading efforts to train and engage direct care staff in the new observation unit. In December 2014, the CHSR hosted a training session to illustrate the various opportunities to apply Lean principles in everyday operations. Speakers and presenters at the session included Bret Anderson, Toyota Executive Director of Lean Systems Program at UK College of Engineering. Mr. Anderson provided a synopsis of the True Lean approach, and Romil Chadha, MD (Medical Director of the Observation Unit) and Matt Proud, RN (Patient Care Manager of the Observation Unit) delivered technical information about the capabilities and functionality of the new unit. As part of the evaluation of this effort, the CHSR is conducting a study of patients suffering from complications of intravenous drug use, especially endocarditis. The research team assisted in developing a survey and interview guide, and research support staff conducted in-person interviews and conducted preliminary qualitative analysis. The Center's analyst extracted a data set from the enterprise data warehouse to evaluate utilization among hospitalized patients with a history of IV drug use.

Preliminary analysis showed the need to promote the awareness of current protocols to standardize treatment, availability of leadership support, and access to community-based follow-up services. Notably, the evaluation identified the need for increased outpatient services. The quantitative analysis also showed potential cost savings through the optimization of care delivery and resources in this patient population. These results provide the guidance and direction for future research and best practices for care delivery for this patient population. Dr. Laura Fanucchi in the Division of Hospital Medicine is leading this effort and presented her preliminary findings and review of the literature at a CHSR Work-In-Progress session, generating multiple connections to PhD researchers across the campus.

**HEALTH CARE ANALYTICS**

The analytic support unit provides guidance to health care teams to optimize the value of care by:

- Developing reporting capabilities
- Generating visualizations with software such as Tableau and JMP
- Incorporating tools such as Elixhauser Comorbidity and AHRQ Clinical Classification Software for ICD-9
- Facilitating access to and enable the use of data for decision making and quality improvement at UK
Education & Training to Promote Health Services Research and Health System Transformation

**CHSR MONTHLY SEMINARS** provide an opportunity for UK faculty and staff to learn from nationally recognized researchers and experts in health services research. The seminars enhance dialogue and exchange ideas to foster research collaborations, communicate future research directions, and advance educational and professional development opportunities at UK. On occasion, CHSR monthly seminars are combined with Internal Medicine Grand Rounds to expand exposure to the health system and colleges.

**HEALTH CARE LEADERSHIP GRADUATE CERTIFICATE PROGRAM - eLII GRANT**
The CHSR, in collaboration with the College of Public Health, received a $25,000 grant from the eLearning Innovation Initiative (eLII) to create a hybrid course that will be an integral component of the Graduate Certificate in Improving Healthcare Value. The new course, Teamwork and Change, will enhance students’ skills in teamwork and leadership by utilizing case studies, multimedia, simulated learning exercises, expert guest lecturers and advanced eLearning approaches. Mark Williams, MD and Sarah Wackerbarth, PhD are co-directors of this course which will begin the fall semester of 2015, and is open to graduate students and current faculty and staff members who are interested in obtaining additional training related to teamwork in health care delivery and quality improvement.

**WORK IN PROGRESS (WIP) SESSIONS**
CHSR created the Work In Progress (WIP) sessions to provide junior faculty with the opportunity to present their ongoing research and/or proposal and publication ideas, and receive feedback from senior faculty. WIP sessions enhance faculty professional development through research mentorship. Senior faculty provide presenters with suggestions for improving their research, publication or grant idea.

**eLEARNING MODULE DEVELOPMENT**
The CHSR invested resources in software and staff to develop multiple eLearning modules for faculty and staff. Initial projects include a hospitalist orientation manual, teach back training, and the Lean model in health care. The eLearning hospitalist orientation manual is a series of 23 eLearning training modules that consist of 20-30 minute interactive presentations and offer a concise and convenient method for providing orientation to new hospitalists starting in the Division of Hospital Medicine at UK HealthCare.

