

VieCare Butler, LLC.



Annual Quality Improvement Report

July 1, 2022 thru June 30, 2023

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

| CMS Required Quality Measures | | | | | | | |
|--|---|---|---------------------------|---------------------------|---------------------------|---------------------------|-------------------------------------|
| <i>Quality Indicator</i> | <i>Quality Objective/Rationale</i> | <i>Goal Benchmark</i> | <i>1st Qtr</i> | <i>2nd Qtr</i> | <i>3rd Qtr</i> | <i>4th Qtr</i> | <i>Goal Met/Not Met</i> |
| Enrollments | Identify patterns/trends in effectiveness of marketing strategies to maintain expected census. | Enrollment of 9 participants/quarter | 4 | 10 | 10 | 6 | Met 8 avg. |
| | | Net enrollment of 3 participants/quarter | -6 | -1 | 2 | 1 | Not Met -1 avg. |
| | LIFE Butler County enrolled 30 participants during FY2023. The program met its enrollment goal for 2 of the 4 quarters with an enrollment average of 8 participants per month. The goal to increase one participant in net enrollment per month was not met for all 4 quarters due to a significant number of participant deaths that occurred during the fiscal year. | | | | | | |
| | Achieve census at end of quarter that meets/exceeds budget benchmark. | Meet or exceed budget of 174 census | 169 | 166 | 166 | 163 | Not Met 166 Avg. 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. | | | | | | | |
| Disenrollments Voluntary | Review voluntary disenrollments determine effectiveness of strategies to reduce # of disenrollments | Voluntary disenrollments will not exceed 3% of the annual census (excluding deaths) | 0.1% | 0.8% | 0% | 1% | Met Avg. 0.5% for year |
| | <p>Ten (10) voluntary disenrollments occurred between July 1, 2022 and June 30, 2023. The quarterly voluntary disenrollment rates ranged from 0% to 1% and remained at or below the 3% target benchmark for all 4 quarters.</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>Reasons for disenrollment</p> <ul style="list-style-type: none"> • Chose to SNF as provider – 6 • Moved out of service area – 1 • Wanted to return to previous PCP – 3 <p>LIFE Butler County will continue to monitor this indicator during FY2024.</p> | | | | | | |

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| Deaths – End-of-Life Wishes | Participant end-of-life wishes are carried out according to advance directive and death occurred according to participant wishes. | 100% | 100% | 100% | 100% | 100% | Met |
| | <p>Thirty-five (35) deaths occurred between July 1, 2022 and June 30, 2023. Of those, 100% were per the participant’s wishes with 26% occurring in the home, 37% in the hospital, and 37% in the SNF.</p> <p>The FY2024 target for this measure will remain the same.</p> | | | | | | |
| Hospitalizations | 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 | 261 | 294 | 146 | 150 | Not Met 213 avg. for year |
| | <p>Hospital utilization was below the target benchmark for 2 of 4 quarters during the fiscal year. Significant participant comorbidities and high acuity levels of care contributed to lengthy hospital stays and not meeting the target rate during the 1st two quarters of the fiscal year.</p> <p>The FY 2024 target for this measure will remain the same.</p> | | | | | | |
| Readmissions within 30 Days | Identify improvement opportunities of treatment plan to prevent readmissions within 30 days of discharge. | Quarterly hospital readmission rate will not exceed 15% | 10% | 9% | 12% | 9% | Met 10% Avg. Qtr |
| | | Rolling 12-month hospital readmission rate will not exceed 15% | 15% | 14% | 14% | 10% | Met 13% Avg. Yr |
| | <p>Twelve (12) hospital readmissions occurred within 30 days of participant’s original admission during FY2023, which is 9 less than the previous fiscal year. None (0) had a diagnosis that was the same or related to the initial diagnosis. The quarterly readmission rate benchmark of 15% was met for all 4 quarters with an overall average rate of 10%. The average 12-month rolling readmission rate remained below the benchmark for all 4 quarters with an average rate of 13%.</p> <p>The FY 2024 target for this measure will remain the same.</p> | | | | | | |

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| <i>Quality Indicator</i> | <i>Quality Objective/Rationale</i> | <i>Goal Benchmark</i> | <i>1st Qtr</i> | <i>2nd Qtr</i> | <i>3rd Qtr</i> | <i>4th Qtr</i> | <i>Goal Met/ Not Met</i> | | | | | | | | | | | | | | | | |
| Emergency Room Visits | Participants who present to ER for services & are treated & released following evaluation / treatment | Outpatient ER visits/ 1000/Annum: 350 | 266 | 235 | 217 | 203 | Met 230 avg. for year | | | | | | | | | | | | | | | | |
| | LIFE Butler County participants utilized hospital emergency room services 232 times between July 1, 2022 and June 30, 2023. The ER visit rate remained below the target goal all four quarters; with an average rate of 230 for the fiscal year. The internal goal of 30% or less of ER visits deemed non-emergent/emergent-avoidable by the LIFE physician/clinical staff was met for 1 of the 4 quarters with an average of 38%, which is above the 30% benchmark. The majority of visits occurred during M-F and during the hours of 8am-5pm with the top three diagnoses listed below. No patterns or trends noted. The FY2024 target for this measure will remain the same. | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">ER Visits</th> <th colspan="2">Average for FY 2023</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Day of Week</td> <td>M-F</td> <td>73%</td> <td rowspan="5" style="text-align: center; vertical-align: middle;"> Top 3 Diagnoses Falls 23% Musculoskeletal 21% Infection 17% </td> </tr> <tr> <td>Sa-Su</td> <td>27%</td> </tr> <tr> <td rowspan="3">Time of Day</td> <td>8a-5p</td> <td>46%</td> </tr> <tr> <td>5p-12a</td> <td>38%</td> </tr> <tr> <td>12a-8a</td> <td>14%</td> </tr> </tbody> </table> | | ER Visits | | Average for FY 2023 | | Day of Week | M-F | 73% | Top 3 Diagnoses Falls 23% Musculoskeletal 21% Infection 17% | Sa-Su | 27% | Time of Day | 8a-5p | 46% | 5p-12a | 38% | 12a-8a | 14% | | | | |
| ER Visits | | Average for FY 2023 | | | | | | | | | | | | | | | | | | | | | |
| Day of Week | M-F | 73% | Top 3 Diagnoses Falls 23% Musculoskeletal 21% Infection 17% | | | | | | | | | | | | | | | | | | | | |
| | Sa-Su | 27% | | | | | | | | | | | | | | | | | | | | | |
| Time of Day | 8a-5p | 46% | | | | | | | | | | | | | | | | | | | | | |
| | 5p-12a | 38% | | | | | | | | | | | | | | | | | | | | | |
| | 12a-8a | 14% | | | | | | | | | | | | | | | | | | | | | |
| 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 or agree</i> overall rating | Participant | 75% | Not Met | | | | | | | | | | | | | | | | | | |
| | | | Family/ Caregiver | 67% | Not Met | | | | | | | | | | | | | | | | | | |
| | | 75% or greater <i>Would Recommend</i> | Participant | 67% | Not Met | | | | | | | | | | | | | | | | | | |
| | | | Family/ Caregiver | 71% | Not Met | | | | | | | | | | | | | | | | | | |
| | LIFE Butler County identifies the participant & family/caregiver level of satisfaction relevant to specific care areas, as well as the program in general. The benchmark for participant satisfaction was achieved but not for the family/caregiver satisfaction for FY2023. 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 FY2024 target for this measure will remain the same. | | | | | | | | | | | | | | | | | | | | | | |

