HOSPITAL-BASED INPATIENT PSYCHIATRIC SERVICES (HBIPS) CORE MEASURE SET SELECTION FORM

HCO ID# **HCO NAME ADDRESS**

Fax Completed Forms to (630) 792-4599

			MEASUREMENT SYSTEM	1 SELECTED	
MEASUREMENT SYSTEM S MEAUSREMENT SYSTEM NAME/SYSTEM OWNER				SYSTEM ID#	DATA COLLECTION EFFECTIVE DATE
<u>Data n</u> For ea	nust be co	llected and sub re, please indic	omitted for all relevant measur ate all applicable patient popu	es and include all ap lation groups by fillin	plicable patient populations. ng in the appropriate circles.
HBIPS-1	Admissior	n screening for	violence risk, substance use,	psychological trauma	a history and patient strength
•	14800	HBIPS-1a	Overall rate		
0	14801	HBIPS-1b	Children (1-12 years)		
0	14802	HBIPS-1c	Adolescent (13-17 years)		
0	14803	HBIPS-1d	Adult (18-64 years)		
0	14804	HBIPS-1e	Geriatric (<u>></u> 65 years)		
HBIPS-2	Hours of F	Physical Restrai	int Use		
•	14806	HBIPS-2a	Overall rate		
0	14807	HBIPS-2b	Children (1-12 years)		
0	14808	HBIPS-2c	Adolescent (13-17 years)		
0	14809	HBIPS-2d	Adult (18-64 years)		
0	14810	HBIPS-2e	Geriatric (<u>></u> 65 years)		
HBIPS-3	Hours of S	Seclusion Use			
•	14812	HBIPS-3a	Overall Rate		
0	14813	HBIPS-3b	Children (1-12 years)		
0	14814	HBIPS-3c	Adolescent (13-17 years)		
0	14815	HBIPS-3d	Adult (18-64 years)		
0	14816	HBIPS-3e	Geriatric (> 65 years)		
HBIPS-4	Multiple a	ntipsychotic me	edications at discharge		
•	14818	HBIPS-4a	Overall Rate		
0	14819	HBIPS-4b	Children (1-12 years)		
0	14820	HBIPS-4c	Adolescent (13-17 years)		
0	14821	HBIPS-4d	Adult (18-64 years)		
0	14822	HBIPS-4e	Geriatric (> 65 years)		
HBIPS-5	Multiple a	ntipsychotic me	edications at discharge with a	propriate justificatio	<u>on</u>
•	14818	HBIPS-5a	Overall Rate		
0	14819	HBIPS-5b	Children (1-12 years)		
0	14820	HBIPS-5c	Adolescent (13-17 years)		
0	14821	HBIPS-5d	Adult (18-64 years)		
0	14822	HBIPS-5e	Geriatric (≥ 65 years)		
Primary Con	itact		Phone		Date
Chief Execut	tive Officer		 Signature		

HOSPITAL-BASED INPATIENT PSYCHIATRIC SERVICES (HBIPS) CORE MEASURE SET SELECTION FORM

HCO	ID#
HCO	NAME
ADDI	RESS
CITY	, STATE, ZIP

Fax Completed Forms to (630) 792-4599

CITY, STA	TE, ZIP				
			MEASUREMENT SYSTE	M SELECTED	
MEAUSREMENT SYSTEM NAME/SYSTEM OWNER			EM OWNER	SYSTEM ID#	DATA COLLECTION EFFECTIVE DATE
For ea	ch measu	re, please indic			plicable patient populations. ng in the appropriate circles.
•	14824	HBIPS-6a	Overall Rate		
0	14825	HBIPS-6b	Children (1-12 years)		
0	14826	HBIPS-6c	Adolescent (13-17 years)		
0	14827	HBIPS-6d	Adult (18-64 years)		
0	14828	HBIPS-6e	Geriatric (> 65 years)		

HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge

•	14824	HBIPS-7a	Overall Rate
0	14825	HBIPS-7b	Children (1-12 years)
0	14826	HBIPS-7c	Adolescent (13-17 years)
0	14827	HBIPS-7d	Adult (18-64 years)
0	14828	HBIPS-7e	Geriatric (<u>></u> 65 years)

Primary Contact	Phone	Date
Chief Executive Officer	Signature	Date