



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program: Navigating the PIX Survey

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Speakers

David Klemanski, Psy.D., MPH

Chief of Psychology and Faculty of Psychiatry
Harvard Psychiatry at Cambridge Health Alliance and Harvard Medical School

Cynthia Bautista, Ph.D., APRN

Associate Professor
Fairfield University

Kaleigh Emerson, MPH, LMSW

Program Lead
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Quality Measurement and Value-Based Incentives Group
Center for Clinical Standards and Quality
Centers for Medicare & Medicaid Services (CMS)

Lisa Vinson, BS, BSN, RN

Program Lead, IPFQR Program
Inpatient and Outpatient Healthcare Quality Systems Development and
Program Support

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- Question and Answer pairs for this event will be available via the [QualityNet Question and Answer Tool](#) .

Acronyms

CMS	Centers for Medicare & Medicaid Services
CY	calendar year
FY	fiscal year
HQR	Hospital Quality Reporting
IPF	inpatient psychiatric facility
IPFQR	Inpatient Psychiatric Facility Quality Reporting
PIX	Psychiatric Inpatient Experience
Q&A	question and answer

Purpose

The purpose of this webinar is to provide a general overview of the Psychiatric Inpatient Experience (PIX) Survey, data collection, and submission processes.

Objectives

Participants will be able to:

- Understand the background of the PIX Survey and steps to collect PIX Survey data.
- Explain the scoring methodology of the PIX Survey.
- Describe how to successfully submit PIX Survey data to CMS.
- Apply best practices when administering the PIX Survey.
- Answer common questions about the PIX Survey.

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Background

PIX Survey Background

CMS adopted the PIX Survey as an Inpatient Psychiatric Facility Quality Reporting Program measure in the FY 2024 IPF PPS final rule.

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PIX Survey Overview

PIX Survey Goals

The PIX Survey assesses patient experiences in psychiatric inpatient care settings.

By assessing patient perspectives, the PIX Survey contributes to continuous improvement in behavioral health services and supports a patient-centered approach to psychiatric inpatient care.

PIX Survey Domains

- The survey consists of **23 items** across four key domains:
 - **Treatment Team Relationship:** Assesses patient trust and communication with care providers
 - **Environment:** Evaluates cleanliness, safety, and overall atmosphere within the facility
 - **Treatment Effectiveness:** Measures patients' perceptions of the quality and impact of their treatment
 - **Nursing Team Presence:** Assesses the responsiveness and support provided by the nursing staff
- These domains focus on elements of care that are particularly critical in psychiatric settings, helping facilities better understand and address patients' needs.

PIX Survey Rating Scale

- The PIX Survey is a validated tool and uses a five-point Likert scale.
- The scale, including direction of the scale, and use of emojis cannot be modified in any way.



Strongly
Agree



Somewhat
Agree



Neutral



Somewhat
Disagree



Strongly
Disagree



Does
Not Apply

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PIX Survey Administration

Survey Administration

- Administer the survey in the facility **up to 24 hours before** the patient's discharge.
- The survey should be conducted **anonymously**, ensuring patients understand that their responses and identities cannot be identified.

Anonymity vs. Confidentiality

- **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.
 - Anonymity **is required** for the PIX Survey.
- **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.
 - Confidentiality is **not** sufficient for the PIX Survey.

Anonymity Requirements

- PIX is **anonymous**, not confidential.
- No patient identifiers are collected.
- Staff cannot link surveys to individuals.
- Assisted survey completion must follow strict neutrality.
- Measure exclusion decisions (i.e., age, cognitive impairment) must occur **before** distribution.

Survey Distribution Methods

- The survey can be distributed by paper survey or electronically (computer or tablet).
 - 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 to the facility following discharge.
- Allow at least 10–15 minutes of uninterrupted time.
- Those distributing the survey ideally should not be involved in direct patient care or treatment decisions.
- Staff distributing the survey should be trained in survey administration.
- The paper survey (English and Spanish versions) is available for download from the [QualityNet IPFQR Program Resources page](#).

Accessibility Considerations

- Ensuring accessibility in survey administration is important for collecting comprehensive and fair insights.
- Consider offering alternative survey formats to meet accessibility requirements.
- Patients must be offered the option to seek help from staff while taking the survey.
- Provide a private, quiet space for survey completion.

Addressing Cognitive Impairment

- Staff should determine exclusion based on cognitive impairment documented in the medical record.
- Examples of cognitive impairment include inability to:
 - Understand the purpose of the survey.
 - Comprehend questions.
 - Select responses that reflect their experience.
 - Maintain attention.

Supportive Survey Environment

- Patients should complete the survey when alert and not sedated.
- Provide adequate space for assistive devices.
- Remind patients participation is voluntary.
- Maintain a respectful and non-pressured environment.

Maintaining Neutrality

- Staff may encourage participation but must remain neutral.
- Avoid influencing or implying preferred responses.
- No incentives or rewards.
- No pre-notification messages or posters using PIX Survey scale language.

