I-PASS® PATIENT SAFETY INSTITUTE × Kentucky Hospital Association

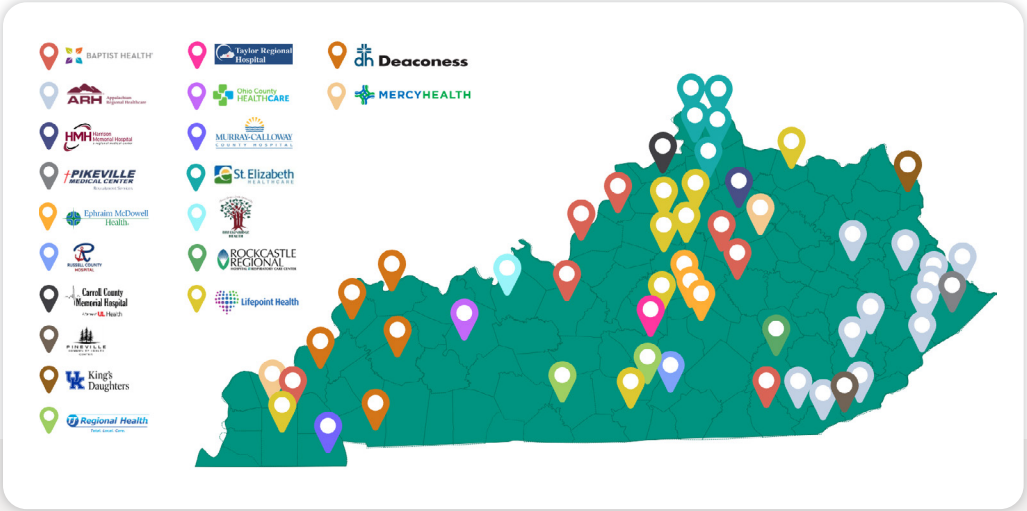
PROGRESS REPORT

The Kentucky I-PASS Initiative

In 2024, the Kentucky Hospital Association (KHA) became the first state hospital association to adopt I-PASS at scale, launching a statewide effort to standardize handoff communication across member hospitals. **Early results are surpassing projections.** The initiative has created a network effect that no single health system could achieve alone, enabling hospitals to share knowledge, expand into new care settings, and drive measurable improvements in quality, cost, and patient outcomes.

Adoption Across the Commonwealth

As of April 2026, 56 hospitals have enrolled in the Kentucky Hospital Association Transitions and Communication in Hospitals (KHATCH) Program.



56 hospitals enrolled
70% of the 8-year goal reached in 2.5 years

First state hospital association
to adopt I-PASS statewide

50.5% of Kentucky ACUTE + CAH licensed beds
enrolled in the I-PASS KHA program

$3.67 billion
projected ROI for statewide adoption over a 10-year period

Progress on Early Adopters

The first three KHA members to adopt I-PASS, representing 21 hospitals total: Appalachian Regional Healthcare, Baptist Health, Pikeville Medical Center.

Results from the First Three Organizations

85% reduction
in handoff-related patient harms

77% increase
in adherence to the I-PASS mnemonic

The projected ROI for statewide I-PASS adoption over 10 years is $3.67 billion.

That figure includes reductions in medical malpractice, adverse events and associated costs avoided, nursing overtime, and improvements to patient experience performance.

At the start of implementation, adherence to all five elements of the I-PASS mnemonic stood at 35%.

After six months, it reached a sustained average of 80%, with KHA hospitals achieving this milestone roughly 50% faster than the national I-PASS benchmark.

The harm data reflects the same trajectory.

At baseline, the rate of any handoff-related harm across the first three adopters was 9.9 incidents per 100 days worked. Within six months of implementation, that number fell 69% to an average of 3.1 harms per 100 days worked. After 13 months, handoff-related patient harms were reduced by 85%.

The Kentucky I-PASS initiative drives reliability by bringing handoffs to the bedside.

I-PASS shapes the conversation, while bedside shift reporting ensures it happens with the patient present, keeping clinicians aligned and critical information consistent. Each interruption during a handoff is associated with a 12% increase in clinical error, making consistency critical. Across the three adopters, interruption-free handoffs increased from 65% to an average of 81% over six months.

At Baptist Health Wave I sites, 71% of handoffs now occur at the bedside, with 80% of those interruption-free, driving nurse communication scores from the low 60s to the 90s. At Appalachian Regional Healthcare, bedside shift reports nearly doubled from 32% to 59%, with nurse communication scores rising from 71% to 81%. Because nurse communication directly impacts HCAHPS scores and reimbursement under value-based care, these gains have clear financial implications.

The Blueprint for Better Care

By creating a common framework for information exchange across healthcare settings, **I-PASS strengthens patient safety, improves care coordination, and supports broader quality improvement efforts.**

Additional Benefits & Impact

Encourages collaboration across organizations through a shared model for standardized communication (e.g. networking among organizations with shared EMR vendors)

Promotes alignment on critical data elements within and across hospitals, health systems, and clinical specialties (e.g. disseminating written tools across the Kentucky hospital network)

Supports consistent communication of key clinical indicators, including **sepsis screening**, central line necessity, and other patient safety priorities in alignment with regulatory standards

Supports innovative applications across care settings:

- Respiratory Therapy bedside handoffs
- EMS-to-Emergency Department patient transfer reports
- Escalation of patient care concerns as an alternative to traditional SBAR communication

When handoffs are reliable, the benefits reach across every dimension of safety and quality.

Beyond the Numbers

"The adoption of I-PASS as a structured approach and common language is contributing to our goal of reduction in patient safety-related incidents. What started in nursing has expanded to pilot programs within Respiratory Therapy and Perioperative Services, with physician groups now exploring what adoption could look like in their own practices."

Eva D. Browning, AVP Nursing Education and Professional Practice, Appalachian Regional Healthcare

"We've seen communication as an opportunity for years in our data, but we could not have made this much progress without the kind of hands-on support the I-PASS team provides. Solving this requires real change agents, not just adding a new box in the medical record."

Trish Jordan, System AVP Clinical Outcomes, Baptist Health

"Most hospitals that try to fix handoffs do it alone, and that's exactly why it's so hard. **You can have the best program in the world, but without shared infrastructure and shared accountability, progress stays isolated.** What's been missing is a scalable model that can be implemented across the health system network. Kentucky built that model, and what emerged was something more powerful than a program — **a genuine peer network, aligned around a common standard and driving improvement collectively.** The early results are proof that it works and a blueprint for what comes next."

Christopher Landrigan, MD, MPH
Founder, I-PASS Institute

Looking Ahead

This report reflects the first three health systems to go live. As more reach full implementation, the data will grow and the full picture of statewide impact will come into sharper focus. KHA and I-PASS are committed to sharing that progress transparently as the program evolves.

Kentucky set out to prove that a state hospital association could lead meaningful, system-wide improvement in patient safety. The early results prove that to be true.

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