

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Psychiatric Inpatient Experience (PIX) Survey
Implementation Guidance

August 2025

INTRODUCTION

The Psychiatric Inpatient Experience (PIX) Survey was adopted into the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program by the Centers for Medicare and Medicaid Services (CMS) in the Fiscal Year (FY) 2024 Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) Final Rule and is mandatory beginning with the calendar year 2026 reporting period/FY 2028 payment determination. These guidelines are intended to inform survey administration and survey management.

BACKGROUND

Purpose

The PIX survey aims to help organizations systematically assess and understand the experience of individuals receiving psychiatric inpatient care. The survey is designed to gain valuable insights across critical domains of care, providing important feedback to inpatient psychiatric facilities (IPFs). The PIX survey results will also be publicly reported on the Compare tool at [medicare.gov](https://www.medicare.gov). By assessing patient perspectives, the PIX survey seeks to contribute to the continuous improvement of behavioral health services, supporting a patient-centered approach to psychiatric inpatient care.

The PIX survey and its administration protocols are designed to produce standardized information about patient experience within an IPF. Adherence to the administration protocols is paramount for a) increasing the likelihood that patients will respond to the survey and b) ensuring that responses are unbiased and based on the patient's care experience.

Development

Development of the PIX survey began in 2019 at Yale New Haven Psychiatric Hospital in New Haven, Connecticut. The impetus for the initiative was related to a need for more credible and well-validated tools for the psychiatric inpatient care environment. The PIX survey was developed by an interdisciplinary team, encompassing perspectives from psychiatry, psychology, nursing, social work, occupational therapy, patients, and patients' families. At the outset, the goal was to develop a survey that was: a) patient-centered or involving the components of care that are most critical to patients, b) accessible in content and length, c) provides the organization with actionable feedback and d) provides feedback to interdisciplinary care teams.

Testing

The PIX Survey was validated in 2022 based on exploratory and confirmatory factor analysis. See the research article for validation and testing:

Klemanski DH, Barnes T, Bautista C, Tancreti C, Klink B, Dix E. Development and Validation of the Psychiatric Inpatient Experience (PIX) Survey: A Novel Measure of Patient Experience Quality Improvement. Journal of Patient Experience. 2022;9. [doi:10.1177/23743735221105671](https://doi.org/10.1177/23743735221105671).

Endorsement

The PIX Measure and Quality Assurance Development Workgroup intends to pursue endorsement for this measure with the Partnership for Quality Measurement.

Construction

The PIX survey comprises 23 questions that assess aspects of a patient's experience during inpatient treatment. The survey covers four domains: treatment team relationship, environment, treatment effectiveness, and nursing team presence. Each question is a statement of opinion, and the patient is asked to rate their level of agreement or disagreement using a Likert scale with five options, ranging from strongly agree to strongly disagree. There is also a sixth option for cases where the question does not apply. The PIX survey is designed to minimize subjectivity, maximize accessibility, and encourage clear and understandable responses with emoji faces in the response options.



Design

A collaborative effort involving researchers and clinicians from diverse disciplines, including psychiatry, psychology, nursing, social work, and occupational therapy, led to the formulation and construction of survey items. An extensive literature review was initially conducted to establish the foundational concepts of patient experience. Subsequently, a series of patient focus groups spanning four weeks engaged individuals (n = 40) from inpatient units to identify crucial aspects of their experiences in an IPF setting. Skilled clinicians facilitated these groups, employing probing questions to delve into patients' feelings regarding significant facets of their IPF stay. Thematic analysis was conducted to integrate critical insights. Additional perspectives were sought from a patient and family advisory council, following a similar methodology. Content validity was established via the input of internal and external experts in psychiatry and related fields and a measurement design team. User acceptance testing was performed across multiple units, incorporating patient feedback to refine the survey further.

SURVEY ADMINISTRATION

Cohort

The survey should be offered to all patients who are 13 years of age or older at discharge.

Exclusionary Criteria:

- (1) Patients who are under 13 years of age at time of discharge.
- (2) Patients who are unable to complete the survey due to cognitive or intellectual limitations.

Mode and Timing

The PIX survey should be administered in the facility up to 24 hours before the patient's discharge.

If it is not possible for a patient to complete the survey prior to discharge, or if the patient requests to complete the survey post-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.

