

Inpatient Psychiatric Facility Quality Reporting Program

Frequently Asked Questions: Psychiatric Inpatient Experience (PIX) Survey

November 2024

About the PIX Survey

1. What is the PIX Survey and who developed it?

The PIX Survey was developed by a team at the Yale University, Yale New Haven Psychiatric Hospital to address the gap in available experience of care surveys, specifically the lack of standardized, publicly available, minimally burdensome, psychometrically validated surveys specified for the IPF setting. The interdisciplinary team that developed this survey, including researchers and clinicians, conducted the following steps in developing the survey: (1) literature review; (2) patient focus groups; (3) solicitation of input from a patient and family advisory council; (4) review of content validity with an expert panel; (5) development of survey; and (6) survey testing within the Yale New Haven Psychiatric Hospital system.

The resulting survey contains 23 items in four domains. Patients can respond to each of the 23 items using a five-point Likert scale (that is, strongly agree, somewhat agree, neutral, somewhat disagree, strongly disagree) or choose that the item does not apply. The four domains are: Treatment Team Relationship, Nursing Team Presence, Treatment Effectiveness, and Environment.

Please refer to the [FY 2024 IPF PPS final rule](#) (pages 51121–51128) for additional information.

2. Why did CMS add a patient experience survey to the IPFQR Program?

CMS believes it is critical to ensure that the voice of the individual is included in care decisions and that a comprehensive approach to quality must include directly reported feedback from patients regarding facility, provider, and payer performance. CMS also received input from many interested members of the public who strongly advocated for a patient experience of care measure in the IPFQR Program. Furthermore, in the Consolidated Appropriations Act of 2023, the inclusion of a patient experience measure in the IPFQR Program became required by law.

Before adoption of the PIX Survey, previous data from 2016 showed that while the majority of IPFs (approximately 76%) were collecting patient experience of care data through a standardized instrument, there was wide variation in the instrument being used. The PIX Survey was identified as a publicly available survey instrument developed for and tested in the IPF setting. Pursuant to CMS' Meaningful Measures 2.0 framework, this survey addresses the "Person-Centered Care" priority area, as well as the "Individual and Caregiver Voice" foundation and aligns with our commitment to prioritize outcome and patient-reported measures. This survey also aligns with the CMS National Quality Strategy Goal to "Foster Engagement." It also supports the CMS Behavioral Health Strategy goal to "Strengthen Equity and Quality in Behavioral Health Care."

3. Where can I find a copy of the PIX Survey?

The 23-question PIX Survey is available on the [QualityNet IPFQR Measures Resources](#) page.

Survey Administration

4. **Where can I find information about survey protocol?**

The PIX Survey is intended for individuals of all ages within the measure cohort, which includes patients who are 13 or older at the time of discharge from the IPF. The survey can be distributed to patients by administrative staff at a time beginning 24 hours prior to planned discharge. The survey, which is available in English and Spanish, can be completed prior to discharge using either a paper copy of the survey or an electronic version of the survey via tablet or computer. An IPF can choose whether to provide the survey in a paper format or create an electronic survey tool that replicates the questions on the paper tool. The survey must be administered in a way that maintains the patient's anonymity. If it is not possible for the patient to complete the survey prior to discharge, the facility should provide a sealable, addressed, stamped envelope for the patient to return the survey following discharge. More details on survey administration guidelines will be forthcoming.

5. **Are family members and assistive personnel allowed to help patients complete the surveys?**

We understand that some individuals may require assistance, and patients must be offered the option to seek help from staff, a caregiver (including parents or guardians), or a peer. The survey includes an item inquiring if the patient received any assistance while completing it.

6. **Is the survey anonymous?**

Yes, to promote honest and transparent communication, the survey is anonymous, allowing respondents to express their thoughts without any concerns about their personal information being disclosed. Patients should be informed that all responses provided will be treated with strict anonymity, and individual identities will be safeguarded. CMS will provide feedback reports to IPFs which will include information and data in aggregate with no identifying patient information.

Data Collection

7. **The PIX Survey indicates that each patient who is 13 years of age or older at the time of discharge is eligible for the PIX Survey. If the IPF is divided into an adult department and a pediatric department and the pediatric unit includes patients between the ages of 10 and 18 years of age, should submissions include the pediatric IPF or only include the adult IPF?**

The IPF should offer the PIX Survey to all patients discharged from an IPF during the reporting period who do not meet one of the following exclusions: (1) patients who are under 13 years of age at the time of discharge and (2) patients who are unable to complete the survey due to cognitive or intellectual limitations. The PIX Survey was tested with adolescents aged 13 to 17, and testing found that they were able to complete the survey without any significant differences from adult scores.

