

Nevada Hospital Quality Measures

HBIPS-2: Hours of Physical Restraint Use & HBIPS-3: Hours of Seclusion Use



2026 Program Year

Measure Overview

HBIPS-2 and HBIPS-3 are high-priority "event" measures that track the total hours patients spend in restrictive interventions. These metrics are used by both CMS and The Joint Commission to monitor patient safety and promote the use of less-restrictive behavioral health interventions.



HBIPS-2: Hours of Physical Restraint Use per 1,000 patient hours



HBIPS-3: Hours of Seclusion Use per 1,000 patient hours



Reporting: Both measures are reported as a rate across four age-based strata- Children (1-12), Adolescents (13-17), Adults (18-64), and Older Adults (65+)



Impact: Why These Measures Matter

The use of seclusion and restraint represents a high-risk clinical intervention that can lead to physical injury, psychological trauma, or death for both patients and staff. Monitoring these hours helps facilities move toward a "restraint-free" environment by identifying units or shifts where de-escalation training may be needed.

✔ Strategic Alignment

Supports Nevada's 2025-2027 Quality Strategy Goal to increase use of evidence-based practices for members with behavioral health conditions by December 31, 2027.

✔ Patient Autonomy

Reflects the facility's success in respecting patient rights and independence.

✔ Safety Indicator

High rates often correlate with staffing shortages or gaps in clinical competency.

✔ Public Accountability

Data is publicly reported, influencing facility reputation and accreditation status.



