Pittsburgh Care Partnership, Inc.
Community LIFE
Quality Management Report
2023

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 Wilkinsburg. 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.
The most notable accomplishments of 2023 are:

- Implemented a Falls reduction best practice at all centers.
- Achieved 95% overall recommendation score and 90% overall satisfaction on annual participant survey.
- 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 2023 quality initiatives.

Census:

Goals
- Achieve budgeted census of 812.

Outcomes
- The overall census for Community LIFE grew by 5%, from 777 in 2022 to 816 in 2023.
- In 2023, Community LIFE had a total of 213 enrollments, or approximately 53 enrollments per quarter, and a continued net census of 39. In 2023, there were 114 deaths at annual rate of 11.52% as compared to 12.37% in the previous year. Disenrollments increased from 50 (5.24%) to 57 (5.76%).

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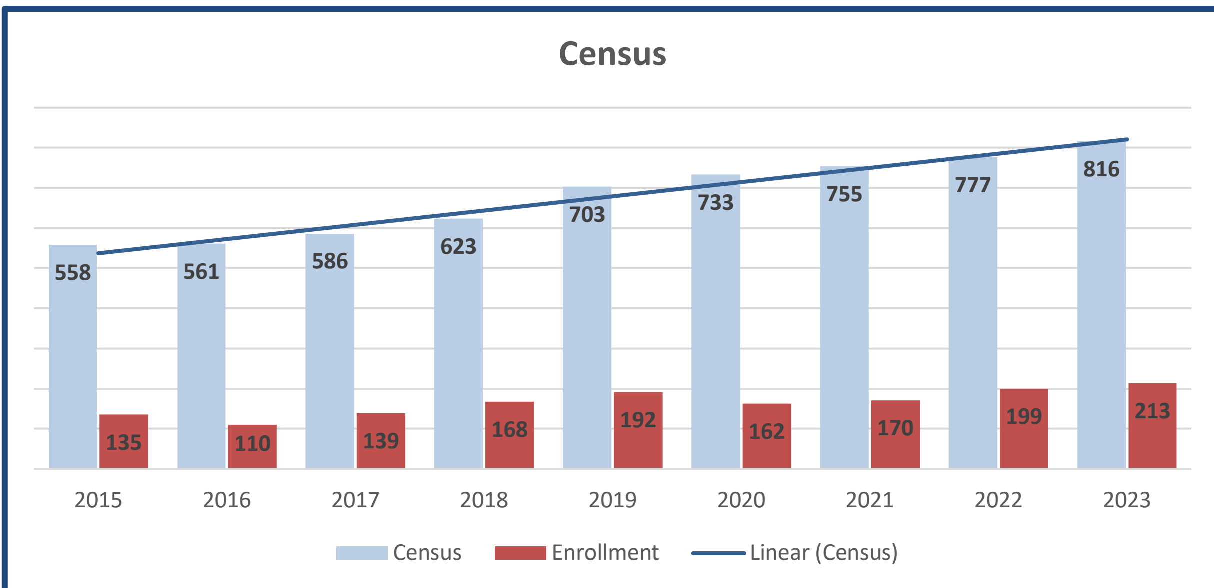
	2015	2016	2017	2018	2019	2020	2021	2022	2023
Census	558	561	586	623	703	733	755	777	816
Enrollment	135	110	139	168	192	162	170	199	213



