EPRP UPDATE

1QFY2014

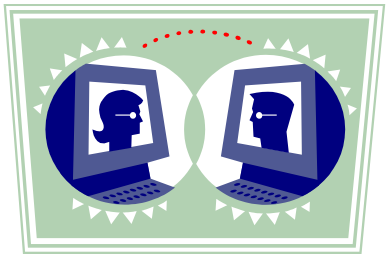
1QFY2014

- The beginning of a new fiscal year brings changes to some of the EPRP data collection tools and scoring
- This presentation will serve to provide an overview of the changes
- In addition to viewing this presentation, please review the questions and definition/decision rules carefully before you begin work; not all changes are covered in this presentation
- Review the exit report guides for additional information about scoring changes

CGPI

CGPI VALIDATION MODULE

- There is an important clarification in the definition/decision rules for question seenyr
- The qualifying face to face visit with a provider in a Nexus clinic includes televideo encounters



CGPI MENTAL HEALTH MODULE

- There are several changes to the CGPI Mental Health module
- Most of the changes are in the first section, assessment of cognitive function

DEMENTIA/NEUROCOGNITIVE DISORDER

- **Mental Health module question 1 asks you to look for a diagnosis of dementia/neurocognitive disorder as evidenced by selected ICD-9-CM codes**
- Dementia/neurocognitive disorder diagnosis
  - May be found on a problem list or in health factors
  - May be recorded during an inpatient or outpatient encounter

MH MODULE QUESTION 1

dementdx2

During the past year, does the record document a diagnosis of dementia/neurocognitive disorder as evidenced by one of the following ICD-9-CM codes?

DEMENTIA/NEUROCOGNITIVE DISORDER ICD9-CM CODES

ICD-9	Diagnosis
046.1	Jakob-Creutzfeldt disease
046.11	Variant Jakob- Creutzfeldt disease
046.19	Other and unspecified Jakob- Creutzfeldt disease
046.3	Progressive multifocal leukoencephalopathy
290.0	Senile dementia uncomplicated
290.10	Presenile dementia uncomplicated
290.11	Presenile dementia with delirium
290.12	Presenile dementia with delusional features
290.13	Presenile dementia with depressive features
290.20	Senile dementia with delusional features
290.21	Senile dementia with depressive features
290.3	Senile dementia with delirium
290.40	Vascular dementia uncomplicated
290.41	Vascular dementia with delirium
290.42	Vascular dementia with delusions
290.43	Vascular dementia with depressed mood

ICD-9	Diagnosis
291.2	Alcohol-induced persisting dementia
292.82	Drug-induced persisting dementia
294.10	Dementia in conditions classified elsewhere without behavioral disturbance
294.11	Dementia in conditions classified elsewhere with behavioral disturbance
294.8	Other persistent mental disorders due to conditions classified elsewhere [“DEMENTIA NOS”]
331.0	Alzheimer's disease
331.11	Pick's disease
331.19	Other frontotemporal dementia
331.2	Senile degeneration of brain
331.7	Cerebral degeneration in diseases classified elsewhere
331.82	Dementia with lewy bodies
331.89	Other cerebral degeneration
331.9	Cerebral degeneration unspecified
333.0	Other degenerative diseases of the basal ganglia
333.4	Huntington's chorea

DIAGNOSIS OF DEMENTIA/NEUROCOGNITIVE DISORDER

- Please review the list of codes thoroughly so you will have them in mind as you look for documentation of a diagnosis in the past year.
- Suggested data sources:
  - Clinic/progress notes (e.g. primary care, neurology, geriatrics, psychiatry)
  - history and physical
  - discharge summary
  - outpatient encounter diagnosis codes
  - admission/discharge codes
- If you find an applicable coded diagnosis, you will go on to answer question 2

MH MODULE QUESTION 2

demsev

Was the severity of dementia assessed during the past year using one of the following standardized tools?

1. Clinical Dementia Rating Scale (CDR)
2. Functional Assessment Staging Tool (FAST)
3. Global Deterioration Scale (GDS)

99. Severity of dementia was not assessed during the past year using one of the specified tools

STANDARDIZED TOOLS

- The definition/decision rules provide a description of each of the standardized tools in question 2
- If the patient was assessed using one of the listed tools, you will enter the date of the most recent assessment of the severity of dementia in question 3 (demsevdt)
- Question 4 looks for the outcome of the severity of dementia assessment

MH MODULE QUESTION 4

cogscor2

What was the outcome of the assessment of the severity of dementia assessment?

