

**Abstraction Paper Tool for the Screening for Metabolic Disorders Measure  
Discharges 01-01-2024 (Q1 2024) through 12-31-2024 (Q4 2024)**

The Centers for Medicare & Medicaid Services (CMS) provides this measure abstraction paper tool as an optional, informal method to aid inpatient psychiatric facilities in the collection of patient-specific data for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Screening for Metabolic Disorders measure. CMS will store the data you submit in the CMS Centralized Data Repository for analysis and create reports. If you have questions or concerns regarding use of this abstraction paper tool, please contact the IPFQR Program Support Contractor at [IPFQualityReporting@hsag.com](mailto:IPFQualityReporting@hsag.com).

**Individual Medical Record Data Collection Tool**

**Patient Identifier:** \_\_\_\_\_

**Discharge Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Unable to Determine (UTD) is not an allowable entry.

**1. Calculate length of stay.** *Length of Stay*, in days, is equal to the *Discharge Date* minus the *Admission Date*: \_\_\_\_\_

- a. If *Length of Stay* is equal to or greater than 365 days or equal to or less than 3 days, the case will be excluded (Measure Category Assignment of “B”). Stop abstracting. The case will not be included in the numerator or denominator.
- b. If *Length of Stay* is less than 365 days and greater than 3 days, proceed to *Discharge Disposition*.

**2. What is the patient’s *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)

- a. If *Discharge Disposition* equals 6, the case will be excluded (Measure Category Assignment of “B”). Stop abstracting. The case will not be included in the numerator or denominator.
- b. If *Discharge Disposition* equals 1, 2, 3, 4, 5, 7, or 8, proceed to *Number of Antipsychotic Medications Prescribed at Discharge*.

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3. **What is the *Number of Antipsychotic Medications Prescribed at Discharge*? \_\_\_\_\_**
  - a. If *Number of Antipsychotic Medications Prescribed at Discharge* is equal to 0, the case will be excluded (Measure Category Assignment of “B”). Stop abstracting. The case will not be included in the numerator or denominator.
  - b. If *Number of Antipsychotic Medications Prescribed at Discharge* is equal to or greater than 1, or unable to determine, proceed to *Body Mass Index (BMI)*.
  
4. **Was there a numerical value of *Body Mass Index (BMI)* documented in the patient’s medical record during this stay or at any time during the 12 months prior to discharge? \_\_\_\_\_**
  - a. If *BMI* equals No, proceed to *Reason for Incomplete Metabolic Screening*.
  - b. If *BMI* equals Yes, proceed to *Blood Pressure*.
  
5. **Was there a *Blood Pressure* (numerical systolic and diastolic values in mmHg) documented in the patient’s medical record during this stay or at any time during the 12 months prior to discharge? \_\_\_\_\_**
  - a. If *Blood Pressure* equals No, proceed to *Reason for Incomplete Metabolic Screening*.
  - b. If *Blood Pressure* equals Yes, proceed to *Blood Glucose*.
  
6. **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? \_\_\_\_\_**
  - a. If *Blood Glucose* equals No, proceed to *Reason for Incomplete Metabolic Screening*.
  - b. If *Blood Glucose* equals Yes, proceed to *Lipid Panel*.
  
7. **Is there documentation of numerical values of all four of the components of a *Lipid Panel* (total cholesterol, triglycerides, high-density lipoprotein cholesterol [HDL-C], and low-density lipoprotein cholesterol [LDL-C]) in the patient’s medical record during this stay or at any time during the 12 months prior to discharge? \_\_\_\_\_**
  - a. If *Lipid Panel* equals No, proceed to *Reason for Incomplete Metabolic Screening*.
  - b. If *Lipid Panel* equals Yes, the case will be included (Measure Category Assignment of “E”). Add 1 to BOTH the numerator and denominator count. Stop abstracting.

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**8. Is there a Reason for Incomplete Metabolic Screening? \_\_\_\_\_**

- a. If *Reason for Incomplete Metabolic Screening* equals No, the case will be included (Measure Category Assignment of “D”). Add 1 to the denominator and 0 to the numerator. Stop abstracting.
- b. If *Reason for Incomplete Metabolic Screening* equals Yes, the case will be excluded (Measure Category Assignment of “B”). Stop abstracting. The case will not be included in the numerator or denominator.

Determine whether the patient is included in the numerator and denominator count.

**Patient Level - SMD**

\_\_\_\_\_ Numerator

\_\_\_\_\_ Denominator