EPRP UPDATE

1Q FY2016

1Q FY2016 CHANGES

- The purpose of this presentation is to familiarize you with the changes to EPRP abstraction instruments and scoring for 1QFY2016
- There are numerous changes in some instruments
  - A few new questions have been added
  - But the bigger change is that many questions have been retired
    - Keep in mind that skips have changed where questions have been removed
    - There are also some scoring changes due to retired questions

1QFY2016 CHANGES

- Four topics are no longer part of EPRP review, the CORE sets having been retired by The Joint Commission effective with 01/01/2015 discharges and retired by ABI effective with 10/01/2015 discharges
  - ACS
  - PN
  - IHF
  - SC

CHANGES HIGHLIGHTED

- The following slides will serve to highlight the major changes to questions, rules and scoring
- Please be sure to review all questions and rules and pay special attention to the highlighted areas as not every change will be noted in this presentation

CGPI

1QFY2016

VALIDATION MODULE

- There are multiple changes to the CGPI Validation module
  - Five questions were deleted; 3 from the SCI series
  - Some questions from the PI module were moved to Validation
  - New questions were added
  - Definition/Decision rules have changes
- Please review the questions and associated definition/decision rules carefully

SELECT DIAGNOSIS

- ICD-10-CM diagnosis codes have been added to question 12 (selhtn, selmi, etc.)
  - These codes will be effective for visits on or after 10/1/2015
  - ICD-9-CM codes remain for visits prior to 10/1/2015
  - **Remember that in this question the codes are used only as examples and are not all inclusive; diagnoses for this question are determined by physician documentation, not codes**

SELECT DIAGNOSIS

- If you select **selpci** and/or **selcabg** you must also enter **the date** of the most recent PCI and/or CABG as applicable
  - The date questions have been moved from the former IHD module
  - The PCI or CABG may have been done anywhere and must have been **within the last two years**.
  - You must be able to determine the month and year the procedure was done. Otherwise do not select the procedure.

SELECT DIAGNOSIS

- **Selckd**: look for a diagnosis of chronic kidney disease or ESRD **in the past two years**
- Seldm and selcopd have been deleted. You will no longer need to look for a diagnosis of COPD or Diabetes although the Diabetes questions remain
  - Cases will be flagged for DM as in the past

VASCDIS

- **Q13** (vascdis) is the vascular disease question that previously was in the PI module
- A table with applicable ICD-9-CM and ICD-10-CM codes is included for reference
  - You may take diagnoses from clinician documentation even though an applicable code is not present
- **Q14** is the family history question, also moved from the PI module
  - There are no changes to this question or the rules

NEW VALIDATION MODULE QUESTIONS

- There are 4 new questions in the Validation module
- These questions are used in scoring two new HEDIS lipid measures (more on that later)
- You will get these new questions if:
  - The record is flagged for diabetes or
  - Selmi, selpci, or selcabg = true or
  - Vascdis is anything but 99

CIRRHOSIS

- **Q15 (cirrhosis)**
  - Does the record document a diagnosis of cirrhosis during the past two years?
    - 1. Yes
    - 2. No
- The diagnosis may be taken from the inpatient or outpatient setting
- Diagnoses on a problem list must be validated by a clinician diagnosis within the past 2 years

MUSCLE DIAGNOSIS

- **Q16 (muscledx)**
  - Does the record document a diagnosis of myalgia, myositis, myopathy, or rhabdomyolysis during the past year?
    - 1. Yes
    - 2. No
- See the rules for a definition of each of the conditions in the question
- Note the timeframe: **during the past year**.

PREGNANCY/IVF

- **Q17 (ivfpreg)**
- Does the record document any one of the following during the past two years:
  - 1. Pregnancy
  - 2. In vitro fertilization (IVF)
  - 3. Both in vitro fertilization and pregnancy
  - 99. None of the above

CLOMIPHEN

- **Q18 (clomiphen)**
  - Does the record document the patient was prescribed clomiphene during the past two years?
    - Yes
    - No
- Clomiphene is a non-steroidal fertility medicine. It causes the pituitary gland to release hormones needed to stimulate ovulation (the release of an egg from the ovary).

CGPI CORE MODULE

- There are several changes to Core module questions
- Blood pressure
  - Questions deleted include:
    - BP immediately prior to most recent BP
    - BP after study end date
  - No other changes to BP questions
- Weight and Height
  - Questions deleted:
    - Date of most recent weight
    - Refusal of weight/height measurement
  - No other changes to weight and height questions

MOVE!

