

Overview

EPRP Update

2Q FY2018

- There are no major changes to the data collection instruments
- Most revisions are clarifications only
- There are a few important scoring changes to note

CGPI

CGPI PI Module

- There is some clarification in the definition/decision rules of the PI module question inltcset (q1)
- The following are not considered institutional settings for the purpose of this question
 - Residential Rehab Treatment programs
 - Domiciliary facilities

Immcomp

- The question immcomp is highlighted but there are no changes to the question or rules
- The question was just moved to a different location in the PI module
- For easy access, there is a link to the tables referenced in the definition/decision rules
 - Table 1-Disorders of the Immune System
 - Table 2-Functional or Aplastic Anemia

CGPI Mental Health Module

- The text of the AUDIT-C screening tool was added to question 6 scrnaudc
- There is no change to the question; the tool was added so that you are aware of the proper format
 - AUDIT-C:
 - Question #1 = "How often did you have a drink containing alcohol in the past year?"
 - Question #2 = "How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?"
 - Question #3 = "How often did you have six or more drinks on one occasion in the past year?"

PHQ-2

- Wording has been added to the definition/decision rules of the question phq2dt
- **Documentation of the stem time frame (i.e., over the past 2 weeks) in the questions is not required at this time**
- This is to clarify that you do not need to see the timeframe at this time since it does not populate in the progress note from the clinical reminder

CGPI OP Medication Reconciliation

- An old question is back and is the first question in the OP Med Recon module
- Nexusrx
 - During the NEXUS clinic visit on (computer to display NEXUSDT), did the provider prescribe or modify medications?
 - 1. Yes
 - 2. No

nexusrx

- As before, you are looking for renewal, change to a current medication (e. g. change in dose, frequency and route) and discontinuation of a medication
- Remember that physician orders are an important source of this information as clinic notes may not always document medication changes

CGPI Scoring Changes

- Cases with nexusrx=2 (no medications prescribed or modified at the most recent Nexus visit) will be excluded from the medication reconciliation measures
 - **MREC43, MREC54, MREC55, MREC56, MREC57, MREC58, MREC59, MREC60, MREC61**

CGPI Scoring Changes

- There is a change to the pneumococcal pneumonia immunization changes pvc11h and pvc11s
- **If the patient received either the PCV13 or the PPSV23 (not both) after age 60 and <365 days prior to the study end date, the case will be excluded**

CGPI Exit Report Changes

- The following measures have been added back to the CGPI exit report
 - p42h: Cervical Screen age 21-29
 - p43h: Cervical Screen age 30-64
- The following measures have been bolded on the exit report
 - **c12: ASA at most recent visit**
 - **lhd20h: Received persistent beta-blocker treatment for 6 months post AMI DC**

HBPC

HBPC Changes

- There are only a couple of changes to HBPC
 - PHQ-2: same additional wording as in CGPI
 - **Documentation of the stem time frame (i.e., over the past 2 weeks) in the questions is not required at this time**
 - The question immcomp has been moved to follow pnuexc

HBPC Exit Report

HOP

- There is a change to the scoring of hc49, Pneumococcal vaccination age 65 and greater
 - If the patient received either the PCV13 or the PPSV23 (not both) after age 60 and <365 days prior to the study end date, the case will be excluded

HOP Changes

Discharge Disposition

- **Changes to the HOP instrument are effective with January encounters which you will see on the 2/26/18 pull list**
- Please be sure to read the definition/decision rules that are in the software to be sure you are applying the correct rules
 - In addition to the changes noted in the following slides there are a few other wording changes that are highlighted

- There are some changes to the rules regarding selection of option 7 (left AMA)
 - A signed AMA form is not required for this data element, but in the absence of a signed form, the medical record must contain physician or nurse documentation that the patient left against medical advice or AMA.
 - Do not consider AMA documentation and other disposition documentation as "contradictory."
 - If any source states the patient left against medical advice, select "7" regardless of whether the AMA documentation was written last (e.g., AMA form signed and discharge instruction sheet states "Discharged home with belongings" - select "7").
 - Physician order written to discharge to home. Nursing notes reflect that the patient left before discharge instructions could be given; **select "1"**.