Examples of Allowed Communication

- “We want to understand your experience during your stay.”
- “Your feedback helps us improve our care.”
- “Participation is voluntary, and responses are anonymous.”

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PIX Survey Sampling

PIX Survey Sampling

- CMS requires at least **300 completed surveys per year**. Survey collection should not stop once 300 surveys are completed.
- Sampling is allowed and should be performed every month throughout the entire reporting period.
- Some IPFs may have fewer than 300 surveys because they may have fewer than 300 eligible patients. In these instances, IPFs are not able to sample and are required to submit data on all completed surveys.

Monthly Sampling Requirements

- If an IPF chooses to sample, sampling must be performed **every month** throughout the reporting period.
- Do not stop collecting or sampling after receiving 300 completed surveys.
 - Plan sampling around expected non-completion rates.

Sampling Scenario #1

Sample Month		Number of Surveys Sampled
1	January	98
2	February	110
3	March	103
4	April	105
5	May	109
6	June	112
7	July	99
8	August	100
9	September	106
10	October	115
11	November	101
12	December	112
Survey Total		1,270

- Minimum sampling requirement of 300 surveys was met by month 3.
- Sampling should not stop for the subsequent months of the reporting period.

Sampling Scenario #2

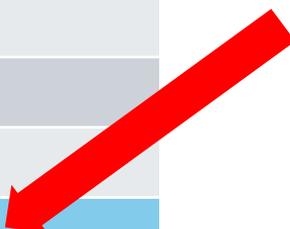
Sample Month		Number of Surveys Sampled
1	January	50
2	February	23
3	March	15
4	April	33
5	May	41
6	June	19
7	July	25
8	August	18
9	September	21
10	October	17
11	November	22
12	December	16
Survey Total		300

Minimum sampling requirement met by month 12.

Sampling Scenario #3

Sample Month		Number of Surveys Sampled
1	January	47
2	February	33
3	March	24
4	April	12
5	May	22
6	June	6
7	July	24
8	August	10
9	September	33
10	October	17
11	November	21
12	December	14
Survey Total		263

Minimum sampling requirement not met; submit data on all completed surveys.



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PIX Survey Scoring

PIX Survey Scoring

- Results are reported as five scores:
 - Four domain scores:
Average of all answered items within that domain
 - One overall score:
Average of all answered items across the 23 items
- Scoring process:
 - Responses are scored using a five-point Likert scale.
 - “Does Not Apply” and “Blank” responses are excluded.

Scoring Details

- Domain scores require all items answered; one blank = domain excluded
- “Does Not Apply” responses are excluded from calculations.
- Overall score = mean of all answered items across all domains

Calculating the Facility Domain Score

Facility Domain Score			
	Survey 1	Survey 2	Survey 3
Domain 1	4	4	3
	4	2	3
	5	5	3
	3	3	3
	3	3	2
Sum of Survey 1 = 19 Sum of Survey 2 = 17 Sum of Survey 3 = 14			
$\frac{50}{15} = 3.33$			
Domain 1 Score: $3.33 \div 5 \times 100 = 67\%$			
Domain 2	3	3	5
	3	3	5
	3	Does Not Apply	Blank
	3	3	5
	3	3	5
	3	2	5
Sum of Survey 1 = 21 Sum of Survey 2 = 17 Sum of Survey 3 = 0			
$\frac{38}{13} = 2.92$			
Domain 2 Score: $2.92 \div 5 \times 100 = 58\%$ 5 is maximum possible score			
Number of responses, adjusted for "Does Not Apply" and blank responses			
Domain 3	3	3	5
	3	3	5
	3	3	5
	3	3	5
	3	3	Blank
Sum of Survey 1 = 15 Sum of Survey 2 = 15 Sum of Survey 3 = 0			
$\frac{30}{10} = 3$			
Domain 3 Score: $3 \div 5 \times 100 = 60\%$			
Domain 4	3	3	Blank
	Blank	3	Blank
	3	3	Blank
	3	3	Blank
	3	3	Blank
Sum of Survey 1 = 0 Sum of Survey 2 = 18 Sum of Survey 3 = 0			
$\frac{18}{6} = 3$			
Domain 4 Score: $3 \div 5 \times 100 = 60\%$			

- The "Does Not Apply" response in Survey 2 is assigned a null value, and the denominator is adjusted accordingly
 - Due to Blank response, all Domain 2 responses from Survey 3 are excluded, and the denominator is adjusted accordingly

- Due to Blank response, all Domain 3 responses from Survey 3 are excluded and the denominator is adjusted accordingly

- Due to Blank responses, all Domain 4 responses from Surveys 1 and 3 are excluded and the denominator is adjusted accordingly

Calculating the Facility Overall Score

Facility Overall Score			
	Survey 1	Survey 2	Survey 3
Domain 1	4	4	3
	4	2	3
	5	5	3
	3	3	3
	3	3	2
Domain 2	3	3	5
	3	3	5
	3	Does Not Apply	Blank
	3	3	5
	3	3	5
	3	3	5
	3	2	5
Domain 3	3	3	5
	3	3	5
	3	3	5
	3	3	5
	3	3	Blank
Domain 4	3	3	Blank
	Blank	3	Blank
	3	3	Blank

Sum of all answered items across all domains

$$\frac{201}{59} = 3.41$$

"Does Not Apply" and "Blank" responses are excluded and the denominator is adjusted accordingly

Facility Overall Score:
 $(3.41 \div 5) \times 100 = 68\%$

5 is the maximum possible score

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PIX Survey Data Submission

PIX Survey Data Submission

- Data will be submitted via the Hospital Quality Reporting (HQR) System using a data form (manual submission) or a file upload (CSV or XML).
- The first mandatory reporting period is January 1, 2026, through December 31, 2026.
- The submission period is July 1 to August 16, 2027.

