

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
HBIPS Measures Data Collection Tool**

Provider Name _____ CCN _____

Address _____ Telephone _____

Submitter Name _____ Date Submitted _____

Calendar year _____

For Inpatient Psychiatric Facility Quality Reporting participating providers, responses are required for all fields. If you have no data for any of the fields, then please enter zero. Do not leave any fields blank.

Please follow the Joint Commission Specifications Manual for guidance on measure data collection, exclusions, and population sampling.

IPFs should complete the form in a fillable PDF format and submit via email to:

IPFQualityReporting@hcqis.org.

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HBIPS-2 Hours of Physical Restraint Use

NUMERATOR

CY 2017

Please enter the total number of hours that all psychiatric patients were in physical restraints for each age group.

DENOMINATOR

CY 2017

Please enter the number of inpatient psychiatric days for each age group. (convert days to hours)

NOTE: Denominator basis is per 1,000 hours.

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HBIPS-3 Hours of Seclusion Use

NUMERATOR

CY 2017

Please enter the total number of hours that all psychiatric patients were in seclusion for each age group.

DENOMINATOR

CY 2017

Please enter the number of inpatient psychiatric days for each age group.

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**HBIPS-5 Patients Discharged on Multiple Antipsychotic Medications with Appropriate
Justification**

NUMERATOR

CY 2017

Please enter the number of psychiatric patients discharged
on two or more multiple antipsychotic medications
for each age group.

DENOMINATOR

CY 2017

Please enter the total number of psychiatric patients
discharged for each age group.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1171. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Expiration Date: xx/xx/xxxx