VieCare Beaver, LLC.

Annual Quality Improvement Report

July 1, 2022 thru June 30, 2023

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 enrollments per quarter	Beaver	12	11	9	9	**Not Met** 10 avg.
		12 enrollments per quarter	Lawrence	8	10	10	7	**Not Met** 9 avg.
		6 net enrollment increases/quarter	Beaver	-2	-3	-2	-6	**Not Met** -13 net
		3 net enrollment increases/quarter	Lawrence	0	0	-1	-1	**Not Met** -2 net
	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 FY2023 was not achieved all 4 quarters.							
	Lawrence: 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 FY2023 was not achieved all 4 quarters.							
	Achieve census at end of quarter that meets or exceeds program's budget benchmark.	Meet/exceed budget of 281 census	Beaver	280	275	273	272	**Not Met** 275 avg.
		Meet/exceed budget of 178 census	Lawrence	174	175	173	169	**Not Met** 173 avg.
	Issues with the OLTL IEB third party enrollment broker identified last fiscal year continue and prevent enrollments due to potential enrollees not responding to calls from IEB; which cause delays in enrollments from postponement of assessments for nursing home eligibility. OLTL has been notified of the issues in order to help to resolve but no improvement has been noted.							
	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 FY2024 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
	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%	0.1%	0.1%	0.8%	**Met** 1%
			Lawrence	0.6%	0.6%	1%	0.4%	**Met** 0.7%
Disenrollments Voluntary	**Beaver:** Eleven (11) voluntary disenrollments occurred during FY2023. The quarterly voluntary disenrollment rate ranged from 0.1-1% with an average rate of 1%; which was well below the benchmark. **Reasons for disenrollment** • Chose to partner with SNF only – 3 • Moved out of service area – 3 • Over assets – 1 • Dissatisfied with PACE services – 2 • Wanted to return to previous PCP – 2							
	Lawrence: Thirteen (13) voluntary disenrollments occurred during FY2023. The quarterly voluntary disenrollment rate ranged between 0.4% 1% with an average of rate of 0.7%; which was well below the benchmark. **Reasons for disenrollment** • Chose to partner with SNF only – 1 • Moved out of service area – 6 • Over assets – 1 • Dissatisfied with PACE services – 2 • Chose different insurance provider – 2							
	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 FY2024.							

LIFE BEAVER FY2023 ANNUAL QI REPORT
(July 1, 2022 – June 30, 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-seven (47) deaths occurred between July 1, 2022 and June 30, 2023. The participant's end-of life wishes were met for all deaths and the death occurred in the following residence: ● 36% (19) participant's home ● 19% (9) in the hospital ● 19% (9) in a SNF ● 19% (9) in a hospice							
	Lawrence: Twenty-five (25) deaths occurred between July 1, 2022 and June 30, 2023. The participant's end-of life wishes were met for all deaths and the death occurred in the following residence: ● 2% (6) participant's home ● 56% (15) in the hospital ● 2% (4) in a SNF							
	LIFE Beaver and Lawrence Counties will continue to monitor this indicator during the 2024 fiscal year.							
Hospitalizations	Utilize information to identify participants demonstrating high utilization of acute care services	Not to exceed 302 days per quarter	Beaver	284	368	233	301	**Met** 297 avg. for year
		Not to exceed 177 days per quarter	Lawrence	242	349	292	226	**Not Met** 277 avg. for year
	Beaver: Hospital utilization was below the monitor's target benchmark 3 of the 4 quarters during FY2023. Significant participant comorbidities and high acuity levels of care continue to contribute to hospital stays.							
	Lawrence: Hospital utilization exceeded the monitor's target benchmark for all 4 quarters during FY2023. Significant participant comorbidities and high acuity levels of care continue to contribute to hospital stays.							
	The FY2024 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	14%	18%	20%	17%	**Not Met** 17% avg.
			Lawrence	4%	17%	5%	11%	**Met** 9% avg.
		Rolling 12-month hospital readmission rate within 30 days of D/C will not exceed 15%	Beaver	21%	18%	20%	18%	**Not Met** 19% avg.
			Lawrence	14%	15%	12%	15%	**Met** 14% avg.

Beaver:
Twelve (12) hospital readmissions occurred within 30 days of participant's original admission during FY2023, which is thirty-four (34) less than the previous fiscal year. The diagnosis for two (2) of the readmissions was the same or related to the initial diagnosis. The quarterly readmission rate benchmark was exceeded for 3 of the 4 quarters, with an average rate of 17%, which is 5% lower than last fiscal year. The overall 12-month rolling rate was exceeded for all 4 quarters during the fiscal year with an average rate of 19%.

Lawrence:
Five (5) hospital readmissions occurred within 30 days of the participant's original admission during FY2023, which is nineteen (19) less than the previous fiscal year. The diagnosis for one (1) of the readmissions was the same or related to the initial diagnosis. The quarterly readmission rate was below the benchmark for 3 of the 4 quarters with an average rate of 9%. The overall rolling 12-month readmission rate was below the target goal for all 4 quarters with an average rate of 14%.

Significant participant comorbidities and high acuity levels, along with COVID-19 infections contributed to not meeting the benchmark for LIFE Beaver. This indicator will be continued during the 2024 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	334	383	410	377	**Not Met** 376 avg. for year
			Lawrence	407	317	291	316	**Met** 333 avg. for year

Beaver:
Participants utilized ER services 539 times during FY2023 with 234 visits (43%) resulting in an inpatient admission. The ER visit rate remained below the target goal for 1 of 4 quarters with an average of 33% of the ER visits deemed non-emergent/ avoidable by the LIFE clinical staff; which exceeds the $\leq$30% internal benchmark.

ER Visits			Average for FY2023	
Day of Week	M-F	73%	**Top 3 Diagnoses**	Musculoskeletal 22%
	Sa-Su	27%		Infection 16%
Time of Day	8a-5p	39%		Cardiac 14%
	5p-12a	31%		
	12a-8a	30%		

Lawrence:
Participants utilized ER services 350 times between during the fiscal year with 180 visits or (51%) resulting in an inpatient admission. The ER visit rate was below the target goal for 3 of 4 quarters with an average of 38% of the ER visits deemed non-emergent /avoidable by the LIFE clinical staff, which is below the $\leq$30% benchmark.

ER Visits			Average for FY2023	
Day of Week	M-F	71%	**Top 3 Diagnoses**	Falls 23%
	Sa-Su	29%		Infection 18%
Time of Day	8a-5p	57%		Respiratory 16%
	5p-12a	29%		
	12a-8a	13%		

