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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc29 | Nutrition/hydration assessment by registered dietician within 30 days | **Includes all cases except:**   * Patients admitted to HBPC greater than one year * Patients who were hospitalized within 30 days of HBPC admission | **Of cases included in the denominator, the case will pass if:**   * The record documents an assessment of the patient’s nutritional and hydration needs by a registered dietician during a face to face encounter OR during a clinical video teleconference encounter (CVT) during within 30 days of the HBPC admission date |
| hc34 | Medication management plan review by pharmacist within 30 days | **Includes all cases except:**   * Patients admitted to HBPC greater than one year * Patients admitted to HBPC <= 30 days or > 90 days * Patients who were hospitalized within 30 days of HBPC admission * Patients who were not on at least one medication at the time of HBPC admission | **Of cases included in the denominator, the case will pass if:**   * A pharmacist reviewed the patient’s medication management plan within 30 days of HBPC admission and one of the following   + The pharmacist did not make any recommendations for change in the patients medication regimen OR * The pharmacist did make recommendations for change in the patients medication regimen AND the pharmacist communicated the change to the HBPC or primary care provider |
| hc35 | Environmental/safety risk assessment by rehab therapist within 30 days | **Includes all cases except:**   * Patients admitted to HBPC greater than one year * Patients who were hospitalized within 30 days of HBPC admission | **Of cases included in the denominator, the case will pass if:**   * A home environmental safety/risk assessment was completed by a rehabilitation therapist during a face to face encounter OR during a clinical video teleconference encounter (CVT)within 30 days before or after the HBPC admission date |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc36 | Home oxygen safety risk assessment within 30 days | Includes all cases except:   * Patients admitted to HBPC greater than one year * Patients who were hospitalized within 30 days of HBPC admission * Patients who are not oxygen dependent | Of cases included in the denominator, the case will pass if:   * A home oxygen safety risk assessment which included all the required components was documented by an HBPC team member during a face to face encounter within 30 days before or after the HBPC admission date   AND   * An HBPC team member informed and educated the patient/caregiver about all of the following   + The findings of the oxygen safety risk assessment,   + The causes of fire,   + Fire risks for neighboring residences and buildings, and   + Precautions that can prevent fire-related injuries   AND   * An HBPC team member documented that no oxygen risks were identified OR * An HBPC team member documented that oxygen risks were identified and   + A response to the care plan/intervention was evaluated by an HBPC team member or   + There was no HBPC visit between the home oxygen care plan/intervention and the study end date |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc37 | Medication Education | Includes all cases except:   * Those with no face to face or telephone encounter with an HBPC physician/APN/PA, pharmacist, RN or LPN in the past year when medication reconciliation was performed * Those who did not have a new medication prescribed, added or identified during the most recent HBPC encounter by a physician/APN/PA physician/APN/PA, pharmacist, RN, or LPN in the past year during the medication reconciliation process * Those who had education provided but it did not include one or more of the required components and   + There is documentation of a plan to address the medication education component(s) that was not provided to the patient/caregiver by the physician/APN/PA, pharmacist, RN or LPN within 10 days prior to or10 days after the date of the most recent HBPC face to face or telephone encounter when medication reconciliation was performed | Of cases included in the denominator, the case will pass if:   * The physician/APN/PA pharmacist , RN or LPN provided education to the patient/caregiver on the new medication(s) prescribed or added to the patient’s medication list during the most recent HBPC encounter that included all the required components:   + Medication name, type and reason for use   + How to administer the medication   + Anticipated actions and potential side effects   + How to monitor effects of the medication   AND   * The physician/APN/PA pharmacist, RN or LPN documented an evaluation of the patient’s understanding of the medication education AND   + the evaluation indicated patient/caregiver understanding of the medication education   OR   * + the evaluation indicated the patient/caregiver did not understand the education AND   + the physician/APN/PA pharmacist, RN or LPN documented a plan to address the patient/caregiver’s lack of understanding of the medication education |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc38 | Screened annually for depression | Includes all cases except:   * Patients who are terminally ill * Those with documentation of a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND   + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  There is clinician documentation in the past year that the patient is moderately or severely cognitively impaired  * The patient had a clinical encounter within the past year with depression or bipolar disorder identified as a reason for the visit as evidenced by an applicable ICD-10 CM code | Cases included in the denominator will pass if:   * The patient was screened using the PHQ-2+I9 and   + The answers to questions 1 and 2 are documented   + The total score is documented and   + The outcome is documented AND   + Screening was done within the past year   OR   * The patient was not screened using the PHQ-2+i9 but was screened using the PHQ-2 and   + The answer to each question is documented and   + The total score is documented and   + The outcome is documented AND   + Screening was done within the past year and < 10/1/2018 |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc39 | Positive Depression Screen with Timely suicide risk evaluation | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND   + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  There is clinician documentation in the past year that the patient is moderately or severely cognitively impaired  * The patient had a clinical encounter within the past year with depression or bipolar disorder identified as a reason for the visit as evidenced by an applicable ICD-10 CM code * There is no diagnosis of cognitive impairment or dementia or an encounter for depression or bipolar disorder and the patient was not screened for depression * The total score or calculated score of the PHQ-2 is < 3 and the outcome is negative * The patient was not screened or refused screening by the PHQ-2+I9 * The patient was screened using the PHQ-2+I9 and the score of question 9 was 0 or no answer was documented and the interpretation was negative or not documented | Cases included in the denominator will pass if:   * The patient was screened using the PHQ-2+I9 within the past year with a positive result and * An acceptable provider completed the C-SSRS on the day of the positive screen   OR   * The patient was screened using the PHQ-2 within the past year and <10/1/2018 with a positive result and   + The provider documented a suicide ideation/behavior evaluation and the evaluation was done within one day of the positive depression screen using the PCS clinical reminder or a notation by the provider that the suicide risk evaluation was completed or an acceptable provider completed the C-SSRS   + the date of the evaluation is valid   + the evaluation was completed within one day of the positive screen |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc40 | Positive depression screen with timely treatment plan | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND   + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  There is clinician documentation in the past year that the patient is moderately or severely cognitively impaired  * The patient had a clinical encounter within the past year with depression or bipolar disorder identified as a reason for the visit as evidenced by an applicable ICD-10 CM code * There is no diagnosis of cognitive impairment or dementia or an encounter for depression or bipolar disorder and the patient was not screened for depression * The total score or calculated score of the PHQ-2+i9 or the PHQ-2 is < 3 and the outcome is negative * The patient refused follow-up intervention for positive depression screen * The patient was not screened or refused screening by the PHQ-2 or PHQ-2+I9 | Cases included in the denominator will pass if:   * The PHQ-2+i9 was positive and the HBPC team member documented a follow-up evaluation and/or plan for treatment within 14 days of the positive screen   OR   * If no PHQ-2+i9 was done and a PHQ-2 was done <10/1/2018 and within the past year and was positive, the HBPC team member documented a follow-up evaluation and/or plan for treatment within 14 days |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc41 | Screened for PTSD at required intervals with PC-PTSD | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND   + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  There is clinician documentation in the past year that the patient is moderately or severely cognitively impairedThe patient had a clinical encounter within the past year with PTSD identified as a reason for the visit by the specified ICD-10 CM codes | Cases included in the denominator will pass if:  One of the following:   * Screening was done using the PC-PTSD5+I9 within the past year and   + The veteran has not experienced exposure to traumatic events (traumevet=2) or   + The veteran has experienced exposure to traumatic events (traumevet=1 ) and     - The patient’s response to all 5 questions is documented and     - The total score is documented and     - The interpretation is documented   OR   * Screening was done using the PC-PTSD screen <10/1/2018 and   + Date of separation is <=1825 days   + The answer to each question is documented and   + The total score is documented and   + The outcome is documented AND     - screening was done within the past year OR     - If the date of separation is more than 1825 days (5 years) ago, screening was done in the past 1825 days ( 5 years) |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc42 | Positive PC-PTSD screen with timely suicide risk evaluation | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND   + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  there is clinician documentation in the past year that the patient is moderately or severely cognitively impairedthe patient had a clinical encounter within the past year with PTSD identified as a reason for the visit  * the patient was not screened using the PC-PTSD screen within the past 5 years  Screening using the PC-PTSD was done >365 days prior to the study begin date  * Screening was done using the PC-PTSD within the past year and one of the following:   + The total score documented in the record is <3 or   + the computer has calculated the total of the answers to the questions as <3 or   + The interpretation is documented as negative or is not documented * Screening was not done or the patient refused screening with the PC-PTSD5+I9 within the past year * Screening was completed using the PC-PTSD5+I9 within the past year and one of the following   + The veteran has not experienced exposure to traumatic events (traumevet=2) or the response to traumevet was not documented   + The veteran has experienced exposure to traumatic events and the score of the I9 question is 0 or not documented and the interpretation is negative or not documented | Cases included in the denominator will pass if:   * When screening was done using the PC-PTSD5+19 within the past year and the I9 was positive   + An acceptable provider completed the C-SSRS on the day of the positive screen   OR   * When screening was done using the PC-PTSD within the past year and <10/1/2018 the result was positive and   + The provider documented a suicide ideation/behavior evaluation using the PCS clinical reminder or a notation by the provider that the suicide risk evaluation was completed or the C-SSRS was completed by an acceptable provider   + the date of the evaluation is valid   + the evaluation was completed within one day of the positive screen |
| hc43 | Positive depression or positive PTSD screen with time suicide risk evaluation | Includes: Sum of hc42 denominator and hc39 denominator  \* Individual records may appear more than once in the denominator | Includes:  Sum of hc42 numerator and hc39 numerator  \* Individual records may appear more than once in the numerator |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc46 | Influenza Vaccination age 18-64  \*\***This indicator will be scored beginning with April visits; does not appear on exit reports in Q1 and Q2** | Includes all cases except:   * The patient is terminally ill * The study begin date is <04/01/2019 * The patient’s age as of 07/01/2018 is <18 or >64 * HBPC admission date is < 07/01/2018 and the patient was not enrolled in HBPC during the timeframe 07/01/2018 to 0 3/31/2019 * Patients whose only visit during the current immunization period preceded availability of the vaccine are excluded | Cases included in the denominator will pass if:  * influenza immunization was given at this VAMC, another VAMC, or in the private sector during the current influenza immunization season * If there is documentation of allergy to eggs or other flu vaccine components, a history of Guillain-Barre Syndrome, or a bone marrow transplant within the past 12 months the case will be excluded if the patient refused or did not receive the influenza immunization during the current immunization season |
| hc47 | Influenza Vaccination age 65 and greater  \*\***This indicator will be scored beginning with April visits; does not appear on exit reports in Q1 and Q2** | **Includes all cases except:**   * The patient is terminally ill * The study begin date is <04/01/2019 * The patient’s age as of 07/01/2018 is <18 or >64 * HBPC admission date is < 07/01/2018 and the patient was not enrolled in HBPC during the timeframe 07/01/2018 to 0 3/31/2019 * Patient whose only visit during the current immunization period preceded availability of the vaccine are excluded | **Cases included in the denominator will pass if:**  * influenza immunization was given at this VAMC, another VAMC, or in the private sector during the current influenza immunization season * If there is documentation of allergy to eggs or other flu vaccine components, a history of Guillain-Barre Syndrome, or a bone marrow transplant within the past 12 months the case will be excluded if the patient refused or did not receive the influenza immunization during the current immunization season |
