

# **VieCare Butler, LLC.**



## **Annual Quality Improvement Report**

**July 1, 2021 thru June 30, 2022**

**LIFE Butler FY 2023 ANNUAL QI REPORT**  
**(July 1, 2021 – June 30, 2022)**

<b>CMS Required Quality Measures</b>							
<i>Quality Indicator</i>	<i>Quality Objective/Rationale</i>	<i>Goal Benchmark</i>	<i>1<sup>st</sup> Qtr</i>	<i>2<sup>nd</sup> Qtr</i>	<i>3<sup>rd</sup> Qtr</i>	<i>4<sup>th</sup> Qtr</i>	<i>Goal Met/Not Met</i>
<b>Enrollments</b>	Identify patterns/trends in effectiveness of marketing strategies to maintain expected census.	3 enrollments per month with net increase 1 per month	10 Net -5	10 Net 0	4 Net -10	8 Net -3	<b>Met</b> 8 avg. <b>Not Met</b> -5 avg.
	LIFE Butler County enrolled 32 participants during fiscal year 2022. The program met its enrollments per month goal all 4 quarters with an enrollment average of 8 participants per month, however the goal to increase one participant in net enrollment was not met in all 4 quarters due to a significant number of participants deaths that occurred during the fiscal year.						
	Achieve census at end of quarter that meets or exceeds program's flat budget benchmark.	Meet or preferably exceed flat budget of 202 census	187	185	180	173	<b>Not Met</b> 181 Average for year
	The Marketing and Enrollment department continues to work on growing LIFE Butler County census with events at various locations in order to get information about the LIFE Program out into the community. A significant number of participant deaths during the fiscal year contributed to the goal not being achieved.						
<b>Disenrollments Voluntary</b>	Review voluntary disenrollments determine effectiveness of strategies to reduce # of disenrollments	Overall number of participant voluntary disenrollments will not exceed 3% of the annual census (excluding deaths)	1%	1%	0.4%	1%	<b>Met</b> Average 1% for the year
	<p>Twelve (12) voluntary disenrollments occurred between July 1, 2021 and June 30, 2022. The quarterly voluntary disenrollment rates ranged from 0.4% to 1% and remained at or below the 3% target benchmark for all 4 quarters during the fiscal year.</p> <p>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.</p> <p><b>Reasons for disenrollment</b></p> <ul style="list-style-type: none"> <li>• Chose to another insurance provider – 3</li> <li>• Chose out-of-network provider – 1</li> <li>• Wanted to return to previous PCP – 1</li> <li>• Moved out of service area – 4</li> <li>• Dissatisfied with PACE services – 2</li> <li>• Involuntary (non-payment co-pay) – 1</li> </ul> <p>LIFE Butler County will continue to monitor this indicator during FY23.</p>						

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<b>Deaths – End-of-Life Wishes</b>	Participant end-of-life wishes are carried out according to advance directive. Participant death occurred according to participant wishes.	100%	100%	100%	100%	100%	<b>Met</b>
	Thirty-two (32) deaths occurred between July 1, 2021 and June 30, 2022. Of those, 100% were per the participant's wishes with 28% in the home. The FY23 target for this measure will remain the same.						
<b>Hospitalizations</b>	LIFE staff will utilize information to identify participants demonstrating high utilization of acute care services	Not to exceed avg. 58 days per month/174 per quarter	152	255	290	178	<b>Not Met</b> 219 avg. for the year
	Hospital utilization was below or at the target benchmark for 1 of 4 quarters during the fiscal year. Significant participant comorbidities and high acuity levels of care have contributed to lengthy hospital stays and not meeting the target rate. The FY 2023 target for this measure will remain the same.						
<i>Quality Indicator</i>	<i>Quality Objective/Rationale</i>	<i>Goal Benchmark</i>	<i>1<sup>st</sup> Qtr</i>	<i>2<sup>nd</sup> Qtr</i>	<i>3<sup>rd</sup> Qtr</i>	<i>4<sup>th</sup> Qtr</i>	<i>Goal Met/Not Met</i>
<b>Readmissions within 30 Days</b>	Identify improvement opportunities of treatment plan to prevent readmissions within 30 days of discharge.	<b>Quarterly</b> hospital readmission rate will not exceed 15%	9%	15%	26%	10%	<b>Met</b> <b>Avg Qtr</b> 15%
		<b>Rolling 12-month</b> hospital readmission rate will not exceed 15%	17%	17%	20%	17%	<b>Avg</b> <b>Not Met</b> 18%
	Twenty-one (21) hospital readmissions occurred within 30 days of participant's original admission during FY 2022, which is 25 less than the previous fiscal year. The diagnosis for six (6) or 3% of the readmissions was the same or related to the initial diagnosis. The quarterly readmission rate benchmark of 15% was met for 3 of the 4 quarters, and the overall average readmission rate for the fiscal year met the target benchmark of 15%. The average 12-month rolling readmission rate remained above the benchmark all 4 quarters with an average rate of 18%. Significant participant comorbidities and high acuity levels contributed to not meeting the 12-month rolling benchmark. The FY 2023 target for this measure will remain the same.						

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CMS Required Quality Measures							
Quality Indicator	Quality Objective/Rationale	Goal Benchmark	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr	Goal Met/ Not Met
Emergency Room Visits	Participants who present to ER for services & are treated & released following evaluation / treatment	Outpatient ER visits/ 1000/Annum: 350	273	270	212	290	Met 261 avg. for year
	LIFE Butler County participants utilized hospital emergency room services 268 times between July 1, 2021 and June 30, 2022. The ER visit rate remained below the target goal all four quarters; with an average rate of 261 for the fiscal year and an average of 33% were deemed non-emergent/avoidable by the LIFE physician/clinical staff, which is just above the 30% benchmark. No patterns or trends noted. The FY 2023 target for this measure will remain the same.						
	ER Visits		Average for FY 2022				
	Day of Week	M-F	78%	Top 3 Diagnoses	Falls 24% Respiratory 18% Musculoskeletal 15%		
	Sa-Su	23%					
Time of Day	8a-5p	49%					
	5p-12a	35%					
	12a-8a	13%					
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 <i>strongly agree</i> or <i>agree</i> overall rating	Participant	69%		Not Met	
			Family/ Caregiver	74%		Not Met	
		75% or greater at good or excellent overall rating	Participant	63%		Not Met	
			Family/ Caregiver	72%		Not Met	
	Results of the satisfaction surveys for the LIFE Butler 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 and family/caregiver satisfaction was not achieved for fiscal year 2022.  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 FY 2023 target for this measure will remain the same.						

