



# Inpatient Psychiatric Facilities Quality Reporting Program

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## Support Contractor

### A Closer Look at the Measures for Collection Presentation Question and Answer Transcript

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- Question 1:** Is there a specific tobacco screening tool we are to use?
- Answer 1:** No, there is no specific tool to be used.
- Question 2:** How/where can I sign up for the ListServe to have the webinar slides sent to me?
- Answer 2:** Go to [www.qualitynet.org](http://www.qualitynet.org). On the left-hand side, you will find a blue box that states, "Join ListServes." Click on the Sign up for Notifications and Discussions link. On this page, click on Inpatient Psychiatric Facility Quality Reporting Program.
- Question 3:** For the Claims-based measure (FUH), will there be a preliminary report for review?
- Answer 3:** Your facility's FUH rates will be included in the public reporting preview report that your facility will receive prior to the data being reported on a CMS website.

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- Question 4:** Does the patient experience of care survey have to be in the chart? We administer hospital-developed survey to all patients, some complete it, and it is collected anonymously.
- Answer 4:** At this time, this measure is just an attestation with a “yes” or “no” answer. If “yes,” then state the name of the standardized tool being used.
- Question 5:** For the certified EHR question, does our answer for apply HIE for most of our patients, or is it limited to the psychiatric patients? The Michigan Mental Health Code limits what can be transmitted for psychiatric patients.
- Answer 5:** The Use of an Electronic Health Record measure is specific to your psych discharges and assess the degree to which facilities employ EHR systems in your service program. You will only attest to your use of the EHR.
- Question 6:** What are "allowable values" 2 or 3?
- Answer 6:** Please tell me to which measure you are referring or refer to The Joint Commission Specifications Manual.
- Question 7:** Are the TOB and SUB measures only applicable to Hospital Inpatient Psychiatric Program Participations and NOT Hospital IQR, correct? Or is SUB and TOB required for Hospital IQR participation? Thanks.
- Answer 7:** The TOB and SUB measures are specific to psychiatric discharges only.
- Question 8:** Do prn med qualify in # of antipsychotics?
- Answer 8:** Per the data element, PRN antipsychotic medications count as an exclusion.
- Question 9:** Can diagnosis of delirium or Alzheimer’s count as cognitive impairment?
- Answer 9:** The term "confused" is listed as an inclusion in the data element, so documentation of dementia would be acceptable ONLY if the patient was confused at all times. For 2014, confusion must be present during hospitalization.
- Question 10:** What is considered "practical counseling" under TOB-2?
- Answer 10:** The definition of practical counseling is in the data element. There are three areas that must be covered. Please see slide 39.
- Question 11:** Does this only apply to IP Psych facilities?
- Answer 11:** Yes, this is only for facilities that are paid under the IPF PPS payment system.

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- Question 12:** Am I correct in understanding that the denominator for TOB-2 is equal to the numerator of TOB-1?
- Answer 12:** No. Only those that use Tobacco move on to TOB-2. The numerator for TOB-1 is different.
- Question 13:** Is this webinar only related to IPS and no relevance to HIQR measures?
- Answer 13:** This webinar is only focused on the Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program and does not include HIQR.
- Question 14:** Page 39 #1, what are the three components that must be documented for practical counseling?
- Answer 14:** The components are recognizing danger situations, developing coping skills, and providing basic information about quitting.
- Question 15:** When does the patient satisfaction survey start? CY 2014 or CY 2015?
- Answer 15:** Collection period is CY 2014, with data submission July 1 through August 15, 2015.
- Question 16:** For IMM Influenza for patient – does collection start January 2015?
- Answer 16:** The data collection period for both influenza immunization measures is October 1, 2015 through March 31, 2016.
- Question 17:** Does TOB-1 include E-cigarettes?
- Answer 17:** No. That is an exclusion per the data element.
- Question 18:** Is the Pneumovax screening and vaccination required under the influenza vaccination (IMM-2)?
- Answer 18:** No.
- Question 19:** Is the exclusion for patients being readmitted within five days readmission only to the psych facility or anywhere in the facility as a whole?
- Answer 19:** Patients readmitted to the same facility, regardless of setting, are excluded. Since the facility has up to five days to send the CCP after discharge, those patients readmitted within five days after discharge are excluded.
- Question 20:** Is the IMM sampled or for all patients?
- Answer 20:** Yes, IMM can be sampled. For the IPFQR Program, the inpatient population is from the psychiatric population. Although the IMM-2 is based

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on the Inpatient Quality Reporting measure, the sample is drawn just from the psychiatric patients. Sampling requirements for IMM-2 are listed in the following document: <http://www.qualityreportingcenter.com/wp-content/uploads/2014/10/IPF-Measures-FY2016-17-PS.pdf>.

