VieCare Beaver, LLC.

Annual Quality Improvement Report

July 1, 2021 thru June 30, 2022

LIFE BEAVER FY 2022 ANNUAL QI REPORT
(July 1, 2021 – 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/trends in effectiveness of marketing strategies to maintain expected census.	16 total enrollments per quarter with 2 net increase per month	Beaver	12 Net - 6	14 Net - 3	14 Net - 8	10 Net 2	**Not Met** 13 avg. for year -15 net avg. for year
		12 total enrollments per quarter with 1 net increase per month	Lawrence	6 Net -4	9 Net 0	6 Net -5	14 Net 7	**Not Met** 9 avg. for year -2 net avg. for year
	Beaver: The number of enrollments were below the monitor's benchmark for all 4 quarters during the fiscal year. Due to a significant number of participant deaths occurring during the reporting period, the net enrollment goal for FY 2022 was not achieved all 4 quarters.							
	Lawrence: Enrollment was at the monitor's target goal for 1 of the 4 quarters during the fiscal year and the net goal was met for 1 of the 4 quarters. Due to significant number of participant deaths occurring during FY2022, the net enrollment goal was not able to be achieved.							
	Achieve census at end of quarter that meets or exceeds program's flat budget benchmark.	Meet or preferably exceed flat budget of 325 census	Beaver	313	305	296	296	**Not Met** 303 avg. for year
		Meet or preferably exceed flat budget of 176 census	Lawrence	174	171	169	171	**Not Met** 171 avg. for year
	Issues with the OLTL IEB third party enrollment broker were identified that prevented enrollments due to participants not responding to calls from IEB or caused delay in enrollments due to lateness of assessments for nursing home eligibility. OLTL notified of issues to help to resolve. The Marketing and Enrollment departments continue to work on growing both LIFE Beaver and Lawrence County census with events at various locations in order to get information about the LIFE Program out into the community.							
	These monitors will be included in the FY 2023 QI Plan.							

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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
Disenrollments Voluntary	Review voluntary disenrollments determine effectiveness of strategies to reduce # of disenrollments	Overall # of voluntary disenrollments will not exceed 3% of annual census (excluding deaths)	Beaver	3%	0.4%	0%	1%	**Met** 1%
			Lawrence	1%	1%	0.2%	0%	**Met** 1%

Beaver:
Eighteen (18) voluntary disenrollments occurred during FY 2022. The quarterly voluntary disenrollment rate ranged from 1-2% with an average rate of 1%; which was well below the benchmark.

Reasons for disenrollment
- Chose to partner with SNF only – 1
- Chose another insurance provider – 2
- Dissatisfied with PACE services – 3
- Moved out of service area – 5
- Moved to personal care home – 3
- Enrolled in Medicare hospice program – 2

Lawrence:
Five (5) voluntary disenrollments occurred during FY 2022. The quarterly voluntary disenrollment rate ranged between 0.2% -1% with an average of rate of 1%; which was well below the benchmark.

Reasons for disenrollment
- Moved out of service area – 5

There were no involuntary disenrollments during the report period.

LIFE staff 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. Special attention is given to participant disenrollments due to dissatisfaction and staff complete an analysis of all identified contributing factors and develop and implement an action plan to reduce the likelihood of future dissatisfaction.

LIFE Beaver and Lawrence Counties will continue to monitor this indicator during FY 2023.

CMS Required Quality Measures

Quality Indicator	Quality Objective/Rationale	Goal Benchmark		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Goal Met/ Not Met
Deaths – End-of-Life Wishes	Participant end-of-life wishes are carried out per advance directive & death occurred per participant wishes.	100%	Beaver	100%	100%	100%	100%	**Met** 100%
			Lawrence	100%	100%	100%	100%	**Met** 100%
	Beaver: Forty-one (41) deaths occurred between July 1, 2021 and June 30, 2022. All participant deaths occurred either in the home or per the participant's wishes.							
	Lawrence: Thirty-three (33) deaths occurred between July 1, 2021 and June 30, 2022. All participant deaths occurred either in the home or per the participant's wishes.							
	LIFE Beaver and Lawrence Counties will continue to monitor this indicator during the 2023 fiscal year.							
Hospitalizations	LIFE staff will utilize information to identify participants who demonstrate high utilization of acute care services	Not to exceed 351 days per quarter	Beaver	372	407	319	234	**Met** 333 avg. for year
		Not to exceed month 177 days per quarter	Lawrence	279	193	202	135	**Not Met** 202 avg. for year
	Beaver: Hospital utilization was below the monitor's target benchmark 2 of the 4 quarters during FY 2022.							
	Lawrence: Hospital utilization below the monitor's target benchmark for 3 of the 4 quarters during FY 2022. Significant participant comorbidities and high acuity levels of care continue to contribute to hospital stays.							
	The FY 2023 target for this measure will remain the same.							

CMS Required Quality Measures

Quality Indicator	Quality Objective/Rationale	Goal Benchmark		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Goal Met/ Not Met
Readmissions within 30 Days	Identify improvement opportunities of treatment plan to prevent readmission.	**Quarterly** hospital readmission rate within 30 days of D/C will not exceed 15%	Beaver	20%	29%	27%	11%	**Avg Qtr Not Met** 22%
			Lawrence	11%	23%	22%	13%	**Avg Qtr Not Met** 17%
		Rolling 12-month hospital readmission rate within 30 days of D/C will not exceed 15%	Beaver	18%	18%	18%	18%	**Avg Not Met** 18%
			Lawrence	27%	25%	24%	22%	**Avg Not Met** 25%

Beaver:
Forty-six (46) hospital readmissions occurred within 30 days of participant's original admission during FY 2022. The diagnosis for five (5) or 11% of the readmissions was the same or related to the initial diagnosis. The readmission rate benchmark of 15% was exceeded for 3 of the 4 quarters, as well as the rolling 12-month rate of 22%.

Lawrence:
Twenty-four (24) hospital readmissions occurred within 30 days of the participant's original admission during FY 22. The diagnosis for eight (6) or 25% of the readmissions was the same or related to the initial diagnosis. The readmission rate exceeded the benchmark for 2 of the 4 quarters and the 22% overall rolling 12-month readmission rate exceeded the target goal of 15%.

Significant participant comorbidities and high acuity levels, along with COVID-19 infections contributed to not meeting the benchmark. LIFE Beaver and Lawrence Counties will continue to monitor this indicator during the 2023 fiscal year.

CMS Required Quality Measures

Quality Indicator	Quality Objective/Rationale	Goal Benchmark		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Goal Met/ Not Met
Emergency Room Visits	Participants are treated & released following ER evaluation/treatment	Outpatient ER visits/ 1000/Annum: 350	Beaver	386	601	261	340	**Not Met** 397 avg. for year
			Lawrence	308	569	297	465	**Not Met** 410 avg. for year

Beaver:

Participants utilized ER services 479 times during FY22 with 199 visits (42%) resulting in an inpatient admission. The ER visit rate remained below the target goal for 2 of the 4 quarters and 48% of the ER visits were deemed non-emergent/ avoidable by the LIFE clinical staff; which exceeds the 30% internal benchmark.

ER Visits			Average for FY 2022	
Day of Week	M-F	74%	**Top 3 Diagnoses**	Infection 16%
	Sa-Su	26%		Musculoskeletal 13%
Time of Day	8a-5p	58%		
	5p-12a	26%		Falls 12%
	12a-8a	14%		

Lawrence:

Participants utilized ER services 366 times between during the fiscal year with 159 visits or (43%) resulting in an inpatient admission. The ER visit rate exceeded the target goal during the 2nd & 4th quarters and 66% of the ER visits were deemed non-emergent/avoidable by the LIFE clinical staff, which is below the 30% benchmark.

ER Visits			Average for FY 2022	
Day of Week	M-F	73%	**Top 3 Diagnoses**	Cardiac 20%
	Sa-Su	27%		Falls 15%
Time of Day	8a-5p	53%		
	5p-12a	29%		Musculoskeletal 10%
	12a-8a	17%		

Cardiac, falls & COVID-19 infections contributed to the increase in ER visits and the benchmark not being achieved during the fiscal year. The target goal for FY 2023 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
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.	Beaver	1.3	1.1	3.6	1.1	**Met** 1.8
			Lawrence	3.6	3.4	4.8	3.6	**Met** 3.7
	Beaver: The nosocomial pressure wound rate was below threshold all four report periods during FY 2022.							
	Lawrence: The nosocomial pressure wound rate was below threshold all four report periods during FY 2022.							
	Nursing documentation is being monitored to ensure wound care and medical record documentation are in accordance with established protocol and relevant communication is optimal among caregivers. This monitor will be included in the FY 2023 QI Plan.							
Infection Control	Review all treated infections for trends and/or patterns.	**Number of Infections** Reporting purposes only		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total # Infections
			Beaver	107	89	65	86	347
			Lawrence	85	108	113	106	412
	Beaver: No patterns or trends were identified in the 347 infections that were reported during FY 2022. The top 3 infections treated were: Urinary tract infections (UTI) 131 or 38%, 67 or 19% were URI/COVID-19, and 55 or 16% were Skin/Wound.							
	Lawrence: No patterns or trends were identified in the 412 infections that were reported during FY 2022. The top 3 infections treated were Urinary tract Infections (UTI) 172 or 42 %, Skin/Wound infections 92 or 22%, and COVID-19 infections 42 or 10% .							
	This quality indicator will be included in the FY 2023 QI Plan.							

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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
Routine Immunizations Pneumococcal	Number of eligible participants receiving the pneumococcal vaccine.	80% CMS	Beaver	70%	63%	77%	76%	**Not Met** 72%
			Lawrence	62%	56%	74%	73%	**Not Met** 66%
	The pneumococcal immunization rate for participants in the LIFE Beaver & Lawrence programs was below the CMS 80% benchmark for all 4 quarters during the fiscal year. 43 or 16% of LIFE Beaver participants and 81 or 49% of LIFE Lawrence participants refused the vaccine despite receiving additional education & physician and nurse counseling during each 6-month reassessment.							
	LIFE Beaver County and LIFE Lawrence County clinical and nursing staff will continue to educate participants on the importance of receiving the pneumococcal vaccine upon enrollment and during each physician reassessment. This quality indicator will be included in the FY 2023 QI Plan.							

