

Pittsburgh Care Partnership, Inc.  
Community LIFE  
Quality Management Report  
2022

**Mission:**

Community LIFE is a Program of All-Inclusive Care for the Elderly, committed to enabling frail, older adults to remain at home while preserving their dignity, independence and quality of life.

**Background:**

Community LIFE is a not-for-profit, integrated, full-risk, social-managed care plan. It provides a full range of health care services for participants eligible under Medicare, Medicaid or both. Community LIFE provides services from the eight health centers located in Homestead, McKeesport, Tarentum, Lower Burrell, Bedford, Rostraver, Somerset and Wilksburg. In addition to comprehensive medical coverage and prescription services, Community LIFE provides preventive, social and support services with a goal to enhance the ability of participants to manage their health and stay independent.

The care of the participant is managed daily by a team of professionals, including primary care providers, registered and licensed practical nurses, social workers, dietitians, recreational and rehabilitation therapists, nursing aides and other support staff, such as drivers. The team, along with the participant and his/her loved one, develops a plan of care supporting the participant's wishes and goals of remaining at home with access to needed services.

**Quality Management:**

Community LIFE strives to create a culture that embraces quality and process improvement as opportunities for growth, achievement, collaboration, innovation and ownership.

In 2022 our mitigation on the pandemic continued. The most notable accomplishments of 2022 are:

- Implemented a Falls reduction best practice at all centers. Ok leave as it is
- Achieved 95% overall recommendation score and 93% overall satisfaction on annual participant survey.
- Reopened Day centers fully while assuring staff safety and participants
- Continued with analysis of Emergency Department Best Practice
- Complete Office of Long Term Living (OLTL) survey audit.

The following report provides a detailed explanation of 2022 quality initiatives.

**Census:**

Goals

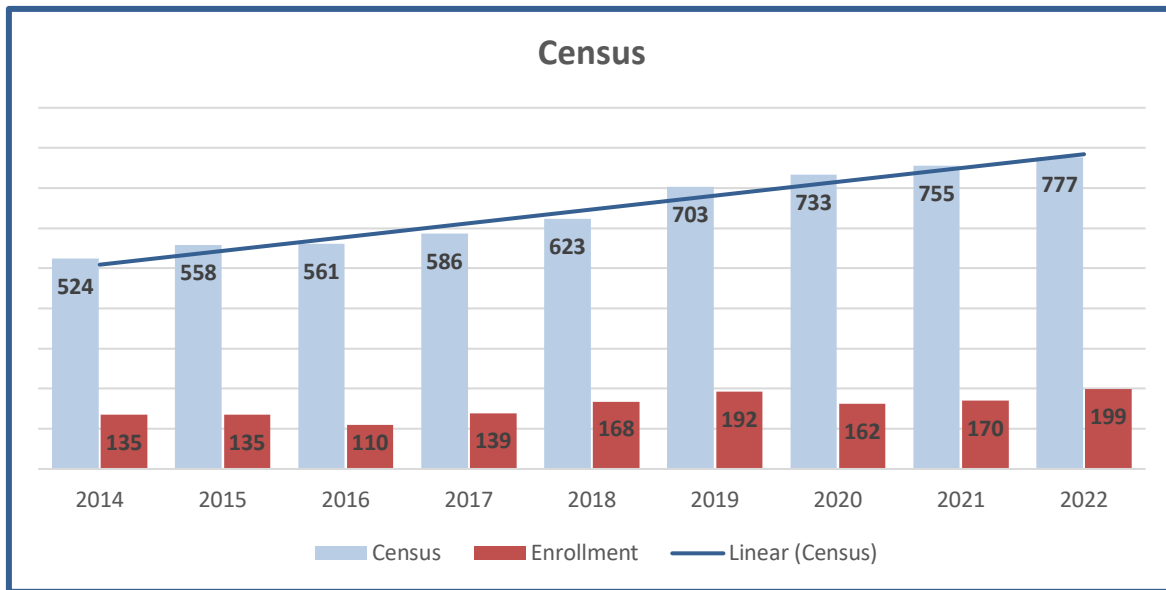
- Achieve budgeted census of 777.

Outcomes

- The overall census for Community LIFE grew by 3%, from 755 in 2021 to 777 in 2022.
- In 2022, Community LIFE had a total of 199 enrollments, or approximately 49 enrollments per quarter, and a continued net census of 22. In 2022, there were 118 deaths at annual rate of 12.37% as compared to 9.97% in the previous year. Disenrollments decreased from 55 (6.09%) to 50 (5.24%).

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	2014	2015	2016	2017	2018	2019	2020	2021	2022
Census	524	558	561	586	623	703	733	755	777
Enrollment	135	135	110	139	168	192	162	170	199



**Satisfaction:**

**Goals**

- Achieve overall satisfaction summary score of 93% using the vital research (ISAT) instrument.
- Achieve overall recommendation of 96%.
- Voluntary disenrollment not to exceed internal benchmark of 1.25% per quarter or 5% annually.
- Track and trend grievances and identify opportunities for improvement.
- Assure all grievances are addressed to the satisfaction of the participant in the required timeline.

