Slide 1

EPRP Update

FY2025Q4

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Slide 2

FY2025Q4 Changes

- The slides in this presentation will serve to provide an overview of changes to the FY2025Q4 data collection instruments and scoring.
- Although the most important points will be covered, please be sure to review all the highlighted sections in the Word documents that have been provided by email and are available on the Quality Insights EPRP website.

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Slide 3

Tools with minor changes

All tools had a change in the Patient Identifiers module to comply with the federal mandate	For the following tools, there were no other changes
• "Sex" was changed to "Birth Sex"	• Cataract Surgery (CAT) • Colonoscopy Follow-Up (HOP29) • Hospital Outpatient Measures (HOP) • Inpatient Medication Reconciliation • Delirium Risk

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Slide 4

Communication of Abnormal Test Results Changes (CTR)

"COM" questions (i.e., abfobtcom) had additional guidance added regarding notification via letter	• A letter with the abnormal lab result entered as a progress note is considered communicated to the patient • Documentation that the letter was mailed is not required
"COMDT" questions (i.e., abfobcomdt) had clarification added regarding the date to enter if notification was sent via letter	• If a letter is entered as a progress note and the date the letter is mailed is not documented, use the date the letter was entered into the progress notes

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Slide 5

CTR Continued

- "PRO" questions (i.e., abafppro) have additional clarification when more than one provider documents communicating the abnormal result to the patient
  - If more than one provider from different answer options signs the note/letter, enter the smallest option number
  - For example:
    - Choose option #1 if a physician and nurse sign the note/letter
    - Choose option #2 in a nurse and pharmacist sign the note/letter
- There are no other changes for CTR

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Slide 6

Transitions of Care (TOC)

- The timeframe in question #8, PTEXPIRE, has been updated
  - 01/01/2025 to 06/30/2025

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TOC Continued

- To improve accuracy of abstraction, two additions were made to the definition/decision rules for question #16, MEDRECOP
  - An example of acceptable nurse documentation that the medications were reviewed post discharge
  - Clarification that the act of documenting the current medication list during a follow-up visit is considered evidence the provider reviewed the medications
- There were no other changes for TOC

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Pre Global Measures (GM)

- There will be a Pre and Post GM tool for FY2025Q4
  - The Pre GM tool will be effective with the first two pull lists of the quarter
  - The Post GM tool will be effective with the last pull list of the quarter
- The discharge date parameters included in the skip after question #10 have been updated to skip the flu immunization question as applicable
  - "If (prinpx or othrpx is on JC Table 12.10) OR dcdispo=4, 6, or 7, OR dcdt >=4/01/2025 and <=9/30/2025, go to comfort as applicable; else go to flustat"

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Pre GM Continued

- An example was added to the definition/decision rules for question #13, TOBSTATUS3, clarifying the timing for tobacco use screening for cases with an admission to Observation lasting more than 3 days prior to being transferred to acute inpatient care
  - Patient admitted to observation on 5/1/2025
  - Transferred to inpatient status on 5/5/2025
  - Initial tobacco use screening completed on 5/1/2025
    - Screening was completed more than 3 days prior to inpatient admission requiring new screening to be performed and documented within the first day of acute inpatient care admission
- The same example was also added to question #17, AUDITC

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Pre GM Continued

Question #16, NOTOBRXDC

- Examples of documented "Other Reasons" for not prescribing tobacco cessation medications have been reconfigured in the definition/decision rules to highlight that the reason needs to be **explicitly documented or clearly implied**
  - "No tobacco cessation medication as patient is post-operative and nicotine may place them at risk for impaired wound healing."
  - "Patient becomes anxious when they take tobacco cessation medications."