Quality Indicator	Quality Objective/Rationale	Goal Benchmark	Campaign	2019-2020	2020-2021	2021-2022	Avg
Routine Immunizations Influenza	Promote participant well-being & reduce risk of infectious influenza outbreaks among participants.	80% CMS	Beaver	84%	79%	**Met** 81%	81%
			Lawrence	80%	66%	**Not Met** 66%	71%
	Beaver: Achieved an 80% immunization rate at the conclusion of the 2021-2022 flu campaign; which meets the 80% CMS benchmark. 31 or 11% of eligible participants continued to refuse the vaccine despite receiving additional education.						
	Lawrence: Achieved a 66% immunization rate for the 2021-2022 flu campaign; which is below the 80% CMS benchmark. 14 or 9% of the eligible participants continued to refuse the vaccine despite receiving additional education.						
	LIFE Beaver and Lawrence County clinic and nursing staff will continue to educate participants on the importance of being vaccinated and encourage their participation in the 2023-2024 campaign. This quality indicator will be included in the FY 2023 QI Plan.						

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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	Grievance & appeals process is carried out according to regulatory requirements.	100% resolution within 5 business days	Beaver	33	25	25	35	**Met** 100%
			Lawrence				13	**Met** 100%
	Beaver: There were 98 grievances received and no appeals during the FY 2022 report period. Home Care, Transportation and Communication remain the largest areas reported but no trends or patterns were identified within those categories. There were 3 appeals during the fiscal year with 2 ruled in favor of LIFE regarding DME equipment and increase in supplemental meals and 1 ruled in the participant's favor with increase in center days.							
	Lawrence: There were 74 grievances received and resolved and one appeal during FY 2022 with Home Care and Communication the largest areas reported. No trends or patterns were identified. There were no appeals during the fiscal year.							
	All resolved grievances were to the complainants' satisfaction. LIFE Beaver and Lawrence Counties will continue to monitor this indicator during the 2023 fiscal year.							
Customer Satisfaction **Participant**	Utilize participant satisfaction responses to improve operations in each LIFE service and care area.	75% or greater satisfaction at the *strongly agree* or *agree* overall rating	Beaver	69%				**Not Met**
			Lawrence	74%				**Not Met**
Customer Satisfaction **Family**	Utilize family satisfaction responses to improve operations in each LIFE service and care area.	75% or greater satisfaction at the good or excellent overall rating.	Beaver	67%				**Not Met**
			Lawrence	64%				**Not Met**
Results of the satisfaction survey for the LIFE Beaver and LIFE Lawrence County programs identify participant and family level of satisfaction relevant to specific care areas, as well as the program in general. The ADHC Director, department managers and staff are charged with the responsibility of developing/implementing plans of action to address any identified areas of concern. Implemented actions are measured and plans are modified as indicated to promote total satisfaction. LIFE Beaver & Lawrence County Participant Family/Caregiver surveys will continue to be conducted annually during FY 2023.								

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 participant falls to develop strategies to promote reduction in incidence of falls & injuries incurred from falls.	2.74 – 5.48	Beaver	6.1	6.9	7.7	5.8	**Not Met** 6.6
			Lawrence	3.6	5.3	5.4	5.7	**Met** 5.0
	Beaver: 673 participant falls were reported during FY 2022; which is 52 less than the previous fiscal year. The majority of falls continue to occur within the participants' home setting and while ambulating. Overall, LIFE County's fall rates averaged 6.6 falls/1000 participant days respectively; which exceeds NPA benchmark. Participants with multiple falls have been identified as contributing to not meeting the benchmark and fall reduction initiative will be initiated during the next fiscal year.							
	Lawrence: 290 participant falls were reported during FY22; which is 4 less than the previous fiscal year. The majority of falls continue to occur within the participants' home setting and while ambulating. Overall, LIFE Lawrence County's fall rate averaged 5.0 falls/1000 participant days; which is below the 2.78-5.48 NPA benchmark.							
	Life Beaver & Lawrence will continue to conduct weekly & monthly falls review to determine & act upon significant contributing factors, as well as, review individual participant falls and implement appropriate interventions as quickly as possible. Participants with multiple falls have been identified as contributing to not meeting the benchmark goal and further data will be collected to determine trends or patterns to ensure appropriate fall interventions have been implemented. This monitor will be included in the FY 2023 QI Plan.							
Falls - Resulting in Participant Injury	No. of participant falls resulting in Level III, IV or V injury during report period.	Total participant falls resulting in Level III, IV or V severity will not exceed 8%	Beaver	7%	2%	3%	3%	**Met** 4%
			Lawrence	10%	5%	4%	6%	**Met** 6%
	Beaver: 67% of the reported 673 participant falls during FY22 resulted in "no injury" to the participant and 29% were classified as a "minor" injury. Overall for FY 2022, the combined Level III, IV and V severity of injury classifications was 4%.							
	Lawrence: 69% of the reported 294 participant falls for the fiscal year resulted in "no injury" to the participant and 24% of the falls resulted in a "minor" injury. Overall for FY 2022, the combined Level III, IV and V severity of injury classifications was 5%.							
	This monitor will be included in the FY 2023 QI Plan.							

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%	Beaver	47%	46%	64%	58%	**Met** 54%
			Lawrence	61%	83%	94%	57%	**Met** 74%
	Beaver: The target goal was achieved for 2 of the 4 quarters of FY 2022; with an overall 54% compliance rate for participants that maintained or gained weight during the fiscal year.							
	Lawrence: The target goal was achieved for all four quarters of FY 2022; with an overall 74% compliance rate for participants that maintained or gained weight during the fiscal year.							
	All participants had an individualized care plan in place. Nutritional interventions varied but included supplements, texture changes, nutrition education, frozen meals, and other diet modifications. This monitor will be continued in the FY 2022 QAPI Plan due to significant impact to participants.							
Recreation – LIFE in Motion	Participants will exercise 30 minutes each day at Center to promote optimal physical fitness and well-being.	Beaver - 70% Lawrence 65%	Beaver	70%	N/A	84%	71%	**Met** 75%
			Lawrence	70%	N/A	84%	71%	**Met** 75%
	Beaver: Monitor results reveal on average participants exercised for 30 minutes each day while at the center 75% of the time; which exceeds the monitor's 70% benchmark. The center was closed during the 2nd quarter due to COVID restrictions and therefore no data was collected.							
	Lawrence: Monitor results reveal on average participants exercised for 30 minutes each day while at the center 75% of the time; which exceeds monitor's 65% benchmark. The center was closed during the 2nd quarter due to COVID restrictions and therefore no data was collected.							
	Recreation Department staff at LIFE Beaver & Lawrence will continue to encourage participants to exercise while at the center. This monitor will be continued in the FY 2023 QAPI Plan due to significant impact to participants.							

Departmental Quality Measures

Quality Indicator	Quality Objective/Rationale	Goal Benchmark		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Goal Met/ Not Met
Social Services Depression Screening Enrollment	Participants will be assessed for depression using PHQ-9 screening tool by day 30 after enrollment.	**100%**	Beaver	91%	100%	100%	100%	**Not Met** 98%
			Lawrence	100%	100%	100%	100%	**Met** 100%

Beaver:
Overall during FY22, the LIFE Beaver social services department administered 40 out of 41 or 98% PHQ-9 depression screenings during initial assessments. Due to the COVID-19 pandemic, in-person contact with one (1) new enrollee living in a SNF was limited during the 1st quarter of the fiscal year and a video chat was conducted but the individual had difficulty hearing. An in-person screening was also attempted but the participant declined to participate.

Lawrence:
100% compliance rate was achieved during the fiscal year with 36 participants screened for depression upon enrollment.

This monitor will be included in the FY 2023 QI Plan.

Quality Indicator	Quality Objective/Rationale	Goal Benchmark		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Goal Met/ Not Met
Social Services Depression Screening Annual	Participants will be assessed for depression using PHQ-9 screening tool annually.	**100%**	Beaver	94%	72%	100%	100%	**Not Met** 92%
			Lawrence	100%	72%	100%	100%	**Not Met** 93%

Beaver:
Overall during FY22, the LIFE Beaver social services department administered 268 out of 283 or 98% PHQ-9 depressions screenings during annual reassessments. 9 participants had cognitive impairments and were unable to complete the assessment, 2 declined to complete the screening, and 3 were unable to be completed due to the participants living in a SNF & COVID-19 pandemic restrictions with in-person screenings not allowed. Therefore, video chat was attempted but due to increased length of assessment and/or hearing difficulties, those screenings were unable to be completed.

Lawrence:
Overall during FY22, the LIFE Lawrence social services department administered 235 out of 253 or 93% PHQ-9 depressions screenings during annual reassessments. 18 participants were either cognitively unable or refused to complete the depression screening.

This monitor will be included in the FY 2023 QI Plan.

Departmental Quality Measures

Quality Indicator	Quality Objective/Rationale	Goal Benchmark		1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Goal Met/ Not Met
Human Resources **Relias Training**	All Relias trainings will be completed by LIFE Armstrong staff by the end of the month due.	100%	Beaver	74%	72%	76%	76%	**Not Met** 75%
			Lawrence	75%	80%	79%	75%	**Not Met** 77%
	Beaver: LIFE Beaver County's performance rate for FY 2022 was 75%, which was below the monitor's 100% target goal.							
	Lawrence: LIFE Lawrence County's performance rate for FY 2022 was 77%, which was below the monitor's 100% target goal.							
	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 FY 2023.							