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<b>CMS Required Quality Measures</b>							
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<b>Grievances &amp; Appeals</b>	The grievance and appeals process is carried out according to regulatory requirements.	100% resolution within 5 business days	100%	100%	100%	100%	<b>Met</b>
	<p>LIFE Butler County received 53 grievances during FY 2022 and 100% were resolved to the participant's satisfaction. <i>Grievance Resolution Record</i> documentation reveals the IDT staff resolved grievances within the 5 working days timeframe. Communication (47%) and Home Care (19%) were the largest areas reported.</p> <p>There were 2 appeals during this fiscal year reporting period with 1 ruled in the participant's favor and 1 in LIFE's favor.</p>						
<b>Nosocomial Pressure Wound Rate</b>	Stage I-IV pressure ulcers will be considered nosocomial if acquired in any setting.	Less than 5 nosocomial pressure wounds per 1000 participant days.	4.9	5.9	2.5	2.6	<b>Met</b> Average 4.0 for the year
	<p>Life Butler County's nosocomial pressure wound rate remained below the target threshold for 2 of the 4 quarters and the overall average rate was 4.6 which is below the target goal. Participant declining health with pressure ulcer's developing during end-of-life care contributed to not meeting the benchmark during the first 2 quarters of the fiscal year.</p> <p>The FY 2023 target for this measure will remain the same.</p>						
<b>Infection Control</b>	Review all treated infections for trends and/or patterns.	<b>Number of Infections</b>	<b>1<sup>st</sup> Qtr</b>	<b>2<sup>nd</sup> Qtr</b>	<b>3<sup>rd</sup> Qtr</b>	<b>4<sup>th</sup> Qtr</b>	<b>Total # Infections</b>
		Reporting purposes only	107	89	65	86	347
	<p>No patterns or trends were identified in the 279 infections that were reported during FY 2022.</p> <p>The top 3 infections treated were:            Urinary tract infections (UTI): 98 or 35%            Skin/Wound: 61 or 22%            COVID-19: 22 or 8%</p> <p>This quality indicator will be included in the FY 2023 QI Plan.</p>						

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CMS Required Quality Measures							
Quality Indicator	Quality Objective/Rationale	Goal Benchmark	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> 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	74%	68%	90%	91%	Met Average 81% for year
	The pneumococcal immunization benchmark was achieved for 2 of the 4 quarters during the fiscal year, with an average vaccination rate of 81%. Immunization status not documented was the greatest contributing factor for not meeting this benchmark in the first two quarters but clinic process changes helped to achieve the benchmark during the last two quarters of FY22. LIFE Butler County clinical staff will continue to educate participants on the importance of pneumococcal vaccination upon enrollment and during each physician reassessment. This quality indicator will be included in the FY 2023 QI Plan.						
Routine Immunizations Influenza	Promote participant well-being & reduce risk of infectious influenza outbreak among participants.	CMS Benchmark 80%	2019-2020	2020-2021	2021-2022	Avg	
			86%	91%	84%	81%	
	At the conclusion of the 2021-2022 influenza vaccination campaign; LIFE Butler County achieved an 84% immunization rate; which exceeds the 80% CMS benchmark. LIFE Butler County has met or exceeded the CMS benchmark vaccination rate for influenza continuously for the past 4 campaign years. LIFE Butler County clinic and nursing staff will continue to educate participants on the importance of being vaccinated and encourage their participation during the 2022-2023 campaign.						

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<b>CMS Required Quality Measures</b>							
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<b>Falls – Number of Participant Falls</b>	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	3.1	3.7	4.4	5.1	<b>Met</b> Average 4.1 for the year
	<p>LIFE Butler County’s participant falls numbered 282 for the 2022 fiscal year; which is 9 fewer than the previous fiscal year. The majority of falls continue to occur within the participants’ home setting and while ambulating. Overall, the LIFE Butler County fall rate averaged 4.1 falls/1000 participant days; which is within the benchmark parameters.</p> <p>LIFE Butler County will continue to conduct weekly &amp; monthly falls review to determine &amp; 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.</p> <p>This quality indicator will be included in the FY 2023 QI Plan.</p>						
<i><b>Quality Indicator</b></i>	<i><b>Quality Objective/Rationale</b></i>	<i><b>Goal Benchmark</b></i>	<i><b>1<sup>st</sup> Qtr</b></i>	<i><b>2<sup>nd</sup> Qtr</b></i>	<i><b>3<sup>rd</sup> Qtr</b></i>	<i><b>4<sup>th</sup> Qtr</b></i>	<i><b>Goal Met/Not Met</b></i>
<b>Falls - Resulting in Participant Injury</b>	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%	7%	3%	1%	7%	<b>Met</b> Average 5% for the year
	<p>Of the 279 reported LIFE Butler County participant falls, the following resulted in:</p> <p>No injury: 59%      Minor injury: 27%      Moderate injury: 3%      Major injury: 1%</p> <p>Overall for FY 2022, the combined Level III, IV and V severity of injury classifications were 5%; which meets the benchmark for this indicator and the target rate was achieved in all 4 quarters throughout the fiscal year.</p> <p>This quality indicator will be included in the FY 2023 QI Plan.</p>						

