

# Inpatient Psychiatric Facility Quality Reporting Program Manual

Release Notes Version 5.0

Release Notes Completed: May 31, 2019

## Guidelines for Using Release Notes

Release Notes Version 5.0 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 (e.g., Measure Specifications, Appendix).
- **Rationale** – provided for the change being made.
- **Description of Changes** – used to identify the section within the document where the change occurs (e.g., Definition, Denominator Statement, Reporting Period).

The content below is organized to follow the Table of Contents in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Manual.

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

**Impacts:** Title Page

**Rationale:** Updating the version number and adding explanation of the effective date will allow users to determine which manual is relevant to the discharge period in question.

**Description of Changes:**

**Change to Version 5.0 – Publication date: May 31, 2019**

**Change to Effective date(s): January 1, 2020**

**(All data that are to be reported to CMS in Calendar Year 2021)**

## **Table of Contents**

**Impacts:** Table of Contents Page

**Rationale:** Updating the table of contents to include only relevant sub-topics within Section 2: Measure Details and update the expiration date in the PRA Disclosure Statement.

**Description of Changes:**

**Remove** the “FY 2020 and Subsequent Years” and “FY 2020 Payment Determination and Subsequent Years” sub-headers.

**Change** the expiration date for the PRA Disclosure Statement to 01/31/2022.

## **Section 1 – CMS Inpatient Psychiatric Facility Quality Reporting Program**

**Impacts:** Additional Program Information

**Rationale:** Provides accurate instructions for accessing National Provider Webinars.

**Description of Changes:**

**Remove** “/Calls” from last sentence in the last paragraph describing how to access slides for educational webinars on the *QualityNet* website.

**Impacts:** Glossary of Terms

**Rationale:** Provides more comprehensive list of terms used in the manual.

**Description of Changes:**

**Remove** “or patient confusion” from second sentence in the last paragraph of definition of the term Advance directive or surrogate decision maker documented OR documented reason for not providing advance care plan.

**Added** the following terms and their definitions: Annual Payment Update (APU) and Fiscal Year (FY).

**Change** the definition of the term Specifications Manual for Joint Commission National Quality Measures to: A manual that contains the specifications for The Joint Commission measures used in the IPFQR Program. This manual includes detailed information about the HBIPS, SUB, TOB, and IMM measures, with a data dictionary and Measurement Information Forms.

**Remove** the term Specifications Manual for National Hospital Inpatient Quality Measures.

**Change** the second paragraph in the definition of the term transition record to: If a patient is transferred to another inpatient facility and the discharging clinician documents in the patient record that the patient is clinically unstable, or the patient and/or caregiver is unable to comprehend the information at discharge, then the discharging facility is not required to discuss and provide the transition record to the patient and/or caregiver; however, all four of the following elements must be discussed with the receiving facility to be included in the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure:

**Added** the following after the second sentence in the fourth paragraph: Information for the IPFQR Program begins on page 45961.

**Added** the following after the second sentence in the fifth paragraph: Information for the IPFQR Program begins on page 46694.

## SECTION 2 – Measure Details

**Impacts:** Overview of Section 2: Measure Details

**Rationale:** Update example dates to align with the effective date of this manual.

**Description of Changes:**

**Change** the second and third sentences in the third paragraph to: For example, for IPFQR Program reporting applicable to the FY 2022 annual payment update, the data

collected are for CY 2020 for most measures. This requires the facility to reference the appropriate version of the [Specifications Manual for Joint Commission National Quality Measures](#) that applies to the data collection time period. Refer to the following table to access detailed measure specifications for current IPFQR Program measures.

**Change** the hyperlink for the *Quality Reporting Center* IPFQR Program Resources and Tools page under Table 1: Specification Resources for IPFQR Program Measures: [Resources and Tools](#).

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**Impacts:** Table 1: Specification Resources for IPFQR Program Measures

**Rationale:** Provide updated resource information for the SUB, TOB, and IMM-2 measure specifications as well as a direct internal link to Appendix B for direct access to measure specifications.

**Description of Changes:**

**Remove** the first row of the table that referenced the *Specifications Manual for National Hospital Inpatient Quality Measures*.