BEAVER: PRESSURE WOUNDS-NOSOCOMIAL
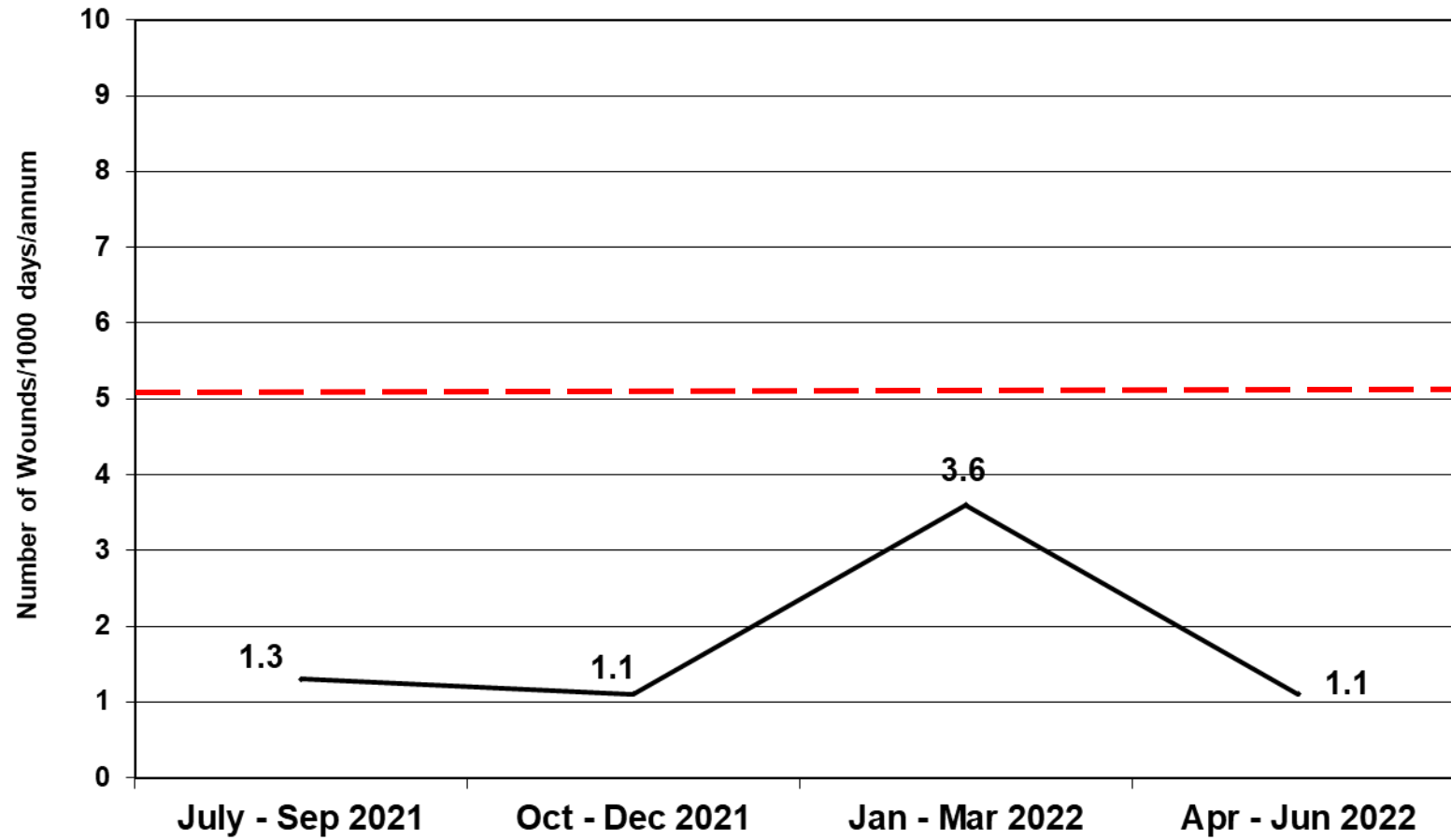
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LAWRENCE: PRESSURE WOUNDS-NOSOCOMIAL
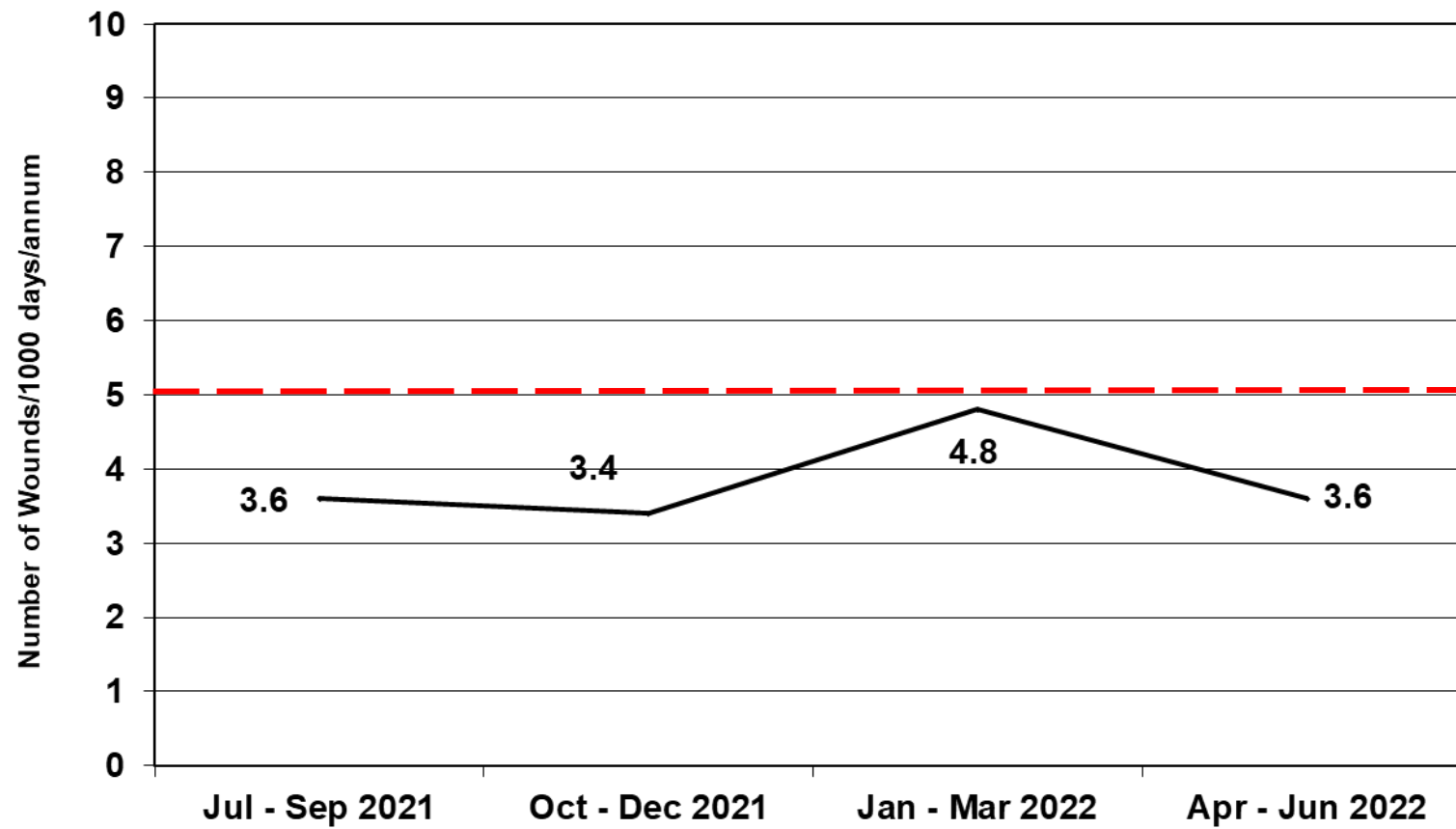
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BEAVER: FALL RATE
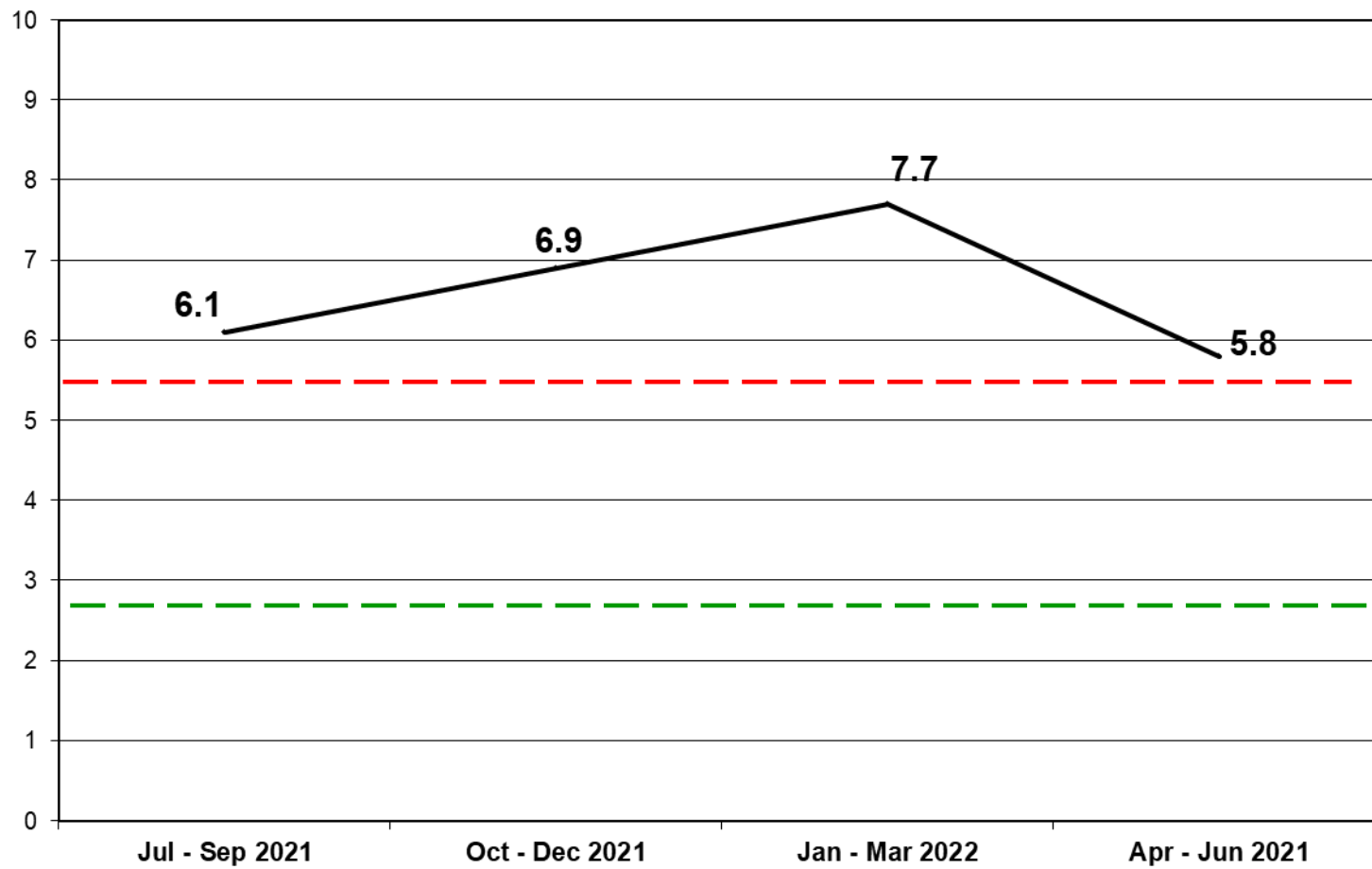
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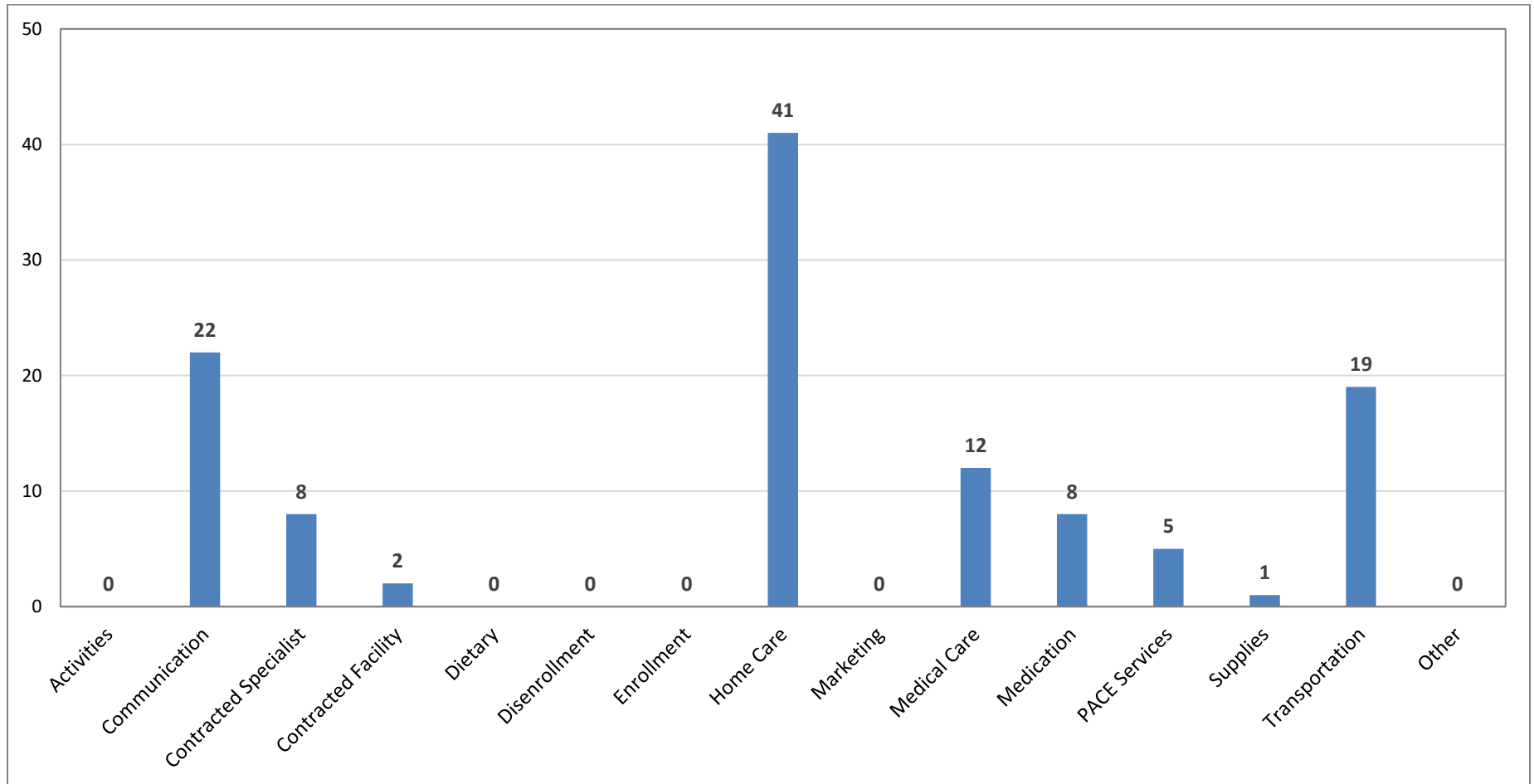## (July 1, 2021 – June 30, 2022)

LAWRENCE: FALL RATE
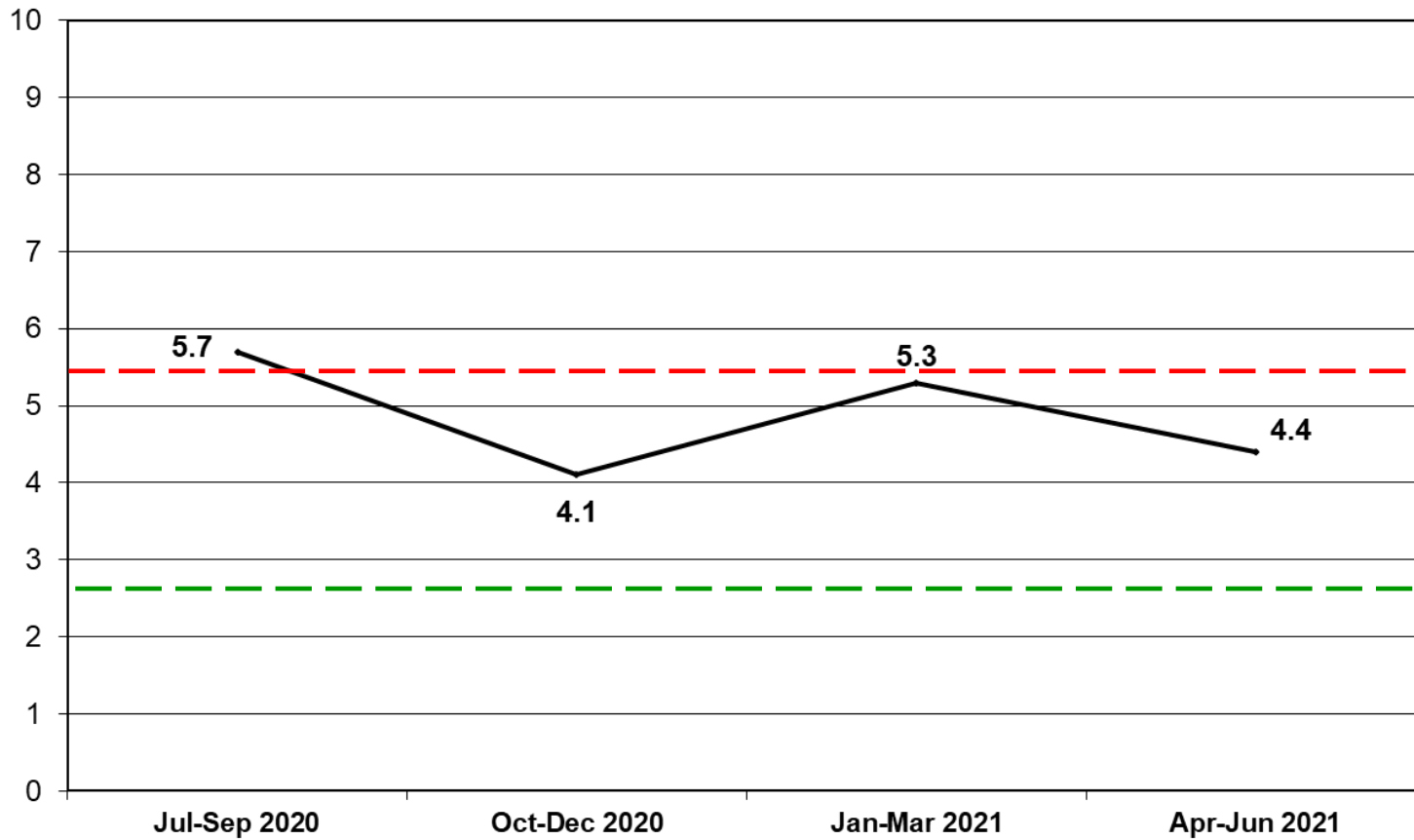
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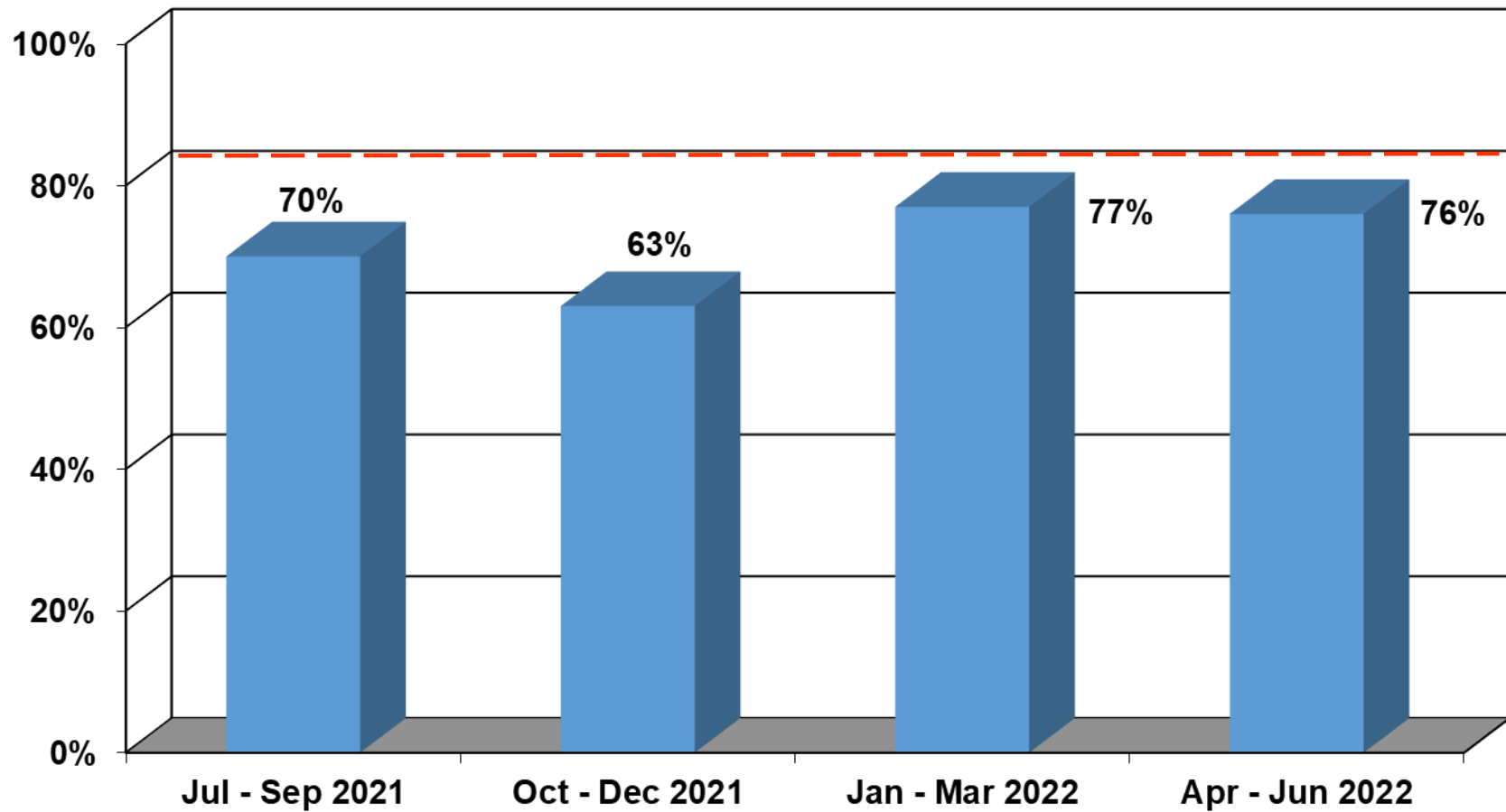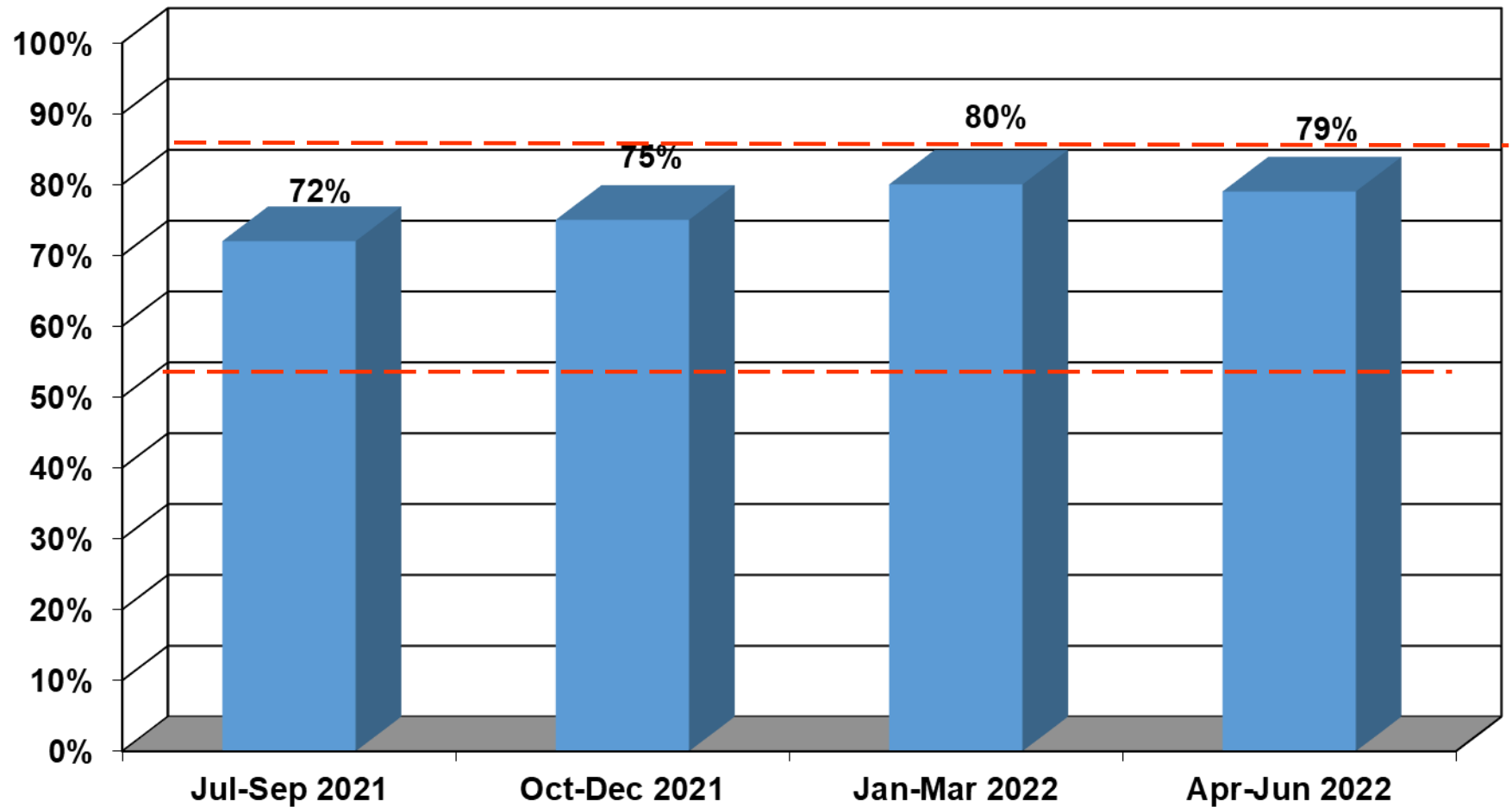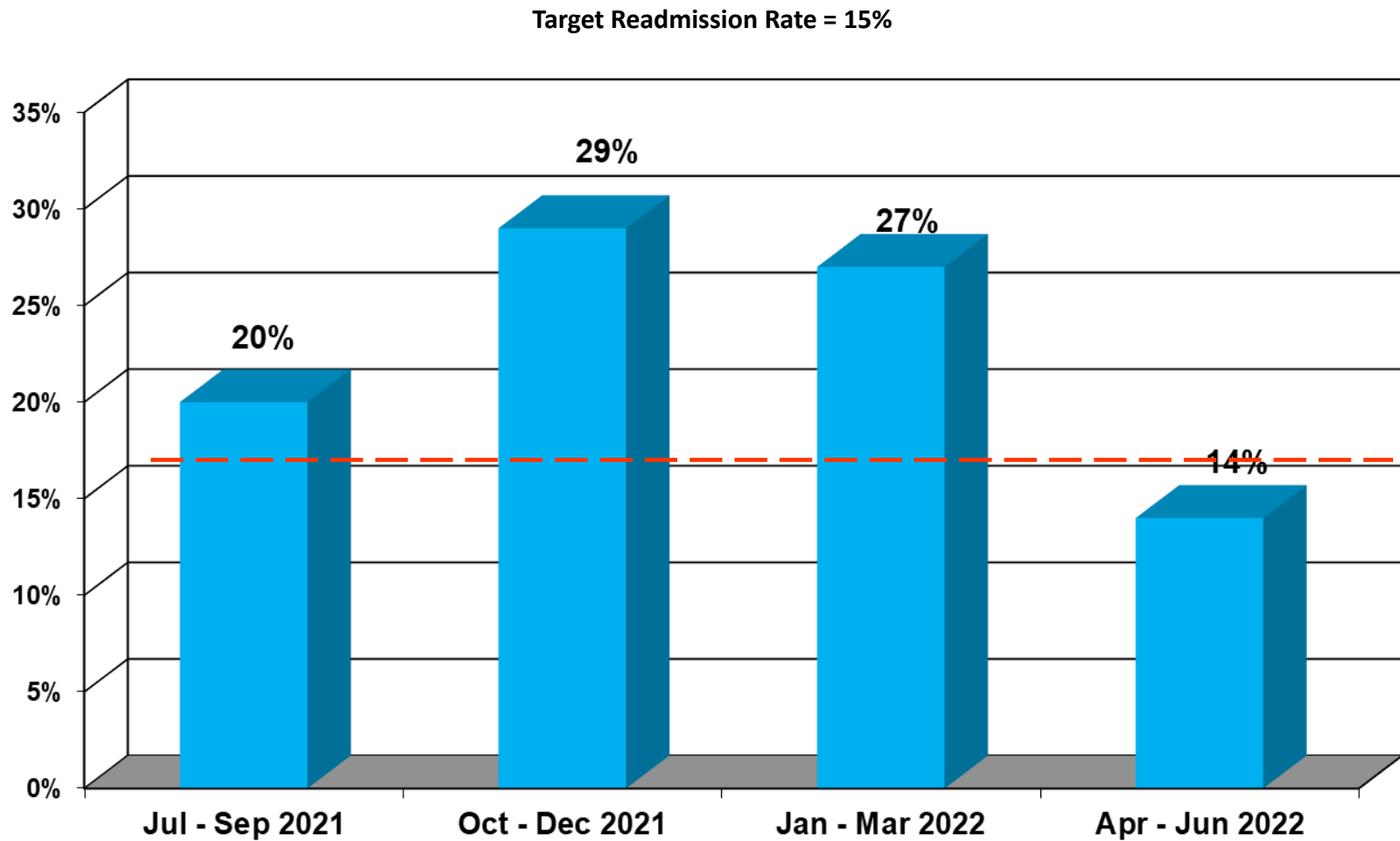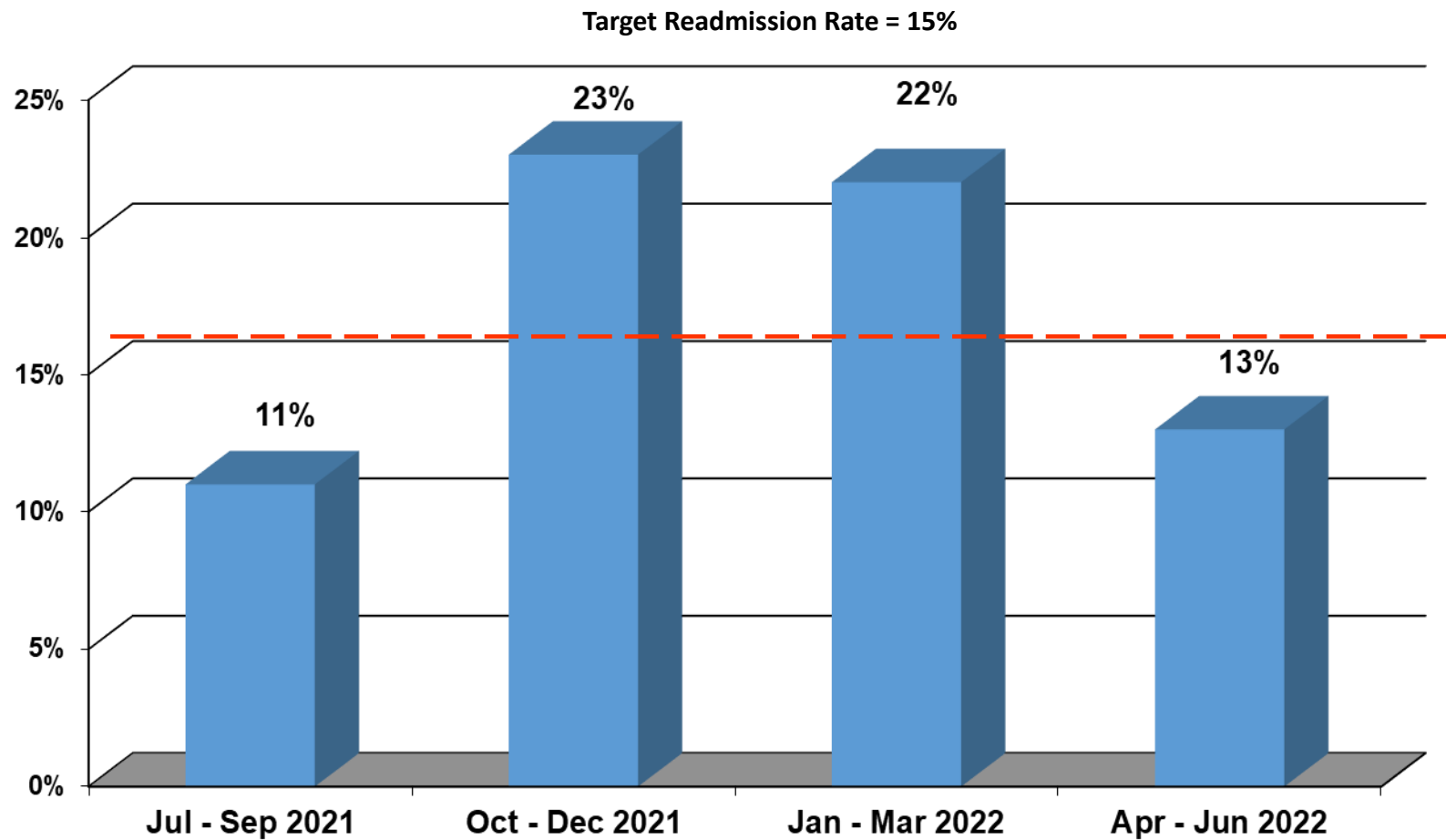## (July 1, 2021 – June 30, 2022)

