# Inpatient Psychiatric Facility Quality Reporting Program Manual

**Release Notes Version 3.0** **Release Notes Completed: June 13, 2017**

## Guidelines for Using Release Notes

Release Notes Version 3.0 provides modification to the *Inpatient Psychiatric Facility Quality Reporting Program Manual*. The information in this document is to be used as a reference and is not intended to be used to program abstraction tools. Please refer to the *Inpatient Psychiatric Facility Quality Reporting Program Manual* for references to the complete and current technical specification and abstraction information.

The notes are organized to follow the order of the Table of Contents in the IPFQR Program Manual. The headings are described below:

- **Impacts** – used to identify the impacted measures and portion(s) of the IPFQR Program Manual Section (i.e., Measure Specifications, Appendix)

- **Description of Changes** – used to identify the section within the document where the change occurs, e.g., Definition, Denominator Statement, Reporting Period

- **Rationale** – provided for the change being made

## TITLE PAGE – Inpatient Psychiatric Facility Quality Reporting Program Manual

**Impacts:**
Title Page

**Rationale:** Applying a version number will allow users to easily identify the current manual.

**Description of Changes:**
Title page
**Add:** Version 3.0

## SECTION 2 – Measure Details

**Impacts:**
Measure Details

**Rationale:** The program manual contains details on the measures and may not contain specifications.

**Description of Changes:**
Heading
**Change** to: Measure Details

Footer
**Change** to: Section 2: Measure Details

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**Impacts:**
Definitions for Transition Record Measures

**Rationale:** The definitions were updated for clarification.

**Description of Changes:**
Advance directive
**Change** text after bullets to:
After receiving information, the patient should be allowed the opportunity to appoint a surrogate decision maker or complete non-psychiatric and psychiatric advance directives. If the patient does not appoint a surrogate decision maker or complete non-psychiatric and psychiatric advance directives during the hospital stay, then reasons - such as patient refusal or patient confusion - must be documented. This element does not require that all patients have non-psychiatric and psychiatric advance directives (i.e., the patient does not need to create any advance directives to satisfy this element and copies of the non-psychiatric and psychiatric advance directives do not need to be transmitted to the follow-up provider). Non-psychiatric and psychiatric advance directives must comply with the state laws for the state in which the patient receives

care. Additional information can be found in the definition of the term "Advance Directive."

Current medication list
**Add** to "Medications *NOT* to be taken by patient: If there are no medications to be discontinued, it is not necessary to document this in the transition record.

Patient instructions
**Remove** "of symptoms."

Principal Diagnosis at Discharge
**Add**: Documentation of the principal diagnosis at discharge in the physician's final progress note may be used.

Studies pending at discharge
**Change** the word "tests" to "studies" in the third sentence.

Within 24 hours of discharge
**Add** "This may include transmission prior to discharge, but the timeframe must end 24 hours after discharge.

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**Impacts:**
Screening for Metabolic Disorders

**Rationale:** The introductory information for the measure was updated.

**Description of Changes:**
**Change** the first paragraph to:
Studies show that antipsychotics increase the risk of metabolic syndrome.[1] Metabolic syndrome is a cluster of conditions that occur together, including excess body fat around the waist, high blood sugar, high cholesterol, and high blood pressure, all of which increase the risk of coronary artery disease, stroke, and type 2 diabetes.

**Change** the second paragraph to:
In 2004, a consensus statement was released by the American Diabetes Association (ADA), the American Psychiatric Association (APA), the American Association of Clinical Endocrinologists (AACE), and the North American Association for the Study of Obesity (NAASO) regarding an association between the use of specific second generation antipsychotics (SGAs) and diabetes and obesity.[1] This group recommended that providers obtain baseline screening for metabolic syndrome prior to or immediately after the initiation of antipsychotics to reduce the risk of preventable adverse events and improve the physical health status of the patient.

**Add** "with antipsychotics" after "discharged" in the third paragraph.

**Change** the fourth paragraph to:
The **numerator** is the total number of patients who received a metabolic screening either prior to, or during, the index IPF stay. The screening must contain four tests: (1)

body mass index (BMI); (2) blood pressure; (3) glucose or HbA1c; and (4) a lipid panel. The screening must have been completed at least once in the 12 months prior to the patient's date of discharge. Screenings can be conducted either at the reporting facility or at another facility for which records are available to the reporting facility.

**Add** citation:
1. The American Diabetes Association, American Psychological Association, American Association of Clinical Endocrinologists, North American Association for the Study of Obesity. Consensus development conference on antipsychotic drugs and obesity and diabetes. *Diabetes Care*. 2004;27(596–601).