There were no other changes for Pre GM

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Post GM

Question #11, FLUSTAT	There were no other changes for Post GM
• The new link for the Centers for Disease Control (CDC) list of influenza vaccines has been added to the rules	

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Home Based Primary Care (HBPC)

- Question #20, SCRNCARE has had additional guidance added to the definition/decision rules
  - If the caregiver does not provide permission for the screen to be documented in the Veteran's chart, and the social worker notes that a caregiver burden screen and plan was completed in the past year and documented in a collateral chart, answer "1".
  - The date of the screen must be present to determine if it was done timely

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HBPC Continued

- What is a collateral chart?
  - The caregiver will have their own electronic health record for documentation of the caregiver screening, if they do not feel comfortable having it documented in the Veteran's chart.
  - Below is an example of expected documentation

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HBPC Continued

- New question #23, OTHSCRN
  - Added to determine if a standardized and published caregiver burden screening tool other than the Zarit Burden Interview Screen was used within the past year
  - If another tool was used to screen the caregiver, it must be standardized, published, and the outcome documented
- This question is currently underlined informational only
- Enter the date and outcome of the screening in new questions #24, OTHSCRNDT, and #25, OTHSCORE

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HBPC Continued

Minor wording changes were made to the rules for question #31, PTSTPLAN and #32, PTLTPLAN

Allowance for a video conferencing encounter is now only acceptable for those HBPC teams with a rural waiver for telehealth for the following questions:

- Nutrition and Hydration Assessment (#33 NUTHYD)
- Malnutrition Assessment (#36 ASSESMAL2)
- Home Environmental Safety/Risk Assessment (#39 ENVASES)
- Oxygen Safety Risk Assessment (#43 ASESOXY2)

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HBPC Continued

Concise AUDIT-C was added as an acceptable alcohol misuse screening tool for question #61, SCRNAUDC

There is no difference between the AUDIT-C and Concise AUDIT-C screening questions

The only difference is the title which can vary by facility

There were no other changes for HBPC

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Sepsis

Most of the changes made to the Sepsis tool are meant to improve consistency and accuracy of abstraction

Major changes will be covered in the following slides

Read through all the questions and definition/decision rules to see all the changes

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Sepsis Continued

- Question #4, TRNSFR, was reformatted to improve awareness and accuracy when selecting answer option "2"
  - Select value "2" if transferred in from community living centers (CLC), long term care (LTC) facilities, nursing homes (NHCU), or skilled nursing facilities (SNF), even if the patient was there to receive short term rehab

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Sepsis Continued

- New question #14, ADMSERV, was added to capture the admitting service
- This information will be included on the Sepsis Data Accountability Case Level Report (DACLR)

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Sepsis Continued

Guidance has been added to question #23, INFDT/INFTM, when infection documentation is found in multiple locations

If documented more than one time, the later documented date/time can be used if the earlier documented date/time is outside the six-hour window for meeting clinical criteria of severe sepsis

For example:
- 16:00 triage note by nurse, "Family thinks patient has urinary tract infection (UTI)"
- 17:53 physician progress note, "Possible UTI"
  - If sepsis and seporg components are within 6 hours of the triage note, use 16:00
  - If sepsis and seporg components are later and only within 6 hours of the physician progress note, use 17:53

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Sepsis Continued

- The following guidance was added to the rules for questions #24, SEPSIRS, and #25, SEPORG
  - Vitals and labs documented prior to arrival (i.e., outpatient clinic, CNH notes, etc.) **may be used** if within the 6 hours prior to infection time
  - If using vitals found in an ICU flowsheet, **use the time at the top of the column**, not the time next to the nurse's initials which reflects the time the data was entered into the flowsheet and not the time the vitals were taken
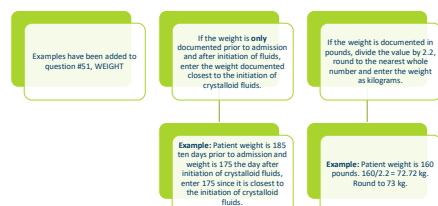
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Sepsis Continued

- Question #38, LACTDT/LACTM has been reworded for greater clarity
  - Enter the date and time **of the highest lactate value** during the timeframe from 6 hours prior to severe sepsis presentation, or if no lactate within that timeframe, enter the highest value within 3 hours after severe sepsis presentation when the initial lactate level was drawn (or collected).

