



PROVING PACE

Through Quality Measures

NC QUALITY COMMITTEE

Internal Barriers

Quality Coordinators

Takes too much time-one more place to enter information

Same Goals, Different Approaches

Scattered Focus

Leadership

Competition culture between the sites

Lack of Leadership understanding of what QAPI was and what we could do

External Barriers

North Carolina Law Makers

2014 NC Budget Cuts-PACE was on the chopping block (literally).

All 8 PACE sites were struggling to PROVE to the Government Leaders that PACE not only worked-but lowered cost of care for Seniors.

What Changed?

The realization that PACE Quality Coordinators already have the answers to the question-

Is PACE working??

WHAT WE DID

Benchmarking by State

Built a NC Benchmarking site:

Use of free site: Weebly

Use of Standard Quality Measures:

Hospitalizations

Readmissions

Falls

Emergency Room Usage

Level II Reporting

Meetings

Quarterly Meetings

Each site in the state volunteers to 'Host' our meeting

Trust and support-really getting to know each member of the group

Ability to 'Bounce' ideas and problems off each other

Support

Support all Quality Coordinators in the state when there are problems, questions, Audits, Appeals

Support PACE mission by proving through a standard set of measures that there are REAL, SUSTAINABLE benefits of the PACE model of care

Support the community at large by offering this alternative to Nursing Home Placement

1 YEAR OF BENCHMARKING

Indicator: Total Falls Per 1,000 Prtpt Days					
Site	Q1 Avg	Q2 Avg	Q3 Avg	Q4 Avg	Annual Avg
A	N/A	N/A	4.68	5.18	4.93
B	N/A	N/A	6.61	2.48	4.55
C	N/A	N/A	4.93	4.97	4.95
D	N/A	N/A	3.50	7.70	5.60
E	N/A	N/A	2.89	3.25	3.07
F	N/A	N/A	4.72	4.37	4.55
G	N/A	N/A	5.13	3.73	4.43
H	N/A	N/A	10.53	2.56	6.54
I	N/A	N/A	1.96	1.70	1.83
J	N/A	N/A	3.75	7.73	5.74
NC MEAN	N/A	N/A	4.87	4.37	4.62
NC MEDIAN	N/A	N/A	4.70	4.05	4.74

Indicator: Falls Resulting in Major Injury Per 1,000 Prtpt Days					
Site	Q1 Avg	Q2 Avg	Q3 Avg	Q4 Avg	Annual Avg
A	0.10	0.00	0.27	0.16	0.13
B	0.08	0.09	0.00	0.00	0.04
C	0.00	0.05	0.00	0.00	0.01
D	0.14	0.00	0.38	0.12	0.16
E	0.00	0.37	0.00	0.00	0.09
F	0.00	0.00	0.00	0.21	0.05
G	0.17	0.07	0.00	0.00	0.06
H	N/A	N/A	0.00	0.00	0.00
I	0.00	0.00	0.00	0.00	0.00
J	1.19	0.25	0.18	0.00	0.41
NC MEAN	0.19	0.09	0.08	0.05	0.10
NC MEDIAN	0.08	0.05	0.00	0.00	0.06

Indicator: Hospital Admissions Per 1,000 Prtpt Days					
Site	Q1 Avg	Q2 Avg	Q3 Avg	Q4 Avg	Annual Avg
A	1.56	2.06	3.62	3.42	2.66
B	0.51	0.43	0.75	1.06	0.69
C	2.29	1.94	1.32	1.84	1.85
D	1.28	1.83	1.25	1.75	1.53
E	1.10	2.54	2.49	1.38	1.88
F	1.95	1.02	1.22	0.57	1.19
G	1.68	1.78	1.68	1.85	1.75
H	N/A	N/A	0.41	0.84	0.62
I	2.61	2.30	1.88	2.47	2.32
J	3.05	0.51	1.34	2.00	1.73
NC MEAN	1.78	1.60	1.60	1.72	1.67
NC MEDIAN	1.68	1.83	1.33	1.79	1.66

Indicator: Number of Hospital Days Per 1,000 Prtpt Days					
Site	Q1 Avg	Q2 Avg	Q3 Avg	Q4 Avg	Annual Avg
A	N/A	N/A	15.04	18.19	16.62
B	N/A	N/A	1.16	3.28	2.22
C	N/A	N/A	9.99	11.09	10.54
D	N/A	N/A	4.63	6.66	5.64
E	N/A	N/A	16.23	5.14	10.69
F	N/A	N/A	6.58	2.70	4.64
G	N/A	N/A	6.78	8.23	7.50
H	N/A	N/A	0.00	0.29	0.15
I	N/A	N/A	8.47	5.94	7.20
J	N/A	N/A	7.33	8.41	7.87
NC MEAN	N/A	N/A	7.62	6.99	7.31
NC MEDIAN	N/A	N/A	7.05	6.30	6.68

Indicator: ED Visits Not Resulting in Admission Per 1,000 Prtpt Day

Site	Q1 Avg	Q2 Avg	Q3 Avg	Q4 Avg	Annual Avg
A	1.23	1.45	1.17	1.92	1.44
B	0.58	0.60	0.50	0.35	0.51
C	0.92	1.35	1.56	0.96	1.20
D	3.01	3.00	3.12	3.50	3.16
E	0.59	0.96	3.73	1.47	1.69
F	0.68	0.86	0.53	0.85	0.73
G	1.23	1.59	0.88	0.92	1.15
H	N/A	N/A	1.12	0.29	0.71
I	0.49	2.62	2.58	3.24	2.23
J	0.70	0.51	0.38	1.15	0.69
NC MEAN	1.05	1.44	1.56	1.47	1.35
NC MEDIAN	0.70	1.35	1.12	1.06	1.18

Indicator: Hospital Readmissions Per 1,000 Prtpt Days

Site	Q1 Avg	Q2 Avg	Q3 Avg	Q4 Avg	Annual Avg
A	0.20	0.46	0.82	0.64	0.53
B	0.00	0.00	0.00	0.09	0.02
C	0.47	0.58	0.23	0.20	0.37
D	0.15	0.53	0.00	0.24	0.23
E	0.00	0.19	0.44	0.00	0.16
F	0.60	0.24	0.00	0.07	0.23
G	0.00	0.27	0.24	0.47	0.25
H	N/A	N/A	0.00	0.00	0.00
I	0.42	0.53	0.00	0.37	0.33
J	0.00	0.53	0.22	0.00	0.19
NC MEAN	0.20	0.37	0.19	0.21	0.23
NC MEDIAN	0.15	0.46	0.11	0.14	0.23

STATEWIDE QUALITY PROJECT

How did we choose?

- Consideration from our different Medical Directors and Executive Directors
 - What could affect bottom line
 - What could affect outcomes
- Used benchmarking from 2014
 - What seemed to be of concern
 - What numbers would we like to lower for the entire state

What has worked/Didn't Work

- Not all measures help in the long run
- What we think we give us the best information may not
- 'Tweeking' each category to fit what information is most important
- Definitions outlined for better information gathering

NC STATEWIDE QAPI PROJECT

Hospitalizations/ED

Specifically looking at total number of days

What were the causes of the hospitalization

PACE and facility working relationships

Why were the participants/caregivers seeking emergency room-habit or need

Notification to the PACE team when this happens

Readmissions

What were the causes of the readmissions

Related to continuity of care

Prevention methods