

## HISTORY OF HBIPS CORE MEASURE SET

### Behavioral Healthcare Performance Measurement System

NRI is proud to be one of the collaborating organizations that created and implemented the Hospital Based Inpatient Psychiatric Services (HBIPS) Core Measure Set. The Joint Commission has formally mandated the set for all free-standing psychiatric hospitals as of January, 2011. The history includes:

- The Foundation
- Developing the HBIPS Core Measure Set  
*and Lessons Learned*
- The Final HBIPS Core Measure Set
- The Future

### The Foundation:

Acute care hospitals have used standardized core measure sets developed consistently under the guidance of The Joint Commission, while psychiatric hospitals remained with measures developed by independent vendors. Before the HBIPS set, these vendor-driven measures served only the needs of their individual clients which created hundreds of measures for psychiatric providers; however, there was no consistency across vendors. This lack of common measures resulted in the lack of national learning and the inability to benchmark quality of care for psychiatric hospitalization.

Through its Behavioral Healthcare Performance Measurement System (BHPMS) NRI convened a workgroup in 2001 comprised of technical, clinical, and administrative leadership to develop core measure sets for behavioral healthcare organizations.

In 2002, NRI then approached the National Association of State Mental Health Program Directors (NASMHPD) and the National Association of Psychiatric Healthcare Systems (NAPHS) to engage in the first public-private test of a common set of performance measures. The successful pilot test led these organizations, along with the American Psychiatric Association (APA), to engage The Joint Commission to begin development of a core measure set for psychiatric hospitals.



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### Points of interest:

NRI is proud to be one of the collaborating organizations facilitating the implementation of the core set.

NRI's workgroups outlined seven sets using existing measures and best practices in the field.

In 2002, the first public-private collaboration tested a common set of performance measures.

The test was highlighted in the October 2002 issue of *Mental Health Weekly*.

## Development of the HBIPS Core Measure Set:

The synergistic collaboration of NRI, NAPHS, NASMPHD, and APA compelled The Joint Commission (TJC) to move forward with core measures for inpatient psychiatric hospitals. A stakeholders meeting was held in early 2004 to solicit support for the process and garner resources for the effort. The meeting included representatives from over 25 organizations and associations representing several clinical specialties, consumers, funding agencies, state hospitals, private hospitals, and researchers. The stakeholders supported and endorsed the work plan and timeline for inpatient psychiatric services core measures.

The Joint Commission issued their first press release in April 2004 indicating partnership with NAPHS, NASMHPD, and NRI in the development of the HBIPS core measure set. *Mental Health Weekly* also continued to follow the development of HBIPS with several issues marking significant milestones (May 3, 2004; Oct 6, 2008; May 31, 2010).

A Technical Advisory Panel (TAP) comprised of experts in mental health system operations, clinical practices, and performance measurement, in collaboration with consumer advocates, formed in the spring of 2005 to provide technical and practical expertise to the advancement of inpatient measures.

The TAP recommended a framework for measures that included the following domains: assessment, treatment planning and implementation, hope and empowerment, patient driven care, patient safety, continuity and transition of care, and outcomes.

Throughout 2005, various meetings and task groups focused on reviewing nearly 100 candidate measures. At which point, the TAP subsequently recommended eighteen measures on which it sought public comment. From these comments, targeted workgroups provided TJC with a set of five measures to advance into initial data compilation with volunteer hospitals addressing the domains of assessment (screenings), patient safety (restraint, seclusion, and polypharmacy), and continuity of care (proving aftercare plan to next care provider).

## Lessons Learned:

In 2007, NRI served 41 free-standing psychiatric hospitals during the test phase. NRI surveyed its test sites, with a 74% response rate, regarding their implementation of the HBIPS Core Measure Set.

The lesson learned included:

- Engagement of a multidisciplinary team including clinical, technical, and leadership staff is necessary
- Allow adequate time for implementation-prepare early
- Certain data require better documentation
- Data may require new clinical approach
- Revision of data collection instruments may be required to streamline compilation
- Positive outcomes were experienced as a result of the implementation and data collection processes
- Ensure adequate training for staff
- Identifying information flow is essential to data abstraction

## The Final HBIPS Core Measure Set:

Following the test phase, the TAP for The Joint Commission met to review issues identified during the test and to discuss the clinical utility and comparability of the measure results.

The focus of the test phase was to evaluate:

- the data elements
- the extraction processes, and
- the measure calculation algorithms

The resulting rates from the test set were not used as measures of performance. Rather, the Panel revised the measure set based on the findings from the test phase. In addition, the Panel supported the final measure set for advancement through The Joint Commission review process. Participation in the final set was made available to psychiatric facilities and units beginning with October 2008 discharges/episodes of care.

Hospitals accredited by The Joint Commission under its HAP standards are eligible to use the final core measure set. This includes free-standing psychiatric hospitals and distinct psychiatric units within general hospitals. For free-standing psychiatric hospitals, participating in the set meets The Joint Commission's ORYX® performance measurement requirements.

The set is comprised of seven measures that fall into two groups: discharge measures and event measures. The discharge measures are calculated when a client is discharged or transferred. Event measures are calculated for all clients served in inpatient psychiatric services. In addition, each measure is calculated for each of four age strata: children (1-12 years), adolescent (13-17 years), adult (18-64 years), and older adults (65 years and older).

When the set opened in October 2008, 170 psychiatric hospitals (including public and private) indicated readiness to adopt HBIPS core measure set for reporting to The Joint Commission. By the end of 2009, over 300 psychiatric hospitals had reported HBIPS data to The Joint Commission.

## HBIPS Core Measure Set:

The HBIPS core measure set is comprised of 7 measures that fall into two groups - discharge measures and event measures.

### Discharge measures

- **HBIPS 1- Screening for risk of violence to self, risk of violence to others, substance use, psychological trauma history, and patient strengths**
- **HBIPS 4- Patients discharged on multiple antipsychotic medications**
- **HBIPS 5- Patients discharged on multiple antipsychotic medications with appropriate justification**
- **HBIPS 6- Post discharge continuing care plan created**
- **HBIPS 7- Post discharge continuing care plan transmitted**

### Event Measures

- **HBIPS 2- Restraint use hours**
- **HBIPS 3- Seclusion use hours**

## The Future:

The purpose of any core measure set is to assist facilities in their quality improvement processes by measuring their performance against best practices which indicate positive clinical outcomes. The Joint Commission is using the combined data from all participants to define current operating targets of performance.

Ultimately, the goals of performance improvement are:

- near-perfect performance
- identifying shortcomings, and
- addressing process issues related to the identified shortcomings

While aggregate data can help identify shortcomings, the utilization of local dis-aggregate data is essential to identify the clinical processes needing improvement, in order to provide consumers with the highest standard of care.

The HBIPS core measure set is one of the first steps towards the standardization of performance measurement for psychiatric hospitals and units. The future measures will build upon the founding core measure set and seek to advance the quality of inpatient psychiatric care.

NRI is excited by the opportunity to participate in the continued advancement of quality, inpatient psychiatric care.

If you would like more detailed information about the history of the HBIPS Core Measure Set, or have any questions regarding participation in the HBIPS set with NRI, please contact:

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## Timeline:

