

# Spotlight on Core Measures



August 14, 2008

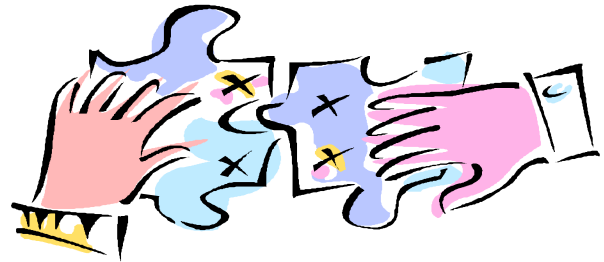
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*Spotlight on Core Measures is a news brief to provide the most current and up-to-date information on Core Measures for psychiatric facilities and answers to the most frequently asked questions.*

## **NRI Specifications Completed – New Version to be posted August 18**

We will be submitting a slightly updated version from the “Conference Draft” to The Joint Commission for data collection tool validation; we do not expect there to be any other changes. If you find any conflicting information or find a definition that is not clear, please let us know via email to [CMInfo@nri-inc.org](mailto:CMInfo@nri-inc.org).

The Conference Draft of Implementation Guide version 5.0 had sections for: Core Measures Definitions Only, Algorithms, Core Measure File Layout, Episode File layout, Data Definitions, Core Measure Data Abstraction Form, Sampling specifications, and Manual Version Update. Updated and remaining sections will be posted on August 18. A complete manual will be mailed to the primary contact at each facility enrolled with NRI.

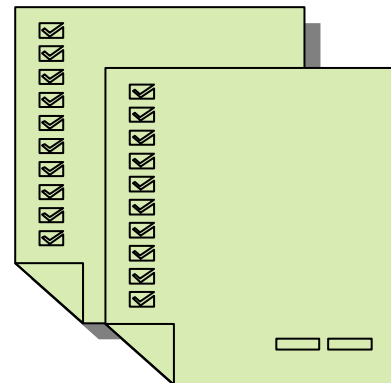


To address the volume of questions that we received both through the User Conference and through email, we have created a separate FAQ for Core Measures that will be posted as part of the Implementation Guide version 5. We will continue to add to this document as new questions arise and are answered. The document will be date stamped and a note will appear in both Technical Notes and on the website whenever the document is updated. The first issue has been posted.

## **Readiness and Programming for the Final Set**

Facilities can begin programming and adjusting procedures and documentation so that they can report to NRI accurately using NRI’s final definitions. Note that facilities must use the specifications of their vendor, which may differ from that of The Joint Commission.

Facilities should begin by reviewing the Measure Definitions section and the list of required data elements. Using the Data Definitions section, facilities should evaluate their screening assessments, continuing care plans (packets), and antipsychotic medication tracking systems for correspondence with the definitions. This step is known as identification of primary source, the location where information is first recorded by the facility in official facility documents. It is recommended that clinical staff assist in



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the evaluation of the facility's documentation procedures and clarity of this information to abstractors. Facility abstractors can not assume that a screening was completed, for instance, if there is no statement to support this conclusion. It is critical that negative findings (e.g. "no substance use history in past 12 months") be identifiable so that the facility abstractor can document that the screening was completed. Abstraction must comply with the definitions without need of inference. This may require some adjustments or "triggers" be added to the documentation system. Following this critical review, the facility should then map the flow of this information into their electronic data systems to determine how data will be entered and from where data will be extracted for reporting to NRI. Test sites indicated that this activity often needed to be absorbed into existing processes as new resources were not available.

The NRI tool known as NRI File Layout.mdb will be available shortly. Review is currently being conducted to ensure that it correctly formats all fields required in the new Core Measure File. As was indicated during the presentation at the User Conferences, this Access database will be released first as a data collection/validation tool with directions. NRI will be adding queries for sampling and completeness testing. Additional queries are planned and we are interested in your feedback. Please send comment to [CMInfo@nri-inc.org](mailto:CMInfo@nri-inc.org).

