

# TECHNICAL NOTES

MONTHLY NEWSLETTER  
BEHAVIORAL HEALTHCARE PERFORMANCE MEASUREMENT SYSTEM

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**BHPMS Server Maintenance Schedule**

Sunday Jan 14 at 9pm - Monday Jan 15 at 6am

Sunday Feb 11 at 9pm - Monday Feb 12 at 6am

## NOTE FROM THE DIRECTOR

Happy New Year! 2017 was a year of internal development for the Performance and Quality Improvement (PQI) division of NRI. Four of the seven staff completed their first year with the program; three positions were enhancements over prior years with an expanded focus on the clinical applications of the performance measures that underscore much of the program’s work. We were also fortunate to capitalize on research expertise within NRI to begin a series of analyses on individuals with justice system involvement who are hospitalized in psychiatric facilities.

We used the HQ Principles program offered by National Association of Healthcare Quality (NAHQ) as a training opportunity for staff, and I completed and passed the exam for the CPHQ credential from NAHQ. I am extremely honored to have devoted and compassionate staff working with our hospital clients. I hope that you have experienced the joy of professional development as you apply quality principles to improving the care of individuals served and empowering staff to serve your organization and our field of behavioral health, and to take care of themselves.

As we ended 2017, we began our first learning network, with the assistance of one of our facility’s chief psychiatrists, on the topic of antipsychotic medication use and polypharmacy for youth. We have begun plans for continuing to “kick-off” learning networks on topics of interest to our facilities. We are currently reviewing our processes for receiving input from our hospital clients to inform our plans for 2018.

We recognize that there is still much work to do and we look forward to another year of working alongside you. Some considerations for us include: a) developments with CMS and The Joint Commission, b) transitioning to and optimizing electronic health records, and c) utilizing performance metrics to improve care.

We at NRI pride ourselves on our personalized service to our hospital clients. We welcome each opportunity for a personalized conference call or webinar to take the “deep dives” that moves us beyond metrics to practices and policies. Feel free to reach out to us to discuss your needs. We look forward to serving you in the months ahead.

Best Regards,

Lucille Schacht, PhD, CPHQ



## CALENDAR OF EVENTS

### The Joint Commission Transmissions 2018

January 2018  
(Jul-Sep 2017 data)

April 2018  
(Oct-Dec 2017 data)

July 2018  
(Jan-Mar 2018 data)

October 2018  
(Apr-Jun 2018 data)

Offices Closed  
January 15, 2018  
February 19, 2018

LIVE

Monthly  
Educational  
Webinar

Next Session

January 17, 2018

Wednesday

2:00 pm (ET)

## EDUCATIONAL WEBINARS AND TECHNICAL ASSISTANCE

BHPMS provided 11 webinar sessions as part of our monthly Talking Quality educational offerings. These are free events to members. In 2017, we covered diverse topics, such as:

- Clinical: shared decision making, and clinical Intervention for SUB and TOB
- Data-driven: control charts, and measures and practices
- Special topics: antipsychotic medications for youth, forensic patients.

All webinars from 2017 are still available on the website, as recordings. In addition, we began offering competency exams for selected sessions.

BHPMS had the pleasure of assisting our facilities with technical assistance on a variety of topics. A few of the items that we assisted with include:

- Unit File Discrepancy
- Global Pop Measures, particularly transition record elements
- Completion and signature of the DACA for facilities
- IMM2 Measure
- Diagnosis Reporting

Our team is dedicated to offering personal one-on-one technical assistance to your facility. Please feel free to contact your liaison with questions from your staff.

## EDUCATIONAL WEBINAR: TALKING QUALITY JANUARY 17<sup>TH</sup>

Join us January 17, 2018, for the next live (and free) session. We will demonstrate and discuss reviewing quality measures in preparation for external reporting. This session is relevant to all members, regardless of where they report; all members report to governing bodies and most report to both TJC and CMS. Most examples will pull from the “global” measures to highlight areas of concern in preparation for the next cycle of reporting to CMS.

To register for the event:

<https://attendee.gotowebinar.com/register/6330544138033942786>

After registering, save the email from Go-To-Webinar/Citrix for your specific link to join the webinar. We encourage all attendees to utilize the audio broadcast. A toll-free call-in option will be provided in the registration.