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<b>DEPARTMENTAL QUALITY MEASURES</b>							
<i><b>Quality Indicator</b></i>	<i><b>Quality Objective/Rationale</b></i>	<i><b>Goal Benchmark</b></i>	<i><b>1<sup>st</sup> Qtr</b></i>	<i><b>2<sup>nd</sup> Qtr</b></i>	<i><b>3<sup>d</sup> Qtr</b></i>	<i><b>4<sup>th</sup> Qtr</b></i>	<i><b>Goal Met/Not Met</b></i>
<b>Nutritional Services Participant Weights</b>	Monitor until weight status has been maintained or improved for 6 months.	50%	76%	35%	57%	59%	<b>Met</b> 56% Average for the year
	<p>The number of LIFE Butler County participants that maintained or gained weight during each quarterly review period met or exceeded the 50% target goal for 3 of the 4 quarters during FY 2022. . 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.</p> <p>This monitor will continue to be included in the FY 2023 QI Plan due to the significant impact to participants</p>						
<i><b>Quality Indicator</b></i>	<i><b>Quality Objective/Rationale</b></i>	<i><b>Goal Benchmark</b></i>	<i><b>1<sup>st</sup> Qtr</b></i>	<i><b>2<sup>nd</sup> Qtr</b></i>	<i><b>3<sup>d</sup> Qtr</b></i>	<i><b>4<sup>th</sup> Qtr</b></i>	<i><b>Goal Met/Not Met</b></i>
<b>Recreation LIFE in Motion</b>	Participants will exercise 30 minutes each day at Center to promote optimal physical fitness and well-being.	70%	71%	N/A	78%	74%	<b>Met</b> 74% Average for the year
	<p>LIFE Butler County monitor results revealed that on average participants exercised for 30 minutes each day while at the center 74% of the time; which exceeds the benchmark parameter of 70%. The target goal was exceeded for 3 quarters during the fiscal year but was unable to be calculated during the 2<sup>nd</sup> quarter due to the center being closed per COVID high positivity rates in the county and mitigation efforts.</p> <p>The LIFE Butler County Recreation Department strongly encourages participants on a regular basis &amp; participate in either formal exercise, walking or active games. Recreation staff have been utilizing different music, programs and new equipment; and have also continued an incentive program to encourage physical activity. A walking program was added in collaboration with physical therapy and a restorative nursing program continues to walk appropriate participants.</p> <p>This quality indicator will continue to be included in the FY 2023 QI Plan.</p>						

