

Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) Measure: *Reason for IPF Admission* Element Guidelines*

Definition

Reason for IPF Admission - A short synopsis that describes how and/or why the patient was admitted to the inpatient psychiatric facility, including any triggering or precipitating events (if applicable). A diagnosis or a list of symptoms alone is not sufficient.

Documentation should include:

- Patient name
- Brief history of present illness, including duration. This should generally include a description of recent events, contributing symptoms, and/or behaviors that prompted admission (including risk to self or others)
- Key psychosocial, legal and/or physical health factors that contributed to the need for admission
- Legal status (if relevant)

Sample Documentation

The *Reason for IPF Admission* element description may be kept to a relatively short text field to allow most electronic health records (EHRs) to accommodate it as structured text. The following examples provide enough information to satisfy the *Reason for IPF Admission* element of the measure and fit into most EHRs.

- Jane Doe was admitted with a 2-month history of an increasingly depressed mood, difficulty sleeping and suicidal thoughts with a plan to take an overdose. Recent events include poor adherence with antidepressant treatment, becoming homeless and conflict with family that led them to contact police.
- Jacob Doe was admitted with a 3-week history of social withdrawal, suspiciousness, and thoughts that the neighbors were poisoning the ventilation system, and statements that he may wish to harm the neighbors. Recent events include a hospitalization for uncontrolled diabetes and last week's loss of his job as a waiter.
- James Doe was admitted with an acute onset of depression, hopelessness and a suicide attempt by hanging with sheets in a jail holding cell. Recent events include financial difficulties, homelessness, heavy alcohol use, and an arrest for driving under the influence.
- Jean Doe was admitted with a 6-month history of increasing auditory hallucinations, disorganization, poor self care, and limited insight into having an illness. Recent events include poor adherence to medications, reluctance to engage with her assertive community treatment team, and a hospitalization for staph infection of a stasis ulcer on her left leg.