



# Successful Strategies for Implementing the CMS Psychiatric Core Measures

**Presented by**

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# Successful Strategies for Implementing the CMS Psychiatric Core Measures – Learning Objectives

- Learners will be:
  - Able to identify processes to enhance HBIPS performance in both private nonprofit and public psychiatric care settings with multiple units, multiple physicians, and multiple locations.
  - Introduced to performance challenges and success strategies used in both a paper medical record system and an EMR environment.
  - Compare the results and strategies of two very different provider organizations from different parts of the country.

# Agenda

- Brief Overview of CMS Psychiatric Core Measures also referred to as Hospital Based Inpatient Psychiatric Services or HBIPS Measures
- Focused presentation on Best Practices for CMS core measure performance:
  - HBIPS-2 and HBIPS-3 – Total Hours of Seclusion/Restraint
  - HBIPS-4 and HBIPS-5 -- Use of 2 or more antipsychotics and justification for such use at discharge
  - HBIPS-6 and HBIPS-7 – aftercare service plan and transmission to next level of care provider – using team engagement and the electronic health record
- Brief overview of HBIPS-1 and strategies for improvement
- Performance data from the two presenting agencies
- Resources

# Snapshot of the Presenter Organizations

## **St. Anthony Hospital is:**

- A member of SSM Health Care (SSMHC) headquartered in St. Louis, Missouri. Sponsored by the Franciscan Sisters of Mary, a health care ministry founded in 1872.
  - SSMHC is one of the largest Catholic systems in the nation owning managing or affiliated with 15 acute care hospitals located in Missouri, Illinois, Wisconsin and Oklahoma.
- St. Anthony Hospital is a regional health care provider with 686 licensed bed capacity located in downtown Oklahoma City.
- 272 Behavioral Medicine Beds, 115 Acute beds with 3394 Discharges CY 2012
- 6 acute units - children, adolescent, adult and geriatric
- 12 psychiatrists – 2 employee psychiatrists

# Snapshot of the Presenter Organizations

## New York City Health and Hospitals Corporation (HHC) is:

- An integrated healthcare delivery system with a \$6.7 billion budget
- The provider of care for 1.4 million New Yorkers every year and more than 475,000 are uninsured
- 11 acute care hospitals, all with inpatient psych units
- Approximately 1,276 inpatient psych beds (1,156 adult, 120 child/adolescent) with 17,570 discharges in CY 2012
- Many of our mental health consumers are homeless, have a co-occurring substance use disorder, and have chronic medical conditions
- Several HHC facilities participated in the official Joint Commission pilot phase for HBIPS development. All HHC facilities have been collected HBIPS data since 2009.

# Overview of CMS Psychiatric Inpatient Core Measures and Reporting

- CMS has adopted six National Quality Forum (NQF) endorsed inpatient psychiatric core measures from the seven HBIPS measures developed by The Joint Commission.
- Pay for Reporting on these six core measures will be tied to hospitals reimbursement rates beginning Oct 1,2013
  - The assumption is that CMS will eventually move to pay for performance

# Inpatient Psychiatric Facility (IPF) CMS Data Submission (2% at stake)

<b>PROPOSED QUALITY REPORTING AND SUBMISSION TIMEFRAMES FOR FY 2014</b>		
<b>Payment Determination (Fiscal Year)</b>	<b>Proposed Reporting Period for Services Provided (Calendar Year)</b>	<b>Proposed Data Submission Timeframe</b>
FY 2014	Q4 2012 (October 1, 2012 – December 31, 2012) Q1 2013 (January 1, 2013 - March 31, 2013)	July 1, 2013 – August 15, 2013

<b>PROPOSED PUBLIC DISPLAY FOR FY 2014, FY 2015, AND FY 2016</b>		
<b>Payment Determination Year (Fiscal Year)</b>	<b>30-day Preview Period</b>	<b>Public Display (Calendar Year)</b>
FY 2014	September 20, 2013 – October 19, 2013	2014
FY 2015	September 20, 2014 – October 19, 2014	2015
FY 2016	September 20, 2015 – October 19, 2015	2016

# What are the CMS Measures?

## HBIPS-2: Hours of Physical Restraint Use and HBIPS-3: Hours of Seclusion Use

These measures are event measures and are a ratio measure per 1,000 patient hours. Improvement is downward.

***Rationale:*** Need to respect the patient's independence, autonomy and safety, avoid use of dangerous/restrictive interventions at all times, restraint use needs close monitoring and analysis to reduce further use (TJC 2010).

### HBIPS-2 Hours of physical restraint use

- Numerator = the total number of hours of physical restraint use\*
- Denominator = the total number of inpatient days\*\*

### HBIPS-3 Hours of seclusion use

- Numerator = the total number of hours of seclusion use\*
- Denominator = the total number of inpatient days\*\*

\*Collected in minutes converted hours, \*\* Converted to hours



# What are the CMS Measures?

## HBIPS-4: Patients Discharged on Multiple Antipsychotic Medications

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

Discharge Measures and proportion measure sets. HBIPS-4 downward improvement, HBIPS-5 upward improvement.