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

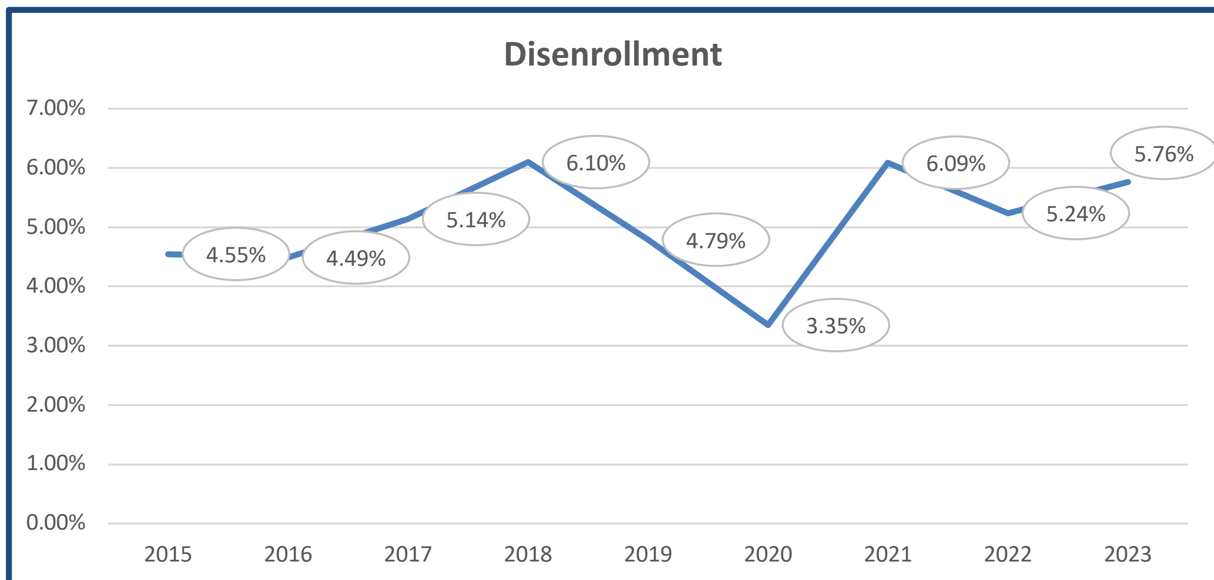
- Overall Satisfaction for 2023 was 90% as compared to 93% in 2022. This is comparable to the external benchmark of 88.6%. In 2023, 95% of the participants would recommend Community LIFE, which was the same in 2022 and is comparable the external benchmark of 91.4%.
- In 2023, annual voluntary disenrollment was 5.76% as compared to 5.24% in 2022.
- In 2023, the total number of disenrollments were 57. Of those, 15 moved out of the service area, 10 were unhappy with the LIFE provider or program, 11 preferred their own provider, 6 were

admitted to an in network or out of network skilled nursing facility, 5 avoided the financial cost share and 10 disenrolled to join other programs such as CHC and or waiver.

- Total number of grievances in 2023 was 492, which is down from 558 in the previous year. Of the total 20.3% were Home Care related, 20.1% were related to communication, 11.8% were dissatisfied with medical care, 11% had concerns with transportation and 15.4% were concerned with outside providers and contractors. The remainder were for various other reasons. Overall contractor grievances have decreased from 110 in 2022 to 76.

Satisfaction	2015	2016	2017	2018	2019	2020	2021	2022	2023	Internal Benchmark	National Benchmark
Recommendation	98%	99%	98%	98%	97%	95%	92%	95%	95%	96%	90.6%
Overall Summary Score	91%	90%	93%	91%	88%	91%	92%	93%	90%	93%	88.60%

Disenrollment	2015	2016	2017	2018	2019	2020	2021	2022	2023	Internal Benchmark	PA Benchmark
Rate	4.55%	4.49%	5.14%	6.10%	4.79%	3.35%	6.09%	5.24%	5.76%	3.20%	8.80%



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Disenrollment Reasons	2017	2018	2019	2020	2021	2022	2023
Out of Network/Moved Out of Service Area	11	20	16	17	33	33	15
Dissatisfied/Unhappy with LIFE provider and or program	1	4	6	5	2	2	10
Returned to Previous Provider	0	2	1	1	2	3	11
Other	10	13	10	6	18	12	21
No longer meets eligibility	7	6	6	0	0	0	0
Total	**29**	**45**	**39**	**29**	**55**	**50**	**57**

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 < 2,712.
- Achieve admissions per member per year < 0.39.
- Achieve ER visits (rolling) per member per month ≤ 0.66.

Outcomes

- Acute admission increased by 49.3%, from 0.73 in 2022 to 1.09 in 2023. This is above the Community LIFE's internal benchmark of 0.39.
- 2023 rolling hospital days per 1000 members increased by 12.1% to 4,671 as compared to 4,167 in 2022. This is above the 2,712 internal Community LIFE benchmark.
- Readmission rates for any reason decreased by 8.9% from 23.6% in 2022 to 21.5% in 2023.
- Nursing home days per 1000 decreased by 15.5%, from 41,428 in 2022 to 35,009 in 2023. In the same period, nursing home days as a percent of total also decreased from 11% to 10%.

	2015	2016	2017	2018	2019	2020	2021	2022	2023	% Change
Acute Admission PMPY	0.43	0.46	0.39	0.34	0.27	0.45	0.56	0.73	1.09	49.3%
Rolling Acute Days /1000	2396	2732	2382	1662	1319	2205	3587	4167	4671	12.1%
Acute ALOS	5.4	5.5	5.9	5.1	4.9	5.9	6.7	5.7	4.4	-22.8%