**Outcomes**

- Overall Satisfaction for 2022 was 93% as compared to 92% in 2021. This is comparable to the external benchmark of 88.6%. In 2022, 95% of the participants would recommend Community LIFE, which increased from 92% in 2021 and is comparable the external benchmark of 91.4%.
- In 2022, annual voluntary disenrollment was 5.24% as compared to 6.09% in 2021.
- In 2022, the total number of disenrollments were 50. Of those, 19 moved out of the service area, 2 were dissatisfied with services, 3 returned to their previous provider, 2 avoided the financial

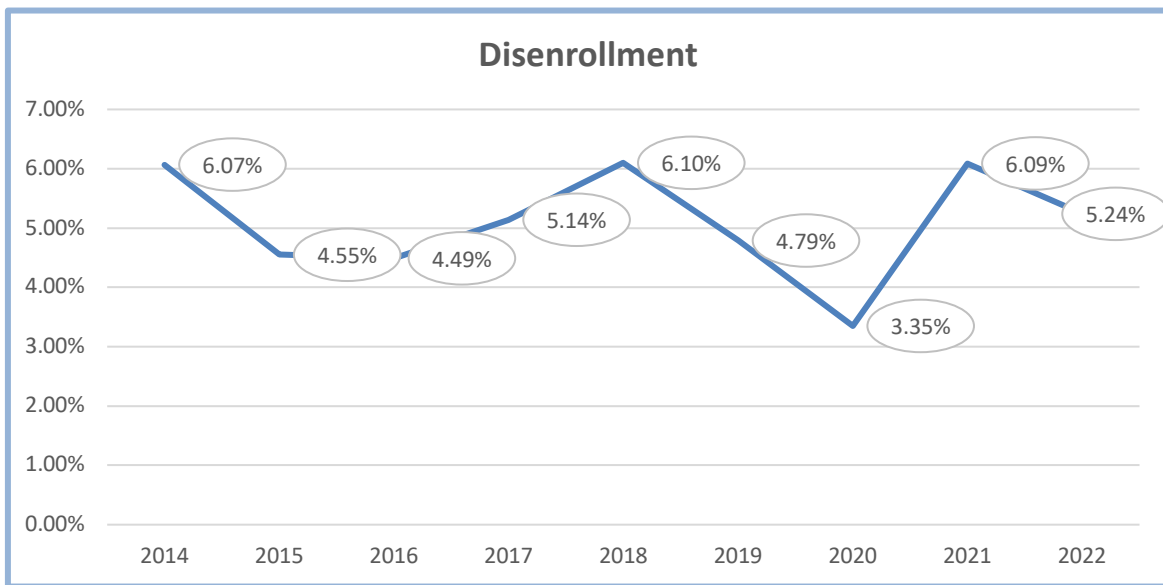
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cost share, 1 was unwilling to comply with treatment plan, 9 were miscellaneous reasons such as transferred to group/personal care home and wants to manage own care and 14 disenrolled to join other programs such as CHC and or waiver.

- Total number of grievances in 2022 was 558, which is comparable to 469 in the previous year. Of the total 21.6% were Home Care related, 20.6% were related to communication, 10.2% were dissatisfied with medical care, 9.8% had concerns with transportation and 19.7% were concerned with outside providers and contractors. The remainder were for various other reasons. Overall contractor grievances have increased from 104 in 2021 to 110. This increase is mainly attributed to grievances at dental facilities.

Satisfaction	2014	2015	2016	2017	2018	2019	2020	2021	2022	Internal Benchmark	National Benchmark
Recommendation	97%	98%	99%	98%	98%	97%	95%	92%	95%	96%	91.40%
Overall Summary Score	93%	91%	90%	93%	91%	88%	91%	92%	93%	93%	88.60%

Disenrollment	2014	2015	2016	2017	2018	2019	2020	2021	2022	Internal Benchmark	PA Benchmark
Rate	6.07%	4.55%	4.49%	5.14%	6.10%	4.79%	3.35%	6.09%	5.24%	3.20%	8.80%



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Disenrollment Reasons	2016	2017	2018	2019	2020	2021	2022
Out of Network/Moved Out of Service Area	10	11	20	16	17	33	33
Dissatisfied	3	1	4	6	5	2	2
Returned to Previous Provider	0	0	2	1	1	2	3
Other	9	10	13	10	6	18	12
No longer meets eligibility	8	7	6	6	0	0	0
<b>Total</b>	<b>30</b>	<b>29</b>	<b>45</b>	<b>39</b>	<b>29</b>	<b>55</b>	<b>50</b>

**Utilization Management:**

Goals

- To assure participants receive appropriate level of care as determined by the Interdisciplinary Team and to bring effective and efficient care to our participants.
- Achieve hospital days per 1000 members per year to  $\leq 2,712$ .
- Achieve admissions per member per year  $\leq 0.39$ .
- Achieve ER visits (rolling) per member per month  $\leq 0.66$ .

