Hospital-Based Inpatient Psychiatric Services
Paper Tool for Discharge Measure HBIPS-5
01-01-2016 (Q1 2016) through 06-30-2016 (Q2 2016)

This measure abstraction paper tool is provided as an optional, informal mechanism to aid psychiatric facilities and hospital psychiatric units in the collection of the measures for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. It should be noted that skip logic is not contained within the measure abstraction paper tool. If there are any questions or concerns regarding the use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hcqis.org.

Birthdate: _____/_____/_____
Unable to determine (UTD) is not an allowable entry.

Patient Identifier: _____

Admission Date: _____/_____/_____
UTD is not an allowable entry.

Discharge Date: _____/_____/_____
UTD is not an allowable entry.

Individual Medical Record Data Collection Tool

During review of the record, the abstractor will be prompted to enter a 0 or a 1 for both the numerator and denominator for the measures below.

HBIPS-5

_____ Numerator

_____ Denominator

The information from each medical record will be used to determine the numerator and denominator, which will be aggregated for submission to *QualityNet*.

1. **What is the Length of Stay?** *Length of Stay* (in days) equals *Discharge Date* minus *Admission Date:* _____

   - If *Length of Stay* is less than or equal to 3 days, then the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator for HBIPS-5. Add 0 to the numerator and denominator.

   - If *Length of Stay* is greater than 3 days, then proceed to *Discharge Disposition*.

2. **What was the patient's discharge disposition?** *(Discharge Disposition)*

   _____ 1   Home

   _____ 2   Hospice – home

   _____ 3   Hospice – healthcare facility

   _____ 4   Acute care facility

   _____ 5   Other healthcare facility

   _____ 6   Expired

   _____ 7   Left against medical advice (AMA)

   _____ 8   Not documented or unable to determine (UTD)

   - If *Discharge Disposition* equals 6, then the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator. Add 0 to the numerator and denominator.
   - If *Discharge Disposition* equals 1, 2, 3, 4, 5, 7, or 8, then proceed to *Psychiatric Care Setting*.

3. **Did the patient receive care in an inpatient psychiatric setting*?* (Psychiatric Care Setting)**

   _____ (Yes) The patient received care in an inpatient psychiatric setting.

   _____ (No)   The patient did not receive care in an inpatient psychiatric setting.

   - If *Psychiatric Care Setting* equals Yes, then proceed to *Patient Referral to Next Level of Care Provider*.
   - If *Psychiatric Care Setting* equals No, then the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator. Add 0 to the numerator and denominator.

4. **Is there documentation in the medical record that the patient was referred to the next level of care provider upon discharge from a hospital-based inpatient psychiatric setting?** *(Patient Referral to Next Level of Care Provider)*

   _____ 1   The medical record contains documentation that the patient was referred to the next level of care provider upon discharge from a hospital-based inpatient psychiatric setting.

_____ 2   The medical record contains documentation that the patient or guardian refused the next level of care provider upon discharge from a hospital-based inpatient psychiatric setting OR refused to authorize release of information OR readmission within 5 days after discharge.

_____ 3   The medical record contains documentation that the patient eloped OR failed to return from leave and was discharged OR that the patient has not yet been discharged from the hospital OR discharged from the hospital to another level of care outside of the hospital system from a setting other than a *Psychiatric Care Setting* OR the patient will return to a residence outside the U.S. after discharge.

_____ 4   The medical record contains documentation that the patient was not referred to the next level of care provider upon discharge from a hospital-based inpatient psychiatric setting for a reason other than above.

_____ 5   The medical record does not contain documentation that the patient was referred to the next level of care provider upon discharge from a hospital-based inpatient psychiatric setting OR unable to determine from medical record documentation.

- If *Patient Referral to Next Level of Care Provider* equals 3, then the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator. Add 0 to the numerator and denominator.

- If *Patient Referral to Next Level of Care Provider* equals 1, 2, 4, or 5, then proceed to *Number of Antipsychotic Medications Prescribed at Discharge*.

5. **What is the documented number of antipsychotic medications prescribed for the patient at discharge?** *(Number of Antipsychotic Medications Prescribed at Discharge)*

_____ (0-99)

_____ UTD

- If *Number of Antipsychotic Medications Prescribed at Discharge* is less than or equal to 1, then the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator. Add 0 to the numerator and denominator.

- If *Number of Antipsychotic Medications Prescribed at Discharge* equals UTD, then the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator. Add 0 to the numerator.

- If *Number of Antipsychotic Medications Prescribed at Discharge* is greater than or equal to 2, then proceed to *Appropriate Justification for Multiple Antipsychotic Medications*.

6. Is there documentation in the medical record of appropriate justification for the patient being discharged on 2 or more antipsychotic medications?
(Appropriate Justification for Multiple Antipsychotic Medications)

_____ 1   The medical record contains documentation of a history of a minimum of 3 failed multiple trials of monotherapy.

_____ 2   The medical record contains documentation of a recommended plan to taper to monotherapy due to previous use of multiple antipsychotic medications OR documentation of a cross-taper in progress at the time of discharge.

_____ 3   The medical record contains documentation of augmentation of Clozapine.

_____ 4   The medical record contains documentation of a justification other than those listed in Allowable Values 1-3.

_____ 5   The medical record does not contain documentation supporting the reason for being discharged on 2 or more antipsychotic medications OR unable to determine from medical record documentation.

- If *Appropriate Justification for Multiple Antipsychotic Medications* equals 1, 2, or 3, then the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator.

- If *Appropriate Justification for Multiple Antipsychotic Medications* equals 4 or 5, then the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator. Add 0 to the numerator.