CMIT ID

00358-01-C-IPFQR

Title

Hours of Seclusion Use

Steward Organization Group

The Joint Commission

Committee

MSR Recommendation Group

Current Program Use

Inpatient Psychiatric Facility Quality Reporting

CMS Program History

Measure active in the Inpatient Psychiatric Facility Quality Reporting Program since 2013.

Description

The total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were held in seclusion.

Numerator

The total number of hours that all psychiatric inpatients were held in seclusion.

Numerator Basis: The numerator evaluates the number of hours of seclusion; however, the algorithm calculates the number of minutes to ensure a more accurate calculation of the measure. Convert the minutes to hours when analyzing and reporting this measure.

Numerator Exceptions

N/A

Numerator Exclusions

N/A

Denominator

Number of psychiatric inpatient days Denominator basis per 1,000 hours.

Denominator Exceptions

N/A

Denominator Exclusions

Total leave days

Cascade of Meaningful Measures Priority

Safety

Level of Analysis

Facility

Care Setting

Hospital: Inpatient Acute Care Facility, Behavioral Health: Inpatient (e.g., Inpatient Psychiatric Facility)

CBE Endorsement History

- Initially endorsed in 2010.
- Maintenance review retained endorsement in 2019.
- Endorsement removed March 31, 2026.

Link to Endorsement Measure Record: HBIPS-3 Hours of seclusion use

CBE Endorsement Status

Endorsement Removed

About this Analysis (Measure Score by PY)

Impact Summary: This measure supports the Inpatient Psychiatric Facility Quality Reporting Program's goal of improving patient safety and patient experience by measuring the total number of hours that patients admitted to a hospital-based inpatient psychiatric setting were held in seclusion.

Performance has stayed very steady from 2020 to 2024, showing consistent performance among inpatient psychiatric facilities. Table 1 shows data from 2024. The 2024 mean score is largely influenced by higher scores in the top two deciles. If the 407 facilities in decile 3, with an average score of 0, represent a plausible and achievable benchmark, then improvement among facilities in Deciles 4 through 10 toward that benchmark could reduce the estimated rate of seclusion use per 1,000 patient hours and help reduce preventable patient harm associated with excess seclusion in the remaining facilities.

For this measure, Battelle reviewed the following publicly available datasets available at Hospitals data archive | Provider Data Catalog:

- Hospitals_02_2026.zip (which contains data from January 2024-December 2024 and is referred to as year 2024 in this assessment)
- Hospitals_11_2025.zip (which contains data from January 2023-December 2023 and is referred to as year 2023 in this assessment)
- Hospitals_10_2024.zip (which contains data from January 2022-December 2022 and is referred to as year 2022 in this assessment)
- Hospitals_11_2023.zip (which contains data from January 2021-December 2021 and is referred to as year 2021 in this assessment)
- Hospitals_10_2022.zip (which contains data from January 2020-December 2020 and is referred to as year 2020 in this assessment)

Battelle analyzed all values for “HBIPS-3” not marked as “Not Available” from the corresponding IPFQR_QualityMeasures_Facility.csv file.

About Figure 1: Figure 1 is a boxplot that shows how scores have changed based on the most recent 5 years of data available. For each year, the boxplot displays a box with lines and dots to help visualize the range and distribution of scores. The dots represent the points where the lowest 5% and highest 5% of scores fall, and the line connecting them shows where 90% of the scores are located. The box itself covers the middle half of the scores, from the 25th to the 75th percentile. Inside the box, a horizontal line marks the median score, which is the middle value, while a “+” sign shows the average score. This type of graph makes overall trends in scores over time as well as the consistency and spread of the results easier to understand.

Figure 1 (Measure Score by PY)

