EPRP UPDATE

2QFY2016

2QFY2016 Changes

- There are only a few changes to the data collection instruments for 2QFY2016
- As always it is important to read all the highlighted changes as well reviewing this presentation
- There are also some scoring changes which will be noted in this presentation
  - The exit report guides will provide further scoring information

INPATIENT INSTRUMENTS AND COMMON MODULES

GLOBAL MEASURES

Global Measures Changes

- We will start by looking at the changes to the Global instrument that are effective with 10/1/2015 discharges
- These changes are highlighted in the 1Q document
  - Due to the delayed sampling schedule for this instrument we will see October discharges on the 1/11/16 pull list

Global Changes

- Discontinued questions
  - admission time
  - discharge time
- Questions asking for principal and other diagnosis codes and principal and other procedure codes now reference **ICD-10**

ED Discharge Date and Time

- New wording was added to the definition/decision rules of questions 13 (edcdt) and question 14 (edctm) (ED departure date and time) for clarification per The Joint Commission
  - **Data fields representing ED Departure Date in electronic documentation for this specific episode of care are acceptable to use as long as the fields are easily understood to mean departure.**
  - **Information found in an electronically interfaced event log or Admit/Decision/Transfer (ADT) is acceptable provided this information is part of the submitted medical record covering the arrival to discharge date being abstracted**.
  - Examples:
    - Patient departed
    - Patient transferred off the floor (OTF)
    - Check out time
    - Transported to

Influenza Vaccination

- Q16 (flustat) has a couple of changes
  - The definition/decision rules have been updated to reflect the current flu immunization season
- Suggested data sources have been added
  - Consultation notes
  - Discharge summary
  - ED record
  - Immunization assessment forms
  - Medication administration record
  - Nursing admission assessment/notes
  - Physician orders/progress notes
  - Social service notes
  - Transfer forms
  - Vaccine order sheet

Tobacco Treatment

- There are a few minor wording changes in two of the tobacco questions
  - Exclusion change in tobstatus2
  - Suggested data sources added in tobmedc

Substance Use

- There are some additions to the definition/decision rules of q25 (auditc) with regard to cognitive impairment
  - If there is documentation that the patient was psychotic with documented symptoms e.g., hallucinating, non-communicative, catatonic, etc. which prevented the patient from answering questions reliably, they would be considered cognitively impaired
  - 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

Questions Discontinued

- The sudisord question has been removed
- The questions about tobacco and substance use follow up after discharge have been removed
  - The associated measures, tob60 and sub60 have been discontinued

Same Questions, Different Instrument

- The **Informed Consent** questions that were once part of the Surgical Care instrument are now in the Global instrument
- Cases with a principal procedure code that is on Joint Commission Tables 5.11, 5.17, 5.19, 5.20, 5.21, 5.22, 5.23, or 5.24 will get the Informed Consent questions

Informed Consent

- The questions and rules for Informed Consent are the same as in previous quarters
- The date parameter for the informed consent is <= 60 days prior to the principal procedure date

Delirium Risk

- In addition to Informed Consent and Medication Reconciliation, we expect to see Global cases flagged for Delirium Risk in 2Q
- There are no changes to the Delirium Risk module other than those noted in the 1QFY2016 Update

Global Exit and Scoring

- Measures discontinued:
  - tob60
  - sub60
- Change to sub40 and 50
  - Removed checks for the question sudisord
    - inclusion in these measures will depend on the presence of a code from Table 13.1, 13.2, or 13.3
- Imm4
  - Discharge dates for inclusion updated to >=10/1/2015 to <=3/31/2016

Global Exit and Scoring

- The Informed Consent measures, sc1all and sc2all have been added to the Global Exit report
- Scoring will be detailed in the exit report guide but both measures are scored as before except there is no exclusion for clinical trials

Stroke and VTE

- A text field has been added to the Stroke and VTE instruments that allows you to enter the Admitting Service
  - **In determining the Service (e.g. Surgery, Cardiology, Medicine, etc.) or facility unit (ICU, CCU, etc.) to which the patient was admitted, the abstractor should be guided by Admission Orders, Progress Notes, Discharge Summary, etc.**
  - If unable to make a definitive decision, consult with the facility Liaison for help in determining the Admitting Service.

Stroke and VTE

- The only other changes to Stroke and VTE are minor formatting changes and skip changes (VTE).

Stroke Scoring and VTE Scoring

- There are no changes to scoring/exit reports for Stroke or VTE

HBIPS

- There are no changes to HBIPS questions or scoring

Medication Reconciliation

- There are some modifications to q7; the new question name is medsame2
- If the discharge medications are not listed in the discharge summary, but there is a reference to the document that contains the information, select "1."
  - **Example:** In reference to discharge medications the Discharge summary states, "Please see Pharmacy Discharge Instructions" or "Please refer to Nursing Discharge Note" This is acceptable to select "1."

Medsame2

- If the discharge medications in the discharge summary, (or the document that is referenced in the discharge summary), are not the same as the discharge instructions given to the patient, select "2".