4. Score indicated mild dementia
5. Score indicated moderate to severe dementia
6. Score indicated no dementia
99. No score documented in the record or unable to determine outcome

ASSESSMENT OF SEVERITY OF DEMENTIA

- The record must document the score of the assessment and the abstractor must be able to determine whether the score indicates no dementia, mild dementia, or moderate to severe dementia.
- The scoring of the dementia assessment and therefore the outcome will be determined based upon which standardized tool was utilized.
- For the three tools listed, scores indicating at least moderate degree of dementia are:
  - FAST >= 5
  - GDS >= 5
  - CDR >= 2

COGNITIVE IMPAIRMENT

- If there was no coded diagnosis of dementia /neurocognitve disorder in the past year, you will skip from question 1 to questions 5 (modsevci) and 6 (cogimpdt) which have no changes from previous quarters
- A record will be excluded from the remainder of the Mental Health module if cogscor2 = 5, or if modsevci = 1

MH MODULE QUESTION 14

alctxpy2

Within the year prior to the most recent alcohol screening with AUDIT-C, did the patient participate in a recovery program for alcohol abuse or dependence?

- 5. Yes, in VHA
- 6. Yes, but not in VHA (includes AA)
- 99. No or unable to determine

ALCTXPY2

- There is a change to the answer options for a familiar question. If the answer is no or unable to determine, use the 99 option.
- Option 7 (no) has been deleted
- Otherwise, there is no change to the question or rules
- There are no other changes to the Mental Health module

CGPI CHF MODULE

- There are changes to the series of questions about left ventricular systolic function
- Two answer options have been deleted from question 1 and the follow up questions for those two options were deleted
- EF with cut points and EF as a decimal are no longer included as answer options

CHF MODULE QUESTION 1

lfsfdoc

How was the <u>most recent</u> left ventricular systolic function (LVSF)/ejection fraction (EF) documented in the record? Indicate all that apply:

1. Ejection fraction as a percentage
4. Narrative description
99. Not measured

EF AS A PERCENTAGE

- Remember to follow the rules for entering EF when documented as a range
- If an EF range is provided, enter EF as a percentage and use the midpoint of the range.
  - Example: EF documented as 50-55%. The midpoint would be 52.5%, so it would be rounded up to 53%.

CGPI CTR MODULE

- Please review the highlighted changes to the Communication of Test Results Module
- The tests included have not changed, but some of the rules do have changes

EXCLUSIONS

- Questions in the CTR module ask if the test (potassium, CXR, GI biopsy etc.) were done at *this* VAMC.
- Tests done at another VAMC are excluded as well as those done in ED/Urgent Care or during an inpatient stay

FACE TO FACE ENCOUNTER

- **There are some changes to the rules for CTR questions about a face to face encounter with the ordering provider within 14 days**
  - The date parameter has changed to allow you to include face to face visits with the ordering provider on dates **up to and including the pull list date** but the visit still must be <= 14 days after the date of the test
  - If the lab test is ordered or obtained on the same date as the face-to-face encounter and it is not evident that the lab results were available to the provider by the time of the encounter, answer “2”.
  - Please review the rule revisions for “ordering provider”

ORDERING PROVIDER

- **Ordering provider = physician/APN/PA who ordered the test or**
  - a physician/APN/PA that is part of the same service/clinic (e.g., primary care physician orders the test and patient sees the primary care clinic PA).
- **Per local VAMC policy, a registered nurse (RN) may be authorized to order certain lab tests.**
  - If a RN ordered the test and the patient had an encounter with the same RN within 14 days of the test, answer “1”.

RESULTS COMMUNICATED WITHIN 30 DAYS

- As before, if there was no face to face encounter with the ordering provider within 14 days after the date the test was reported, you will go on to the questions about communication of test results within 30 days
  - The date parameter has changed to allow you to include communication of test results by licensed health care staff on dates up to and including the pull list date but still must be <= 30 days after the date of the test
  - Face to face encounter has been added as an option for the methods of communication of test results

WHAT METHOD WAS USED TO NOTIFY THE PATIENT OF THE [TEST] RESULT?