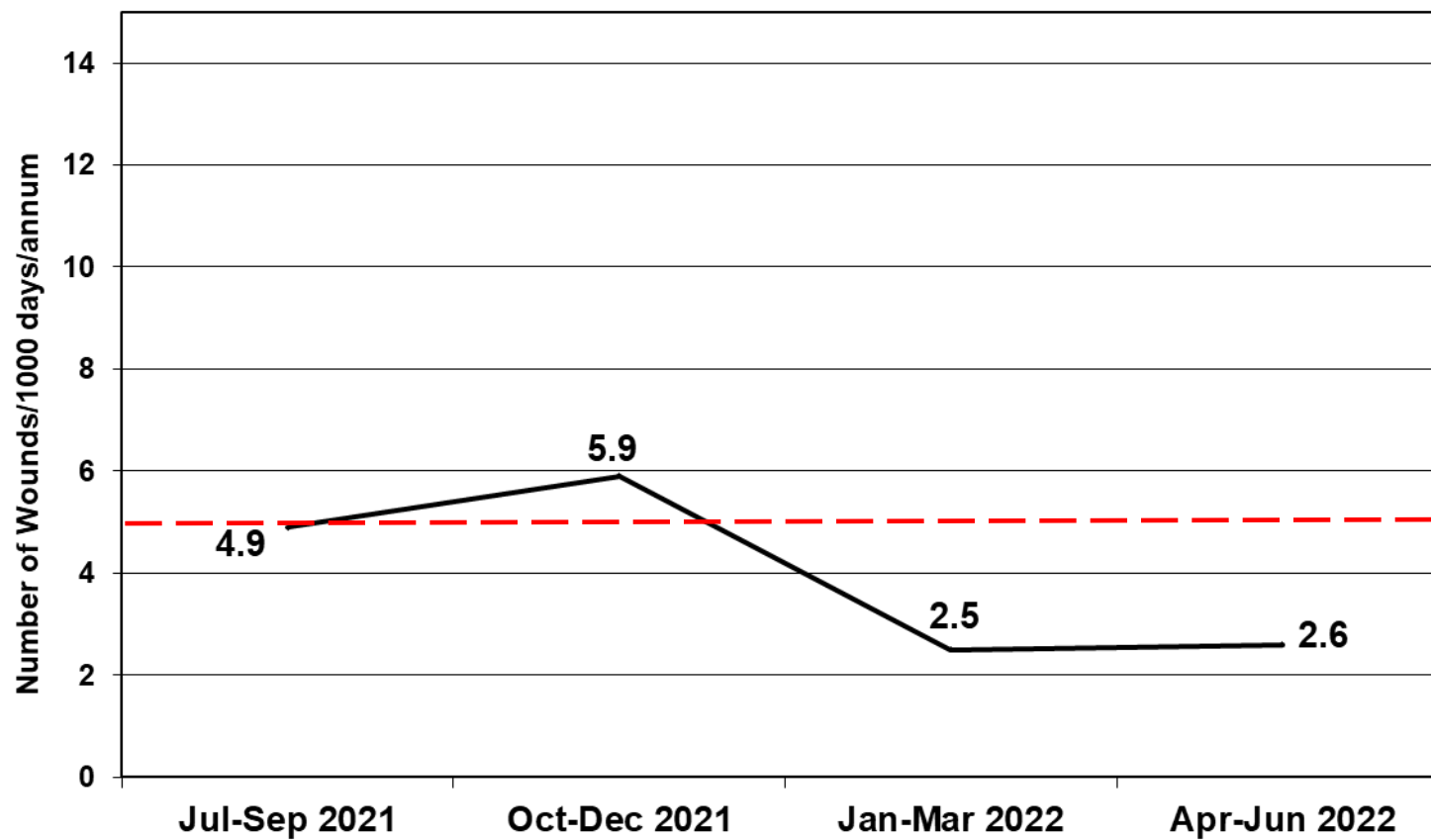


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<b>DEPARTMENTAL QUALITY MEASURES</b>							
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<b>Social Services Depression Screening Enrollment</b>	Participant will be assessed for depression using the PHQ-9 screening tool by day 30 after enrollment.	<b>100%</b>	100%	100%	100%	100%	<b>Met</b>
	Throughout the fiscal year, social workers achieved and sustained 100% compliance for screening each new participant upon his/her enrollment in the LIFE program. This monitor will continue in FY 2023.						
<b>Social Services Depression Screening Annual</b>	Participant will be assessed for depression using the PHQ-9 screening tool within 12 months of enrollment.	<b>100%</b>	100%	100%	100%	100%	<b>Met</b>
	Throughout the fiscal year, social workers achieved and sustained 100% compliance for screening each participant during the annual assessment. This monitor will continue in FY 2023.						
<b>Human Resources Relias Training</b>	All Relias trainings will be completed by LIFE Armstrong staff by the end of the month due.	100%	85%	91%	93%	93%	<b>Not Met</b> 91% Average for the year
	LIFE Butler County's average performance rate for FY 2022 was 91%, 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.						

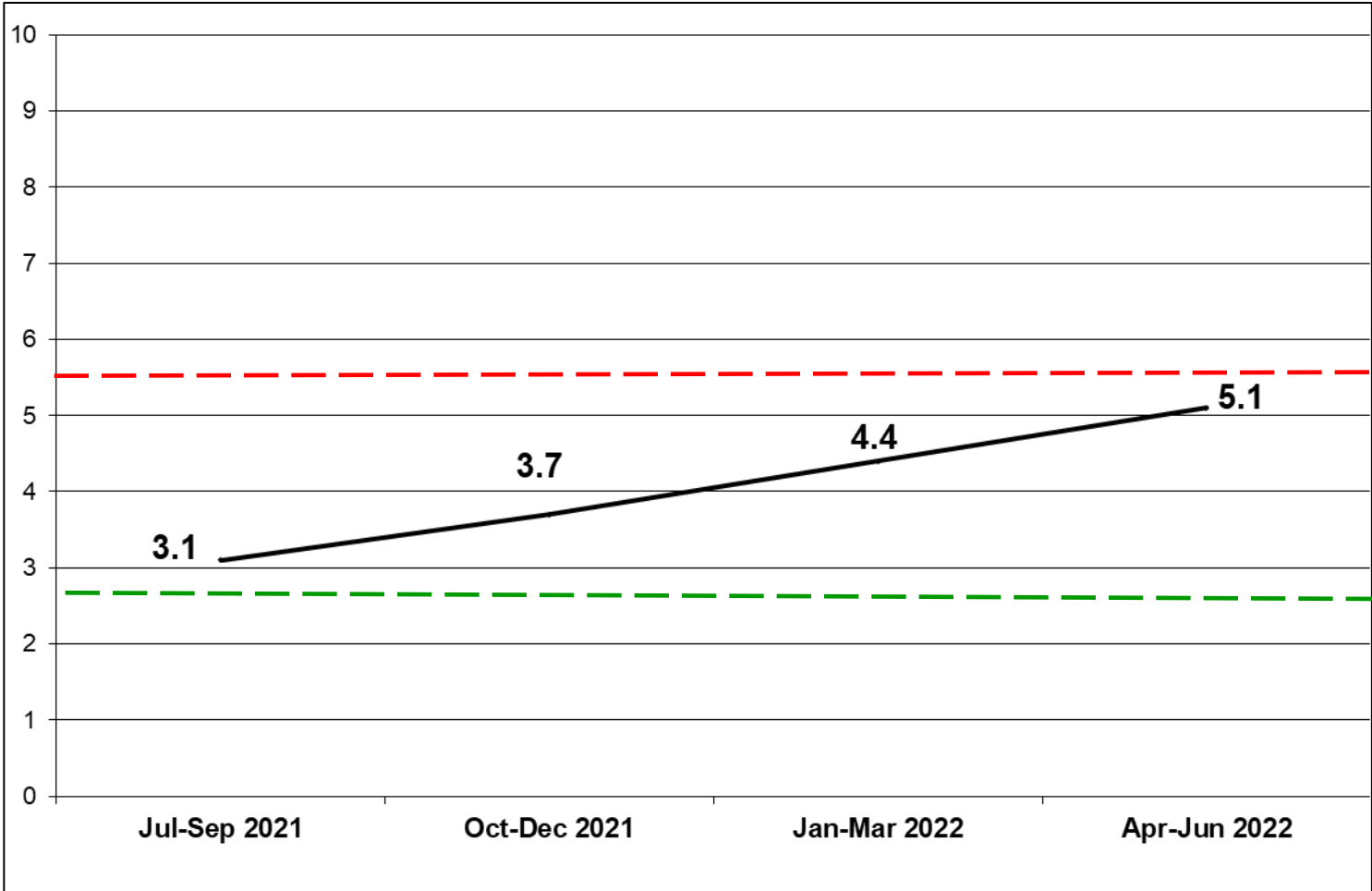
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**PRESSURE WOUNDS-NOSOCOMIAL**