If an IPF is divided into an adult department and a pediatric department and the pediatric unit includes patients, for example, between the ages of 10 and 18 years of age, the pediatric IPF should administer the PIX Survey to eligible patients between the ages of 13 and 18 years of age at the time of discharge, but not to patients between the ages of 10 and 13 years of age.

8. If a patient is unable to complete the PIX Survey prior to discharge, what is the latest they can mail it to the IPF?

The facility can administer the PIX Survey beginning 24 hours prior to a patient's planned discharge. If it is not possible for a patient to complete the survey prior to discharge, the facility should provide a paper copy of the survey with a sealable, addressed, stamped envelope for the patient to return the survey following discharge. This situation could apply where there is uncertainty regarding the timing of a patient's discharge. However, we caution that relying exclusively on the mail-back option may prevent the IPF from meeting the measure's minimum sampling requirements. All mail-back surveys received on or prior to December 31 count toward the calendar year reporting period in which the survey was received.

9. Is the PIX available in languages other than English?

The PIX Survey is available in English and Spanish, and other language translations are under development.

Data Submission

10. How do we submit PIX Survey data?

IPFs will submit PIX Survey data to CMS' Hospital Quality Reporting (HQR) system available to authorized users. For the CY 2025 voluntary reporting period, IPFs will be able to report these measures in the HQR system from July 1 through August 17, 2026.

Further information regarding the submission process will be forthcoming. Once details are available, CMS will send out a communication through the IPFQR ListServ.

11. How is the survey scored and reported?

The measure will be reported as five separate rates, one for each of the four domains of the PIX Survey and one overall rate. Higher scores indicate better performance. Each of these rates will be calculated from patient responses on the PIX Survey and then publicly reported on CMS' Compare tool available on Medicare.gov.

CMS will report the mean rates for each domain as well as the overall mean rate. To calculate the mean scores, CMS will assign a numerical value ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). CMS will then calculate the average response by adding the values of all responses and dividing that value by the number of responses, excluding questions that were omitted or to which the patient selected "Does Not Apply."

12. What happens if an individual answers some, but not all, questions?

A domain score is only calculated when all questions in that domain are answered. An overall score is only calculated when all domains are scored. If a patient responds to some, but not all, questions, a score will be calculated for the domain(s) in which all questions were answered. An overall score would not be calculated. If an individual answers some, but not all, questions, the survey will still count toward the minimum sampling requirement of 300 PIX Surveys per year.

Sampling and IPFQR Program Reporting Requirements

13. What if fewer than 300 patients complete surveys?

IPFs are required to develop sampling plans that ensure they are able to submit data for at least 300 completed PIX Surveys per year. Sampling is required from every month throughout the entire reporting period. IPFs should not stop sampling or curtail survey activities once 300 surveys have been received. We recommend that in developing sampling plans, IPFs consider the predicted rate of non-completion to ensure that they reach 300 completed PIX Surveys. IPFs that are unable to reach 300 completed PIX Surveys because of the small patient population size or characteristics of their patient population, such as patients who are unable to complete the survey due to cognitive or intellectual limitations, will be required to submit data on all eligible patients. IPFs that meet this requirement would not be penalized for submitting data on less than 300 completed PIX Surveys. IPFs that have more than 300 discharges per year will be required to meet the minimum sampling of at least 300 completed PIX Surveys per year.

14. Our IPF uses a similar patient experience survey. Can we report those results?

No, IPFs may not substitute results from the other surveys to satisfy IPFQR Program requirements and must use the PIX Survey.

Resources and Tools/Outreach and Education

15. Where can I find PIX Survey resources?

Visit the IPFQR Program Resources page at <https://qualitynet.cms.gov/ipf/ipfqr/resources> to view the PIX Survey, fact sheet, and frequently asked questions resource documents.

16. How do I ensure I receive communications and updates regarding the PIX Survey?

CMS will provide additional guidance in webinars, IPFQR Program Listserves, and other CMS-approved resource materials. Sign up for Listserves here: <https://qualitynet.cms.gov/listserv-signup>. Submit questions to CMS' Inpatient and Outpatient Healthcare Quality Systems Development and Program Support via the Quality Question and Answer Tool at https://cmsqualitysupport.servicenowservices.com/qnet_qa or call toll-free (844) 472-4477 or (866) 800-8765 weekdays from 8 a.m. to 8 p.m. ET.