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| 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 |
| | LIFE Butler County received 57 grievances during FY2023 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 (42%) and Home Care (12%) were the largest areas reported. There was 1 appeal during the fiscal year that was rule in LIFE's favor. | | | | | | |
| 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. | 4.5 | 5.6 | 5.6 | 5.9 | Not Met Avg. 5.5 for year |
| | Life Butler County's nosocomial pressure wound rate remained below the target threshold for 1 of the 4 quarters during FY2023 with an overall average rate of 5.5; which exceeds the benchmark goal. Participant declining health with pressure ulcer's developing during end-of-life care contributed to not meeting the benchmark during the 2 nd -4 th quarters. The FY 2024 target for this measure will remain the same. | | | | | | |
| Infection Control | Review all treated infections for trends and/or patterns. | Number of Infections | 1st Qtr | 2nd Qtr | 3rd Qtr | 4th Qtr | Total # Infections |
| | | Reporting purposes only | 73 | 77 | 102 | 86 | 338 |
| | No patterns or trends were identified in the 338 infections that were reported during FY2023. The top 3 infections treated were: 1. Urinary tract infections (UTI): 97 (29%) 2. Skin/Wound: 66 (20%) 3. COVID-19: 29 (9%) This quality indicator will be included in the FY2024 QI Plan. | | | | | | |

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| Routine Immunizations Pneumococcal | Number of participants receiving pneumococcal vaccine compared to number of eligible participants accepting offer to be vaccinated. | 80% CMS | 89% | 90% | 89% | 85% | Met Avg. 88% for year |
| | <p>The pneumococcal immunization benchmark was achieved for all 4 quarters during the fiscal year. Quarterly measurements ranged from a low of 85% to a high of 90% with an overall immunization rate of 82%; which exceeds the CMS 80% benchmark.</p> <p>11 eligible LIFE Armstrong participants refused the vaccine despite receiving additional education & physician and nurse counseling during each 6-month reassessment and 7 participants did not have immunization status documented. Clinic processes are were revised and implemented that contributed to increased compliance, which resulted in exceeding the benchmark goal for FY2023.</p> <p>LIFE Butler County clinical staff will continue to educate participants on the importance of pneumococcal vaccination upon enrollment and during each physician reassessment.</p> <p>This quality indicator will be included in the FY2024 QI Plan.</p> | | | | | | |
| Routine Immunizations Influenza | Promote participant well-being & reduce risk of infectious influenza outbreak among participants. | CMS Benchmark 80% | 2020-2021 | 2021-2022 | 2022-2023 | Avg. | |
| | | | 91% | 84% | Met 83% | 86% | |
| <p>At the conclusion of the 2022-2023 influenza vaccination campaign; LIFE Butler County achieved an 83% 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 5 campaign years.</p> <p>LIFE Butler 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.</p> | | | | | | | |

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| 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 | 3.8 | 5.6 | 5.0 | 7.3 | Met Avg. 5.4 for year |
| | <p>LIFE Butler County’s participant falls numbered 321 for the 2023 fiscal year; which is 39 more 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 5.4 falls/1000 participant days; which is within the benchmark parameters.</p> <p>LIFE Butler County 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.</p> <p>This quality indicator will be included in the FY2024 QI Plan.</p> | | | | | | |
| Falls - Resulting in Participant Injury | 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% | 10% | 7% | 4% | Met Avg. 7% for year |
| | <p>Of the 382 falls that occurred during the fiscal year:</p> <ul style="list-style-type: none"> • 268 (70%) resulted in “No Injury” • 100 (26%) resulted in a “Minor” Injury • 21 (5%) were classified as a Level III, IV and V injury • No participant deaths were reported as a result of a fall <p>Overall for FY2023, the combined Level III, IV and V severity of injury classifications were 7%; which is below the benchmark for this indicator and the target rate was achieved for 3 of the 4 quarters throughout the fiscal year. This quality indicator will be included in the FY2024 QI Plan.</p> | | | | | | |