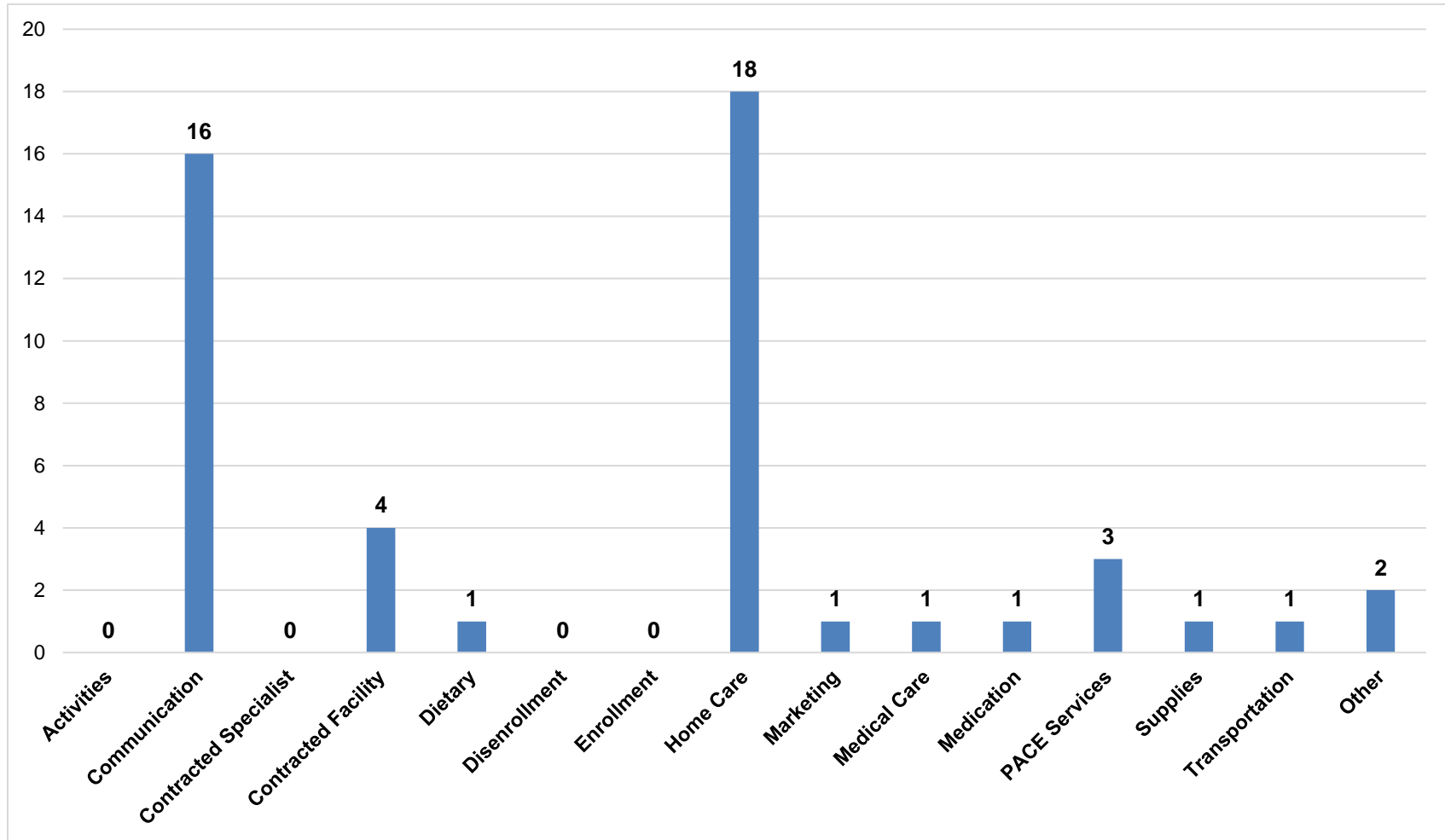
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**FALL RATE**



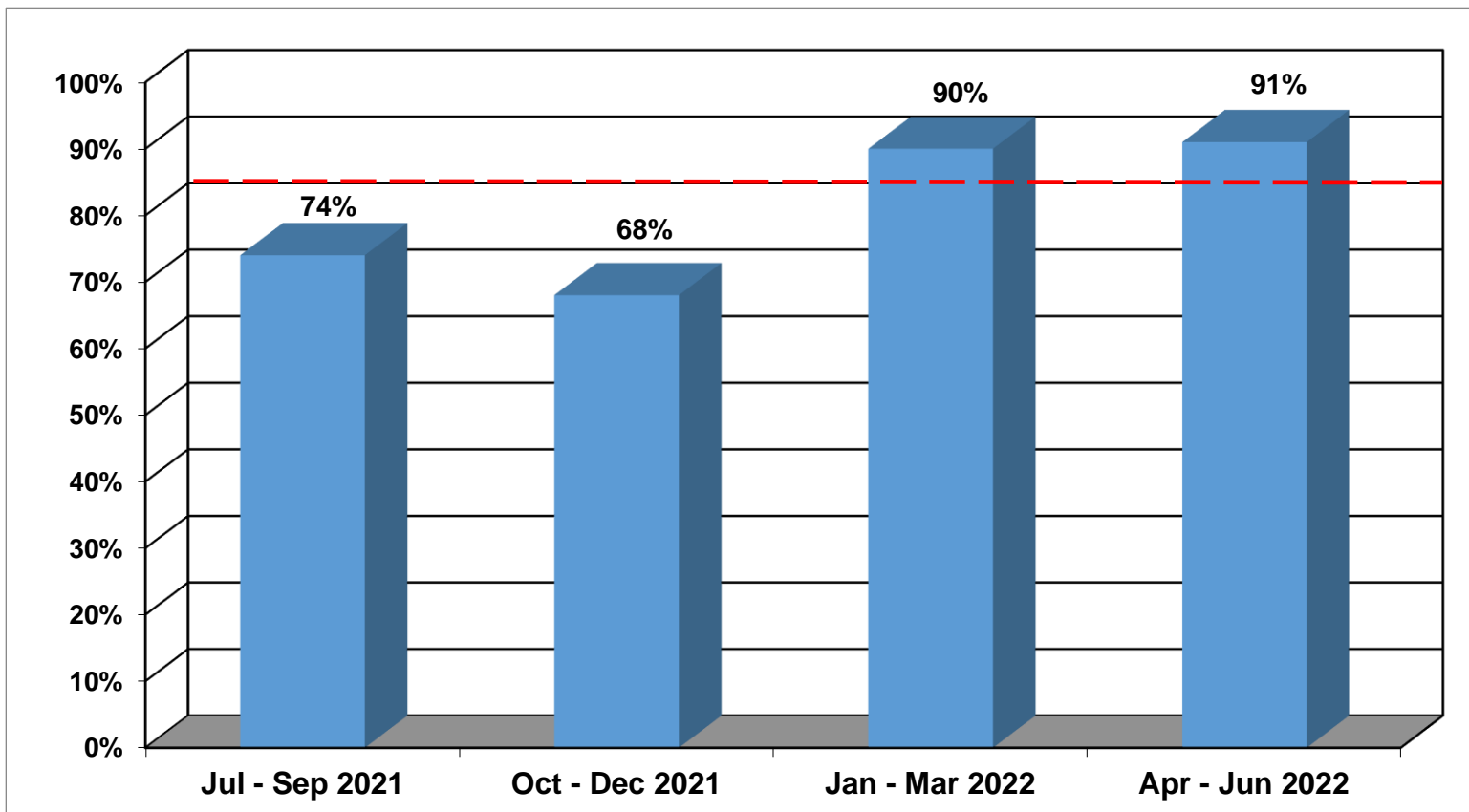
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**GRIEVANCES**