Public Reporting

- CMS will publicly report PIX Survey results on the Compare tool at [Medicare.gov](https://www.medicare.gov).
- Results will be presented at the facility-level as five separate mean scores, overall patient experience and the four domains.
- Publicly available data will allow facilities to identify areas for improvement.
- Facilities are given the opportunity to review and correct their data 30 days before the data is publicly displayed on the Compare tool at [Medicare.gov](https://www.medicare.gov).

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Frequently Asked Questions

Question 1

Is a Power of Attorney or Surrogate able to complete the survey on the patient's behalf?

The PIX Survey must only be completed by the patient who received care. Responses from surrogate decision-makers, power of attorney, or other representatives are not valid for this measure and should not be submitted under the IPFQR Program.

We understand that some individuals may request assistance, and patients must be offered the option to seek help from staff, a caregiver (including parents or guardians), or a peer.

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. When assistance is provided, patient anonymity must be maintained throughout the process.

Question 2

For patients who do not speak English or Spanish, how should the PIX Survey be administered to them?

CMS encourages use of the validated PIX Survey in English and Spanish.

If an individual's preferred language is not English or Spanish and oral interpretation is reasonable, a qualified interpreter or translation service should be used to provide the PIX Survey in the individual's preferred language. A qualified interpreter for an individual with limited English proficiency is one who, through on-site or remote services:

- Adheres to generally accepted interpreter ethics principles, including client confidentiality;
- Has demonstrated proficiency in speaking and understanding both spoken English and at least one other spoken language; and
- Can interpret effectively, accurately, and impartially, both receptively and expressly, to and from such language(s) and English, using any necessary specialized vocabulary, terminology and phraseology.

Question 3

Are there technical specifications available for the PIX Survey data submission process?

Yes, the following technical specifications are available on the QualityNet IPFQR Program Resources page (<https://qualitynet.cms.gov/ipf/ipfqr/resources>):

- CSV Data Collection Template
- CSV Instructions
- Data Dictionary
- XML File Layout and Instructions
- File Upload Edit Messages

Question 4

Are vendors allowed to submit PIX Survey data on behalf of the IPF via the HQR System?

Yes, an IPF can choose whether to administer the PIX Survey or use a vendor. If a vendor is used, anonymity must be maintained. The IPF will need to give the vendor the appropriate authorization and permission, in the HQR System, to submit the PIX Survey data.

Question 5

Can the PIX Survey questions be reworded?

Since the PIX Survey is a validated instrument, the PIX Survey questions and domains cannot be reworded and must remain intact. (Additional questions cannot be interspersed within the survey).

Question 6

Are supplemental questions allowed to be added to the end of the survey?

Yes, if patient anonymity can be ensured, it is permissible to add optional supplemental questions to the end of the survey.

It should be clear to the patient that the supplemental questions are not part of the CMS PIX Survey, for example, by adding a header such as, “This ends the CMS Psychiatric Inpatient Experience survey, and now [name of IPF] would like to ask a few other questions.”

Question 7

Are IPFs required to use the emoji scale when administering the PIX Survey to patients with mild impairments?

The emoji scale should be used during the administration of the PIX Survey in this instance. This scale should not be in reverse order or renamed. IPFs are encouraged to offer simplified instructions and/or use visual aids for patients with impairments.

The emoji scale is available in English and Spanish and can be accessed here:

- [English version](#)
- [Spanish version](#)

Question 8

What are the voluntary and mandatory reporting and submission periods for the PIX Survey?

Voluntary	Mandatory
Reporting Period: Calendar Year (CY) 2025 (January 1–December 31, 2025)	Reporting Period: CY 2026 (January 1–December 31, 2026)
Submission Period: July 1, 2026–August 17, 2026	Submission Period: July 1, 2027–August 16, 2027

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Resources and Tools

Resources and Tools

- QualityNet
 - [IPFQR Program Resources](#)
 - [IPFQR Program Measures Resources](#)
- PIX Survey – English and Spanish versions
- PIX Emoji Scale – English and Spanish versions
- Fact Sheet
- Implementation Guide
- Frequently Asked Questions
- Technical Specifications
 - CSV Data Collection Template
 - CSV Instructions
 - Data Dictionary
 - XML File Layout and Instructions
 - File Upload Edit Messages

Helpful Resources

Stay up to date...



..and get answers to your questions.



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Thank You

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