

Core Performance Measure Set for Hospital Based Inpatient Psychiatric Services (HBIPS)

Status Report for State Psychiatric Hospitals

Prepared by Lucille Schacht Ph.D., NRI Inc.

Process Overview and Update

The NRI, the National Association of State Mental Health Program Director (NASMHPD), and the National Association of Psychiatric Health Systems (NAPHS) have been collaborating with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to advance the development of performance measures that could be uniformly applied within all inpatient psychiatric settings and meet the ORYX requirement of JCAHO. The Steering Committee, comprised of leadership from the above organizations and the American Psychiatric Association, meets regularly by conference call to plan and review work products.

To begin the process, a stakeholders meeting was held in the spring 2004 to solicit support for the process and resources for the effort. The stakeholder meeting included representatives from over 25 organizations and associations representing several clinical specialties, consumers, funding agencies, state hospitals, private hospitals, and researchers. The outcome of the stakeholder meeting was support and endorsement for the workplan and timeline for inpatient psychiatric services core measures.

A Technical Advisory Panel (TAP) was formed in the spring of 2005 to provide technical and practical expertise to the advancement of measures that address the inpatient setting. The TAP is comprised of experts in mental health system operations, clinical practices, and performance measurement, along with consumer advocates. The TAP met in-person in the spring 2005 to recommend a framework for measures. This framework was linked to a series of domains that attempted to mirror the inpatient treatment experience, including: assessment, treatment planning and implementation, hope and empowerment, patient driven care, patient safety, continuity and transition of care, and outcome.

After the public call for candidate measures, the TAP met in-person in the summer 2005 and via conference call in the fall 2005 to review almost 100 candidate measures submitted by numerous stakeholders, and suggested a smaller group of measures for posting for public comment. Eighteen candidate measures were posted by JCAHO for public comment during the late fall of 2005.

The TAP reviewed the public comment and via targeted workgroups has now provided JCAHO with a smaller set of measures to advance into testing.

Summary of Measures Recommended for Core Test Set

Five measures will advance to test implementation. *The information in the following table is based on the prior work of the TAP for JCAHO and does not represent the final form of the measures.* Numerator and denominator statements are still in refinement by JCAHO as well as definition of terms and statements for included and excluded populations. The table will be revised when specifications are released by JCAHO. There will be two phases to the specifications. A measure “lite” phase will include a set of specifications for a sample of hospitals to review and provide comment. Complete specifications will be developed based on these comments and are expected to be available to performance measurement system vendors in summer 2006.

Measure ID: HBIPS 02 Domain: Assessment	Measure Name: Assessment of risk, substance abuse, trauma, and patient strengths completed
	Numerator: Patients whose records show evidence of assessment of all of the following: risk of violence to self or others; presence of co- occurring substance use disorders; history of psychological trauma; and patient’s strengths
	Denominator: All psychiatric inpatient discharges
Measure ID: HBIPS 08 Domain: Patient Safety	Measure Name: Hours of restraint use
	Numerator: The total number of hours that all psychiatric patients spent in restraint
	Denominator: Sum of the number of psychiatric inpatient days multiplied by 24 hour
Measure ID: HBIPS 10 Domain: Patient Safety	Measure Name: Hours of seclusion use
	Numerator: The total number of hours that all psychiatric patients spent in seclusion
	Denominator: Sum of the number of psychiatric inpatient days multiplied by 24 hours
Measure ID: HBIPS 13 Domain: Patient Safety	Measure Name: Patients discharged on multiple antipsychotic medications
	Numerator: All patients who are discharged on two or more antipsychotic medications (standing daily doses by mouth) without documentation of one of the following rationales in the medical record: i) titration to monotherapy underway ii) patient has failed multiple, adequate trials of monotherapy
	Denominator: All psychiatric inpatients discharged on at least one antipsychotic medication (standing daily dose by mouth)
Measure ID: HBIPS 17 Domain: Continuity / Transition of care	Measure Name: Discharge assessment and aftercare recommendations are provided to community health providers upon discharge
	Numerator: Psychiatric inpatient for whom the discharge summary and aftercare recommendations was provided to community providers prior to the first outpatient appointment or within 96 hours following discharge whichever comes first
	Denominator: All psychiatric inpatient discharges