The target goal for FY2024 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
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	1.1	1.6	1.0	1.2	**Met** 1.2
			Lawrence	5.1	3.5	3.4	3.1	**Met** 3.8
	Beaver: The nosocomial pressure wound rate was below threshold all four report periods during FY2023.							
	Lawrence: The nosocomial pressure wound rate was below the threshold for 3 of 4 quarters during FY2023.							
	This monitor will be included in the FY2024 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	105	105	108	83	401
			Lawrence	97	125	102	107	431
	Beaver: No patterns or trends were identified in the 401 infections that were reported during FY2023. The top 3 infections treated were: 1. UTI = 194 (48%) 2. Skin/Wound = 50 (12%) 3. COVID-19 = 45 (11%)							
	Lawrence: No patterns or trends were identified in the 431 infections that were reported during FY2023. The top 3 infections treated were: 1. UTI = 194 (45%) 2. Skin/Wound = 99 (23) 3. COVID-19 = 37 (9%)							
	This quality indicator will be included in the FY2024 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 eligible participants receiving the pneumococcal vaccine.	80% CMS	Beaver	70%	74%	80%	83%	**Not Met** 77%
			Lawrence	75%	74%	78%	81%	**Not Met** 77%
	The LIFE Beaver County pneumococcal immunization rate was below the CMS 80% benchmark for 2 of 4 quarters during the fiscal year with 11 (4%) of participants refusing the vaccine despite receiving additional education & physician and nurse counseling.							
	The LIFE Lawrence County pneumococcal immunization rate was below the CMS 80% benchmark for 3 of 4 quarters during the fiscal year with 18 (11%) of participants refusing the vaccine despite receiving additional education & physician and nurse counseling.							
	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 6-month reassessment. This quality indicator will be included in the FY2024 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%	**Not Met** 77%	80%
			Lawrence	80%	66%	**Met** 81%	76%
	Beaver: Achieved a 77% immunization rate at the conclusion of the 2022-2023 flu campaign; which is below the 80% CMS benchmark. 39 or 15% of eligible participants continued to refuse the vaccine despite receiving additional education.						
	Lawrence: Achieved an 81% immunization rate for the 2022-2023 flu campaign; which is meets the 80% CMS benchmark. 11 or 7% 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 FY2024 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
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	37	17	24	15	**Met** 100%
	Beaver: LIFE Beaver County received 119 grievances during FY2023 and all or 100% were resolved to the participant/caregiver satisfaction. Home Care & Transportation were the largest areas reported. There was 1 appeal during the fiscal year ruled in LIFE's favor.							
	Lawrence: LIFE Lawrence County received 93 grievances during FY2023 and all or 100% were resolved to the participant/caregiver satisfaction. Home Care & Communication were the largest areas reported. There was 1 appeal during the fiscal year ruled in LIFE's favor.							
	No patterns or trends were identified in the largest areas reported and this indicator will be continued during FY2024.							
Customer Satisfaction **Participant and Family/ Caregiver**	Utilize satisfaction responses to improve operations in each LIFE service and care area(s).	**Participant** $\geq$ 75% *strongly agree* or *agree* overall rating	Beaver		71%			**Not Met**
			Lawrence		69%			**Not Met**
		Family/Caregiver $\geq$ 75% *strongly agree* or *agree* overall rating	Beaver		65%			**Not Met**
			Lawrence		63%			**Not Met**
		Participant $\geq$ 75% *Would recommend*	Beaver		68%			**Not Met**
			Lawrence		65%			**Not Met**
		Family/Caregiver $\geq$ 75% *Would recommend*	Beaver		64%			**Not Met**
			Lawrence		68%			**Not Met**
	LIFE Beaver & LIFE Lawrence County program satisfaction surveys identify participant & 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 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. Participant & Family/Caregiver surveys will continue to be conducted annually during FY 2024.							

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	6.9	6.9	8.0	8.2	**Not Met** 7.5
			Lawrence	7.5	7.1	5.7	4.2	**Not Met** 6.1

Beaver:
740 participant falls were reported during FY2023; which is 67 more 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 7.5 falls/1000 participant days respectively; which exceeds NPA benchmark.

Lawrence:
382 participant falls were reported during FY2023; which is 92 more 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 6.1 falls/1000 participant days; which is above the 2.78-5.48 NPA benchmark.

Participants with multiple falls have been identified as contributing to not meeting the benchmark and a fall reduction initiative was implemented during 3rd & 4th quarters of the fiscal year. Further data being is being collected on those participants identified as having multiple falls have occurring during the quarter, including but not limited to, cognition, use of assistive devices, behaviors, etc. to determine trends or patterns & ensure appropriate fall interventions have been implemented at the weekly & monthly fall meetings.

In addition, an interdisciplinary falls committee will be implemented in FY2024 to review LIFE fall prevention and management policy and procedures.

This monitor will be included in the FY2024 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
Falls - Resulting in Participant Injury	Number of participant falls resulting in Level III, IV or V injury during report period.	Falls resulting in Level III, IV or V severity will not exceed 8%	Beaver	4%	5%	4%	7%	**Met** 5%
			Lawrence	5%	3%	2%	6%	**Met** 4%

Beaver:
Of the 740 falls that occurred during the fiscal year:

- 536 (72%) resulted in "No Injury"
- 170 (23%) resulted in a "Minor" Injury
- 33 (4%) were classified as a Level III, IV and V injury
- No participant deaths were reported as a result of a fall

Overall for FY2023, the combined Level III, IV and V severity of injury classifications was 5%; which the benchmark for this indicator and the target rate was achieved for all 4 quarters during the fiscal year.

Lawrence:
Of the 382 falls that occurred during the fiscal year:

- 268 (70%) resulted in "No Injury"
- 100 (26%) resulted in a "Minor" Injury
- 14 (4%) were classified as a Level III, IV and V injury
- No participant deaths were reported as a result of a fall

Overall for FY2023, the combined Level III, IV and V severity of injury classifications was 4%; which the benchmark for this indicator and the target rate was achieved for all 4 quarters during the fiscal year.

This monitor will be included in the FY2024 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	60%	48%	43%	67%	**Met** 55%
			Lawrence	74%	81%	85%	96%	**Met** 84%
	Beaver: The target goal was achieved for 2 of the 4 quarters during FY2023; with an overall 55% compliance rate for participants that maintained or gained weight during the fiscal year.							
	Lawrence: The target goal was achieved for all four quarters during FY2023; with an overall 84% 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 FY2024 QI 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	86%	84%	80%	88%	**Met** 85%
			Lawrence	73%	75%	78%	81%	**Met** 77%
	Beaver: Monitor results reveal on average participants exercised for 30 minutes each day while at the center 85% of the time; which exceeds the monitor's 70% benchmark.							
	Lawrence: Monitor results reveal on average participants exercised for 30 minutes each day while at the center 77% of the time; which exceeds monitor's 65% benchmark.							
	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 FY2024 QI 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 (PHQ-9)	**Enrollment:** Participants will be assessed for depression by day 30 after enrollment.	100%	Beaver	100%	100%	100%	100%	**Met** 100%
			Lawrence	100%	100%	100%	100%	**Met** 100%
	Annual: Participants will be assessed for depression within 12 months of enrollment.	100%	Beaver	100%	100%	100%	100%	**Met** 100%
			Lawrence	100%	100%	100%	100%	**Met** 100%
	Beaver & Lawrence: LIFE Beaver social workers achieved and sustained 100% compliance for screening each new participant upon enrollment and annually for current participants during the 6-month assessment in the LIFE program.							
	This monitor was revised for FY2024 and the PHQ-9 scores will be tracked with the goal of identifying those participants scoring 10 or more (indicating high depression) and ensuring appropriate services are in place.							
Human Resources Relias Training	All Relias trainings will be completed by staff by the end of the month due.	100%	Beaver	75%	92%	82%	88%	**Not Met** 84%
			Lawrence	65%	80%	68%	79%	**Not Met** 76%
	Beaver: LIFE Beaver County's overall performance rate for FY2023 was 90%, which was below the monitor's 100% target goal but is a 9% improvement from the previous fiscal year.							
	Lawrence: LIFE Lawrence County's performance rate for FY2023 was 76%, 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 FY2024.							

