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Update on the Hospital-Based Inpatient Psychiatric Services (HBIPS) Core Measure Set

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Agenda

- HBIPS Project Overview
- ORYX Requirements & Reporting
- **HBIPS-1**
- ► HBIPS-2
- **MBIPS-3**
- **HBIPS-4**
- **HBIPS-5**
- **HBIPS-6**
- **HBIPS-7**
- National Update



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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)

- Initial stakeholder meeting early 2004 to identify potential domains for measure set
- Appointment of HBIPS Technical Advisory Panel (TAP) in March 2005
- First meeting of the TAP held May 2005
- Call for measures June 2005



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HBIPS Project Overview (Cont.)

- Alpha testing conducted May and June 2006
- Specifications Manual Version 1.0 posted September 2006
- Pilot test data collection: January 1, 2007-December 31, 2007 discharges
- Data quality study January- December 2007
- Reliability site visits October 2007-January 2008
- Final specifications manual posted June 2008



HBIPS Demographics

- 24 vendors supporting HBIPS
- 311 hospitals participating in HBIPS
- 238/311 (76%) free-standing psychiatric hospitals
- 73/311 (24%) acute-care hospitals with psychiatric units



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National Quality Forum (NQF) Endorsement

- HBIPS 4,5,6 & 7 endorsed August 2009
- HBIPS 2 & 3 endorsed February 2010
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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



ORYX Reporting

Joint Commission

- HBIPS 2-7 will be publicly reported on QualityCheck.org
- HBIPS 2-7 will be included in Priority Focus Process (PFP) or Strategic Surveillance System (S3)
- HBIPS-1 will not be publicly reported or included in PFP and S3
- All measures included in ORYX Performance Measure Report used during survey

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HBIPS Measures

- HBIPS-1: Admission Screening
- **HBIPS-2**: Physical Restraint
- **MATERIAL PROPERTY NEWSFIRM METERIAL PROPER**
- 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-1,45, 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 (<u>></u>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





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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 help guide individualized treatment plans that are culturally appropriate



