VieCare Armstrong, LLC.

Annual Quality Improvement Report

July 1, 2022 thru June 30, 2022

LIFE ARMSTRONG FY 2020 ANNUAL QI REPORT
(July 1, 2022 – June 30, 2022)

CMS Required Quality Measures							
Quality Indicator	***Quality Objective/Rationale***	***Goal Benchmark***	***1st Qtr***	***2nd Qtr***	***3rd Qtr***	***4th Qtr***	***Goal Met/ Not Met***
Enrollments	Identify patterns or trends of effectiveness of marketing strategies to maintain expected census.	9 per quarter with net increase 1 per month	Enrollments 8 Net 5	Enrollments 11 Net -2	Enrollments 10 Net 3	Enrollments 8 Net -2	**Met** 9 avg. for yr. **Met** 4 avg. for yr.
	LIFE Armstrong County enrolled 37 participants during FY2022. The number of enrollments met the target goal for 2 of the 4 quarters and the program's goal to increase 1 participant in net enrollment was met 2 of the 4 quarters. The Marketing and Enrollment department continues to work on growing the LIFE Armstrong County census with events at various locations in order to get information about the LIFE Program out into the community. This monitor will continue in FY2023.						
	Achieve census at end of quarter that meets or exceeds program's flat budget benchmark.	Meet or preferably exceed flat budget of 82 census	88	89	87	89	**Met** Average 88 for the year
	The benchmark for maintaining or increasing the current census levels by offsetting new enrollments with voluntary disenrollments and deaths each quarter was met for all 4 quarters during FY2022. This monitor will continue in FY2023.						
Disenrollments Voluntary	No. of voluntary disenrollments compared to number of actual voluntary disenrollments to determine effectiveness of strategies to reduce number of requests/ disenrollments	Overall number of participant voluntary disenrollments will not exceed 3% of the annual census (excluding deaths)	1%	2%	1%	1%	**Met** Average 1% for the year
	There were 11 disenrollments during FY2022 with 0 due to dissatisfaction with the program and the benchmark was achieved for all 4 quarters. Reason for disenrollments: Moved out of service plan area – 6 Chose SNF placement – 5 LIFE Armstrong will continue to monitor this indicator during FY2023 to identify contributing factors prompting a participant request to disenroll and assess the need to implement clinical and/or operational improvement(s) that may avert the participant's disenrollment.						

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Deaths – End-of-Life Wishes	Participant end-of-life wishes are carried out according to advance directive. Participant death occurred according to participant wishes.	100%	100%	100%	100%	100%	**Met** Average 100% for year
	There were twenty-two (22) deaths that occurred during fiscal year FY2022: • 45% (10) occurred in the participant's home • 41% (9) in the hospital • 9% (2) in a SNF. LIFE through with each participant's end-of-life wishes and the benchmark was achieved for all 4 quarters. LIFE Armstrong County will continue to monitor this indicator during FY2023.						
Hospitalizations	LIFE staff will utilize information to identify participants who demonstrate high utilization of acute care services	Not to exceed 99 days per quarter	77	91	262	146	**Met** 59 days avg. for year
	LIFE Armstrong achieved the target goal in 1 of the 4 quarters during FY2022. Significant participant comorbidities and high acuity levels of care, along with COVID-19 restrictions which made placement in SNF/ECF more difficult to achieve during the 3rd and 4th quarters contributed to increased hospital stays. During weekly Case Management meetings, interdisciplinary team members completed an intensive review of all hospitalizations and acted upon identified opportunities to promote and/or enhance early care interventions to prevent hospitalizations. The FY2023 target for this measure will remain the same.						

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<table>
<tr><th>Quality Indicator</th><th>Quality Objective/Rationale</th><th>Goal Benchmark</th><th>1st Qtr</th><th>2nd Qtr</th><th>3rd Qtr</th><th>4th Qtr</th><th>Goal Met/ Not Met</th></tr>
<tr><td rowspan="3">Readmissions within 30 Days</td><td rowspan="2">Identify improvement opportunities of treatment plan to prevent readmissions within 30 days of discharge.</td><td>Quarterly hospital readmission rate will not exceed 15%</td><td>17%</td><td>20%</td><td>22%</td><td>16%</td><td>Not Met Avg Qtr 18%</td></tr>
<tr><td>Rolling 12-month hospital readmission rate will not exceed 15%</td><td>20%</td><td>14%</td><td>21%</td><td>22%</td><td>Not Met Avg 19%</td></tr>
<tr><td colspan="7">Twenty (20) hospital readmissions occurred within 30 days of participant’s original admission during FY2022, which is 1 less than the previous fiscal year. The diagnosis for five (5) or 25% of the readmissions was the same or related to the initial diagnosis.
LIFE Armstrong did not achieve the 15% quarterly benchmark in all 4 quarters during FY2022 and the overall average readmission rate for the fiscal year did not meet the target benchmark of 15%. The average 12-month rolling readmission benchmark was achieved for 1 of the 4 quarters but an average 12-month rolling rate was above the benchmark at 18%. Significant participant comorbidities and high acuity levels due to decline in health status and COVID-19 infections contributed to not meeting readmission rate benchmarks.
The FY2023 target for this measure will remain the same.</td></tr>
<tr><td rowspan="2">Emergency Room Visits</td><td>Participants who present to ER for services & are treated &released following evaluation / treatment</td><td>Outpatient ER visits/ 1000/Annum: 350</td><td>304</td><td>232</td><td>266</td><td>344</td><td>Met 287 avg. for year</td></tr>
<tr><td colspan="7">LIFE Armstrong County participants utilized hospital emergency room services 150 times between July 1, 2021 and June 30, 2022, which is 111 less than the previous fiscal year. The ER visit rate remained below the target goal all four quarters; with an average rate of 287 for the fiscal year and an average of 16% were deemed non-emergent/avoidable by the LIFE physician/clinical staff, which is below the 30% benchmark. No patterns or trends noted. The FY2023 target for this measure will remain the same.
<table>
<tr><th colspan="2">ER Visits</th><th colspan="3">Average for FY2022</th></tr>
<tr><td rowspan="2">Day of Week</td><td>M-F</td><td>66%</td><td rowspan="5">Top 3 Diagnoses</td><td rowspan="5">Falls 25%
Respiratory 14%
Neurological 14%</td></tr>
<tr><td>Sa-Su</td><td>34%</td></tr>
<tr><td rowspan="3">Time of Day</td><td>8a-5p</td><td>61%</td></tr>
<tr><td>5p-12a</td><td>29%</td></tr>
<tr><td>12a-8a</td><td>11%</td></tr>
</table></td></tr>
</table>

