Performance Measure Considerations & Intro to the Hospital-Based Inpatient Psychiatric Services (HBIPS) Core Measure Set

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October 13, 2010
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The Joint Commission

Mission: To continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care
The Joint Commission

- Established in 1951

- Oldest and largest health care accrediting body in the world
  - Nearly 1,000 full-time, part-time, or intermittent employees

- Accredit nearly 16,000 health care organizations and programs in the United States and >250 internationally

- Independent, not-for-profit
What Is A Good Measure?

- Evidence-based
- Description of rationale and intent
- Documented description of population
- Defined data elements and allowable values
- Defined sampling procedure (if applicable)
- Specified calculation methodology/algorithm
- Useful to health care organization
Attributes of Core Measures

A. Targets Improvement In The Health of Populations
   - Rationale consistent w/ improving health
   - Important areas of health care
   - Broad impact
   - Contributes to a set

B. Precisely Defined & Specified
   - Explicit pre-defined requirements for data collection & measure rate calculation
   - Documented specifications
Attributes of Core Measures

C. Reliable
- Consistently identifies events it was designed to identify
- Across multiple organizations over time

D. Valid
- Measure measures what it purports to measure
- Evidence-based
Attributes of Core Measures

E. Interpretable
   - Rationale & results easily understood by users

F. Risk Adjusted or Stratified
   - Factors that differ among groups being compared are controlled

G. Reasonable Data Collection Burden
   - Availability of data elements
   - Accessibility of data elements
Attributes of Core Measures

H. Useful in Accreditation

I. Under Provider Control
   - Can the provider influence the processes and/or outcomes being measured.

J. Public Availability
   - Measures in public domain
   - Use without payment or royalty
HBIPS Project Overview

Collaboration with National Association of Psychiatric Health Systems (NAPHS), National Association of State Mental Health Program Directors (NASMHPD) and The NASMHPD Research Institute, Inc. (NRI)
ORYX Requirements

- Free-Standing Psychiatric Hospitals Surveyed under CAMH
  - HBIPS measure set will be mandatory beginning with January 1, 2011 discharges and events

- Acute-Care Hospitals with Psychiatric Units
  - One of four sets of core measures
HBIPS Measures

- HBIPS-1: Admission Screening
- HBIPS-2: Physical Restraint
- HBIPS-3: Seclusion
- HBIPS-4: Multiple Antipsychotic Medications at Discharge
- HBIPS-5: Multiple Antipsychotic Medications at Discharge with Appropriate Justification
- HBIPS-6: Post Discharge Continuing Care Plan
- HBIPS-7: Post Discharge Continuing Care Plan Transmitted
HBIPS Measure Set Population

- Inpatient Psychiatric Patients
- Psychiatric Inpatient Discharges- HBIPS-1, 4, 5, 6 & 7
- Psychiatric Inpatient Days- HBIPS-2 & 3
- Includes all ages stratified by four age groups
  - Children (1-12 years old)
  - Adolescents (13-17 years old)
  - Adults (18-64 years old)
  - Older Adults (≥ 65 years old)
HBIPS Measures # 1, 4, 5, 6 and 7

Discharge Measures
HBIPS Measure # 1

Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed
Rationale

- High prevalence of co-occurring substance use disorders & history of trauma in acute psychiatric settings
- Risk assessment an important aspect of patient safety
- Assessment of patient strengths helps guide individualized treatment plans that are culturally appropriate
Numerator and Denominator

Psychiatric inpatients with admission screening within the first three days of admission for **all** of the following: risk of violence to self or others; substance use; psychological trauma history; and patient strengths

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Psychiatric inpatient discharges
HBIPS Measure # 4

Patients Discharged on Multiple Antipsychotic Medications
Rationale

- Use of multiple antipsychotics associated with severe side effects
- 50% of current inpatients on 2 or more antipsychotics
- Practice guidelines in place
  - Previous failed trials of monotherapy
  - Tapering down to one antipsychotic after discharge
  - Augmentation of Clozapine
Numerator and Denominator

Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications

Psychiatric inpatient discharges
HBIPS Measure # 5

Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification
Numerator and Denominator

Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications with appropriate justification

Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications

(Derived from HBIPS-4)
Appropriate Justifications

- Three previous failed trials of monotherapy by history
- Recommended plan to taper to monotherapy
- Augmentation of Clozapine
HBIPS Measure # 6

Post Discharge Continuing Care Plan Created
Rationale

- Patients may not be able to report details of hospitalization and follow-up required
- Aftercare recommendations given to the patient not always available
- Information necessary to provide optimum care
Numerator and Denominator

Psychiatric inpatients for whom the post discharge continuing care plan is created and contains all of the following: the reason for hospitalization, principal discharge diagnosis, discharge medications and next level of care recommendations

Psychiatric inpatient discharges
HBIPS Measure # 7

Continuing Care Plan Transmitted to the Next Level of Care Provider upon Discharge
Numerator and Denominator

Psychiatric inpatients for whom the post discharge continuing care plan was transmitted to the next level of care

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Psychiatric inpatient discharges
HBIPS Measures # 2 and 3

Event Measures
HBIPS Measure # 2

Hours of Physical Restraint Use
Rationale

- Need to respect the patient’s independence, autonomy and safety
- Avoid the use of dangerous or restrictive interventions at all times
- Restraint use should be closely monitored and analyzed to reduce further use
Numerator and Denominator

The total number of hours that all psychiatric inpatients were maintained in physical restraint

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Number of psychiatric inpatient days
HBIPS Measure # 3

Hours of Seclusion Use
Numerator and Denominator

The total number of hours that all psychiatric inpatients were held in seclusion

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Number of psychiatric inpatient days
To view the HBIPS Measure Specifications Manual and to submit questions.....

http://manual.jointcommission.org
Questions