

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

Description of Measures in the Test Set

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Overview of Measure Areas

Five measures advance to test implementation. These five measures grew out of an effort to compile measures that 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.

The five measures underwent alpha testing in the late Spring 2006. The alpha test involved a critical review of the measures by a sample of hospitals and vendors, using criteria established by JCAHO. The review included an evaluation of the measure definition, clarity of numerator and denominator statements, possible data sources, data element specifications, and feasibility of data collection. After reviewing the comments and discussing changes with the Technical Advisory Panel (TAP) Chair and the Steering Committee, JCAHO staff have developed a final set of measure specifications to move forward into the test phase.

The five measures include:

- Assessment of violence risk, substance use, 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 the next level of care provider

Initial Measures

JCAHO has posted the Core Measure test set information on its website. The following link will take you to the page describing the initiative, and a link to the files for the test set. There are approximately 30 distinct files contained in a Zip file format that can be downloaded.

<http://www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/Hospital+Based+Inpatient+Psychiatric+Services.htm>

Below is a brief summary of the measure information. Interested parties can obtain complete information from the JCAHO website. Additionally, NRI will post updates on its website as it develops specifications for reporting the test set through the NRI's Behavioral Healthcare Performance Measurement System. These updates will include definitions of terms and required data elements.

Measure 1: Assessment of violence risk, substance use disorder, trauma, and patient strengths completed

Short Description: Psychiatric patients admitted to a hospital-based inpatient setting whose initial assessment includes a screening for: risk of trauma to self or others, co-occurring substance use disorder, history of psychological trauma, and patient strengths. This initial screening assessment should be completed within 72 hours of admission. The measure is calculated as a proportion of all psychiatric inpatient discharges.

Measure 2: Hours of Restraint Use

Short Description: The total number of hours that all psychiatric patients spent in restraint. The measure is calculated as a ratio of the total hours all patients spent in restraints compared to the total inpatient days for all patients (converted per 1,000 hours). The measure algorithm will sum actual minutes of restraint to ensure a more accurate measure value. The only incidents of restraint that are not included are: restraints that are only associated with medical, dental, diagnostic, or surgical procedures and is based on standard practice for the procedure; seclusion concurrent with restraint; restraint uses that are forensic or correctional restrictions used by outside law enforcement; and devices used to meet the assessed needs of a patient who requires adaptive support or a medical protective device.

Measure 3: Hours of Seclusion Use

Short Description: The total number of hours that all psychiatric patients spent in seclusion. The measure is calculated as a ratio of the total hours all patients spent in seclusion compared to the total inpatient days for all patients (converted per 1,000 hours). The measure algorithm will sum actual minutes of seclusion to ensure a more accurate measure value. The only incidents of seclusion that are not included are: voluntary time-out, and quarantine due to infectious disease.

Measure 4: Patients discharged on multiple antipsychotic medications.

Short Description: Psychiatric patients discharged from a hospital-based inpatient setting on two or more scheduled antipsychotic medications without a clinically adequate rationale in the discharge summary. Two rationales have been identified that when noted in the discharge summary would exclude the patient from the measure: 1) the patient has failed 3 or more trials of monotherapy; or 2) the inpatient physician recommends tapering down to monotherapy by discontinuation of one or more antipsychotic medications over the course of follow-up care after discharge. The measure is calculated as a proportion of all psychiatric inpatients discharged to any ambulatory setting on at least one scheduled antipsychotic medication.

Measure 5: Discharge assessment and aftercare recommendations are sent to next level of care providers upon discharge.

Short Description: Psychiatric patients discharged from a hospital-based inpatient psychiatric setting with a brief referral summary provided to the next level of care clinician or entity. The brief referral summary must contain: discharge diagnosis, medications, next level of care recommendations, and reason for hospitalization. The next level of care provider can be a prescribing clinician, a prescribing outpatient entity or a treating clinician or entity (in the absence of medications). The referral summary must be sent prior to the aftercare appointment. The measure is calculated as a proportion of all psychiatric inpatients discharged excluding those patients who expire, discharges that are the result of an elopement or a failure to return from leave, patients who refuse aftercare, and patients who refuse to sign authorization to release information.

Timeline

Embedding measures. Performance measurement system have been 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.

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.

Go live test set. Hospitals begin collecting data on persons served 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

The NRI has developed the following timeline to implement the test set and to allow hospitals to evaluate their readiness for participation.

- The NRI's Behavioral Healthcare Performance Measurement System (BHPMS) Technical Workgroup met in August to prepare an initial draft of required data elements and possible file formats.
- NRI prepares a Draft Specification Guide by the end of September for hospitals to review and consider as they assess their readiness to participate in the test implementation phase.
- Hospitals can provide comments on the draft specification to NRI through mid-October.

- NRI reviews comments and creates final specifications for the test implementation phase.
- Final specifications to hospitals by October 31, 2006.
- NRI completes infrastructure tasks to process core measure set data and generate reports during November and December.
- NRI assists hospitals with reviewing their readiness for test implementation.

The NRI realizes this is a tight timeframe. In order to allow hospitals the opportunity to evaluate their readiness to participate in the test set, NRI will provide draft specifications early in the process. As part of the draft specifications, the NRI will provide specific details and rationales for all data elements and provide a comparison with current operations. NRI will develop a data compilation form that can be used by participating hospitals to compile the necessary information from administrative and medical records. This form can also be used to assess the data collection burden of the core measure set by hospitals that are considering volunteering for the test phase.

The test implementation phase is expected to run through Calendar 2007.

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