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CMS Required Quality Measures

Quality Indicator	*Quality Objective/Rationale*	*Goal Benchmark*	*1st Qtr*	*2nd Qtr*	*3rd Qtr*	*4th Qtr*	*Goal Met/ Not Met*
Nosocomial Pressure Wound Rate	Stage I-IV pressure ulcers will be considered nosocomial if acquired in any setting.	Less than 5 nosocomial pressure wounds per 1000 participant days.	2.2	2.0	3.1	3.0	**Met** Average 3.0 for year
	Life Armstrong County's nosocomial pressure wound rate was below the target threshold for all 4 quarters during FY2022. The FY2022 target for this measure will remain the same.						

Quality Indicator	*Quality Objective/Rationale*	*Number of Infections*	*1st Qtr*	*2nd Qtr*	*3rd Qtr*	*4th Qtr*	*Total # Infections*
Infection Control	Review all treated infections for trends and/or patterns.	Reporting purposes only	12	25	42	27	106

No patterns or trends were identified in the 106 infections that were reported during FY2022.

The top 3 infections treated were:
Urinary tract infections (UTI): 47 or 44%
Skin/Wound: 21 or 20%
COVID-19: 13 or 12%

UTI infection data was collected during the fiscal year to identify areas of improvement to assist with reducing the number or recurrence of these infections. Of the 47 UTI infections:

- 47 (100%) were cultured
- 13 (27%) were recurrent
- 1 (1%) were med resistant
- 15 (14%) required an ER/Hospital visit.
- 0 (0%) were related to a catheter

Medical conditions and hygiene practices were the most common reasons for recurrent and new UTI infections during the fiscal year.

This quality indicator will be included in the FY2023 QI Plan.

CMS Required Quality Measures

Quality Indicator	*Quality Objective/Rationale*	*Goal Benchmark*	*1st Qtr*	*2nd Qtr*	*3rd Qtr*	*4th Qtr*	*Goal Met/ Not Met*
Routine Immunizations Pneumococcal	Number of participants receiving pneumococcal vaccine compared to number of eligible participants accepting offer to be vaccinated.	80% CMS	86%	62%	74%	72%	**Not Met** Average 74% for year
	The CMS benchmark of 80% for this indicator was achieved in 1 of the 4 quarters throughout FY2022. Quarterly measurements ranged from a low of 62% to a high of 86% with an overall immunization rate of 74%; which is 5% lower than the previous fiscal year. 14 eligible LIFE Armstrong participants refused the vaccine despite receiving additional education & physician and nurse counseling during each 6-month reassessment and participant refusal along with missed opportunities were the greatest contributing factors for not meeting the benchmark. Clinic processes are being reviewed to determine areas of improvement. The FY2023 target for this measure will remain the same.						
Routine Immunizations Influenza	Promote participant well-being & reduce risk of infectious influenza outbreak among participants.	CMS Benchmark 80%	**2019-2020**	**2020-2021**	**2021-2022**		**Goal Met/ Not Met**
			81%	71%	80%		**Met** 80% for FY22
	At the conclusion of the 2021-2022 influenza vaccination campaign; LIFE Armstrong County achieved an 80% immunization rate; which meets the 80% CMS benchmark. LIFE Armstrong County clinic and nursing staff will continue to educate participants on the importance of being vaccinated and encourage their participation during the 2023-2024 campaign.						

CMS Required Quality Measures							
Quality Indicator	***Quality Objective/Rationale***	***Goal Benchmark***	***1st Qtr***	***2nd Qtr***	***3rd Qtr***	***4th Qtr***	***Goal Met/ Not Met***
Falls – Number of Participant Falls	Track incidence of participant falls to develop strategies to promote reduction in the incidence of falls and injuries incurred from falls.	2.74-5.48 falls per 1,000 participant days	4.1	5.4	4.3	6.1	**Met** Average 5.0 for year
	LIFE Armstrong participant falls numbered 156 for FY2022; which was 31 more than the previous fiscal year. The majority of falls occurred within the participants' home and while ambulating. The fall rate was within or below the benchmark parameters for 3 of the 4 quarters with an average fall rate of 5.0 falls/1000 participant days falls; which is with the benchmark parameters. Weekly falls committee meetings continue to be conducted to determine and act upon significant contributing factors, as well as, review individual participant falls and implement appropriate interventions as quickly as possible. The FY2023 target for this measure will remain the same.						
Falls - Resulting in Participant Injury	Number of participant falls resulting in Level III, IV or V injury compared to the number of reported participant falls (all locations) during report period.	Total participant falls resulting in Level III, IV or V severity will not exceed 8%	8%	3%	5%	9%	**Met** Average 7% for year
	Of the 156 falls that occurred during the fiscal year: • 111 or 71% resulted in "No Injury" • 40 or 26% resulted in a "Minor" Injury • 7 or 4% were classified as a Level III, IV and V injury • No participant deaths were reported as a result of a fall The FY2023 target for this measure will remain the same.						

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CMS Required Quality Measures

Quality Indicator	*Quality Objective/Rationale*	*Goal Benchmark*	*1st Qtr*	*2nd Qtr*	*3rd Qtr*	*4th Qtr*	*Goal Met/ Not Met*
Grievances & Appeals	The grievance and appeals process is carried out according to regulatory requirements.	100% resolution within 5 business days	100%	100%	100%	100%	**Met 100%**
	During FY2022, LIFE Armstrong County received 9 grievances from participants and/or caregivers of which all or 100% were resolved to the participant/caregiver satisfaction. Additional participant education was conducted to ensure participants understood the process and also to encourage them to voice any concerns or issues. Communication and Home Care were the largest areas of concern. No patterns or trends were identified. There were no appeals received by LIFE Armstrong during this fiscal year reporting period. The FY2023 target for this measure will remain the same.						