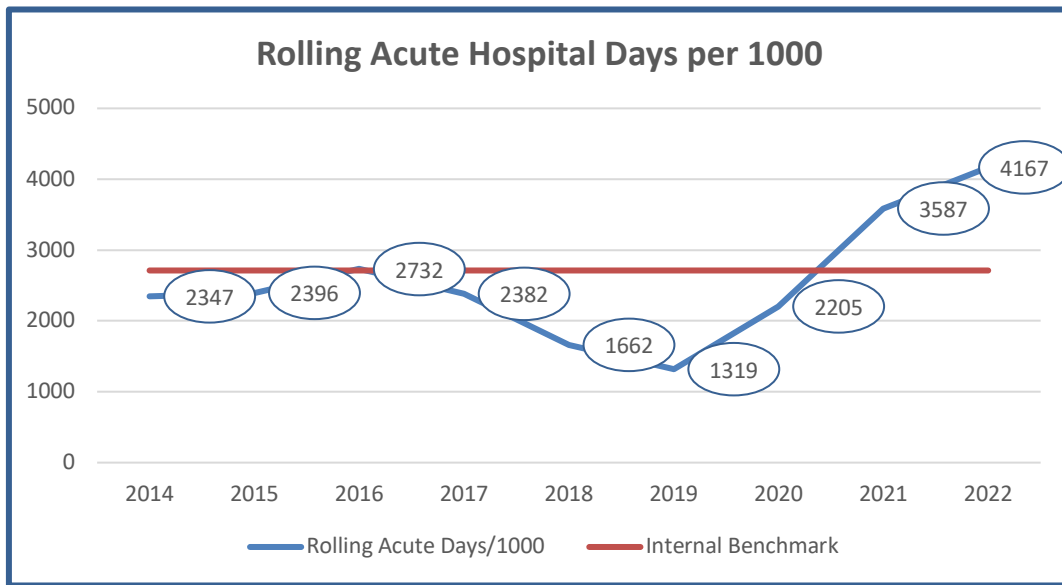
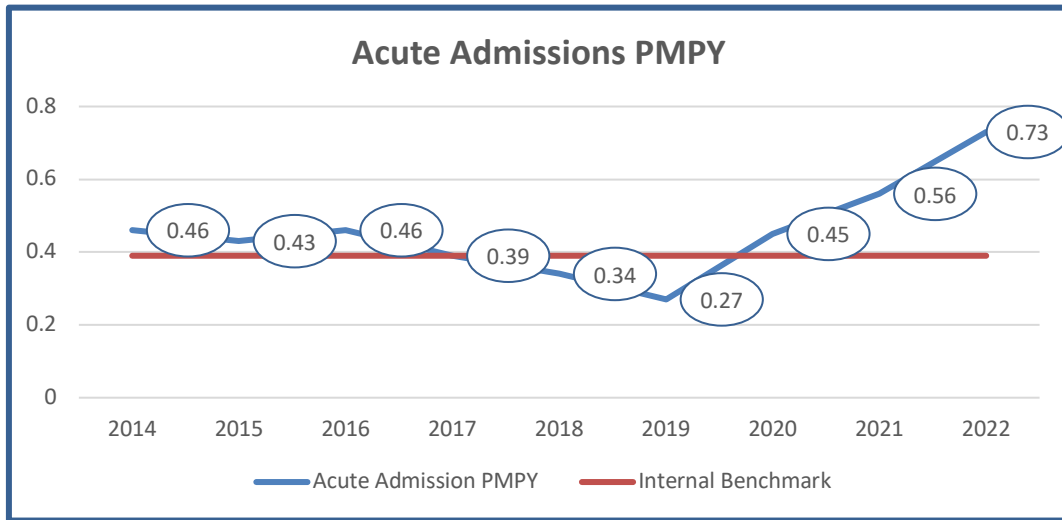
Outcomes

- Acute admission increased by 30.4%, from 0.56 in 2021 to 0.73 in 2022. This is above the Community LIFE's internal benchmark of 0.39.
- 2022 rolling hospital days per 1000 members increased by 16.2% to 4,167 as compared to 3,587 in 2021. This is above the 2,712 internal Community LIFE benchmark.
- Readmission rates for any reason decreased by 13.6% from 27.3% in 2021 to 23.6% in 2022.
- Nursing home days per 1000 decreased by 7.7%, from 44,871 in 2021 to 41,428 in 2022. In the same period, nursing home days as a percent of total also decreased from 12% to 11%.

	2014	2015	2016	2017	2018	2019	2020	2021	2022	% Change

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<b>Acute Admission PMPY</b>	0.46	0.43	0.46	0.39	0.34	0.27	0.45	0.56	0.73	30.4%
<b>Rolling Acute Days /1000</b>	2347	2396	2732	2382	1662	1319	2205	3587	4167	16.2%
<b>Acute ALOS</b>	5.1	5.4	5.5	5.9	5.1	4.9	5.9	6.7	5.7	-14.9%



**Clinical Outcomes:**

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Goals

- 80% of eligible participants will be vaccinated for influenza.
- 80% of eligible participants will be vaccinated for pneumonia.