**SIMULATION-BASED MASTERY LEARNING INITIATIVE**
The CHSR sponsored two events to promote simulation-based learning:
- Jeffery H. Barsuk, MD, associate professor in the Division of Hospital Medicine at the Northwestern University Feinberg School of Medicine, presented “Simulation-Based Mastery Learning Research as Translational Science” on March 6th, 2014 at Internal Medicine Grand Rounds.
- A two-day simulation-based mastery training for central venous catheter (CVC) insertion to UK HealthCare physicians and nurses occurred in October 2014. Dr. Barsuk also gave a presentation of “The Use of a Simulation-Based Mastery Learning Curriculum to Teach Central Venous Catheter Insertion Skills and How It Affects Patients’ Outcomes” Trainees included two master trainers, Matt Dawson, MD, and Joe Sweigart, MD, who will continue to work with CHSR leadership to train physicians, residents and fellows. CHSR also facilitated the implementation of a quality improvement initiative and training curriculum on CVC placement.
VISITING PROFESSOR LECTURES occur as a part of the larger CHSR monthly seminar series. Over the past year, CHSR hosted several notable health services researchers and experts including:

Jeffery H. Barsuk, MD, Associate Professor in the Division of Hospital Medicine at the Northwestern University Feinberg School of Medicine. Dr. Barsuk’s visited CHSR on March 7th, 2014 and his presentation was entitled “Simulation-Based Mastery Learning Research as Translational Science.”

Eric Coleman, MD, MPH, Professor of Medicine, Division of Health Care Policy and Research University of Colorado Anschutz Medical Campus. Dr. Coleman visited on May 9, 2014 and presented on “Improving Quality and Safety During Care Transitions.”

Jerry Krishnan, MD, PHD, a Professor of Medicine and Public Health, and Associate Vice President for Population Health Sciences in the Office of Health Affairs at the University of Illinois Hospital & Health Sciences System (UI Health System). Dr. Krishnan presented on “Remodeling Healthcare Delivery in the ACA Era” on October, 2014.

Karl Bilimoria, MD, MS, the Vice Chair for Quality in the Department of Surgery, a surgical oncologist and a health services and quality improvement researcher at Northwestern University’s Feinberg School of Medicine. He visited in February 2015 and presented on “New approaches to improving quality of care – NSQIP to ISQIC.”

Robert Watcher, MD, Professor and Associate Chairman of the Department of Medicine at the University of California, San Francisco, where he holds the Lynne and Marc Benioff Endowed Chair in Hospital Medicine. He is generally considered the academic leader of the hospitalist movement, the fastest growing specialty in the history of modern medicine. Dr. Watcher visited on May 13, 2015.

Terry Davis, PhD, Professor of Medicine and Pediatrics, Louisiana State University at Shreveport is a pioneer in the field of Health Literacy, and has led an interdisciplinary team investigating the impact of patient literacy on health and healthcare. She will visit UK on September 22, 2015.

David Ballard, MD, MSPH, PhD, FACP, CMM, Chief Quality Officer for Baylor Scott & White Health, Baylor Health Care System, and President of the STEEEP Global Institute will visit UK on January 8, 2016.

Victor Montori, MD, Professor of Medicine and Director of Healthcare Delivery Research Program at Mayo Clinic, will visit on April 29, 2016.
Appendices

PUBLICATIONS WITH CHSR FACULTY
(January 2014 - June 2015)

Peer-Reviewed Publications

(Continued on Page 15)
(Continued from Page 14)

Li J, Williams MV. Managing superutilizers-staying patient centered is the solution. J Hosp Med. 2015 April 15 [Epub ahead of print]

MANUSCRIPTS IN REVIEW

Hansen LO, Kazmi U, Smith GR, McKoy J, Coleman E, Williams MV. Social, Emotional, Physical and Cognitive Recovery among Community Dwelling Elders after Acute Hospitalization. JAGS

BOOK CHAPTER


OTHER


PRESENTATIONS

“Key Elements and Formatting for Discharge Instructions” Implications of Health Literacy for Discharge Instructions: A Workshop. Institute of Medicine, Roundtable on Health Literacy, Washington, DC. 3/17/14

“Improve Your Odds: BOOST Your Hospital’s Care Transitions” Society of Hospital Medicine 2014 Annual Meeting, Las Vegas, Nevada. 3/25/2014