**Rationale:** Use of multiple antipsychotics associated with severe side effects, 50% of current inpatients on 2 or more antipsychotics (TJC 2010)

- Defined as patients discharged on two or more routinely scheduled antipsychotic medications (as defined by Joint Commission – Table 10.0) – generally this includes drugs such as phenothiazines or butyrophenones, or serotonin-dopamine antagonists which are used to treat psychosis – antipsychotic medications are also called neuroleptics
- Medical record documentation of appropriate justification for discharging patient **on two or more** antipsychotic medications
  - history of a minimum of three failed multiple trials of monotherapy
  - documentation of a recommended plan to taper to monotherapy due to previous use of multiple antipsychotic meds OR of a cross-taper in progress at time of discharge
  - documentation of augmentation of Clozapine

# What are the CMS Measures?

## HBIPS-6: Post Discharge Continuing Care Plan Created

## HBIPS-7: Post Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge

These are Discharge Measures and are proportion measure sets. HBIPS-6 and 7 improvements are upward.

**Rationale:** Patients themselves may not be able to report details of hospitalization and follow-up required, information necessary to provide optimum care (TJC 2010)

- Medical record documentation of a continuing care plan which includes:
  - Discharge medications, dosage and indication for use
  - Principal discharge diagnosis
  - Reason for hospitalization
  - next level of care recommendations
- Documentation should be transmitted to next level of care provider by **fifth post-discharge day** - the first post-discharge day is the day after discharge

# What is the last HBIPS Measure?

**HBIPS-1**: Admission screening for violence risk, substance use, psychological trauma history and patient strengths completed

This measure is **NOT** part of the CMS core measures but is part of the Joint Commission HBIPS measure set. HBIPS-1 is an upward improvement metric.

***Rationale:*** High prevalence of co-occurring substance use disorders, risk assessment is important aspect of patient safety, patient strengths help guide individualized treatment planning

- Documented screening within the first three days of admission for five different risk of violence to self or others, substance use, psychological trauma, and patient strengths (minimum of 2 must be noted) by a qualified psychiatric practitioner
- Failure to document any one of the required screenings means that you fail the measure

# General Comments on the Measures

- Event measures cannot be sampled – so all seclusion/restraint events must be reported.
- Discharge measures can be sampled depending on the size of your facility but you must submit at least the minimum required sample size (less than 44 discharges/quarter – no sampling).
- Includes all payer sources

# Improvement Strategies for All the Measures

- Data transparency on all the measures has been shown to be a successful way to promote healthy competition and improve performance
  - Results are shared at the unit level, with leadership and with governing body
- Educate, educate, educate
- Include HBIPS in all new hire or transfer orientation
- Identify champions and work with a team
- Maintain relationship with clinical extractor and physician team
- Use real time audits and end-user team discussions