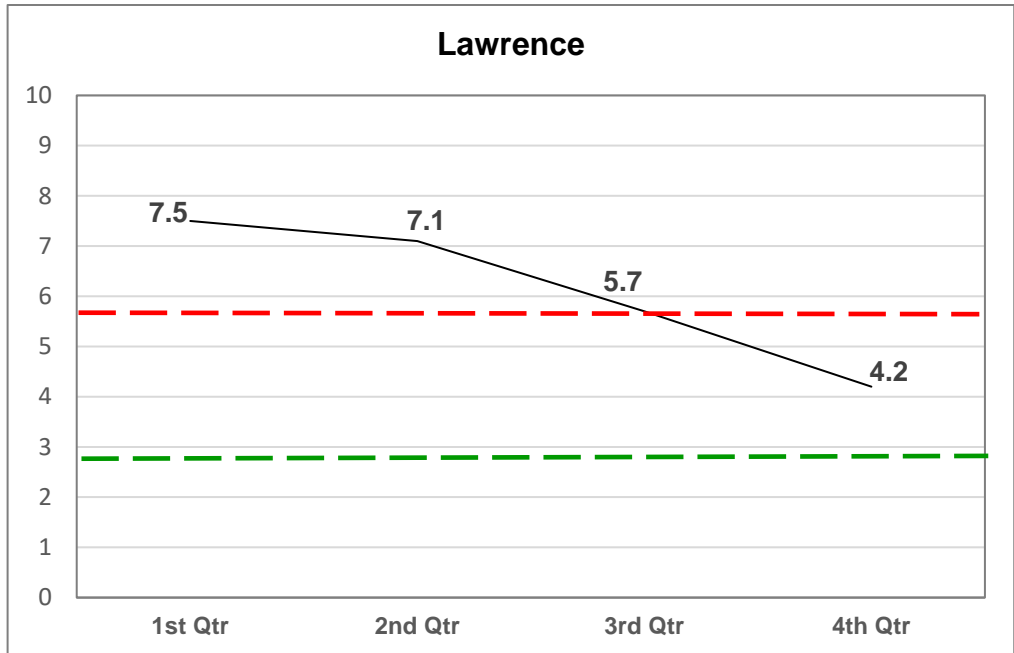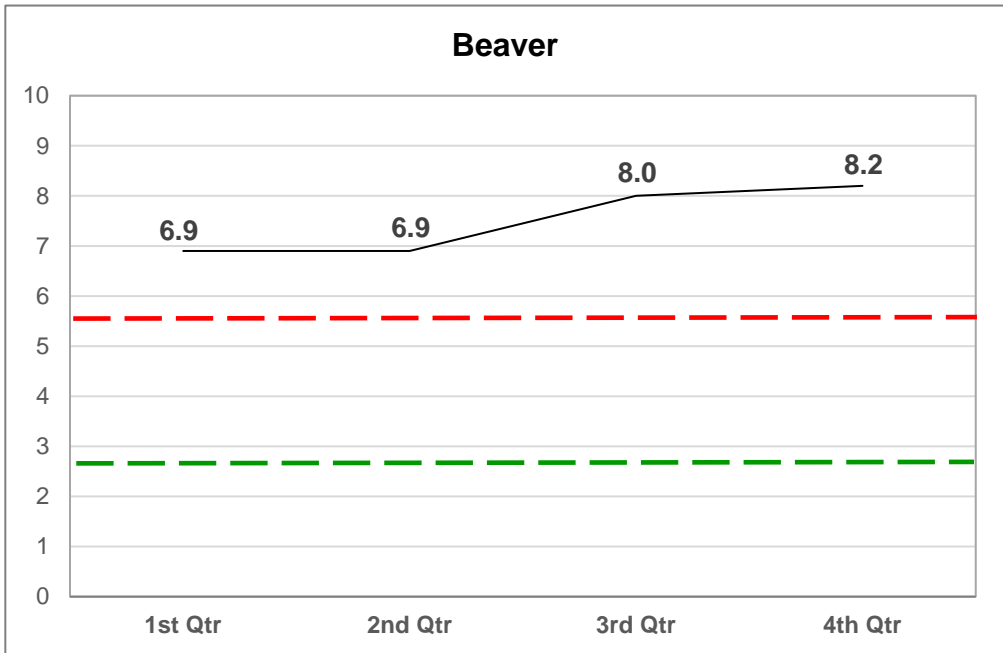# LIFE BEAVER FY2023 ANNUAL QI REPORT
(July 1, 2022 – June 30, 2023)

PRESSURE WOUNDS-NOSOCOMIAL
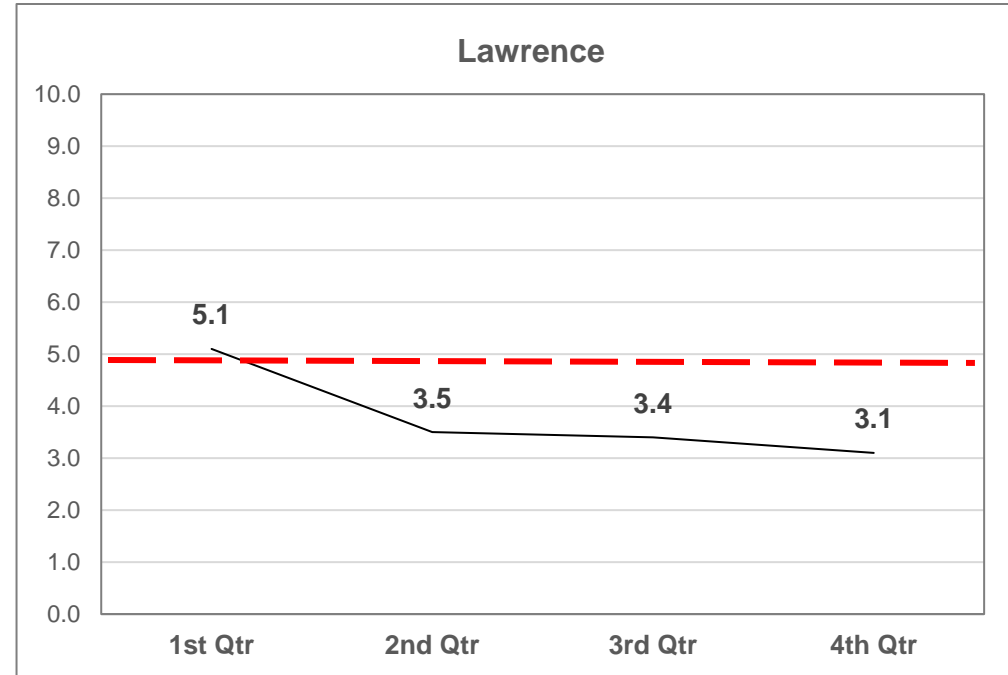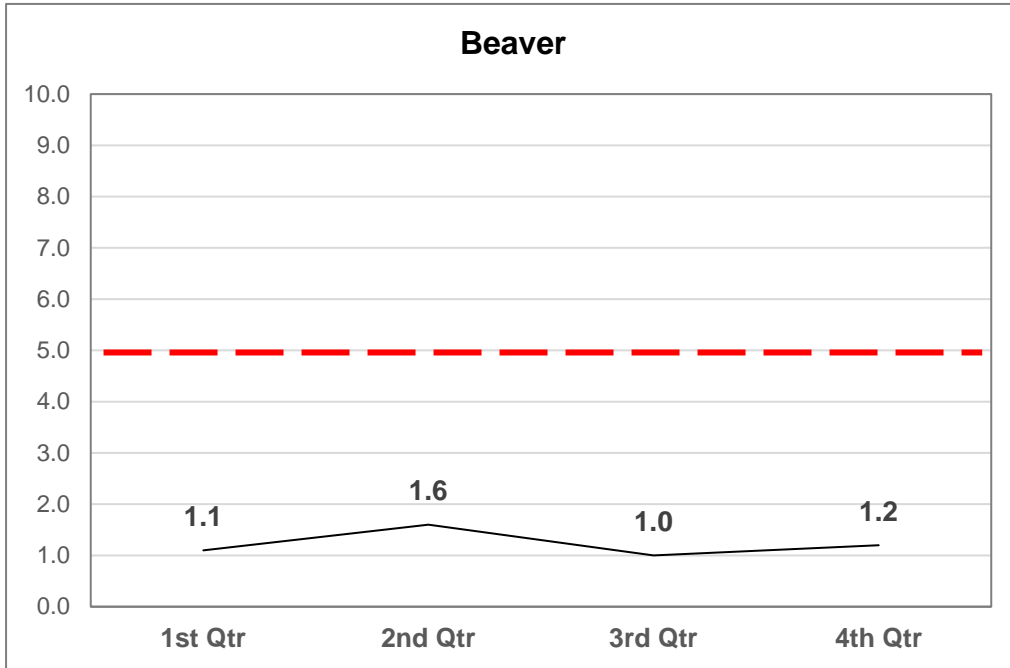
LIFE BEAVER FY2023 ANNUAL QI REPORT
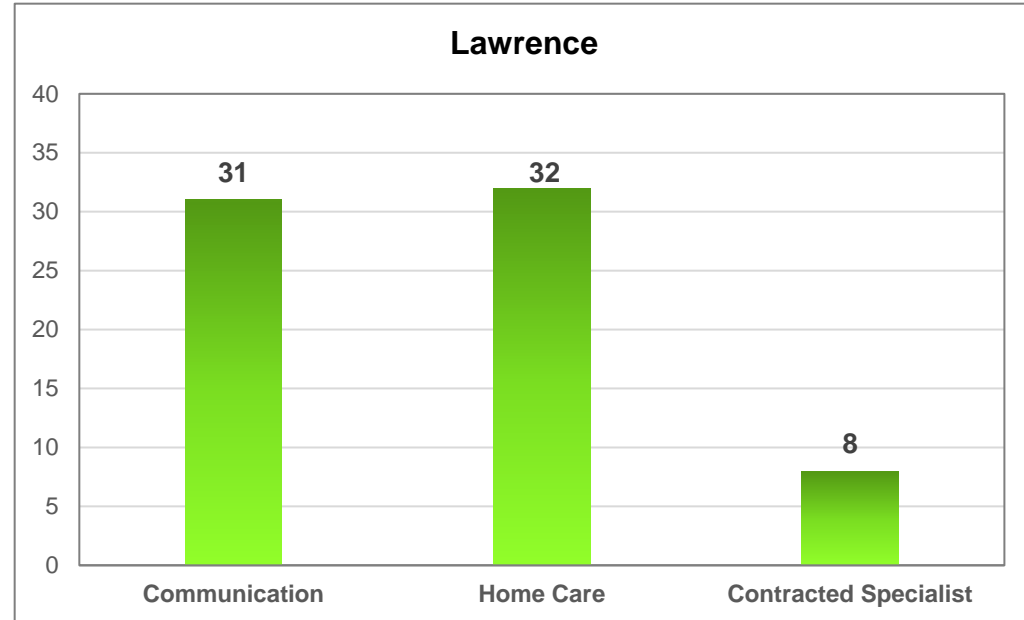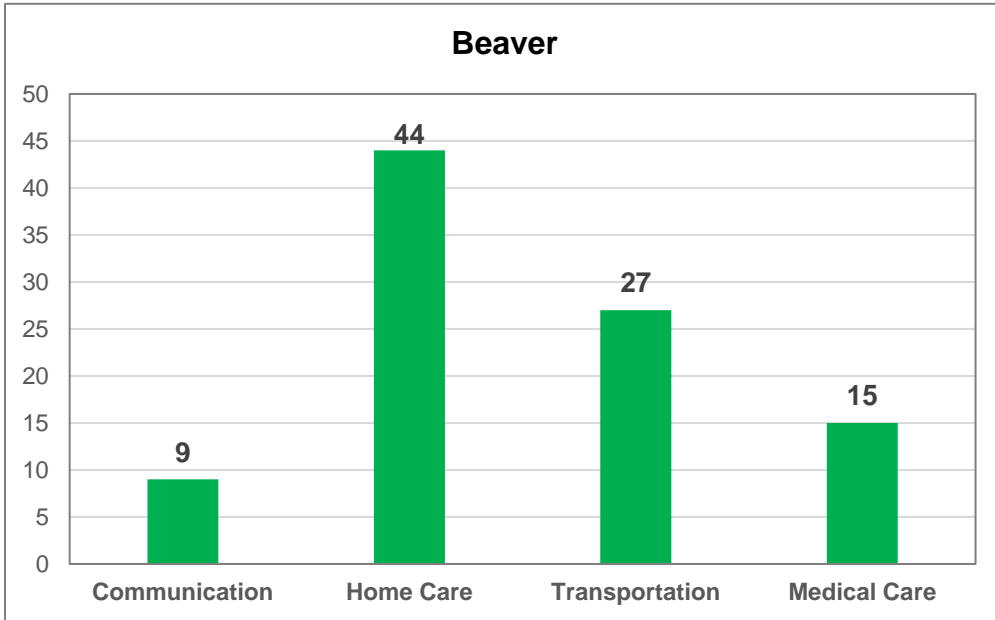## (July 1, 2022 – June 30, 2023)