| hc48 | Influenza Vaccination refused  \*\***This indicator will be scored beginning with April visits; does not appear on exit reports in Q1 and Q2** | **Includes all cases except:**   * The patient is terminally ill * The study begin date is <04/01/2019 * The patient’s age as of 07/01/2018 is <18 or >64 * HBPC admission date is < 07/01/2018 and the patient was not enrolled in HBPC during the timeframe 07/01/2018 to 03/31/2019 * Patients whose only visit during immunization period preceded availability of the vaccine are excluded | The numerator includes:   * The number of cases that did not have documentation of allergy to eggs or other flu vaccine components, a history of Guillain-Barre Syndrome, or a bone marrow transplant within the past 12 months AND there is documentation that the patient **refused** the influenza immunization |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc45 | Pneumococcal vaccination refused | Includes all cases except:   * The patient is terminally ill * One of the following is documented   + Received chemotherapy during the past year   + Bone marrow transplant during the past year   + Prior anaphylactic reaction to components included in the pneumococcal vaccine * the patient’s age as of 01/01/18 is <65 | The numerator includes:   * The number of cases that *refused* either the PPSV23 or the PCV13 |

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| **Pilot Indicators** | |  |  |
| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc49 | Pneumococcal vaccination age 65 and greater | Includes all cases except:   * The patient is terminally ill * One of the following is documented   + Received chemotherapy during the past year   + Bone marrow transplant during the past year   + Prior anaphylactic reaction to components included in the pneumococcal vaccine * the patient’s age as of 01/01/2018 is <65 | Cases included in the denominator will pass if:  * There is documentation of an immunocompromising condition and   + the patient received the PCV13 pneumococcal vaccination from VHA or in the private sector as an inpatient or outpatient   AND   * + the patient received the PPSV23 pneumococcal vaccination from VHA or in the private sector as an inpatient or outpatient   **AND**   * + The PCV13 was given >=56 days after the date the PPSV23 was given or   + The PPSV23 was given >=56 days after the date the PCV13 was given   OR   * There is no immunocompromising condition and   + the patient received the PCV13 pneumococcal vaccination from VHA or in the private sector as an inpatient or outpatient and the patient was age >=60   AND   * + the patient received the PPSV23 pneumococcal vaccination from VHA or in the private sector as an inpatient or outpatient and the patient was age >=60   **\*If the patient received either the PCV13 or the PPSV23 after age 60 and <365 days prior to the study end date, the case will be excluded** |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc50 | Primary suicide risk screening while screening for depression | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of   dementia/neurocognitive disorder as evidenced by  one of the applicable codes AND   * + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  There is clinician documentation in the past year the patient is moderately or severely cognitively impaired  * The patient had a clinical encounter within the past year with depression or bipolar disorder identified as a reason for the visit as evidenced by an applicable ICD-10 CM code * The patient was not screened or refused to be screened using the PHQ2+I9 and the was screened using the PHQ-2 prior to 10/01/2018 | Cases are included in the numerator if:   * The patient was screened using the PHQ-2+19 within the past year and   + The answer to each question is documented and   + The total score is documented and   + The interpretation of the PHQ-2+I9 is documented and   + The score for item 9 of the PHQ-2+I9 is documented and   + The interpretation of item 9 of the PHQ2+I9 is documented |
| hc51 | Primary suicide risk screening while screening for PTSD | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of   dementia/neurocognitive disorder as evidenced by  one of the applicable codes AND   * + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  There is clinician documentation in the past year that the patient is moderately or severely cognitively impaired  * The patient had a clinical encounter within the past year with PTSD identified as a reason for the visit as evidenced by an applicable ICD-10 CM code * The patient was not screened or refused to be screened using the PC-PTSD5+I9 and the patient was screened using the PC-PTSD prior to 10/01/2018 | Cases are included in the numerator if:   * The patient was screened using the PCPTSD5+19 within the past year and   + - The score for item 9 of the PC-PTSD5+I9 was documented and     - The interpretation of item9 was documented in the record and   + If the patient has experienced exposure to a traumatic event (traumevet=1)     - The answer to each of the PC-PTSD5+I9 questions was documented and     - The total score for the PC-PTSD5+I9 was documented and     - The interpretation of the PC-PTSD5+I9 was documented |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc52 | Timely Secondary Suicide Risk Screening | Includes all cases except:   * Terminally ill patients * Those with documentation of a diagnosis of   dementia/neurocognitive disorder as evidenced by  one of the applicable codes AND   * + The severity of dementia was assessed during the past year by one of the specified tools AND   + The score of the assessment indicated moderate to severe dementia  There is clinician documentation