**Missed a past webinar?** Links to prior webinars and handouts are now posted on the Reference Materials/Educational Call page.

## CMS UPDATES

### 2018 PAYMENT DETERMINATION (PD) DATA ARE NOW AVAILABLE

*151 psychiatric facilities participated with NRI to meet CMS requirements for 2018 Payment Determination, of which 150 facilities completed the patient-level measures with NRI prior to the August 15, 2017, deadline.*

CMS released the 2018 PD data in December 2017. Like past years, these data are available as downloadable files for facilities, state aggregates, and national aggregates on <https://data.medicare.gov>.

The Hospital Compare website also provides a link to an explanatory page on the inpatient psychiatric facility measures with access to the data files. Psychiatric facilities are not included in the standard Hospital Compare reports.



### 2019 PD DATA TO BE TRANSMITTED JULY 2018

Psychiatric facilities should begin a review of their 2017 calendar measure data. NRI participating facilities again have two reports that target review of the CMS measure data. Facilities should carefully review the list of units certified under the IPF program before reviewing the measure rates. Questions or concerns should be directed to your liaison as soon as possible.

### HEALTHCARE PERSONNEL FLU VACCINE DATA

Hospitals are reminded that they must report staff flu data directly to the CDC sponsored website, National Healthcare Safety Network ([www.cdc.gov/nhsn/](http://www.cdc.gov/nhsn/)), by the May 15, 2018 deadline. Resources are available from NHSN on the web and through the help desk ([nhsn@cdc.gov](mailto:nhsn@cdc.gov)). CMS support contractor (<https://www.qualityreportingcenter.com/>) will hold a webinar focused on staff flu data reporting in the coming months.

## JOINT COMMISSION UPDATE

The transmission of July - September 2017 data will begin in January 2018.

*July – September data deadline to NRI was extended until Jan 5, 2018. However, if you had an issue, please continue to work with your liaison to complete these data as soon as possible.*

The NRI's reports, TJC Measure Rates Submission Report and TJC PaS Report that are labeled "Live" includes the current quarter of July-September 2017 data.

## JOINT COMMISSION UPDATES

*174 psychiatric facilities participated with NRI to meet TJC requirements for 2017. For 2q2017, 163 facilities completed the patient-level measures with NRI prior to the quarterly deadline.*

July – September 2017 data should be reviewed for accuracy. Facilities should review the HBIPS Quarterly Comparison Charts and HBIPS Control Charts as these are the equivalent reports that will be produced by The Joint Commission. These reports will indicate how the facility

compares to targets as well as the stability of the facility's processes over time.

Facilities are also encouraged to check for under-reporting or under-sampling and aberrant data.

These data will be transmitted to TJC in January.

Joint Commission has again waived re-transmission fees. NRI will assist facilities that were behind in their submission to update historical periods from 3Q2016 to

