

Spotlight on Core Measures



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The five measures currently being tested in the set include:

- Initial screening assessment of risk of violence, substance use disorder, trauma, and patient strengths completed
- Hours of restraint use
- Hours of seclusion use
- Patients discharged on multiple antipsychotic medications
- Discharge assessment and aftercare recommendations are sent to next level of care providers upon discharge

Preparation Process

Prior to participating in the core measure set test phase, most facilities took several steps to prepare. Among the various actions, facilities designed new data entry screens to electronically capture the data elements (14), added new data collection forms (11), and 10 created independent data entry tables to use as a test platform until the final data specifications are released in mid-2008. Almost half of the test facilities (16) revised their current data collection forms. Other methods used to prepare for the testing included holding team meetings and examining IT needs.

Adequate staff training is a prerequisite to successful implementation. Test facilities reported that they held group training session (25), training by IT (13), clinical leadership (7), or sent notices via E-mails or bulletins (5). Only one facility reported that there was no time for staff training.

Only one-third of the reporting facilities conducted a formal readiness assessment before joining the test (11). These assessments ranged in duration from one day (2), to a few months (8).

Any large scale, complex data initiative is likely to encounter challenges during implementation. To help other facilities prepare for their institution of core measure set data requirements, test facilities shared the challenges they confronted. Below are the types of challenges reported:

- | | |
|---|----|
| • Difficulty interpreting data definitions | 15 |
| • Manual data extraction issues | 13 |
| • Conflicting IT Tasks | 6 |
| • Not Enough Time to Get Ready | 5 |
| • Clinicians Not Onboard | 4 |
| • New paperwork | 3 |
| • Data pieces are all on different forms | 3 |
| • Leadership Not Onboard | 1 |
| • Experienced delays after submitting data | 1 |
| • Coordinating between facility and state level | 1 |
| • Wanted to wait for final specs | 1 |
| • Unknown data entry error rate | 1 |



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Despite these initial challenges, facilities experienced positive results. Eighteen facilities felt that clinical practices had improved as a result of the core measure set requirements. Fifteen facilities reported that their documentation had improved. Nine facilities felt that the coordination of care improved and one reported streamlining their IT. One facility specifically mentioned that client outcomes are easier to track and trend following the implementation of core measure set.

New Data Elements

Test facilities were asked to indicate which data elements were already available at the time of implementation and which were new. For some data elements that were noted as existing, facilities also commented that the definitions needed to be modified to meet the requirements. The attached table lists each data element and the number of facilities that reported having to modify their data collection activities to accommodate the item.

The most common data elements that over half of the facilities had to add include:

- the time each screening occurred;
- the time that the discharge summary/referral was sent to the next level of care provider,
- documentation of the medications, dosage, and changes during the hospital stay,
- previous failed trials of monotherapy, and
- taper to monotherapy.

Data Flow

Facilities were asked to describe their data flow process for each major area of the core measure set: initial screening, discharge/referral summary, aftercare appointments, multiple antipsychotic medications, and seclusions and restraints. For each area, the facilities described the gathering and storing of the information and then transmitting the data to NRI. For each major area described below, about half of the facilities indicated that data were extracted by medical records staff, and half of the facilities indicated data were extracted by performance improvement staff.

Initial Screening

Most facilities reported that screenings are completed by members of the treatment team including psychiatrists, nurses, and social workers. At a few facilities, physicians assist in the screenings, as do some psychologists and performance improvement personnel. While almost half of the facilities (16 out of 34) are able to complete all four screenings using only one form, half of the facilities currently require two or more forms (17).

The screenings are most often entered into an integrated computer system for submission to NRI (18 out of 34 facilities). Fifteen facilities report having independent computer systems for entering screening information. Over two-thirds of the test sites report conducting a verification of screening data prior to submission to NRI.



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Discharge/Referral Summary

Completion of a client's discharge/referral summary is frequently completed by a team of care providers including the psychiatrist, social worker, nurse, and physician. Twenty-one of the responding facilities reported that the discharge information required for core measure set is captured on one form. Fourteen facilities enter this information into an independent computer system, while seventeen facilities report entering a client's discharge information into an integrated computer system.

Aftercare Appointment Information

Nearly all responding test facilities reported that social workers are responsible for coordinating the aftercare appointment(s) for clients (28 facilities). This information is typically captured on one form (24 facilities); 6 facilities gather the aftercare information on two separate forms. Less than one-third of the facilities reported that physician appointments were noted distinctly from other aftercare appointments.