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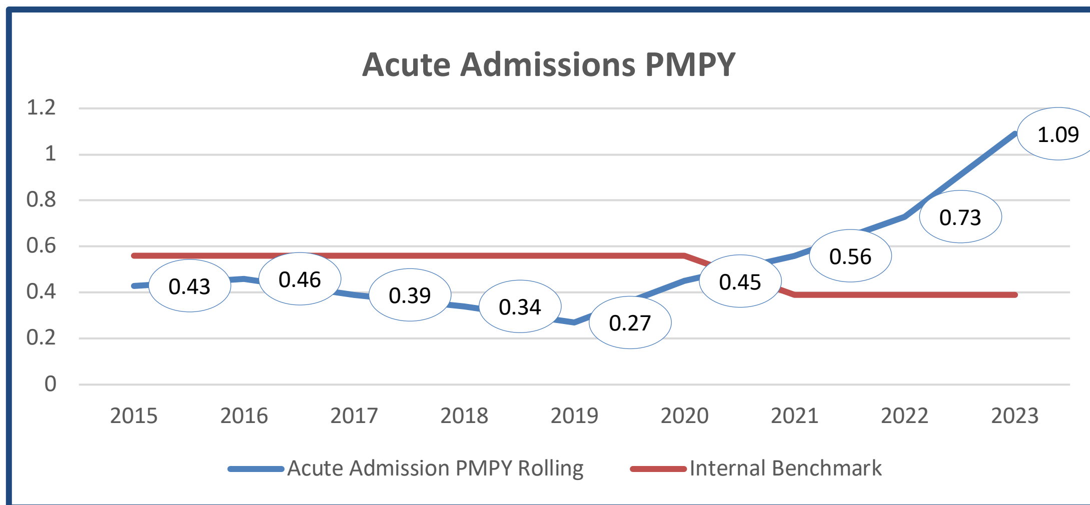

Clinical Outcomes:

Goals

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

Outcomes

- In the 2023 influenza season, 84% of the eligible participants were vaccinated. This is a decrease compared to the 93% in 2022.
- The pneumonia vaccination rate for the fourth quarter of 2023 for eligible participants was 84% as compared to 64% in the same period of 2022.

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 12.9% from 12.01% to 10.5%.
- Total number of falls per member increased by 7.5%, from 49% to 53%.

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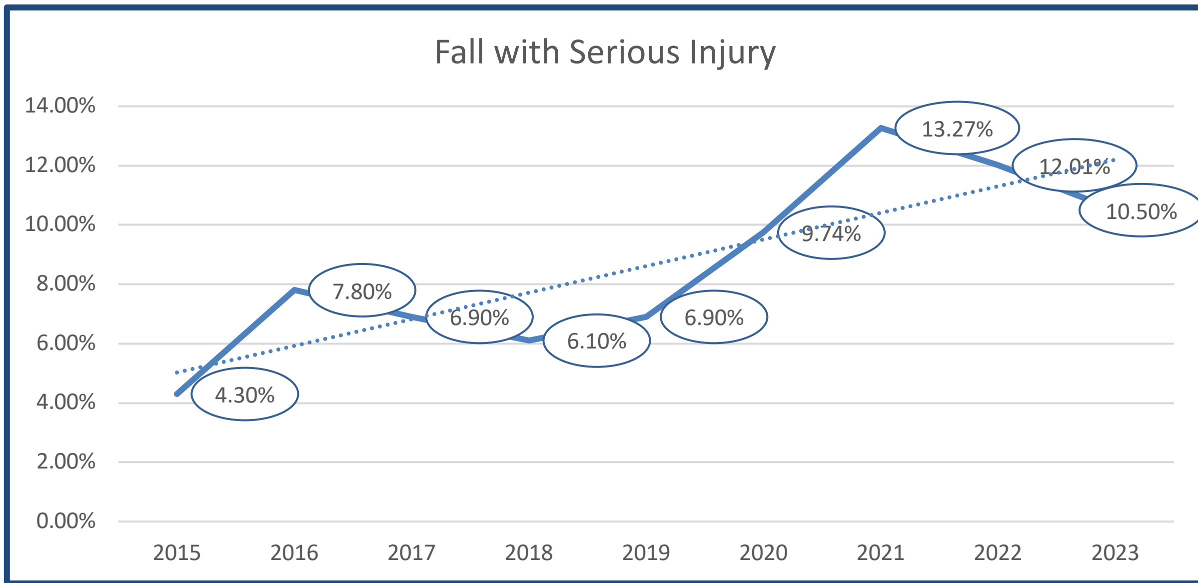
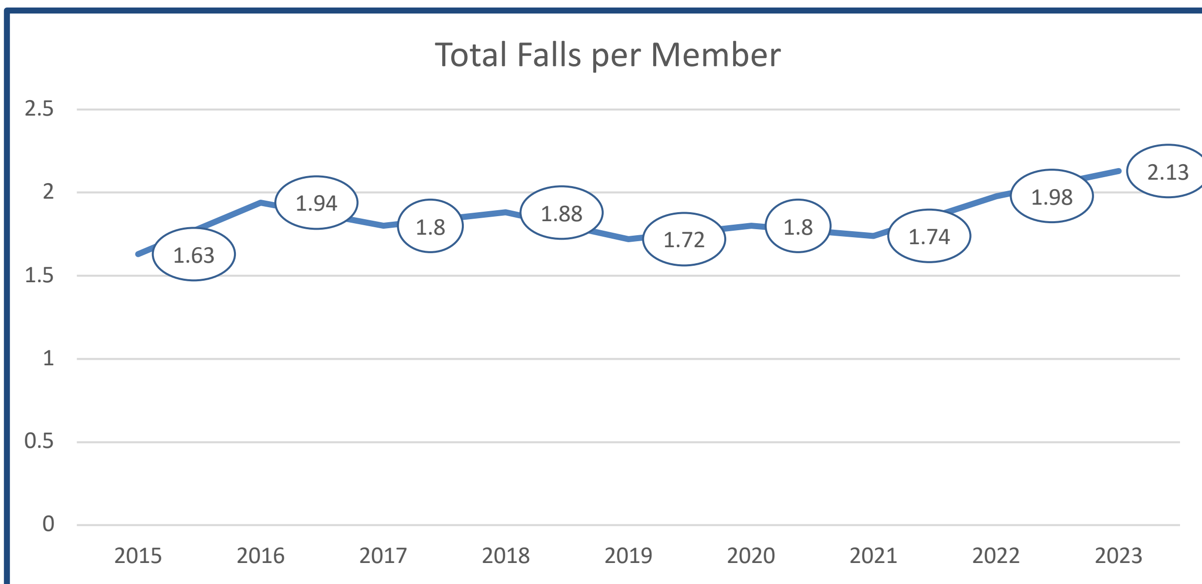
	2015	2016	2017	2018	2019	2020	2021	2022	2023	1 Year Change %
Fall w. Serious Injuries	4.30%	7.80%	6.90%	6.10%	6.90%	9.74%	13.27%	12.01%	10.5%	-12.9%
Falls per Member	1.63	1.94	1.8	1.88	1.72	1.8	1.74	1.98	2.13	7.5%
Falls per 100-member months	41%	49%	45%	47%	43%	45%	43%	49%	53%	7.5%