1. Telephone
2. Mailed letter
3. Secure Message
4. Clinic Based Video Telehealth
5. Face-to-face encounter

NEW CTR QUESTIONS

- There are two new questions at the end of the CTR module
- The intent of the questions is to determine if the patient was admitted to inpatient hospitalization at *this* VAMC during the 90 days prior to the study end date and up to and including the pull list date
- Inpatient admission includes
  - Acute care admission
  - Observation stay
  - Community living center (CLC)

CTR QUESTION 83

inptadm

- During the timeframe from (computer display stdyend – 90 days to pulldt), did the patient have an inpatient admission at this VAMC?

1. Yes
2. No

ADMISSION DATE

- If the patient had an admission(s) during the 90 day period, enter the exact date of all admissions in question 84
- Tests performed within 7 days prior to inpatient admission are excluded from CTR measures

CTR DACS

- Due to popular demand, DACs will provide more information with regard to which test causes the case to fail CTR measures
  - The name of the test and date the test was done will be provided
- For example you might see this on a DAC:

ctr2	Outpatient test results communicated to patient within 14 days (urgent, abnormal and normal)
	Serum potassium test (10/12/13)
	WBC test (10/1/13)
	LDL test (10/1/14)
Ctr3	Urgent outpatient test results communicated to patient within 14 days
	Chest x-ray (10/12/13)

CGPI-PREVENTION MODULE

INFLUENZA IMMUNIZATION

- Note the change of dates in the influenza immunization questions that reflect the current immunization season
  - 7/1/2013-3/31/2014
- Although you will be collecting flu immunization data, scores will not be reported on the exit report until the second pull list of 3Q2014

CTR QUESTION CHANGES

- Changes to the CTR questions in the PI module (HCV, FOBT, mammogram) reflect changes in the CTR module as discussed in previous slides
- Exclusions:
  - tests ordered by a provider at other VAMC
  - tests ordered by a non-VHA provider
  - tests ordered during an ED/urgent care encounter
  - tests ordered during inpatient hospitalization
- Face to face visit with ordering provider question changes
  - The date parameter has changed to allow you to include face to face visits with the ordering provider on dates up to and including the pull list date but still <= 14 days after the date of the test
  - If the lab test is ordered or obtained on the same date as the face-to-face encounter and it is not evident that the lab results were available to the provider by the time of the encounter, answer “2”.
  - Please review the rule revisions for “ordering provider”

PI MODULE CTR QUESTION CHANGES

- **Changes to the questions re: results communicated within 30 days**
  - The date parameter has changed to allow you to include communication of test results by licensed health care staff on dates up to and including the pull list date but still must be <= 30 days after the date of the test
  - Face to face encounter has been added as an option for the methods of communication of test results

OTHER PREVENTION MODULE CHANGES

- HPV test (q80, 81)
  - The timeframe has changed (HEDIS change)
  - look for an HPV test obtained from 4 days prior and up to 4 days after the pap test date

- FDA Approved Osteoporosis Therapies (q109 osteotx)
  - The requirement for documentation linking estrogen use to osteoporosis was removed
  - There are also some formatting changes in the definition/decision rules
    - **Bisphosphonates: alendronate (Fosamax), Bisphosphonates: alendronate (Fosamax),** risendronate (Actonel), ibandronate (Boniva), zoledronic acid (Zometa)
    - **Serum estrogen receptor modulator (SERM): raloxifene (Evista)**
    - **Parathyroid hormone:** Calcitonin, teriparatide (Forteo)
    - **Hormone therapy: estrogen,** estradiol, estropipate
    - Other **agents = denosumab** (Prolia)

OTHER PREVENTION MODULE CHANGES

- **Mammogram**
  - The timeframe has changed! (HEDIS change)
    - Mamord: look for a mammogram ordered by VHA in the **past 27 months**
    - Mamgram2: look for the report of a mammogram performed from 27 months prior to the study begin date, up to the study end date
  - Reason for no mammogram (nomammo)
    - Documentation the patient had two unilateral mastectomies on different dates of service is acceptable to answer “1”.