Aftercare information is generally entered into an integrated computer system (17), and a performance improvement staff person (14 facilities), medical records personnel (13 facilities) or a secretary/clerk (2 facilities) extracts the information to send to NRI. Thirteen facilities reported entering aftercare information into independent computer system. Files are verified by 21 of the 34 reporting facilities before submission.

Multiple Antipsychotic Medications

Most facilities use a combination of methods to identify which clients are on antipsychotic medications at discharge and the number of medications. The majority of reporting facilities reported using a pharmacy database (29) to track this information along with physicians' orders (15), medication administration records (14), and other methods (12). Discrepant results on the completeness audits suggests that facilities continue to struggle with an accurate method for counting clients released on more than one antipsychotic medication.

Hours of Seclusion and Restraint

Most facilities use the same reporting procedures for both seclusions and restraints; however, four facilities specifically stated that policy does not allow for seclusions.

For both seclusions and restraints, 25 of the 34 facilities reported that nurses and/or whoever is involved with the incident are responsible for recording the information. A single emergency intervention form is the most frequently cited primary source of information pertaining to seclusion/restraint events.

Seclusion/restraint data are frequently entered into an integrated computer system. These are the most readily available of any of the core measure set data because facilities were already reporting this information to NRI. Files are verified before they are sent to NRI in two-thirds of the facilities (24).



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Completeness Audit

Core measure set test facilities were asked to provide a count of the following for one given month: admissions, discharges, midnight census, clients discharged on at least one antipsychotic medication, and clients restrained and secluded. The counts of cases from this report were then compared to a report from the BHPMS data submitted to NRI to assess completeness of BHPMS reporting. Only small differences in counts were discovered. The one exception was for the counts of clients discharged on at least one antipsychotic medication; seven of the 27 completeness audits uncovered significant discrepancies. Facilities report that these client counts are difficult to ascertain and they continue to tweak their methods for determining these cases.

Summary

Most core measure set test sites reported that almost all of the data required for core measure set was readily available, either in a client's chart or in electronic format. The few exceptions include the time fields, documentation of dosage and changes during a hospital stay, the number of clients discharged on at least one antipsychotic medication, previous failed trials of monotherapy, and taper to monotherapy. Some of these data elements were reported to still be an issue by some test sites. In addition, there were issues of local definitions not consistent with those proposed by The Joint Commission.

Although not part of the survey, many facilities experienced delays in reporting the data to NRI and resubmitted files to correct previous submissions. Some of these challenges may be attributed to changes in specifications that occurred during the initial months of the project as well as the lack of a formal readiness assessment by the test sites.

Several facilities have created independent databases to compile the core measure set data for use during the test phase. Almost all facilities reported having to revise some data collection instruments to streamline compilation of the data. Most of these facilities reported that they involved clinicians in this process. Most facilities also used either medical records staff or performance improvement staff for data extracts and many noted that it was a manual chart review process to compile the required data elements.

Implementing new data requirements takes time, and facilities reported that there was not much time to train staff and prepare their information systems for the new measures. Early preparation is the key to being ready to implement the new standards when they become required as expected in late 2008. At the conclusion of the test phase, facilities reported experiencing positive outcomes as a result of implementing the new measures and data collection processes. Hospital staff reported that documentation was improved, which led to improved coordination between caregivers. Half of the facilities surveyed reported an improvement in clinical practices. While this survey assessed technical readiness, the clinical relevance of the measures as experienced by the facilities has not been reviewed.



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Data Element Reference Table: Summary Report

This section indicates which core measure set data fields were already available and which are new for facilities. An existing item does not mean that the local definition was completely in concert with the definition provided by The Joint Commission.

33 Facilities Reporting
(some facilities left rows blank)

Initial Screening Data File

Field Name	Field Description	Exiting Item	New Item
Risk of Violence Screening Date	Date the Risk of Violence Screening was conducted	28	4
Risk of Violence Screening Time	Time the Risk of Violence Screening was conducted	18	15
Risk of Violence Screening	Initial screening assessment for risk of violence to self or others within the past month	27	5
Co-occurring Substance Disorder Screening Date	Date Co-Occurring Substance Disorder Screening was conducted	22	10
Co-occurring Substance Disorder Screening Time	Time Co-Occurring Substance Disorder Screening was conducted	20	13
Co-occurring Substance Disorder Screening	Initial screening assessment for the use of alcohol or substance abuse over the past 12 months	29	3
Trauma Screening Date	Date Trauma Screening was conducted	28	4
Trauma Screening Time	Time Trauma Screening was conducted	20	13
Trauma Screening	Initial assessment for psychological trauma, current or by history, with impact on current coping	27	5
Patient Strengths Screening Date	Date Patient Strengths Screening was conducted	27	5
Patient Strengths Screening Time	Time Patient Strengths Screening was conducted	20	13
Patient Strengths Screening	An initial screening assessment for patient's strengths	27	5
Admission Psychiatric Diagnosis (primary)	The ICD-9-CM code corresponding to a DSM-IV Axis 1 or 2 diagnosis that is documented at admission as the primary diagnosis for admission to inpatient care	28	4
Transferring /Referring Agent	Agent that is the source of this inpatient admission (This element is defined by The Joint Commission)	30	2
Admission Type	The priority level of this inpatient admission (This element is defined by The Joint Commission)	22	10



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Discharge Summary Data File		33 Facilities Reporting (some facilities left rows blank)	
Field Name	Field Description	Exiting Item	New Item
Aftercare Appointment Scheduled Date/Time	Date of the first aftercare appointment that was scheduled for the client	29	3
Aftercare or Release of Information Refused	Code indicating if the client refused aftercare or to release information to an aftercare provider	26	6
Aftercare Planned	Code indicating if aftercare was planned for the client after discharge	28	4
Next Level of Care	Type of care client will receive after discharge (based on Joint Commission Specifications)	29	3
Discharge Summary/Referral Sent Date	Date the Discharge Summary/referral was sent to the next level of care provider	25	7
Discharge Summary/Referral Sent Time	Time the Discharge Summary/referral was sent to the next level of care provider	15	18
Discharge Psychiatric Diagnosis 1 (primary)	An ICD-9 code corresponding to a DSM-IV Axis 1 or 2 diagnoses at discharge. The primary diagnosis that is a focus of treatment should be reported.	26	6
Discharge Summary Component 1: Diagnoses	The discharge summary/referral includes documentation of the diagnosis on discharge	28	4
Discharge Summary Component 2: Medications	The discharge summary/referral includes documentation of the medications, dosage, and changes during hospital stay	17	15
Discharge Summary Component 3: Next Level of Care Recommendations	The discharge summary/referral includes documentation of the recommendations for next level of care provider	25	7
Discharge Summary Component 4: Reason for Hospitalization	The discharge summary/referral includes documentation of the reason for this hospital stay	21	11
Number of Antipsychotic Medications After Discharge	The number of antipsychotic medications the client will be on after discharge	24	9
History of Failed Trials of Mono-therapy	Indicates if there is documentation that the client has failed previous trials of monotherapy	12	21
Number of antipsychotic medications to be discontinued by next provider	Indicates how many of the antipsychotic medications available on discharge the inpatient physician recommends that the next care provider discontinue	21	11
Taper to Monotherapy	Indicates if the inpatient physician is recommending that the client be tapered to monotherapy after discharge by the next care provider	21	12



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Additional Diagnoses	The ICD-9-CM codes associated with the diagnosis for this hospitalization. Up to 17 diagnoses at the time of discharge can be reported.	25	7
<h2>Timeline Update</h2> <p>The date for releasing the final core measure set involves several critical steps.</p> <ol style="list-style-type: none">1. Test Implementation (Calendar 2007)2. Evaluation of test implementation (August 2007 – February 2008)3. Technical Advisory Panel meeting – scheduled for February 27, 20084. Submission to National Quality Forum (NQF) and endorsed5. Accepted by Hospital Quality Alliance (HQA)6. The Joint Commission releases final specifications and required start date for data collection (90-120 days after release of final specifications)7. Vendor specifications8. Hospitals collect data9. Data submission to The Joint Commission <p>We are currently in the second step – evaluation of test implementation.</p>			
<h2>Core Measure Participants Conference Call</h2> <p>NRI hosts a call for participating facilities the third Wednesday of each month, at 2 pm (Eastern). We use this call to provide updates on processing, measure calculations, and to address issues facilities are experiencing with the core data set requirements.</p> <p>No call is scheduled for February as the Technical Advisory Panel meeting at The Joint Commission will occur at the end of that month.</p> <p>The next call is Wednesday March 19, 2008, at 2pm (Eastern). To join the call, please call: 1-888-296-6500, guest code 804535#</p>			
<p><i>NRI will continue to send bulletins to state 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 at www.nri-inc.org/projects/bhpms. If you have any questions concerning the core measure set, please contact me though email at Lucille.Schacht@nri-inc.org.</i></p>			



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