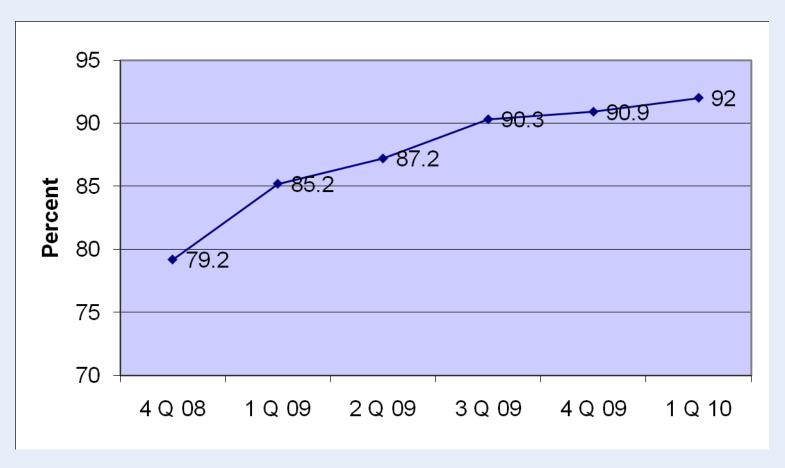
Numerator and Denominator

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

Psychiatric inpatient discharges

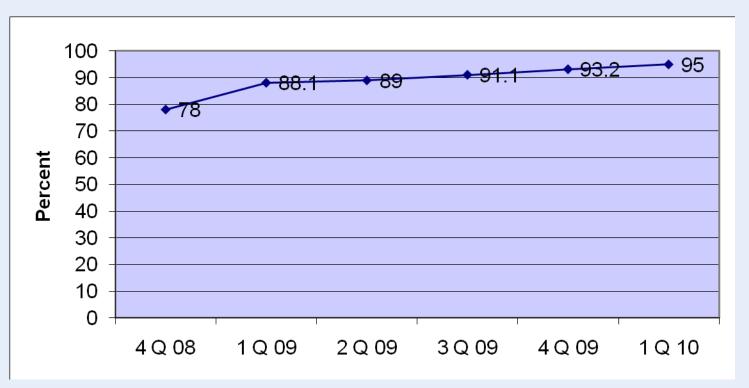


HBIPS-1a: Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed



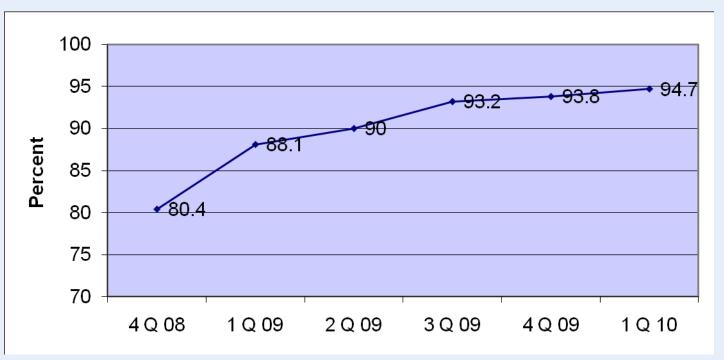


HBIPS-1b: Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed



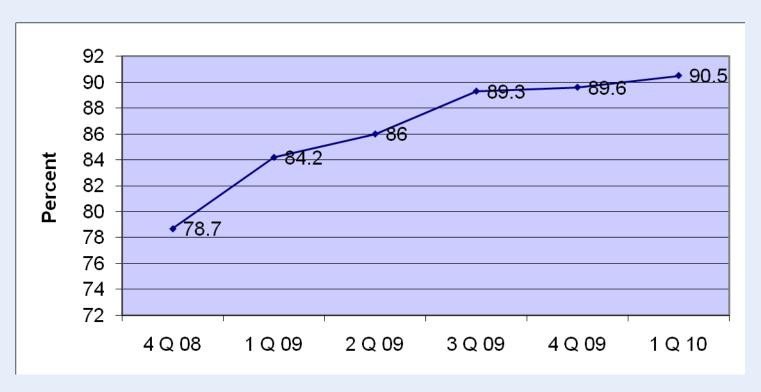


HBIPS-1c: Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed



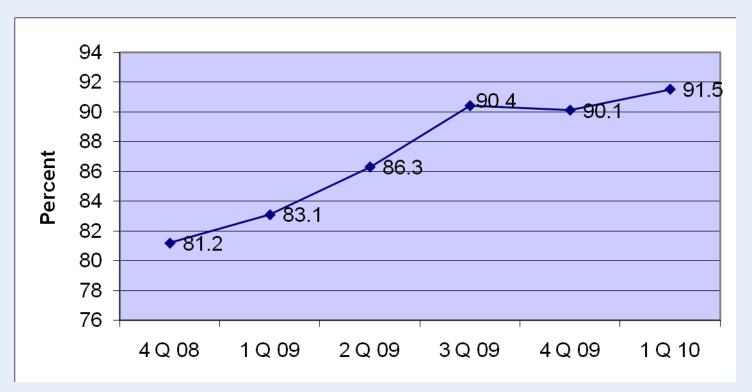


HBIPS-1d: Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed





HBIPS-1e: Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed





HBIPS Measure # 4

Patients Discharged on Multiple Antipsychotic Medications





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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 4a- Patients Discharged on Multiple Antipsychotic Medications





HBIPS 4b- Patients Discharged on Multiple Antipsychotic Medications





HBIPS 4c- Patients Discharged on Multiple Antipsychotic Medications





HBIPS 4d- Patients Discharged on Multiple Antipsychotic Medications





HBIPS 4e- Patients Discharged on Multiple Antipsychotic Medications





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

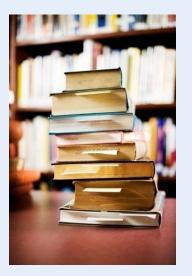
Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications

(Derived from HBIPS-4)



