EPRP UPDATE

1Q FY2020

Objectives

- The purpose of this presentation is to:
  - Highlight changes to the data collection instruments for 1Q FY2020
  - Provide an overview of changes to scoring and exit reports
  - Clarify potentially problematic abstraction areas

Many Changes

- As usual, 1Q brings many changes to the data collection instruments including
  - New questions
  - Changes to existing questions
  - Retired questions
- Measures also have changes
  - Some measures have been retired
  - There are changes to some scoring algorithms
- Please be sure to review all highlighted areas as some minor changes are not noted in this presentation

Data Collection and Scoring Changes
1Q FY2020

CGPI

CGPI Changes

- There are changes in the following CGPI modules:
  - Medication Reconciliation
  - Mental Health
  - Prevention
  - Validation
- All other CGPI modules have no changes

Validation module

- Q18 htnenc2 and Q19 htnencdt2
  - There are some wording changes for clarification and consistency with htnenc1
    - You are looking for the **most recent encounter** with a **documented** diagnosis of hypertension within the timeframe displayed in the question

Frailty

- There are no changes to the frailty questions, however quality control monitoring has found some conditions are being missed that should be abstracted as frailty=1 including:
  - Oxygen
  - Paraplegia
  - Dependence on wheelchair
  - Muscle weakness
  - Pressure ulcers
  - Need for assistance at home and no caregiver available
- Remember to refer to Table 6 for the list of conditions that require a "yes" answer

Ischemic Vascular Disorder

- **Thoracoabdominal or thoracic aortic aneurysm** has been added to the answer options for q20 (vascdis9)
  - Look for an active diagnosis within the past two years
- You will be provided a new reference, **Table 7**, which is a list of acceptable diagnoses for the question vascdis along with the applicable codes
  - **Remember you are not limited to the codes provided and may take diagnoses from clinician documentation even though an applicable code is not present**

Prevention Module

- There are multiple changes in the Prevention module
- Please read all questions and rules carefully

Influenza Immunization

- Q2 is now **fluvac19**
- The influenza immunization period is **7/1/2019 to 6/30/2020**
- The immunization season was expanded to align with HEDIS specifications

Influenza Allergy

- Q4 allerflu
- There are significant changes to the influenza allergy question

4Q19 Question	1Q 2020 Question 4
• ~~Does the patient have known allergy to eggs or other flu vaccine components, a history of Guillain-Barre Syndrome, a bone marrow transplant within the past 12 months?~~	• Is one of the following documented in the medical record? – Previous severe allergic reaction to any component of the influenza vaccine, or after a previous dose of any influenza vaccine – History of Guillain-Barre Syndrome
• ~~"Inactivated influenza vaccine should not be administered to persons known to have anaphylactic hypersensitivity to eggs or other components of the influenza vaccine."~~	• **Severe allergic reaction to any influenza vaccine component must be documented in the medical record. Notation does not have to state "anaphylactic."**
• ~~Allergy to eggs or other flu vaccine component must be documented in the paper or electronic record. Notation does not have to state "anaphylactic." If the facility is using single dose syringes and the veteran has a documented latex allergy, answer "yes."~~	• A previous severe allergic reaction to influenza vaccine, regardless of the component suspected of being responsible for the reaction, is a contraindication to future receipt of the vaccine.
	• **History of Guillain-Barre Syndrome** - may be anytime in the patient's history and must be documented in the medical record.

allerflu

Bone Marrow Transplant

- Q5 (bnmrtrns) is new but asks about an "old" condition
  - **Is there documentation in the medical record the patient had a bone marrow transplant during the past year?**
  - A "yes" answer excludes cases from p25h and p26h
- This question is also used in the scoring of the pneumococcal pneumonia measures
  - A 'yes' answer to this question also excludes cases from pvc11h and pvc11s

Pneumococcal Exclusions

- The conditions that exclude cases from the pneumococcal immunization questions have been reorganized and revised

Q6 chemoexc

- Is there documentation in the medical record the patient received chemotherapy during the past year?
- **Look for evidence of a diagnosis of cancer and documentation that the patient received some type of chemotherapy for the cancer during the past year**
- If yes, skip to tobscrn18; case is excluded from pvc11h and pvc11s

Q7 immcomp

- At any time in the patient's history through (computer to display stdyend), is there documentation of any of the following in the medical record?

