

This table is dedicated to Inpatient Acute Hospital Level Analyses. Topics include *patient injury during restraint* (evaluates the use and safety of physical restraint in inpatient care and is intended to reduce or prevent patient or staff injury), *medication maintenance* (measures evaluate adequate titration when starting and stopping medicine—this permits the management of side-effects while still improving clinical outcomes in a controlled setting), and *flow of care* (includes time spent in emergency room, length of stay, course of treatment). Please note this table is not exclusive. Some measures in this table apply to additional levels of analysis as well (e.g. Outpatient Group Level, Outpatient Individual Level, Pharmaceutical Level, Health Plan Level, Long Term Care/Post-Acute Care (LTC/PAC) Level, and Community Support Level).

Origin	Title	Description
NQF #0640	HBIPS-2 Hours of physical restraint use	The number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were maintained in physical restraint per 1000 psychiatric inpatient hours, overall and stratified by age groups: : Children (Age 1 through 12 years), Adolescents (Age 13 through 17 years), Adults (Age 18 through 64 years), Older Adults (Age greater than and equal to 65 years).
NQF #0641	HBIPS-3 Hours of seclusion use	The number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were held in seclusion per 1000 psychiatric inpatient hours, overall and stratified by age groups: Children (Age 1 through 12 years), Adolescents (Age 13 through 17 years), Adults (Age 18 through 64 years), Older Adults (Age greater than and equal to 65 years).
NQF #0203	Restraint prevalence (vest and limb)	Total number of patients that have vest and/or limb restraint (upper or lower body or both) on the day of the prevalence measurement episode.
NQF # 0560	HBIPS-5 Patients discharged on multiple antipsychotic medications with appropriate justification	Patients discharged from a hospital-based inpatient psychiatric setting on two or more antipsychotic medications with appropriate justification
NQF # 0552	HBIPS-4: Patients discharged on multiple antipsychotic medications.	Patients discharged on multiple antipsychotic medications.
CQAIMH	Medication Errors per Inpatient	
CQAIMH	Unplanned Departures from Inpatient Psychiatric Care	
CQAIMH	Unplanned Departures from Inpatient Psychiatric Care (Adolescent)	
NQF #0495	Median Time from ED Arrival to ED Departure for Admitted ED Patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department
NQF #0497	Admit Decision Time to ED Departure Time for Admitted Patients	Median time from admit decision time to time of departure from the emergency department for emergency department patients admitted to inpatient status

Origin	Title	Description
NQF #0557	HBIPS-6 Post discharge continuing care plan created	Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan created overall and stratified by age groups: Children (Age 1 through 12 years), Adolescents (Age 13 through 17 years), Adults (Age 18 through 64 years), Older Adults (Age greater than and equal to 65 years). Note: this is a paired measure with HBIPS-7: Post discharge continuing care plan transmitted to next level of care provider upon discharge.
NQF #0725	Validated family-centered survey questionnaire for parents' and patients' experiences during inpatient pediatric hospital stay	This family-centered survey questionnaire consists of 62 questions that assess various aspects of care experiences during inpatient pediatric hospital stays. The dimensions that are included are overall impressions, interactions with nurses, interactions with doctors, the admission and discharge process, home care preparation, medications, pain management, parent involvement, hospital environment, support staff and food. Demographic questions are included at the end of the survey. The majority of the survey questions are categorical in nature. Ordinal measures enable the rating of experiences, dichotomous measures are used to assess if subsequent questions apply to the experiences of parents and the patient but a small number of questions are open-ended to allow any additional or more detailed comments. Survey will be collected for a given time period, e.g. monthly. The target population is one of the parents, 18 years or older, of a child that stayed for at least one day in an inpatient unit at the hospital and was discharged during the previous time period, e.g. the last month. A random sample will be drawn of all discharged parent-patient units and receive the survey. The instrument is currently validated for mail and phone administration and is in English. All questions are asking about experiences during their last inpatient hospital stay. Further steps include validation for web administration and other languages.
NQF #0726	Inpatient Consumer Survey (ICS) consumer evaluation of inpatient behavioral healthcare services	
NQF # 0328	Inpatient Hospital Average Length of Stay (risk adjusted)	Overall inpatient hospital average length of stay (ALOS) and ALOS by medical service category.
NQF #0647	Transition Record with Specified Elements Received by Discharged Patients (Inpatient Discharges to Home/Self Care or Any Other Site of Care) (Inpatient Discharges to Home/Self Care or Any Other Site of Care)	Percentage of patients, regardless of age, discharged from an inpatient facility to home or any other site of care, or their caregiver(s), who received a transition record (and with whom a review of all included information was documented) at the time of discharge including, at a minimum, all of the specified elements.
NQF #0648	Timely Transmission of Transition Record (Inpatient Discharges to Home/Self Care or Any Other Site of Care)	Percentage of patients, regardless of age, discharged from an inpatient facility to home or any other site of care for whom a transition record was transmitted to the facility or primary physician or other health care professional designated for follow-up care within 24 hours of discharge