Customer Satisfaction **Participant and Family/ Caregiver**	Utilize participant and family/caregiver satisfaction responses to improve operations in each LIFE service and care area, as well as general operations.	75% or greater *strongly agree* or *agree* overall rating	Participant	86%	**Met**
			Family/ Caregiver	71%	**Not Met**
		75% or greater at good or excellent overall rating	Participant	81%	**Met**
			Family/ Caregiver	78%	**Not Met**
	Results of the satisfaction surveys for the LIFE Armstrong County program identify the participant's and level of satisfaction relevant to specific care areas, as well as the program in general. The benchmark for participant satisfaction was achieved for fiscal year 2022, but was below the benchmark for family/caregiver satisfaction. The ADHC Director, department managers and staff will develop and implement plans of action to address any identified areas of concern. Implemented actions will be measured and plans modified as indicated to promote total satisfaction. The FY2023 target for this measure will remain the same.				

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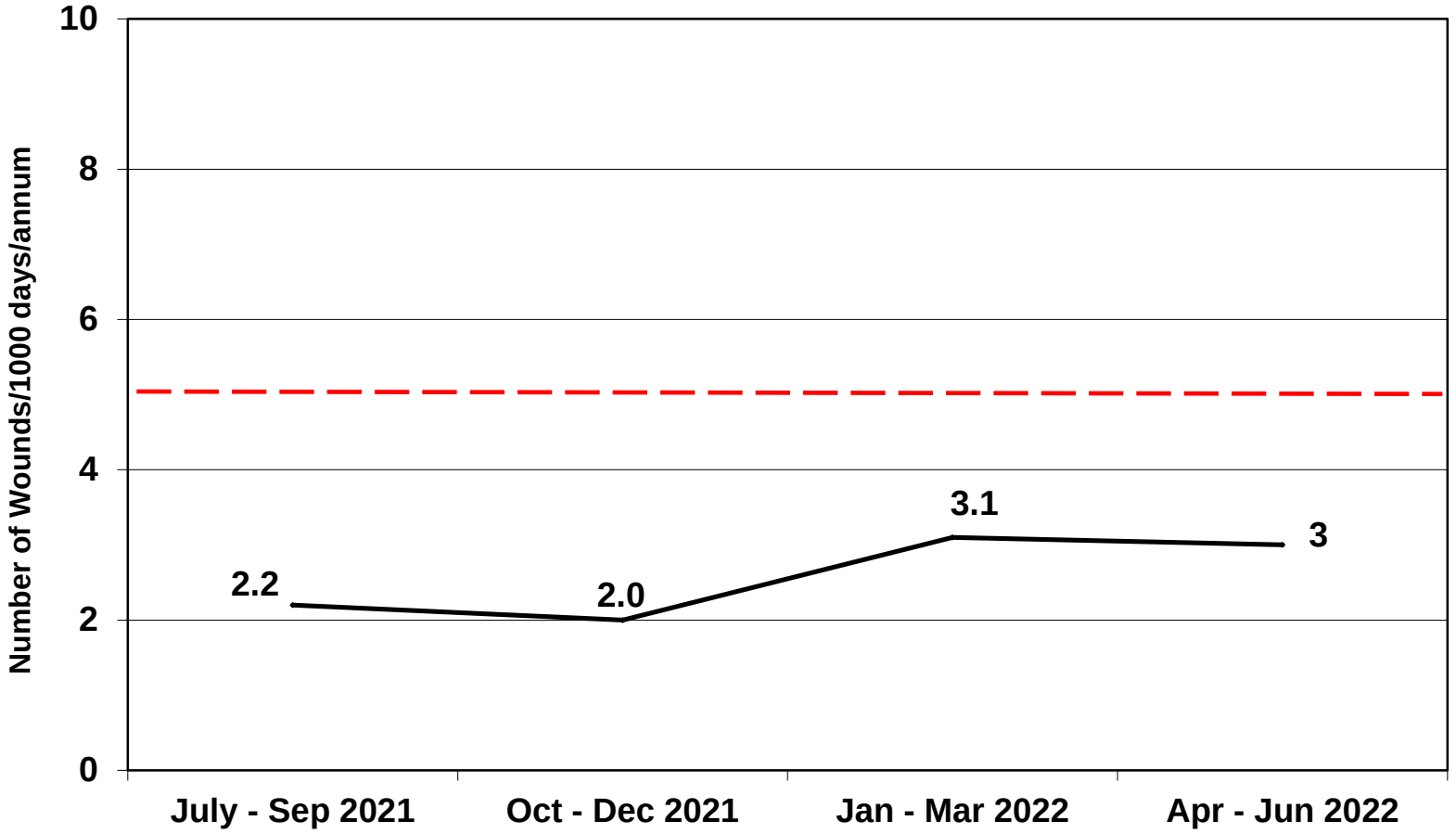
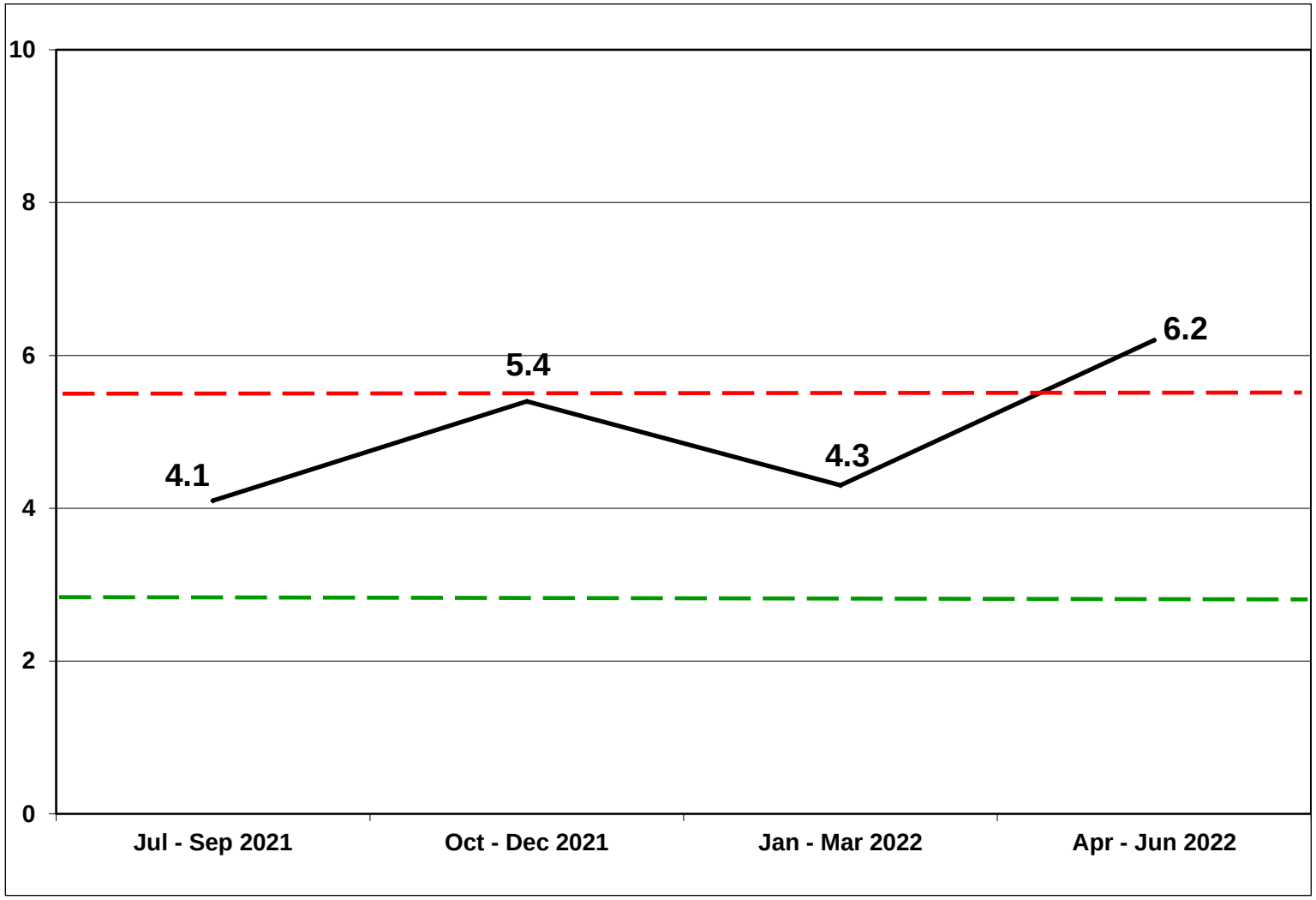
DEPARTMENTAL QUALITY MEASURES							
Quality Indicator	***Quality Objective/Rationale***	***Goal Benchmark***	***1st Qtr***	***2nd Qtr***	***3rd Qtr***	***4th Qtr***	***Goal Met/ Not Met***
Nutritional Services Participant Weights	Monitor until weight status has been maintained or improved for 6 months.	50%	100%	94%	84%	94%	**Met** 93% avg. for year
	The number of LIFE Armstrong County participants who maintained or gained weight during each quarterly review period exceeded the 50% target for all 4 quarters during FY2022. Due the significant importance of this indicator, the monitor will continue to be included in the FY2023 Quality Improvement Plan.						