**Add** “TOB, SUB, and IMM-2 measure sets” in the list of IPFQR Program Measures next to the *Specifications Manual for Joint Commission National Quality Measures*.

**Add** a note indicating that the version of the *Specifications Manual for Joint Commission National Quality Measures* that will include the TOB, SUB, and IMM-2 measures is likely to be published in July 2019.

**Change** the hyperlink for the *IPFQR Program Manual – Appendix B* to go to Appendix B within the IPFQR Program Manual.

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**Impacts:** Identifying the IPFQR Program Patient Population

**Rationale:** Provide updated resource information for the SUB, TOB, and IMM-2 measure specifications as well as remove redundancy in describing the process for identifying the IPFQR Program patient population.

**Description of Changes:**

**Change** the first bullet to: HBIPS, SUB, TOB, and IMM measure IPP details are found in the [Specifications Manual for Joint Commission National Quality Measures](#).

**Remove** the following bullet: SUB, TOB, and IMM measure IPP details are found in the [Specifications Manual for National Hospital Inpatient Quality Measures](#) (Section 2 – Measure Information, Section 2.10 Prevention).

**Add** a hyperlink to the text “Appendix B” in the last bullet under the Identifying the Initial Patient Population sub-header to go to Appendix B: Screening for Metabolic Disorders

**Remove** the following text:

### ***HBIPS Population***

The HBIPS measure set is unique in that there are two distinct IPPs within the measure set, one for the event measures (HBIPS-2 and HBIPS- 3) and one for the discharge measure (HBIPS-5).

### ***Event Measures (HBIPS-2 and HBIPS-3)***

All patients within an IPF reimbursed under the IPF PPS during the reporting quarter are included in the IPP for events.

Facilities must use the entire IPP for reporting, including all payer sources (Medicare and non-Medicare). The event measures (HBIPS-2 and HBIPS-3) **are not eligible for sampling**.

### ***Discharge Measure (HBIPS-5)***

The discharge measure HBIPS-5 can be sampled. For specific details regarding the IPP and sampling, refer to the guidelines published within the HBIPS-5 section of the [Specifications Manual for Joint Commission National Quality Measures](#).

### ***SUB, TOB, IMM, Transition Record and Screening for Metabolic Disorders Measures Population***

Data for the following measures are collected from patients within freestanding IPFs or acute care hospital/CAH psychiatric units that are reimbursed under IPF PPS during the reporting period: SUB-2/-2a, SUB-3/-3a, TOB-2/-2a, TOB-3/-3a, IMM-2, Transition Record measures, and Screening for Metabolic Disorders.

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**Impacts:** Sampling

**Rationale:** Provide updated resource information for sampling the SUB, TOB, and IMM-2 measures.

**Description of Changes:**

**Change Option 1 to:**

IPFs may choose to continue referencing the sampling guidelines described in the [Specifications Manual for Joint Commission National Quality Measures](#) for the HBIPS-5, SUB, TOB, IMM-2, Transition Record, and the Screening for Metabolic Disorders measures.

**NOTE:** The sampling guidelines in the *Specifications Manual for Joint Commission National Quality Measures* can be applied to the Transition Record measures and Screening for Metabolic Disorders measures even though those measures are not listed in that manual.

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**Impacts:** Chart Abstraction

**Rationale:** Provide specificity regarding paper tools, a direct internal link to Section 9: Resources of the manual, and updates to specification resources for the SUB, TOB, and IMM-2 measures.

**Description of Changes:**

**Change** the last sentence of the first paragraph to: Refer to Section 9: Resources – Paper Tools in this manual for more information about the paper-based measure abstraction and data collection tools.

**Add** a hyperlink to the text “Section 9: Resources – Paper Tools” in the last sentence of the first paragraph to go to Section 9: Resources within the IPFQR Program Manual.

**Change** the first sentence in the last paragraph under the HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification sub-header to: For detailed HBIPS measure information, including specific data element definitions, please refer to the [Specifications Manual for Joint Commission National Quality Measures](#).

**Change** the last paragraph under the SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and the subset SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge sub-header to: For SUB measure information, please refer to the [Specifications Manual for Joint Commission National Quality Measures](#).

