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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 during the 30 days following HBPC admission | Cases are included in the numerator 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) within the time frame of 30 days prior to or after 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 during the 30 days following HBPC admission * Patients who were not on at least one medication at the time of HBPC admission | Cases are included in the numerator if**:**   * A pharmacist reviewed the patient’s medication management plan within 30 days of the HBPC admission date 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 during the 30 days following HBPC admission | Cases are included in the numerator 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 the time frame of 30 days prior to or after HBPC admission date |
| 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 during the 30 days following HBPC admission * Patients who are not oxygen dependent | Cases are included in the numerator 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 or during a CVT encounter within the timeframe of 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 interventions to address identified oxygen safety risk(s) 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 |
| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc38 | Screened annually for depression | Includes all cases except:   * Patients enrolled in a VHA or community hospice program * Patients who are terminally ill (termill=1) * Patients with 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 cognitive impairment (cogscor2=5) or     - The score indicated mild dementia, no dementia or outcome was not documented and there is clinician documentation  the patient has  moderate or severe cognitive impairment or     - The severity of dementia was not assessed using one of the specified tool and there is clinician documentation in the past year the patient has moderate or severe cognitive impairment(modsevci=1) * 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 are included in the numerator if :   * The patient was screened using the PHQ-2+I9 OR the PHQ-2 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 |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc41 | PTSD Screening | Includes all cases except:   * Patients enrolled in a VHA or community hospice program * Patients who are terminally ill (termill=1) * Patients with a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND   + - Patients with 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 cognitive impairment (cogscor2=5) or     - The score indicated mild dementia, no dementia or outcome was not documented and there is clinician documentation  the patient has  moderate or severe cognitive impairmentor     - The severity of dementia was not assessed using one of the specified tool and there is clinician documentation in the past year the patient has moderate or severe cognitive impairment(modsevci=1)     - The 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 are included in the numerator if :  One of the following:   * Screening was done using the PC-PTSD5+I9 OR the PC-PTSD5 >=09/01/2018 and   + Date of separation is < 5 years and patient was screened within the last year   + 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 >5 years and screening was done in the past 5 years   + The answer to each question is documented and   + The total score is documented and   + The outcome is documented |

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| I**ndicator** | **Description** | **Denominator** | **Numerator** |
| Hc59 | Annual suicide risk screening using C-SSRS or CSRE | Includes all cases except:   * The most recent home care encounter was <01/01/21 * Patients enrolled in a VHA or community hospice program * Patients who are terminally ill (termill=1) * Patients with 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 cognitive impairment (cogscor2=5) or     - The score indicated mild dementia, no dementia or outcome was not documented and there is clinician documentation  the patient has  moderate or severe cognitive impairmentor     - The severity of dementia was not assessed using one of the specified tool and there is clinician documentation in the past year the patient has moderate or severe cognitive impairment(modsevci=1) | Cases included in the demoninator will pass if:   * The C-SSRS was completed (all applicable questions complete) within the past year and the outcome was documented   OR   * The C-SSRS was not completed within the past year or the patient refused to be screened and   + There is evidence of a signed CSRE in the record and     - The clinical impression of acute risk was documented and     - The clinical impression of chronic risk was documented and  At least one of the general strategies for managing risk in any setting was documented |
| hc57 | Pneumococcal immunization age 66 and greater | Includes all cases except:   * Patients enrolled in a VHA or community hospice program * Patients who are terminally ill (termill=1) * The patient had a bone marrow transplant during the past year * The patient received chemotherapy during the past year * the patient’s age as of 01/01/2020 is <66 * At any time in the patient’s history up to the study end date there is documentation of one of the following:   + Immunocompromising conditions   + Anatomic or functional asplenia   + Sickle cell disease and HB-S disease   + Cerebrospinal fluid leak(s)   + Cochlear implant(s) | Cases are included in the numerator if :  * 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 the PPSV23 < age 60 and there is documentation of a prior anaphylactic reaction to a pneumococcal vaccine the case is excluded OR  If the patient refused or did not receive the PPSV23 and there is documentation of a prior anaphylactic reaction to a pneumococcal vaccine, the case is excluded |

