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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 within the time frame of 30 days prior to or after HBPC admission date**.** * OR during a clinical video teleconference encounter (CVT) prior to 7/01/2023, the record documents an assessment of the patient’s nutritional and hydration needs by a registered dietician within the time frame of 30 days prior to or after HBPC admission date**.** * OR during a clinical video teleconference encounter (CVT) on or after 7/01/2023, the record documents an assessment of the patient’s nutritional and hydration needs by a registered dietician within the time frame of 30 days prior to or after HBPC admission date at a VAMC and HBPC Team qualifying for the Rural Waiver for Telehealth |
| 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 * OR during a clinical video teleconference encounter (CVT) prior to 7/01/2023, the record documents an assessment was completed of a home environmental safety/risk assessment by a rehabilitation therapist within the time frame of 30 days prior to or after HBPC admission date**.** * OR during a clinical video teleconference encounter (CVT) on or after 7/01/2023, the record documents an assessment was completed of a home environmental safety/risk assessment by a rehabilitation therapist within the time frame of 30 days prior to or after HBPC admission date at a VAMC and HBPC Team qualifying for the Rural Waiver for Telehealth |

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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 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 within the timeframe of 30 days before or after the HBPC admission date * OR during a clinical video teleconference encounter (CVT) prior to 7/01/2023, the record documents an assessment was completed of a home oxygen safety risk assessment which included all the required components by an HBPC team member within the time frame of 30 days prior to or after HBPC admission date**.** * OR during a clinical video teleconference encounter (CVT) on or after 7/01/2023, the record documents an assessment was completed of a home oxygen safety risk assessment which included all the required components by an HBPC team member within the time frame of 30 days prior to or after HBPC admission dateat a VAMC and HBPC Team qualifying for the Rural Waiver for Telehealth   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 |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| hc38 | Screened annually for depression | Includes all cases except:   * Patients enrolled in a VHA or community hospice program * Patients with a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND   + During the past year, there is documentation by a physician/APN/PA or psychologist using a Clinical Reminder that the patient has probable permanent cognitive impairment or     - 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 included in the denominator will pass if:   * The patient was screened using the PHQ-2 within the past year and   + The answers to questions 1 and 2 are documented and   + The total score is documented   OR   * The patient was screened using the PHQ-9 within the past year and   + The answers to all 9 questions are documented and   + The total score is documented |

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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 with a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND   + - During the past year, there is documentation by a physician/APN/PA or psychologist using a Clinical Reminder that the patient has probable permanent cognitive impairment or     - 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 included in the denominator will pass if:**  **One of the following:**   * **Screening was done using the PC-PTSD5 and**   + **The date of screening is <= 1 year or**     - **The date of screening is > 1 year and <=5 years and the date of separation is > 5 years 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**   **OR**   * **Screening was done using the PC-PTSD5+i9 <= 5 years and <=12/31/2020 and**   + **The most recent date of separation is > 5 years ago**   + **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** |

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| I**ndicator** | **Description** | **Denominator** | **Numerator** |
| hc57 | Pneumococcal immunization age 66 and greater | Includes all cases except:   * Patients enrolled in a VHA or community hospice program * 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 01/01/2023 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 at the time the immunization was given   OR   * The patient received the PCV20™ pneumococcal vaccination on or after 6/8/2021 and not later than the study end date from VHA or in the private sector as an inpatient or outpatient and the patient was age >=60 at the time the immunization was given   OR   * The patient refused or did not receive the PPSV23 and the PCV20™ and received an unspecified pneumococcal vaccination prior to 10/01/2012 and the patient was age >=60 at the time the immunization was given   \*\*If the patient received the PPSV23 or the PCV20™or an unspecified pneumococcal vaccination <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 the PCV20™ or an unspecified pneumococcal vaccination and there is documentation of a prior anaphylactic reaction to a pneumococcal vaccine, the case is excluded |

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| **Indicator** | **Description** | **Cohort(s)** | **Denominator** |
| hc45 | Pneumococcal immunization refused  (Lower is better) | Includes all cases except:   * Patients enrolled in a VHA or community hospice program * 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 01/01/2023 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 patient did not receive an unspecified pneumococcal vaccination prior to 10/1/2012 and there is no documentation of a prior anaphylactic reaction and * The patient refused the PPSV23   OR   * The patient did not receive an unspecified pneumococcal vaccination prior to 10/1/2012 and there is no documentation of a prior anaphylactic reaction and * The patient did not receive the PPSV23 and * The patient refused the PCV20™   **\*\***If the patient refused or did not receive the PPSV23 and the PCV20™ and did not receive an unspecified pneumococcal vaccination prior to 10/1/2012 and there is documentation of a prior anaphylactic reaction to a pneumococcal vaccine, the case is excluded |