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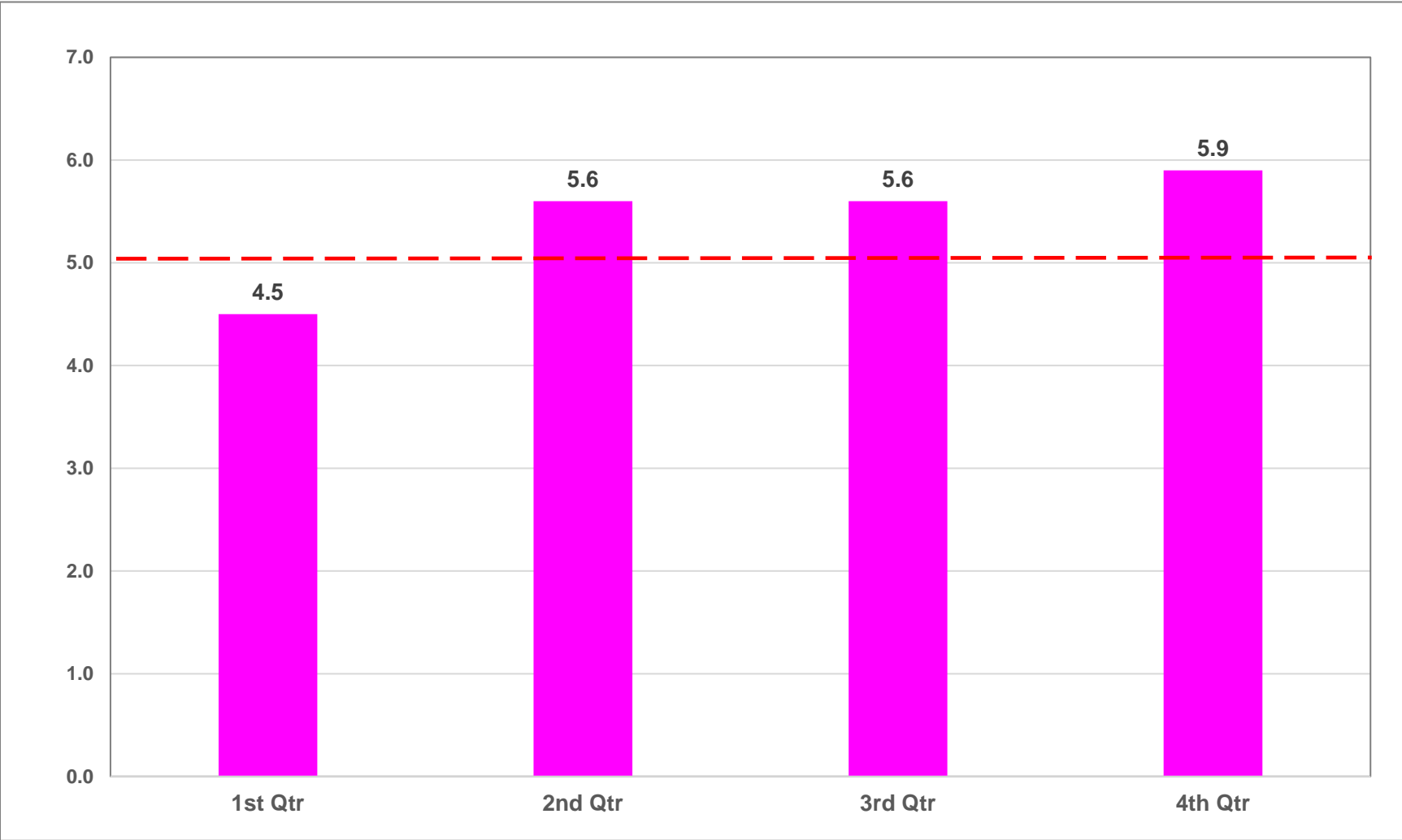
| DEPARTMENTAL QUALITY MEASURES | | | | | | | |
|---|---|-----------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------------|
| <i>Quality Indicator</i> | <i>Quality Objective/Rationale</i> | <i>Goal Benchmark</i> | <i>1st Qtr</i> | <i>2nd Qtr</i> | <i>3rd Qtr</i> | <i>4th Qtr</i> | <i>Goal Met/Not Met</i> |
| Nutritional Services Participant Weights | Monitor until weight status has been maintained or improved for 6 months. | 50% | 79% | 57% | 61% | 80% | Met 70% Avg. for year |
| | <p>The number of LIFE Butler County participants that maintained or gained weight during each quarterly review period exceeded the 50% target goal for all 4 quarters during FY2023. 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 FY2024 QI Plan due to the significant impact to participants</p> | | | | | | |
| <i>Quality Indicator</i> | <i>Quality Objective/Rationale</i> | <i>Goal Benchmark</i> | <i>1st Qtr</i> | <i>2nd Qtr</i> | <i>3rd Qtr</i> | <i>4th Qtr</i> | <i>Goal Met/Not Met</i> |
| Recreation LIFE in Motion | Participants will exercise 30 minutes each day at Center to promote optimal physical fitness and well-being. | 70% | 78% | 79% | 75% | 80% | Met 78% Avg for year |
| | <p>LIFE Butler County monitor results revealed that on average participants exercised for 30 minutes each day while at the center 78% of the time; which exceeds the benchmark parameter of 70%. The target goal was exceeded for all 4 quarters during the fiscal year.</p> <p>The LIFE Butler County Recreation Department strongly encourages participants on a regular basis & participate in either formal exercise, walking or active games. Recreation staff continue to utilize different music, programs, new equipment, as well as an incentive program to encourage physical activity. In addition, a collaborative restorative program with physical therapy continues to walk appropriate participants to increase exercise.</p> <p>This quality indicator will continue to be included in the FY2024 QI Plan.</p> | | | | | | |

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| DEPARTMENTAL QUALITY MEASURES | | | | | | | |
|---|---|-----------------------|---------------------------|---------------------------|---------------------------|---------------------------|--|
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| Social Services Depression Screening (PHQ-9) | Enrollment: Participants will be assessed for depression using the PHQ-9 screening tool by day 30 after enrollment. | 100% | 100% | 100% | 100% | 100% | Met 100% |
| | Annual: Participants will be assessed for depression using the PHQ-9 screening tool within 12 months of enrollment. | 100% | 100% | 100% | 100% | 100% | Met 100% |
| | <p>LIFE Butler social workers achieved and sustained 100% compliance for screening each new participant upon enrollment in the LIFE program and current participants annually.</p> <p>This monitor was revised during the 4th quarter and for FY2024 the PHQ-9 scores will be tracked with the goal of 100% of those scoring 10 or more (indicating high depression) have appropriate services in place.</p> | | | | | | |
| Human Resources Relias Training | All Relias trainings will be completed by LIFE Armstrong staff by the end of the month due. | 100% | 94% | 95% | 89% | 91% | Not Met 92% Avg. for year |
| | <p>LIFE Butler County’s overall average performance rate for FY2023 was 92%, 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.</p> <p>This monitor will continue during FY2024.</p> | | | | | | |

