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EPRP UPDATE

FY2026Q2

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1

FY2026Q2 CHANGES

- The slides in this presentation will serve to provide an overview of changes to the FY2026Q2 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 added to the EPRP Collaboration SharePoint folder and are available on the Quality Insights EPRP website.

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2

INSTRUMENTS AND MODULES WITH NO CHANGES

- Cataract Surgery (CAT)
- Clinical Practice Guidelines and Prevention Indicators (CGPI)
  - Core Module
  - Outpatient Medication Reconciliation Module
  - Validation Module
- Common Modules
  - Delirium Risk

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3

INSTRUMENTS & MODULES WITH CHANGES

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4

CLINICAL PRACTICE GUIDELINES & PREVENTION INDICATORS

- Diabetes Module
  - Verbiage in the questions and rules was updated to make it clear that documentation of "foot" and/or "feet" is acceptable for the following questions
    - FOOTINSP2
    - FOOTINSDT
    - FTSENART
    - FOOTPLSE
- Reminder regarding pedal pulses: documentation stating pedal pulse/s were checked via doppler is **not** acceptable for question FOOTPLSE
  - This guidance is per the VHA Diabetes Subject Matter Expert (SME) and will be added to the definition/decision rules for FY2026Q3 to ensure clarity

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CLINICAL PRACTICE GUIDELINES & PREVENTION INDICATORS

- Prevention Indicators Module
  - Verbiage in the definition/decision rules for TOBSCRN18 was updated to match the current National Clinical Reminder for Tobacco Use verbiage
  - Six of the tobacco use follow-up questions were deleted from the module due to the dates of the study interval being outside the date parameters stated in the questions
    - TUCONSEL2
    - TUCNSLDT2
    - TUCREFER2
    - TUCREFDT2
    - OFFTUCRX2
    - TUCMEDT2

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6

COLONOSCOPY FOLLOW-UP

- Pre version of the Word document should be referred to for the first pull list (1/05/26)
- Post version of the Word document will be effective with the second pull list (2/04/26)
  - Question SEXBIRTH was removed to align with Centers for Medicare & Medicaid Services (CMS)

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COMMON MODULES

- Inpatient Medication Reconciliation
  - Questions REVPTMED and IPMEDREV were added back to the instrument due to the measure, MREC51, being reactivated
  - There were no additional changes to the questions
- Remember, to answer "Yes" or "3" for question IPMEDREV, the documentation must be **specific** that the available medication list components were reviewed **with the patient/caregiver**
  - Acceptable example: "medication list reviewed with the patient"
  - Unacceptable example: "medication list reviewed"

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8

COMMUNICATION OF ABNORMAL TEST RESULTS (CTR)

- The definition/decision rules were updated for ABAFPVAL and ABAFPDT to reflect a new abnormal value range per the CTR SME
  - AFP results >=30 ng/ml are considered abnormal AFP results that require action
- By establishing this level as the cutoff for what is considered abnormal for the purposes of EPRP, cases where the patient has a chronically stable low level AFP elevation will no longer be included on the pull list.
  - For example, patients with chronic liver disease may have low level AFP elevation that is chronic due to their liver disease, providers may determine the chronic nature of these results do not require action

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9

GLOBAL MEASURES

- Pre version of the Word document should be referred to for the first and second pull lists (1/05/26 & 2/04/26)
- Post version of the Word document will be effective with the third pull list (3/04/26)
  - Question FLUSTAT was updated to align with The Joint Commission (TJC) updates
    - Select answer option "4" if there is documentation of:
      - Severe allergic reaction (e.g., anaphylaxis) after previous dose of influenza vaccine, OR
      - Prior history of Guillain-Barre syndrome within 6 weeks after a previous influenza vaccination, OR
      - Moderate or severe acute illness with or without fever with explicit linkage for not administering the influenza vaccine during this hospital stay
  - Documentation of moderate or severe acute illness **must be explicitly linked** as the reason for not administering the influenza vaccine during this hospital stay
  - Additionally, the names of the influenza vaccines listed in the definition/decision rules were updated per TJC specification updates
  - Information for *providers* was added to the rules to align with TJC notes for abstraction

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10

GLOBAL MEASURES

- The list of FDA Approved Medications (Table 9.2) was updated per TJC specification changes for question SUDMEDC
  - Acamprosate
  - Methadone (Methadose)
  - Naltrexone (Vivitrol Injection, Zubsolv)
  - Buprenorphine (Butrans, Belbuca, Brixadi, Sublocade)
  - Buprenorphine-Naloxone (Suboxone)
  - Disulfiram

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HOME BASED PRIMARY CARE

- Question ASESOXYDT has been updated and will now display the exact time frame to look within
  - Enter the date of the most recent home oxygen safety risk assessment documented by a HBPC team member during the time frame from (if asesoxy2=3 or 4 computer to display admisdt -30 days to admisdt +30 days; if asesoxy3=3 or 4 computer to display stdybeg – 1year to stdyend).