## July Call Notes and Frequently Asked Questions

*Should manual restraints associated with forced medications be reported?*

**CORRECTION:** The manual restraint when used in conjunction with a forced psychotropic medication needs to be reported as an independent event (manual hold) even when it occurs while a client is in another restraint or seclusion. The Joint Commission is applying the CMS definition to the reporting of physical restraint. In the NRI system, three different types of restraint are reported; therefore separate, non-overlapping events must be reported.

*Are units accredited under Behavioral Health Care (BHC) standards required to submit core measures data?*

Units accredited under BHC standards are excluded from the core measure set.

*Please clarify the definition of "discharge medications" in HBIPS 1.6 and 1.7.*

All medications recommended by the inpatient physician at discharge should be reported to the next care provider. These medications are not limited to "prescribed" medications and would include vitamins, over-the-counter medications, etc. (Refer to definition for continuing care plan component – medications).

*Which clients are included? What is the Initial Population Size?*

There are two classes of measures in the final core measure set. The Initial Population for the discharge measures include clients who are discharged during the reporting period, at least 1 year of age, discharged from units accredited under the HAP standards, not served on units with specialty of "alcohol and drug treatment only", and have at least one mental disorder. Generally, these are equivalent to the discharges for the reporting period as



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identified in the Episode File, minus specific units. The Initial Population for the event measures include clients who are served during the reporting period, at least 1 year of age, served on units accredited under the HAP standards, and not served on unit with specialty of "alcohol and drug treatment only". Generally, these are equivalent to the census for the reporting period as identified in the Episode File, minus specific units. Refer to the Initial Client Population Algorithm in the Measures Definition section of the Implementation Guide.

## *Who calculates the exclusion, NRI or the facility?*

Facilities are required to submit records in the Episode File for all clients served. Facilities may submit discharge records in the Core Measure file for only the "Initial Population" identified for the discharge measures. NRI is required to apply the exclusion criterion that is specific to each measure (such as length of stay).

## *Why are the NRI antipsychotic medications grouped by "new" generation and "old" generation?*

For the existing non-core measures, the distinction between new and old generation antipsychotic medications is an important attribute. For the core measure set, the distinction is not relevant. However, to maintain consistent coding of new generation antipsychotic medications with the Event File, NRI chose to continue the designation. If new antipsychotic medications become available, facilities should notify NRI so that we can work with The Joint Commission to have these medications added to the list. The NRI list includes the brand and generic names to facilitate the correct counting of number of antipsychotic medications (e.g. one medication in two forms is counted as one medication). Note that the core measure set does not use the event file for the multiple antipsychotic medications measures.

## *Are clients that refuse aftercare included in the measures? Are clients without planned aftercare included in the measures?*

Clients that refuse aftercare or refuse to release information to an aftercare provider are excluded from the continuing care plan measures only. Clients without planned aftercare are included in all the discharge measures. It is assumed that the vast majority of clients discharged from inpatient settings would receive some aftercare treatment.

## *Why are some fields considered optional?*

Optional fields in the Core Measure file relate to enhanced measures and improved understanding of the final measures. NRI will post definitions for these enhanced measures and descriptions of reports that will be provided for the final set, similar to those used during the test phase.

If you have a question, please email it to [CMInfo@nri-inc.org](mailto:CMInfo@nri-inc.org). Responses are provided for each question and are also summarized in the following issue of *Spotlight*.

## **Joint Commission Specifications Clarifications**

As facilities and vendors review the final specifications released by The Joint Commission and begin implementation strategies, some questions have been noted. The Joint Commission continues to respond to requests for clarifications. The Joint Commission posted the first update ("Release Notes") to the specifications on July 28, 2008.

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A training session for vendors was held on July 29, 2008. The 2-hours webinar reviewed The Joint Commission specifications and implementation timelines. Some opportunity for questions was provided. Vendor data collection tool verification begins August 15 where the vendor's data plan is compared to The Joint Commission requirements to confirm that the vendor can crosswalk to The Joint Commission elements. Vendor algorithm verification begins October 15 where the vendor processes test cases created by The Joint Commission to confirm appropriate application of The Joint Commission algorithms. Updates will be posted to The Joint Commission website.

## Core Measure Set Requirements: Important Notes

The HBIPS set will only be available to hospitals accredited under the HAP standards and will only apply to units in the hospital accredited under those standards. The set is not officially available to facilities or units accredited under the BHC standards.

Facilities must select the entire set. If a facility does not use seclusion and/or restraint, the facility can request a waiver from The Joint Commission.

Facilities need to identify the age groups served when electing the core measure set. For the discharge measures, age is calculated at discharge; for the event measures, age is calculated at the end of the reporting period.

Facilities electing to use the final set should contact Frank Zibrat at The Joint Commission (630-792-5992) or [fzibrat@jointcommission.org](mailto:fzibrat@jointcommission.org) to enroll and also submit the NRI measure selection form – core measure set. Enrollment with The Joint Commission can begin at the start of any quarter; enrollment with NRI can begin at the start of any month. Facilities may also begin the core set with NRI and not report it to The Joint Commission. When facilities enroll in the core set, the non-core measures will not be submitted to The Joint Commission; however, facilities are encouraged to maintain these measures with NRI since they provide valuable comparison data for all facilities and they may become required again after the core measure set is mandated.



PMS vendors have a long list of requirements when supporting a core measure set. Some of these requirements are described in The Joint Commission specification manual and other requirements are detailed in vendor contracts with The Joint Commission. Facilities should be aware that all vendors perform certain activities based on these requirements. Each vendor also performs "value added" services for their hospital clients to support the use of core measure data in quality improvement activities.

## Timeline Update

The Joint Commission is actively working on having the set reviewed by National Quality Forum (NQF) and Hospital Quality Alliance (HQA). The October 1, 2008 start date had

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been designated as "optional" and the core set can be used in place of non-core measures. Once approved by HQA and NQF, the set will be required for free-standing psychiatric hospitals accredited under the HAP standards. At that time, the non-core measure requirement may again be required by The Joint Commission; facilities should not assume a permanent reduction in number of measures required unless announced as such by The Joint Commission.

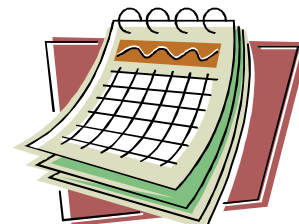
## CORE MEASURES GOING LIVE 2008: A Technical Assistance Event

BHPMS User Group Conferences were held on July 24, 2008 in Nashville, TN and July 31, 2008 in Henderson, NV and were both well-attended events allowing for networking among hospitals. The agenda was packed and at times, dense. There was much information shared about the final measure set. NRI has posted revised presentations to the website. All facilities are encouraged to download these presentations for the most current information on NRI file requirements and measure definitions.

Thank you to all the participants and especially to the test sites for sharing their experiences and making this an exciting educational event.

## Core Measure Set Conference Call

**This call is open to all facilities.** The call is held the third Wednesday of each month, at 2 pm (Eastern). We strongly encourage facilities and states to join the call.



The August call has an extended time slot to allow for further elaboration of the measures and NRI data collection plan. We encourage facilities that did not participate in the test phase or the User Conference to join the call. We encourage state offices that are responsible for data compilation to join the call.

Call Date: August 20, 2008 at 2pm (EDT). **Duration 2 hours.** Please download the presentation called "NRI Specifications" from the website for this conference call. To join the call, please call: 1-888-296-6500, guest code 804535#

*NRI will continue to send bulletins to states and facilities and post updates on its website. Earlier bulletins related to the core measure set for hospital based inpatient psychiatric services are available on the NRI website: [www.nri-inc.org/projects/BHPMS/](http://www.nri-inc.org/projects/BHPMS/). If you have any questions concerning the core measure set, please contact me through email at [Lucille.Schacht@nri-inc.org](mailto:Lucille.Schacht@nri-inc.org).*



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