CGPI SHARED MODULE

LDL CTR QUESTIONS

- Changes to the CTR questions for LDL as previously discussed in other modules
- Exclusions:
  - tests ordered by a provider at other VAMC
  - tests ordered by a non-VHA provider
  - tests ordered during an ED/urgent care encounter
  - tests ordered during inpatient hospitalization
- Face to face visit with ordering provider question changes
  - The date parameter has changed to allow you to include face to face visits with the ordering provider on dates up to and including the pull list date but still <= 14 days after the date of the test
  - If the lab test is ordered or obtained on the same date as the face-to-face encounter and it is not evident that the lab results were available to the provider by the time of the encounter, answer “2”.
  - Please review the rule revisions for “ordering provider”

LDL CTR QUESTIONS

- **Changes to the questions re: results communicated within 30 days**
  - The date parameter has changed to allow you to include communication of test results by licensed health care staff on dates up to and including the pull list date but still must be <= 30 days after the date of the test
  - Face to face encounter has been added as an option for the methods of communication of test results

ORAL ANTI-DIABETES MEDICATION

- A new medication has been added to the list of oral anti-diabetes medications in the definition/decision rules for poantidm, chgdmrx, and addmrx
  - Sodium glucose cotransporter 2 (SGLT2) inhibitor: canagliflozin (Invokana)

OTHER CGPI MODULES

No changes to:

- IHD Module
- DM Module
- Core Module
- OP Med Recon

CGPI SCORING CHANGES

- There are several changes to the CGPI exit report format and to scoring

MEASURES DISCONTINUED

- The following measures have been discontinued
  - p3h: Breast screen age 50-69
  - p22h: Influenza vaccination age 50-64
  - p41: Cervical screen age 21-64
  - p43: Cervical screen age 30-64

  - Please note that some of the above have been replaced by similar new measures

NEW MEASURES

- p31h: Breast Screen age 50-74
  - Scoring similar to p3h; age range has changed
- p41h: Cervical Screen age 21-65
  - Scoring similar to p41; age range changed and timeframe for HPV test changed to 4 days before to 4 days after the date of the pap test
- p43h: Cervical Screen age 30-65
  - Scoring similar to p43; age range changed and timeframe for HPV test changed to 4 days before to 4 days after the date of the pap test
- p26h: Influenza immunization age 18-64 (will not appear on exit report until 3Q)
- See exit report guide for more scoring information

MORE SCORING CHANGES

- chf7 and chf14
  - options for EF with cutpoints and EF as a decimal were removed from the algorithm
- mdd40, mdd41, ptsd51, ptsd52, sa7, sre1
  - The new assessment of cognitive function questions were added to the algorithms for these measures
  - Cogscor2=5 excludes the case
- sa17
  - The new assessment of cognitive function questions were added to the algorithm for this measure
  - The question alctxpy was replaced by alctxpy2 in the algorithm
    - Option 99 = no or not able to determine
- htn 10, htn 11, htn12
  - A date parameter has been added to the scoring: >=18 <=75

CTR SCORING CHANGES

- All CTR measures: tests done within 7 days prior to an inpatient admission are excluded
- Ctr7: The algorithm now includes option (face to face) as a method of communication of test results
- Please refer to the exit report guide for more information on scoring changes

HBPC

- There are no changes to the HBPC instrument or scoring

TBI

TBI CHANGES

- There are several changes to TBI
- A major change is that cases on the pull list will be those that did not have evidence of a completed Comprehensive TBI evaluation template
- Several questions have been deleted and others have changes
- Please read all questions and definition/decision rules carefully and don't rely on memory from past quarters

TBI INSTRUMENT CHANGES

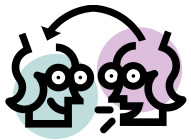
- (q1-tbiscrdt) The date of the most recent TBI screen will be auto-filled from the pull list and can be modified if incorrect
- (q2-actdxtbi) If there is evidence in the record that the veteran had a pre-existing diagnosis of TBI prior to the TBI screen, the record will be excluded
- Comprehensive TBI Evaluation (CTBIE): revised terminology for what was formerly referred to as the second level evaluation. You will find this change in many questions
  - Please review the rules for q6 (sec_eval) regarding the 4 components of the CTBIE
  - The components have not changed, but please be sure you understand what documentation is needed for each component in order to abstract correctly

TBI INSTRUMENT CHANGES

- As before, if a Comprehensive TBI Evaluation was completed <=30 days following the positive TBI screen, the review ends
- If the CTBIE was not completed within 30 days, you will go on to the questions about successful notification of the appointment date or attempts to contact