Combined Cohorts Scoring

- There is a change to an Inpatient Medication Reconciliation measure on the Combined Cohorts report
- mrec22 has been discontinued and replaced by **mrec37: Consistent Medication List**
- Mrec37 scores the same as mrec22 except that the medsame2 question (with new rules) is used
- Other changes to Combined Cohorts scoring/exit report will be noted later

CGPI

CGPI Validation Module

- There are some clarifications in the CGPI Validation module
- The selckd question now reads:
  - Chronic Kidney (Renal) Disease, **stage 5** or ESRD (end stage renal disease) in past two years
  - Associated codes:
    - **ICD-9: 585.5, 585.6**
    - **ICD-10: N18.5, N18.6, Z91.15, Z99.2**

Q16 muscledx

- There are additions to the definition/decision rules for question 16 (muscledx)
  - Include diagnosis of myalgia, myositis, myopathy, or rhabdomyolysis noted in clinic notes or progress notes during the past year
    - Diagnosis may be taken from the inpatient or outpatient setting.
    - Diagnoses documented on a problem list must be validated by a clinician diagnosis within the past year

CTR

- Collection of some CTR data has been suspended
  - The CTR module has been disabled
  - The CTR questions in the PI module will need to be answered as usual but will not be scored

Mental Health Module

- There are additional ICD-10 CM codes in the questions deptxyr, bpdxyr and ptsdx
- The table in the following slide includes all the codes, with the new additions **bolded**
- Look for these codes for encounters on or after 10/1/2015

ICD-10 CM Codes

deptxyr	bpdxyr	ptsdx
F32, F320 - F32.5, F328, F329, F33, F330, F331, F332, F333, F334, F3340, F3341, F3342, F339, F341, F338, **F0631, F0632**	**F30, F301, F3010 – F3013, F302 – F304, F308, F309**, F31, F310, **F311, F3110** – F3113, F312, F313, F3130 – F3132, F314 – F316, F3160 – F3164, F317, F3170 – F3178, F318, F3181, F3189, F319	F431, F4310 - F4312

CGPI Scoring/Exit

- There are no changes to the CGPI exit report or scoring
- All CTR measures have been removed from the Combined Cohorts exit report

HBPC

HBPC Question Changes

- Skips have been changed that allow additional cases to get the question newmedrx (q15) under these conditions:
  - the patient was hospitalized during the 30 days following HBPC admission
  - admmed = 2
  - medone = 2
- Q17 (mededcon): "nurse" was changed to RN for clarification
- These are the only changes to the HBPC instrument

HBPC Scoring

- Hc37: Removed the exclusions for:
  - Patients who were admitted to HBPC <=120 days and were not on at least one medication at the time of admission
  - Patients who were not on at least one medications during the timeframe stdybeg-110 days to stdybeg-90 days
- There are no other changes to HBPC scoring

HOSPITAL OUTPATIENT MEASURES

HOP Changes

- There are some revisions to the HOP instrument
  - The definition/decision rules of several questions have been revised for clarification
- Please review all highlighted areas as not all changes will be noted in this presentation

First Direct Personal Exchange

- There are important additions to the definition/decision rules for question 8 (provcontm)
- Please review these carefully in order to correctly abstract the time of first direct personal exchange with the provider

First Direct Personal Exchange

- **Documentation of a provider writing an order, beginning the patient note, or making other documentations regarding a patient in the medical record, is *not* sufficient for the *Provider Contact Time* because there is no evidence that the provider had direct, personal contact with the patient during these actions**

First Direct Personal Exchange

- If there is documentation that a provider had direct, personal contact with a patient during an examination and that this was the first direct encounter between the patient and the provider, then the time of the exam may be abstracted for the *Provider Contact Time* data element, even if it is not specifically documented as "provider contact time" in the medical record

First Direct Personal Exchange

- **Documentation of a re-examination or documentation that clearly describes an encounter with the patient that was not the first time of provider contact is *not* sufficient for the *Provider Contact Time*. If a re-examination is the only encounter time documented, then enter 99:99**
- **The rule regarding patients who leave AMA also has some revisions**
  - If there is documentation the patient left against medical advice **and the patient did not have** direct contact with the physician/APN/PA or institutionally credentialed provider, enter 99:99.

ED Departure Time

- q10 (edetm)
- ED order for observation status has been added as a suggested data source
  - This applies to HOP, but not to the Global ED Departure question

Earliest ECG Time

- q14 (ecgtm)
- If there are 2 ECGs performed (**one within 60 minutes** prior to arrival and one after arrival) abstract the ECG performed prior to arrival
- **NOTE: If abstracting the ECG performed prior to arrival, enter the ED arrival time as the ECG time**

ST Elevation on ECG

- q15 (ecginter) has some clarifications added
- ST Elevation Exclusion Guidelines
  - **Do not consider "Subendocardial" an MI "location"**
    - **i.e. "acute Subendocardial MI" should be disregarded**
- Qualifiers
  - If any of the inclusion terms are described using the qualifier **possible or potential**, disregard that finding (neither Inclusion nor Exclusion)

Aspirin

- q22 (asaed)
- **If there is documentation in the ED record that aspirin was administered in the ED prior to transferring the patient to another facility or inpatient services, then select "Yes"**

Aspirin Allergy

- q23 (noasa)
- **Documentation of an allergy/sensitivity to one particular type of aspirin is acceptable to take as an allergy to the entire class of aspirin-containing medications**
  - **e.g., "Allergic to Empirin"**

Head CT or MRI Interpretation Time

- q29 (ctmritm)
- Please note the new rules for this question
  - **Head CT or MRI Scan Interpretation Time should not be abstracted as the time the results of the scan were relayed to the ED physician/APN/PA if an earlier interpretation time is documented**
    - **Example:** Radiology Head CT reported at 1100. ED physician notes: "Received Head CT report at 1130." Enter Head CT or MRI Scan Interpretation Time as 1100.
  - **If the Head CT or MRI Scan Interpretation is documented prior to arrival, enter 99:99**
  - **It is acceptable to use nurse documentation of a Head CT or MRI Scan interpreted by a physician**
    - **The interpretation must be performed by the physician/APN/PA, but it can be documented by a nurse**

HOP Exit Report/Scoring

- There are no changes to HOP exit reports or scoring other than updating the inclusion date to >= 01/01/2016 and <=06/30/2016

Learning Assessment

- You will receive instructions via email for completing the 2Q Learning Assessment
- Thank you for taking time to review the 2Q education and instruments