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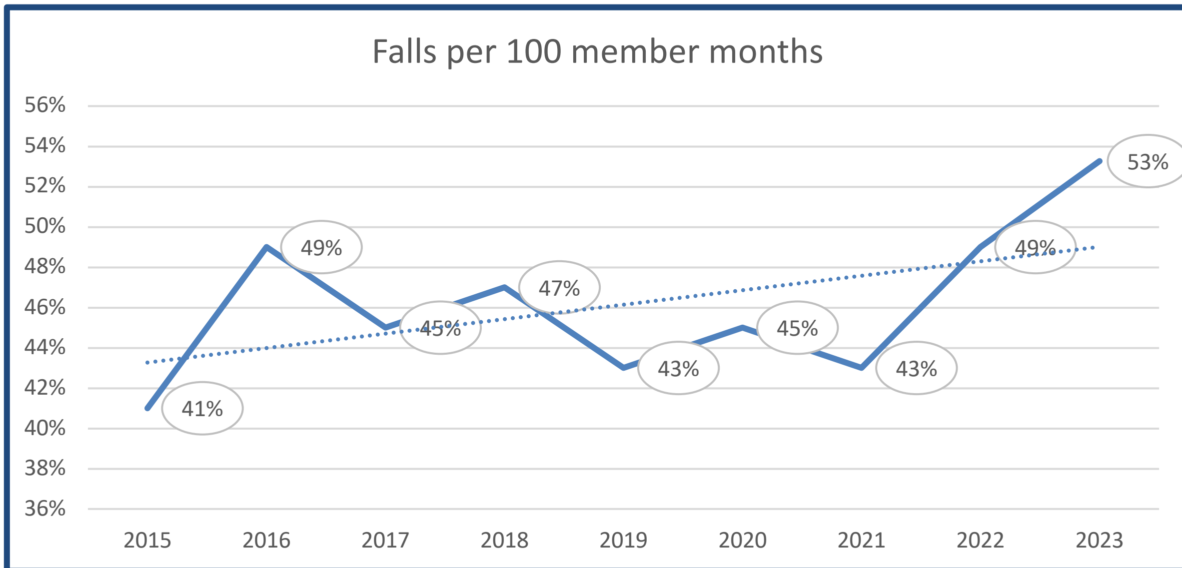


Quality Initiatives Completed in 2023

Community LIFE developed a UTI best practice diagnostic/testing and treatment protocol with the aim of decreasing urinary tract infection (UTI) related hospital admissions by 5%.