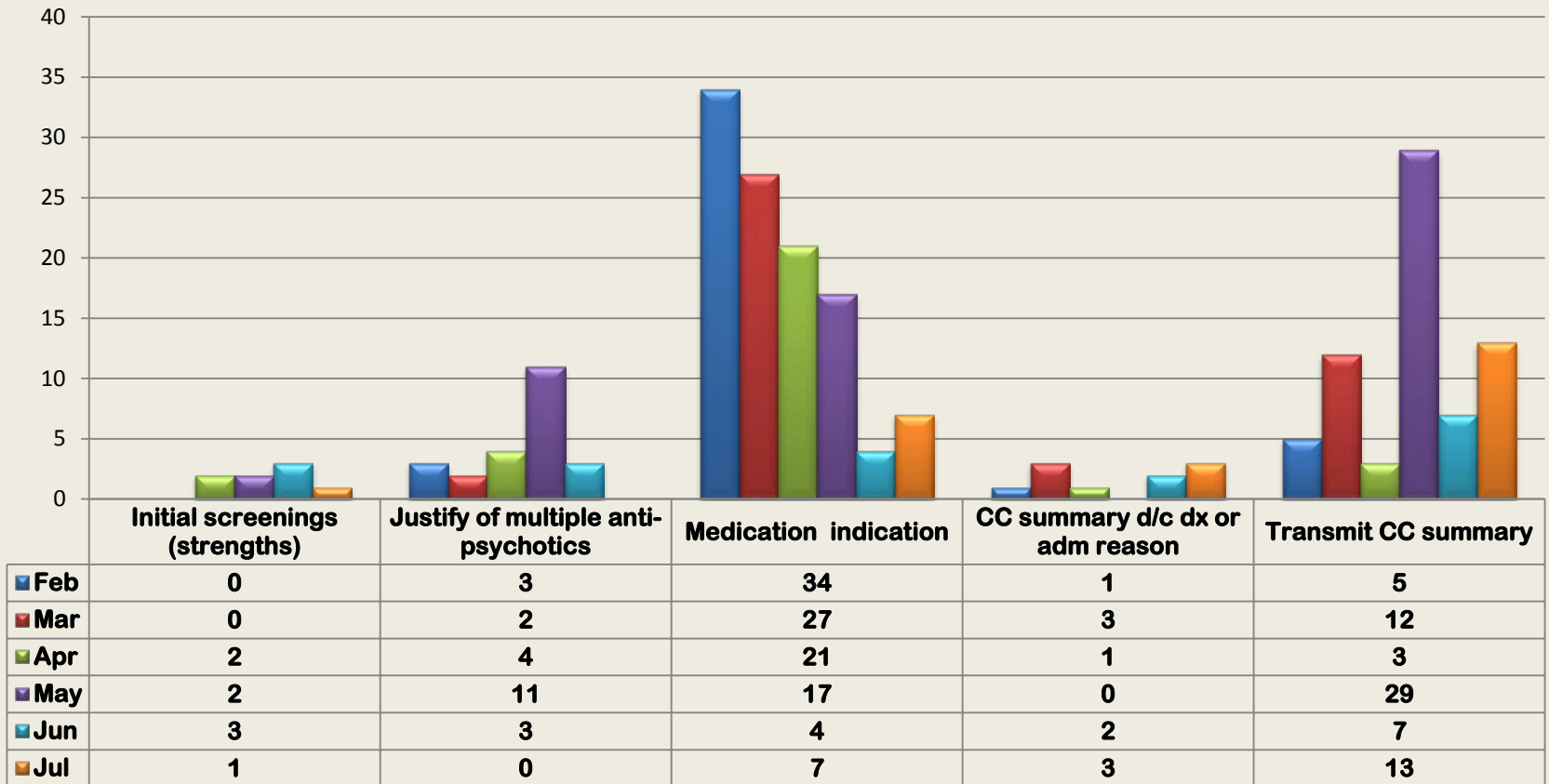
# Strategies for Team Improvement

## St. Anthony Hospital and NYC HHC

- Define and select team member stakeholders
  - Process owner, champion, end users, ad hoc specialists such as clinical extractor, EPIC clinical product specialist
- Engage team to action with purposeful roles such as real time audits, ad hoc work flow process and pilots
  - Meet regularly to review results – use data
- Hard wire to entity, department, and individual goals
- Use mentoring and coaching for accountability and action
- Recognize, give feedback, and support the team

# Use Data for End User Improvement

## HBIPS FEB - Ju 2012 Fallouts



## HBIPS Fallout Staff Coaching/Counseling

To: \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_

Subject: **HBIPS Error Education and Action Plan**



The purpose of this coaching session is to apprise you of a HBIPS fallout that you were involved in. We feel that by sharing this information, you will be able to initiate steps to prevent additional errors in the future.

- Brief description of error:**
- Admission Screening
  - Multiple Antipsychotics Meds
  - Discharge Instructions
    - Reason for hospitalization
    - Principal Discharge diagnosis
    - Discharge meds-name, dose, indication
    - Referred to next level of care documented
    - Transmission to next level of care provider by 5<sup>th</sup> day.

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**Reason the error occurred:**

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**Employee's Plan to avoid HBIPS error in the future:**



# Strategies to Improve HBIPS 2-3

## St. Anthony Hospital

- RN Champion Process Owner / Team Leader for ongoing monitoring and direct end user feedback
  - In a paper MR use of daily event logs, NCR paper for management review of each episode prior to data input in excel
  - In an electronic system utilize “My lists” preferences to monitor restraint orders, and clarity reporting for data review

# Strategies to Improve HBIPS 2-3

## NYC HHC

- Changed culture of care so use of S/R seen as a **treatment failure** rather than a treatment option
- Hired expert consultants to help each HHC facility develop a S/R reduction plan based on nationally-proven strategies developed by NASMHPD
  1. Leadership is vital to organizational change
  2. Using Data to Inform Practice
  3. Workforce Development
  4. Use of S/R Reduction Tools
  5. Consumer Roles in Inpatient Settings
  6. Rigorous Debriefing Techniques

# Strategies to Improve HBIPS 2-3

## NYC HHC

- Created violence reduction protocol that stresses early identification of patients who might be violent (Broset) and rapid titration of medication
- Provided extensive staff training to increase competencies in crisis de-escalation
- Established psychiatric emergency response teams
- Hired Psych Techs that were given training in crisis de-escalation
- Purchase sensory modulation equipment and trained staff in the use of sensory modulation techniques
  - some sites developed separate sensory modulation rooms/comfort rooms

# Strategies to Improve HBIPS 4-5

## St. Anthony Hospital

- Develop reporting system to identify multiple antipsychotics that can be made accessible at unit level
- In electronic system, physician order discharge sets prompts the physician for a justification

### Discharge Order Set

- Failed monotherapy 3 times with these meds 1. \*\* 2. \*\* 3.\*\*
- Taper off \*\*\* and increase \*\*\*\*\*
- Taper off \*\*\* and continue monotherapy with \*\*\*
- Augment Clozapine therapy
- Other (**not accepted by TJC**): \_\_\_\_\_
- The choice of “other” can be used to send to TJC to get justification list amended to include frequently supplied “other” responses

## Justification for Multiple Antipsychotic Medications upon Discharge

Check reason(s) for discharging patient on two or more routine antipsychotic medications

Failed at least three trials of monotherapy

List medications: \_\_\_\_\_

Recommend to cross taper to monotherapy with follow-up care after discharge.

List medications to increase and the medication to taper off: \_\_\_\_\_

\_\_\_\_\_

Augmentation of Clozapine

Telephone Order Read Back

Verbal Order Read Back

Recorded by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Note: A cross-taper plan is defined as a plan to decrease the dosage of one or more antipsychotic medications while increasing the dosage of another antipsychotic medication to a level which results in controlling the patient's symptoms with one antipsychotic medication.