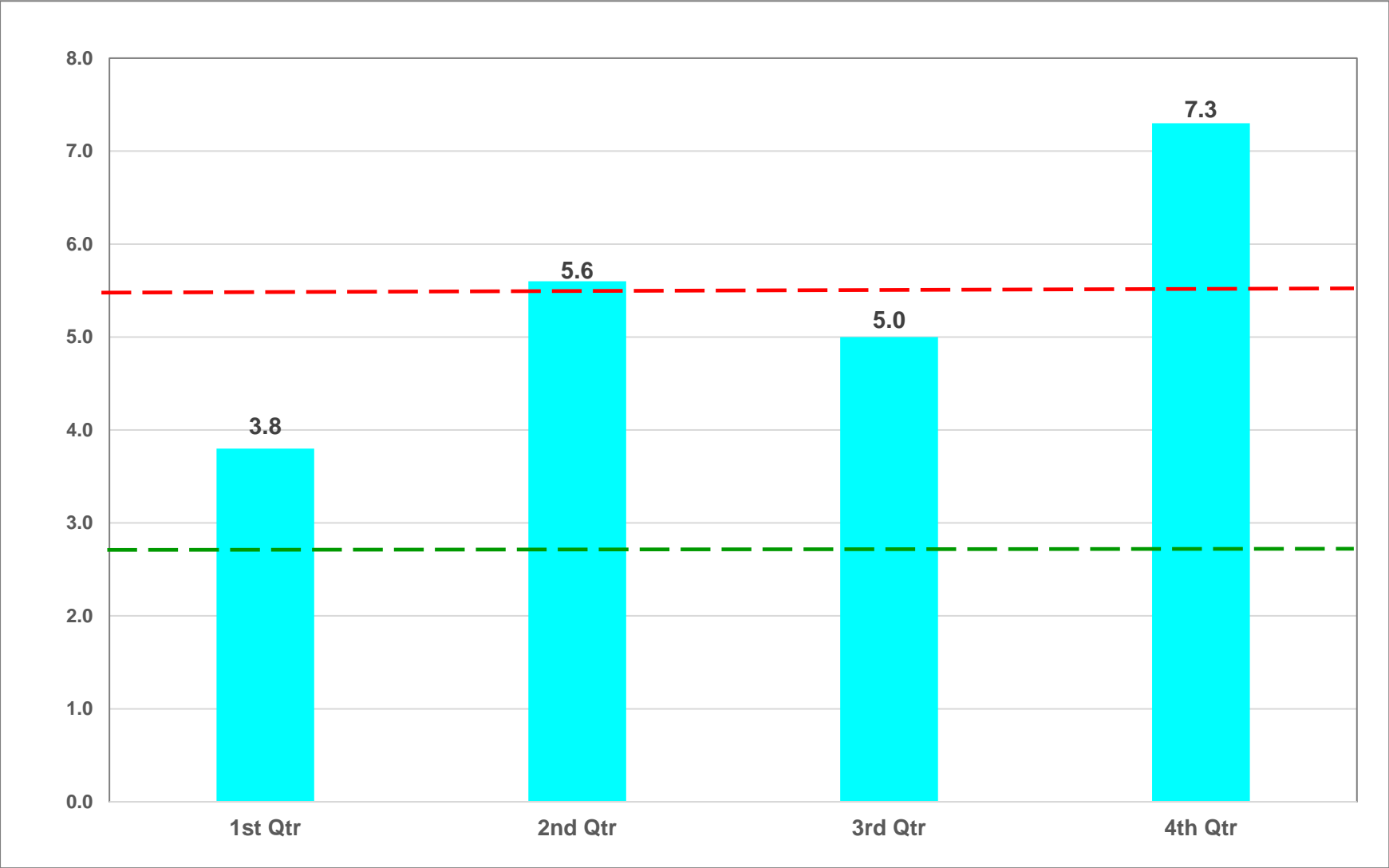
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PRESSURE WOUNDS-NOSOCOMIAL