- There are some changes to the MOVE! series of questions
  - Questions deleted:
    - Palliative care question
    - Offer of weight management treatment (mov5 measure retired)
    - Plan for follow up of abnormal BMI
  - There are also a few changes to the current MOVE! questions

MOVE!

- **Q16 obesdx**
  - Dmflag=1 will auto-fill option1 (diabetes)
  - ICD-10-CM codes have been added as guidance in determining whether a diagnosis of an obesity-related comorbidity is present for visits on or after 10/1/2015

MOVE!

- **Q17 movetx**
- There are extensive clarifications/changes in the definition/decision rules regarding acceptable documentation of weight management treatment which include:
  - Clinic notes specifying the provision of weight management counseling or treatment in group or individual formats.
    - Methods of delivery could include face-to-face visits, phone calls, home telehealth, or clinical video telehealth encounters

MOVE!

- **Q17 movetx**
- Acceptable documentation of weight management treatment also includes:
  - **Evidence that the clinician discussed the patient's completed multifactorial assessment results (e.g., MOVE!11 questionnaire, or associated patient and/or healthcare provider reports) with the patient**
    - **Seeing the MOVE11! Questionnaire alone is not sufficient**

MOVE!

- **Q17 movetx**
- Acceptable documentation of weight management treatment also includes:
  - **Evidence that the patient is participating in MOVE! Telephone Lifestyle Coaching (MOVE! TLC).**
  - Evidence that the patient is participating in a home telehealth version of MOVE! (sometimes called TeleMOVE!) **that may be delivered through an in-home messaging device or interactive voice response**

MOVE!

- **Q17 movetx**
- Acceptable documentation of weight management treatment also includes:
  - **Evidence that the patient is using the MOVE! Coach mobile application in conjunction with clinical support provided in-person, by phone, or via secure messaging (MOVE! Coach with Care).**

MOVE!

- Acceptable documentation of weight management treatment also includes:
- Notation from the clinician that patient is participating in a non-VA, clinically-supported weight management program that targets more than one aspect of weight management
  - Examples:
    - Weight Watchers
    - TOPS Club
    - HMR program,
    - Optifast,
    - Curves Complete
- Clinically-supported web-based or mobile application weight loss programs are acceptable
- **Clinically-supported = includes group or individual contact with a coach or clinical staff**

FRAIL ELDERLY

- There are also a few changes in the Frail Elderly section of the Core module
- Questions deleted:
  - Tools used to assess ADLs and IADLs.
- Codes added:
  - ICD-10-CM codes added to the question uicode

PREVENTION INDICATORS MODULE

- Changes to this module are not extensive, but please review all highlighted sections
- Influenza immunization:
  - The flu high risk question has been removed
  - Q2 fluvac15: reflects current immunization season 7/1/2015 to 3/31/2016

PREVENTION INDICATORS MODULE

- Pneumococcal immunization
  - The pneumococcal pneumonia high risk question has been removed
  - Q5 pnumovac
    - Documentation of either PPSV23 or PCV13 is acceptable

HCV

- Six questions re: follow up of a positive HCV test were retired
- The questions about whether an HCV test was done, date, results and CTR questions remain with no changes

TOBACCO USE

- Six questions in the series of tobacco use questions have been retired
- There are no changes to the remaining tobacco questions

COLORECTAL CANCER SCREENING

- Ten colorectal cancer screening questions have been retired including those about the number of iFOBT/FIT tests required and reported, previous FOBTs and double contrast barium enema
- There are no changes to the remaining CRC screening and related CTR questions

PAP TESTS

- Q49 testpap
  - Note the changes to the definition/decision rules regarding documentation of hysterectomy
  - **The following are also acceptable:**
    - Documentation of a "vaginal pap smear" in conjunction with documentation of "hysterectomy".
    - Documentation of hysterectomy in combination with documentation the patient no longer needs pap testing/cervical cancer screening.
- The question asking for the result of an HPV test has been removed
- All other Pap test related questions are unchanged

MAMMOGRAM

- The two questions about an order for a mammogram have been retired
- All other mammogram questions remain unchanged

BONE DENSITY TESTING

- The question about the outcome of the BMD test has been retired
- The three remaining BMD testing questions are unchanged

SHARED MODULE

- 41 Shared Module questions have been retired including
  - Lab values for HDL, total cholesterol, urine protein date and result and date of positive urine protein, post hgbA1c questions
  - Medication questions including diabetes medications, some of the statin medication questions and the BP medication change questions