Recreation – LIFE in Motion	Participants will exercise 30 minutes each day while at the Center to promote optimal physical fitness and well-being.	90%	78%	N/A	98%	97%	**Met** Average was 91% for year
	The target goal was achieved in 2 of the 3 quarters monitored during FY2022 and the overall 91% average for the fiscal year exceeds the target benchmark. The center was closed in the 2nd quarter due to COVID-19 high community spread and data was not collected. This monitor will continue in FY2023.						
Social Services Depression Screening (PHQ-9)	Enrollment: Participants will be assessed for depression by day 30 after enrollment.	100%	100%	100%	100%	100%	**Met** 100%
	Annual: Participants will be assessed for depression within 12 months of enrollment.	100%	100%	100%	100%	100%	**Met** 100%
	Throughout the fiscal year, LIFE Armstrong social workers achieved and sustained 100% compliance for screening each new participant upon enrollment in the LIFE program and current participants annually. This monitor will continue in FY2023.						
Human Resources Relias Training	All Relias trainings will be completed by LIFE Armstrong staff by the end of the month due.	100%	94%	88%	95%	89%	**Not Met** Average 92% for year
	LIFE Armstrong County's performance rate for FY2022 was 79%, which was below the monitor's 100% target goal, but was an improvement of 13% from the previous fiscal year. The Human Resources Department continues to notify Department Managers of staff compliance each month in completing assigned Relias training modules for follow-up with staff. This monitor will continue during FY2023.						

PRESSURE WOUNDS-NOSOCOMIAL



FALL RATE


10
8
6
4
2
0
4.1
5.4
4.3
6.2
Jul - Sep 2021
Oct - Dec 2021
Jan - Mar 2022
Apr - Jun 2022