We did not see a decrease in UTI related admissions. We believe this is a result of over-diagnosis in EDs, rather than a failure of the intervention; a review of ED related admissions from Jan through June 2023 demonstrated a potential UTI overdiagnosis rate of 40% (a diagnosis of UTI is based on a constellation of clinical symptoms AND a positive urine culture; ED related diagnoses are based primarily on urinary cultures).

We will continue our protocol as clinic staff have found the best practice helpful.

Quality Initiatives that will continue in 2024:

Emergency Department (ED) Utilization

The rate of ED visits PMPY at Community LIFE started to increase in the third quarter of 2020 when the rate went from approximately 1.1 PMPY to 1.5 PMPY 2022. This rate remained stable in 2023.

In response to this trend, Community LIFE piloted an initiative in 2021-2022 at the Bedford clinic (the clinic with the highest rate of ED utilization at the time) using the foundation: Anticipate, Assess, Act:

1. Anticipate: The teams focused on participants with ambulatory care sensitive conditions (ACSC—e.g., dehydration, congestive heart failure, COPD, pneumonia, diabetes, urinary tract infections, cellulitis)

2. Assess: Nurses were trained in clinical reasoning (a case of the week) and communication (using the SBAR as a template for communication)
3. Act: Providers/Nurses were provided with algorithms for guideline-directed care of common medical conditions.

The intervention was successful in decreasing ED utilization by 25% during the pilot phase.

As a result, in 2023, Community LIFE expanded and implemented the intervention at all Community LIFE centers.

The intervention consisted of:

1. Identifying high risk participants (who are we worried about today (WWWAT)) and 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 with the case manager within 24 hours of ED/hospital discharge; provider follow-up within a week.
4. Asking participants if they felt they were discharged too early or if they felt safe at home (both questions are markers for readmissions)

<u>2023 Results</u>
Although the overall rate of ED visits did not change 2022-2023, we did learn some important lessons:

1. Approximately 50% of participants who went to the ED did so without alerting Community LIFE.
   a. Lesson Learned: the team cannot intervene when participants don't alert them prior to going to the ED.

2. The majority of participants who went to the ED for ACSC had been properly assessed and treated by Community LIFE.
   a. Lesson Learned: participants may go to the ED despite adequate treatment for ACSC.

3. Participants were almost unanimous in feeling safe at home with Community LIFE support.
   a. Lesson Learned: readmissions were not occurring because of a lack of Community LIFE support.

4. 7% of participants account for 50% of ED visits.
   a. Lesson Learned: A small group (7%) of participants has an outsized role in the ED visit rate.

2024 Aim To achieve a rate of emergency department visits of 0.7-1 PMPY at end of year 2024

We will continue the above while undertaking several new initiatives targeting the lessons learns in 2023.

<u>Lesson Learned</u>: the team cannot intervene when participants don't alert them prior to going to the ED.

Intervention: We will implement a "When to Call" sheet for participants that delineates when participants should call the center, their nurse, or go to the ED.

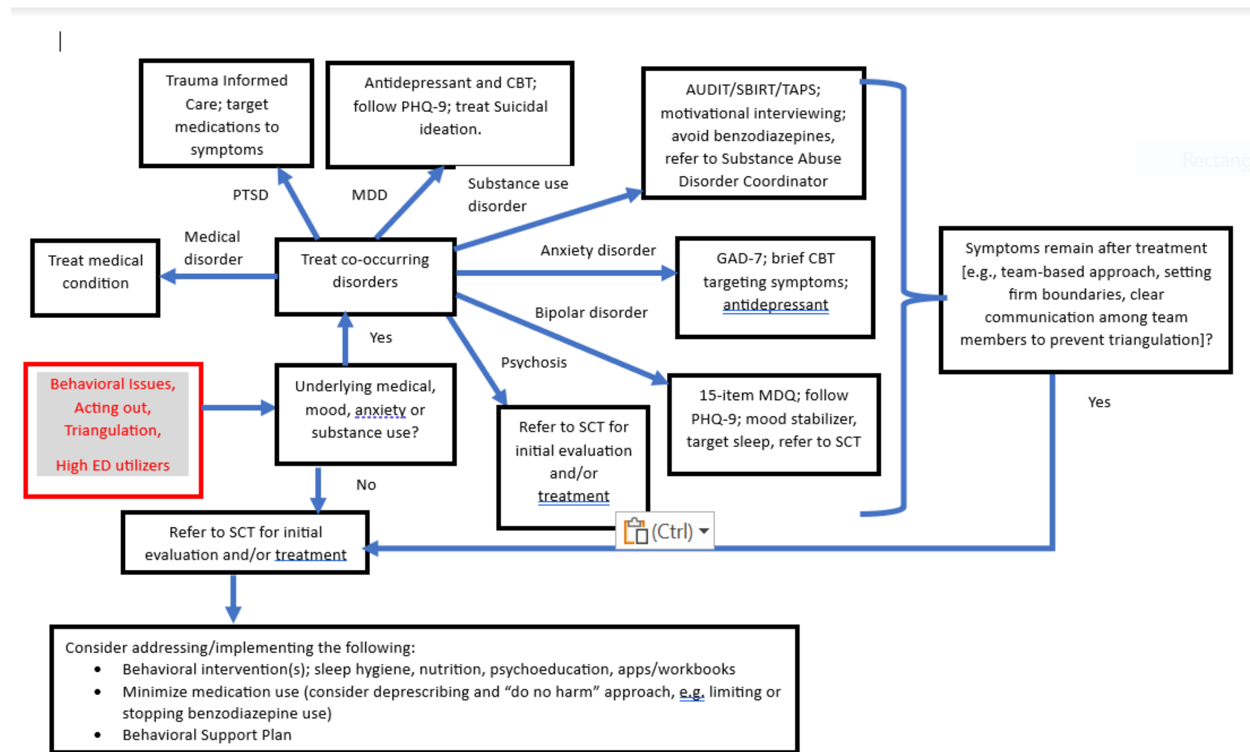
Lesson Learned: Lesson Learned: participants may go to the ED despite adequate treatment for ACSCs.
Intervention: We will implement a new home diuretic protocol for select participants with congestive heart failure.