LIPIDS REPORTED

- Note the change to lipid questions choldt, hdldt, ldldt, preldldt and postldldt
- The questions now ask for the date the test was reported (rather than obtained)

STATIN MEDICATION

- There are two new questions about statin medications
- These questions were added for scoring of the two new cardiovascular risk measures (more later)

STATIN MEDICATION

- Q23 statin
- During the past year, was a statin medication prescribed for the patient?
  - 1. Yes
  - 2. No

- Statin medications:
  - atorvastatin calcium (Lipitor)
  - fluvastatin sodium (Lescol)
  - lovastatin (Mevacor, Altocor)
  - pravastatin sodium (Pravachol)
  - rosuvastatin calcium (Crestor)
  - simvastatin (Zocor)
  - pitavastatin (Livalo)

- Suggested data sources: clinic notes, physician orders, med refills

STATIN MEDICATION

- If the patient was prescribed a statin medication you will answer q24 destatin
- Designate the statin prescribed for the patient during the past year.
  - 1. Atorvastatin
  - 2. Fluvastatin
  - 3. Lovastatin
  - 4. Pravastatin
  - 5. Rosuvastatin
  - 6. Simvastatin
  - 7. Pitavastatin
  - 99. Unable to determine

DESTATIN

- If the patient is taking a combination medication (e.g. simvastatin/ezetimibe), select the statin component of the combination medication
- If the actual name of the statin is not documented (e.g. physician notes, "patient on statin"), and the name of the statin is not found elsewhere in the record, enter "99."

STATNDOS

- There is an addition to the definition/decision rules of question 25 statndos
- In the informational section, **pitavastatin 2mg/day or greater** has been added

SHARED MEDICATION QUESTIONS

- The Shared Module questions about aspirin, beta blockers, ACEIs and ARBs remain unchanged

CGPI MENTAL HEALTH MODULE

- ICD-10-CM codes for dementia and neurocognitive disorders have been added to **question 1 dementdx2**
- A table that includes both ICD-9-CM codes for encounters prior to 10/1/2015 and ICD-10-CM codes for encounters on and after 10/1/2015 is available for reference
- The question asking for the date of the most recent assessment of the severity of dementia has been deleted

ALCOHOL SCREENING

- There is a skip change in the alcohol questions
- Only cases with an AUDIT-C score >=5 will go to the question alcbac (brief alcohol counseling)

DEPRESSION SCREENING

- ICD-10-CM codes for depression have been added to **question 17 deptxyr**
- ICD-10-CM codes for bipolar disorder have been added to **question 19 bpdxyr**
  - ICD-9-CM codes apply to encounters prior to 10/1/2015 and ICD-10-CM codes apply to encounters on and after 10/1/2015

DEPRESSION QUESTIONS REMOVED

- Three questions have been deleted from the depression section:
  - 2 questions about refusal of depression screening
  - the question asking for the date of documentation that the patient needs further intervention for a positive depression screen

PTSD

- ICD-10-CM codes for PTSD have been added to **question 47 ptsdx**
- The question asking for the date of documentation that the patient need further intervention for a positive PTSD screen has been removed

NEW MODULE!

- There is a new CGPI module: **Cardiovascular Disease**
- This module combines the former IHD and CHF modules
- As noted previously the questions asking for the date of a PCI and CABG have been moved to the Validation module
- The CHF module questions that asked how LVSF was documented have been retired

OP MEDICATION RECONCILIATION

- The Outpatient Medication Reconciliation Module has a few changes
- The definition of "prescription or modification of medication(s)" has been added to the definition/decision rules for question 1 (nexusrx) and 2 (opmedrx)
  - **Prescription or modification of medication(s) includes:**
    - **renewal**
    - **change to a current medication (e.g., changing dose, frequency, route) and**
    - **discontinuation of a medication**
- The question that asks for the name of the clinic has been removed

DIABETES MODULE

- Two questions have been removed from the Diabetes module
  - Question asking whether patient was on dialysis
  - Question asking if retinopathy was diagnosed on the eye exam done in the past year
- There is a change in the skip pattern after the question eyespec
  - If eyespec is anything *other than* 3 or 99, you will skip the questions about an eye exam in the year previous to the past year and go to the end of the module

DIABETES MODULE

- There are two additions/clarifications to the rules of question 14 (retinpath2)
  - **The intent of the eye exam indicator is to ensure that patients with evidence of any type of retinopathy have an eye exam annually, while patients who remain free of retinopathy (i.e., the retinal exam was negative for retinopathy) are screened every other year.**
  - If there is any documentation of retinopathy **(including hypertensive)** or retinopathy synonym, select "1."

