

INPATIENT PSYCHIATRIC FACILITIES AND PSYCHIATRIC UNITS MEASURES FOR COMMENT

Measure Name (Measure set)	Measure Description	Numerator Statement (Inclusions/ Exclusions)	Denominator Statement (Inclusions/ Exclusions)	Measure Type	Data Source	Unit of Measurement	Measure Source	TEP Discussion	Notes on Evaluation Criteria
Hours of physical-restraint use (HBIPS-2)	The total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were maintained in physical restraint	The total number of hours that all psychiatric inpatients were maintained in physical restraint	Number of psychiatric inpatient days <u>Exclusions:</u> Total leave days	Process	Chart plus existing claims	Hospitals	NQF-endorsed The Joint Commission	Concern about spillover effect on use of emergency forced medications	Not related to improving clinical outcomes, but are indicators of important safety issues for patients and staff
Hours of seclusion use (HBIPS-3)	The total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were held in seclusion	The total number of hours that all psychiatric inpatients were held in seclusion	Number of psychiatric inpatient days <u>Exclusions:</u> Total leave days	Process	Chart plus existing claims	Hospitals	NQF-endorsed The Joint Commission		Not related to improving clinical outcomes, but are indicators of important safety issues for patients and staff
Patients discharged on multiple antipsychotic medications (HBIPS-4)	Patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications	Psychiatric inpatients discharged on two or more routinely scheduled antipsychotic medications	Psychiatric inpatient discharges <u>Inclusions:</u> Patients with ICD-9-CM Principal or Other Diagnosis Codes for Mental Disorders discharged on one or more routinely scheduled antipsychotic medications <u>Exclusions:</u> Patients who expired Patients with an unplanned departure resulting in discharge due to elopement Patients with an unplanned departure resulting in discharge due to failing to return from leave	Process	Chart plus existing claims	Hospitals	NQF-Endorsed The Joint Commission	Use of 2 or more antipsychotics is seldom appropriate	Controlling polypharmacy is one strategy to reduce risk associated with use of antipsychotics

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Patients discharged on multiple antipsychotic medications with appropriate justification (HBIPS-5)	Patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications with appropriate justification	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 <u>Exclusions:</u> Patients who expired Patients with an unplanned departure resulting in discharge due to elopement Patients with an unplanned departure resulting in discharge due to failing to return from leave Patients with a length of stay ≤ 3 days	Process	Chart plus existing claims	Hospitals	NQF-Endorsed The Joint Commission	Paired with the other antipsychotics measure, this captures the justifiable exceptions	Controlling polypharmacy is one strategy to reduce risk associated with use of antipsychotics, but paired with the other antipsychotics measures allows for clinical judgment
Post-discharge continuing care plan created (HBIPS-6)	Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan created	Psychiatric inpatients for whom the post discharge continuing care plan is created and contains all of the following: reason for hospitalization, principal discharge diagnosis, discharge medications and next level of care recommendations	Psychiatric inpatient discharges <u>Inclusions:</u> Patients referred for next level of care with ICD-9-CM Principal or Other Diagnosis Codes for Mental Disorders <u>Exclusions:</u> Patients who expired Patients with an unplanned departure resulting in discharge due to elopement Patients or their guardians who refused aftercare Patients or guardians who refused to sign authorization to release information Patients with an unplanned departure resulting in discharge due to failing to return from leave	Process	Chart plus existing claims	Hospitals	NQF-endorsed The Joint Commission	Handoffs between settings are important opportunities for quality improvement	Discharge planning alone is not necessarily associated with improved clinical outcomes; handoffs between levels of care is identified by IOM as an opportunity for quality improvement

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Post-discharge continuing care plan transmitted to next level of care provider upon discharge (HBIPS-7)	Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan provided to the next level of care clinician or entity	Psychiatric inpatients for whom the post discharge continuing care plan was transmitted to the next level of care	<p>Psychiatric inpatient discharges</p> <p><u>Inclusions:</u></p> <p>Patients referred for next level of care with ICD-9-CM Principal or Other Diagnosis Codes for Mental Disorders</p> <p><u>Exclusions:</u></p> <p>Patients who expired</p> <p>Patients with an unplanned departure resulting in discharge due to elopement</p> <p>Patients or their guardians who refused aftercare</p> <p>Patients or guardians who refused to sign authorization to release information</p> <p>Patients with an unplanned departure resulting in discharge due to failing to return from leave</p>	Process	Chart plus existing claims	Hospitals	NQF-endorsed The Joint Commission	Handoffs between settings are important opportunities for quality improvement; this is an opportunity to identify a completed handoff	Discharge planning is not necessarily associated with improved clinical outcomes; handoffs between levels of care is identified by IOM as an opportunity for quality improvement