Lesson Learned: A small group (7%) of participants has an outsized role in the ED visit rate.

The National PACE Association (NPA) recently conducted a Behavioral Health Analysis (November 2023). A key finding is that having a behavioral health diagnosis (i.e., schizophrenia/psychosis, bipolar, depression, anxiety, personality disorder, dementia and/or substance abuse disorder) is associated with an approximately 50-80% greater risk of hospital admission. This relationship between behavioral health and ED use mirrors the Community LIFE observation that many ED high utilizers (i.e., greater or equal to 3 ED visits in six months) have a behavioral health diagnosis.

Intervention: we will implement concurrently two processes targeting participants with high behavioral health needs. These processes will standardize assessment and treatment and increase the role of the supportive care team.

Process 1. Standardize assessment and treatment of participants with high BH needs. (To be implemented 1/2024)



Process 2: Standardize assessment of Participants with high ED utilization (>/=3 ED visits in 6 months) (To be implemented 12/2023)

ANTICIPATE:

1. Director of Quality will send a monthly list of high utilizers to the IDTs and Supportive Care Manager

ASSESS:

2. Discuss the high utilizer participants as part of the WWWAT process.

3. Day Center Supervisor will call high utilizer participants and/or caregiver every Tuesday (and the following business days if needed) using a standard script

ASSESS:

4. All participants who have been to ED (not limited to high utilizers) will see by RNCM and Provider within week of ED visit.

ACT

5. Clinical needs of participants to be addressed by IDT.

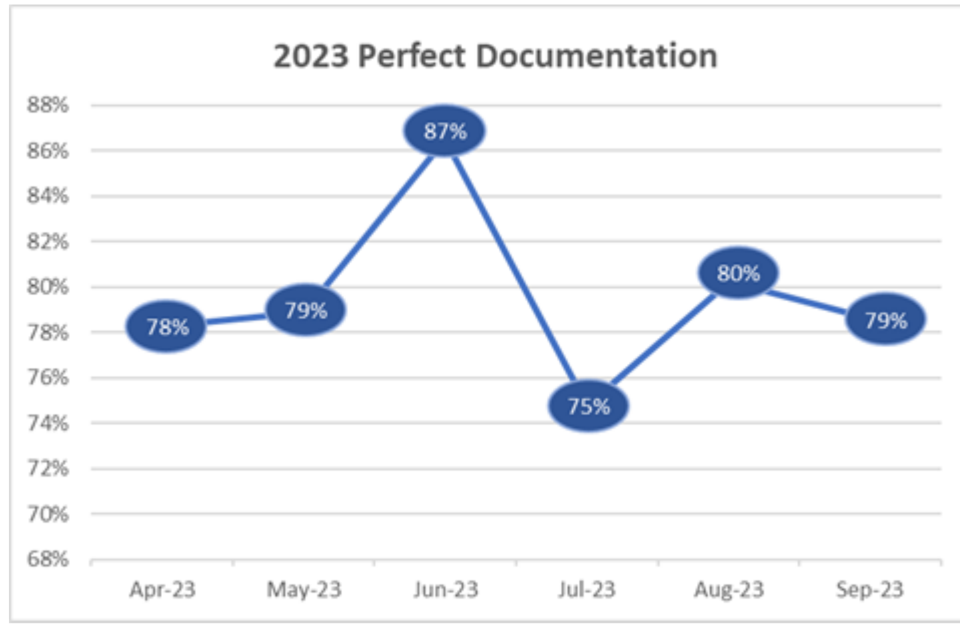
Perfect Documentation

In 2021, Community LIFE changed its documentation from a hybrid system to an electronic system using a PACE-specific medical records system (PACE logic). This system allows for point-of-service documentation and allows for better tracking and communications among the disciplines which will result in better documentation. In 2023, despite utilizing PACElogic for all documentation, Audit findings have shown weaknesses in several areas.