COMMUNICATION OF TEST RESULTS

- There are two changes in this module
- The question that asked for the value of the most recent serum potassium has been retired
- There is clarification about abnormal prostate biopsy in the definition/decision rules of question 74 (cprbxrslt)
  - Examples of other abnormal/suspicious findings include
    - Acute prostatitis
    - Prostate abscess
    - Chronic prostatitis
    - BPH

CGPI EXIT REPORT AND SCORING

- The following CGPI measures have been retired
  - dmg70: LDL < 100 or moderate dose statin
  - dmg25hs: LDL < 100 or moderate dose statin
  - ihd70: LDL < 100 or moderate dose statin
  - lhd18hns: LDL < 100 or moderate dose statin
  - mov5: Obesity screening and treatment offered if appropriate

CGPI MEASURE CHANGES

- **chf7:** lvfdoc2 will be used in scoring rather than lvsfdoc
- **chf14:** lvfdoc2 and lvefind will be used in scoring rather than lvsfdoc, efnumbr and narrlvsf
- **dmg34h:** macroalb question discontinued and removed from scoring

CGPI MEASURE CHANGES

- **p25h**, **p26h**, **p27**, and **p19s:** changed birthdate calculation to use 7/1/2015
- **p31h**: age inclusion changed to >=52 and <=74
- **p61h:** checks for number of iFOBT/FIT tests performed were removed

NEW CGPI MEASURES

- There are two new CGPI measures
  - cvrm1: Statin therapy for patients with diabetes
  - cvrm2: Statin therapy for patients with CVD without diabetes
- Please see the 1Q CGPI Exit Report Guide for numerator and denominator details

HBPC

HBPC CHANGES

- There are several changes to the HBPC instrument
- Please review the instrument carefully and note the highlighted changes in:
  - Validation section
  - Medication management
  - Nutrition/hydration
  - Environmental/safety risk
- There are a few new questions and several questions have been retired

HOSPITAL ADMISSION

- **If hcstatus=2** you will get question 7 (inptadm)
- This is not a new question, but has been moved to a new position
- **During the time frame from (computer display admisdt to admisdt + 30 days), did the record document the patient was hospitalized?**
- The intent of the question is to determine if the patient was hospitalized during the 30 days following HBPC admission
- In order to answer "yes" to this question you must know the exact date of admission regardless of whether it is a VA or non-VA admission

HOSPITAL ADMISSION

- If you answer "yes" to inptadm, you will enter the exact date of admission in q8 (admdate2) and you will skip the medication management questions
- Otherwise you will go to the medication management section which has 5 new questions
- Four questions in this section were retired

NEW MEDICATION QUESTION

- Q15 (newmedrx)
- During the most recent HBPC visit by a physician/APN/PA, was a new medication prescribed or added to the medication list?
  - 1. Yes
  - 2. No

- **New medication** = a medication prescribed or added to the medication list by the physician/APN/PA during the most recent HBPC visit.
- **Medication**:
  - VA prescription
  - non-VA prescription
  - OTC/herbal/nutritional supplement
- The addition may be the result of an OTC medication started by the patient since the last medication reconciliation

NEW MEDICATION

- If a new medication was *not* prescribed or added to the patient's list, you will skip to the hospice question
- Otherwise you will get q 16 (medrxdt)
- Enter the date of the most recent HBPC visit by a physician/APN/PA when a new medication was prescribed or added to the patient's medication list.

NEW MEDICATION EDUCATION

- If a new medication was prescribed or added to the patient's list, you will get new question 17 (mededcon)
  - **During the time frame (computer to display medrxdt to medrxdt + 10 days), did a physician/APN/PA, pharmacist, or RN provide education on the new medication(s) prescribed/added to the patient/caregiver <u>to include ALL of the following:</u>**
    - **Medication name, type, and reason for use**
    - **How to administer the medication (include process, time, frequency, route, and dose)**
    - **Anticipated actions and potential side effects**
    - **How to monitor effects of the medication**
      - 1. Yes
      - 2. No

NEW MEDICATION EDUCATION

- **The listed components must be documented for each new medication prescribed or added to the patient's medication list**
- **If patient was ordered a new medication by an outside provider---it would show up on the new medication list—and be recognized as such during medication reconciliation**
  - **The patient should then receive education from the HBPC physician/APN/PA, pharmacist, or RN within 10 days of the home visit when the new medication was documented**
- **The education may be provided in person or by telephone**
- Please review the example and the acceptable documentation in the rules