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HOME BASED PRIMARY CARE

- Question PTLTPLAN has been revised to improve accuracy and ensure **both** the physical and financial aspects of the long-term care plan were found in the documentation
  - Question name has been changed to PTLTPLAN1, PTLTPLAN2, PTLTPLAN98 and PTLTPLAN99
  - The answers are now "Select all that apply"
  - The software is programmed to not allow answers "98" or "99" to be selected with any of the other values
- **Select all that apply**:
- 1. HBPC social worker documented **physical** long term care plan (and feasibility if plan is to stay at home)
- 2. HBPC social worker documented **financial** feasibility of the long-term care plan
- 98. Patient/caregiver/guardian refused/declined to make a plan for long term care
- 99. HBPC social worker did not document the long-term care plan

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HOSPITAL OUTPATIENT MEASURES

- Pre version of the Word document should be referred to for the first and second pull lists (1/05/26 & 2/04/26)
- Post version of the Word document will be effective with the third pull list (3/04/26)
  - Question SEXBIRTH was removed to align with Centers for Medicare & Medicaid Services (CMS)

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14

SEPSIS

- Pre version of the Word document should be referred to for the first and second pull lists (1/05/26 & 2/04/26)
- Post version of the Word document will be effective with the third pull list (3/04/26)
  - Question SEXBIRTH was removed to align with Centers for Medicare & Medicaid Services (CMS)
- There were changes made to the definition/decision rules for several questions which will be reviewed in the following slides
- All updates were made to align with CMS specification changes
- One question, COVID, was deleted from the instrument per CMS updates

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15

SEPSIS

Definition/decision rules updates

- TRNSFR: updated list of transfers to select either "Yes" or "No"
- TRNSFRLOC: updated list of what qualifies for answer options "3" or "4"
- SEPPRES2, SHKPRES, SEPINF and SEPSHK all had an update made to the definition/decision rules related to positive and negative qualifier statements in the documentation
  - Select value "2" for documentation containing a negative qualifier OR documentation containing both a positive and negative qualifier in the same documentation (i.e., same sentence or paragraph).

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16

SEPSIS

- The rules for SEPINF have been updated to give additional guidance about identifying FDA approved biomarker tests for sepsis within the documentation
  - FDA-approved biomarker tests for sepsis detection may include or use a combination of lab tests and biomarkers (e.g., procalcitonin, white blood cell, lactate, etc.). Do not use orders for lab tests that are a component of an FDA-approved biomarker test.
  - To determine whether a biomarker test is FDA-approved for sepsis or infection detection you may consult a medical resource.

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17

SEPSIS

- Additional guidance was added to the rules for questions INFDT and INFTM if the earliest documentation of infection was found within a radiology report or an order for an FDA approved biomarker test for sepsis
  - If earliest documentation of an infection is within a radiology report (e.g. X-ray report, CT report, etc.), use the result date and time. If a result date and time is not available, use the signed date and time.
  - If earliest documentation of an infection is an order for an FDA-approved biomarker test for sepsis detection, use the date and time of the order.

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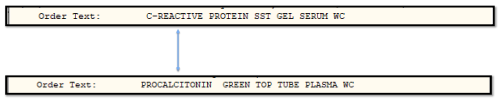
18

FDA-APPROVED BIOMARKER TESTS FOR SEPSIS EXAMPLES

- These are two order examples showing two different biomarker tests for Sepsis that might be found in the documentation



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SEPSIS

- Question SEPORG had updates made to the rules related to documentation about mechanical ventilation
- Use the date/time mechanical ventilation was started. This may include explicit documentation that mechanical ventilation was started, the earliest date/time associated with the patient being on mechanical ventilation such as ventilator settings documented on a flowsheet, or the date/time the mechanical ventilation changed from intermittent to continuous.
- **EXAMPLES:**
  - Intubation flowsheet documents ET placement at 08:00 Respiratory Therapist note at 08:40 documents "Patient intubated and placed on mechanical ventilation at 08:30;" enter 08:30 as mechanical ventilation start time. The intubation time would not be used as the time mechanical ventilation was started/initiated.
  - Respiratory Flowsheet: Vent settings/alarms documented at 13:30. Respiratory Therapist note at 1400: "Patient on ventilator." Use 13:30 as the earliest time directly associated with the patient being on mechanical ventilation.

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20

SEPSIS

Question, ANTIBIO

- Guidance was added to the rules for unacceptable documentation that a broad spectrum or other antibiotic was administered intravenously
  - Do not accept the following documentation: Give antibiotic stat, hang antibiotic, order for antibiotic, oral antibiotic

Question, LACTATE

- Guidance was added to the rules when there are multiple lactate levels drawn
  - If multiple lactate levels are drawn within six hours before *Severe Sepsis Presentation Time* or within six hours before and three hours after the *Severe Sepsis Presentation Time*, use the highest lactate level drawn in the six hours before. Use a lactate level drawn at the same time as the *Severe Sepsis Presentation Time* if it has the highest level.