BEAVER: GRIEVANCES
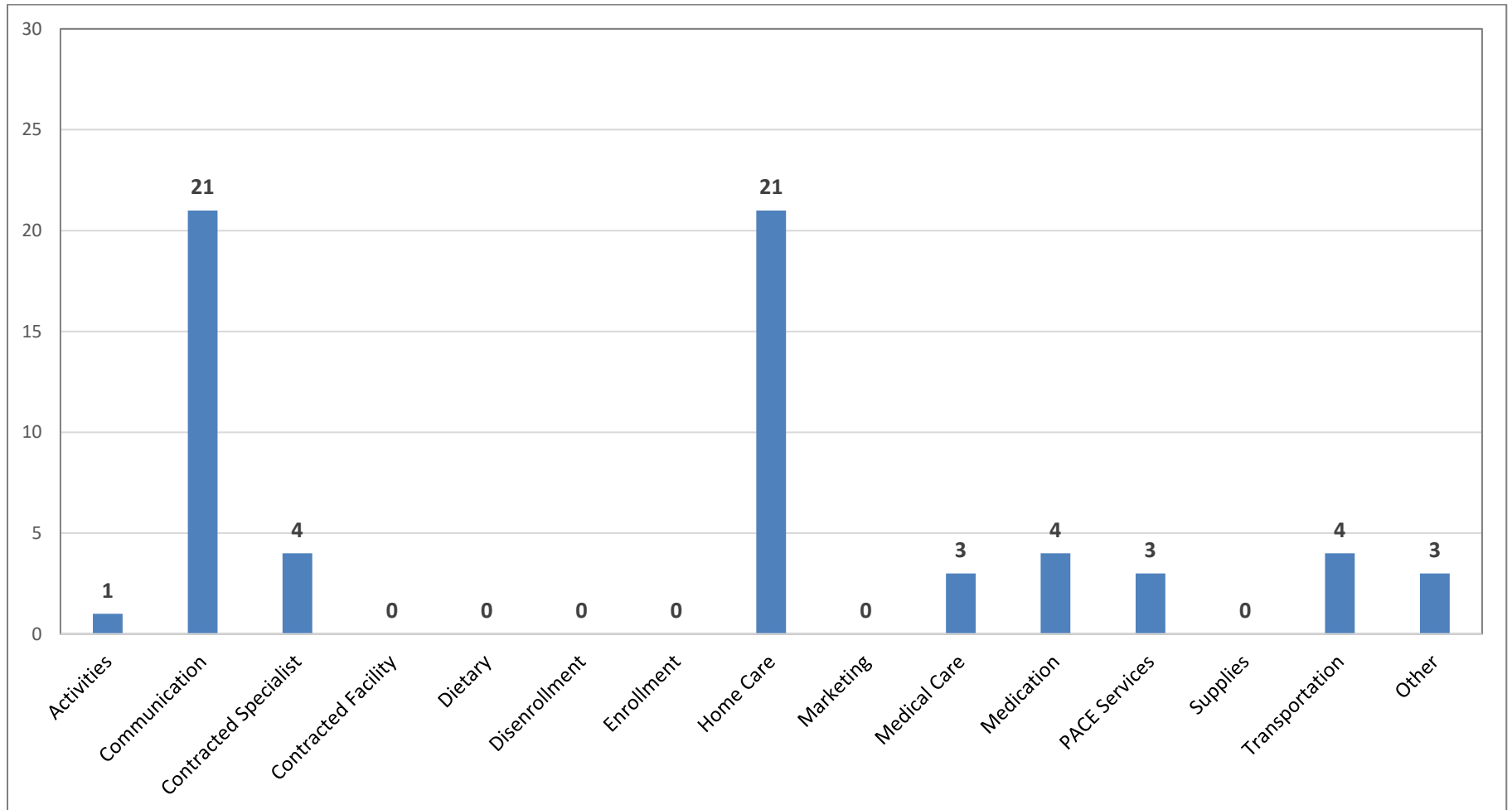
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LAWRENCE: GRIEVANCES