Origin	Title	Description
NQMC	Informed consent: percentage of healthcare professionals who affirm that in their unit or area steps are always taken to ensure that patients have understood the risks and complications before they sign the informed consent form.	<p>This measure is used to determine the percentage of healthcare providers who affirm that in their unit or area steps are always taken to ensure that patients have understood the risks and complications before they sign the informed consent form.</p> <p>The following survey item may be added to the "Safety Culture" survey instrument:</p> <ul style="list-style-type: none"> • "Before signing the informed consent form, patients or their representatives are asked to repeat their understanding of the explanations received regarding possible risks and complications of the intervention, exploration or treatment concerned." <p>Possible answer: never / almost never / sometimes / almost always / always</p>
NQMC	Language services: the percent of patient visits and admissions where preferred written language for health care is screened and recorded.	<p>This measure is used to assess the percent of patient visits and admissions where preferred written language for health care is screened and recorded.</p>
The Joint Commission	HBIPS-1: Admission Screening for Violence Risk, Substance Use, Psychological Trauma History, and Patient Strengths Completed	<p>Patients admitted to a hospital-based inpatient psychiatric setting who are screened within the first three days of admission for all of the following: risk of violence to self or others, substance use, psychological trauma history and patient strengths.</p>
NQF #0106	Diagnosis of attention deficit hyperactivity disorder (ADHD) in primary care for school age children and adolescents	<p>Percentage of patients newly diagnosed with attention deficit hyperactivity disorder (ADHD) whose medical record contains documentation of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) or Diagnostic and Statistical Manual for Primary Care (DSM-PC) criteria being addressed.</p>
NQF #0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a. Initiation, b. Engagement	<p>Percentage of adults aged 18 and over diagnosed with AOD abuse or dependence and receiving a related service who initiate treatment</p> <p>Assessment of the degree to which members engage in treatment with two additional AOD treatments within 30 days after initiating treatment.</p>
NQF # 0558	HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge	<p>Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan provided to the next level of care clinician or entity.</p>
NQMC	Language services: the percent of patient visits and admissions where preferred spoken language for health care is screened and recorded.	<p>This measure is used to assess the percent of patient visits and admissions where preferred spoken language for health care is screened and recorded.</p>
NQMC	Mental health community: percentage of consumers who were admitted to the hospital for psychiatric reasons (by that service) once or more in the first year of	<p>This measure is used to assess the percentage of consumers who were admitted to the hospital for psychiatric reasons (by that service) once or more in the first year of treatment.</p>

Origin	Title	Description
	treatment.	
NQF #0576	Follow-Up After Hospitalization for Mental Illness	This measure assesses the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported. Rate 1. The percentage of members who received follow-up within 30 days of discharge Rate 2. The percentage of members who received follow-up within 7 days of discharge.