FALL RATE

NPA Fall Benchmark

2.74 – 5.48 falls/1000 participant days

LIFE BEAVER FY2023 ANNUAL QI REPORT
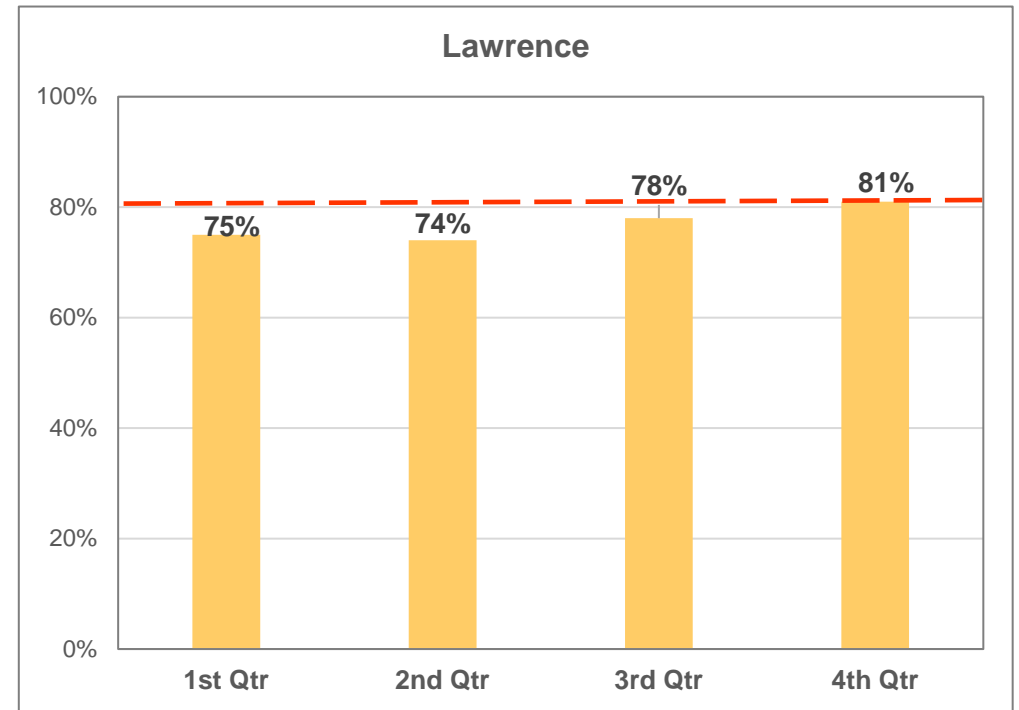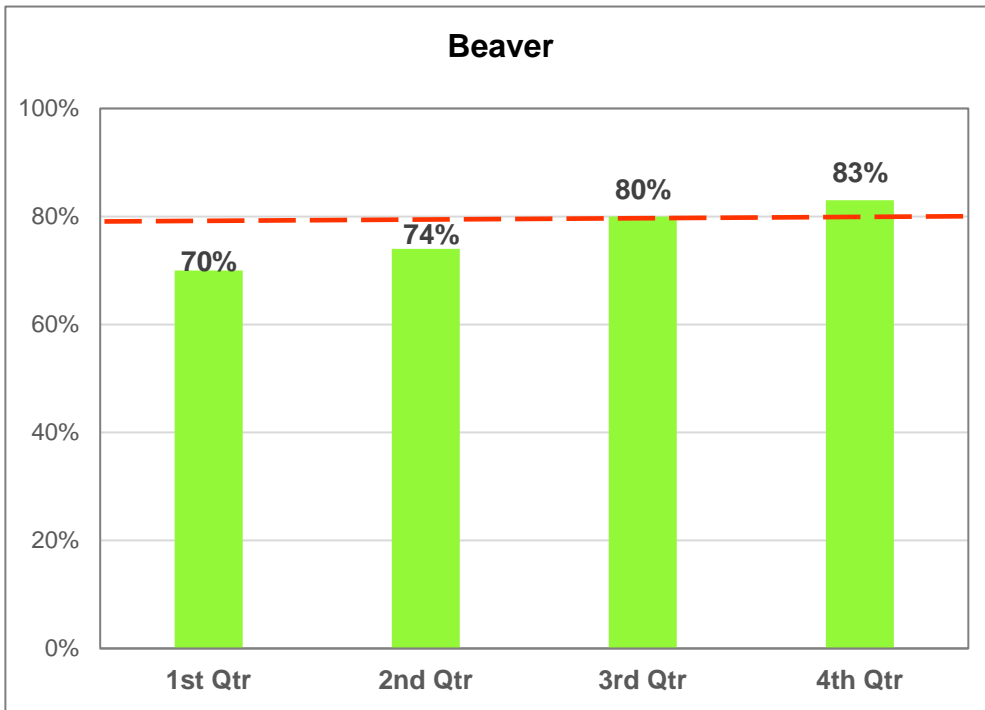**(July 1, 2022 – June 30, 2023)**