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BEAVER: PNEUMOCCAL IMMUNIZATION

LAWRENCE: PNEUMOCCAL IMMUNIZATION

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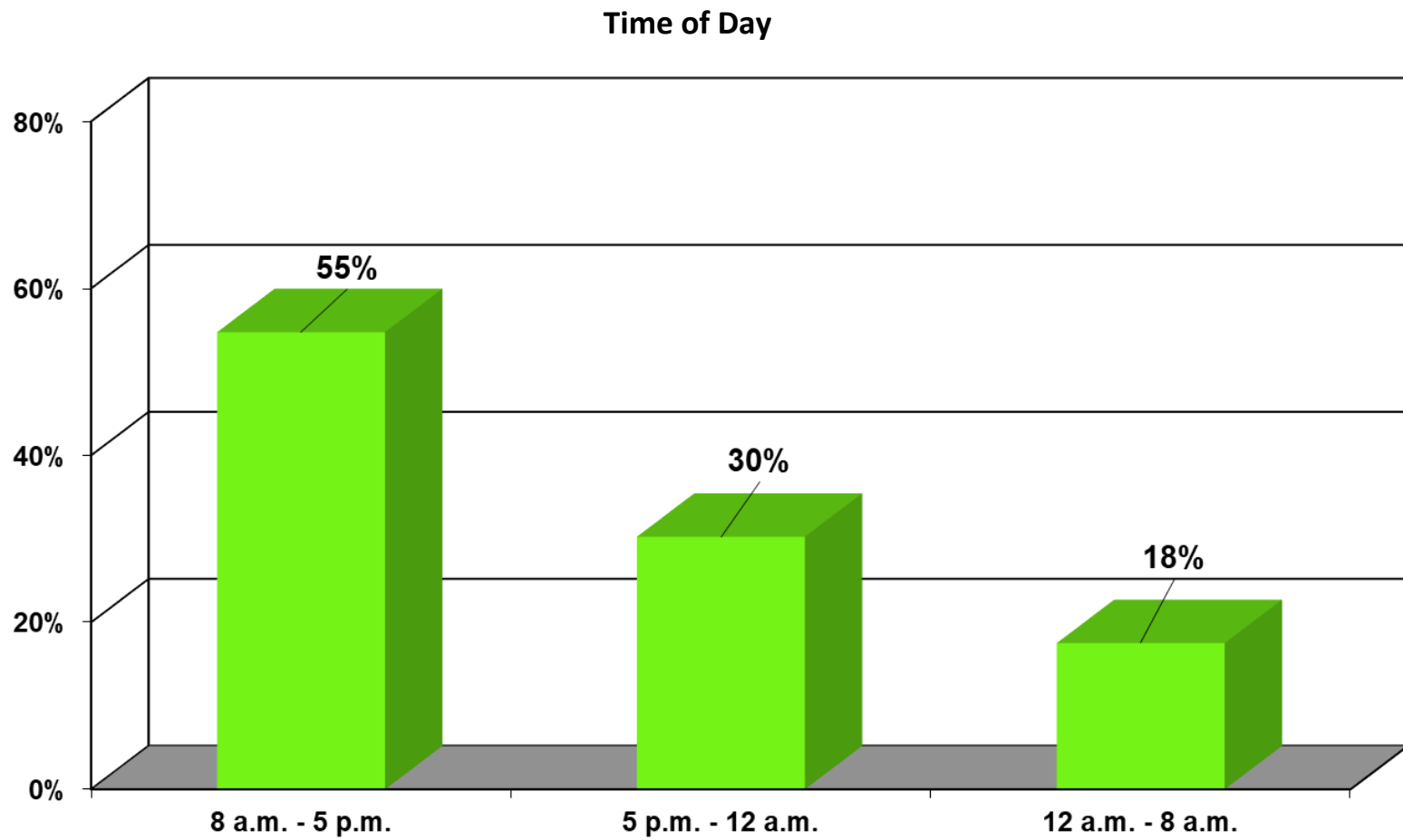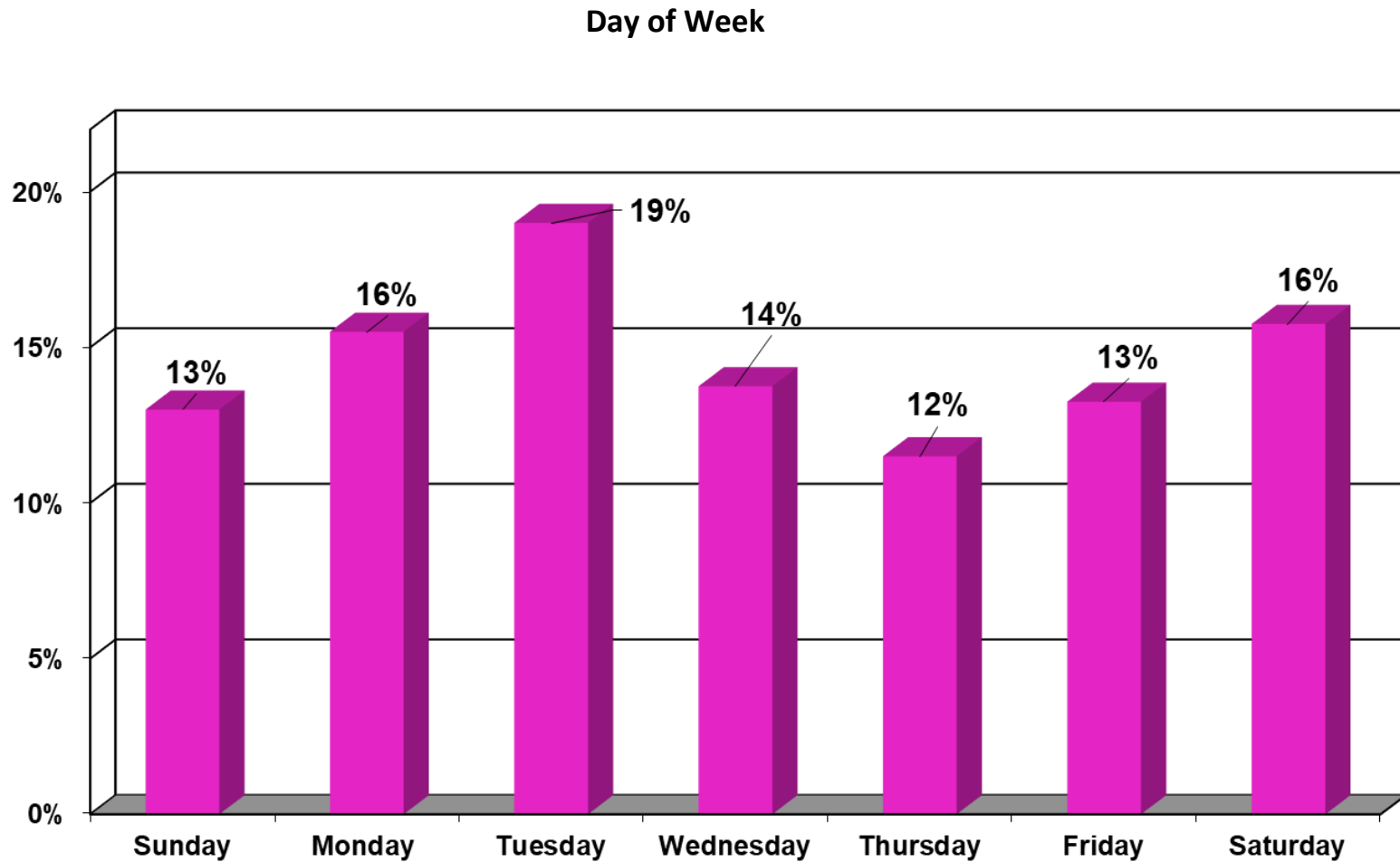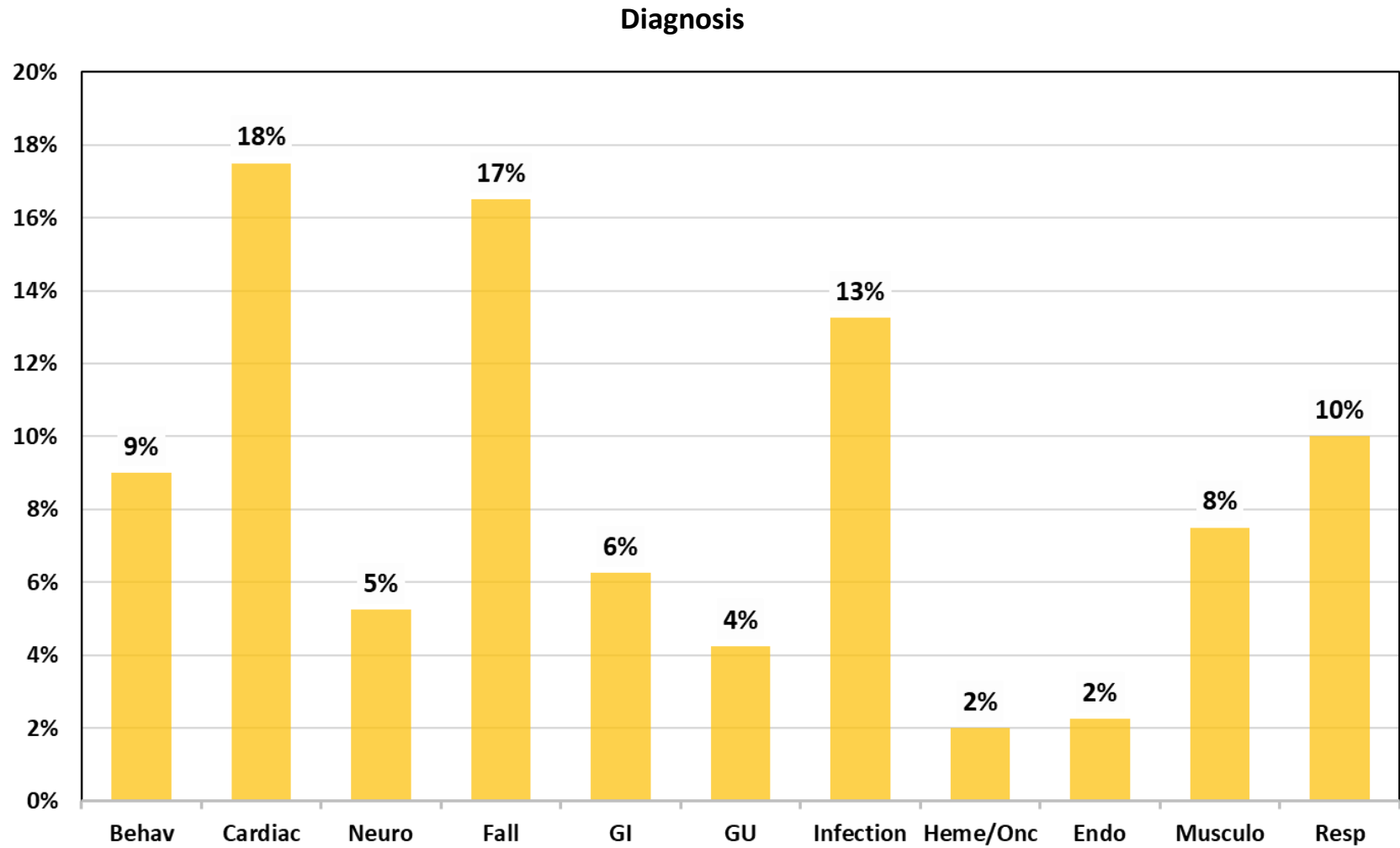## (July 1, 2021 – June 30, 2022)

BEAVER: HOSPITAL READMISSIONS

Target Readmission Rate = 15%

LAWRENCE: HOSPITAL READMISSIONS

Target Readmission Rate = 15%

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BEAVER: ER VISITS

Time of Day

LIFE BEAVER FY 2022 ANNUAL QI REPORT
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BEAVER: ER VISITS

Day of Week

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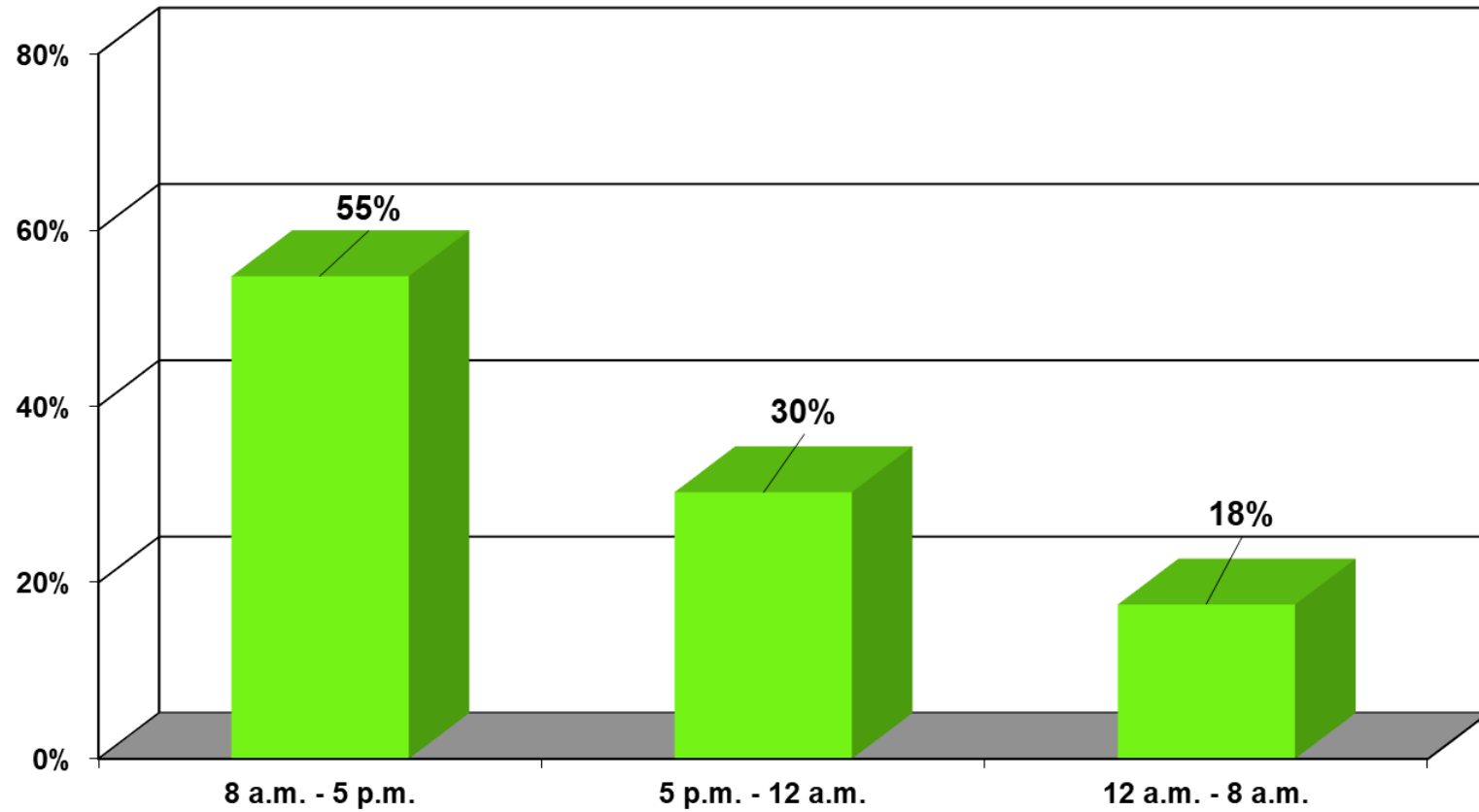
BEAVER: ER VISITS