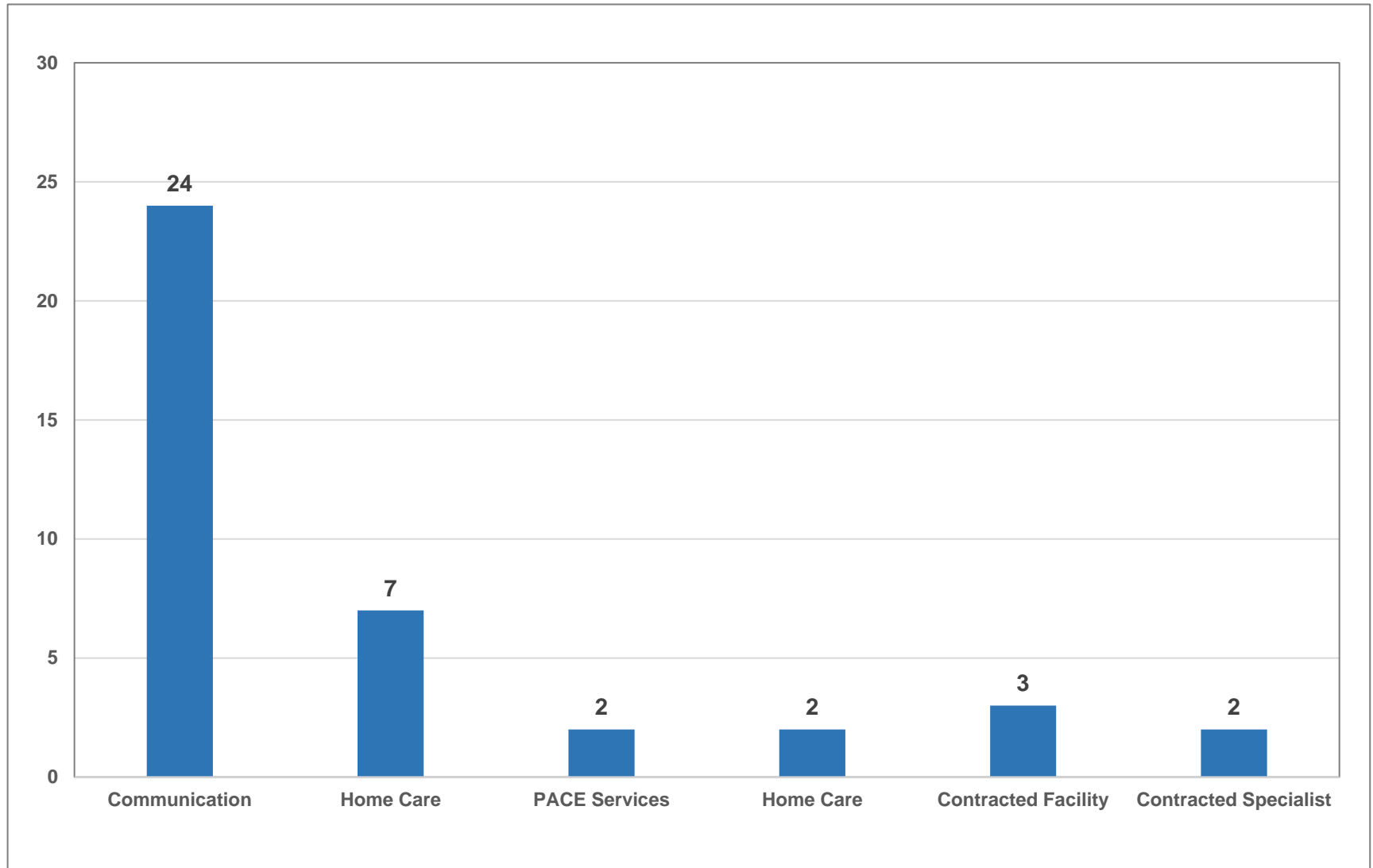
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FALL RATE



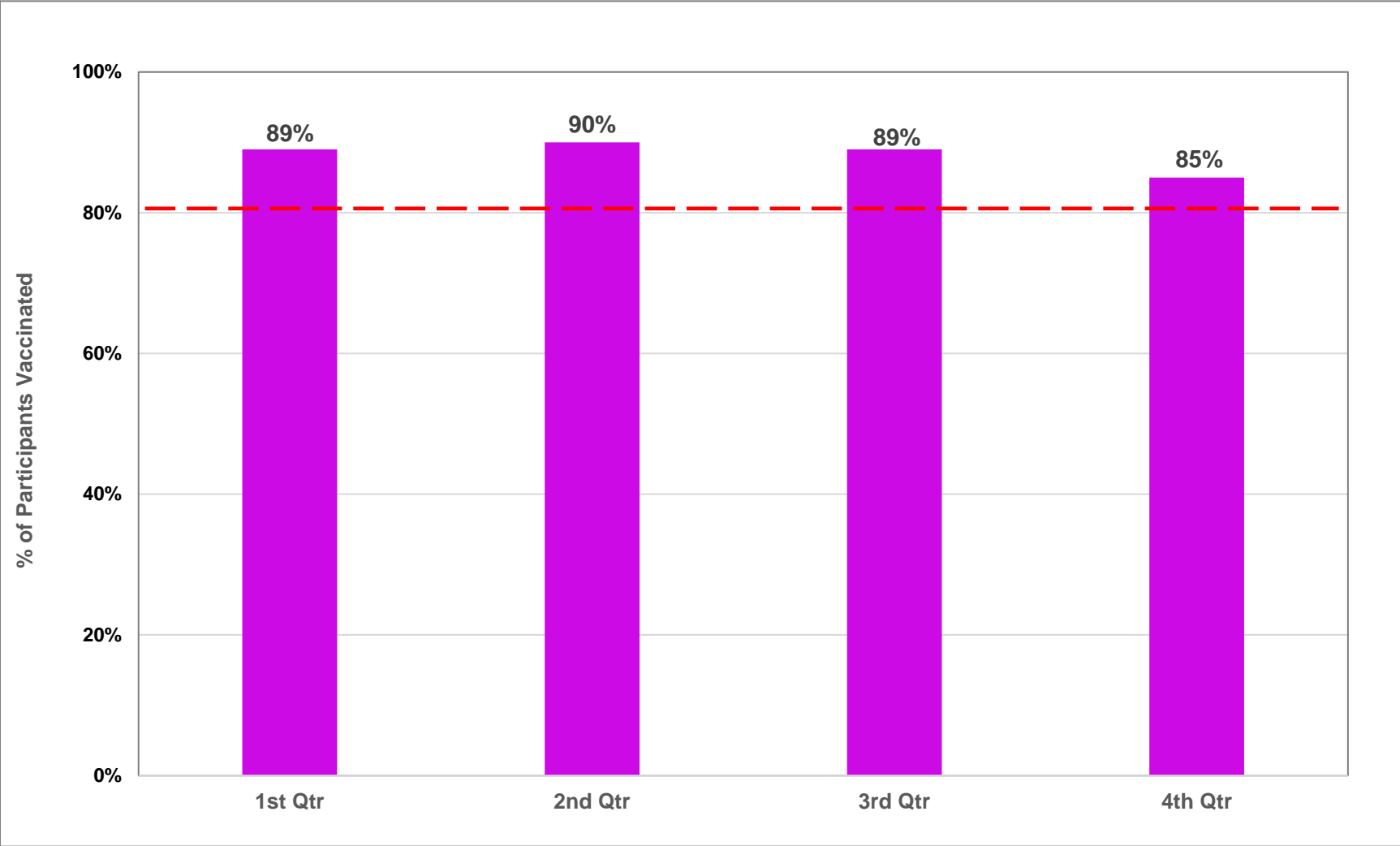
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GRIEVANCES