Reason for No Fibrinolytics

- There is a change to the rules for the question nofibt
- The previous exclusion has been removed (**Exclude:** Transfer for Acute Coronary Intervention, PCI)

tranaci

- There is an addition to the rules for this question:
 - If a patient receives acute coronary intervention prior to transfer, then select value “3.”

painmed

- **Pain score of 0** was added as a reason for not administering pain medication

HOP Exit Report

- There are no scoring changes except that the algorithms for Joint Commission measures will reflect the 01/01/2018 inclusion date **beginning with January encounters**

Global Measures

GM Changes

- **PLEASE NOTE:** Changes to the Global instrument that are outlined here are effective with January discharges
- You will not see January discharges until the 2/26/2018 pull list
- Please be sure you read the rules that are in the software as you abstract so that you are certain you are following the correct rules

Tobacco Screening

- Wording of the timeframe in the tobacco screening question and definition/decision rules has been revised
- The question reads:
 - **What is the patient's tobacco use status documented within the first day of admission (by the end of Day1)?**
 - The tobacco use status screening timeframe must have occurred within the first day of admission (by the end of Day1). This includes the day of admission which is defined as day zero (Day 0) and the day after admission which is defined as Day 1.

Clarification

- Q20 tobtxmed
- When looking for tobacco cessation medications during the hospital stay remember these rules:
 - If nicotine replacement therapy (NRT) is ordered PRN and the patient does not receive any doses during the hospital stay, select value 98 (the patient refused the FDA-approved tobacco cessation medications during the hospital stay.
 - It is not necessary to see documentation that the patient refused the PRN medication to select value 98
 - Use BCMA for verification that tobacco cessation medications were given during the applicable time frame.
 - If the letter R is in front of the administration time, this indicates a refusal and value 98 should be selected.

Clarifications to reftob

- There are some wording changes in the rules for question 22 reftob about offer of tobacco cessation counseling
 - If outpatient tobacco cessation counseling was offered during the hospitalization and the patient refused, select "98". It does not need to be offered again at discharge
 - If the patient refused *practical counseling* (tobtxcoun = 98) during the hospitalization, a referral for outpatient tobacco cessation counseling must still be offered at the time of discharge. Select "99" if a referral for outpatient counseling was not offered at the time of discharge.

AUDIT-C

- The time frame wording for completing alcohol use screening using the AUDIT-C have also changed
 - Was the patient screened for alcohol misuse with the AUDIT-C within the first day of admission (by end of Day 1)?
 - The date after admission is defined as Day 1

Addictions Treatment Referrals

- Wording has been added to the rules to clarify that addiction treatment referrals must be made **prior** to discharge
- Other wording about referrals has also changed
 - A referral **is** defined as an appointment made by the provider either through telephone contact, fax or e-mail.

Inpatient Medication Reconciliation

- **Changes to this module are effective with the 1/8 pull list**
- There are some important changes to the question revptmed
- This has been **removed** from the rules:
 - Emergency Department or Urgent Care Clinic documentation prior to admission is acceptable

Inpatient Medication Reconciliation

- The instruction to use the earliest medication list for review note has been **removed** and the following instruction has been added
- **If there are multiple medication list for review notes during the 24 hours after admission, use the following priority order to select the medication list for review note:**
 - Medication reconciliation or medication review note
 - Essential medication list for review note
 - Clinical pharmacy or pharmacy note
 - History and Physical
 - Other progress notes

Delirium Risk

- No 2Q changes to the Delirium Risk module

Global Exit Report

- There are no scoring changes except that the algorithms for Joint Commission measures will reflect the 01/01/2018 inclusion date beginning with January discharges

HBIPS

- There is only a clarification (not a change) to the harmself question
- The 6 month timeframe has been added to each element of the question to be clear it is required.

HBIPS Exit Report

- There are no scoring changes except the algorithms will reflect the 01/01/2018 inclusion date beginning with January discharges

VTE

- There are no changes to the VTE data collection instrument
- There are no scoring changes except the algorithms will reflect the 01/01/2018 inclusion date beginning with January discharges

Careful Review

- Thank you for taking time to carefully review the 2Q changes and reminders
- As always, if you have any questions about applying the rules to the documentation in the record, please contact your Regional Manager for assistance.
- The importance of correctly applying the rules cannot be overstated
- Correct abstraction provides the facility correct data for use in improving care