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**Impacts:**
Data Submission

**Rationale:** The reporting period column in the FY 2019 Payment Determination table was updated.

**Description of Changes:**
30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)

**Change** Reporting Period to July 1, 2015–June 30, 2017.

## SECTION 8 – Public Reporting of IPFQR Data

**Impacts:**
Medicare.gov *Hospital Compare* Website

**Rationale:** The navigation instructions and screen shots were updated to provide additional guidance to users.

**Description of Changes:**
Due to extensive edits, refer to this section in the Program Manual for changes.

## Appendix A – Components of the Specifications Manual for National Hospital Inpatient Quality Measures and the Specifications Manual for Joint Commission National Quality Core Measures

**Impacts:**
Data Dictionary Section

**Rationale:** An additional format type was added to align with other CMS programs.

**Description of Changes:**
Data Element Sections/Format/Type
**Add** ", character".

## Appendix C – Initial Patient Population (IPP) for the Transition Record Measures

**Impacts:**
Initial Patient Population (IPP) for the Transition Record Measures

**Rationale:** The American Medical Association-convened Physician Consortium for Performance Improvement (AMA-PCPI) updated the Type of Bill and Discharge Status codes for this measure. An IPP algorithm for 1/1/2018 has been inserted into the Program Manual for preview purposes.

**Description of Changes:**
Introduction
**Add** NOTE: An additional IPP algorithm for 1/1/2018 discharges has been provided. It is for **preview purposes only** and should not be used for programming prior to 1/1/2018.

IPP Algorithm, Figure 1
**Add** heading: **Figure 1: IPP Algorithm for the Transition Record Measures, CY 2017**
The following algorithm is effective 1/1/2017 through 12/31/2017.

IPP Algorithm, Figure 2
**Add** heading: **Figure 2: IPP Algorithm for the Transition Record Measures, Starting January 1, 2018**
The following algorithm will be effective 1/1/2018. It is being placed in the IPFQR Program Manual for preview purposes only.

IPP Algorithm
**Add** IPP algorithm effective 1/1/2018.

## APPENDIX D – Screening for Metabolic Disorders

### Subsection 1.1 – Measure Information Form

**Impacts:**
Measure Information Form

**Rationale:** The measure specifications have been updated by the developer.

**Description of Changes:**
Performance Measure Name
**Change** version to 1.1.

Description
**Change** to:
Percentage of patients discharged with antipsychotics from an IPF for which a structured metabolic screening for four elements was completed in the 12 months prior to discharge, either prior to or during the index IPF stay.

Rationale

**Change** to**:**

Studies show that antipsychotics increase the risk of metabolic syndrome.[1] Metabolic syndrome is a cluster of conditions that occur together, including excess body fat around the waist, high blood sugar, high cholesterol, high blood pressure, all of which increase the risk of coronary artery disease, stroke, and type 2 diabetes.

In 2004, a consensus statement was released by the American Diabetes Association (ADA), the American Psychiatric Association (APA), the American Association of Clinical Endocrinologists, and the North American Association for the Study of Obesity regarding an association between the use of specific SGAs and diabetes and obesity.[1] This group recommended that providers obtain baseline screening for metabolic syndrome prior to or immediately after the initiation of antipsychotics to reduce the risk of preventable adverse events and improve the physical health status of the patient.

The Screening for Metabolic Disorders measure was developed to assess the percentage of patients discharged with antipsychotics from an IPF for which a structured metabolic screening for four elements was completed in the past year. Additional information regarding the clinical support for this measure may be found in the FY 2016 IPPS Final Rule at http://www.gpo.gov/fdsys/pkg/FR-2015-08-05/pdf/2015-18903.pdf.

Denominator Statement

**Change** to**:**

Discharges from an IPF during the measurement period with a prescription for one or more routinely scheduled antipsychotic medications

Included Populations, Data Elements

**Change** text after bulleted list to:

For the list of routinely scheduled antipsychotic medications, refer to the current version of the *Specifications Manual for Joint Commission National Quality Core Measures*, Appendix C, Table Number 10.0: Antipsychotic Medications, available at: https://www.jointcommission.org/specifications_manual_joint_commission_national_quality_core_measures.aspx.

PRN ("as needed") antipsychotic medications or short-acting intramuscular antipsychotic medications do not count towards the denominator of this measure. For the list of the short-acting intramuscular antipsychotic medications, refer to the current version of the *Specifications Manual for Joint Commission National Quality Core Measures*, Appendix C, Table Number 10.1: Short-Acting Intramuscular Antipsychotic Medications, available at: https://www.jointcommission.org/specifications_manual_joint_commission_national_quality_core_measures.aspx.