SUCCESSFUL NOTIFICATION

- (q8-success2) This is a new question that asks if the patient was successfully notified of the CTBIE appointment date on the date of the positive TBI screen, or <= 14 days after the screen
  - In order to answer yes, there must be medical record documentation that facility personnel successfully contacted the patient during the specified timeframe about the CTBIE appointment. Notification can be:
    - face to face
    - by telephone
    - by secure messaging
    - by letter
  - Notification via secure messaging or letter is acceptable only if a return message confirming the appointment is documented in the record within the specified timeframe.
    - Please review the examples in the definition/decision rules



TBI QUESTION 8

Success2

- During the timeframe from (computer to display tbiscrdt to tbiscrdt +14 days), was the patient successfully notified of the Comprehensive TBI Evaluation appointment date?
  - 1. Yes
  - 2. No

UNSUCCESSFUL NOTIFICATION

- If notification of the patient about the CTBIE appointment date was NOT successful, you will go onto the questions about attempts to contact
- These questions have some changes from previous quarters so please read the questions and rules carefully
- You will look for attempts to contact by telephone, secure messaging, and/or certified letter on the date of or within 14 days after the positive TBI screen
  - Look for one contact attempt by certified letter (q11-atemplet)
  - Look for 3 contact attempts by **telephone or secure messaging** (q13-atempt3)
    - **Contact attempts by telephone or secure messaging must be completed on different days of the week**. For example, contact attempts by phone were made on Monday, Tuesday, and Friday; count as 3 attempts.
    - Contact attempts made by phone and secure messaging on Monday and phone on Friday, count as 2 attempts

UNSUCCESSFUL NOTIFICATION

- If there was no contact attempt by certified letter OR if the was an attempt by certified letter but there was not 3 contact attempts by telephone or certified message, you will go to the refusal question.
- This path will be discussed in subsequent slides

SUCCESSFUL NOTIFICATION

- If the patient was successfully notified (success2= yes) regarding the CTBIE, you will enter the date in q9 (successdt) and go onto questions about the reason CTBIE was not done within 30 days
- These questions are familiar from previous quarters but with some changes
  - The refusal question and the question about an appointment greater than 30 days after the screen now have the time frame built into the question
- If the patient was a no-show or cancelled the initial CTBIE appointment, question 24 asks about rescheduling the appointment

QUESTION 24

reschevl2

On the date of or within 14 days after the patient was a no show or cancelled the initial Comprehensive TBI Evaluation appointment, does the record document that the facility successfully contacted the patient to reschedule the Comprehensive TBI Evaluation?

- 1. Yes
- 2. No
- 98. Patient refused to reschedule the CTBIE

RESCHEDULE

- The intent of reschevl2 is to determine if the facility contacted the patient to reschedule the Comprehensive TBI Evaluation appointment following the patient's no show OR following patient cancellation of the Comprehensive TBI Evaluation appointment on the date of or within 14 days after the no-show or cancelled appointment
- In order to answer "1",there must be medical record documentation that a telephone or certified letter contact attempt was successful in contacting the patient to reschedule the Comprehensive TBI Evaluation appointment.
- If there is documentation in the record that the staff called to reschedule the patient following a no show or cancellation and the patient refused the appointment, answer "98".

UNSUCCESSFUL CONTACT TO RESCHEDULE

- If contact to reschedule a no-show or cancelled appointment was unsuccessful, q27 (trycont2) asks for documentation of at least two attempts to contact the patient to reschedule
- On the date of or within the 14 days after the patient was a no show or cancelled the initial Comprehensive TBI Evaluation appointment, does the record document at least two attempts to contact the patient to reschedule the Comprehensive TBI Evaluation appointment?
  - 1. Yes
  - 2. No
- Follow up attempts to contact the patient can include telephone call, secure messaging, or certified letter.

TBI SCORING

- The two TBI measures from previous quarters are no longer on the exit report
- There is a new measure
  - Tbia5 : OEF/OIF veterans screened positive for TBI with timely contact per protocol or timely completion CTBIE
- Please refer to the exit report guide for exclusions and pass conditions for this measure

INPATIENT INSTRUMENTS

INPATIENT HEART FAILURE

LVSF

- There are changes to questions about LVSF
- The changes are similar to the LVSF questions in CGPI
  - Two answer options have been deleted as well as the follow up questions for those two options
  - You will continue to enter EF as a percentage and as a narrative description as applicable
- A new question asks for the date of the most recent test for left ventricular systolic function

QUESTION 24

efrstdt

- **Enter the date of the most recent test for left ventricular systolic function (EF)**
  - Enter the date the most recent EF was measured. EF may be measured by echocardiogram, during cardiac catheterization, or by various stress tests, including perfusion scans. Enter exact day and month if test was recent and dates are available.

