Abstraction Paper Tool for the Substance Use (SUB) Measures
Discharges 01-01-2021 (Q1 2021) through 12-31-2021 (Q4 2021)

This measure abstraction paper tool is provided as an optional, informal mechanism to aid inpatient psychiatric facilities in the collection of the measures for the Centers for Medicare & Medicaid Services (CMS) Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. The tool is designed to collect patient-specific data; however, once abstracted, the data will need to be compiled and reported to CMS in aggregate. If there are any questions or concerns regarding the use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hsag.com.

Birth Date:_____ _____ _____
Unable to determine (UTD) is not an allowable entry.

Patient Identifier:_____

Admission Date:_____ _____ _____
UTD is not an allowable entry.

Discharge Date:_____ _____ _____
UTD is not an allowable entry.

Individual Medical Record Data Collection Tool

SUB-2

1. **What is the patient's age?** *Patient Age* (in years) is calculated by *Admission Date* minus *Birth Date* _____

    a. If *Patient Age* is fewer than 18 years, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for SUB-2. The case will not be included in the numerator or denominator count for SUB-2.

    b. If *Patient Age* is 18 years of age or greater, proceed to *Length of Stay.*

2. **What is the length of stay?** *Length of Stay* (in days) equals *Discharge Date* minus *Admission Date*

    a. If *Length of Stay* is less than or equal to one day, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for SUB-2. The case will not be included in the numerator or denominator count for SUB-2.

    b. If *Length of Stay* is greater than one day, proceed to *Comfort Measures Only.*

3. **When is the earliest physician, advanced practice nurse (APN), or physician assistant (PA) documentation of comfort measures only?**
    (Comfort Measures Only)

    a. If *Comfort Measures Only* equals 1, 2, or 3, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for SUB-2. The case will not be included in the numerator or denominator count for SUB-2.

    b. If *Comfort Measures Only* equals 4, proceed to *Alcohol Use Status.*

4. What is the patient's alcohol use status? *(Alcohol Use Status)*_____

_____ 1 The patient was screened with a validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates no or low risk of alcohol related problems.

_____ 2 The patient was screened with a validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.

_____ 3 The patient was screened with a non-validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates no or low risk of alcohol related problems.

_____ 4 The patient was screened with a non-validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.

_____ 5 The patient refused the screen for alcohol use within the first day of admission (by end of Day 1).

_____ 6 The patient was not screened for alcohol use within the first day of admission (by end of Day 1) or unable to determine from medical record documentation.

_____ 7 The patient was not screened for alcohol use within the first day of admission (by end of Day 1) because of cognitive impairment.

a. If *Alcohol Use Status* equals 1, 5, or 7, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator count for SUB-2.

b. If *Alcohol Use Status* equals 3, 4, or 6, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for SUB 2. Add 0 to the numerator for SUB 2.

c. If *Alcohol Use Status* equals 2 proceed to *Brief Intervention.*

5. Did patient receive a brief intervention prior to discharge? (*Brief Intervention*)

_____ 1 The patient received the components of a brief intervention.

_____ 2 The patient refused/declined the brief intervention.

_____ 3 Brief counseling was not offered to the patient during the hospital stay or unable to determine if a brief intervention was provided from medical record documentation.

a. If *Brief Intervention* equals 3, the case will be included (Measure Category Assignment of "D"). Add 1 to the denominator count for SUB-2. Add 0 to the numerator count. Stop abstracting for SUB-2.

b. If *Brief Intervention* equals 1 or 2, the case will be included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for SUB-2. Proceed to SUB-2a.

SUB-2a

1. **Determine numerator and denominator for SUB-2a.**

   a. If the case is excluded for SUB-2 (Measure Category Assignment of "B"), it will not be in sub-measure SUB-2a. Add 0 to the numerator and denominator for SUB-2a. Stop abstracting.

   b. If the case is included in SUB-2 (Measure Category Assignment of "D" or "E"), recheck *Alcohol Use Status.*

2. **What is the patient's alcohol use status?** *(Alcohol Use Status)* _____

   a. If *Alcohol Use Status* equals 3, 4, or 6, the case will be not included. Stop abstracting. The case will not be included in the numerator and denominator count for SUB-2a.

   b. If *Alcohol Use Status* equals 2 proceed to *Brief Intervention.*

3. **Did patient receive a brief intervention prior to discharge?** (*Brief Intervention*)

   a. If *Brief Intervention* equals 2 or 3, the case will be included (Measure Category Assignment of "D"). Add 1 to the denominator count for SUB-2a. Add 0 to the numerator. Stop abstracting for SUB-2a.

   b. If *Brief Intervention* equals 1, the case will be included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for SUB-2a. Stop abstracting.

SUB-3

1. **What is the patient's age?** *Patient Age* (in years) is calculated by *Admission Date* **minus** *Birth Date*

   a. If *Patient Age* is fewer than 18 years, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for SUB-3. The case will not be included in the numerator or denominator count for SUB-3.

   b. If *Patient Age* is 18 years of age or greater, proceed to *Length of Stay.*

2. **What is the length of stay?** *Length of Stay* (in days) equals *Discharge Date* minus *Admission Date*

   a. If *Length of Stay* is less than or equal to one day, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for SUB-3. The case will not be included in the numerator or denominator count for SUB-3.

   b. If *Length of Stay* is greater than one day, proceed to *Comfort Measures Only.*

3. **When is the earliest physician, advanced practice nurse (APN), or physician assistant (PA) documentation of comfort measures only?** *(Comfort Measures Only)*

a. If *Comfort Measures Only* equals 1, 2, or 3, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for SUB-3. The case will not be included in the numerator or denominator count for SUB-3.

b. If *Comfort Measures Only* equals 4, proceed to *Alcohol Use Status*.