Outcomes

- In the 2022 influenza season, 93% of the eligible participants were vaccinated. This is an increase compared to the 86% in 2021.
- The pneumonia vaccination rate for the fourth quarter of 2022 for eligible participants was 64% as compared to 68% in the same period of 2021.

**Safety:**

Goals

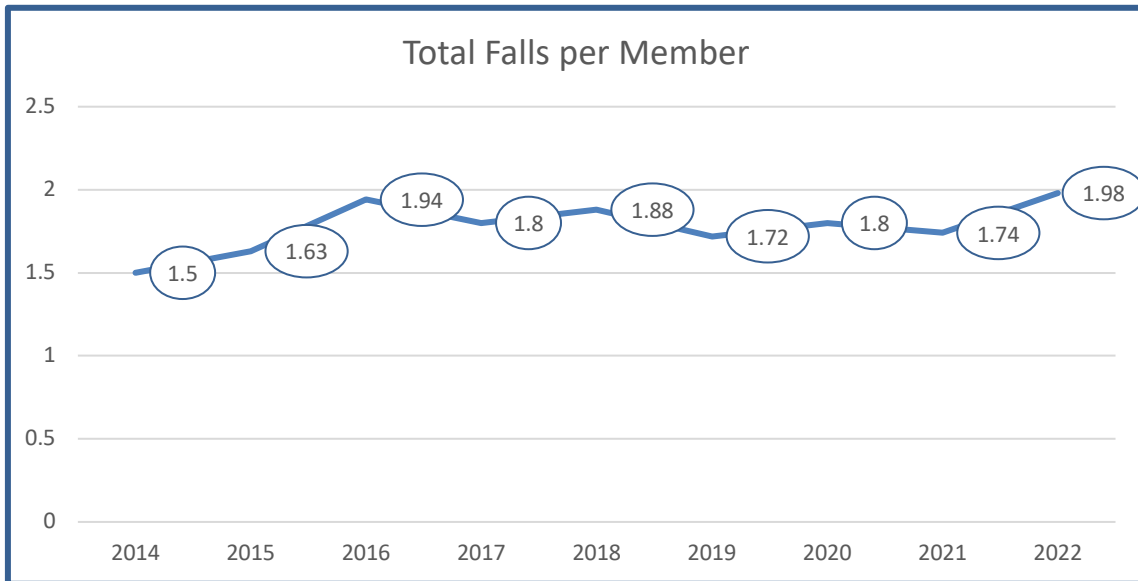
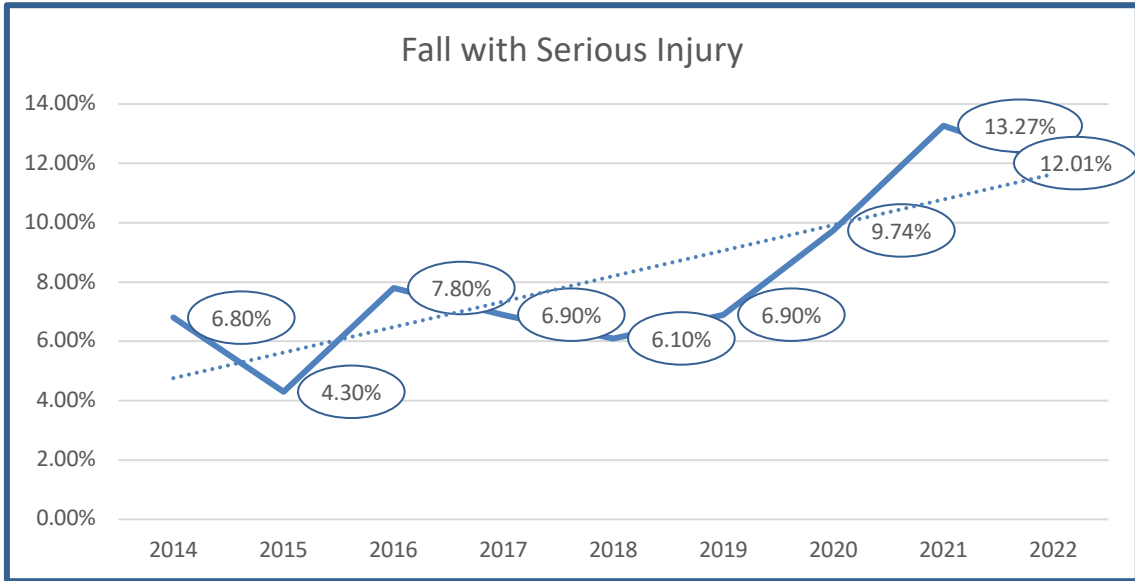
- Falls with serious injury not to exceed 6.4% annually.
- Reduce total Fall rate per 100 member months to 40%.