GRIEVANCES

LIFE BEAVER FY2023 ANNUAL QI REPORT
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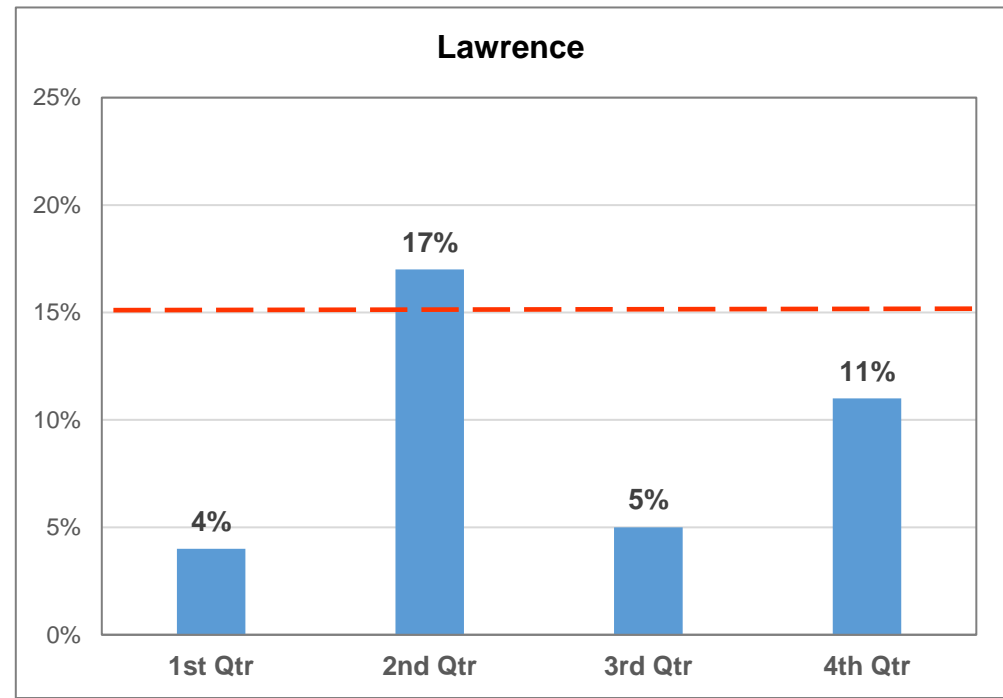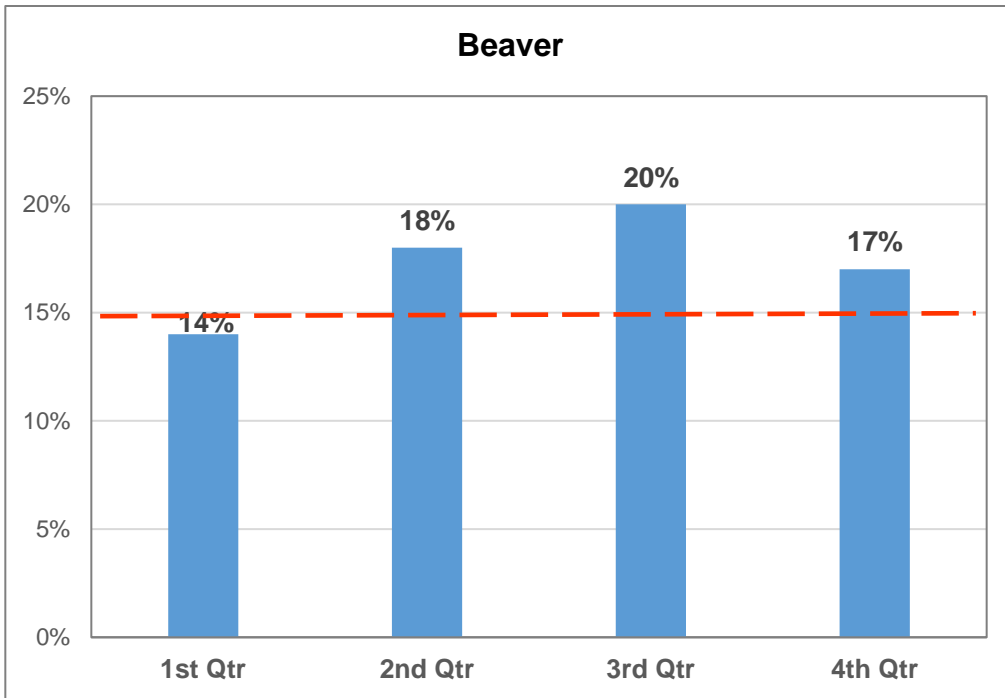## PNEUMOCCAL IMMUNIZATION

CMS Benchmark = 80%

LIFE BEAVER FY2023 ANNUAL QI REPORT
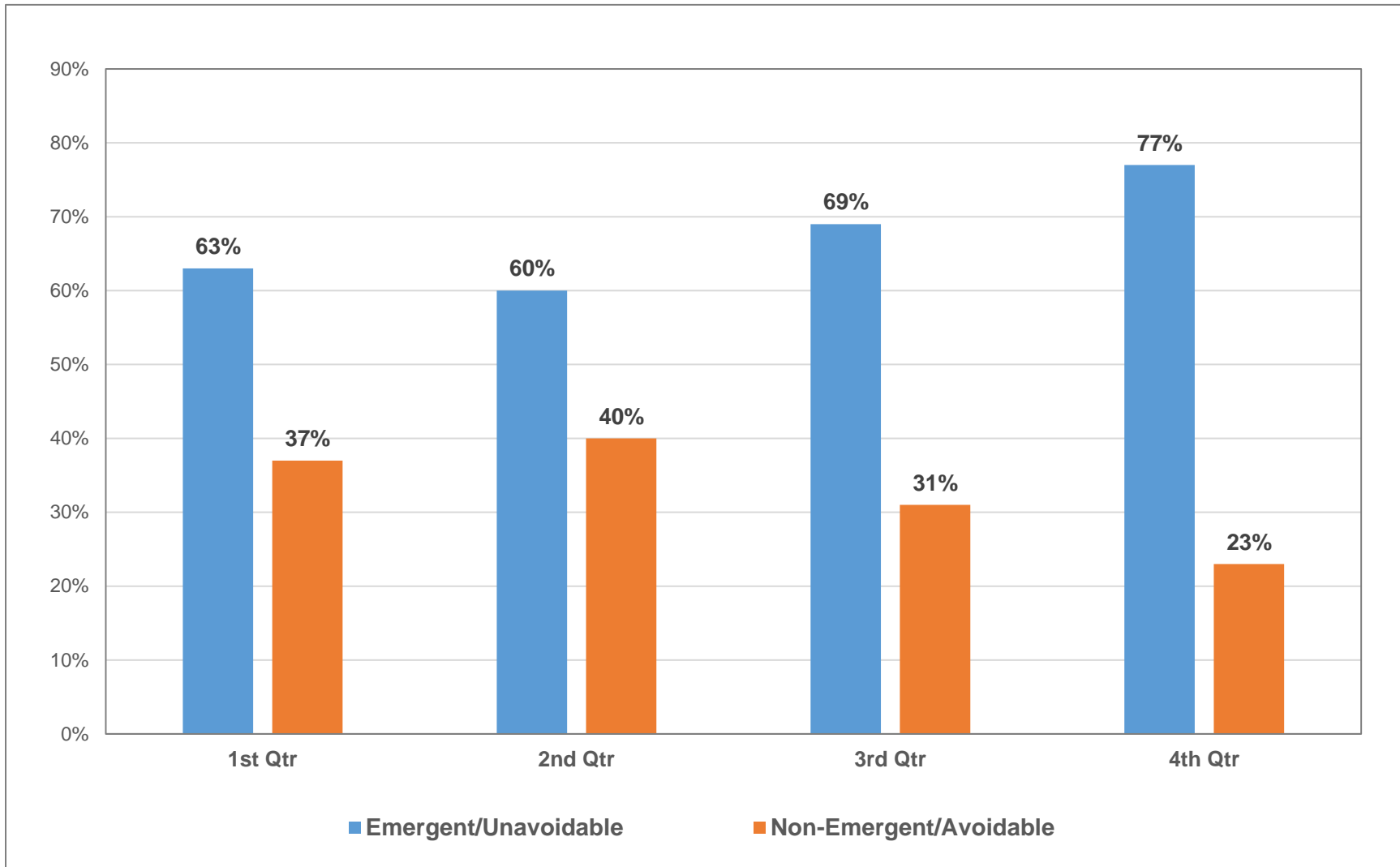## (July 1, 2022 – June 30, 2023)

