

## Standard Definitions for Patient Outcome Data Elements

### Outcome: Discharge Reasons

| Data Element                    | Definition   | Additional Information/ Examples  |
|---------------------------------|--|---|
| <p><b>Discharge Reasons</b></p> | <p>Select the best reason describing why the patient is being discharged from home infusion services.</p> <ul style="list-style-type: none"> <li>• Therapy Complete</li> <li>• Unexpected Death</li> <li>• Hospitalized</li> <li>• Change in eligibility</li> <li>• Insufficient response/ complication</li> <li>• Adverse Drug Reaction</li> <li>• Access Device Related</li> <li>• Other: _____</li> </ul> | <p><b>Therapy Complete</b> applies to any patient who completes the prescribed treatment orders at the time of discharge from infusion services.</p> <p>The following are examples of patients who are considered “<i>Therapy Complete</i>” at the time of discharge:</p> <ul style="list-style-type: none"> <li>• A patient for whom a physician order is received to end home infusion treatment.</li> <li>• A hospice or palliative care patient who expires expectedly and under ordinary circumstances.</li> <li>• A patient, who during the infusion episode of care experienced a “<i>Serious</i>” ADR, but resumed treatment and completes the prescribed regimen.</li> </ul> <p style="text-align: center;">❖ ❖</p> <p><b>Change in eligibility</b> includes, but is not limited to; unsafe home environment, lack of caregiver support, reimbursement challenges, loss of IV access, lack of desire for home treatment or unable to comply with home treatment orders.</p> <p>Examples of patients discharged because of a <i>change in eligibility</i> include:</p> <ul style="list-style-type: none"> <li>• A patient who changes insurance plans requiring infusions to be give in another site of care such as an outpatient clinic or physician office.</li> <li>• A patient who transfers to a skilled facility due to a lack of caregiver support in the home setting.</li> <li>• A patient’s PICC line is accidentally dislodged and the physician elects finish therapy on oral medications rather than replace the catheter.</li> </ul> |

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|              |            | <p><b>Insufficient Response</b> includes exacerbations of diagnosis and/or symptoms being treated with home infusion therapy.</p> <p>An example of a patient who would be discharged because of an <i>insufficient response</i> to therapy:</p> <ul style="list-style-type: none"> <li>• A patient with osteomyelitis requires amputation of a limb after receiving several weeks of treatment with parenteral anti-infectives without improvement.</li> </ul> |

### BACKGROUND

The Standard Definitions for Patient Outcome Data Elements are presented by the National Home Infusion Association (NHIA) to home and specialty infusion providers for use when collecting data related to patient events as part of ongoing quality improvement activities. These definitions were developed by a volunteer-based Outcomes Task Force comprised of individual provider and business-firm members committed to the utilization of quality data to advance the infusion industry. Standardized definitions will allow providers to engage in industry-wide benchmarking and research activities, generating the necessary data for demonstrating the quality and value associated with administering infused medications in the home setting. Providers are encouraged to adopt the NHIA Patient Outcome Definitions to become eligible for participation in future industry-wide quality data initiatives.

### IMPLEMENTATION CONSIDERATIONS

Providers may use additional, more detailed categories than those proposed in the above “*Discharge Reasons*” definition. The NHIA data elements are designed to consolidate data into broader categories to facilitate comparisons across different providers. For example: The reason “*Change in Eligibility*” encompasses many elements that impact whether or not a patient can receive home infusion services, such as caregiver status, reimbursement challenges, or loss of IV access. Provider may wish to use more specific reasons at an organizational level; however the more detailed data would be mapped to the broader category for national reporting purposes.

NHIA recognizes that individual providers use a variety of software systems and processes to collect data, and understands that differences exist with regard to the clinical terminology used today. NHIA knows that some adaptation may need to occur to achieve standardization with these outcome data elements; however the Outcomes Task Force made every effort to develop data definitions that are broad enough to accommodate variations in software and data collection processes between providers.

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### REPORTING DATA

Currently, no standardized reporting methods for the above Patient Outcome Data Elements are being proposed by NHIA. Individual providers should continue to evaluate and determine the best way to internally collect, analyze, summarize and utilize patient outcome data to improve quality and patient care practices. Efforts to create industry-wide quality measures to standardize the reporting of patient outcomes across multiple providers and provider types are underway.

### QUESTIONS/ COMMENTS

Questions or comments regarding the Standard Definitions for Patient Outcome Data Elements should be directed to Connie Sullivan, Sr. Director of Education and D (NHIA) and Vice President of Research (NHIF) at [connie.sullivan@nhia.org](mailto:connie.sullivan@nhia.org).

For additional information about the NHIA Data Initiative, please visit the NHIA website at <http://www.nhia.org/data/index.cfm>.