**Change** the last paragraph under the TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and the subset TOB-3a: Tobacco Use Treatment at Discharge sub-header to: For TOB measure information, please refer to the [Specifications Manual for Joint Commission National Quality Measures](#).

**Change** the last paragraphs under the IMM-s sub-header to: For IMM-2 measure information, including a list of exclusions, please refer to [Specifications Manual for Joint Commission National Quality Measures](#).

**Change** the last sentence in the second paragraph under the Transition Record with Specified Elements Received by Discharged Patients sub-header to: If a patient is transferred to another inpatient facility and the discharging clinician documents in the patient record that the patient is clinically unstable, or the patient and/or caregiver is unable to comprehend the information at discharge, then the discharging facility is not required to discuss and provide the transition record to the patient and/or caregiver;

however, all four of the following elements must be discussed with the receiving facility to be included in the numerator for the Transition Record with Specified Elements Received by Discharged Patients measure:

**Add** a hyperlink to the text “Glossary of Terms” in the second to last paragraph under the Timely Transmission of Transition Record sub-header.

**Change** the last paragraph under the Timely Transmission of Transition Record sub-header to: For measure information, please refer to the measure specifications for the Transition Record of Specified Elements Received by Discharged Patients (NQF #0647) and Timely Transmission of Transition Record (NQF #0648) measures, which can be downloaded from the PCPI® website: <https://www.thepcpi.org/page/PCPIMeasures>.

**Add** a hyperlink to the text “Appendix B” in the last sentence under the Screening for Metabolic Disorders sub-header.

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**Impacts:** Claims-Based Measures

**Rationale:** Provide direct internal link to Section 9: Resources of the manual.

**Description of Changes:**

**Add** a hyperlink to the text “Section 9: Resources – Claims-Based Measure Specifications” in the last sentence under the Claims-Based Measure: Follow-Up After Hospitalization for Mental Illness (FUH) and the Claims-Based Measure: 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) sub-headers.

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**Impacts:** Data Submission

**Rationale:** Provide direct internal link to description of the global sampling methodology located earlier in the manual as well as confirm removal of the requirement to submit sample size counts on the Non-Measure Data/Population Counts data entry page

**Description of Changes:**

**Add** a hyperlink to the text “described on page 18 of this program manual” in the first sentence of the second paragraph under the Submission of Non-Measure Data/Population Counts sub-header.

**Add** sentence to second paragraph:  
Per the FY 2019 IPF PPS Final Rule, IPFs are no longer required to submit an annual sample size count in the Non-Measure Data/Population Counts data entry page.

**Add** a hyperlink to the text “Section 9: Resources – Paper Tools” in the last sentence under the Submission of Non-Measure Data/Population Counts sub-header.

**Change** first sentence in step #4 under the Submission Information sub-heading to: Select the appropriate payment year from the drop-down menu (i.e., for data collected in CY 2020 to be entered in 2021, select Payment Year 2022).

### SECTION 3: *QualityNet* Registration

**Impacts:** *QualityNet* registration process

**Rationale:** The information was updated to provide clarification on completing *QualityNet* registration.

#### Description of Changes:

**Change** the third bullet after the ***QualityNet Secure Portal Access*** sub-header to: A Symantec VeriSign ID Protection (VIP) multifactor credential application in order to obtain VeriSign, an authentication service that enables secure access to networks and applications.

**Remove** “and log in” from step #1 in the instructions after the ***QualityNet Secure Portal Access*** sub-header

**Change** the second sentence in step #2 in the instructions after the ***QualityNet Secure Portal Access*** sub-header to: The Symantec VeriSign ID Protection web page will appear.

**Add** new images in steps #2 and #3 in the instructions after the ***QualityNet Secure Portal Access*** sub-header.

**Change** step #4 in the instructions after the ***QualityNet Secure Portal Access*** sub-header to: Access the *QualityNet Secure Portal* from the [QualityNet.org](http://QualityNet.org) website by selecting the **Log In** button or **Login** link.

**Change** the third sentence after the ***User Roles*** sub-header to:  
The “Update” role allows the user to edit information within the application, whereas the “read only” role allows the user to view the information only.