# Strategies to Improve HBIPS 4-5

## NYC HHC

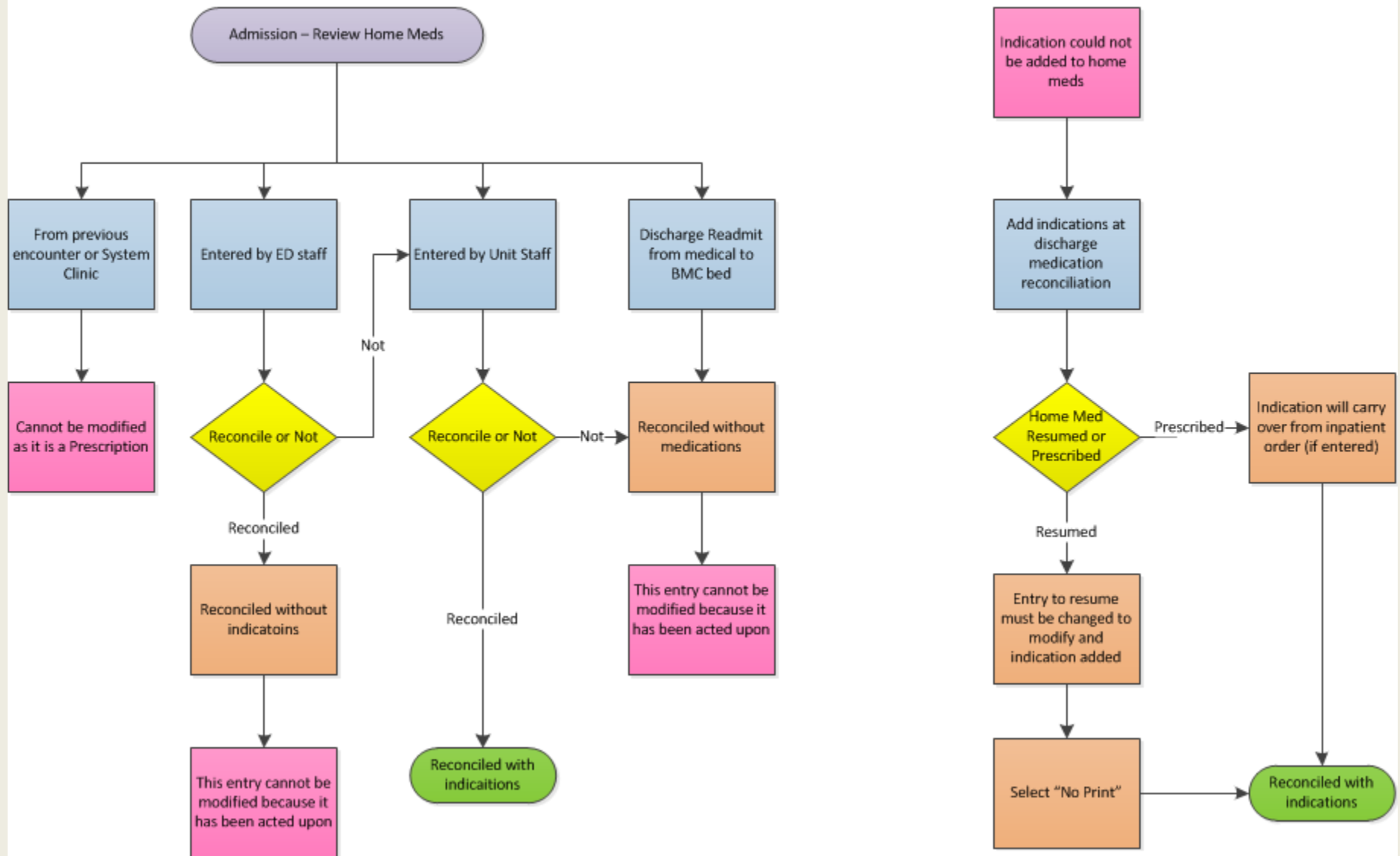
- Hired teams of Peer Counselors and Psychiatrists to run groups for inpatient staff that focused on encouraging dialogue between physician and patient about medication choices and the benefit of less complicated regimens to improve medication adherence
- Implemented a Schizophrenia clinical protocol to promote the use of Clozaril and use of depot meds
- Also changed physician order entry discharge sets to reflect the justification choices

# Strategies to Improve HBIPS 6-7

## St. Anthony Hospital

- Use your team to address work flow process issues effecting end user such as indications as well as extraction issues related to admission, discharge, transfers
- Collaboration with outpatient providers for referral follow up and transmission
- Paper system: review, document, sign, transmit and document
- Electronic System:
  - Add indications during home medication reconciliation, when ordering a new medication, or during discharge medication reconciliation
  - Printed After Visit Summary (AVS) review signed with transmission documentation then rescanned into system for a single document that can stand on its own
- Utilize treatment team

# Home Medication Reconciliation with Indications 10-12





# Strategies to Improve HBIPS 6-7

## NYC HHC

- Created standard work so that transmission to practitioners/entities outside the organization receive the continuing care plan and to the greatest extent possible involve them in the discharge planning process
- Regularly review transitions in care data to see how many patients actually make it to their appointments and are successfully engaged in aftercare
  - Work with frequent outside referral sources to encourage better results
  - Encourage outpatient providers to visit patients on the unit before discharge to improve the transition to the community

# Strategies to Improve HBIPS-1

## St. Anthony Hospital

- Primarily nursing who is completing the admission screening
- Make sure forms in a paper system are standardized, revised and old ones removed as data elements change to address 5 screening areas
- Include other professional stakeholders in an integrated assessment process to ensure completion within three days – the two patient strengths must be in the same column in the flowsheet row