EVALUATION OF EDUCATION

- If education was provided on new meds prescribed or added to the list (mededcon=1) you will go to q18 (mededeval)
- **Did the physician/APN/PA, pharmacist, or RN document an evaluation of the patient/caregiver's understanding of the medication education?**
  - 3. Yes, documented evaluation indicated patient/caregiver understanding of medication education provided
  - 4. Yes, documented evaluation indicated patient/caregiver did **NOT** understand medication education provided
  - 5. No, physician/APN/PA, pharmacist, or RN did not document an evaluation of patient/caregiver's understanding of the medication education

Q18-MEDEDEVAL

- Note that both value 3 and value 4 are positive answers, so read and choose the options carefully
  - 3. Yes, documented evaluation indicated patient/caregiver understanding of medication education provided
  - 4. Yes, documented evaluation indicated patient/caregiver did **NOT** understand medication education provided
- If there is no documentation regarding patient's understanding, select value 5

PLAN

- If the patient did not understand the medication education provided you will get q19 (medevpln)
- **Did the physician/APN/PA, pharmacist, or RN document a plan to address the patient/caregiver's lack of understanding of the medication education?**
  - 1. Yes
  - 2. No

PLAN

- A plan to address the patient/caregiver's lack of understanding may include actions such as (but not limited to):
  - instruction of caregiver
  - placing medication in medication boxes
  - contacting provider for discontinuation of medication
  - contacting family member for assistance
  - additional home care visits for reinforcement provided medication delivery system
  - home health agency to fill med boxes

SKIP CHANGES

- Please note the skip change in question 20 (hospice)
  - If hospice=1 or if hospice=2 and inptadm=1, you will skip the cognitive impairment/dementia section and proceed to the caregiver strain questions
- If hcstatus=2 and inptadm=1 you will also skip the nutrition/hydration questions and the environmental safety/risk assessment questions

CAREGIVER STRAIN

- There is one change in this section
- The question asking which caregiver was screened for caregiver strain was retired

TIME FRAME CHANGE

- Please note the time frame change in the following questions
  - Q37 nuthyd
  - Q39 envases
  - Q42 asesoxy
- The time frame displayed in these question will be from **30 days prior to 30 days after the HBPC admission date**
- The associated date questions will allow you to enter a date within that parameter

QUESTIONS RETIRED

- The questions asking about a plan of care/intervention for nutritional/hydration needs and the evaluation of the response to the intervention have been retired
- The questions asking about a plan of care/intervention for environmental/safety risk assessment findings and the evaluation of the response to the intervention have been retired

HBPC EXIT REPORT AND SCORING

- Four HBPC measures have been retired
  - hc19: Current medication profile received/sent to patient within 1 day prior to or within 7 days after the most recent home visit by nurse or clinician
  - hc30: Nutrition/hydration care plan/interventions documented by registered dietician
  - hc31: Environmental safety/risk assessment by rehab therapist within 30 days
  - hc32: Environmental safety/risk assessment care plan/interventions documented by rehab therapist

HBPC EXIT REPORT AND SCORING

- inpatadm=1 has been added to the following measures as a denominator exclusion
  - hc26: Positive assessment for cognitive impairment and follow-up within 30 days of admission
    - Also, the exclusion for patients enrolled in HBPC>=90 days was removed
  - hc29: Nutrition/hydration assessment by registered dietician within 30 days
  - hc34: Medication management plan review by pharmacist within 30 days

NEW HBPC MEASURES

- There are 3 new HBPC measures
- Hc35: Environmental safety/risk assessment by rehab therapist within 30 days
- Pilot Measures:
  - Hc36: Home oxygen safety risk assessment within 30 days
  - Hc37: Medication Education
- The 1QFY2016 HBPC Exit Report Guide will provide scoring details for these new measures

HOSPITAL OUTPATIENT MEASURES

- The change to the HOP instrument will not be effective until cases with October encounters are received
- Princode and othrcode have been revised to ask for ICD-10-CM diagnosis codes
- Scoring for HOP measures will also reflect the change to ICD-10-CM codes

INPATIENT INSTRUMENTS

CORE SETS RETIRED

- The Joint Commission retired the AMI, HF, Pneumonia and SCIP core sets earlier this year
- ABI retired them effective with 10/1/2015 discharges so we will no longer collect data for these instruments

INPATIENT INSTRUMENTS

- We will continue to collect data for Global, HBIPS, Stroke and VTE as applicable to each facility
- Changes to these instruments that are noted in subsequent slides are effective beginning with October 1, 2015 discharges unless otherwise noted