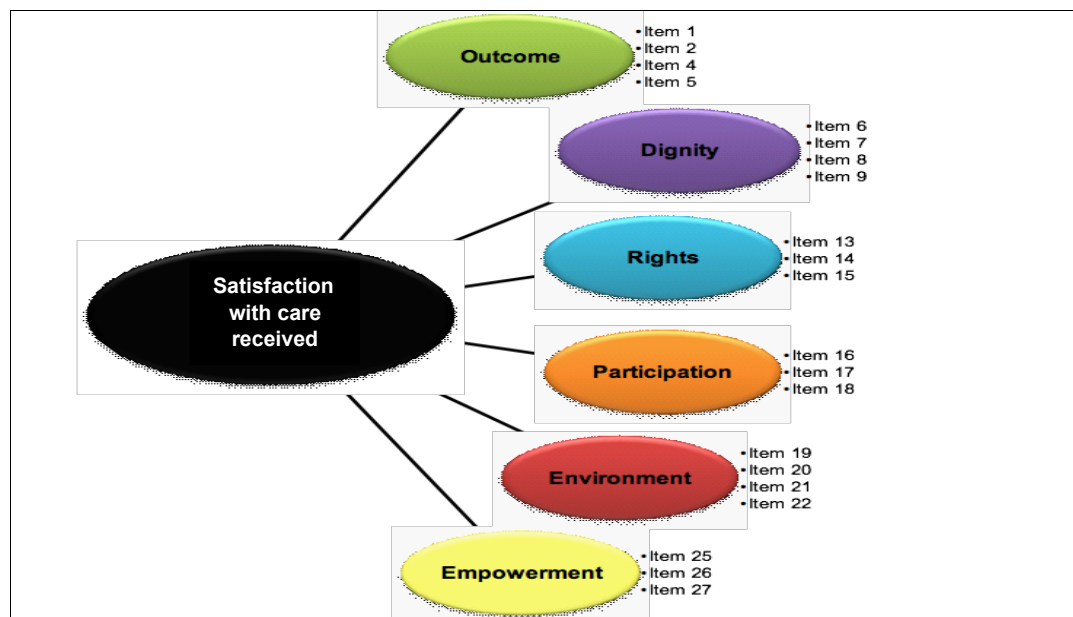
## BHPMS TECHNICAL WORKGROUP-RECRUITING FOR MEMBERS WITH EHR EXPERTISE

The BHPMS has had a longstanding Technical Workgroup (TWG) comprised of members of our hospital clients. Typically, the TWG has included 10-12 members, meets by conference call three times a year, and meets once a year in-person. In calendar 2017, four members retired from their facilities and the TWG is now seeking replacements. The main role of TWG members is to provide insights into the utility, burden, and connection of performance measures to clinical practices and improving outcomes, and to assist in evaluating our current and planned services. Our current membership includes two facility directors, two state office quality managers, and three hospital quality managers. With the move toward electronic health records and information exchanges, we are seeking new members who have been involved in these areas. We understand some terms used to describe these skills include **Business Intelligence Analyst** or **Clinical Applications Specialist**. The core expertise is appreciating the clinical activity and being able to interface with the IT system.

Please help us identify members of your facility who can serve this vital role as we plan for 2018; submit your recommendations to [Lucille.Schacht@nri-inc.org](mailto:Lucille.Schacht@nri-inc.org).

## THE INPATIENT CONSUMER SURVEY (ICS)

In 2012, NRI researchers scientifically and empirically evaluated the ICS structure analyzing data from 34,878 surveys, submitted by 90 psychiatric hospitals in 2008. The item-response analysis showed that the mean range for disagree/agree 5-point scale was 3.10-3.94. Correlation analysis showed a strong relationship between items. Six dimensions (outcome; dignity; rights; participation in treatment; hospital environment; and empowerment) showed internal reliabilities between good to moderate and were shown to be related to overall care satisfaction. Overall reliability for the scale was excellent (.94). The results from confirmatory factor analysis provided support for the factor structure of the ICS proposed through exploratory factor analysis. The figure below presents the final model for satisfaction with the care received for inpatients in psychiatric hospitals.



In 2014, NRI researchers examined the patients' perceptions with psychiatric care to prioritize action for quality improvement and explored the differences in care experiences across domains of care by sample sub-groups in psychiatric inpatient hospitals. An analysis of 11,778 surveys, from 67 psychiatric hospitals, demonstrated that the consumers tend to be satisfied with the psychiatric care received. However, they perceived their care differently across hospitals. Using the performance scores, the hospital can develop a performance-importance matrix to prioritize action for quality improvement. A facility can quickly identify top priority domains of care that are highly correlated with satisfaction but have low performance.

For complete information about these two studies, facilities can contact [Glorimar.Ortiz@nri-inc.org](mailto:Glorimar.Ortiz@nri-inc.org).

Ortiz, G. (2014). Examining patients' perceptions of care to identify opportunities for quality improvement in psychiatric inpatient hospitals. *Patient*, 7(3), 301-312

Ortiz, G., & Schacht, L. (2012). Psychometric evaluation of an inpatient consumer survey measuring satisfaction with psychiatric care. *Patient*, 5(3), 163-173

## MISSED A PAST WEBINAR?

Links to prior webinars and handouts are now posted on the Reference Materials/Educational Call page. Recording is still available for viewing the following:

November 15, 2017:  
Being Discharged?  
What's Next?

October 18, 2017: Trends  
in Forensic Patients.

September 20, 2017:  
Psychiatric Hospitals:  
Measures and Practices.

August 19, 2017:  
Antipsychotic  
Medication Practices.