# Strategies to Improve HBIPS-1

## NYC HHC

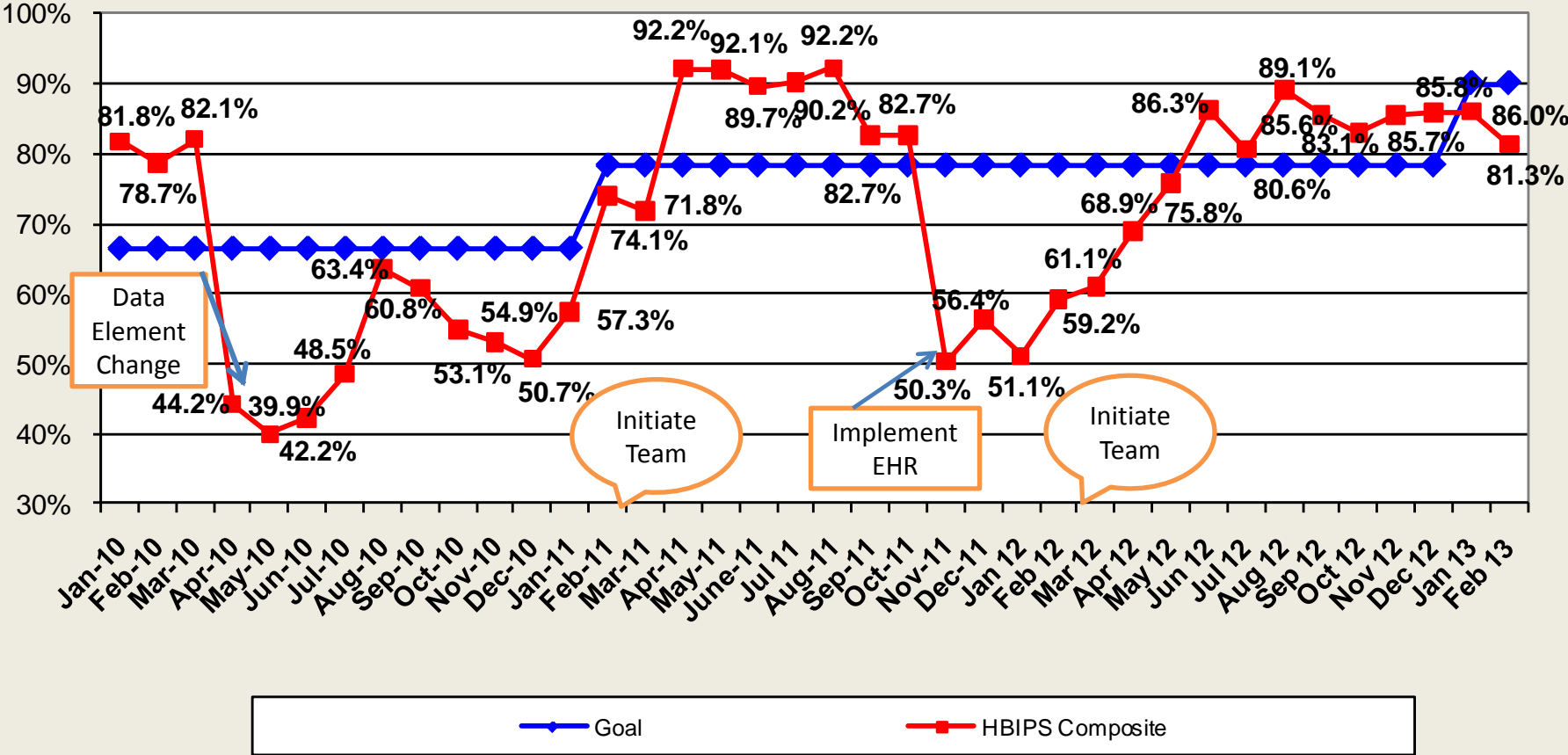
- Revised the Psychiatric Emergency Service comprehensive assessment form to include all five required screening areas with language that guided them to document appropriately.
  - Met with key stakeholders to discuss work flow, and streamline documentation
- Begin the process of screening in the emergency department and transfer information to the inpatient unit