**LIFE Butler FY 2023 ANNUAL QI REPORT
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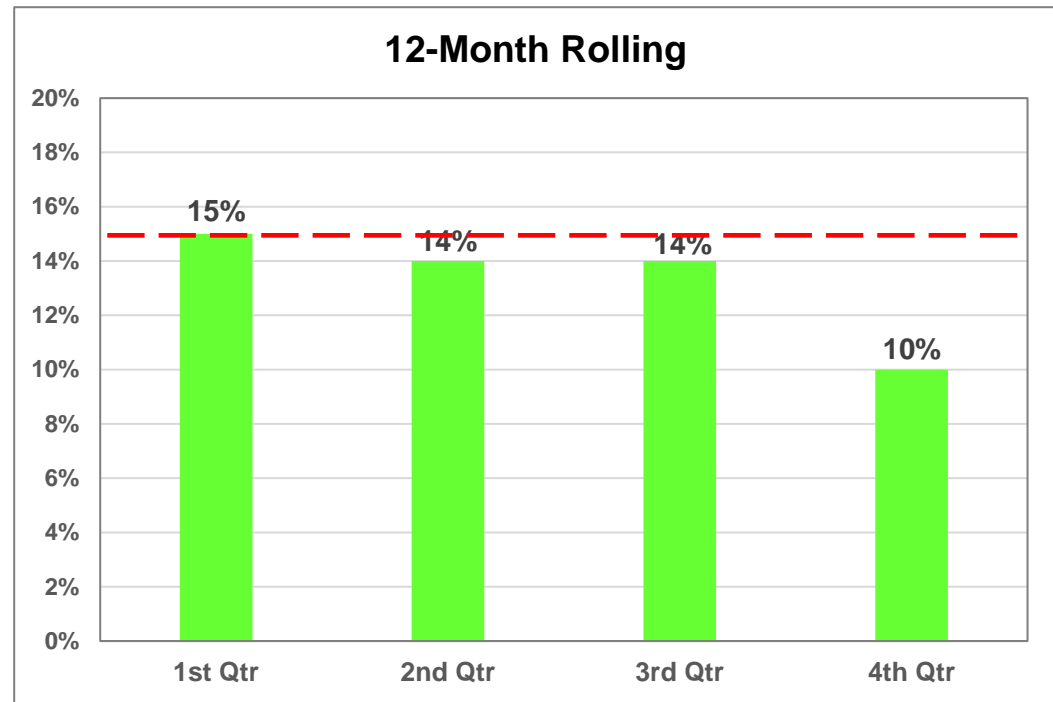
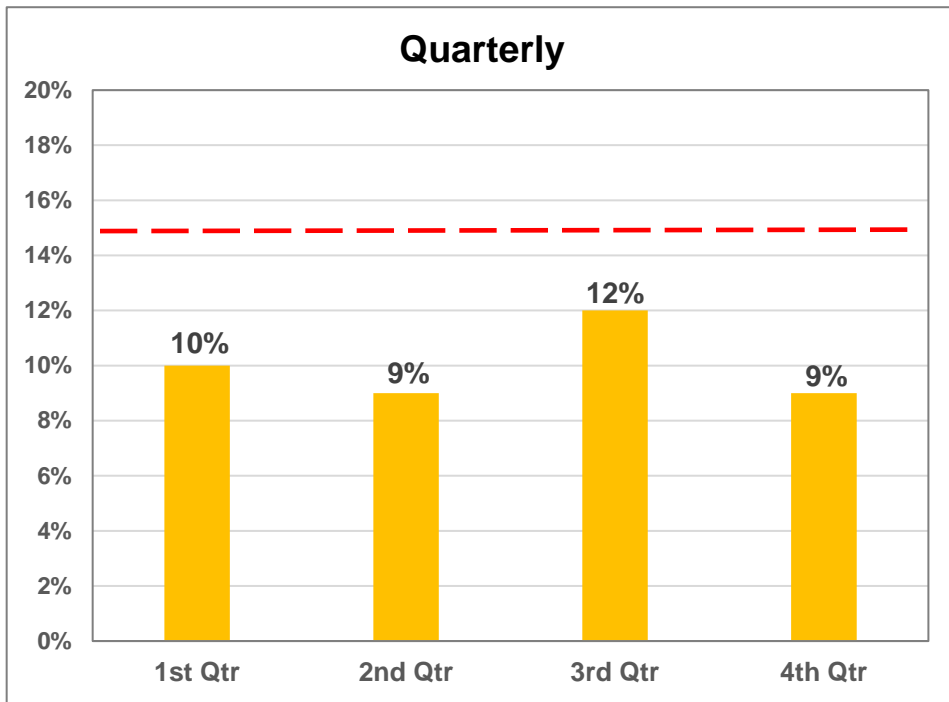
PNEUMOCCAL VACCINATION