Outcomes

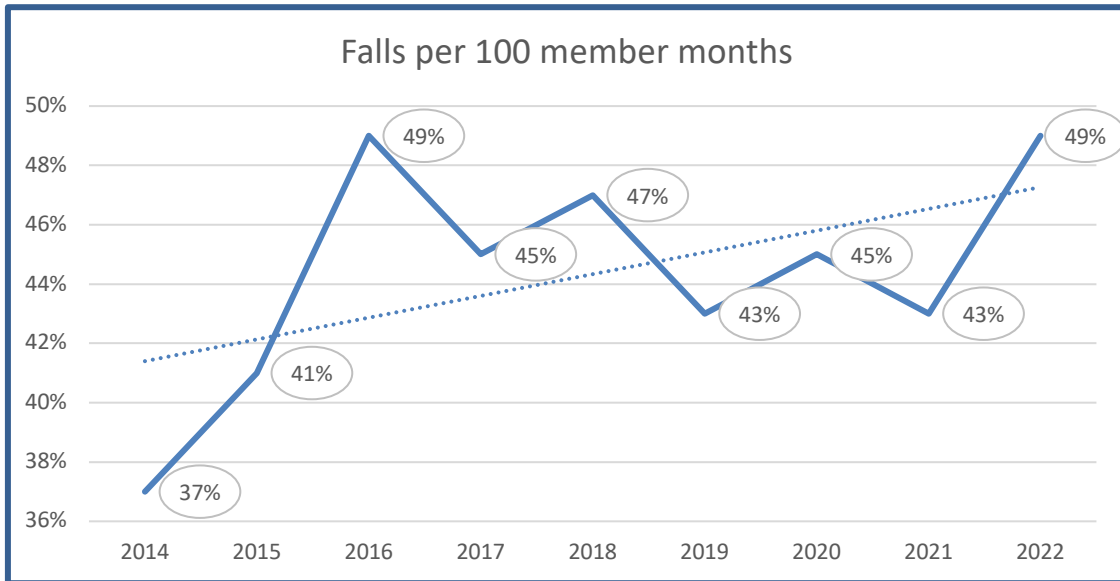
- Percent of falls with serious injury decreased by 9.5% from 13.27 % to 12.01%.
- Total number of falls per member increased by 13.95%, from 43% to 49%.

	2014	2015	2016	2017	2018	2019	2020	2021	2022	1 Year Change %
Fall w. Serious Injuries	6.80%	4.30%	7.80%	6.90%	6.10%	6.90%	9.74%	13.27%	12.01%	-9.50%
Falls per Member	1.5	1.63	1.94	1.8	1.88	1.72	1.8	1.74	1.98	13.79%
Falls per 100-member months	37%	41%	49%	45%	47%	43%	45%	43%	49%	13.95%

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**Quality Initiatives that will continue in 2023:**

**Emergency Department Utilization**

Starting in the third quarter of 2020, Community LIFE experienced an increase in Emergency Department (ED) utilization. The ED utilization per member per year increased from 0.99 in the first quarter of 2020 to 1.37 by the fourth quarter of the year. This trend continued in 2021 and by the end of fourth quarter had increased to 1.55 PMPY. In response to this trend Community LIFE formed an interdisciplinary quality focus team at Bedford to understand the causes of the variation and the increase. This pilot targeted Bedford Center since it had the highest ED visit rates. The foundation of this Pilot was based on Anticipate -Assess- Act. Several clinical Algorithms were developed and SBAR tool for communication was implemented. This Pilot was successful in reducing Bedford ED visits from 2.32 PMPY in the first quarter of 2021 to 1.78 by the second fourth quarter of the year.

In 2022, Community LIFE continued an interdisciplinary three-pronged approach for improvement at the Bedford and Somerset LIFE centers (SOM), to understand the causes of the variation and the increase in utilization.

The foundation for the pilot is based on Anticipate, Assess, Act:

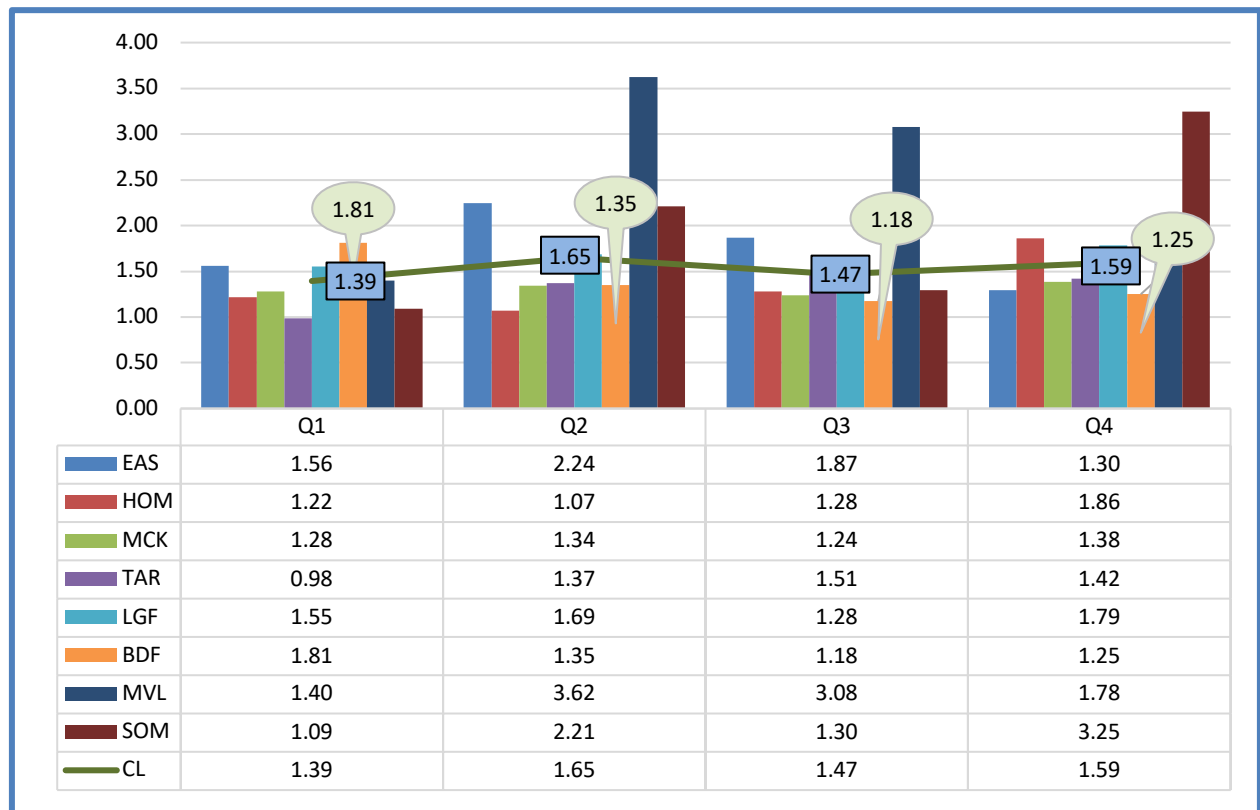
1. Reviewing highest reasons for visits to Emergency Department, which are, shortness of breath (SOB), altered mental status (AMS) and falls.
2. Develop an anticipatory approach to proactively focus on participants at highest risk of ED/hospital use.



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2022 Aim: To sustain the improvements achieved in the Emergency Department utilization at Bedford for three consecutive quarters by continuing and learning from the pilot.

ED Visit PMPY (With or without admissions)	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022
	1.38	1.45	1.65	1.55	1.39	1.65	1.47	1.59



**2022 Results**

In 2022, Community LIFE continued to experience an increase in Emergency Department Utilization. The average for ED utilization per member per year (PMPY) is increased from 1.38 Q1 2021 to 1.47 in the third quarter of 2022. PMPY has not decreased over 3 consecutive quarters, The utilization in SOM fluctuated from 2.62,1.09, 2.21 and 1.30 PMPY. The results for BDF were 1.78,1.81,1.35,1.18 from the first quarter to fourth.

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The pilot was not sustained in Bedford, 58% of the time SBAR was not followed. 81% of the time, the participant was discussed in morning meeting prior to going to the ED. The following was identified when data was reviewed, 91% of the participants that went to the ED was seen at least one week prior, however there were subtle clues that were not identified across the team, based on the team's prediction of participants that they anticipated could go to the ED and the subtle clues (change in vitals, change in behavior, etc.) the ED visit may have been prevented.

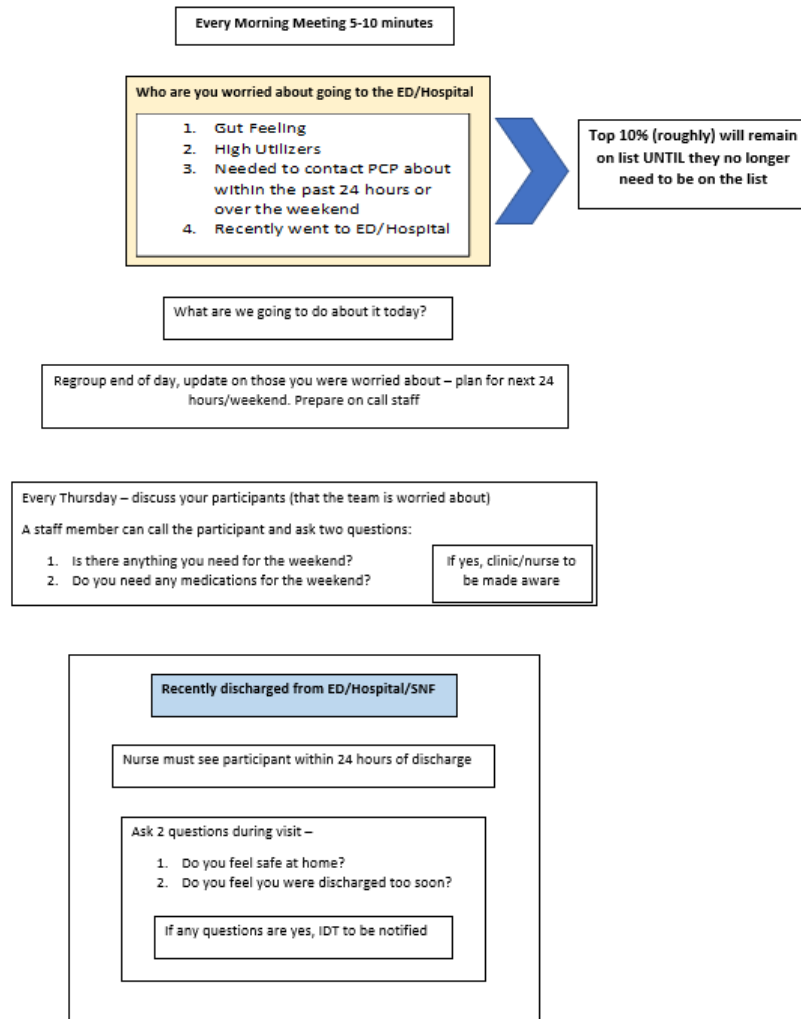
For 2023, Community LIFE will expand the pilot to all LIFE centers in efforts to see a decrease in ED use over a three-quarter period.