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Sepsis Continued

Examples have been added to question #51, WEIGHT

If the weight is **only** documented prior to admission and after initiation of fluids, enter the weight documented closest to the initiation of crystalloid fluids.

If the weight is documented in pounds, divide the value by 2.2, round to the nearest whole number and enter the weight as kilograms.

Example: Patient weight is 185 ten days prior to admission and weight is 175 the day after initiation of crystalloid fluids, enter 175 since it is closest to the initiation of crystalloid fluids.

Example: Patient weight is 160 pounds. 160/2.2 = 72.72 kg. Round to 73 kg.

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Sepsis Continued

- Additional guidance has been added to question #53, TARGVOL related to diluting fluids
  - Crystalloid fluids or balanced crystalloid fluids that are given to dilute medications may be used toward the target ordered volume
    - The diluting fluid needs to be named to determine if the fluid is an acceptable crystalloid fluid. The order must include the type of fluid, and a rate (>125 mL/hr) or time over which the fluids are to be given.
- There were no other changes for Sepsis

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Clinical Guideline and Prevention Indicators (CGPI)

- Modules with no changes
  - Validation
  - Core
  - Cardiovascular Disease (CVD)
  - Outpatient Medication Reconciliation
  - Shared

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CGPI Mental Health Module

- The Concise AUDIT-C has been added as an acceptable screening tool for question #11, SCRNAUDC
  - There is no difference between the AUDIT-C and Concise AUDIT-C screening questions
  - The only difference is the title which can vary by facility

- There were no other changes to the Mental Health module

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CGPI Diabetes Module

Minor wording changes were made to the following questions to match Health Effectiveness Data and Information Set (HEDIS) specifications		
#10, FUNDEXAM2	#12, EYESPEC	#13, PREVSCOP

LOINC codes for Autonomous Eye Exams were also added to the definition/decision rules for questions #12 and #13

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CGPI Prevention Indicators Module

- To align with HEDIS specifications a new question, #16, PTEXPIRE, has been added at the beginning of the tobacco use questions
  - Is there documentation that the patient expired during the past year?
    - If the answer is yes, the case will skip the tobacco use and follow-up questions

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CGPI Prevention Indicators Module

- Clarification was added to the definition/decision rules for question #19, TOBSCRN25
  - If more than one acceptable provider documented tobacco use screening using the National Clinical Reminder for Tobacco Use (NCRT) on the same date, enter the tobacco use status documented for the most recent tobacco use screen
- There were no other changes for CGPI

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Scoring Changes

There were no scoring changes to the CAT, Colonoscopy Follow-Up (HOP29), CTR, HBPC, HOP and Sepsis tools.

Changes to scoring for CGPI, GM and TOC will be covered in the following slides.

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CGPI Scoring Change

- A denominator exclusion was added to the following indicators if the patient expired within the study year
  - p7
  - Smg8
  - Smg9
  - Smg10
  - Smg19mn
  - Smg19n

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GM Scoring Change

The discharge date exclusion parameter has been updated for discharges >=7/1/2025

- Denominator includes all cases except:
  - Discharge date is <7/01/2025 or >12/31/2025

Goes into effect with the third pull list of FY2025Q4

- Use the FY2025Q4 Pre exit guide for the first two pull lists
- Use the FY2025Q4 Post exit guide for the third pull list

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TOC Scoring Change

- The timeframe for patients who have expired has been updated
  - All cases are included in the denominator except:
    - Patients who expired during the timeframe from 1/1/2025 to 6/30/2025

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Thank you for viewing the FY2025Q4 update

Please submit any questions to your Regional Manager via the Q&A HUB

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