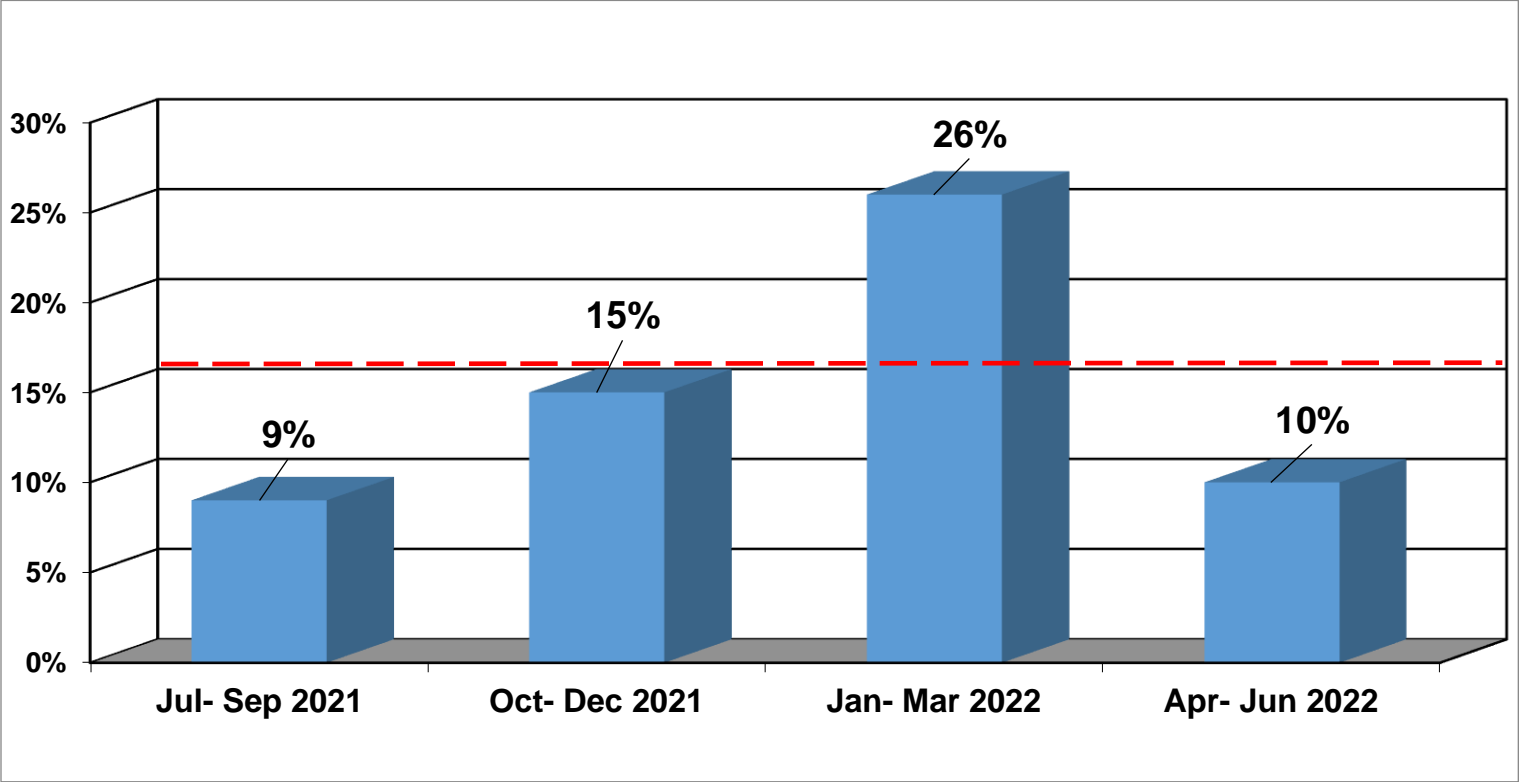
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**PNEUMOCOCCAL VACCINATION**