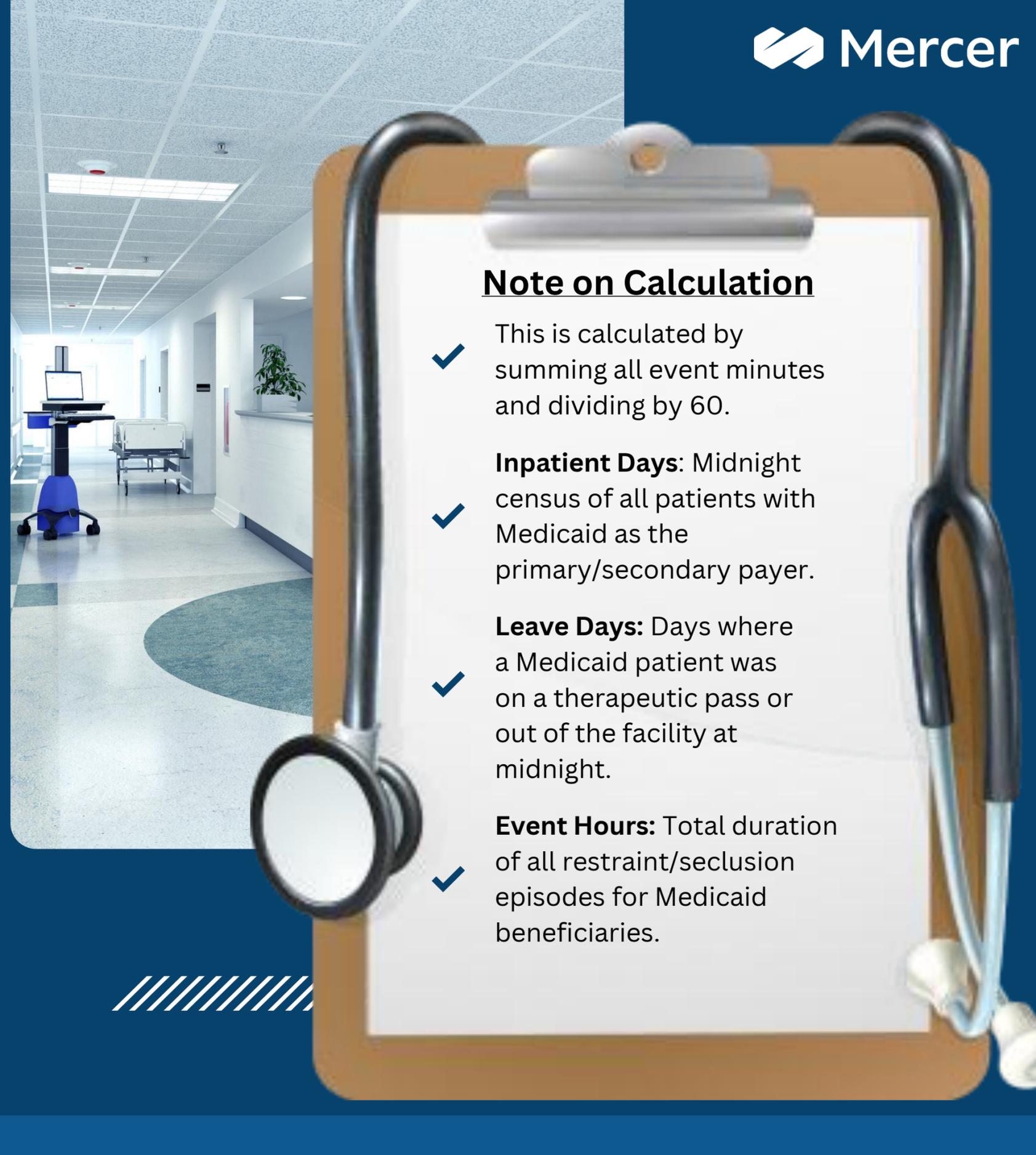
Defining the Population

✔ Denominator (*The Exposure*)

- The total volume of care provided to Medicaid inpatients, expressed in 1,000-hour increments.

✔ Numerator (*The Events*)

- The total number of hours that Medicaid inpatients spent in physical restraint (HBIPS-2) or seclusion (HBIPS-3).