2023 Results

The documentation scores that have remained strong (i.e., ≥ 90%) in 2023 are in the areas of Care Planning and Falls. The goal has not been achieved (i.e., < 90%) in the areas of Not recognizing and processing Service Requests and Grievances, Wound documentation, Vitals, Weights, and Orders Tracking (which captures the life cycle of an order for testing/consults).

Figure: Composite Score of Audit Findings (Goal ≥ 90%)



2024 Aim: Achieve 90% compliance in documentation by the end of the first quarter and maintain compliance throughout the year.

We will continue the perfect documentation aim in 2024, while adding two processes to improve documentation:

Process 1:

- The Quality Coaches send out Chart Audit findings weekly to the IDT
- The Nurse Managers and Center Administrators will define which of their staff are responsible for addressing the findings
- Within one week the staff member will notify their supervisor when the correction has been made

Process 2:

- Every week, the IDT reviews all Participant documentation for the previous 7 days looking for evidence of a missed Service Request or Grievance
- When the staff member has a finding, the information will be given to the Center Administrator for follow up to ensure the information is processed per CMS guidelines

Falls

Community LIFE has a historical fall rate (total falls/100-member month) of 40-45%. In response to an increase rate of falls during covid, Community LIFE implemented in 2022-2023:

- In-person rounds with the pharmacist and provider to identify medications that can contribute to falls. These rounds did not result in fewer falls; falls rate for Q4 2021 was 45.2% and Q3 2022 was 47%. As a result, pharmacist lead medication reviews were expanded to focus on

psychotropic medications (medications associated with a particularly high fall risk) and to include a pharmacist recommended taper.

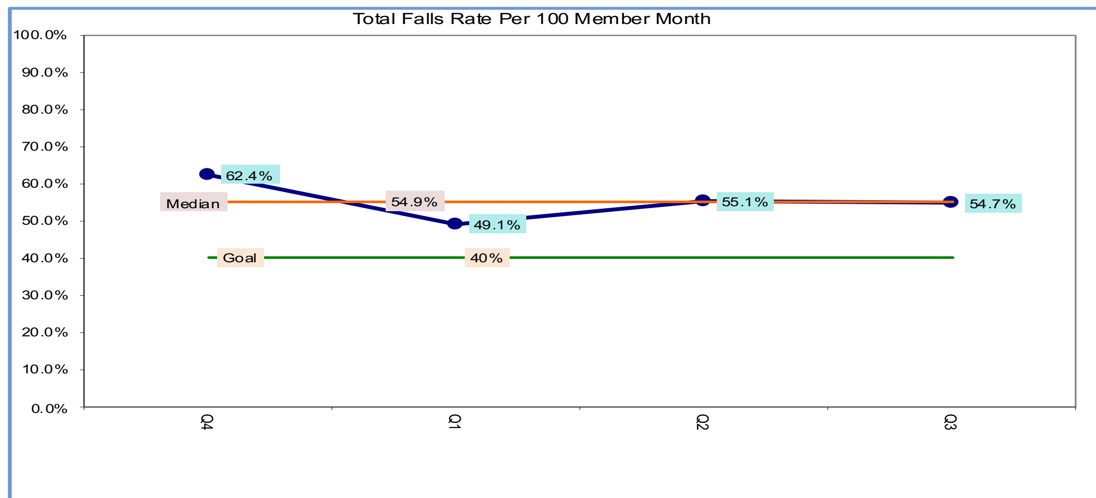
- In Q3 2022, Healthy Bones, a collaboration between rehabilitation, activities, and day center staff was developed. The intervention utilized activities and active movement to increase strength. The intervention was not associated with decreased falls but will continue as it was very popular with participants and staff.
- Protein calorie malnutrition is a risk factor for falls. Registered Dieticians began to screen and supplement participants with a Mini Nutritional Assessment (MNA) score less than 7.

Unfortunately, the fall rate has remained elevated at approximately 55% from Q4 2022 through Q3 2023.

Figure: Total Falls Rate Per 100 Member Months Q4 2022-Q3 2023 at Community LIFE

Total Falls Rate Per 100 Member Month

CL Overall



2024 Aim: To achieve and maintain a fall rate of 41-50% per member per month for three quarters.

In addition to continuing the above, Community LIFE newly implemented the Otago program. Otago is a standardized, validated set of strength and balance exercises demonstrated to reduce falls in the community dwelling elderly.