FUNCTIONAL CAPACITY

- There are some revisions to the definition/decision rules for the question funcap (q27)
- Specify the patient's most recent functional status or exercise tolerance documented during this admission.
  - Please review these d/d rule changes in correlation with the answer options

    1. Ordinary physical activity (e.g., walking several blocks or climbing stairs) does not cause undue fatigue, palpitation, dyspnea (shortness of breath) or anginal pain. Limiting symptoms may occur with marked exertion.
    2. Comfortable at rest, but ordinary physical activity (see above) results in fatigue, palpitation, dyspnea, or anginal pain.
    3. Comfortable at rest, but less than ordinary physical activity (see above) causes fatigue, palpitation, dyspnea, or anginal pain.
    4. Patient has symptoms at rest that increase with any physical activity. Inability to perform any physical activity without discomfort.

REASONS FOR NO ALDOSTERONE ANTAGONIST

- Please review the changes to the definition/decision rules for q40, reasons for not prescribing an aldosterone antagonist during this admission
  - Documentation of a reason any time during admission is acceptable.
  - Allergy: Documentation of aldosterone antagonist allergy or sensitivity or patient's inability to tolerate one or more side effects is sufficient.
  - Renal insufficiency: acute renal insufficiency/failure; arterionephrosclerosis; azotemia; chronic renal disorder; chronic renal failure (CRF); chronic renal insufficiency; diabetic kidney disease; hemodialysis or peritoneal dialysis.
  - Hyperkalemia: serum potassium > 5.5 meq/L that cannot be reduced (not a transient event)
  - Other reason: must be documented by a physician/APN/ PA or pharmacist.
    - Must explicitly link the noted reason with non-prescription of an aldosterone antagonist.

IHF SCORING

- There are no changes to IHF scoring in 1QFY2014

PNEUMONIA

PNEUMONIA

There are no changes to the Pneumonia data collection instrument or to the scoring

SURGICAL CARE

SC CHANGES

- There are no changes to the Surgical Care instrument for 1QFY2014
- There is a change to the definition/decision rules for the Imed question in the Informed Consent module
  - In order to answer “1”, the informed consent form in the medical record must be created using iMedConsent. Informed consent forms generated by iMed are identified in the informed consent note as being “electronically filed by: iMed user”.
  - Non iMed Consent informed consent forms may also be contained in the medical record as a VistA document, but do not meet the intent of this question.
- Please be sure that you see the appropriate documentation to count as iMed.

SC SCORING

- There are no changes to Surgical Care scoring

ACS

HISTORY AND ASSESSMENT MODULE

- Although not a change, please review the definition/decision rules for entering the troponin cut off point (Q 23 and 33)
  - Enter the exact cutoff used by the facility - DO NOT ROUND. For example, if the cutoff point is 0.39, enter 0.39 - NOT 0.4.
  - Remember that the cutoff is the lowest level at which troponin is considered positive

ACS AT INITIAL PRESENTATION

New question: angsymp

Within 24 hours prior to, or on arrival at the hospital, is there documentation that the veteran had any of the following angina symptoms?

Angina symptoms include but are not limited to:

- chest or epigastric pain, or discomfort described as pressure, squeezing, burning, tightness, heaviness
- arm, shoulder, neck, jaw, throat or back pain described as above
- unexplained indigestion, nausea or vomiting
- dyspnea
- dizziness, lightheadedness
- fatigue, tiredness, weakness
- diaphoresis

1. yes
2. no

ACS AT INITIAL PRESENTATION MODULE

- A new question (angsymp) has replaced two “old” questions (amisymp and angina)
- Review the definition/decision rules:
  - Angina: chest pain or discomfort that occurs if an area of the heart muscle does not get enough oxygen-rich blood (ischemia). Pain or discomfort may radiate to shoulders, arms, neck, jaws, back, upper abdomen.
  - Prior to or on arrival: patient was experiencing one of more symptoms at home or elsewhere, during transport to the hospital, or at the time of initial presentation to the hospital. Even if the symptom(s) had subsided by the time the patient presented to the hospital, answer “1”.
  - There may be conflicting notes in the ED record, admitting note, H&P, etc, regarding episodes of angina. If angina is noted in any of these sources, answer “1”.
  - If there is documentation that the patient’s symptoms were “atypical” (i.e. not clearly ischemic symptoms) but the documentation indicates the symptoms are an anginal equivalent, answer “1”.