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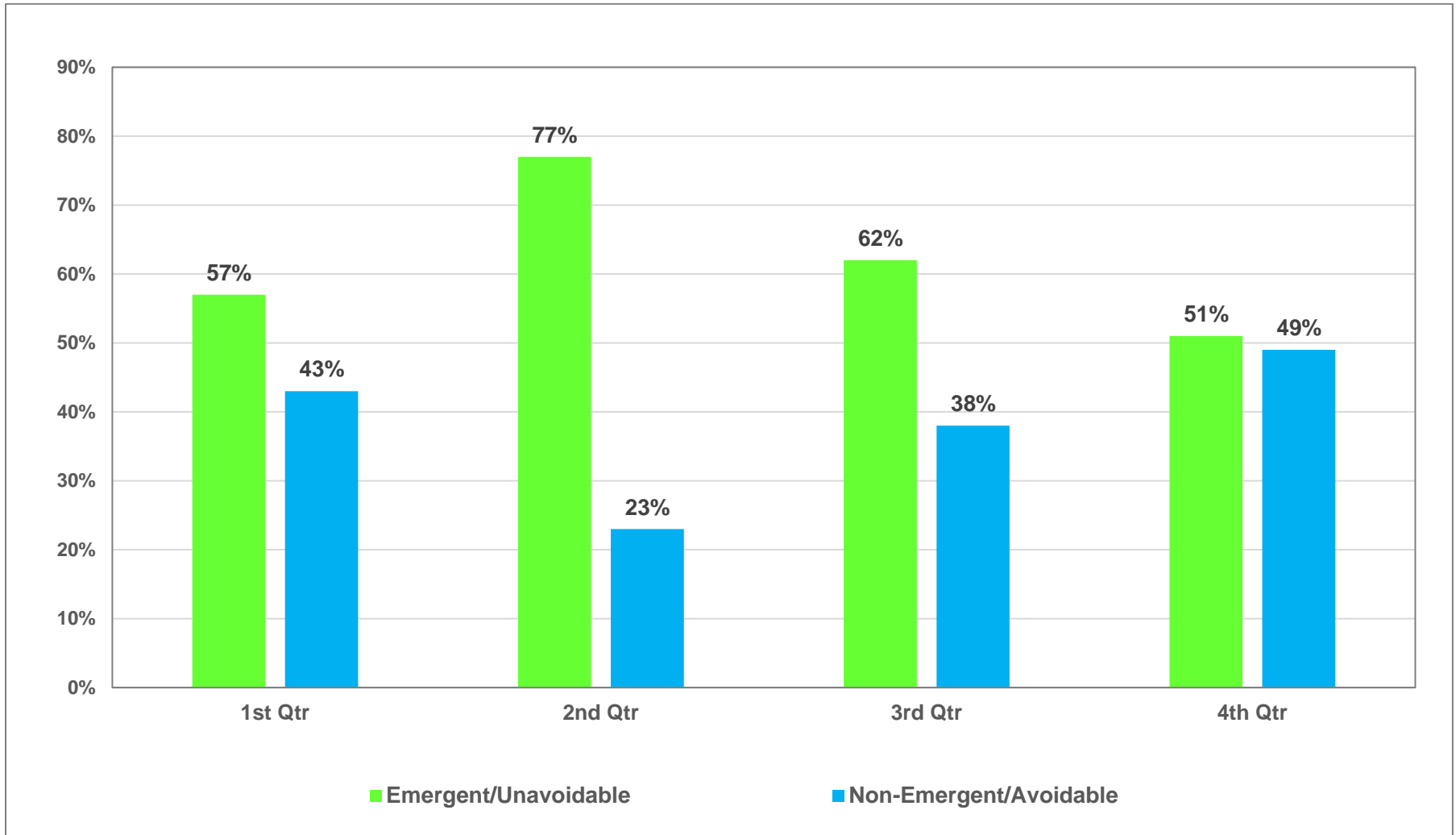
HOSPITAL READMISSIONS

BENCHMARK = 15%



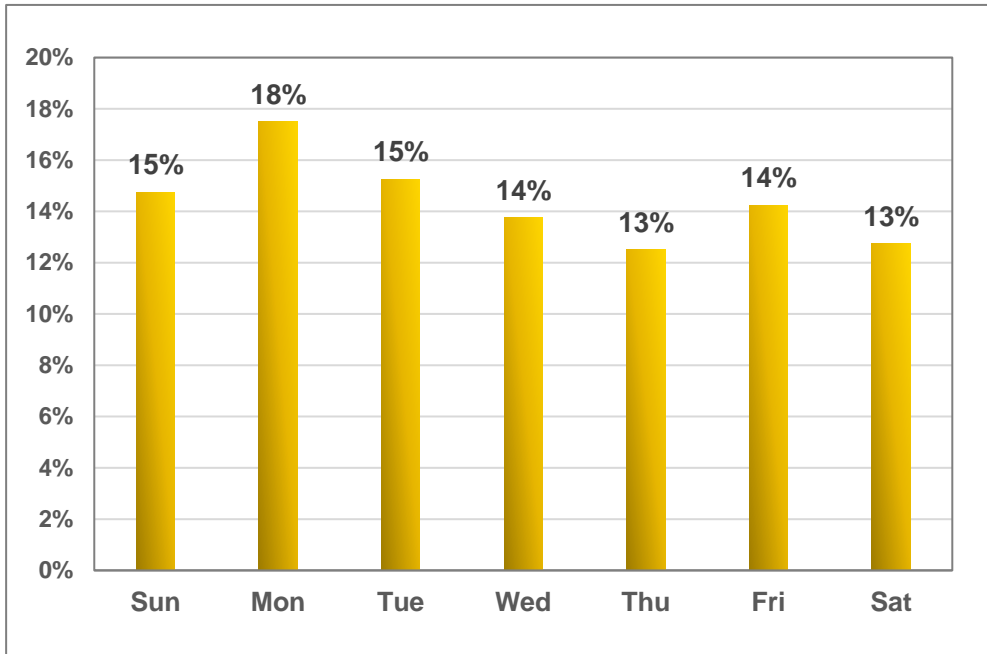
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ER VISITS – Non-Emergent/Avoidable vs Emergent/Unavoidable