# HBIPS Performance Results

**St. Anthony Hospital and  
NYC Health and Hospitals**

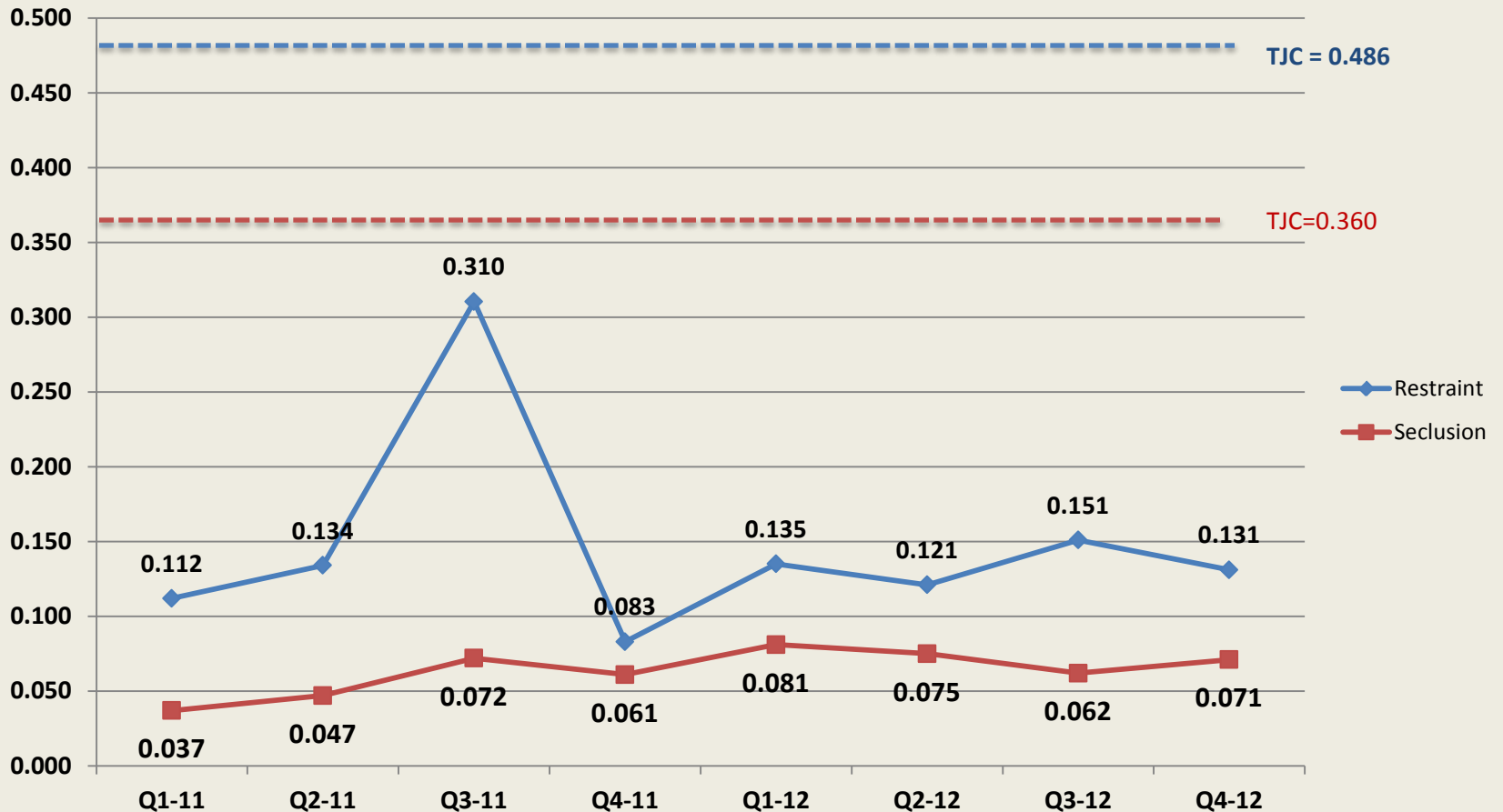
YTD Composite – 83.65%

# SAH Hospital HBIPS Composite Score (excludes HBIPS4a) All Measure Combined Rate 2013 Goal 90.00%



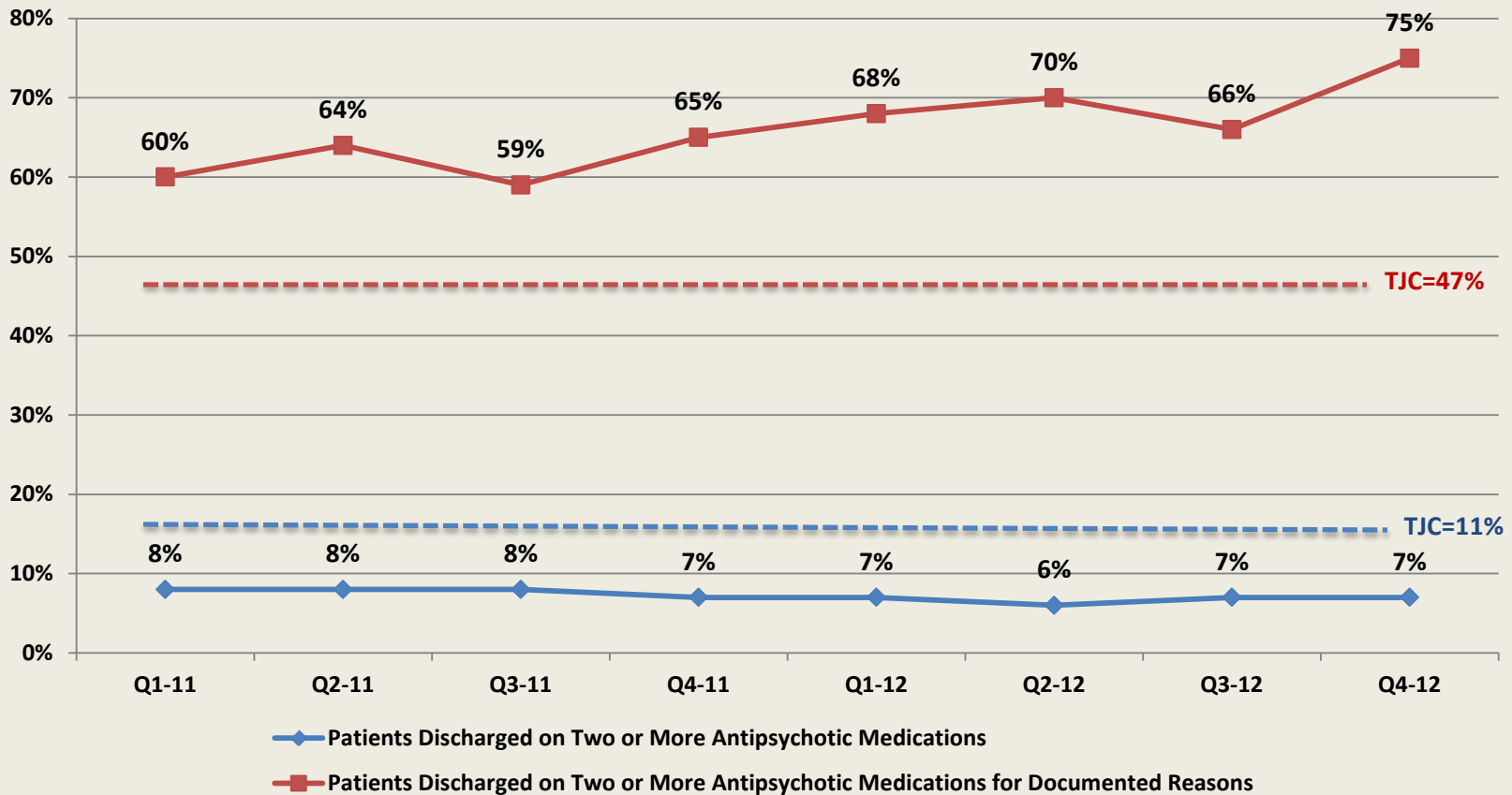
# HHC HBIPS 2 and HBIPS-3 Calendar Years 2011-2012