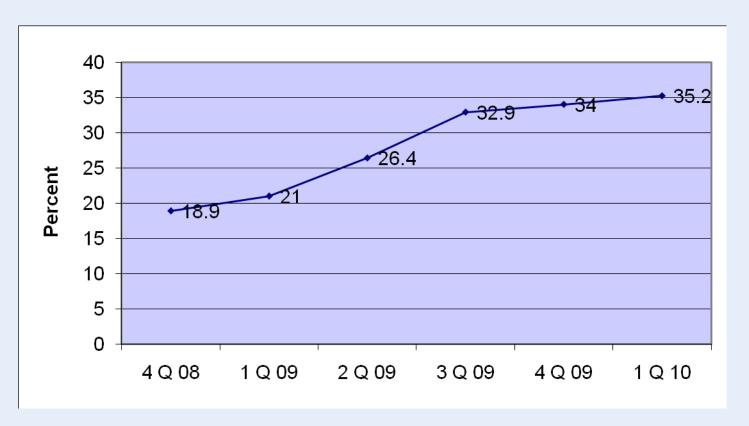
Appropriate Justifications

- Three previous failed trials of monotherapy by history
- Recommended plan to taper to monotherapy
- Augmentation of Clozapine



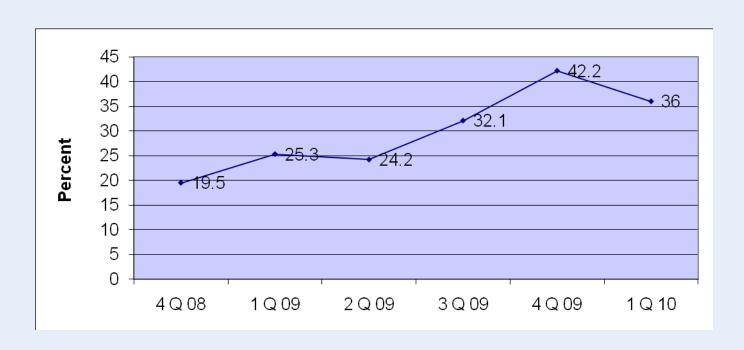


HBIPS 5a- Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification



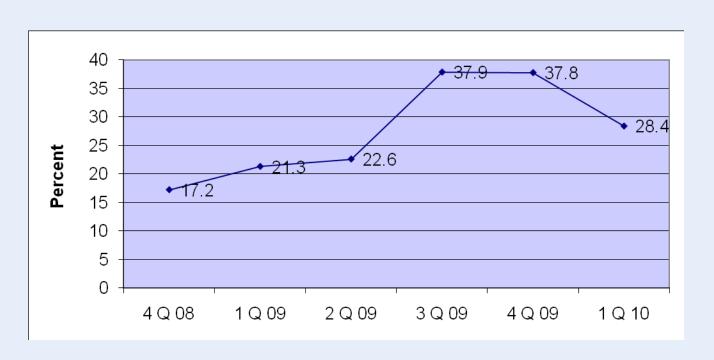


HBIPS 5b- Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification



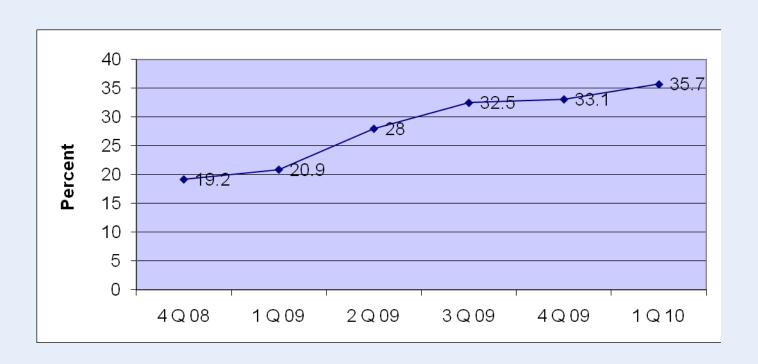


HBIPS 5c- Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification





HBIPS 5d- Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification





HBIPS 5e- Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification





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

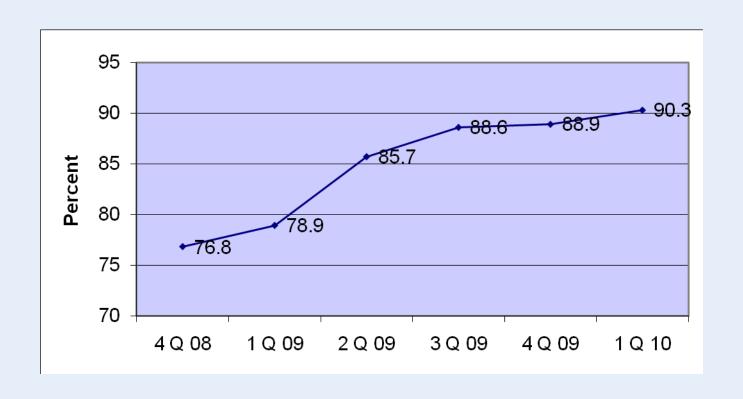


Numerator and Denominator

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

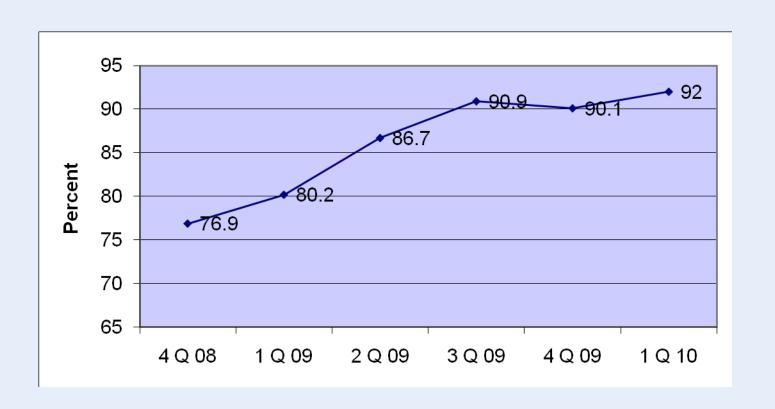
Psychiatric inpatient discharges

HBIPS 6a- Post Discharge Continuing Care Plan Created





HBIPS 6b- Post Discharge Continuing Care Plan Created



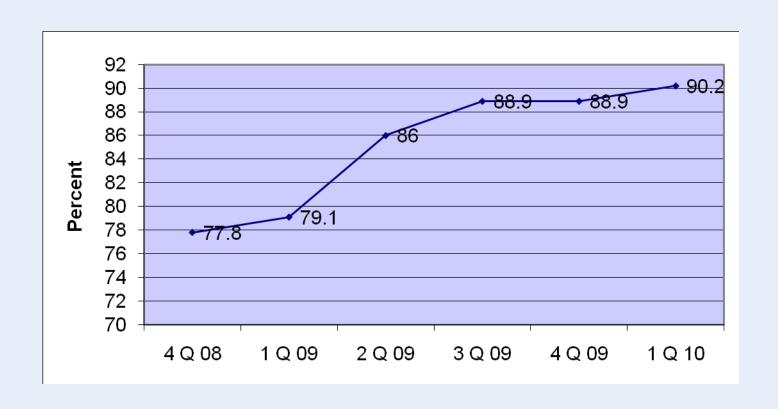


HBIPS 6c- Post Discharge Continuing Care Plan Created



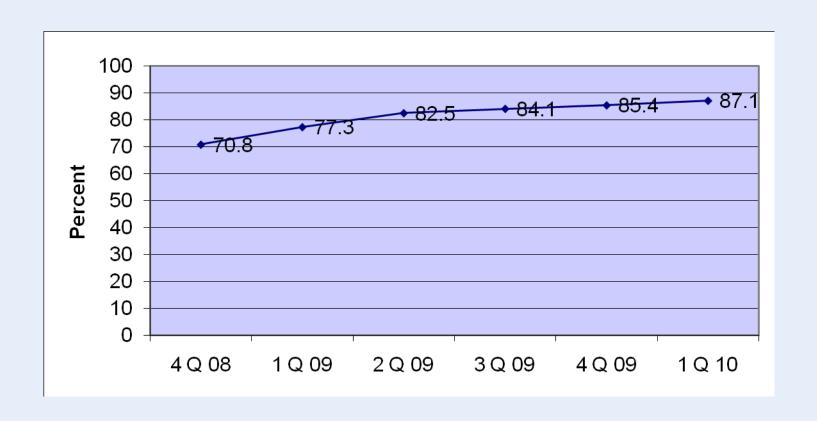


HBIPS 6d- Post Discharge Continuing Care Plan Created