  - Immunocompromising conditions
  - Anatomic or functional asplenia
  - Sickle cell disease and HB-S disease
  - Cerebrospinal fluid leak(s)
  - Cochlear implant(s)

Pneumococcal Exclusions

- **Immunocompromising conditions may include but are not limited to:**
  - end stage renal disease
  - organ transplants
  - transplant rejection/failure
  - immunoglobulin deficiencies, antibody deficiencies
  - other specified immune-deficiencies
  - graft-versus-host disease
- Refer to Table 1-Immunocompromising Conditions.

- **Anatomic or functional asplenia includes**
  - congenital absence of the spleen
  - surgical removal of the spleen or diseases of the spleen
- **Sickle cell disease** is a group of disorders that affects hemoglobin
  - Individuals with this disorder have atypical hemoglobin molecules called hemoglobin S (or HB-S) which can distort red blood cells into a sickle shape
- **A yes answer to this question is now an <u>exclusion</u> from pvc11h and pvc11s**

Q7 immcomp D/D Rules

New question pneurxn

- Q12 is a new question that addresses prior anaphylactic reaction to a pneumococcal vaccine
  - **Prior anaphylactic reaction to a pneumococcal vaccine must be documented in the medical record.**
    - **Anaphylactic reaction -** Sudden, potentially severe and life-threatening allergic reaction.
      - Symptoms may start with a feeling of uneasiness, tingling sensations and dizziness and rapidly progress to generalized itching and hives, swelling, wheezing and difficulty breathing, and fainting
- You will get this question if you answer 98 (refused) or 99 (not done) to the question pcvvac (pcv13) or ppsvvac (PPSV23)

- Tobacco screening on or after 10/01/2018 must be completed by an acceptable provider using the National Clinical Reminder for Tobacco Use
- Since this requirement has now been in place for one year, the time frame in the CGPI tobacco screening and cessation questions now reads "during the past year" i.e. <= 1 year prior to stdybeg and <=stdyend
- All of the "old" tobacco screening questions have been removed; **only the National Clinical Reminder is acceptable and all data collection questions refer to the National Clinical Reminder**

Tobacco Screening

Clinical Reminder

- The following slide contains examples of the documentation you might see in the medical record when the National Clinical Reminder for Tobacco Use has been used for screening
- Please be sure you are not missing this documentation; remember **the question <u>does not</u> appear in the documentation**

National CR for Tobacco Use

- **EXAMPLES OF PROGRESS NOTE DOCUMENTATION of NATIONAL CLINICAL REMINDER FOR TOBACCO USE IN CPRS:**
  - Tobacco Use Screening:
    The patient uses tobacco every day.
  - **OR**
  - Tobacco Use Screening:
    The patient uses tobacco some days.
  - **OR**
  - Tobacco Use Screening:
    The patient is a <u>former</u> tobacco user.
    The patient quit less than one year ago.
  - **OR**
  - Tobacco Use Screening:
    The patient has <u>never</u> used tobacco.
  - **OR**
  - *Tobacco Use Screening:*
    The patient declines to say if they use tobacco.
    (FAILS – reminder reset)

- The HPV questions have been revised to ask if a **high risk** human papillomavirus (**hrHPV**)/HPV test was performed
  - A cervical high-risk human papillomavirus test (hrHPV) is a test for a specific type of HPV, which is the likely cause of abnormal cell growth
  - The test name has been revised in all questions/rules for this series of questions
- **Generic documentation of "HPV test" can be counted as evidence of hrHPV test**
- **Addition to hpvtest definition/decision rules:**
  - Do not count cervical biopsies because they are diagnostic and therapeutic only and are not valid for primary cervical cancer screening

HPV

PI Module Reminders

- Please note the following reminders from quality control monitoring of PI module questions
- **Pvtcolrpt**: Look in Vista Imaging and JLV for colonoscopy reports from outsider providers
- **Colslfrpt**: In order to select 1, documentation must clearly indicate the report was a self-report; select 99 if you are unable to determine
- **Sigmoid5**: Be alert for documentation of refusals: If the record states only "refuses colon cancer screening," with no other documentation, answer "98."
- **Paplab**: look for Pap reports in the lab package only; look in lab package at another VA; do not use *scanned* reports