## Rate of Physical Restraint & Seclusion Use



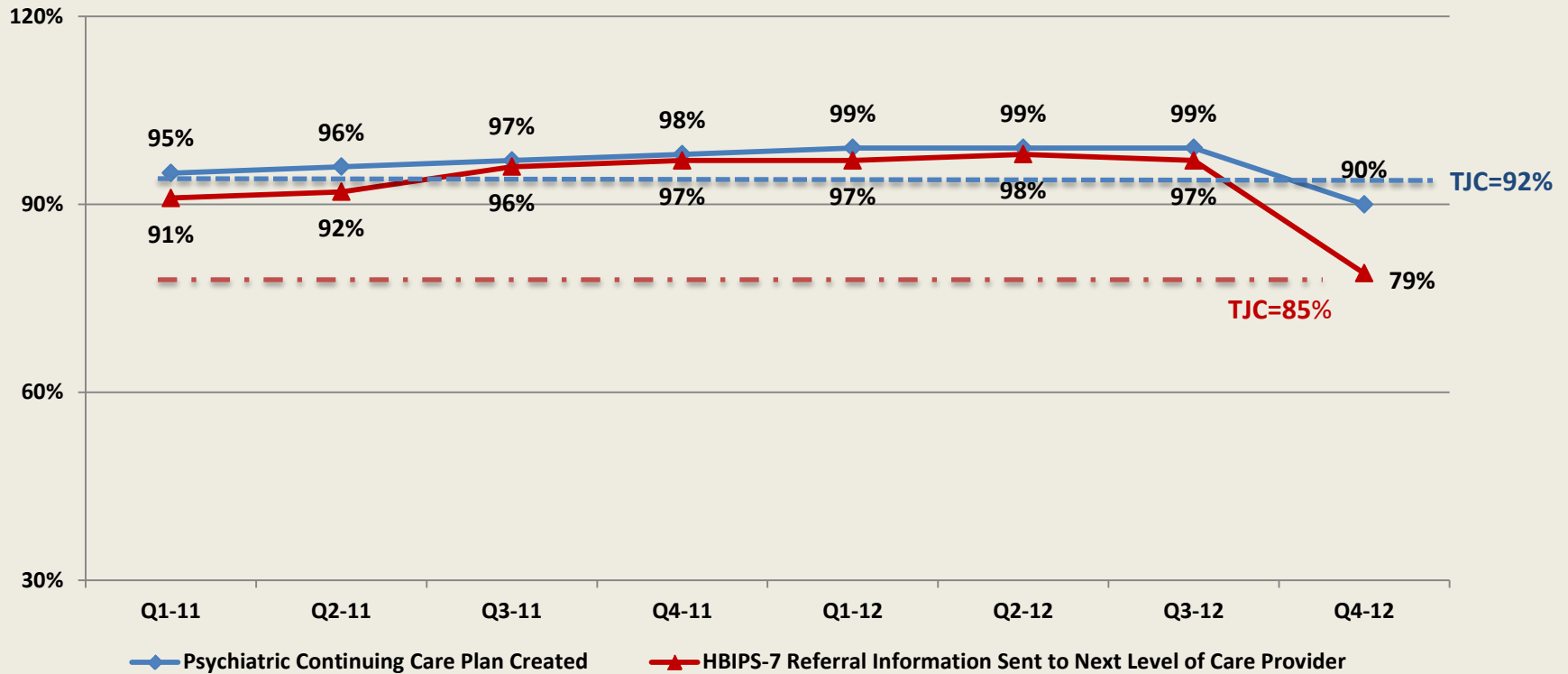
# HHC HBIPS-4 and HBIPS-5 Calendar Years 2011-2012

Patients Discharged on Two or more Antipsychotic Medications/ Patients Discharged on Two or More Antipsychotic Medications for Documented Reasons



# HHC HBIPS-6 and HBIPS-7 Calendar Years 2011-2012

Psychiatric Continuing Care Plan Created/Referral Information Sent to Next Level of Care Provider