HBIPS 6e- Post Discharge Continuing Care Plan Created





HBIPS Measure # 7

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



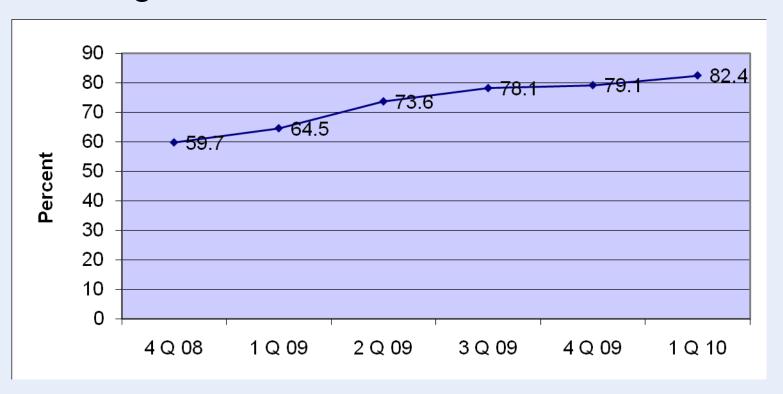


Numerator and Denominator

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

Psychiatric inpatient discharges

HBIPS 7a-Continuing Care Plan Transmitted to the Next Level of Care Providers upon Discharge







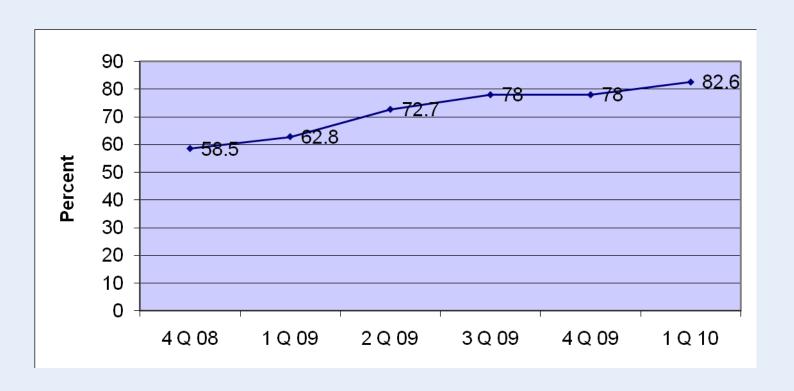
HBIPS 7b-Continuing Care Plan Transmitted to the Next Level of Care Providers upon Discharge





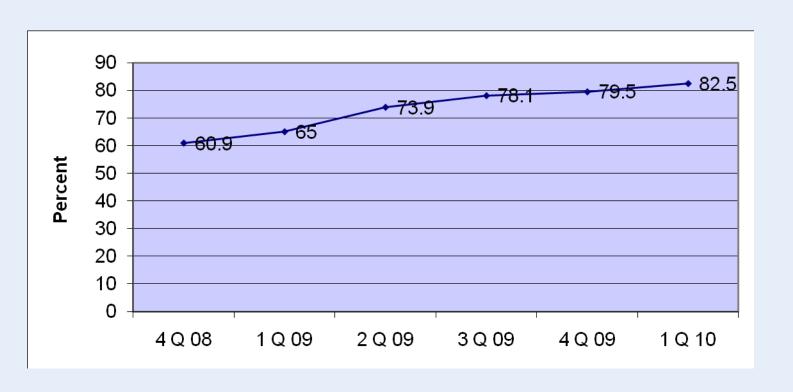


HBIPS 7c-Continuing Care Plan Transmitted to the Next Level of Care Providers upon Discharge