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OP Medication Reconciliation

- The highlighted areas in the questions optmed and opmedrev are not changes, rather they are important clarifications to the existing rules

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- **In order to select "yes" for optmed8, both Remote Facility AND Local Facility Patient Allergies must be documented.**
- If the site is using their own template, there must be at least one allergy listed or an indication that the patient has no known drug allergies (NKDA) for the **Remote and Local** Facility
  - At a minimum the documentation should read: **Allergies: Remote Facility - NKDA AND Local Facility – NKDA.**
- If the site is using the EMLR Data Object (DO), the Allergy Health Summary Component - MRT5 should include:
  - Local and Remote VA Allergies and Adverse Drug Reactions (ADRs)
  - If the MRT5 indicates "No Records Found" or "No Data Found" or a warning that data is not available for "Local Allergies"; then at least Local allergies must be addressed separately **<u>within the same note</u>** as the essential medication list for review (e.g., patient states he is allergic to Penicillin or has no known drug allergies, etc.).

Optmed8-Allergies

Example of Allergy Documentation

This is an example of EMLR DO documentation of remote and local allergies and is acceptable to answer 1 to optmed8

Outpatient Visit
MEDICATION RECONCILIATION
MRT5 – Allergies/ADRs

FACILITY	ALLERGY/ADR
Your VA HCS	lisinopril
Your VA HCS	PCN
Remote1 VA HCS	atenolol
Remote 2 VA HCS	azithromycin

Example of Allergy Documentation

This is an example of EMLR DO documentation of remote and local allergies when no records were found or no data was found for remote allergies and is also acceptable to answer 1 to optmed8

Outpatient Visit
MEDICATION RECONCILIATION
MRT5 – Allergies/ADRs

FACILITY	ALLERGY/ADR
No Remote Allergy/ADR Data available for this patient	←
Your VA HCS	lisinopril
Your VA HCS	PCN

opmedrev

- There is a clarification to the definition/decision rules to question 4 opmedrev
- If there is documentation that the health care team member reviewed the available essential medication list components with the patient/caregiver, select "3".
  - **Documentation may be in the same note as the essential medication list for review (EMLR), <u>or in a separate note</u>.**

CGPI Mental Health

- There are many changes to the Mental Health module
- Be sure to review all highlighted areas carefully

Audit-C

- Acceptable settings for screening for alcohol use have been added to the definition/decision rules for q6 scrnaudc
- **Acceptable setting for alcohol screening:** outpatient encounter, screening by telephone, and televideo (real time) with face-to-face encounter between the provider and patient, **inpatient hospitalization**
- Note that inpatient hospitalization has also been added as an acceptable setting for depression screening and PTSD screening

Depression Screening

- On and after 10/01/2018, the VHA will only accept depression screening completed with the PHQ-2 +I9
- The questions about the PHQ-2 have been removed as well as the question about the suicide risk evaluation question that was asked when the PHQ-2 was positive

Columbia Screener

- For **informational purposes** we will be capturing the Columbia screener completed on the day of **or the day after** the positive Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2+I9 screen)
- The timeframe inserted into q29 (cssrs) will reflect this change
- You will enter the *earliest* date the C-SSRS screener was completed in question 30
  - Only a C-SSRS done on the day of the positive Primary Suicide Risk Screen "counts" in applicable measures

Comprehensive Suicide Risk Evaluation

- If the C-SSRS screener was done on the same date as the phq9dt, you will go to the Comprehensive Suicide Risk Evaluation questions, which have been revised

Vacsraint1-27, 99

- There are changes to the answer options for the question vacsraint (q46)
  - This question is now looking for General Strategies for Managing Risk in **any** setting
- You will find that some options have different numbers and some of the previous options are no longer part of this question
- You will need to review all of the possible options carefully so you are aware of what interventions to look for in the record

Vacsraint7, 8, 9

- If you selected vacsraint**7, 8**, and/or **9** you will enter any additional comments/intervention as documented in the record by the acceptable provider in the text boxes in question 47

Opcsraint1-10, 99

- Question 48 is new and directs you to look for documentation of **General Strategies for Managing Risk in the Outpatient setting**
- These interventions were formerly in the vacsraint question
- Abstraction rules mirror those for the vacsraint question:
  - The wording in the option does not have to exactly match the intervention in the record; however, the intent must be the same
  - **If the provider does not have any documentation in the text box for the applicable options, do not select that option as an intervention**
  - You may only use documentation from an *acceptable* provider