Distribution methods may be via electronic survey software or a paper survey. The recommendations around timing and communication with patients are as follows:

- Patients should have at least 10-15 minutes to complete the survey.
- Those distributing the survey ideally should not be involved in direct patient care or treatment decisions. This includes physicians, nurses, therapists, discharge planners, or any others directly responsible for the patient's treatment. When feasible, survey distribution should be handled by administrative staff, patient advocates, or quality improvement personnel trained in neutral survey administration. The goal is to reduce perceived pressure on patients and minimize any risk of response bias.
- Staff distributing the survey should be trained in survey administration (see the *Neutrality and Communicating with Patients* section for more details).

Anonymity Considerations

Maintaining privacy and trust is paramount in measuring psychiatric inpatient experience. Patients must feel safe in sharing their feedback without fear of identification, reprisal, or inappropriate use of their responses. The following clarifies the principles of anonymity, confidentiality, and data protections associated with the PIX Survey.

Definitions:

- **Anonymous** means that no identifying information about the respondent is collected or retained. Responses cannot be traced back to individual patients by the facility or survey administrators.
- **Confidential** means that responses may be linked to an individual (e.g., through a survey identifier, date, or patient ID), but access to that information is restricted and safeguarded. Results are reported only in aggregate, and individual-level data are never disclosed publicly or internally in identifiable form.

As previously noted, the PIX survey should be administered **anonymously**, not confidentially, so patients understand IPF staff will not have any way of knowing who filled out the surveys and what their responses were. Patients should be informed that their responses will not be connected to their name, medical record, or treatment team, and results will only be reported in aggregate. If assistance is provided by staff (due to a visual, physical, or literacy-related need), the assisting staff must:

- Be trained to avoid any influence on the patient's responses.
- Reiterate that the patient's participation is voluntary.
- Step away if the patient prefers privacy once the survey is initiated.

Addressing Survey Exclusions Without Identifiers

Exclusion of ineligible patients (e.g., under age 13 or unable to complete due to cognitive limitations) must occur prior to survey distribution through clinical screening processes. Once the survey is distributed anonymously, it cannot be retracted or retroactively excluded.

Accessibility Considerations

Ensuring accessibility in survey administration is critical for obtaining comprehensive and equitable insights. Inclusive practices are essential to address the diverse range of patients with varying abilities and needs. In addition to a digital version, consider offering alternative formats to accommodate accessibility needs. It may be appropriate for individuals with certain visual or physical impairments to have trained staff assist. Establishing a supportive environment for survey completion is crucial, as is acknowledging the potential sensitivity of the topics discussed. Regularly seek participant feedback and adapt survey processes to enhance accessibility and ensure meaningful engagement for all respondents.

The 23-question PIX Survey is available in English and Spanish.

Ensuring accessibility in survey administration is critical for obtaining comprehensive and equitable insights. Inclusive practices are essential to address the diverse range of patients with varying abilities and needs. The following guidance is intended to support IPFs in removing barriers to survey participation.

Supportive Survey Environment

IPFs are responsible for establishing a neutral, confidential, and accessible environment for survey completion. IPFs should:

- Provide patients with a quiet, private space to complete the survey away from other patients and staff.
- Ensure physical accessibility, including adequate space for wheelchairs or assistive devices.
- Allow patients to complete the survey at a time when they are alert and not sedated or in distress.
- Allocate at least 10–15 minutes for completion without interruptions.

Assistance with Survey Completion

Some individuals may require assistance due to visual impairments, literacy challenges, or physical limitations. In such cases, only trained staff who are not involved in the patient's direct care or discharge planning should assist with survey completion.

These staff members must be trained to:

- Read questions and response options verbatim.
- Avoid influencing responses in any way.
- Maintain patient confidentiality.

If a patient requests assistance understanding terminology referring to IPF staff, you may provide clarification using the specific terms used at your IPF (e.g., "Mental Health Counselors" for technicians).

Patients with Cognitive or Intellectual Impairments

Patients with significant cognitive or intellectual limitations who are unable to meaningfully respond should be excluded, per the survey's exclusionary criteria. However, for patients with mild impairments:

- IPFs may offer simplified instructions or the use of visual aids (e.g., emoji response scale).
- Staff may clarify instructions but must not interpret or suggest answers.

Ongoing Review and Improvement of Accessibility Protocols

IPFs are encouraged to conduct periodic reviews of accessibility practices based on input from patients or staff. To promote accountability, IPFs should internally document the types of accessibility accommodations offered and used and provide refresher trainings on accessibility protocols as needed.