### SECTION 5: Notice of Participation

**Impacts:** Overview of the Notice of Participation for the IPFQR Program

**Rationale:** The information was updated to simplify the overview of the IPFQR Program Notice of Participation.

#### Description of Changes:

**Remove** the following sentence from the first paragraph in the overview section: During the first year of the program, facilities had the option of submitting a paper NOP or completing the NOP online.

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**Impacts:** Accessing the Online Notice of Participation Application

**Rationale:** Provide clarification on how to access the IPFQR Program Notice of Participation

**Description of Changes:**

**Change** the third statement in step #2 under the header **Accessing the Online Notice of Participation Application** to:

Users that are affiliated with more than one program type will be prompted to select the radio button next to Inpatient Psychiatric Facility (IPF) Notice of Participation. Users that are affiliated with more than one facility will be prompted to enter the 6-digit CCN, as shown below.

**Remove** the second paragraph from step #6 under the header **Accessing the Online Notice of Participation Application**:

If the facility completed a paper NOP, then there will not be any contact information entered in the application. It is recommended that the facility log in and update the contact information.

**Change** the second to last statement in this section to:

As a reminder, once a facility has agreed to participate, they remain a program participant until they log in and select the option to not participate or withdraw.

## **SECTION 8: Public Reporting of IPFQR Data**

**Impacts:** Public reporting for the IPFQR Program

**Rationale:** The information was updated to provide clarification regarding the Hospital Compare Preview period resources.

**Description of Changes:**

**Change** the second sentence under the **Preview** sub-header to:

Preview reports and Claims-based measure (CBM) IPF-Specific Reports (ISRs) will be accessible for download by the facility, via the Secure File Transfer function in the *QualityNet Secure Portal*.

**Change** the year from 2019 to 2020 in the first sentence in the second paragraph in the sub-section **IPF-Specific Reports (ISRs) for Claims-Based Measures** under the **Preview**.

**Change** the last two paragraphs in the sub-section **IPF-Specific Reports (ISRs) for Claims-Based Measures** under the **Preview** to:

The ISR user guides for the two claims-based measures provide detailed information about the ISR for each measure. Some of the highlights include:

- Instructions on how to access ISRs
- Details about the ISRs

A one-page quick reference guide is also available to provide an overview of the Claims-Based Measure Confidential Review Period. The *Quick Reference Guide for Claims-Based Measure Confidential Review Period* contains detailed instructions on how to download your ISRs and the Claims-Based Measure Specifications document contains information on how each measure was calculated for FY 2019.

## Section 9 – Resources

**Impacts:** Resources for the IPFQR Program

**Rationale:** Provide clarification on how to leverage available resources for the IPFQR Program.

**Description of Changes:**

**Remove** /Calls from the second sentence in the section's second paragraph.

**Change** the second paragraph under the **Questions & Answers** sub-header to: You can use the **Find an Answer** function to search for an answer to your question among published Q&A pairs. If you do not find an answer to your question via the **Find an Answer** function, select the **Ask a Question** link to submit a question to the IPFQR Support Contractor. You may also reach the IPFQR Support Contractor in the following ways.

**Change** the hyperlink for the *Quality Reporting Center IPFQR Program Resources and Tools* page under the **Paper Tools** and the **Claims-Based Measures Specifications** sub-headers to: [Resources and Tools](#).

**Change** the **Specifications Manuals** sub-header to **Specifications Manuals for Chart-Based Measures**

**Remove** the following text under the **Specifications Manual for Chart-Based Measures** sub-header:

## ***Specifications Manual for National Hospital Inpatient Quality Measures***

To access this manual for specific detailed information for the SUB, TOB, and IMM measures, use the following link:

<https://www.QualityNet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPa ge%2FQnetTier4&cid=1228774725171>

### **APPENDIX B – Screening for Metabolic Disorders**

**Impacts:** Measure Information Form

**Rationale:** Removal of text from the measure overview section into the relevant data element description.

#### **Description of Changes:**

**Remove** the following text located between the **Data Elements** and **Risk Adjustment** sub-topics:

For the list of routinely scheduled antipsychotic medications, refer to the current version of the *Specifications Manual for Joint Commission National Quality Measures*, Appendix C, Table Number 10.0: Antipsychotic Medications, available at:

[https://www.jointcommission.org/specifications\\_manual\\_joint\\_commission\\_national\\_quality\\_core\\_measures.aspx](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 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](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 to these lists on a quarterly basis for the most up-to-date specifications.