Diagnosis

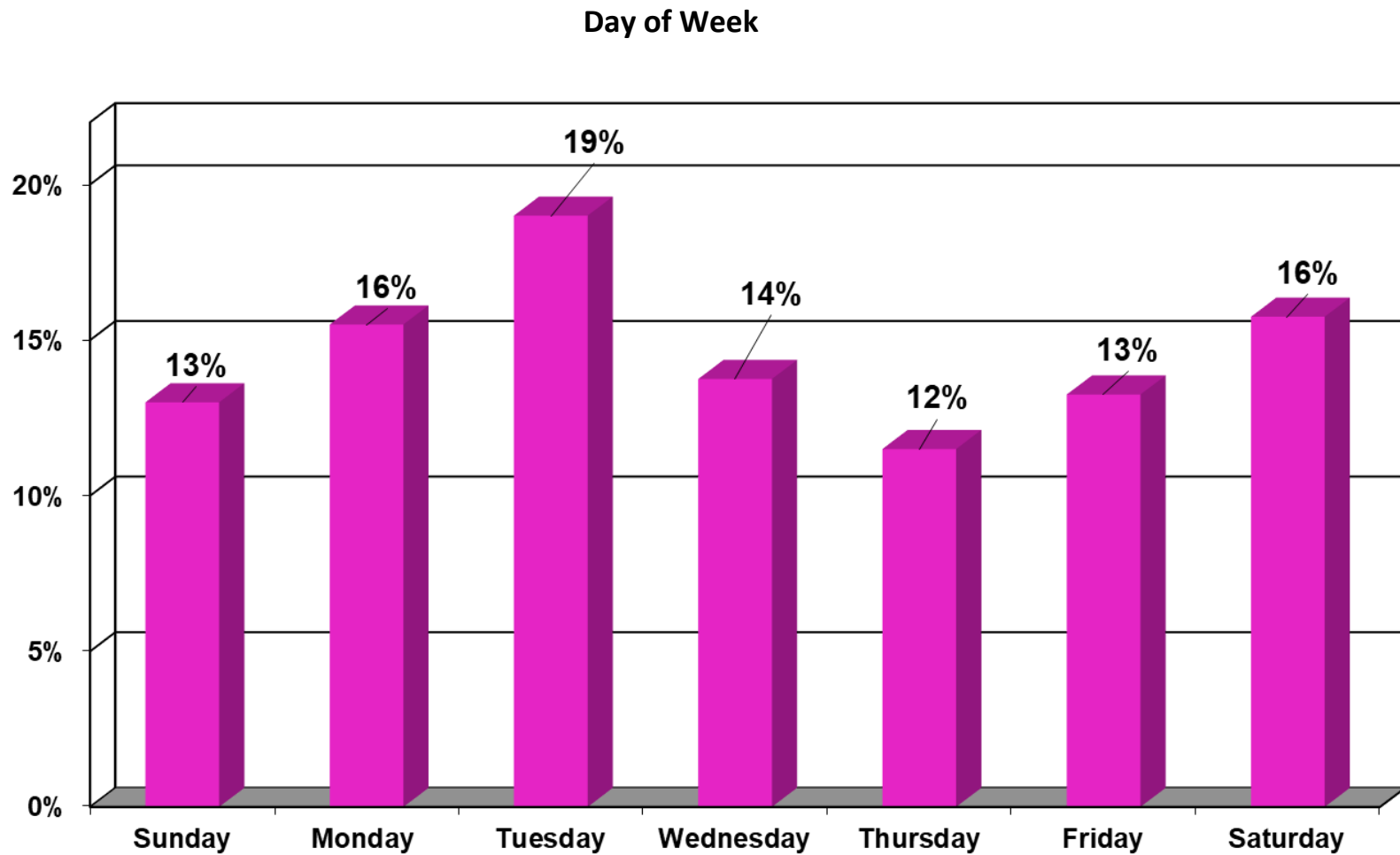# LIFE BEAVER FY 2022 ANNUAL QI REPORT
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LAWRENCE: ER VISITS

Time of Day

LIFE BEAVER FY 2022 ANNUAL QI REPORT
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LAWRENCE: ER VISITS

Day of Week

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LAWRENCE: ER VISITS

Diagnosis
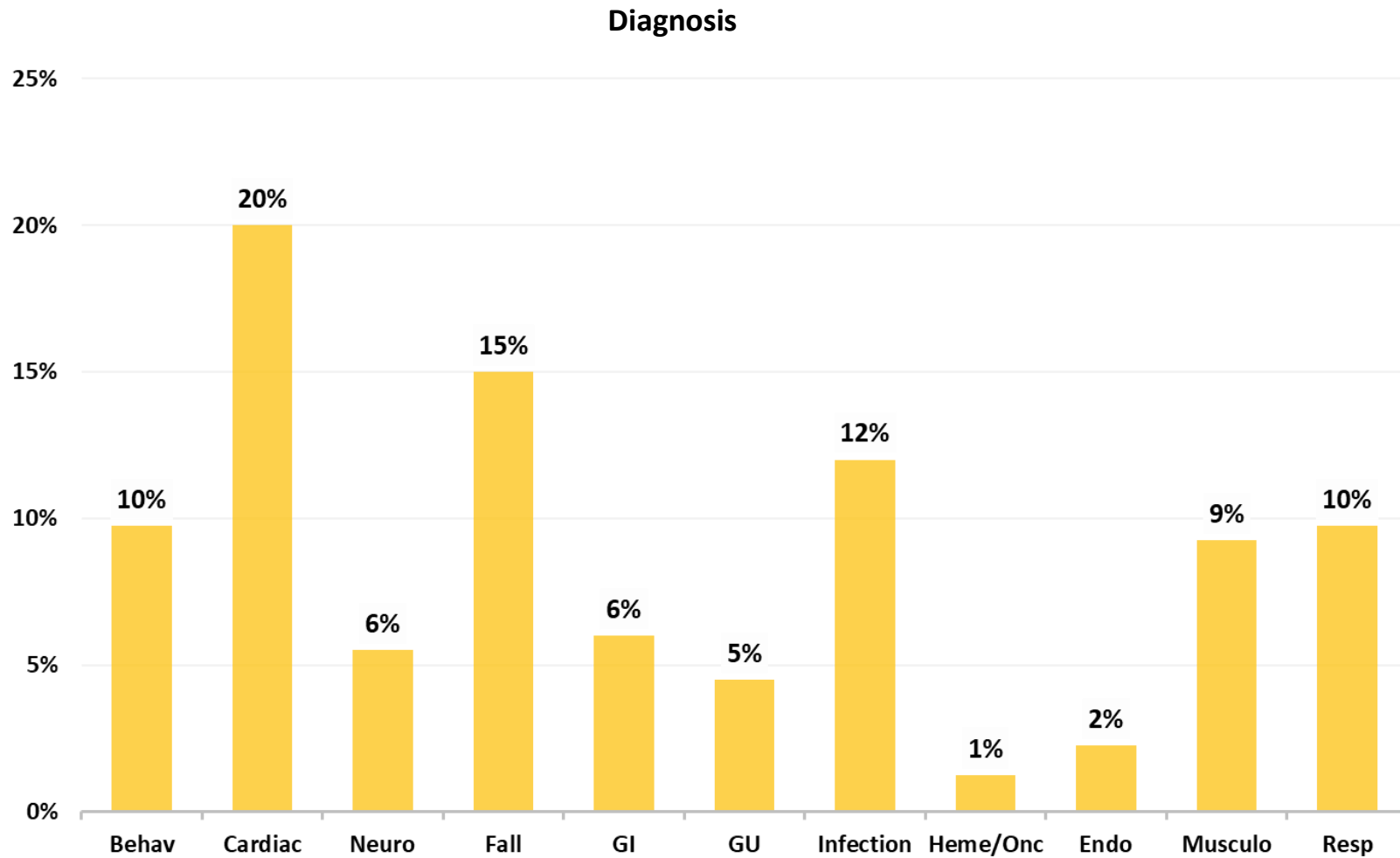
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SUMMARY - BEAVER

In conclusion, this report discloses the LIFE Beaver County outcome measurements for the quality monitors identified in the FY 2022 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 FY 2022 and it is anticipated these performance measures will continue to increase or be sustained throughout the upcoming fiscal year monitoring period:

- Deaths
- Fall Injury Prevention
- Voluntary Disenrollments
- Pressure Ulcer Prevention
- Influenza Immunization
- Grievance Resolution
- Participant Weights
- Participant Fitness Programming

The following QI Initiatives did not meet the target goal during FY 2020 and reveal opportunities for improvement in the upcoming fiscal year monitoring period:

- Enrollments (Net and Census)
- Hospitalizations
- Hospital Readmissions
- Emergency Room Visits
- Pneumococcal Vaccinations
- Fall Prevention
- Depression Screening – Enrollment & Annual
- 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.

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SUMMARY - LAWRENCE

In conclusion, this report discloses the LIFE Lawrence County outcome measurements for the quality monitors identified in the FY 2022 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 FY 2022 and it is anticipated these performance measures will continue to increase or be sustained throughout the upcoming fiscal year monitoring period:

- Deaths
- Pressure Ulcer Prevention
- Fall Prevention
- Fall Injury Prevention
- Voluntary Disenrollments
- Depression Screening – Enrollment
- Grievance Resolution
- Participant Weights
- Participant Fitness Programming

The following QI Initiatives did not meet the target goal during FY 2020 and reveal opportunities for improvement in the upcoming fiscal year monitoring period:
- Enrollments (Net)
- Hospitalizations
- Hospital Readmissions
- Emergency Room Visits
- Pneumococcal Vaccinations
- Influenza Vaccinations
- Depression Screening – Annual
- 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