**2023 Aim: Implement best practice for identifying at risk participants to avoid unnecessary hospitalizations and/or ER visits AEB a decrease in utilization by 5% at each LIFE Center**

This goal will be achieved by implementing the following interventions:

1. Identifying high risk participants – reviewing them briefly at each morning meeting.
2. Taking actionable steps to anticipate, assess and act; What are we going to do today for the participant?
3. Follow-up plan until they are thought no longer to be at high risk.

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Perfect Documentation

In 2019, Community LIFE was cited by CMS for deficiencies in documentation. This was a repeat deficiency. The weaknesses in the documentation were partially due to the hybrid medical record system. For example, all physician orders were in paper format, hence, making it difficult to track. In response to these findings, Community LIFE implemented a plan of correction that included education and expanded focused auditing. As a result of the plan correction, some improvements were realized; however, it was not consistently sustained in all centers. In 2021, Community LIFE changed its documentation from a hybrid system to an electronic system using a PACE-specific medical records system (PACElogic). This system allows for point-of-service documentation and allows for better tracking and communications among the disciplines which will result in better documentation.

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**2022 Aim: Achieve 95% compliance in documentation by the end of the first quarter and maintain compliance throughout the year.**

**2022 Results**

Perfect Documentation scores have improved individually in 2022, specifically in areas of care planning, service requests, grievances, weights, and vitals. In one category listed as “documentation” the goal was not achieved. Based on closer examination of the audit the following areas for improvement were identified orders having results attached, orders moved through life cycle and labs ordered have results attached. In 2022, CL targeted vitals and weight as its priority. By the third quarter weights were at 92.65% and vitals were at 93.17%. Based on auditing and data collection in 2022, we will continue the perfect documentation aim in 2023, while modifying reports so that improvements can be made to specific areas that impact the overall score.

**2023 Aim: Achieve 95% compliance in documentation by the end of the first quarter and maintain compliance throughout the year.**

**Falls**

In response to the increase in Fall rates in 2022 and increase in hospitalization rate due to falls as 78% of participants that were admitted to the hospital in the third quarter were related to falls, Community LIFE will continue to improve processes to prevent falls for our participants. Community LIFE implemented in-person rounds with the pharmacist and provider to collaboratively identify corresponding medications that can contribute to falls. The fall rates per 100 member months for the 4<sup>th</sup> quarter of 2021 was 45.2% at the end of the 3<sup>rd</sup> quarter in 2022 fall rates per 100 member months was 47%.