ACS DISCHARGE MODULE

- There is a skip pattern change in the Discharge module
- If the patient is prescribed an ACEi at discharge, the ARB at discharge question will be skipped.

OTHER CHANGES

- There are no changes to questions or rules for other ACS modules
- The only change to scoring is the replacement of amisymp and angina with angsymp in the algorithms for ihi29n and ihi42n

GLOBAL MEASURES

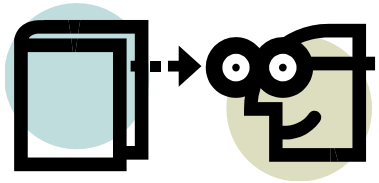
GM

- **The only change to the Global Measures instrument is the addition of auto-fills to some questions in the tobacco and substance use sections**
  - The purpose of the auto-fills is to prevent conflicting data
- **Please continue to read the questions and definition/decision rules carefully as you abstract data**
  - GM abstraction is still relatively new and it is important that you understand and apply the rules correctly
  - It is imperative that you answer questions accurately so that the facility receives good data to use in making improvements to care and documentation
- **There are no changes to Global Measures scoring**

HBIPS

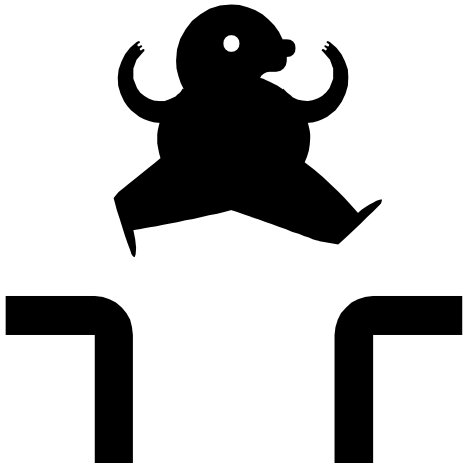
HBIPS CHANGES

- There are only a few changes to the HBIPS instrument, which will be outlined on the following slides
- Please carefully review all definition/decision rules as you look at the changes



SKIP CHANGE

- If the length of stay is <= 3days and the patient was treated in an inpatient psychiatric setting, the admission screening questions will be skipped and after answering psycare you will go to refnext (referred to next level of care provider)



ADMISSION SCREENING

- **Please note additions to the definition/decision rules for the admission screening questions**
  - The admission screening timeframe must have occurred within the first three days of admission for psychiatric care. The day after admission is defined as the first day
  - An admission screen performed in an ambulatory setting, i.e. emergency department, crisis center which results in an admission to an inpatient psychiatric care setting can be used if the screen is documented in the medical record.

DATE ADMISSION ASSESSMENT COMPLETED

- **There is an addition to the rules for entering the date the admission assessment was completed**
  - If the admission screen containing all components was performed in an ambulatory setting, i.e. emergency department, crisis center that resulted in an admission to an inpatient psychiatric care setting, use the admission date as the date the admission screening was completed

TRANSMISSION OF CONTINUING CARE PLAN

- If the continuing care plan was given to ambulance transport personnel who are taking the patient to the next level of care, that is acceptable for transmission of the care plan.

PLEASE REVIEW

- Please read questions and definition/decision rules carefully and follow the rules as you abstract HBIPS data
- Good data will assist the facility with making improvements where needed
- Please review the information provided by email regarding quality control findings

HBIPS SCORING

- The inclusion date for HBIPS discharges has been changed to >= 07/01/2013 and <= 12/31/2013
- There are no other changes to scoring

COMMON MODULES

NO CHANGES

- There are no changes to the Delirium, Fall Assessment or Inpatient Medication Reconciliation modules
- There are no changes to any of the measures associated with these modules

FY2014

- It is important to read all questions and rules thoroughly and abstract carefully
- Please feel free to ask questions at any time. Your Regional Managers and WVMI staff will be glad to assist you.
- Thank you for your continued good work!