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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 * Patients who were hospitalized within 30 days of the HBPC admission date * No education about alternative caregiving/placement plans was done and there is documentation within 30 days prior to or 30 days after the date 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 prior to or 30 days after the date of admission   OR   * No education about alternative caregiving/placement plans was done and there is documentation within 30 days prior to or 30 days after the date 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 * Patients who were hospitalized within 30 days of the HBPC admission date * 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 prior to or 30 days after admission that the patient/caregiver/guardian refused the education | Cases are included in the numerator if:   * The HBPC social worker documented the patient’s plan for urgent/emergent care OR the patient/caregiver/guardian refused to make a plan for urgent/emergent care within 30 days prior to or 125 days after the date of admission   AND   * The HBPC social worker documented the patient’s plan for long term care OR the patient/caregiver/guardian refused to make a plan for long term care within 30 days prior to or 125 days after the date of admission |

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| **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 * 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 during a face to face encounter by a RD or RDN within the timeframe of 30 days prior to or after HBPC admission date * OR during a clinical video teleconference encounter (CVT) prior to 7/01/2023, the record documents an initial assessment for malnutrition was completed by a RD or RDN within the time frame of 30 days prior to or after HBPC admission date**.** * OR during a clinical video teleconference encounter (CVT) on or after 7/01/2023, the record documents an initial assessment for malnutrition was completed by a RD or RDN within the time frame of 30 days prior to or after HBPC admission date at a VAMC and HBPC Team qualifying for the Rural Waiver for Telehealth |
| hc61 | Screened annually for alcohol misuse | Includes all cases except:   * The patient is enrolled in a VHA or community hospice * Patients with a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND   + During the past year, there is documentation by a physician/APN/PA or psychologist using a Clinical Reminder that the patient has probable permanent cognitive impairment or     - 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) | Cases included in the denominator will pass if:   * The patient was screened with the AUDIT-C during the past year * The score of question 1 is 0 or all three questions have a valid score documented and * The total score of screening is documented |
| **Pilot Indicators** | | | |

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| **Indicator** | **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 with a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND   + During the past year, there is documentation by a physician/APN/PA or psychologist using a Clinical Reminder that the patient has probable permanent cognitive impairment or     - 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 denominator 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 |

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| **Indicator** | **Description** | **Denominator** | **Numerator** |
| Hc62 | Screened for alcohol misuse with score 5 or greater with timely brief intervention | Includes all cases except:   * The patient is enrolled in a VHA or community hospice * Patients with a diagnosis of dementia/neurocognitive disorder as evidenced by one of the applicable codes AND   + During the past year, there is documentation by a physician/APN/PA or psychologist using a Clinical Reminder that the patient has probable permanent cognitive impairment or     - 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 was not screened by AUDIT-C in the past year * The score of the AUDIT-C is <5 or * If the total score is not documented, the total   of the scores for questions 1, 2, and 3 is calculated by the computer and is <5   * The date of the most recent alcohol screening is <14 days prior to the study end date | Cases included in the denominator will pass if:   * The patient was advised to abstain OR the patient was advised to drink within recommended limits (alcbai3=1)   AND   * The patient was provided personalized counseling regarding relationship of alcohol to the patient’s specific health issues OR   the patient was provided general alcohol related counseling (alcbai4=1)  And   * The date of counseling was <=14 days after the positive alcohol screen |

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| Hc65 | Medication regimen assessed for fall risk potential within 30 days after admission to HBPC | Includes all cases except:   * Patients admitted to HBPC >120 days * 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 enrolled in a VHA or community palliative care program | Cases included in the denominator will pass if:   * The patient was on at least 1 medication   AND   * The documentation included a signed medication management plan note signed by the pharmacist within the first 30 days after admission to HBPC   AND   * The pharmacist documented the medication regimen was assessed for fall risk potential   OR   * Documented a review of medications that may increase fall risk |

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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 |