July 19, 2017: Change  
Talk for alcohol/other  
drugs/tobacco  
interventions

April 19, 2017: Under-

## **BHPMS SYSTEM UPDATES**

### **MANUALS AND RESOURCES-CURRENT VERSIONS REMAIN IN EFFECT**

There are no new measures being added at this time. Implementation Guide version 9.0, NRI File Layout version 5.0, and Data Abstraction forms will also remain in effect for calendar 2018. Updates for ICD-10 coding will be provided, as appropriate, in both Excel format and within NRI File Layout.

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### **JANUARY DATA-UNIT FILE UPDATE**

Please remember that with the January submission, facilities are required to provide a unit file. The unit file should only include units that are active for the month. When reviewing the Data Quality Report for the unit file, facilities should confirm that units are correctly designated for TJC submission, (accreditation type = HAP) and for CMS submission (Medicare

Certification type = 01 (IPF) and Medicare Beds greater than 0). The unit file is the foundation of the data aggregation for reporting to both TJC and CMS – failure to correctly identify units could result in under-reporting to TJC and CMS and jeopardize meeting those requirements.

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### **ANNUAL REVIEW OF USERS**

Facility primary contact is encouraged to review their list of users and ensure an appropriate level of permission. In 2018, we will begin a proactive review of each facility and begin removing accounts. We will also be looking to automate the addition and deletion process and e-file all requests.

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### **PRIVATE PSYCHIATRIC FACILITIES PARTICIPATION WITH NRI GROWING**

During 2017, four facilities enrolled with NRI. There are now 26 private psychiatric facilities among the 194 members. Similarly to state systems, private systems are enrolling multiple facilities. In response to this growth, NRI is developing new reports that will allow better central office or corporate office monitoring of their individual facility's performance measures and other descriptive comparisons.

## PQI RESEARCH ACTIVITIES

Examples of completed and in-progress research studies during 2017 include:

**Antipsychotic medication uses for youth.** This study identified rates of polypharmacy and primary reasons. After this special report, a set of focus group calls were held with member hospitals, co-lead with Boris Lorberg of Worcester Recovery Center and Hospital (MA).

**Consumer experience of care.** This study examines the ability of the ICS domains to discriminate differences in performance among psychiatric hospitals.

**Predictors of 30-Day Readmission.** This study identifies the characteristics of patient discharges and the level of transmission of transitions of care plans that predict readmission to psychiatric inpatient care within 30-day post discharge.

**Forensic Patients in State Hospitals.** This study examined how the proportion of forensic patients by commitment status has changed over the past decade in state hospitals. Research paper and educational webinar were presented in 2017.

Among the topics under consideration for 2018 include:

**Consumer experience of care.** NRI will resubmit the measures in the ICS to NQF for re-endorsement as part of their 3-year cycle. This submission will also include in-depth analysis of social determinants as potential risk factors in risk-adjusted scoring of hospital performance.

**Consumer experience of care.** Learning network planned to exchange quality improvement initiatives from hospitals that improved response rates and tackled

specific attributes of care identified through the ICS.

**Forensic Patients in State Hospitals.** This study will develop hospital groups based on patients' forensic status and proportion of census.

**Survey of hospital clients.** This study will survey current hospital clients to determine areas for improvement and areas for focused technical writing, reports, and educational offerings.

National Association of State Mental Health Program Directors Research Institute, Inc.

3141 Fairview Park Drive, Suite 650, Falls Church, VA 22042

Phone: (703) 738-8160 Fax: (703) 738-8185

*NRI operates the Behavioral Healthcare Performance Measurement System (BHPMS) to assist hospitals in meeting the requirements of the ORYX® initiative of The Joint Commission and the IPFQR requirements of CMS. In addition to performance and outcome measurement, the BHPMS offers enhanced technical assistance, data quality reviews, and specialized reports for private and public psychiatric facilities.*

Behavioral Healthcare  
Performance  
Measurement System  
(BHPMS)

Lucille Schacht, Ph.D.,  
CPHQ  
Senior Director

Torre Boyd  
Project Manager/HIPAA  
Compliance

Rick Dietz  
Web Developer

Miriam Ekam  
Quality Improvement  
Specialist

Vera Hollen, M.A.  
Senior Director Research  
and Consulting

Glorimar Ortiz, M.S.  
Senior Researcher/  
Statistician

Missy Rand, LPC, CSAC  
Clinical Quality Educator

Alexis Tyson  
Quality Improvement  
Specialist