INPATIENT INSTRUMENT CHANGES

- There are a few changes that are common for all inpatient instruments
- Princode and othrcode will ask for **ICD-10-CM** diagnosis codes
- Prinpx and othrpx questions will ask for **ICD-10-PCS** codes
- Admtm (time of inpatient admission) and dctime (time of discharge) have been discontinued

GLOBAL MEASURES

- Most changes to the Global Instrument will not be discussed in 1Q education since they are effective with discharges >=10/01/2015
  - Since Global is on a delayed sampling schedule, we will not see October discharges for this instrument until 2QFY2016
- **But you will see some changes in the Global instrument in 1Q**
  - Addition of the Inpatient Medication Reconciliation module
  - Addition of the Delirium Risk module

ADMITTING SERVICE

- A new text field has been added that allows you to enter the service to which the patient was admitted

  such as

  - Medicine
  - Cardiology
  - Surgery
  - Or the unit to which the patient was admitted
    - ICU
    - CCU
- If you are unable to determine the service or unit, consult with the liaison

GLOBAL EXIT REPORT AND SCORING

- As with the instrument, changes to the Global scoring will become effective with discharges 10/1/2015 and after

HBIPS

- The 1Q changes to HBIPS include those applicable to all inpatient instruments as mentioned previously
- Note that while time of discharge from the facility is no longer required, time of **discharge from inpatient psychiatric care** must still be abstracted

ADMISSION SCREENING

- There is a new rule that is applicable to all of the elements of admission screening
- **If there is documentation that the patient is not a reliable historian, a relative or guardian if available, may answer the screening questions on behalf of the patient.**

SUBSTANCE ABUSE

- Q12: assessud
- For the purpose of this data element, **substance** refers to drugs used for purposes other than intended
- **Screening for substance use within the 12 months prior to admission must include:**
  - **Type**
  - **Amount**
  - **Frequency of use**
  - **Any problems due to past use**
    - Examples of problems due to past use are included in the D/D rules

ALCOHOL SCREENING

- Q13 assesalc
- **Screening for alcohol use within the 12 months prior to admission must include:**
  - **Type**
  - **Amount**
  - **Frequency of use**
  - **Any problems due to past use**
    - Examples of problems due to past use are included in the D/D rules

VIOLENCE RISK TO OTHERS

- Q14 harmothr
- The rules have been reformatted and include additional clarification:
  - **Violence risk to others includes threats of violence and/or actual commission of violence toward others**

VIOLENCE RISK TO SELF

- Q15: harmself
- **Screening for violence risk to self within the six months prior to admission must include**
- **suicide ideation**
  - **plans/preparation and/or intent to act <u>if ideation present</u>**
- **past suicidal behavior and**
- **risk/protective factors**
  - **Examples of protective factors and risk factors are included in the D/D rules**

CONTINUING CARE PLAN

- There are a few additions/clarifications to some elements of the continuing care plan as well as some reformatting of current rules
- There is an addition to all of the "transmission of care plan" questions
  - **If there is documentation that the next level of care provider has access to the complete electronic medical record (EMR), select "1"**

HBIPS SCORING AND EXIT REPORT

- There are no changes to HBIPS scoring and exit report for 1QFY2016

STROKE

- There are a few changes to the Stroke instrument, effective with 10/1/2015 discharges
- 10 questions were retired
- In addition to princode, othrcode, prinpx and othrpx, there are other questions which now reference ICD-10 diagnosis and/or procedure codes
  - Q15 (encarintv)
  - Q30 (oralxai)
  - Q33 (afib)

IVTPA

- Q24 (iviatpa): Exclusions noted in the definition/decision rules (i.e. do not count as IV or IA thrombolytic therapy):
  - Heparin flush
  - Heparin lock
  - Thrombolytic administration to flush, open or maintain patency of a central line, such as a PICC line

STROKE CHANGES

- Q28 (noanthrom)
- The list of examples of reasons for not administering antithrombotic therapy by the end of hospital day 2 has been expanded to include:
  - Allergy to all antithrombotic medications
  - Patient/family refusal
    - Data sources for patient/family refusal: MAR, nurses notes
- Documentation of a delay in stroke diagnosis is not a reason for not administering antithrombotic therapy by the end of hospital day two