HOSPITAL READMISSIONS

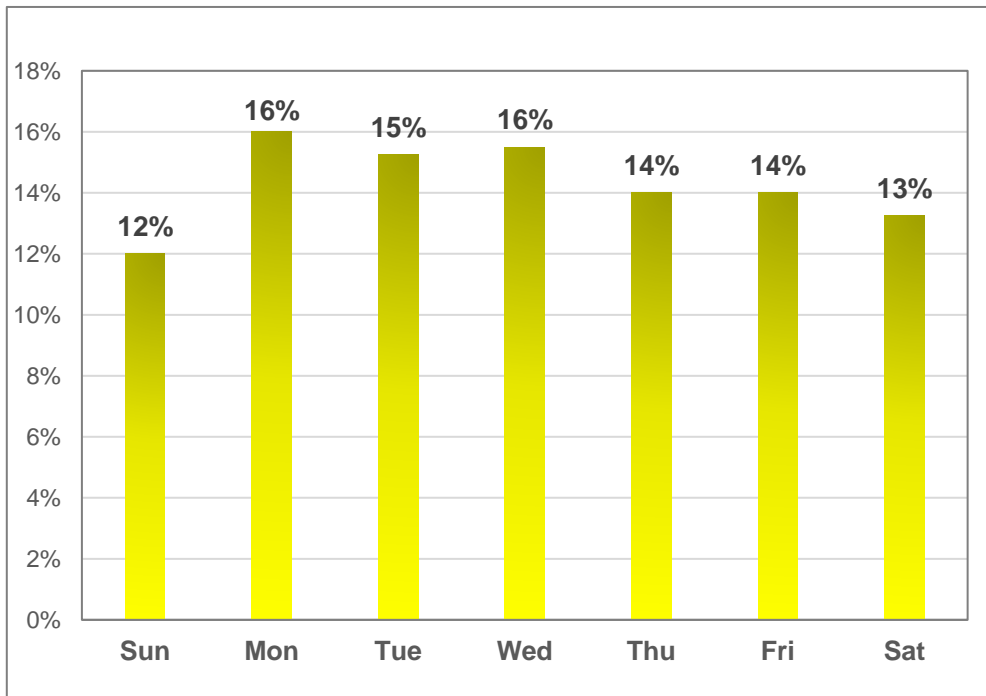## Target Readmission Rate = 15%

BEAVER ER VISITS: Emergent/Unavoidable vs Non-Emergent/Avoidable

LIFE BEAVER FY2023 ANNUAL QI REPORT
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BEAVER ER VISITS

DAY OF WEEK

Day	Percent
Sun	12%
Mon	16%
Tue	15%
Wed	16%
Thu	14%
Fri	14%
Sat	13%

TIME OF DAY

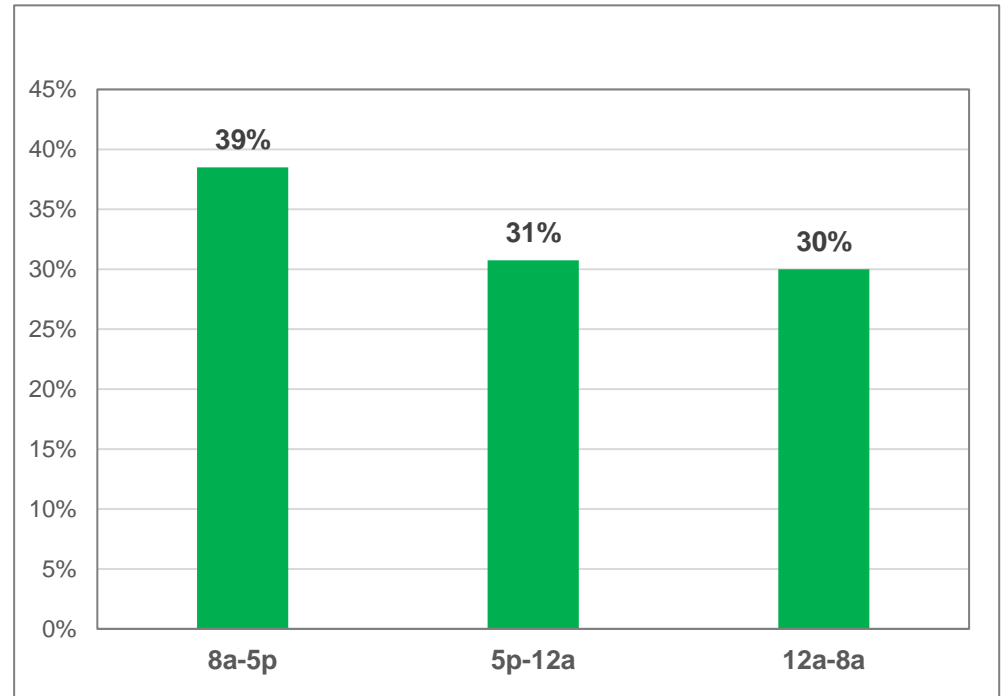| Time	Percent
8a-5p	39%
5p-12a	31%
12a-8a	30%

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BEAVER ER VISITS: TOP DIAGNOSES

LIFE BEAVER FY2023 ANNUAL QI REPORT
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LAWRENCE: Emergent/Unavoidable vs Non-Emergent/Avoidable