**Impacts:** Screening for Metabolic Disorders Narrative

**Rationale:** Align verbiage used to describe steps in the measure abstraction algorithm.

#### **Description of Changes:**

**Change** steps 3, 4, 5, 9, and 10 in the **Screening for Metabolic Disorders Narrative** to:

3. Check Length of Stay.

- a. If Length of Stay is equal to or greater than 365 days or equal to or less than 3 days, the record will proceed to Measure Category Assignment of B and will not be in the Measure Population (excluded). Stop processing.
- b. If Length of Stay is less than 365 days and greater than 3 days, proceed to Discharge Disposition.

4. Check Discharge Disposition.

- a. If Discharge Disposition equals 6, the record will proceed to Measure Category Assignment of B and will not be in the Measure Population (excluded). Stop processing.
- b. If Discharge Disposition equals 1, 2, 3, 4, 5, 7, or 8, proceed to Number of Antipsychotic Medications Prescribed at Discharge.

5. Check Number of Antipsychotic Medications Prescribed at Discharge.

- a. If Number of Antipsychotic Medications Prescribed at Discharge is equal to zero, the record will proceed to Measure Category Assignment of B and will not be in the Measure Population (excluded). Stop processing.
- 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.

9. Check Lipid Panel.

- a. If Lipid Panel equals No, proceed to Reason for Incomplete Metabolic Screening.
- b. If Lipid Panel equals Yes, the record will proceed to Measure Category Assignment of E and will be in the Numerator Measure Population. Stop processing.

10. Check Reason for Incomplete Metabolic Screening

- a. If Reason for Incomplete Metabolic Screening equals No, the record will proceed to Measure Category Assignment of D and will be in the Denominator Measure Population. Stop processing.
- b. If Reason for Incomplete Metabolic Screening equals Yes, the record will proceed to Measure Category Assignment of B and will not be in the Measure Population (excluded). Stop processing.

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**Impacts:** *Blood Glucose* data element

**Rationale:** Provide clarification on the data element with respect to notes for abstraction as well as inclusion and exclusion guidelines for abstraction.

**Description of Changes:**

**Change** the first two **Notes for Abstraction** to:

- To meet the screening element for Blood Glucose, the abstractor must identify at least one documented result of HbA1c, fasting blood glucose, or two-hour post blood glucose value during a 75 g Oral Glucose Tolerance Test (OGTT).
- Blood glucose results can be derived from either plasma or serum and can be obtained as an independent test or as part of a Comprehensive Metabolic Panel or Basic Metabolic Panel. However, there must be explicit documentation associated with the glucose test that the patient fasted prior to the test. If there is no documentation that the patient fasted prior to performing the glucose test, that test cannot be used for this data element.

**Change** the first bullet under the **Inclusion Guidelines for Abstraction** sub-header to:

- Fasting blood glucose from plasma or serum

**Change** the last bullet under the **Inclusion Guidelines for Abstraction** sub-header to:

- Two-hour post blood glucose value during a 75g OGTT

**Change** the second bullet under the **Exclusion Guidelines for Abstraction** sub-header to:

- Finger-stick blood sugar (FSBS)
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**Impacts:** *Blood Pressure* data element

**Rationale:** Provide clarification on the data element with respect to the definition and notes for abstraction.

**Description of Changes:**

**Change** the definition to:

A reading of diastolic and systolic blood pressure

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

**Rationale:** Provide clarification on the data element with respect to the definition and notes for abstraction.

**Description of Changes:**

**Change** the first sentence of the definition to:

A weight-to-height ratio calculated by dividing weight in kilograms (kg) by the square of height in meters (m).

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**Impacts:** *Discharge Disposition* data element

**Rationale:** Provide clarification on the data element with respect to the notes for abstraction.

**Description of Changes:****Add** the following bullets to the **Notes for Abstraction:**

- If the medical record states the patient is being discharged to assisted living care or an assisted living facility (ALF) and the documentation also includes nursing home, intermediate care, or skilled nursing facility, select Value “1” (“Home”).
- If the medical record states the patient is being discharged to nursing home, intermediate care, or skilled nursing facility without mention of assisted living care or assisted living facility (ALF), select Value “5” (“Other Health Care Facility”).