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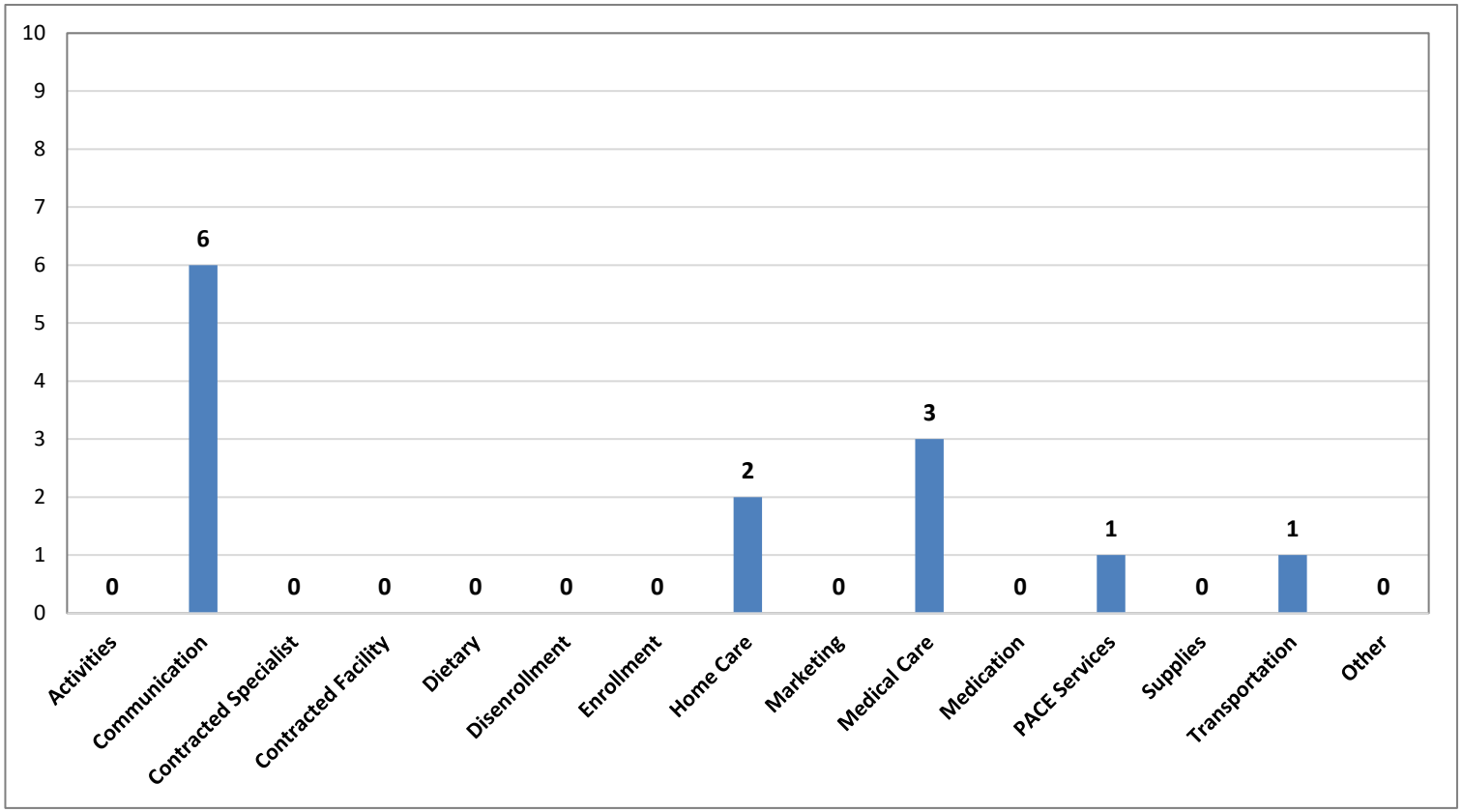