“Hospital-based Clinicians as Palliative Care Providers” Palliative Care for Hospitalists and Intensivists (PCFHI) Course Harvard Medical School, Boston, MA. 4/4/2014


ABSTRACTS & POSTERS

# Proposals Led by CHSR

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<td>May-14</td>
<td>PCORI</td>
<td>&quot;Project ACHIEVE - Achieving Patient-Centered Care and Optimized Health In Care Transitions by Evaluating the Value of Evidence&quot;</td>
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<td>ARHQ (sub-contract through Brigham and Women's Hospital)</td>
<td>Implementation of a Medication Reconciliation Toolkit to Improve Patient Safety</td>
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<td>Nov-14</td>
<td>University of Kentucky, Electronic Learning Innovation Initiative (eLLI)</td>
<td>Healthcare Team Leadership in Changing Times</td>
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<td>Oct-14</td>
<td>BlueCross BlueShield of Illinois (sub-contract through Northwestern University)</td>
<td>Illinois Surgical Quality Improvement Collaborative (ISQIC)</td>
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<td>BlueCross BlueShield of Illinois (sub-contract through Northwestern University)</td>
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<td>Mar-15</td>
<td>Xerox</td>
<td>Kentucky Medicaid Enterprise Management System and Fiscal Agent Replacement</td>
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## Letters of Intent

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<td>Sep-14</td>
<td>PCORI</td>
<td>Hospitalist Education and Leadership in Primary Palliative Care (HELP)</td>
<td>Not Invited</td>
<td>4,900,000</td>
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<td>Sep-14</td>
<td>PCORI</td>
<td>EM-HM Patient-Centered Transfers: Enhancing the Emergency Medicine and Hospital Medicine (EM-HM) Transition</td>
<td>Not Invited</td>
<td>2,000,000</td>
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<tr>
<td>Mar-15</td>
<td>RWJ Foundation</td>
<td>Social Networks Influence on Perception and Choice of Health Plans</td>
<td>Not Invited</td>
<td>400,000</td>
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<tr>
<td>May-15</td>
<td>PCORI</td>
<td>HELPing Delivery of Patient-Centered Palliative Care</td>
<td>Pending</td>
<td>13,720,000</td>
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# COLLABORATIVE PROPOSALS

<table>
<thead>
<tr>
<th>Date Submitted</th>
<th>Funding Agency</th>
<th>Title</th>
<th>Status</th>
<th>$$</th>
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<tr>
<td>Jun-14</td>
<td>KY Cabinet for Health and Family Services</td>
<td>KY All Payer Claims Database Development</td>
<td>Funded</td>
<td>416,795</td>
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<td>Sep-14</td>
<td>Foundation for Physical Therapy</td>
<td>Center for Physical Therapy Health Services and Health Policy Research and Training</td>
<td>Not Funded</td>
<td>2,500,000</td>
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<td>Nov-14</td>
<td>PCORI</td>
<td>Predicting Patient Cohorts Benefiting or Being Harmed by a Combination of Therapies</td>
<td>Not Funded</td>
<td>1,400,000</td>
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<td>Feb-15</td>
<td>Center for Medicare and Medicaid Services</td>
<td>Mid-South Practice Transformation Network (PTN)</td>
<td>Pending</td>
<td>25,500,000</td>
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<td>Feb-15</td>
<td>PCORI</td>
<td>Evaluating the Impact of Transitional Care Management (TCM) for Small to Medium-sized Primary Care Clinics on Patient-Centered Outcomes</td>
<td>Pending</td>
<td>13,000,000</td>
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## Letters of Intent

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<th>Status</th>
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<tr>
<td>Mar-15</td>
<td>Pfizer</td>
<td>Multidisciplinary Anticoagulation and Thrombosis Team Approach to Transitions of Care</td>
<td>Pending</td>
<td>896,000</td>
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<td>Apr-15</td>
<td>Boehringer Ingelheim ACT</td>
<td>Reducing Stroke in Atrial Fibrillation</td>
<td>Pending</td>
<td>214,623</td>
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</tbody>
</table>
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