HBIPS 7d-Continuing Care Plan Transmitted to the Next Level of Care Providers upon Discharge





HBIPS 7e-Continuing Care Plan Transmitted to the Next Level of Care Providers upon Discharge





HBIPS Measures # 2 and 3

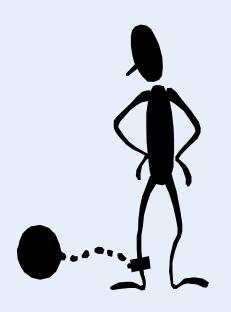
Event Measures





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

Number of psychiatric inpatient days

HBIPS 2a- Hours of Physical Restraint Use Per 1,000 Hours





HBIPS 2b- Hours of Physical Restraint Use Per 1,000 Hours





HBIPS 2c- Hours of Physical Restraint Use Per 1,000 Hours





HBIPS 2d- Hours of Physical Restraint Use Per 1,000 Hours





HBIPS 2e- Hours of Physical Restraint Use Per 1,000 Hours





HBIPS Measure # 3

Hours of Seclusion Use





Numerator and Denominator

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

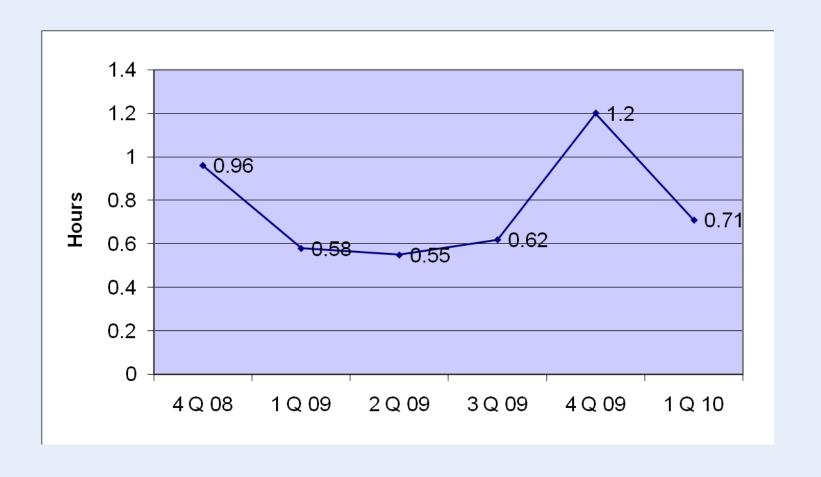
Number of psychiatric inpatient days

HBIPS 3a- Hours of Seclusion Use Per 1,000 Hours





HBIPS 3b- Hours of Seclusion Use Per 1,000 Hours





HBIPS 3c- Hours of Seclusion Use Per 1,000 Hours





HBIPS 3d- Hours of Seclusion Use Per 1,000 Hours





HBIPS 3e- Hours of Seclusion Use Per 1,000 Hours





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National Update

Health Care Reform Bill



Section 10322 Quality Reporting

- Quality Reporting for Psychiatric Hospitals
 - Secretary to publish selected measures by 10/1/2012
 - Measures to be reported for Rate Year
 2014



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Section 3401 Prospective Payment System (PPS)

PPS to be established for psychiatric hospitals beginning in Rate Year 2010



Section 3014 Quality Measurement

- Consensus-Based Entity
 - Convene multi-stakeholder group
 - Input on selection of quality and efficiency measures
 - National priorities for improvement in population health and delivery of health care services



To view the HBIPS Measure Specifications Manual and to submit questions.....



http://manual.jointcommission.org

Questions