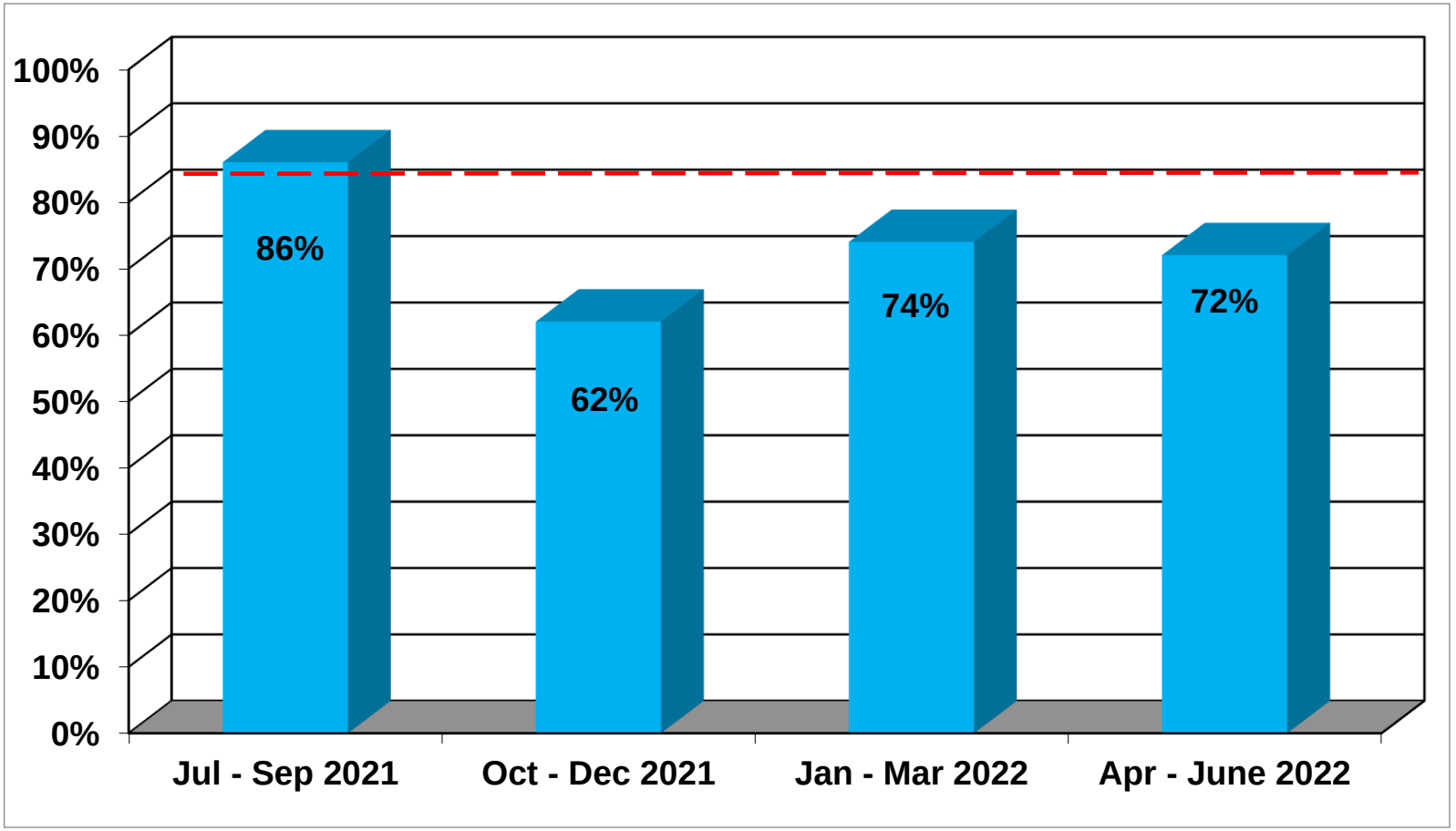
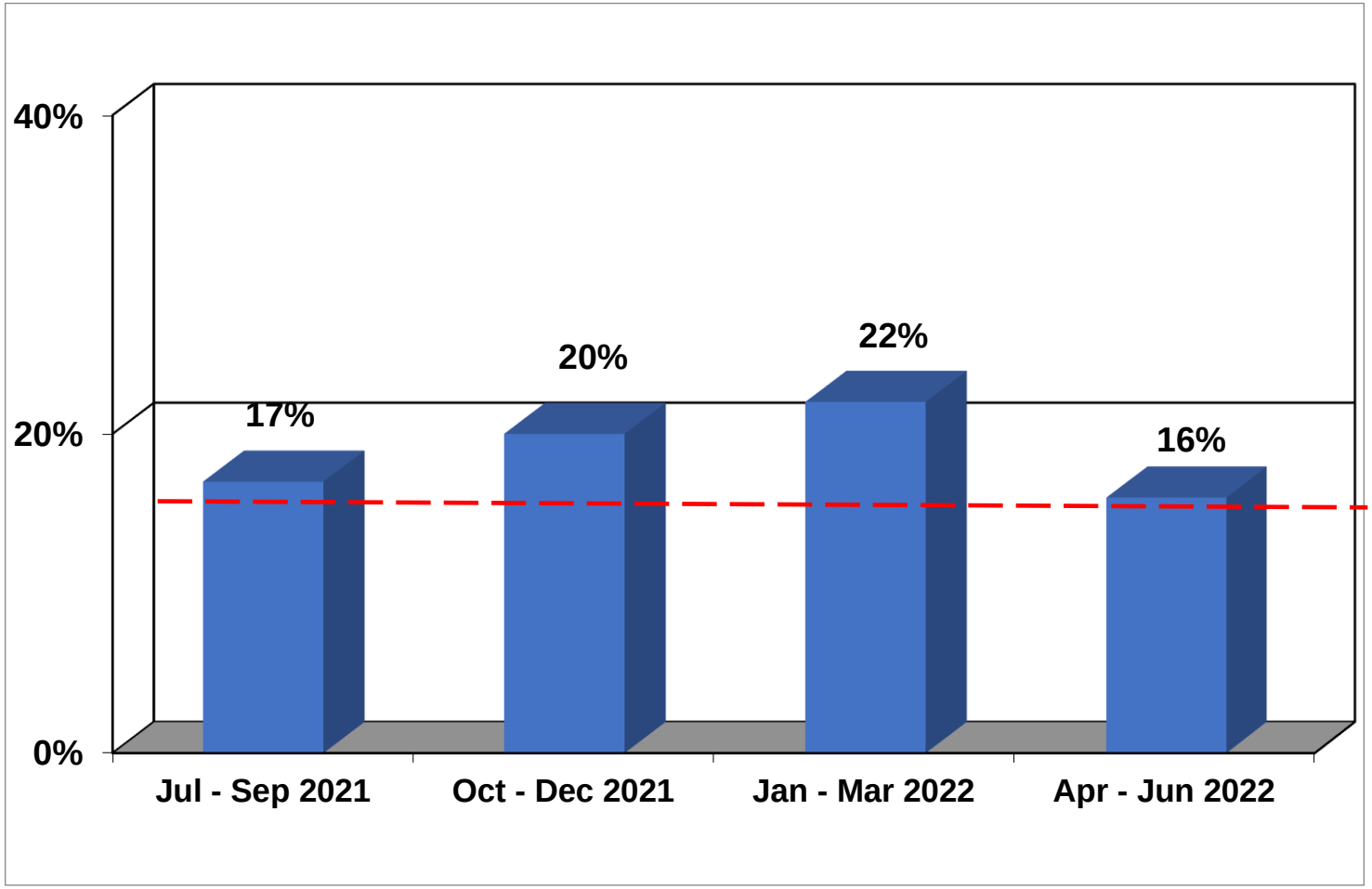
GRIEVANCES