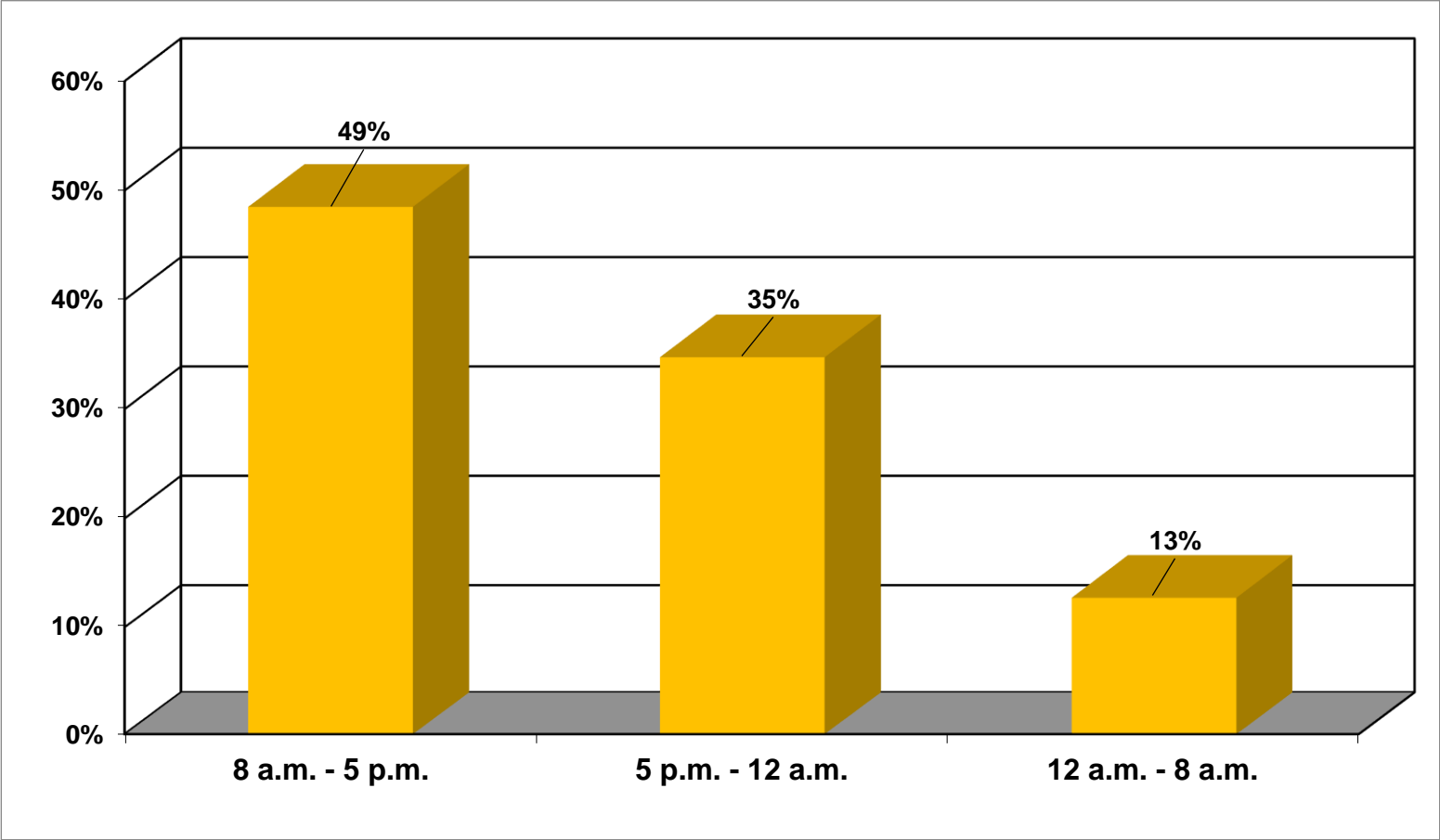
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**HOSPITAL READMISSIONS**



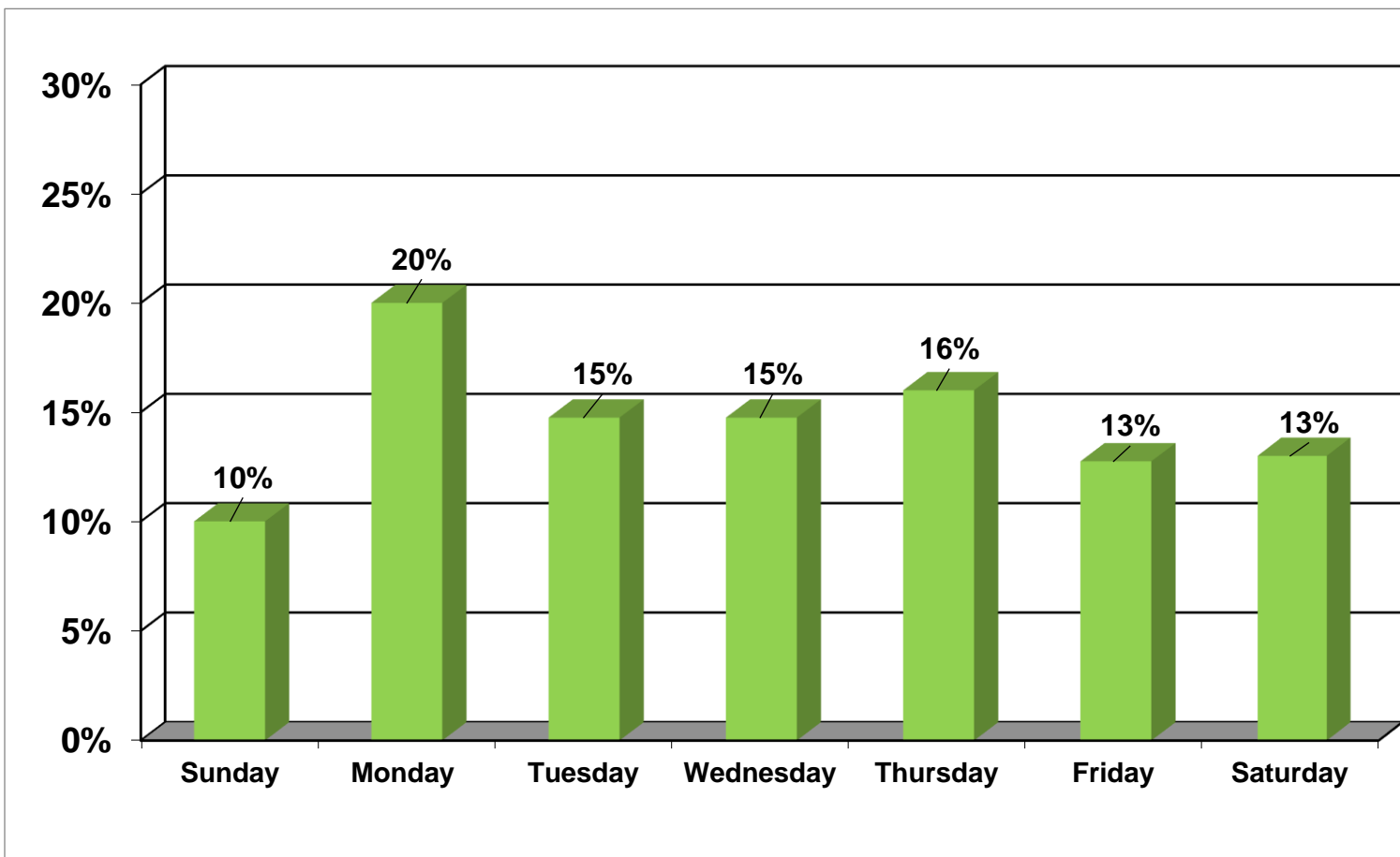
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**ER VISITS – TIME OF DAY**