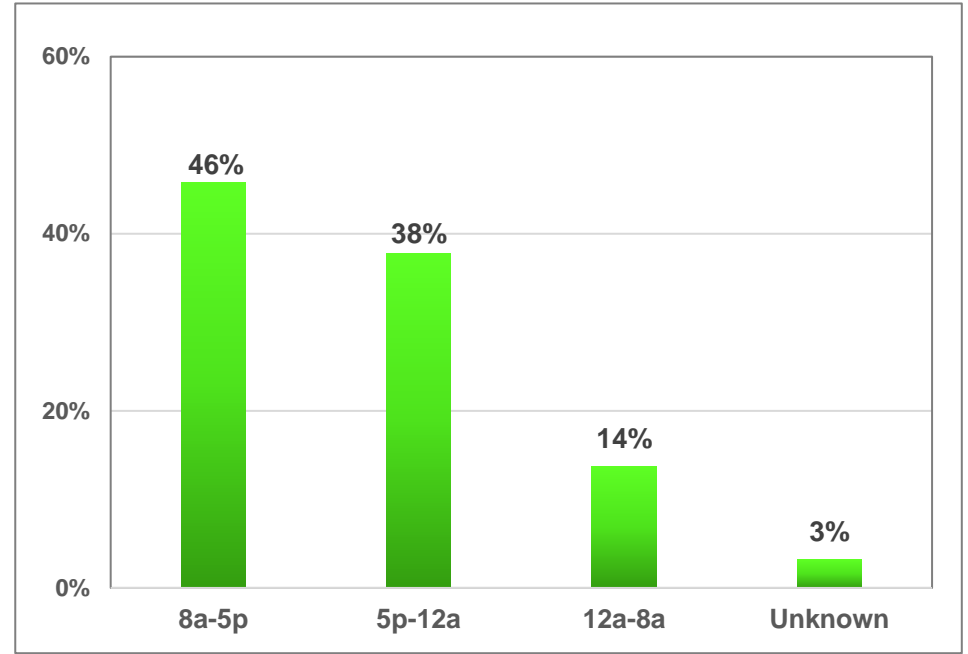


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ER VISITS – DAY OF WEEK

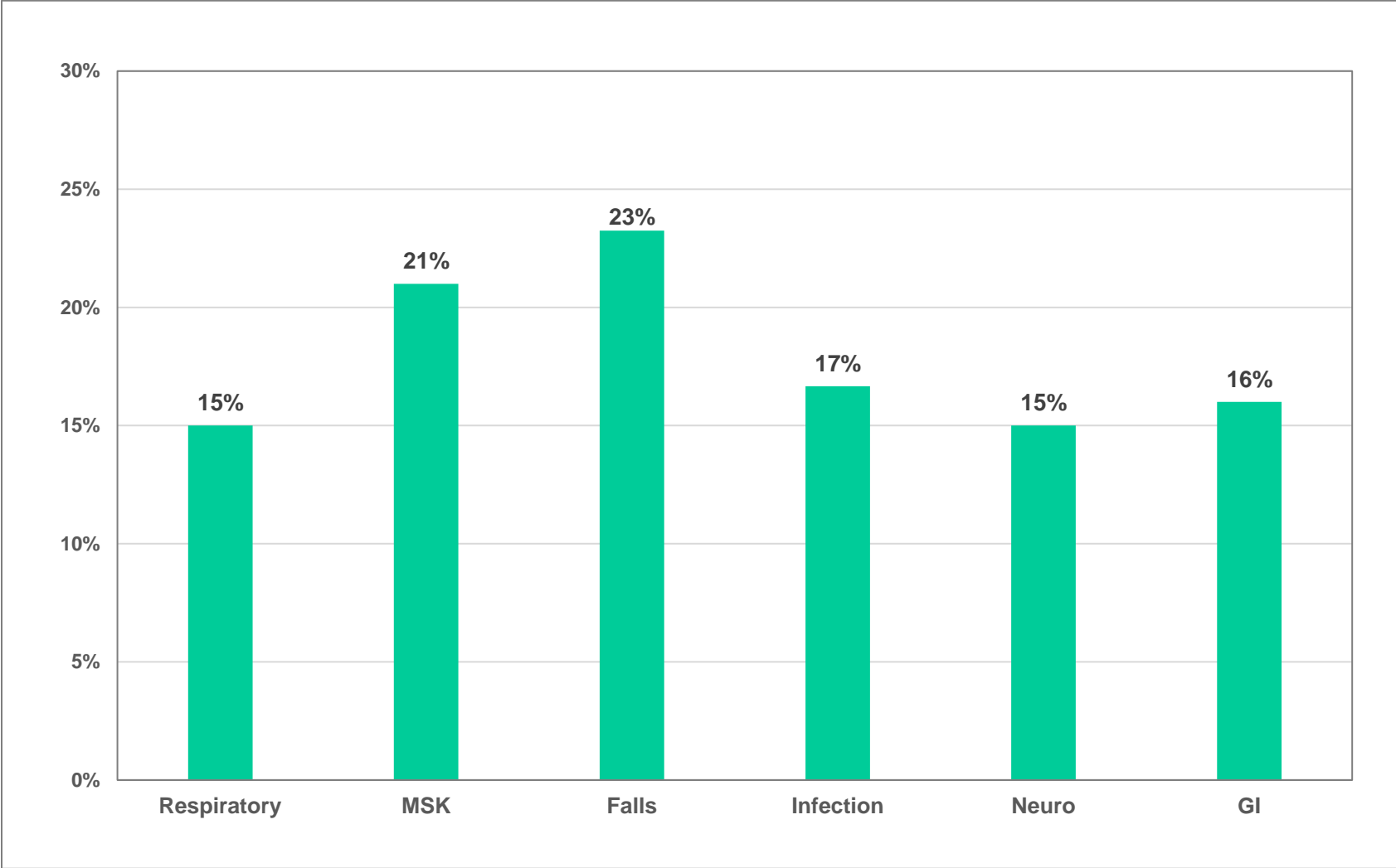


ER VISITS – TIME OF DAY



**LIFE Butler FY 2023 ANNUAL QI REPORT
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ER VISITS – DIAGNOSES



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SUMMARY

In conclusion, this report discloses the LIFE Butler 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
- Enrollments
- Voluntary Disenrollments
- Emergency Room Visits
- Hospital Readmissions
- 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 2023 and reveal opportunities for improvement in the upcoming fiscal year monitoring period:

- Enrollments (Net & Census)
- Pressure Ulcer Prevention
- Hospitalizations
- 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