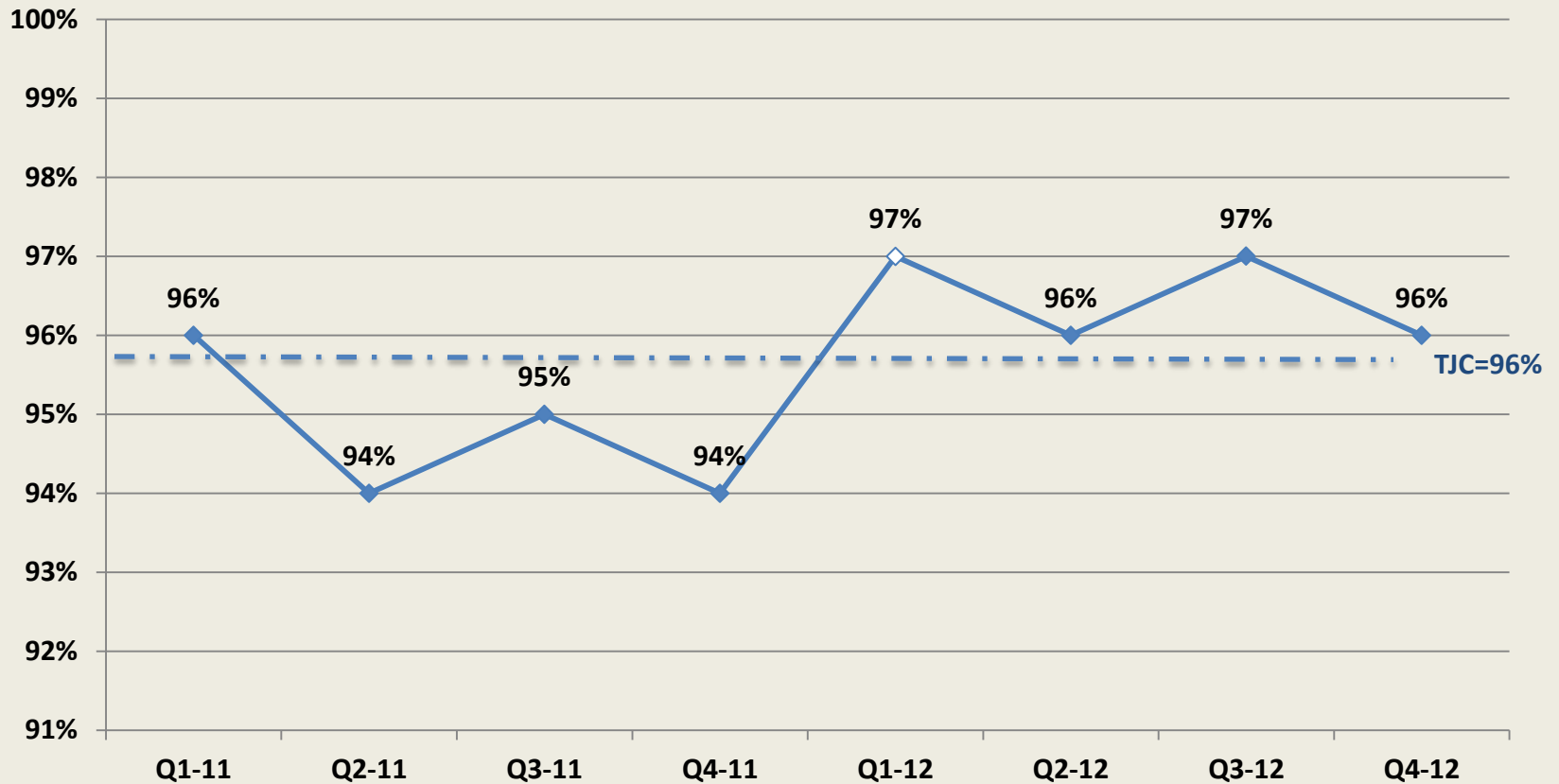




# HHC HBIPS-1

## Calendar Years 2011-2012

### Admission Screening



# Resources

- Final Rule  
[http://www.ofr.gov/OFRUpload/OFRData/2012-19079\\_PI.pdf](http://www.ofr.gov/OFRUpload/OFRData/2012-19079_PI.pdf)
- **IPF PPS**  
<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/InpatientPsychFac.pdf>
- Legislation  
<http://housedocs.house.gov/energycommerce/ppacacon.pdf>
- HBIPS Specifications  
<https://manual.jointcommission.org/bin/view/Manual/WebHome>
- QNet  
<http://www.qualitynet.org/>
- CMS Conditions of Participation, Patient Rights Final Rule  
<https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/downloads/finalpatientrightsrule.pdf>

# Resources

- For more information on the six core strategies to reduce of the use of seclusion and restraint, go to:  
<http://www.nasmhpd.org/docs/publications/docs/2008/Consolidated%20Six%20Core%20Strategies%20Document.pdf>
- For more information about the use of sensory modulation tools and techniques on an inpatient psychiatric service go to: <http://www.ot-innovations.com/content/view/45/81/> or  
[http://www.omh.ny.gov/omhweb/resources/publications/comfort\\_room/](http://www.omh.ny.gov/omhweb/resources/publications/comfort_room/)
- For more information about the Broset Violence Checklist, go to:  
<http://www.smspsts.org/smspsts/papers/almvikbroset.pdf>

# Resources

- The Centers for Medicare & Medicaid Services (CMS) has named Telligen the outreach, education and communication support contractor for both the Inpatient Psychiatric Facility (IPF) and PPS-exempt Cancer Hospital (PCH) Quality Reporting programs.
- Program support will include national provider calls, training, help desk, and ongoing collaboration with all participating stakeholders. Questions regarding either the IPF or PCH program may be directed to the Telligen help desk, weekdays from 8 a.m. to 5 p.m. Central Time:
  - IPF-PCHQR Support Help Desk
  - Phone: (888) 961-6425
  - E-mail: [IPF-PCHQRsupport@telligen.org](mailto:IPF-PCHQRsupport@telligen.org)