Inpatient or Residential Treatment

- Question 49 (inmhadm) is also new
  - **On (computer to display phqi9dt), the same calendar day as the positive C-SSRS and/or positive Primary Suicide Risk Screen (item 9/question #3 of the PHQ-2 +I9 screen), is there evidence the patient was admitted to inpatient or residential treatment for mental health care?**
- If the provider that completed the CSRE template admits the patient to inpatient or residential treatment for mental health **OR** sends the patient to the Emergency Department for inpatient admission, select value 1
- **If the answer to this question is yes, you will go to question 50, also a new question**

Incsraint1-12, 99

- The purpose of question 50 is to capture documentation of General Strategies for Managing Risk **in the inpatient or residential treatment setting**
- Select all interventions documented by the acceptable provider in the CSRE template
- **This template may be completed in the Emergency Department prior to admission for inpatient or residential treatment.**

General Strategies for Managing Risk in the inpatient or residential treatment setting

Question 50 Select all that apply:

- 1. Initiate unit-specific suicide precautions protocol
- 2. Initiate more frequent rounding: q _____ minute rounding
- 3. Initiate one-to-one constant observation per facility policy
- 4. Assign bedroom close to unit work station
- 5. Offer behavioral activation resources during inpatient stay which may include journaling, bibliotherapy, increased group participation, and/or exercise
- 6. Increased symptom monitoring
- 7. Engage Veteran in recovery plan during inpatient treatment
- 8. Engage Veteran in interdisciplinary treatment planning during inpatient treatment
- 9. Engage Veteran in safety plan during inpatient treatment
- 10. For Veterans not at high risk for suicide, prior to discharge ensure that a minimum of 3 mental health visits are scheduled within 30 days of discharge. Date and time of first appointment:
- 11. For Veterans at high risk for suicide, prior to discharge ensure that a minimum of 4 follow-up appointments are scheduled within 30 days of discharge. Date and time of first appointment:
- 12. Other
- 99. No interventions documented by the provider

Incsraint Rules

- Abstraction rules for incsraint mirror those for the vacsraint and opcsraint questions:
  - The wording in the option does not have to exactly match the intervention in the record; however, the intent must be the same
  - If the provider does not have any documentation in the text box for the applicable options, do not select that option as an intervention
  - You may only use documentation from an *acceptable* provider

PTSD

- The changes to the PTSD section of the Mental Health module are virtually the same as those just noted for the depression screening series of questions
- There are still two scenarios for screening however, since screening for PTSD may be completed within the past 5 years and prior to 10/1/2018
  - For screening on or after 10/01/2018, the Primary Care PTSD5 +I9 is required
  - For screening within the past 5 years and prior to 10/1/2018 the PC-PTSD screen may be used

CGPI Scoring Changes

- There are many changes to CGPI Scoring for 1Q FY2020
- An overview of the changes will be provided here, but please be sure to also review the CGPI Exit Report Guide and the CGPI Exit Report format

CGPI Retired Measures

- The following measures have been **retired**
  - **Smg2n, smg2mn, smg2sn** (used tobacco)
  - **Sre1, mdd41 and ptsd52** (suicide risk evaluation, positive depression screening with timely SRE, PTSD screening with timely SRE)
  - **Dmg40 and ihd40** (BP <140/90 or <150/65 or 3 moderate dose anti-hypertensives)
  - **Chf7** (LVSF documented)

CGPI Measure Changes

- The following measures were changed from **Pilot** measures to **Quality Indicators**:
  - **Ch11**: Chlamydia screen age 16 – 24
  - **Fe9**: Assessed functional status (ADL and IADL) in past 12 months
  - **Sui2**: Timely secondary suicide risk screening
  - **Sui40**: Primary suicide risk screening while screening for depression
  - **Sui51**: Primary suicide risk screening while screening for PTSD

