



Interpreting the Significance of Level II Events among Community-Dwelling Older Adults at the End of Life: The PACE Perspective

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Objectives

- Understand the special circumstances of providing care within the PACE model with regard to Level II reporting
- Understand basic trends of Level II reporting in PACE since initiation by CMS in 2011
- Understand the approach to identification and management of Level II events at one PACE site

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- “*Risky*”?
- General rule = Autonomy > protection

What is a “Level II Event”?

- Definition
 - “discrete subset of unusual incidents...*in which the occurrence has a significant impact on the health and/or safety of a PACE participant, or the PACE program in the case of media-related events*”
 - Replaces “sentinal events”
 - Difference between Level I and II
- Significance
- Objective for CMS
 - Monitor health & safety of the PACE participants and the effectiveness of the PACE organization’s risk management and quality assurance programs

(PACE Level Two External Reporting Guidance; CMS, October 2010)

History of Level II Reporting

- CMS
- NPA External Reporting Task Force
- Timeline
- Preparation and expected impact

PACE response

- Anxiety
 - Why?
 - How addressed
- Preparation
 - National PACE Association (NPA)
 - Individual sites/regions
- Monitoring and analysis

NPA survey

- Jan – April 2011 (61 / 75 sites participated)
- 194 Level II incidents
 - Pressure ulcers (Stage III/IV) = 44%
 - Falls with injury = 33%
 - Unexpected deaths = 7%
 - Infectious disease outbreaks = 5%
 - Other (traumatic injuries, etc.) = 16%

HPMS (DataPACE 2) Data - FALLS

- “Baseline” data (PMPM) for FALLS is being established for national PACE
- Limited to those programs submitting HPMS data

Significance of survey

- “Expected” rates of these events is unknown
- Given mission of PACE, awareness of accepted risks is necessary
- Impact on interpretation of Level II incidents?

Hopkins ElderPlus Experience

- Pressure ulcers (72%)
- Falls with injury (17%)
- GI outbreaks (11%)

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Background/ Getting Started at Hopkins ElderPlus

- Educated staff prior to 1/1/ 2011 implementation
- Provided written CMS guidance to IDT
- Developed a checklist and investigation worksheet

Level II Process

- Reported at morning IDT meeting
- Reviewed by the team
- Report to CMS by the Clinical Director
- Assigned to appropriate team member
- Investigated; analyzed and CMS Conference call scheduled

Level II Reporting Investigation Packet Report

Tracking and Checklist

Participant Name/Issue	Date Reported to IDT	Date Reported to CMS Mailbox	Issue	Date of HEP, CMS, SSA Review

	Yes	Not Applicable
Description of Incident		
Related emails (include emails to CMS)		
Medical Director's statement		
Related employee statements		
Related policies		
Related medical record documentation		
Related logs		
Communication with Risk Management		
Review Investigation Summary with Clinical Director or Director	_____ Date	

Level II Review

- Participant Level
 - Was risk identified prior to event?
 - Was a care plan in place?
 - Was care plan implemented?
- Program Level
 - Is there a related HEP policy?
 - Was the policy followed?

Level II Conference Call Worksheet

Level II Conference Call Worksheet Complete this sheet prior to the CMS call and use it to present the Level II event.

Topic	Discussion
1. Age, gender	
2. Enrollment date	
3. Type of Event	
4. Summary of Event Precipitating and/or Contributing Factors	
5. Root Cause Analysis (RCA)	<ul style="list-style-type: none"> •This may not be applicable. •If applicable, there will be a separate RCA analysis. •Report conclusions.
6. Prts's current status	
7. Summary of Current Care Plan	•Immediate action(s) taken: IDT Team's main concern prior to the event:
8. Number of days prt. attending site	
9. Quality Improvement Initiatives	<ul style="list-style-type: none"> •Working relationship with contracted facility or contracted services •Compliance with organization's policies and procedures •Identification of risk points and their potential contribution to the next event •As appropriate, proposed improvements in policies, training, procedures, systems, processes, physical plant/facility, staffing levels, etc to further reduce risks.
10. Miscellaneous Comments	

After telephone review with CMS, give complete investigation packet to the Clinical Director for the file.

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Lessons Learned

- Identify trends
- Identify risk areas
- Identify need for new or revised policies

Level II Case Study

- Stage III wound
- Nursing Home, End of Life care
- Investigated by Nursing Home Liaison
- Care Plan developed and implemented
- Improvement opportunities:
 - Improved communication with nursing home
 - Weekly skin sheets from the nursing home

Conclusions

- Mission of PACE increases likelihood of events classified as “Level II”
- Interpretation of the rates and significance of these events should be within that context
- Continued collaboration between CMS and PACE is critical in order to derive most benefit from reporting and analysis of Level II (and similar) events in this population