Ethical Considerations

Ethical considerations are paramount in administering surveys, particularly in the sensitive context of psychiatric inpatient care. IPFs should provide clear and understandable information about the survey's purpose, procedures, and potential implications. Additionally, it is imperative to emphasize the voluntary nature of participation, ensuring that patients are fully aware of their right to withdraw from completing the survey at any point without facing adverse consequences. This commitment to voluntariness fosters a culture of respect and dignity and protects participants' rights, acknowledging the unique circumstances of individuals undergoing psychiatric care and affirming their agency in deciding their level of engagement in the survey process.

Communication Considerations

Communication During Survey Administration

To protect the validity of survey results and maintain ethical standards in psychiatric settings, communication with patients about the PIX Survey must be carefully structured and neutral in tone.

PIX survey guidelines allow IPFs to communicate with patients about the survey during their IPF stay or at the time of discharge. This communication would include informing patients that they may be asked to complete the PIX survey before their discharge, offering them an opportunity to share feedback on their IPF experience. IPFs are encouraged to promote survey participation, which can be done using posters or other written forms of communication. Nonetheless, it's important to avoid specific communication types that could skew the survey results.

Acceptable communications include encouraging patients to share their experiences.

IPFs *should*:

- Provide a clear and understandable explanation of the survey's purpose (i.e., a tool for ongoing improvement and get patients' voices from their experience).
- Encourage survey participation while also emphasizing its voluntary nature.
- Inform patients that survey results are anonymous and that IPF staff cannot access identifiable responses.

IPFs *should not*:

- Attempt to influence patients' responses to the survey in either direction.
- Offer participation incentives.
- Use any PIX survey (or similar) wording or response categories when communicating with patients. See "Examples of behavior or statements that **do not comply** with PIX survey administration protocols" for more information.
- Display signs suggesting preferred responses.
- Imply any benefits or rewards for the IPF or its staff from positive patient feedback.
- Inquire why patients choose specific responses or indicate a desire for top-tier ratings.
- Show or provide patients with the PIX Survey or materials before administering the survey.

- Send pre-notification communications about the PIX survey.

Communications Throughout the IPF Stay

IPFs should avoid introducing bias concerning how patients answer questions on the PIX survey. Many of the guidelines above apply to general communications with patients.

Examples of statements that **comply** with PIX survey administration protocols include:

- *"We are looking for ways to improve your experience. Please complete this survey to help us improve our care."*
- *"We appreciate understanding how we can improve. Would you like to provide feedback on your stay?"*
- *"We want to hear from you. Please share your experience with us."*

Examples of behavior or statements that **do not comply** with PIX survey administration protocols include:

- Wearing buttons, stickers, etc., that state "Strongly Agree" or "100."
- Emphasizing PIX Survey response options in posters, whiteboards, rounding questions, etc.:
 - *"We expect to be the best facility possible."*
 - *"Our goal is always to address your needs."*
 - *Let us know if we are not listening carefully to you."*
 - *"To provide the best possible care, please tell us how we can always..."*
 - *"Our doctors and nurses always listen carefully to you."*
 - *"We want to always explain things to you in a way you can understand."*
 - *"We want you to recommend us to family and friends."*

SAMPLING

The PIX survey should be offered to all eligible patients approaching discharge.

The PIX survey is eligible for sampling, but the global sampling methodology cannot be used. Instead, 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 the sampling minimum of 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.

DATA SUBMISSION

PIX survey data will be submitted via the HQR System by submitting a data form (manual submission) or file upload (CSV or XML). There is an established scoring system for the PIX survey which will produce a score and rate, based on each submitted survey's answers to each statement. File formats for both XML and CSV-based files will be published on QualityNet.

SCORING

The measure will be reported as five separate rates, one for each of the four domains of the PIX survey and one overall rate. Each of these rates will be calculated from patient responses on the PIX survey and then publicly reported. CMS will report the mean rates for each domain as well as the overall mean rate.

The facility domain score is the mean rate of all answered items for that domain when all items for that domain on the survey have been answered (i.e., no items left blank). When an item is left blank, all items in that domain from that survey are omitted from the facility domain calculation. To calculate the mean rate 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 to which the patient selected "Does Not Apply."

The facility overall score is the mean rate of all answered items. Items responded to with "Does Not Apply" or left blank are excluded.