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LAWRENCE ER VISITS:
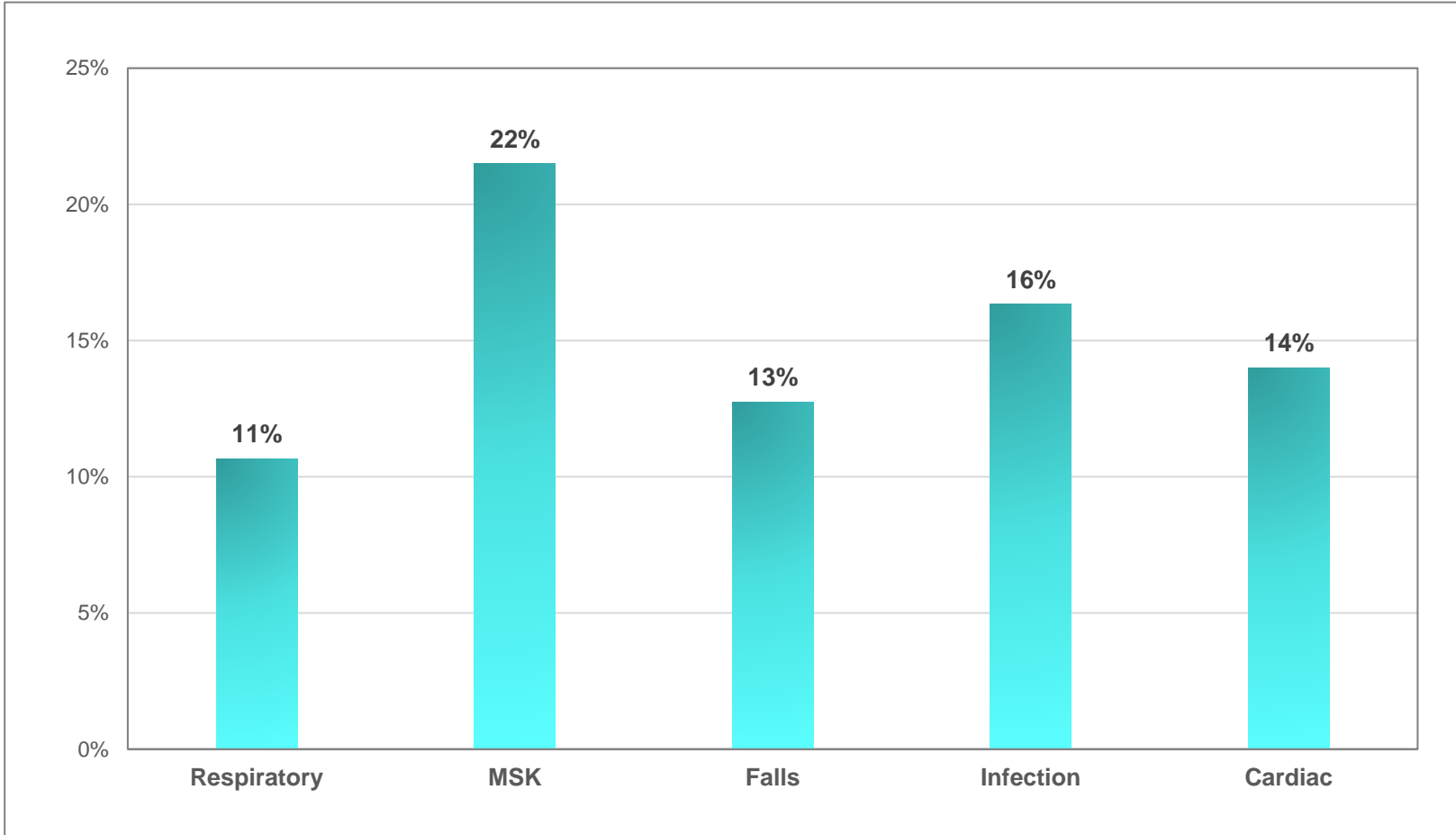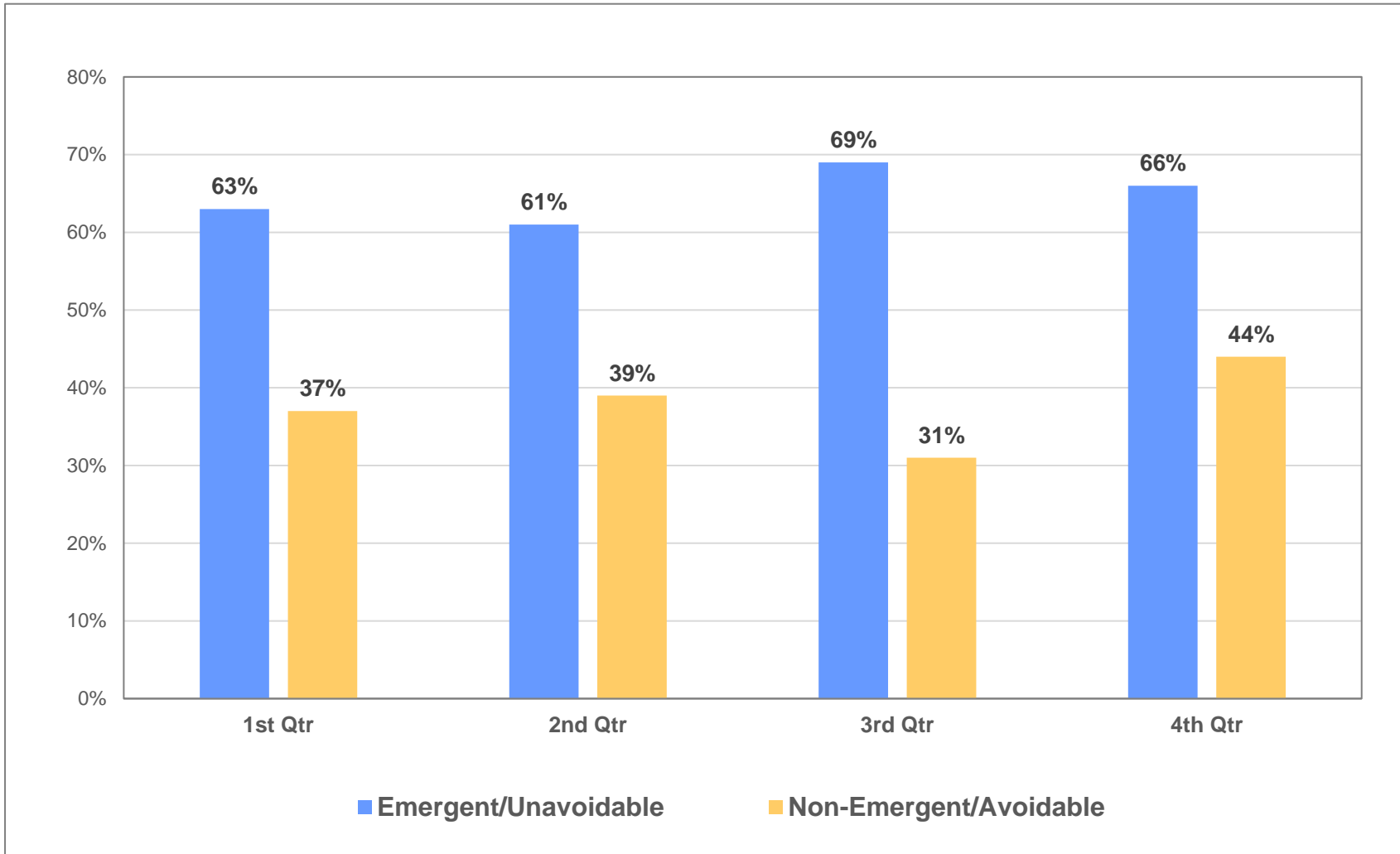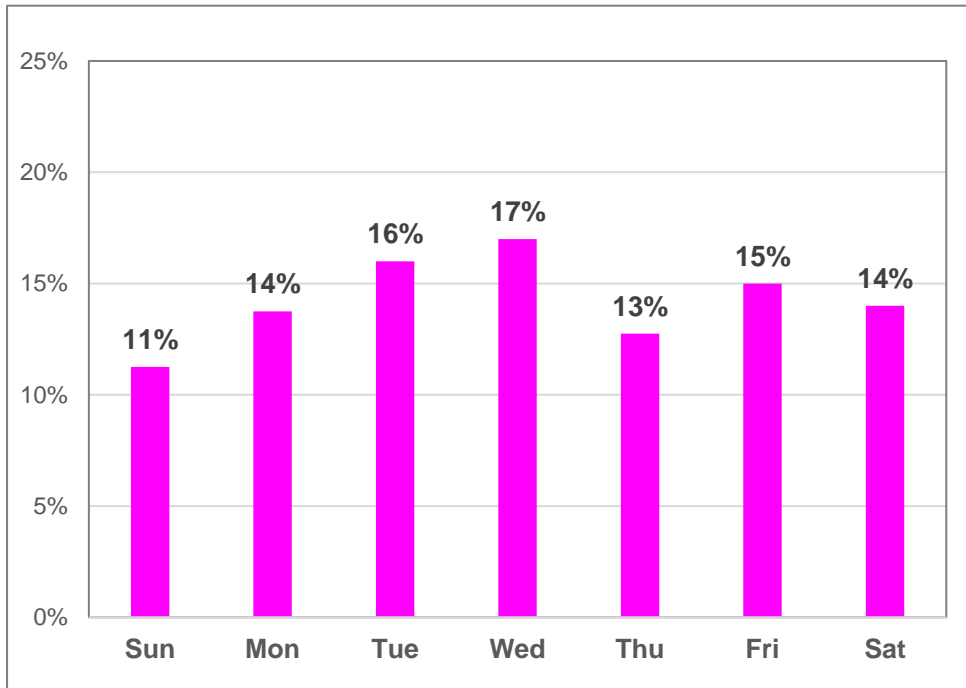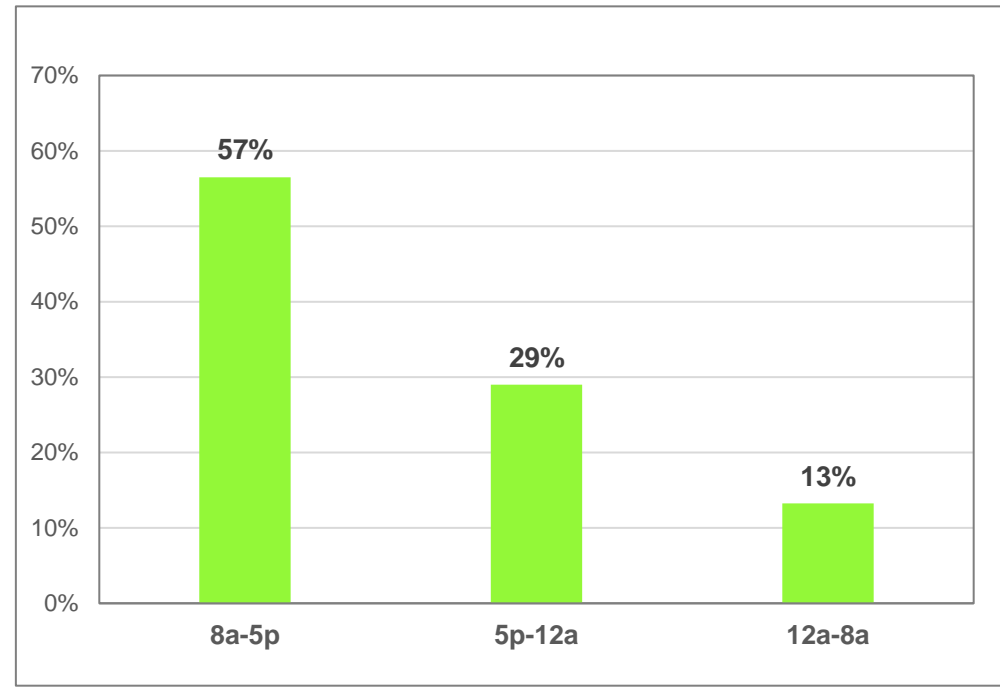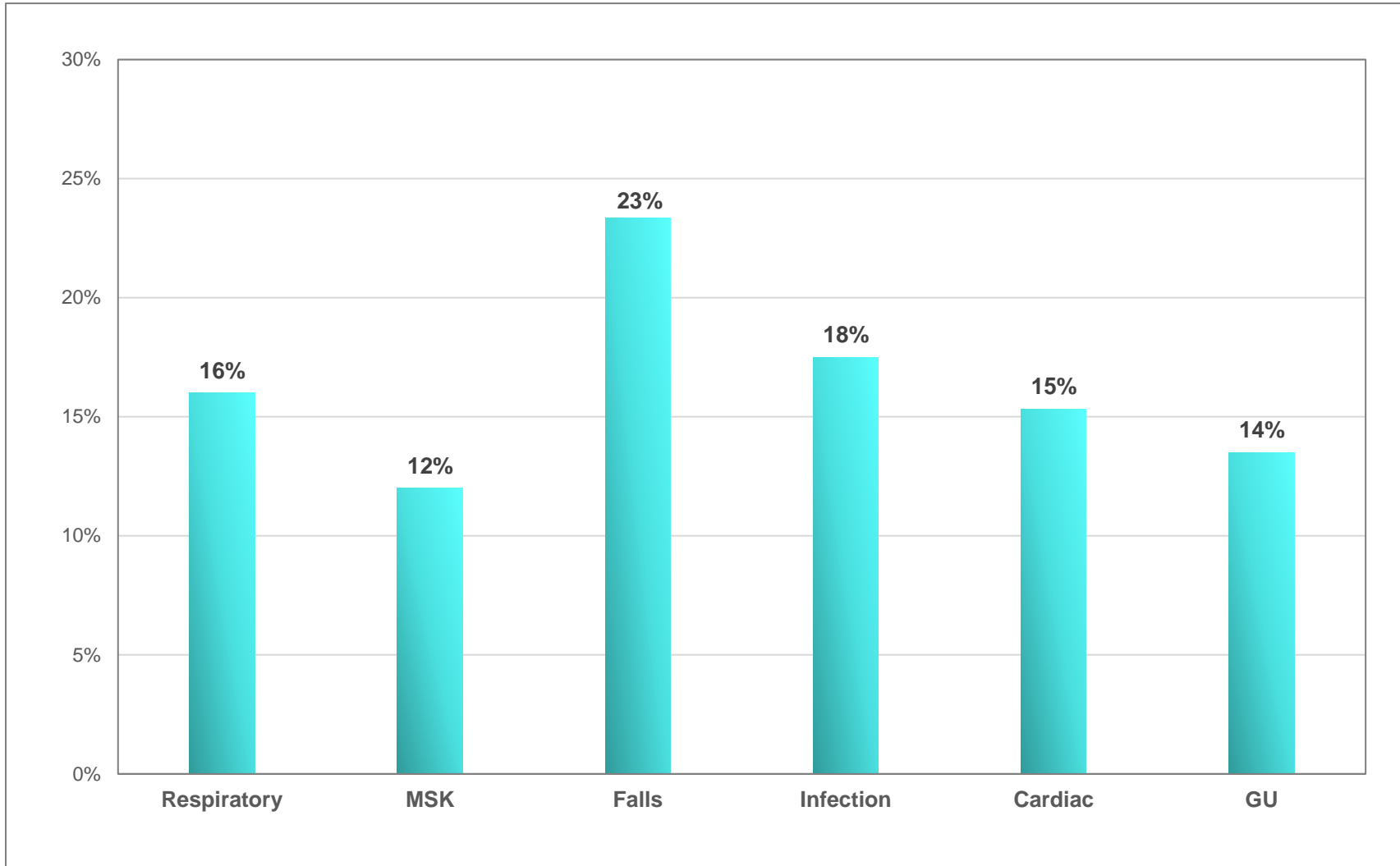
DAY OF WEEK