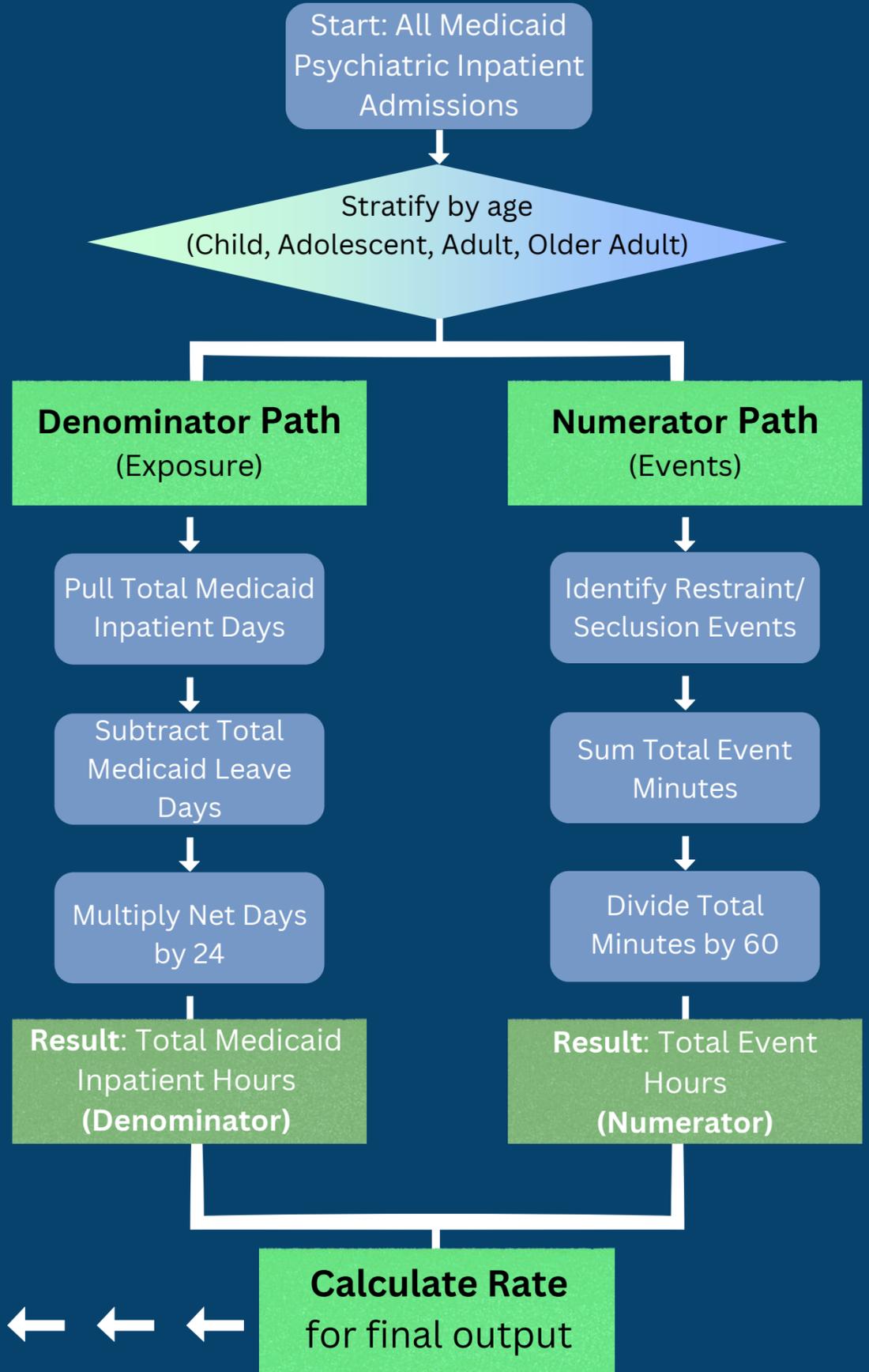


Note on Calculation

- ✔ This is calculated by summing all event minutes and dividing by 60.
- ✔ **Inpatient Days:** Midnight census of all patients with Medicaid as the primary/secondary payer.
- ✔ **Leave Days:** Days where a Medicaid patient was on a therapeutic pass or out of the facility at midnight.
- ✔ **Event Hours:** Total duration of all restraint/seclusion episodes for Medicaid beneficiaries.



Measure Logic Flowchart



HBIPS-2/HBIPS-3 Calculation Formula

$$\frac{\text{Total inpatient physical restraint hours}}{\text{Total inpatient days} \times 24} \times 1,000 = \frac{\text{Rate per 1,000 Medicaid Inpatient hrs}}{1,000}$$



Best Practices for Data Extraction

Since these measures are retrospective, success depends on the bridge between real-time clinical documentation and the month-end data pull.

Focus Area	Key Action
Standardized Logs	Use a uniform Event Tracking Log across all units to capture exact Start/Stop times in minutes.
Stratification Accuracy	Ensure the Date of Birth is verified at admission to automatically assign events to the correct age stratum.
Census Alignment	Reconcile daily nursing census with billing software to ensure "Leave Days" are accurately subtracted.
Real-Time Audits	Review restraint/seclusion orders within 24 hours to ensure the documented duration matches the nursing flowsheets.



Common Data Capture Pitfalls

Small errors in time-tracking can lead to significantly skewed rates due to the 1,000-hour multiplier!



✔ The “Minute to Hour” Error

Reporting total minutes as hours in the CMS portal, which inflates the rate by 60x.

✔ The Overlap Trap

Counting one event that spans two months in the wrong month's total; minutes should be attributed to the month they occurred.

✔ Missed Release Times

Failing to document the exact time a restraint ended, leading to "default" durations that may be longer than the actual event.

✔ Leave Day Confusion

Forgetting to subtract patient leave days, which incorrectly increases your denominator and artificially lowers your rate.



Frequently Asked Questions

1. Which hospitals does this measure apply to?

Only psychiatric hospitals, not hospitals with psychiatric units.

2. If a patient is in a restraint for only 5mins, do we have to count it?

Yes. There is no “minimum duration” for these measures. Every minute of a physical restraint or seclusion event must be tracked and summed into the monthly total.

3. We had zero restraints this month. Do we still have to report?

Yes. Reporting a “0” is just as important as reporting a “5.0”. It validates your de-escalation success.



How Can We Help?



For additional questions, personalized 1:1 coaching, or to schedule a meeting to review your facility's data, please reach out to our support team members below:

State Directed Payments- Ann Jensen
ajensen@nvha.nv.gov

Reporting Template- Liza Auterino
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Clinical Support- Sherrian Thompson
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Accuracy is in the Minutes

Tiny discrepancies in start/stop times can have a massive impact on your reported thousand-hour rate.



Denominators Matter

Accurate tracking of "Leave Days" is the most common way facilities accidentally report incorrect data.



Stratification is Key

Ensure your reporting tool correctly partitions data into the four specific age strata to avoid "rejected" files in the CMS portal.



Intervention Last

High rates should trigger a root-cause analysis of the "less restrictive measures" attempted before the event.

Key Takeaways

Managing HBIPS-2 and HBIPS-3 requires a dual focus on clinical de-escalation and rigorous documentation accuracy. These measures are not just "compliance checkboxes" but are active reflections of your facility's safety culture.





Thank you!

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