Measures Parked for Potential Inclusion in Future Set

The TAP recommended that the following measures need further development by hospitals, researchers, and performance measurement system vendors. This development would address issues of common definitions and validity of measures that have not been previously implemented. *The information in the following table is based on the prior work of the TAP for JCAHO and does not represent the form of potential measures.*

Measure ID: HBIPS 04 Domain: Treatment Planning and Implementation	Measure Name: Assessment of risk, substance abuse, trauma & patient strengths completed tied to treatment planning
	Numerator: Patients whose records show evidence of treatment planning of all of the following if requiring treatment is noted in the initial assessment: risk of violence to self or others; presence of co-occurring substance use disorders; history of psychological trauma; and patient's strengths
	Denominator: All psychiatric inpatient discharges
Measure ID: HBIPS 07 Domain: Patient Driven Care	Measure Name: Patient perception of treatment experience
	Numerator: Patients surveyed with at least one question addressing each of the following five key domains: patient-centered care, patient rights, information/communication, environment, and transitions/continuity of care
	Denominator: All psychiatric inpatient discharges
Measure ID: HBIPS 03 Domain: Continuity / Transition of Care	Measure Name: Documented attempts to obtain collateral information from outpatient health care providers
	Numerator: Patients who had contacts/attempted contacts made by the hospital staff to the outpatient health care provider within 72 hours of admission
	Denominator: All psychiatric inpatient discharges

Timeline

1. Measure “lite” test. JCAHO will provide initial definitions for the measures in the test set. Hospitals will participate in this test by reviewing definitions and data requirements and report findings to JCAHO. Expected timeframe: May-June.
2. Final specifications for test set. JCAHO will develop final specifications for the measures in the test set using feedback from the “lite” test. These specifications include the recommended data collection tools, data processing algorithms for vendors, sampling procedures for hospitals/vendors, and risk adjustment models if applicable. Expected timeframe: July-August.
3. Vendors embed measures. Performance measurement system are given 120 days to complete all operating procedures to demonstrate their capability to collect and transmit core measure set data to JCAHO. During this time, vendors develop mechanisms for collecting patient-level data, databases for processing and reporting, and provide hospitals with specifications for data files

and sampling procedures. Vendors also participate in a test run with JCAHO to confirm correct application of JCAHO algorithms. Expected timeframe: September-December.

4. Test cases developed. JCAHO develops example cases so that vendors can test their algorithms and JCAHO can confirm that vendors can submit correct results. Expected timeframe: September-December.

5. Go live test set. Hospitals begin collecting data on persons discharged in January for reporting in February to vendors. Hospitals test compliance with data requirements of vendor, extraction of sample, and abstraction of records. Expected timeframe: Jan 2007.

NRI Activities

Through the effort of its Behavioral Healthcare Performance Measurement System (BHPMS) Technical Workgroup and other task groups, the NRI will develop tools to assess the data collection burden of the core measure set, develop specifications and rationales for all data elements, and provide a comparison with current operations. It is anticipated that new data files will need to be created for the BHPMS to address the core measure set and that the link between the current data requirements and the new set will need to be considered. As with our current requirements, the NRI will limit the data elements to those necessary for calculating measures, providing stratified or risk-adjusted reports, and addressing the needs of state hospitals.

The NRI will work with the Technical Workgroup to consider developing measures with state hospitals in the areas identified as “parked” for pilot implementation. The NRI will also engage in further testing and refinement of its Inpatient Consumer Survey in order to demonstrate the validity of the tool and the reliability of the measures.

The NRI is beginning the first phase of evaluating measure expansion with the state hospitals. A survey is currently being developed to seek hospital input on areas for development that include the current list of core measures, the “parked” measures, measures on the original candidate list, and the NRI’s current measures. The second phase of evaluating measure expansion will delve into the data feasibility and burden of collecting and reporting measures deemed important to state hospitals. We anticipate that these surveys will be conducted during the spring and summer in preparation for the specifications from JCAHO.

JCAHO is seeking hospitals interested in participating in the measure “lite” phase and the test implementation. Hospitals interested in participating in either activity should send their name and contact information to Michelle.Custodio@nri-inc.org as soon as possible. Please also include number of beds, setting (rural/urban/academic), population served (pediatric, adolescent, adult, geriatric) and geographic location.

NRI will continue to send bulletins to state hospitals and post updates on its website. If you have any questions, please contact me through email at Lucille.Schacht@nri-inc.org.