AFIB

- Q33 (afib)
- There is an addition to the conditions for which "no" should be selected:
  - **documentation to monitor the patient for atrial fibrillation/flutter after discharge and no other documentation of a confirmed diagnosis or history of atrial fibrillation/flutter in the medical record.**
    - **Example: possible cardioembolic origin. Telemetry monitoring for 30 days to exclude PAF.**

LDL

- The question asking about statin prior to arrival and all of the LDL questions have been discontinued.
- The statin prescribed at discharge questions remains

NOSTATIN

- The definition/decision rules for question 35 (nostatin) have an important addition
- **Documentation of a LDL-c less than 70 mg/dL anytime during the hospital stay is an acceptable stand-alone reason for not prescribing statin medication at discharge - linkage with statin is not needed**
  - **Direct or calculated fasting or non-fasting values are both acceptable**
  - **LDL values obtained within 30 days prior to hospital arrival are acceptable**

NOSTATIN

- Patient/family refusal has been added to the examples of reasons for not prescribing a statin medication at discharge
- Any documentation dated/timed after discharge except the discharge summary is excluded as a data source for nostatin

REASON FOR NO ANTITHROMBOTICS AT DISCHARGE

- Q36 ynoanthrm
- The list of examples of reasons for not prescribing antithrombotic therapy at discharge has been expanded to include:
  - Allergy to all antithrombotic medications
  - Patient/family refusal

REASON FOR NO ANTICOAGULATION THERAPY AT DISCHARGE

- Q38 noantcoag
- The list of examples of reasons for not prescribing anticoagulation therapy at discharge has been expanded to include:
  - Allergy to all anticoagulant medications
  - Patient/family refusal

STROKE EXIT REPORT AND SCORING

- Scoring changes will be effective with discharges>=to 10/1/2015
- Stk6: all reference to the LDL have been removed from scoring
- There are no other changes to the exit report or scoring for Stroke

VTE

- There are several changes to the VTE instrument in addition to the ICD-10 changes previously noted
- Questions discontinued:
  - The VTE arrival date and time questions have been discontinued along with the admit time and discharge time questions
  - Two other questions in the prophylaxis prior to secondary VTE section were discontinued
- Revisions
  - Wording of questions, timeframes
  - Definition/decision rules
  - Skip patterns

ICUVTE

- Q12 icuvte
- There are some clarifications in the rules for this question
- Instead of only acceptable sources there are now **Suggested Data Sources** and **Secondary Data Sources**

ICUVTE

- In order to select Value "1" for this data element there must be a Physician/APN/PA order for admission or transfer to an ICU
  - Documentation of ICU admit or transfer can be found in the physician orders or in the secondary data sources
- When the physician orders do not have a clear admission or transfer to the ICU, additional information listed in the secondary data sources, such as protocol to transfer to ICU, can be used to support the order to admit or transfer to the ICU

ICUVTE

- **Suggested Data Sources: Priority Data Source** (required) Physician/APN/PA orders
- **Secondary Data Sources** for the Physician/APN/PA order:
  - Ambulance record,
  - Code Blue/RRT sheet,
  - ED record, Helicopter record,
  - Order to transfer,
  - Protocol to transfer to ICU

ICUVTE

- For patients who are admitted to Observation status and then transferred to full admission to ICU, a physician order must be present to select value1
- The patient was admitted or transferred with a physician/APN/PA order to the ICU anytime during this hospitalization **regardless of the patient location** select value 1

ICUADMDT

- There are also some revisions/clarifications to q13, date that the order was written for ICU admission/transfer

ICUADMDT

- Documentation of the date a patient was admitted or transferred to the ICU can be found in the physician orders or in the secondary data sources.
- **Suggested Data Source: Primary Data Source:** Physician/APN/PA orders.
- **Secondary Data Source** to support Admission or Transfer Date:
  - Admit Discharge Transfer (ADT) record
  - Ambulance record,
  - Code blue/RRT Sheet,
  - ED record,
  - Helicopter record,
  - Medication Reconciliation,
  - Nursing admission assessment/admitting note,
  - Observation record,
  - Order to transfer,
  - Physician H&P/Progress Notes,
  - Protocol to transfer to ICU

ICUADMDT

- When the physician orders for ICU admission or transfer date are not clear, documentation in the secondary data sources, such as the date of a protocol to transfer to ICU, can be used.
  - **Example:** Patient has a code blue on the medical floor. The code blue sheet is signed and dated 1/1/XX, and notes the patient is transfer from medical bed to ICU bed. Hospital protocol indicates that all code blue patients are transferred to ICU, use the date noted on the code blue sheet

ICUADMDT

- If the patient had more than one ICU admission/transfer for greater than one day during this hospitalization enter the ICU admission date that was closest to the hospital admission date
  - Subsequent transfers back to an ICU during the same hospitalization will NOT be abstracted.