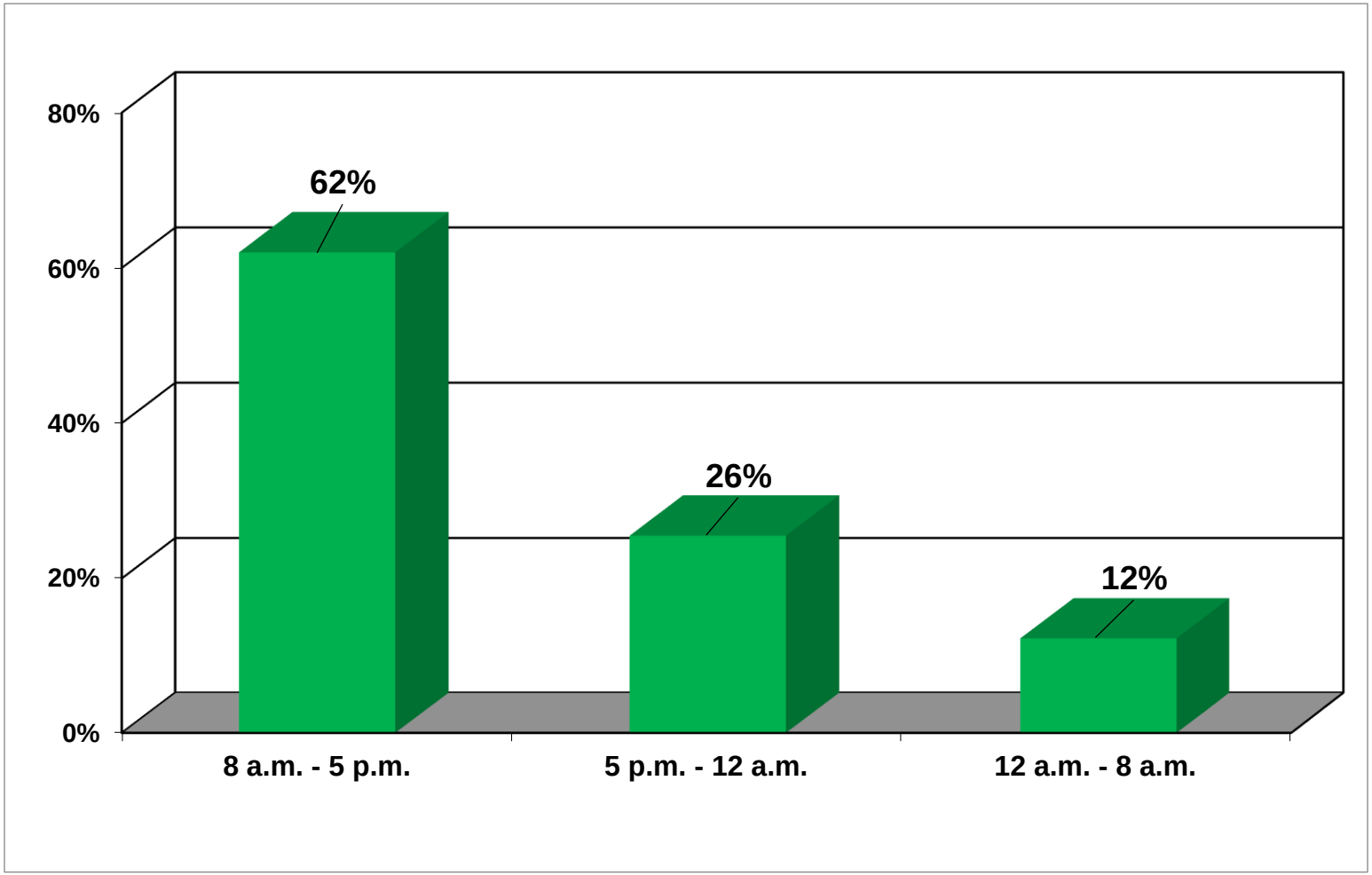
PNEUMOCCAL ADMINISTRATION



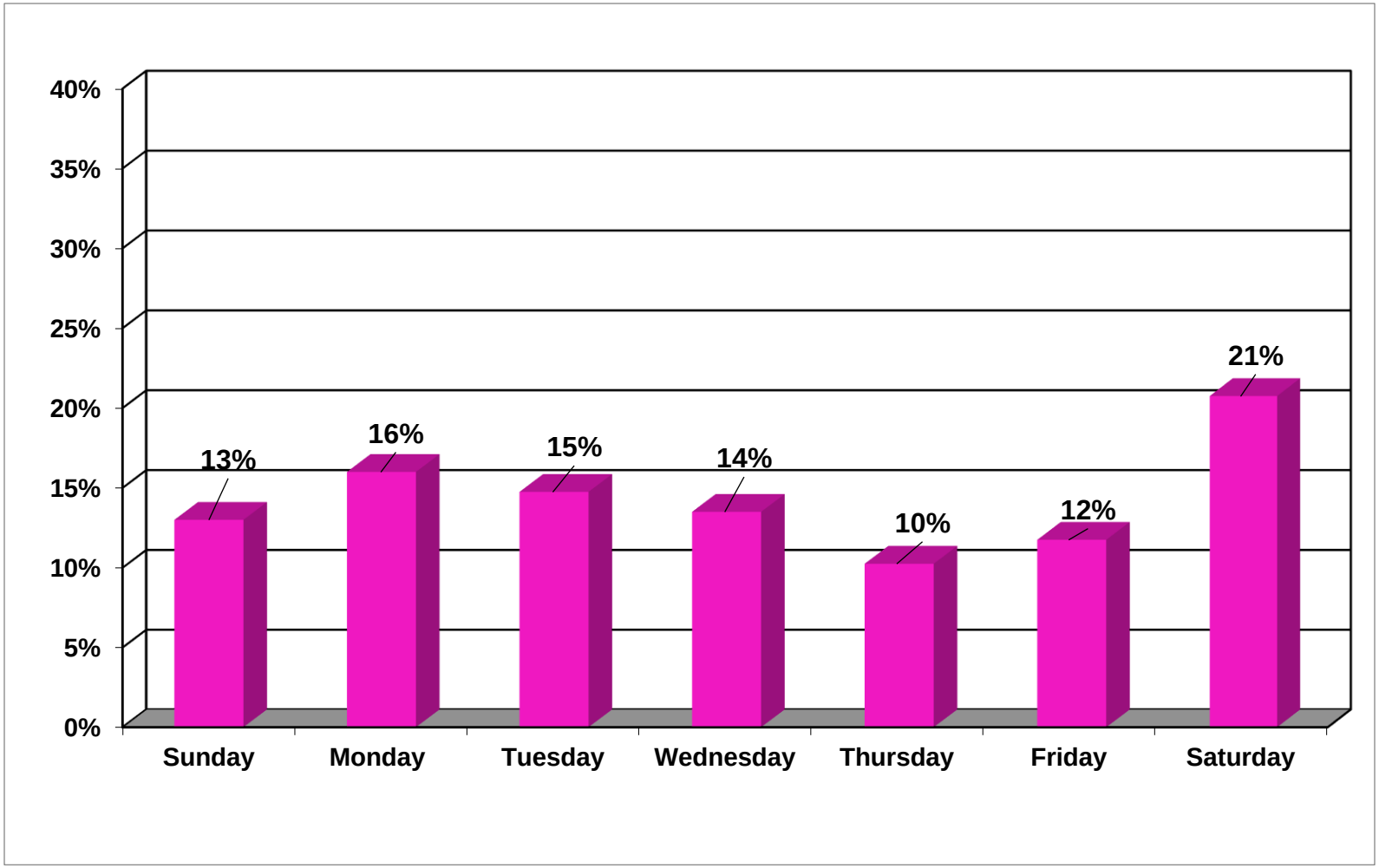
HOSPITAL READMISSIONS



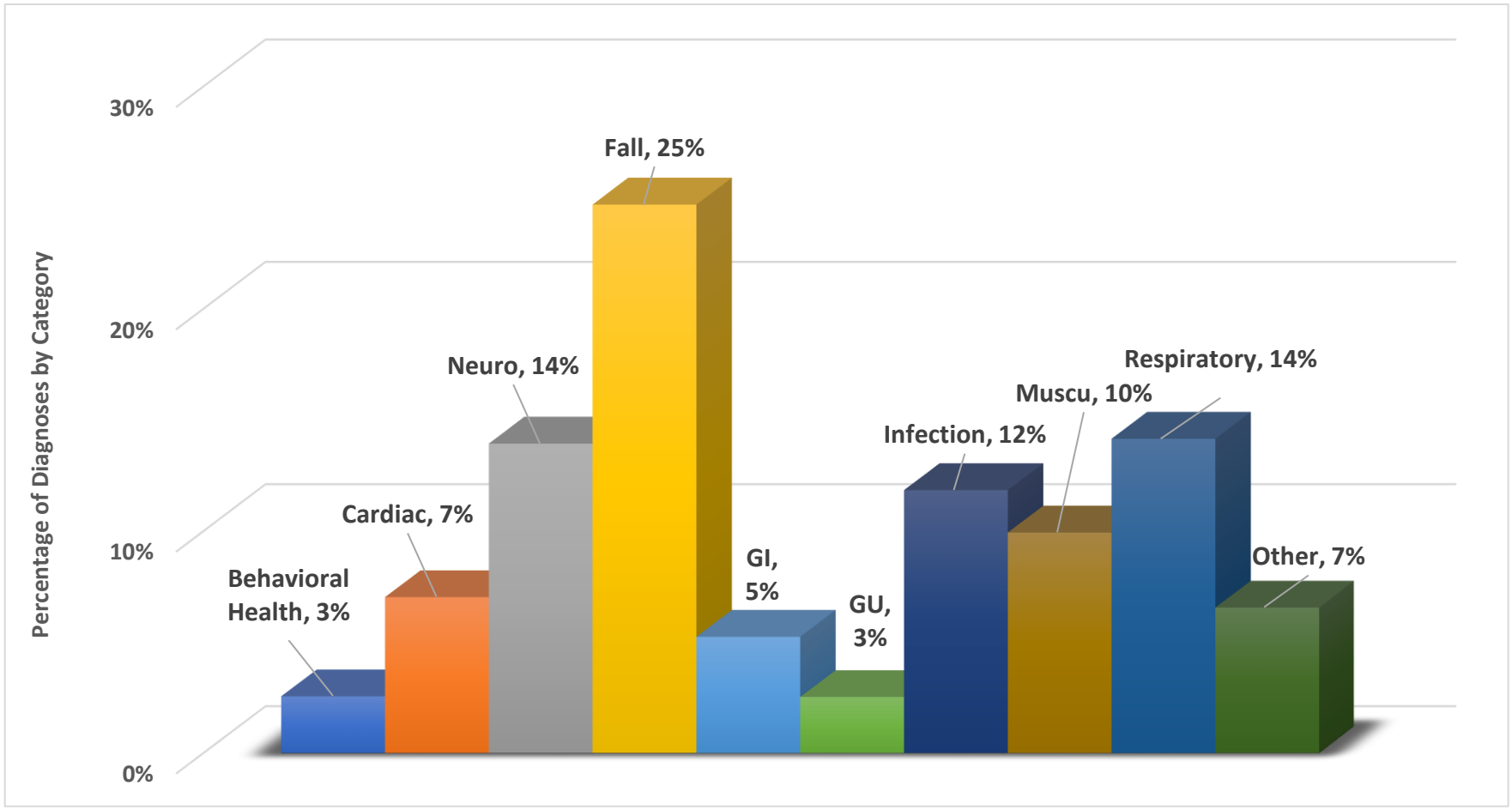
ER VISITS – TIME OF DAY



ER VISITS – DAY OF WEEK



ER VISITS - DIAGNOSES



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SUMMARY

In conclusion, this report discloses the LIFE Armstrong County outcome measurements for the quality monitors identified in the FY2022 Quality Improvement Plan. Where indicated, there is mention of contributing factors that impacted the outcome and actions taken or strategies developed to promote improved performance in providing care and services to LIFE participants.

The following QI Initiatives were met or exceeded the target goal during FY2022 and it is anticipated these performance measures will continue to increase or be sustained throughout the upcoming fiscal year monitoring period:

- Deaths
- Enrollments (Net & Quarterly)
- Voluntary Disenrollments
- Pressure Ulcer Prevention
- Emergency Room Visits
- Falls & Fall Injury Prevention
- Influenza Vaccinations
- Grievance Resolution
- Participant Weights
- Participant Fitness Programming
- Depression Screening – Enrollment & Annual

The following QI Initiatives did not meet the target goal during FY2022 and reveal opportunities for improvement in the upcoming fiscal year monitoring period:

- Hospitalizations
- Hospital Readmissions
- Pneumococcal Vaccinations
- Relias Training

With regard to Program Satisfaction, further assessment will be carried out to determine opportunities for improvement; which may lead to the development or modification of work processes that when implemented emphasizes the program's desire to increase participant satisfaction.

Respectfully submitted,
Laura Hankey, RN, BSN, Director of Quality Assurance and Education