Otago has been piloted for 6 months in each center. Implementation was feasible. Preliminary results have also demonstrated measurable increases in strength of participants. We also found a repeat falls rate lower than predicted by the peer-reviewed literature.

In addition to preventing falls, we want to minimize falls with injury. All participants were screened for osteoporosis risk in 2023 with the Osteoporosis Screening Tool (OST). High risk patients have been identified for further testing and/or treatment by providers as clinically appropriate. Osteoporosis treatment agents take several years to demonstrate effectiveness so any reduced fracture rate, if any, will only be demonstrated in two-three years.

Medication Errors

A medication error is defined as "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer."

A near miss is "an unsafe situation that is indistinguishable from a preventable adverse event except for the outcome. A patient is exposed to a hazardous situation but does not experience harm either through luck or early detection".

The following table lists the number and type of medication errors and near misses in 2022 (the last full year of data; 2023 YTD data mirrors 2022 data) whether or not harm occurred. Eighty-five percent of medication errors fall in one of three classes:

1. The medication was omitted/not given/not taken
2. The wrong dose was ordered/administered
3. The wrong medication was ordered/administered.

Error Type	Count (%)
Medication Omitted	85 (49)
Wrong Dose of Medication	44 (25)
Wrong Medication	20 (11)
Medication admitted at wrong time	14 (8)
Medication ordered for wrong participant	9 (5)
Medication not ordered	1 (<1)
Med Machine Malfunction	1 (<1
Grand Total	**174**

2024 Aim: To demonstrate a statistically significant decline ($p<0.05$) in medication errors/near misses from 2023 to 2024.

Many errors can be decreased if proper processes are in place to prevent and mitigate harm. The following are the opportunities for improvement discovered and new processes developed after a comprehensive review of medication errors in Q2 2023.

1. Opportunity: med room nurses are distracted during day by clinical staff

   a. Do Not Disturb signs are now hung on the med room door, which is to remain closed when checking medications from pharmacy, checking binfill or medisets, before bagging medications to send to participants, and when filling a med machine tray or mediset.

2. Opportunity: Med machines did not live monitor; multiple machines were used, each with potential error points.
   a. All med machines were switched to live monitoring.
      i. Live monitored machines alert Community LIFE in the event of a malfunction; the onus is no longer on participant to alert the teams. If a machine malfunctions, the nurse will administer the medication.
   b. Med machines were also standardized across the organization. These changes led to the following improvements:
      i. Med Machines now have a locking device that deters med diversion and prevents participants from accessing medications at inappropriate times.
      ii. Med Machines now have a plug-in device with battery back up in the event of a power failure.
      iii. Med Machines are set up with a cellular network, so a land line is not necessary.
      iv. Med machines now have very loud audio and bright visual cuing.
      v. Med Machines now allow for dispensing of medications up to 4 times per day and can be adjusted remotely.

3. Opportunity: Some eprescribed meds do not get sent to pharmacy
   a. Med room nurse now does a med check at 3pm and 3:30pm. Discrepancies are rectified with provider.

4. Opportunity: Next day/after-hours medications did not always get delivered because there was no standardized process to in place for urgent orders.
   a. Providers have been educated to:
      i. Avoid pharmacy "comments" for eprescribing and to use "notes" to communicate info to the pharmacy and
      ii. Email DS RxP LTC Order Entry dsrxpltcorderentry@upmc.edu and
      iii. Alert med room nurse

5. Opportunity: Med error review did not happen in real time; med review was not standardized.
   a. Med error review is now weekly (from quarterly) with quality, medical director, pharmacist, DON/ADON, and RNNMs
   b. RNNMs are now prompted by a standardized list of questions:
      i. Date of the Med error
      ii. Date the error was found.
      iii. How the error was found.
      iv. Was there a missed dose? if yes, how many doses were missed/what were the dates?
      v. If extra doses were given, how many days/doses?

vi. What was the medication specific assessment of the participant after learning about the error?
vii. What is being done to prevent this from happening again?
viii. Do the Type of Med error and Contributing factors match what is on the Med error report and on the Incident itself?

6. Opportunity: there were discrepancies between medication lists found in the Medication Administration Record (MAR; a paper system checked monthly) and the Electronic Medical Record (EMR).
    a. Nurses are now to reconcile participant medications with the EMR and not the MAR.
    b. 1:1 training for the nurses on how to check medisets/check meds from pharmacy was conducted September 2023
7. Opportunity: nurse double check of meds was not always occurring for home delivered meds.
    a. Each nurse who checks meds prior to driver delivery will initial/sign the bag.
        i. Drivers were educated not to take any bag that is not initialed twice and stapled.
    b. Each nurse will also sign a signature page confirming they have done the above process.