Please note that the Joint Commission may update these lists of medications up to two times per year to ensure that they are in line with current clinical guidelines. Refer back to these lists on a quarterly basis for the most up-to-date specifications.

Data Collection Approach, Screening Elements
**Remove** parenthetical statement after (4) Lipid Panel.

Criteria for Screening
**Change** bullets to:

- Screenings can be conducted either at the reporting facility or another facility for which records are available to the reporting facility.
- The completion of each screening element is determined by identifying the documentation of at least one numeric result in the medical record reviewed.
- The report date for the screening must be within the 12 months prior to the patient's date of discharge.

Selected References
**Change** to:
1. The American Diabetes Association, American Psychological Association, American Association of Clinical Endocrinologists, North American Association for the Study of Obesity. Consensus development conference on antipsychotic drugs and obesity and diabetes. *Diabetes Care*. 2004;27(596–601).

Algorithm and Narrative, Denominator Statement
**Change** to:
Discharges from an IPF during the measurement period with a prescription for one or more routinely scheduled antipsychotic medications

## APPENDIX D – Screening for Metabolic Disorders

### Subsection – Alphabetical Data Dictionary

**Impacts:**
Alphabetical Data Dictionary

**Rationale:** The measure specifications have been updated by the developer.

**Description of Changes:**
Index
**Revise** page numbers.

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**Impacts:**
Blood Glucose

**Rationale:** The measure specifications have been updated by the developer.

**Description of Changes:**
Definition
**Change** to: A lab test of glucose levels in the blood

Suggested Data Collection Question

**Change** to: Is there documentation of a numerical value of blood glucose in the patient's medical record during this stay or at any time during the 12 months prior to discharge?

Format:
**Change** Type to: Character

Allowable Values
**Change** to:
Y (Yes) Documentation in the medical record of the numerical value of blood glucose tested during the stay or at any time during the 12 months prior to discharge
N (No) Documentation in the medical record does not include the numerical value of blood glucose tested during the stay or at any time during the 12 months prior to discharge or unable to determine from medical record documentation

Notes for Abstraction
**Change** to:

- To meet the screening element for Blood Glucose, the abstractor should first check for at least one documented result of HbA1c, fasting plasma glucose, or plasma glucose after an oral glucose tolerance test (OGTT).
    - If results are obtained from a Comprehensive Metabolic Panel or Basic Metabolic Panel indicated for serum or for which indication of plasma or serum is missing, documentation that the patient fasted prior to the test is required. If there is no indication that the patient fasted, that test cannot be used for this data element.
- Review only the medical record of the current patient stay. The record must contain at least one documented result for a qualifying test listed above with a result date within 12 months prior to the date of discharge. If the clinician accessed the medical record/EMR and obtained blood glucose results from a previous stay or visit within the 12 months prior to the date of discharge, documentation in the current record must also include the source of the result (e.g., medical record of prior hospital stay, EMR or the name of the provider who ordered the test).
- If the patient refuses during this admission and no other documentation regarding a previous blood glucose result is found, select "No."

Inclusion Guidelines for Abstraction
**Add** "blood" to first bullet

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**Impacts:**
Blood Pressure

**Rationale:** The measure specifications have been updated by the developer.

**Description of Changes:**
Format:

**Add** "**Length:** 1"
**Change** Type to: Character

Allowable Values
**Change** to:
Y (Yes) Documentation in the medical record of the numerical value of blood pressure tested during the stay or at any time during the 12 months prior to discharge.
N (No) Documentation in the medical record does not include the numerical value of blood pressure tested during the stay or at any time during the 12 months prior to discharge or unable to determine from medical record documentation.

Notes for Abstraction
**Change** to:

- To meet the screening element for Blood Pressure, the abstractor should check for at least one documented value.
- Review only the medical record of the current patient stay. The record must contain at least one documented result with a result date within 12 months prior to the date of discharge. If the clinician accessed the medical record/EMR and obtained blood pressure results from a previous stay or visit within the 12 months prior to the date of discharge, documentation in the current record must also include the source of the result (e.g., medical record of prior hospital stay, EMR or the name of the provider who ordered the test).
- If the patient refuses during this admission and no other documentation regarding a previous blood pressure result is found, select "No."