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21

SEPSIS

- Additional guidance was added to questions LACTDT and LACTM when multiple lactate levels are drawn
- If multiple lactate levels are drawn use the following steps:
  - Choose the highest lactate level drawn in the time frame from 6 hours prior to Severe Sepsis Presentation time through Severe Sepsis Presentation time.
  - Use a lactate level drawn at the same time as Severe Sepsis Presentation Time if it has the highest level.
  - If no lactate is drawn prior to Severe Sepsis Presentation time, use the highest lactate level drawn in the 3 hours following Severe Sepsis Presentation time.

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22

TRANSITIONS OF CARE

- To ensure the abstraction focus for question MEDRECOP is on documentation from the outpatient medical record, bolding has been added to the question
  - During the time frame from (discharge date +1 day through 30 days or readmission discharge date +1 day through 30 days) is there documentation in the **outpatient record** by a physician, APN, PA, clinical pharmacist or registered nurse that the discharge medications were reconciled with the current medications?
- This question is specifically asking for a review of the outpatient medical record within the 31 days post discharge
- If there is none found, you will get question MEDRECDS which asks if medication reconciliation was completed and documented appropriately in the Discharge Summary
  - For question, MEDRECDS, the **only acceptable source** is the Discharge Summary

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23

TRANSITIONS OF CARE

- Additional guidance was added to the definition/decision rules for question MEDRECOP per clarification provided by the National Committee for Quality Assurance (NCQA)
  - Documentation must show that the medication list was available in the chart during medication reconciliation, although it does not need to be included in the same note.

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24

SCORING CHANGES

- There were no scoring changes for the following instruments:
  - CAT
  - CTR
- Other than updating the denominator exclusions dates to reflect the new calendar year, no other scoring changes were made for the following instruments:
  - Colonoscopy Follow-Up (HOP29)
  - HOP
  - TOC

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25

HBPC HC56 SCORING REMINDER

- As a reminder, for a case to pass hc56, Alternative Caregiver Placement Plan Documented, the following must be in the documentation
  - The HBPC social worker documented the patient's plan for urgent/emergent care OR the patient/caregiver/guardian refused to make a plan for urgent/emergent care within 30 days prior to or 125 days after the date of admission to the HBPC program
  - **AND**
  - The HBPC social worker documented the patient's plan for long term care OR the patient/caregiver/guardian refused to make a plan for long term care within 30 days prior to or 125 days after the date of admission to the HBPC program
- Please be sure your responses to questions PTSTPLAN and PTLTPLAN1/2/98/99 are accurate to ensure scores for this measure are correct

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26

HBPC SCORING CHANGE

Hc56, Alternative Caregiver Placement Plan Documented

- While the guidance did not change in the Exit Guide, the scoring algorithm was modified to account for the new question, PTLTPLAN1/2/98/99
- As is noted in the algorithm to the right, only cases meeting all the required components will pass the measure

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CGPI SCORING CHANGES

- A denominator exclusion was added to dmg61, Foot Exam
  - Cases with the patient's age <18 or >85 will not be included in the denominator

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28

GM SCORING CHANGES

- The discharge date exclusion time frame has been updated to reflect the new calendar year for imm4, tob40, sub20, and sub40
  - Denominator includes all cases except: discharges <01/01/2026 or >06/30/2026
- In addition, the discharge date exclusion for imm4 has been updated to reflect the current flu season
  - The discharge date is >03/31/2026 and <10/01/2026 (outside the current flu season)
- Mrec51 has been reactivated as a quality measure
  - Essential Medication list reviewed with patient/caregiver on admission
  - There were no changes to the mrec51 measure specifications

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29

SEPSIS SCORING CHANGE

- Coronavirus or COVID-19 suspected, present or confirmed has been removed as a denominator exclusion for sep1a
- Denominator exclusion dates have also been updated to reflect the new calendar year for each of the Sepsis bundle measures

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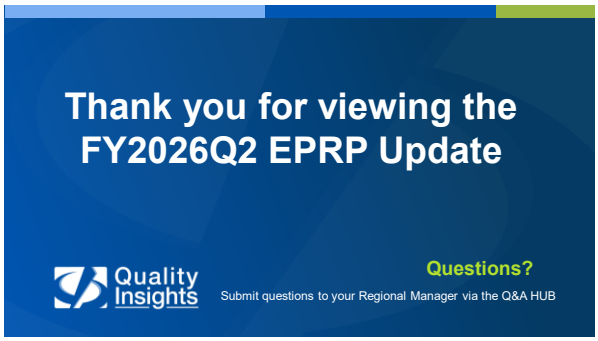
30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31