CGPI Scoring changes

Measure	Revision
• P25h, p26h, p19s	• Changed dates appropriate to current flu season
	• Added new exclusion for bnmrtrns (bone marrow transplant)
• Pvc11h, pvc11s	• Added new exclusion questions for bone marrow transplant and chemotherapy
	• Immunocompromising conditions changed from inclusion to exclusion
	• If the PCVVAC and PPSVVAC were both refused or not given, documentation of a prior anaphylactic reaction will **pass** the measure
	• Measure change to age 66 and greater

Measure	Revision
• P7, p7s, smg8, smg8s, smg9, smg9s, smg10, smg10s	• Checks for retired tobacco questions were removed
• P10	• Added vascdis9 (thoracoabdominal or thoracic aortic aneurysm)
	• Removed checks for retired tobacco questions
• Mdd40, sui40, csra2, csra3	• Removed checks for retired PHQ2 questions
• sui2	• Added new date checks

CGPI Scoring changes

Measure	Revision
• Csra1, csra4	• Added new date checks
	• Updated options for vacsraint
	• Added paths for new questions opcrsaint, inmhadm, incsraint
• cvrm1	• Added exclusion for vascdis9

CGPI Scoring changes

Questions Retired

- The medication education questions have been retired along with the measure hc37

HBPC

Alternative Caregiving/Placement Plans

- Q16 (swedacp1, 2, 3, and 99)
  - Clarification has been added to the question and rules
  - **Education about options for alternative caregiving/placement plans should be provided to all HBPC patients and/or caregiver/guardian**
- Please look carefully at the documentation to be sure it meets the intent of the question
  - Just because key words (e.g. medical foster home, long term care insurance, Medicaid) are mentioned, doesn't mean that the appropriate education was provided

Urgent/emergent care planning
Long Term care planning

- Patients admitted <125 days prior to the study end date will skip the questions about a plan for urgent/emergent care (ptstplan) and long term care planning (ptltplan)

Urgent/emergent care planning

- Clarification for q19 (ptstplan): plan for urgent/emergent care
  - **Urgent/emergent care planning pertains to plan for care in the event of the unplanned absence of the caregiver.**
  - Urgent/emergent care planning does NOT pertain to plans related to cardiopulmonary resuscitation (CPR), do not resuscitation (DNR), or life sustaining treatment (LST) such as feeding tube placement
- Please review the examples in the definition/decision rules

Long Term Care Planning

- Please review the additions to the definition/decision rules for q20 (ptltplan) long term care planning
  - **Long term care planning pertains to patient/caregiver/guardian's plan for long term care if the patient's condition changes.**
  - Long term care options may include but are not limited to:
    - assisted living facility (ALF) placement
    - VA or community nursing home (CNH)
    - VA or community skilled nursing facility (SNF)
    - medical foster home (MFH)
    - care by family or friend other than current caregiver

Depression, PTSD, Suicide Risk Assessment

- The changes to depression and PTSD screening and the suicide risk assessment questions previously noted in the CGPI section are also applicable in HBPC

Immunizations

- The changes to the influenza and pneumococcal pneumonia immunization questions that were made in the CGPI instrument are also in HBPC

QC Reminders

- Reminder from HBPC quality control monitoring:
  - **Medinter:** Read pharmacy notes in their entirety (**i.e. read to the bottom of the note**) to look for documentation of assessment of medications for drug-drug interactions

Retired HBPC Measures

- Several HBPC measures have been retired:
  - Hc37 and 37a, b, c, and d (medication education)
  - Hc39, 40, 42, 43 (depression screening and PTSD screening with timely treatment plan; timely suicide risk evaluation)

HBPC Measure Changes

- The following measures were changed from **Pilot Measures to Quality Indicators**
  - **Hc49:** Pneumococcal vaccination age 66 and greater
  - **Hc50:** Primary suicide risk screening while screening for depression
  - **Hc51:** Primary suicide risk screening while screening for PTSD
  - **Hc52:** Timely Secondary Suicide Risk Screening
- The measure name for hc56 has been changed to **Alternative Caregiver Placement Plan Documented**

HBPC Scoring Changes

Measure	1Q FY2020 Changes
• Hc38, hc50	• Removed checks for retired PHQ-2 questions
• Hc52	• Added checks for depression and PTSD screening date questions and C-SSRS date questions