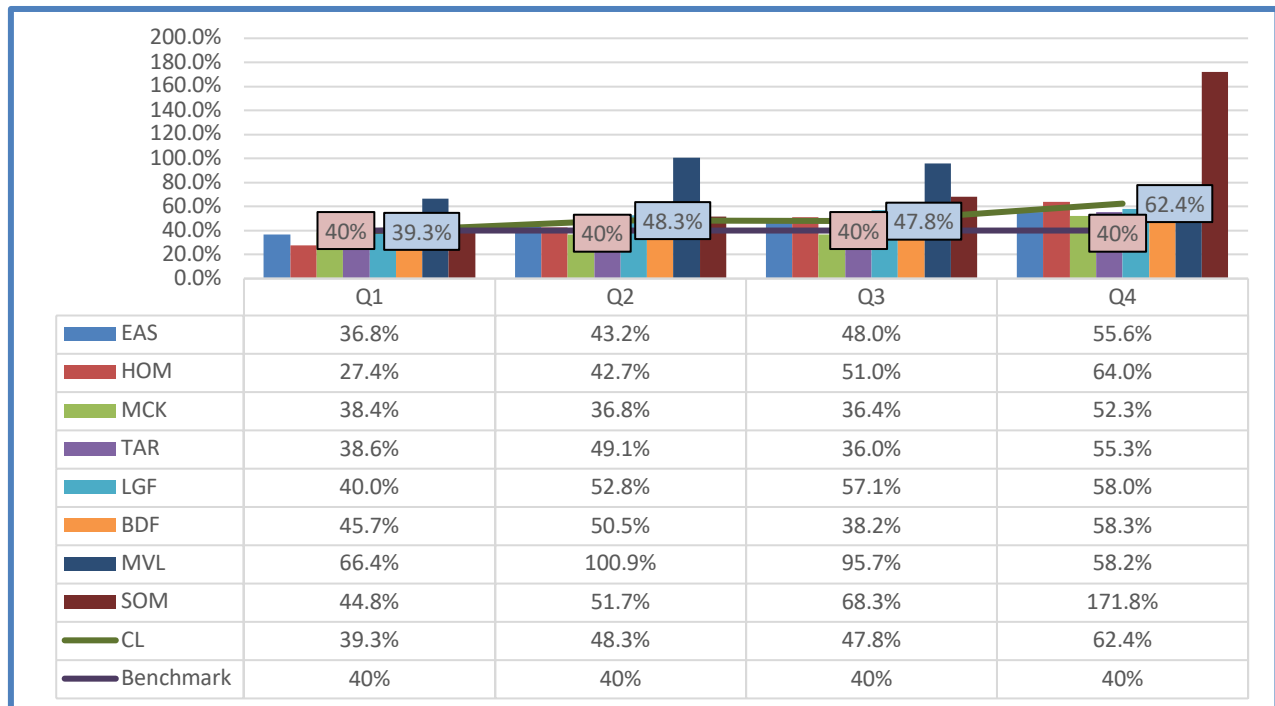
**2022 Results**

In 2022, CL continued with the fall rounds and following initiatives were implemented.

- Implemented Healthy Bones, a multi-disciplinary approach utilizing activities and active movement to increase strength at the beginning of the third quarter at all centers. This includes collaboration between rehabilitation, activities, and day center staff. We identified that this is a value-added program for the LIFE centers, we were not capturing those participants that are “at risk” and in turn were missing participants that could benefit from increased therapies.
- Reviewed participant nutrition to identify at risk participants that require higher amounts of protein. To accomplish this, there was an increase in supplementation for participant with a MNA (Mini Nutritional Assessment) less than 7. This intervention was in effort to provide participants that are falling with better nutrition.

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- Medication reviews were done to modify medication regime so that medications were not increasing fall risk.
- The percentage of fall rates continue to be above the benchmark of 40% at most of the LIFE centers. At the end of the third quarter, the fall rates per 100 member months was 47%. There is also a large variation in falls rate amongst the centers.



**2023 Aim: To achieve and maintain a fall rate of 40% per member per month for three quarters.**

- To continue falls initiative at all 8 LIFE Centers in 2023, which consists of:
  - Identification of participants with high fall risk:
    - Repeat fallers
    - Low MNA Score (below 7)
    - On medications that increase fall risk
    - Low sit to stand or 30 sec test
  - Once participants are identified, review care plan:
    - Are interventions effective?
    - Do we need to increase therapies (in center or at home)
    - Do we need to provide supplementation
    - Change medications?

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**Quality Initiatives New for 2023**

UTI Management

Urinary tract infections are the most common bacterial infections encountered in ambulatory and long-term care settings in the United States. Urine samples are the largest single category of specimens received by most microbiology laboratories and many such cultures are collected from patients who have no or questionable urinary symptoms. Unfortunately, antimicrobials are often prescribed inappropriately in such patients. Antimicrobial use, whether appropriate or inappropriate, is associated with the selection for antimicrobial-resistant organisms colonizing or infecting the urinary tract. Infections caused by antimicrobial-resistant organisms are associated with higher rates of treatment failures, prolonged hospitalizations, increased costs, and mortality. Antimicrobial stewardship consists of avoidance of antimicrobials when appropriate and, when antimicrobials are indicated, use of strategies to optimize the selection, dosing, route of administration, duration, and timing of antimicrobial therapy to maximize clinical cure while limiting the unintended consequences of antimicrobial use.

Our UTI initiative will focus on the five Ds” of stewardship for UTI, including right diagnosis, right drug, right dose, right duration, and de-escalation

**2023 Aim: By treating participants who are risk for UTI Community LIFE will see a decrease in hospital admissions by 5% from previous year.**

To achieve this aim:

- We will monitor:
  - Process outcome—number of participants who are at risk are being put on UTI Prophylaxis
  - Clinical outcome—decrease in number of prescriptions (antibiotic) for UTI
- We will implement:
  - A best practice for diagnosis and management of UTIs
  - UTI antibiotic stewardship program at CLIFE by end of January 2023
  - UTI diagnosis protocol
  - UTI non-pharmacologic/pharmacologic UTI management protocol