DEFINED LOCATIONS

- There are some changes to the defined locations in q29 posvte and q30 posvtedt
- **VTE Confirmed in Defined Locations:**
- **Pulmonary Emboli (PE)**
- **Deep Vein Thrombosis (DVT) located in**
  - **Common femoral vein**
  - **Common Iliac**
  - **External iliac vein**
  - **Femoral/superficial femoral vein**
  - **inferior vena cava (IVC)**
  - **Internal iliac, popliteal vein**
  - **Profunda/deep femoral vein**

VTEPROADM

- Note the change to the timeframe in q31 (vteproadm)
- The question now reads:
  - Was mechanical and/or pharmacological VTE prophylaxis administered **between the hospital admission date and the VTE diagnostic test order date**?
- To determine the value for this data element, the abstractor must determine the admission date and then review the chart to determine if VTE prophylaxis was administered before the VTE diagnostic test order date.
  - If any VTE prophylaxis was given within the specified timeframe, select "1".

REASON FOR NO VTE PROPHYLAXIS

- Q32 (nomecpro) and q33 (norxpro) have been changed to reflect the same timeframe as in q31
  - any time **between arrival and the VTE diagnostic test date**
- **Please review all the definition/decision rules for these two questions as there are significant changes**

WHY NO OVERLAP THERAPY

- There are several revisions to the definition/decision rules for q37, ynovrlap
- **Reasons (other than those listed in the inclusion guidelines) not mentioned in the context of NO overlap therapy are not acceptable**
- If there is ***questionable*** documentation regarding the reason for no overlap therapy, select "No."

WHY NO OVERLAP THERAPY

- **Inclusion Guidelines for reasons for no overlap therapy**
  - Documentation must be present on the day of or the day after the VTE diagnostic test
    - **Administration of Oral Factor Xa Inhibitors**
      - Xarelto or rivaroxaban
      - Eliquis or apixaban
    - **Administration of Direct Thrombin Inhibitor**
      - Pradaxa or dabigatran
    - **Documentation of**:
      - active bleeding
      - a plan for surgery
      - a plan for blood transfusion
      - patient is not a candidate for anticoagulation therapy

DISCONTINUATION OF PARENTERAL ANTICOAGULANT THERAPY

- Q41 (dcantico)
- Please review the additions to the definition/decision rules
  - examples of reasons for discontinuing parenteral therapy
  - suggested data sources

DISCHARGE MEDICATION DOCUMENTATION

- The rules for q42 (warfrxdc) now includes additional direction
- **In cases where there is warfarin in one source that is not mentioned in other sources, it should be interpreted as a discharge medication (select "Yes") unless documentation elsewhere in the medical record suggests that it was NOT prescribed at discharge**
  - **Consider it a discharge medication in the absence of contradictory documentation.**

VTE EXIT REPORT AND SCORING

- Vte4 (VTE patients receiving unfractionated heparin (UFH) with dosage/platelet count monitoring by protocol or nomogram)was discontinued beginning with October discharges; you will continue to see it on the report for discharges prior to 10/1/2015
- There are no other changes to the exit report or scoring

COMMON MODULES

- **Inpatient Medication Reconciliation**
  - This module will be enabled for Global Measures patients
  - There are no changes to previous versions of this module

COMMON MODULES

- **Delirium Risk module**
  - There are significant changes to this module
  - Data for the denominator will be collected electronically and cases to be included will be flagged
  - Flagged cases will be on the Global, Stroke and VTE lists
  - Only 5 questions from the previous module remain (unchanged) for you to answer
    - Current problem of delirium, mental status change, confusion, disorientation
    - Documentation the patient was at risk for delirium

COMBINED COHORTS EXIT REPORT

- Inpatient Med Recon
  - Two changes to scoring of mrec21, 22, and 42
    - Changed the catnums that are included
    - Removed the check for patients in a clinical trial
- Delirium Risk
  - Fe8 discontinued
  - New measure fe81
    - Denominator pulled electronically
    - Included in the numerator if there is documentation of a current problem of delirium, mental status change, confusion, disorientation or that patient is at risk for delirium

1QFY2016 UPDATE

- Thank you for taking time to review the many changes to the 1QFY2016 data collection instruments
- It is important to re-read the rules carefully as you begin to abstract data
- Please complete the 1Q Learning Assessment to check your knowledge
- Thanks for your great work!