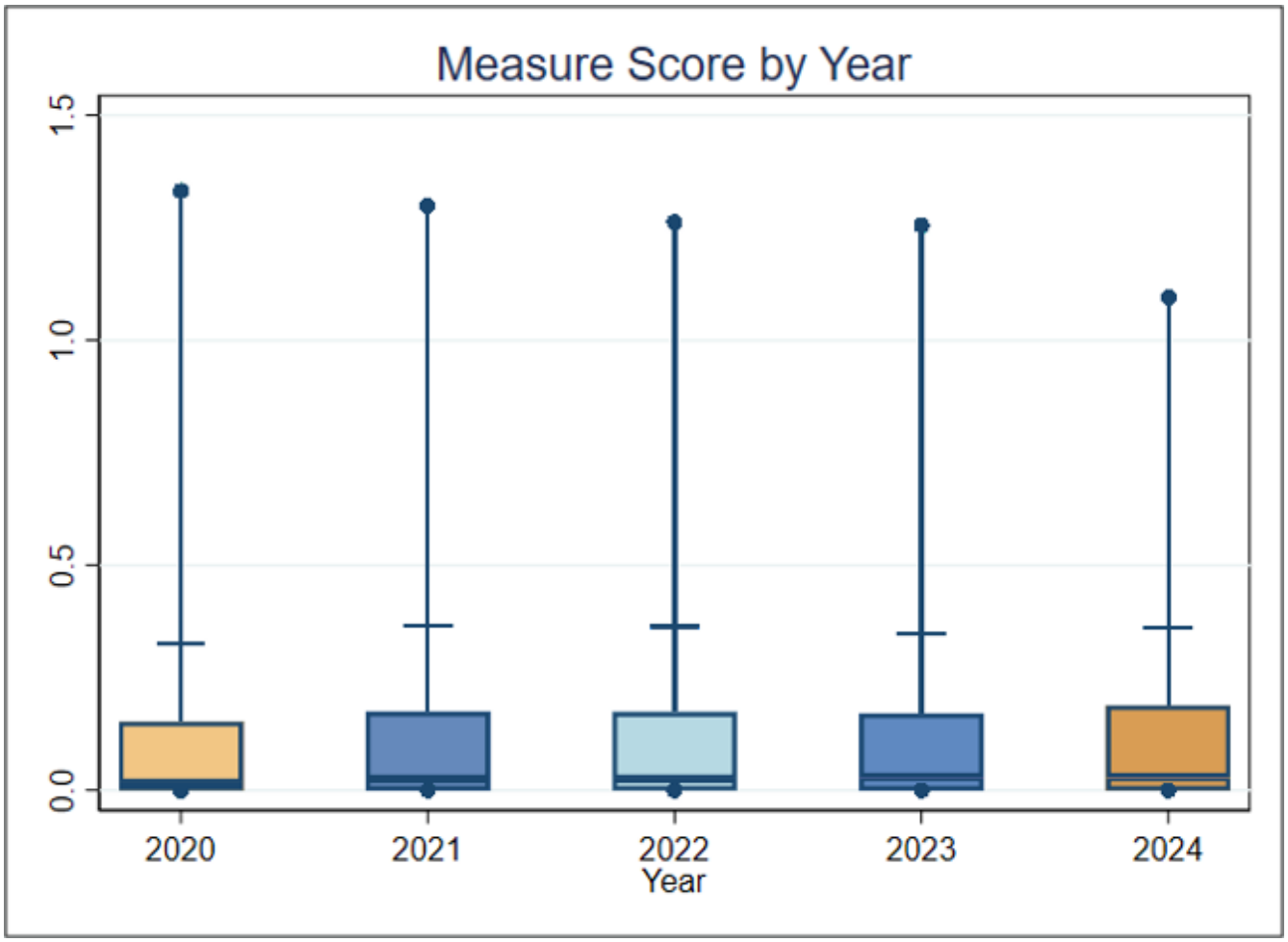

Figure 1. Boxplot of Measure Score by Year

Interpretation (Measure Score by PY)

Figure 1 Interpretation: This figure shows that performance has been very consistent across the last 5 years, with no discernible improvement or decrease in overall performance. For this measure, a lower score indicates better quality of care.

About this Analysis (Score Distro)

About Table 1: Table 1 illustrates the distribution of scores and the number of patient-hours represented within each group in the most recent year with available data. It is important to note that the groups (referred to as deciles, each comprising 10% of the organizations) with the lowest or highest scores may contain more or fewer patients than other groups. For example, if the lowest-scoring decile includes only 5% of the total patient population, then smaller group size may be associated with better performance scores.

Interpretation (Score Distro)

Table 1 Interpretation: The facilities with scores in the lowest 30% (the first three deciles) represent less than 20% of the total patient-hours. This suggests that smaller facilities may tend to perform better. The mean performance is driven by very high scores in the top two deciles. If the average performance of Decile 3 (0) is considered a plausible, achievable score, and the entities in Deciles 4 through 10 improved to reach that score, the estimated rate per 1,000 hours of seclusion use could decrease, reducing preventable harm to patients that may result from excess seclusion.

Table 1 (Score Distro)

Table 1. Importance in the Most Recent Year of Data Available (Decile by Measure Score, 2024)

	Overall	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
Average Score (Standard Deviation)	0.360 (2.006)	0	0	0	0.002	0.017	0.047	0.102	0.188	0.386	2.871
Facilities	1355	136	135	136	135	136	135	136	135	136	135
Patient-Hours (1,000s)	28,401	1,650	1,940	1,920	3,945	3,403	3,196	3,166	3,696	2,815	2,669

Importance Criterion Definition

The Meaningfulness criterion will be evaluated as part of the full Preliminary Assessment available in September.

Criterion Definition

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