HBPC Scoring Changes

Measure	1Q FY2020 Changes
• Hc45	• Added new exclusion questions for bone marrow transplant , chemotherapy and immunocompromising conditions • Added numerator exclusion for new question pneurxn
• Hc49	• Added new exclusion questions for bone marrow transplant , chemotherapy • Immunocompromising conditions changed from inclusion to exclusion • Added numerator exclusion for new question pneurxn • Age changed from 65 to 66

HBPC Scoring Changes

HBPC Scoring Changes

Measures
- Hc46, 47, and 48

1Q FY2020 Changes
- Changed dates appropriate to current flu season
- Added new exclusion for bnmrtrns (bone marrow transplant)

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COMMUNICATION OF TEST RESULTS

CTR HCV Changes

- There are some changes to the Hepatitis C series of questions in CTR
- If no HCV-RNA test was done or it was cancelled, you will go to a new question
- Q16 (hcvscr)
  - During the timeframe from (computer to display stdybeg to stdyend), was a **screening test** for Hepatitis C (HCV) performed?

HCV Screening Test

- **A screening test for HCV (HCV** antibody) is used to **screen** for past exposure and current infection with Hepatitis C
- **Screening tests for HCV** includes but are **not limited to** :
  - Hepatitis C antibody
  - HCV AB
  - Anti-HCV
- Please be sure to ask if you are unsure if a test is an HCV screening test

HCV Screening Test

- If an HCV screening test was done, enter the date the HCV screening test was **reported** in q17
- Enter the result of the HCV screening test in q18 (hcvscrst)
- The remaining questions in the HCV series will reference the HCV-RNA or the HCV Screening test as applicable

New CTR Questions-HIV

- There is a new series of CTR questions
- CTR sampling will include HIV tests
- The date the HIV **confirmatory** test was reported will be pre-filled in question112 (hivdt)

HIV Confirmatory Test

- **Review the lab results to determine if a confirmatory test for HIV was reported on the prefilled date.**
  - If a confirmatory test for HIV was not done, enter 99/99/9999
  - If the pre-filled date is incorrect, you may enter the correct date
- **Examples of HIV confirmatory tests include but are not limited to:**
  - Western blot
  - The indirect fluorescent antibody (IFA)
  - HIV Viral Load
  - HIV PCR
  - HIV RNA
  - HIV NAAT

HIV Test Results

- If a confirmatory test was done, you will enter the result in question 113 (hivres)
  - 1. Positive or reactive
  - 2. Negative or nonreactive
  - 3. Indeterminate

HIV Screening Test

- If confirmatory test for HIV was *not* done, you will get question 114 (hivscr)
  - During the timeframe from (computer to display stdybeg to stdyend), was a **screening test** for HIV performed?

HIV Screening Tests

- **Common screening tests for HIV include but are not limited to:**
  - ELISA (enzyme-linked immunosorbent assay)
  - EIA (enzyme immunoassay).
  - Rapid HIV Tests (OraQuick® Rapid HIV-1 Antibody Test; Reveal™ HIV-1 Antibody Test; Uni-Gold Recombigen™ HIV Test)
  - HIV Antigen/Antibody Tests (HIV AG/AB)

HIV Screening Test

- If a screening test was done, you will enter the date the screening test was reported in q115 (hivscrdt) and the result of the screening test in question 116 (hivscres)

Communication of HIV Test Results

- The rest of the HIV questions mirror those of other tests in the CTR instrument
- **Note** that abnormal results include HIV tests that are positive/reactive **or indeterminate**

CTR Scoring Changes

- The new HCV screening test questions and the HIV tests questions have been added to the scoring algorithm
- Please see the 1Q FY2020 CTR exit report guide for details
- There are no other changes to CTR scoring or to the Exit Report format

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HOSPITAL OUTPATIENT MEASURES

HOP

- There are no changes to the HOP data collection instrument
- There are no changes to HOP scoring
- Hop18c is no longer bolded on the Exit Report

Reminder

- Please note the following reminder from HOP quality control monitoring
  - **Edctm**: For patients who are placed into observation services, use the time of the physician/APN/PA order for observation services as *ED Departure Time*.