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**Impacts:**
Body Mass Index (BMI)

**Rationale:** The measure specifications have been updated by the developer.

**Description of Changes:**
Format:
**Add "Length: 1"**
**Change** Type to: Character

Allowable Values
**Change** to:
Y (Yes) Documentation in the medical record of the numerical value of BMI tested during the stay or at any time during the 12 months prior to discharge
N (No) Documentation in the medical record does not include the numerical value of BMI tested during the stay or at any time during the 12 months prior to discharge or unable to determine from medical record documentation

Notes for Abstraction
**Change** to:

- To meet the screening element for BMI, the abstractor should check for at least one documented value. Documentation of height and weight only is NOT an acceptable substitute for BMI.
- Review only the medical record of the current patient stay. The record must contain at least one documented result with a result date within 12 months prior to the date of discharge. If the clinician accessed the medical record/EMR and obtained BMI from a previous stay or visit within the 12 months prior to the date of discharge, documentation in the current record must also include the source of the result (e.g., medical record of prior hospital stay, EMR or the name of the provider who ordered the test).
- If the patient refuses during this admission and no other documentation regarding a previous BMI is found, select "No."

Suggested Data Sources
**Add:**
- Nursing graphic sheets

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**Impacts:**
Discharge Date

**Rationale:** The measure specifications have been updated by the developer.

**Description of Changes:**
Suggested Data Sources:
**Change** the bullets and text to alphabetical order

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**Impacts:**
Lipid Panel

**Rationale:** The measure specifications have been updated by the developer.

**Description of Changes:**
Format:
**Change** Type to: Character

Allowable Values
**Change** to:
Y (Yes) Documentation in the medical record of the numerical values for all four components of the lipid panel tested during the stay or at any time during the 12 months prior to discharge
N (No) Documentation in the medical record does not include the numerical values for all four components of the lipid panel tested during the stay or at any time during the 12 months prior to discharge or unable to determine from medical record documentation

Notes for Abstraction

**Change** to:

- To meet the screening element for Lipid Panel, the abstractor should check for at least one documented value for all four parts of the lipid panel: total cholesterol, triglycerides, high-density lipoprotein (HDL), and low-density lipoprotein (LDL). If any one of the parts is missing, select "No."
    - If the lab report states a value was unable to be calculated, select "Yes."
- Review only the medical record of the current patient stay. The record must contain at least one documented result with a result date within 12 months prior to the date of discharge. If the clinician accessed the medical record/EMR and obtained a lipid panel from a previous stay or visit within the 12 months prior to the date of discharge, documentation in the current record must also include the source of the result (e.g., medical record of prior hospital stay, EMR or the name of the provider who ordered the test).
- If the patient refuses during this admission and no other documentation regarding a previous lipid panel value is found, select "No."

Inclusion Guidelines for Abstraction

**Change** to**:**

There must be numerical values for all four lipid panel components documented in the medical record.

This list is all inclusive:

- TC: total cholesterol
- TG: triglycerides
- HDL
- LDL
- HDL-C: high-density lipoprotein cholesterol
- LDL-C: low-density lipoprotein cholesterol

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**Impacts:**

Number of Antipsychotic Medications Prescribed at Discharge

**Rationale:** The measure specifications have been updated by the developer.

**Description of Changes:**

Notes for Abstraction

**Change** first bullet to:

- An antipsychotic medication is defined as any of a group of drugs, such as the phenothiazines, butyrophenones or serotonin-dopamine antagonists, which are used to treat psychosis. An antipsychotic medication is also called neuroleptic (refer to Appendix C, Table 10.0- Antipsychotic Medications in the current version of the Joint Commission National Quality Measures Manual: https://www.jointcommission.org/specifications_manual_joint_commission_national_quality_core_measures.aspx ).

Suggested Data Sources:
**Remove:**
Continuing care plan

Inclusion Guidelines for Abstraction
**Change** to**:**
Refer to *Specifications Manual for Joint Commission National Quality Core Measures*, Appendix C, Table 10.0 – Antipsychotic Medications in the current version of the *Joint Commission National Quality Measures Manual*:
https://www.jointcommission.org/specifications_manual_joint_commission_national_quality_core_measures.aspx

Exclusion Guidelines for Abstraction
**Change** second bullet to**:**

- Short-acting intramuscular antipsychotic medications (refer to Appendix C, Table 10.1-Short-Acting Intramuscular Antipsychotic Medications in the current version of the *Joint Commission National Quality Measures Manual:* https://www.jointcommission.org/specifications_manual_joint_commission_national_quality_core_measures.aspx

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**Impacts:**
Reason for Incomplete Metabolic Screening

**Rationale:** The measure specifications have been updated by the developer.

**Description of Changes:**
Format:
**Change** Type to: Character

Inclusion Guidelines for Abstraction
**Change** to**:**
This list is **all inclusive** and documentation must contain exact wording of:

- "Enduring unstable medical condition"
  OR
- "Enduring unstable psychological condition"