- Question 21:** The HCP flu vaccinations - we are currently submitting for the IQR Program. Do we need to enter different data for the IPF?
- Answer 21:** Your facility will need to submit data for the psychiatric department separately, by CMS Certification Number (CCN). A single vaccination count for each IPF by the CCN will be reported. A percentage of the healthcare personnel who are vaccinated will be calculated and publically reported. An operational guidance document to assist with reporting this measure is posted on the CDC website at: <http://www.cdc.gov/nhsn/faqs/faq-influenza-vaccination-summary-reporting.html>.
- Question 22:** For the HCP influenza vaccine coverage, will the denominator only be healthcare workers on the psych unit with the IPF CCN # and not all healthcare workers in the hospital?
- Answer 22:** The denominator includes only healthcare workers on the psychiatric unit who worked at least one working day between October 1 and March 31. It does not include all healthcare workers in the hospital.
- Question 23:** For the patient survey, what do we do about the patients who went to a nursing home, shelter, or have no phone when our tool is a call-based tool? Will these be counted against us, or will they get excluded?
- Answer 23:** The Assessment of Patient Experience of Care measure determines whether the IPF administers a detailed assessment of patient experience of care using a standardized collection protocol and a structured instrument. At this time, no specific survey is being recommended. If you are currently using a survey, the name of the survey is required. Since the IPF Program is a pay-for-reporting-program, there is no penalty assessed based on how you answer this measure; the only requirement is that you submit an answer.
- Question 24:** Is there a calendar available with due dates for submission?
- Answer 24:** There is an Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Measures for Fiscal Year (FY) 2016 and FY 2017 table posted on the Quality Reporting Center website. Please go to the following link: <http://www.qualityreportingcenter.com/wp-content/uploads/2014/10/IPF-Measures-FY2016-17-PS.pdf>.

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- Question 25:** Please verify start date of collection of non-measure data: Payer/Age group/Dx group/Quarter/Population and Sampling.
- Answer 25:** Non-measure data will be collected starting January 2015. Submission of non-measure data will be July 1 through August 15, 2016.
- Question 26:** When will the population and sampling counts be required for entering? CY 2014 data collection, or start with 2015 data collection?
- Answer 26:** Aggregate data counts will begin with collection of data for the entire calendar year 2015. These aggregate data values such as population and sampling, diagnosis groups, age strata, and payer type will be reported during the submission period July 1 through August 15, 2016. This submission is a program requirement for the FY 2017 annual payment.
- Question 27:** Is one monthly sample provided each for SUB-1, TOB, and IMM-2, or is it one sample that covers all three?
- Answer 27:** Once the IPF Inpatient Population (IPF IPP) is determined, one record pulled from a sample of the IPF IPP can be used to answer SUB-1, TOB, and IMM-2.
- Question 28:** Can employees state in writing they have had their vaccination, or are they required to provide documentation from the administering facility?
- Answer 28:** Yes, the measure requires the employee to have received an influenza vaccination administered at the healthcare facility, or **report in writing**, or provide documentation that influenza vaccination was received elsewhere.
- Question 29:** I have a question regarding Slide 20. It refers to the medication list in the CCP. It says that if there is more than one list in the CCP and the lists do not match, select allowable value 3. Would this pass the measure?
- Answer 29:** No, this would not pass the measure since you are unable to determine which list is accurate.
- Question 30:** If utilizing a hospital-developed tool for patient experience of care, how do we refer to the name of the survey (e.g., "hospital-developed" or by the name we use)?
- Answer 30:** The name of the survey is solely up to your facility. The measure requires that if you currently use a survey, you provide the name of the survey.
- Question 31:** If we have a single unit that is billed under the IPFQR and we already submit healthcare worker information to the NHSN under our acute hospital CCN, will we need to separate those staff who work on the IPFQR unit, to submit under the separate CCN?

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- Answer 31:** Yes, the IPF data should be reported separately. Your facility will need to submit data for the psychiatric department separately, by CMS Certification Number (CCN). A single vaccination count for each IPF by the CCN will be reported. A percentage of the healthcare personnel who are vaccinated will be calculated and publically reported. An operational guidance document to assist with reporting this measure is posted on the CDC website (<http://www.cdc.gov/nhsn/faqs/faq-influenza-vaccination-summary-reporting.html>).
- Question 32:** Will the two FY 2016 structural measures (assessment of patient care & use of EHR) be entered on the same site as the other HBIPS measures, or will a different site be used to collect those data?
- Answer 32:** Yes, that is correct, and the submission period is the same as well – July 1 through August 15, 2015.
- Question 33:** So IMM-2 will NOT start with 1/1/15 discharges?
- Answer 33:** Data collection for IMM-2 begins October 1, 2015 and ends March 31, 2016.
- Question 34:** For TOB-2, are Nicotine gum or patch prescribed as PRN during the admission qualify as FDA approved cessation medications?
- Answer 34:** FDA approved cessation medications are located in the HIQR Specifications Manual, Appendix C, Table 9.1.
- Question 35:** Do employees have to be vaccinated under IMM-2?
- Answer 35:** No, the population for this measure includes only inpatient psychiatric discharges aged 6 months and older. The measure that covers healthcare personnel is the Influenza Vaccination Coverage for Healthcare Personnel.

**END**