Global Measures

- There are no changes to the Global Measures data collection questions

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GLOBAL MEASURES

Delirium Risk

- There are no changes to the Delirium Risk data collection questions

Inpatient Medication Reconciliation

- There are a few clarifications in the Inpatient Medication Reconciliation module
- The clarifications mirror those discussed in previous slides about the CGPI OP Medication Reconciliation module
  - Documentation of remote and local allergies for revptmed9
  - Clarification in ipmedrev that documentation of review of the available essential medication list components may be in the same note as the EMLR **or in a separate note**

GM Exit Report and Scoring

- The tob10 and sub10 measures have been retired
- There are no other changes to GM scoring

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VTE

VTE

- There are no changes to the VTE data collection instrument or scoring for 1Q FY2020

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HBIPS

HBIPS Changes

- The HBIPS specifications have not changed, however there are several changes in the risk of harm to self admission screening questions
- These changes were made to assist in you analyzing the medical record documentation and answering the data collection questions consistently and accurately

- At the beginning of the harm to self series of questions there are some general documentation guidelines for the questions that follow
  - **Documentation for each component must <u>clearly</u> indicate the past 6 month timeframe**
  - **All components of the screen for violence risk to self must be documented in ONE note.**
    - **If multiple notes by an acceptable provider within the first 3 days of inpatient psychiatric care admission contain various screening components for violence risk to self, select the note that contains the most components using the past 6 months timeframe.**
    - **Do NOT accept violence risk to self screening components from multiple notes**

Harm to self

Screening for Suicide Ideation

- Question 27 is the harmself1 question
- You are looking for documentation that the patient was screened for suicide ideation during the past 6 months
- An example of acceptable documentation is in the rules
- Remember in this question you are looking for documentation that screening was done, not whether the patient did or did not have suicidal ideation

Ideation

- If the patient was <u>screened</u> for suicidal ideation (harmself1=yes), q28 (suidea) asks <u>if suicidal ideation was present</u>.
- Answer yes or no based on the patient's response to screening
- The question hasn't changed but is in a different order than before and
  - The rules emphasize the six month timeframe and finding all documentation in one note
  - An example of acceptable documentation has been added

Plans/Preparation

- When the patient's response to screening indicates suicidal ideation is present, q29 (suiplan) asks if the patient <u>was screened</u> for plans/preparation and/or intent to act upon plans for suicide
- There are no changes to this question but the rules are updated to emphasize the 6 month timeframe and the requirement to find all components in one note

Behavior

- Q30 (harmself2) looks for screening for suicidal behavior in the past 6 months
- Again, only the order of the question has changed and the rules have been updated as in the other questions

Risk and Protective Factors

- Questions 31 and 32 ask about **screening for risk factors** (harmself5) **and protective factors** (harmself6).
- Quality control findings have shown that these questions are sometimes incorrectly answered "yes" even though the 6 month timeframe is not included in the documentation
- Please review the examples of acceptable documentation in the definition/decision rules for these questions

Unable to screen

- Question 33 (harmself4) is unchanged from previous quarters
- Answer yes if there is documentation the patient was medically unstable requiring transfer to a medical or surgical unit within the first 3 days of admission and admission screening for violence risk to self was not completed, select value "1."

New Questions

- Questions 35-37 have been added to specify the location of the **documentation of violence risk to self** in the medical record
    - Harmselfdt: enter the exact date of the note used to answer the harmself screening questions
    - Harmselftm: enter the signature time of the note that was used to answer the harmself screening questions
    - Harmnote: enter the title of the note in the text box that was used to answer the harmself screening questions
- **These questions are not used in scoring**

Reminder from QC

- Please note the following reminder:
    - **Whymor:** Please read the rules for answering each option accurately.
        - Documentation of failed trials of monotherapy **must include the names of the failed medications**
        - Plan to taper to monotherapy or plan to cross taper **must include the name of the medication(s) to be tapered**

Questions Removed

- The restraint and seclusion questions have been removed from the HBIPS instrument

HBIPS Exit and Scoring

- There are no changes to the 1Q FY2020 HBIPS exit report or scoring

General Reminders

- **Accurate abstraction** = accurate data. Only accurate data will help facilities improve patient care
- **Ask questions** as needed. Your Regional Manager can look at documentation with you to help you answer accurately
- **Timeliness**: submit schedules on time; start abstraction promptly; always be sure DACs are exported per the schedule
- **Data security**; safeguard passwords, PIV. Only access records of patients that are on the pull lists assigned to you
- **Thanks for all you do!**