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| I**ndicator** | **Description** | **Denominator** | **Numerator** |
| hc45 | Pneumococcal immunization refused  (Lower is better) | Includes all cases except:   * Patients enrolled in a VHA or community hospice program * Patients who are terminally ill (termill=1) * The patient had a bone marrow transplant during the past year * The patient received chemotherapy during the past year * the patient’s age as of 01/01/2020 is <66 * At any time in the patient’s history up to the study end date there is documentation of one of the following:   + Immunocompromising conditions   + Anatomic or functional asplenia   + Sickle cell disease and HB-S disease   + Cerebrospinal fluid leak(s)   + Cochlear implant(s) | The numerator includes:   * The number of cases that did not have documentation of a prior anaphylactic reaction to a pneumococcal vaccine and *refused* the PPSV23   **\***If the PPSV23 was either refused or not received AND there is documentation of a prior anaphylactic reaction to a pneumococcal vaccine the case is excluded |
| hc48 | Influenza immunization refused | **Includes all cases except:**   * Patients enrolled in a VHA or community hospice program * Patients who are terminally ill (termill=1) * The patient’s age as of 07/01/2020 is <18 or >64 * HBPC admission date is < 07/01/2020 or >6/30/2021 * The date of the most recent HBPC encounter is <07/01/2020 or >6/30/2021 * The patient was not enrolled in HBPC during the timeframe 07/01/2020 to 06/30/2021 * 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 a previous severe allergic reaction to any component of the flu vaccine or 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** |
| hc53 | Veterans assessed for duplications in medication therapy | Includes all cases except:   * Patients admitted to HBPC greater than 120 days * The patient was not on at least one medication at the time of admission * The patient was hospitalized within 30 days following HBPC admission * The medication management plan was not documented in a note signed by the pharmacist within 30 days of admission | Cases are included in the numerator if:   * The pharmacist documented medications were assessed for duplications in therapy within 30 days of admission |
| hc54 | Veterans assessed for drug-drug interactions in medication therapy | Includes all cases except:   * Patients admitted to HBPC greater than 120 days * The patient was not on at least one medication at the time of admission * The patient was hospitalized within 30 days following HBPC admission * The medication management plan was not documented in a note signed by the pharmacist within 30 days of admission | Cases are included in the numerator if:   * The pharmacist documented medications were assessed for drug to drug interactions within 30 days of admission |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc55 | Education on Alternative Caregiving/Placement Plans | Includes all cases except:   * Patients admitted to HBPC greater than one year * No education about alternative caregiving/placement plans was done and there is documentation within 30 days of admission by an HBPC social worker of a reason why the education about alternative caregiving/placement plans did not take place | Cases are included in the numerator if:   * The HBPC social worker documented any one of the components of education about alternative caregiving/placement plans within 30 days of the date of admission   OR   * No education about alternative caregiving/placement plans was done and there is documentation within 30 days of admission that the patient/caregiver/guardian refused the education |
| hc56 | Alternative Caregiver  Placement Plan Documented | Includes all cases except:   * Patients admitted to HBPC greater than one year * The date of HBPC admission is <125 prior to the study begin date * No education about alternative caregiving/placement plans was done and there is documentation within 30 days of admission that the patient/caregiver/guardian refused the education | Cases are included in the numerator if:   * The HBPC social worker documented within 125 days of the date of admission the patient’s plan for urgent/emergent care OR the patient/caregiver/guardian refused to make a plan for urgent/emergent care   AND   * The HBPC social worker documented within 125 days of admission the patient’s plan for long term care OR the patient/caregiver/guardian refused to make a plan for long term care |
| **Pilot Measures** | | | |
| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc58 | Initial Nutrition Assessment for Malnutrition | Includes all cases except:   * Patients admitted to HBPC greater than one year * The patient was hospitalized during the 30 days following HBPC admission * Patients enrolled in a VHA or community hospice program * Patients who are terminally ill (termill=1) * An assessment for malnutrition was not completed by the HBPC RD or RDN and the initial nutrition assessment contains documentation that the patient/caregiver/guardian refused or declined to participate in the assessment for malnutrition | Cases are included in the numerator if:   * The HBPC RD or RDN initial nutrition assessment contains an assessment for malnutrition that was completed by a RD or RDN within the timeframe of 30 days prior to or after HBPC admission date   + The assessment was completed during the initial face to face encounter or   + The assessment was completed during the initial CVT encounter |

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| **Oxygen Safety Education Components (Informational Only)** | | | |
| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc36a | Findings of the oxygen safety risk assessment | Includes all cases except:   * Cases not in the denominator of hc36 * Those who did not have a home oxygen safety risk assessment | * 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 | Includes all cases except:   * Cases not in the denominator of hc36 * Those who did not have a home oxygen safety risk assessment | * 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 | Includes all cases except:   * Cases not in the denominator of hc36 * Those who did not have a home oxygen safety risk assessment | * 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 | Includes all cases except:   * Cases not in the denominator of hc36 * Those who did not have a home oxygen safety risk assessment | * The number of cases with documentation that the patient was educated and informed about precautions that can prevent fire-related injuries |