TIME OF DAY

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LAWRENCE ER VISITS: TOP DIAGNOSES

LIFE BEAVER FY2023 ANNUAL QI REPORT

(July 1, 2022 – June 30, 2023)

SUMMARY - BEAVER

In conclusion, this report discloses the LIFE Beaver County outcome measurements for the quality monitors identified in the FY2023 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 FY2023 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
- Hospitalizations
- Hospital Readmissions
- Pressure Ulcer Prevention
- Grievance Resolution
- Participant Weights
- Participant Fitness Programming
- Depression Screening – Enrollment & Annual

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 (Quarterly & Net)
- Fall Prevention
- Emergency Room Visits
- Pneumococcal & Influenza 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.

LIFE BEAVER FY2023 ANNUAL QI REPORT
(July 1, 2022 – June 30, 2023)

SUMMARY - LAWRENCE

In conclusion, this report discloses the LIFE Lawrence County outcome measurements for the quality monitors identified in the FY2023 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 FY2023 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
- Emergency Room Visits
- Hospital Readmissions
- Influenza Vaccinations
- Grievance Resolution
- Participant Weights
- Participant Fitness Programming
- Depression Screening – Enrollment & Annual

The following QI Initiatives did not meet the target goal during FY2023 and reveal opportunities for improvement in the upcoming fiscal year monitoring period:

- Enrollments (Quarterly & Net)
- Fall Prevention
- Pressure Ulcer Prevention
- Hospitalizations
- 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