in the past year that the patient is moderately or severely cognitively impaired  * The patient will be excluded from the denominator \*\*once if   + The patient had a clinical encounter within the past year with depression or bipolar disorder   identified as a reason for the visit as evidenced  by an applicable ICD-10 CM code or   * The patient was not screened or refused screening for depression within the past year using the PHQ-2+I9 or * The patient was screened within the past year for depression using the PHQ-2+I9 and the interpretation was negative or not documented * The patient will be excluded from the denominator \*\*once if:   + The patient had a clinical encounter within the past year with PTSD identified as a reason for the visit as evidenced by an applicable ICD-10 CM code or * The patient was not screened or refused screening for PTSD within the past year using the PC-PTSD5+I9 or * The patient was screened within the past year for depression using the PC-PTSD5+I9 and the interpretation was negative or not documented   \*\*Patients with a positive depression screen and a positive PTSD screen will appear in the denominator twice | Cases are included in the numerator once if:   * The patient was screened for depression using the PHQ-2+19 during the past year and   + The score for item 9 of the PHQ-2+I9 is documented as 1, 2, or 3 or   + The interpretation of item 9 of the PHQ2+I9 is positive and   + On the day of the positive I9, the C-SSRS was completed\* by an acceptable provider   Cases are included in the numerator once if:   * The patient was screened for PTSD using the PC-PTSD5+19 during the past year and   + The score for item 9 of the PC-PTSD5+I9 is documented as 1, 2, or 3 or   + The interpretation of item 9 of the PC-PTSD5+I9 is positive and   + On the day of the positive I9, the C-SSRS was completed\* by an acceptable provider   \*Completed= answers to questions 1 and 2 are documented and the answers to the remaining questions are documented as applicable.  Note: If positive screens for depression and PTSD are documented on the same date, and one C-SSRS is completed on the same date, two credits will be given in the numerator |

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|  | **Oxygen Safety Education Components (Informational Only)** |  |  |
| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc36a | Findings of the oxygen safety risk assessment | * Number of cases in denominator of hc36 | * The number of cases with documentation that the patient was educated and informed about the findings of the oxygen safety risk assessment |
| hc36b | Causes of fire | * Number of cases in denominator of hc36 | * The number of cases with documentation that the patient was educated and informed about the causes of fire |
| hc36c | Fire risks for neighboring residences and buildings | * Number of cases in denominator of hc36 | * The number of cases with documentation that the patient was educated and informed about fire risks for neighboring residences and buildings |
| hc36d | Precautions that can prevent fire-related injuries | * Number of cases in denominator of hc36 | * The number of cases with documentation that the patient was educated and informed about precautions that can prevent fire-related injuries |

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|  | **Medication Education Components (Informational Only)** | |  |
| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc37a | Medication name and reason for use | Number of cases in denominator of hc37 | The number of cases that documented education on a new medication was provided within 10 days prior to or10 days after the date of the most recent HBPC face to face or telephone encounter when medication reconciliation was performed by a physician/APN/PA, pharmacist, RN, or LPN and the education included medication name and reason for use |
| hc37b | How to administer the medication and how often/when to take it | Number of cases in denominator of hc37 | The number of cases that documented education on the new medication was provided within 10 days prior to or10 days after the date of the most recent HBPC face to face or telephone encounter when medication reconciliation was performed by a physician/APN/PA, pharmacist, RN, or LPN and the education included how to administer the medication and how often to take it |
| hc37c | Potential side effects | Number of cases in denominator of hc37 | The number of cases that documented education on the new medication was provided within 10 days prior to or10 days after the date of the most recent HBPC face to face or telephone encounter when medication reconciliation was performed by a physician/APN/PA, pharmacist, RN, or LPN and the education included potential side effects |
| hc37d | How to monitor the response to the medication | Number of cases in denominator of hc37 | The number of cases that documented education on the new medication was provided within 10 days prior to or10 days after the date of the most recent HBPC face to face or telephone encounter when medication reconciliation was performed by a physician/APN/PA, pharmacist, RN, or LPN and the education included how to monitor the response to the medication |