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**Impacts:** *Number of Antipsychotic Medications Prescribed at Discharge* data element

**Rationale:** Provide clarification on the data element with respect to the definition and notes for abstraction.

**Description of Changes:****Change** the bullets in the **Notes for Abstraction** to:

- An antipsychotic medication is defined as any of a group of drugs (such as phenothiazines, butyrophenones, or serotonin-dopamine antagonists) which are used to treat psychosis. An antipsychotic medication is also called neuroleptic.
  - To access the list of routinely scheduled antipsychotic medications, identify the Specifications Manual for Joint Commission National Quality Measures associated with the discharge time frame of the case being abstracted. The manuals are available at: <https://manual.jointcommission.org/Manual/WebHome>. Refer to Appendix C: Medication Tables, Table Number 10.0 Antipsychotic Medications for a list of medications. Please note that The Joint Commission may update the medications tables up to two times per year to ensure that they align with current clinical guidelines.
- Only use “Antipsychotic Not Otherwise Specified (NOS)” for new antipsychotics that are not listed in Table Number 10.0 Antipsychotic Medications.
  - Include the “Antipsychotic Not Otherwise Specified (NOS)” in the count of the “Number of Antipsychotic Medications Prescribed at Discharge.”
- All routinely scheduled antipsychotic medications should be counted regardless of the indication for use or the reason documented for prescribing the antipsychotic medication.
- PRN (as needed) antipsychotic medications or short-acting intramuscular antipsychotic medications should not be included in the count of the “Number of Antipsychotic Medications Prescribed at Discharge.”
  - To access the list of short-acting intramuscular antipsychotic medications, identify the Specifications Manual for Joint Commission National Quality Measures associated with the discharge time frame of the case being abstracted. The manuals are available at: <https://manual.jointcommission.org/Manual/WebHome>. Refer to Appendix C: Medication Tables, Table Number 10.1 Short-acting Intramuscular

Antipsychotic Medications for a list of medications. Please note that The Joint Commission may update the medications tables up to two times per year to ensure that they align with current clinical guidelines.

**Change** the text under the **Inclusion Guidelines for Abstraction** sub-header to: Antipsychotic medications found on Table Number 10.0 - Antipsychotic Medications in the Specifications Manual for Joint Commission National Quality Measures associated with the discharge date of the case being abstracted are included in the count of the Number of Antipsychotic Medications Prescribed at Discharge.

**Change** the second bullet under the **Exclusion Guidelines for Abstraction** sub-header to:

- Short-acting intramuscular antipsychotic medications found on Table Number 10.1 Short-acting Intramuscular Antipsychotic Medications in the Specifications Manual for Joint Commission National Quality Measures associated with the discharge date of the case being abstracted are excluded from the count of the Number of Antipsychotic Medications Prescribed at Discharge.

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**Impacts:** *Reason for Incomplete Metabolic Screening* data element

**Rationale:** Provide clarification on the data element with respect to the definition, suggested data collection question, allowable values, and notes for abstraction.

**Description of Changes:**

**Change** the **Definition** to:

A statement by the physician/APN/PA in the current medical record indicating that the screening elements could not be completed due to patient's enduring unstable medical or psychological condition

**Change** the **Suggested Data Collection Question** to:

Is there documentation in the medical record noting that the metabolic screening cannot be completed due to patient's enduring unstable medical or psychological condition?

**Change** the **Allowable Values** to:

Y (Yes) Documentation in the medical record for this stay specifies that the metabolic screening cannot be completed due to patient's enduring unstable medical or psychological condition.

N (No) Documentation in the medical record for this stay does not specify that the patient's enduring unstable medical or psychological condition was the reason that the metabolic screening cannot be completed or unable to be determined from medical record documentation.

**Change** the **Notes for Abstraction** to:

There must be specific documentation by the physician/APN/PA in the medical record for this stay that contains the exact wording that the patient has an “enduring unstable medical” or “enduring psychological condition” that prevents completion of a metabolic screening.