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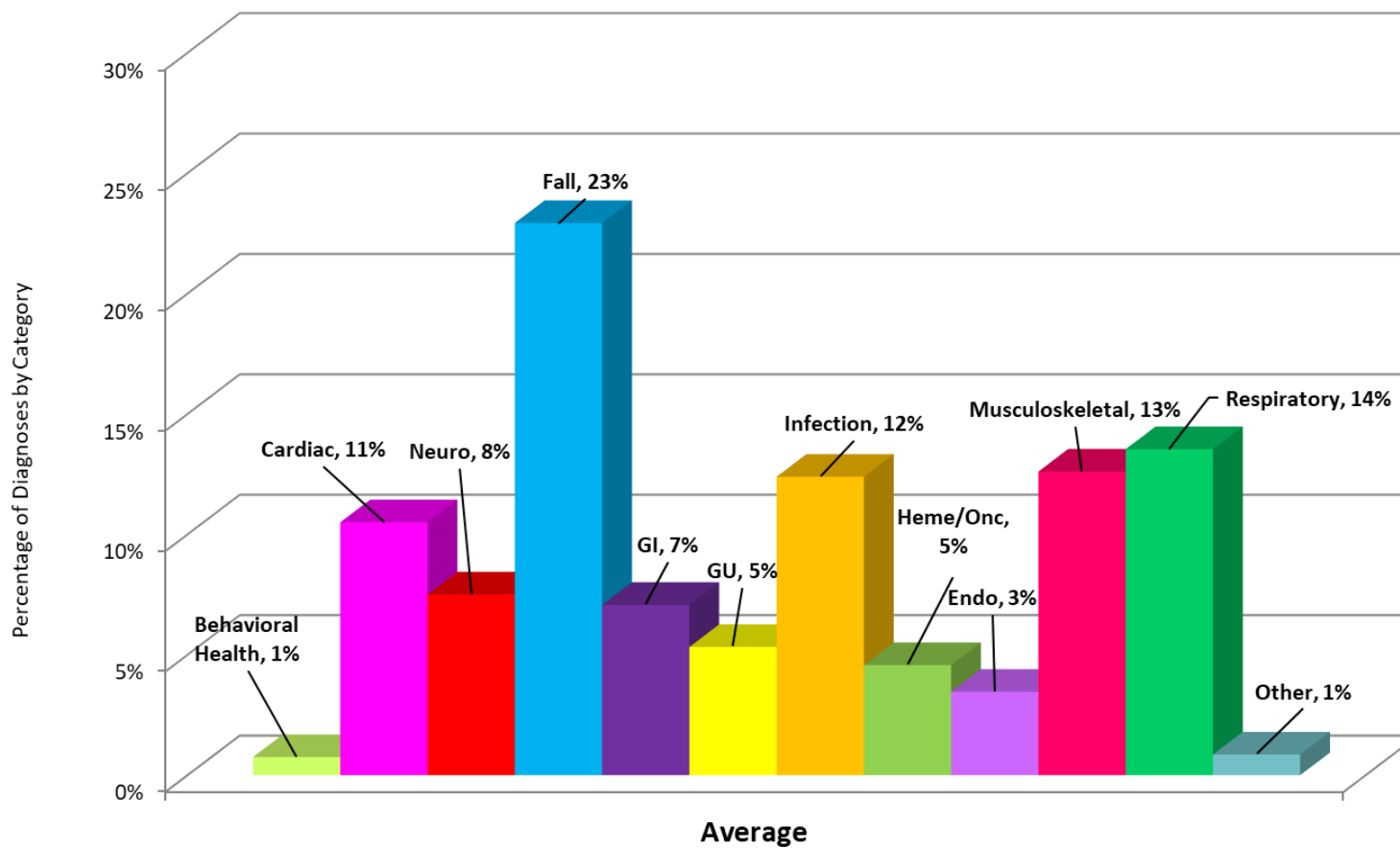
**ER VISITS – DAY OF WEEK**





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**ER VISITS – DIAGNOSES**



**SUMMARY**

## **LIFE Butler FY 2023 ANNUAL QI REPORT**

### **(July 1, 2021 – June 30, 2022)**

In conclusion, this report discloses the LIFE Butler 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
- Enrollments
- Voluntary Disenrollments
- Pressure Ulcer Prevention
- Emergency Room Visits
- Fall Prevention
- Fall Injury Prevention
- Pneumococcal Vaccinations
- Influenza Vaccinations
- Grievance Resolution
- Participant Weights
- Participant Fitness Programming
- Depression Screening – Enrollment & Annual

The following QI Initiatives did not meet the target goal during FY 2022 and reveal opportunities for improvement in the upcoming fiscal year monitoring period:

- Enrollments (Net & Census)
- Hospitalizations
- Hospital Readmissions
- 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