4. **What is the patient's alcohol use status?** *(Alcohol Use Status)* _____

a. If *Alcohol Use Status* equals 7, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting. The case will not be included in the numerator or denominator count for SUB-3.

b. If *Alcohol Use Status* equals 1, 2, 3, 4, 5, or 6, proceed to *Discharge Disposition*

5. **What was the patient's discharge disposition on the day of discharge?**
(Discharge Disposition)

_____ 1 Home

_____ 2 Hospice – home

_____ 3 Hospice – healthcare facility

_____ 4 Acute care facility

_____ 5 Other healthcare facility

_____ 6 Expired

_____ 7 Left against medical advice/AMA

_____ 8 Not documented or unable to determine (UTD)

a. If Discharge Disposition equals 2, 3, 4, 5, 6, or 7, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for SUB-3. The case will not be included in the numerator or denominator count for SUB-3.

b. If Discharge Disposition equals 1 or 8, proceed to *ICD-10-CM Principal or Other Diagnosis Codes*.

6. **What were the ICD-10-CM Principal or Other Diagnosis Codes selected for this record?** *(ICD-10-CM Principal or Other Diagnosis Codes)* _____

a. If none of the codes above are on Tables 13.1 or 13.2, proceed to *ICD-10-PCS Principal or Other Procedure Codes.*

b. If at least one code above is on Tables 13.1 or 13.2, proceed to *Referral for Addictions Treatment.*

7. **What were the ICD-10-PCS Principal or Other Procedure Codes selected for this record?** *(ICD-10-PCS Principal or Other Procedure Codes)* _____

a. If none of the codes above are on Table 13.3, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for SUB-3. The case will not be included in the numerator or denominator count for SUB-3*.*

b. If at least one code above is on Table 13.3, proceed to *Referral for Addictions Treatment.*

8. Was a referral for addictions treatment made for the patient prior to discharge? (*Referral for Addictions Treatment*)

_____ 1 The referral to addictions treatment was made by the healthcare provider or healthcare organization at any time prior to discharge.

_____ 2 Referral information was given to the patient at discharge, but the appointment was not made by the provider or healthcare organization prior to discharge.

_____ 3 The patient refused the referral for addictions treatment and the referral was not made.

_____ 4 The patient**:**
- is being discharged to a residence outside the US.
- is released to court hearing and does not return.
- is being discharged to jail/law enforcement.

_____ 5 The referral for addictions treatment was not offered at any time prior to discharge or unable to determine from the medical record documentation.

a. If *Referral for Addictions Treatment* equals 4, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for SUB-3. The case will not be included in the numerator or denominator count for SUB-3.

b. If *Referral for Addictions Treatment* equals 1, 2, 3, or 5, proceed to *Prescription for Alcohol or Drug Disorder Medication*.

9. Was one of the FDA-approved medications for alcohol or drug disorder prescribed at discharge? (*Prescription for Alcohol or Drug Disorder Medication*)

_____ 1 A prescription for an FDA-approved medication for alcohol or drug disorder was given to the patient at discharge.

_____ 2 A prescription for an FDA-approved medication for alcohol or drug disorder was offered at discharge and the patient refused.

_____ 3 The patient**:**
- is being discharged to a residence outside the USA.
- is released to court hearing and does not return.
- is being discharged to jail/law enforcement.

_____ 4 A prescription for an FDA-approved medication for alcohol or drug disorder was not offered at discharge, or unable to determine from medical record documentation.

a. If *Prescription for Alcohol or Drug Disorder Medication* equals 3, the case will be excluded (Measure Category Assignment of "B"). Stop abstracting for SUB-3. The case will not be included in the numerator or denominator count for SUB-3.

b. If *Prescription for Alcohol or Drug Disorder Medication* equals 1, 2, or 4, recheck *Referral for Addictions Treatment*.

10. **Was a referral for addictions treatment made for the patient prior to discharge?** (*Referral for Addictions Treatment*)

   a. If *Referral for Addictions Treatment* equals 1 or 3, the case will be included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for SUB-3. Proceed to SUB-3a.

   b. If *Referral for Addictions Treatment* equals 2 or 5, recheck *Prescription for Alcohol or Drug Disorder Medication*.

SUB-3a

1. **Was one of the FDA-approved medications for alcohol or drug disorder prescribed at discharge?** (*Prescription for Alcohol or Drug Disorder Medication)*

   a. If *Prescription for Alcohol or Drug Disorder Medication* equals 4, the case will be included (Measure Category Assignment of "D"). Add 1 to the denominator count for SUB-3. Add 0 to the numerator count. Proceed to SUB-3a.

   b. If *Prescription for Alcohol or Drug Disorder Medication* equals 1 or 2, the case will be included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for SUB-3. Proceed to SUB-3a.

2. **Determine numerator and denominator for SUB-3a.**

   a. If the case is excluded for SUB-3 (Measure Category Assignment of "B"), it will not be in sub-measure SUB-3a. Stop abstracting. Add 0 to the numerator and denominator for SUB-3a.

   b. If the case is included in SUB-3 (Measure Category Assignment of "D" or "E"), recheck *Referral for Addictions Treatment.*

3. **Was a referral for addictions treatment made for the patient prior to discharge?** *(Referral for Addictions Treatment)*

   a. If *Referral for Addictions Treatment* equals 1, the case will be included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for SUB-3a. Stop abstracting.

   b. If *Referral for Addictions Treatment* equals 2, 3, or 5, recheck *Prescription for Alcohol or Drug Disorder Medication*.

4. **Was one of the FDA-approved medications for alcohol or drug disorder prescribed at discharge?** (*Prescription for Alcohol or Drug Disorder Medication*)

   a. If *Prescription for Alcohol or Drug Disorder Medication* equals 2 or 4, the case will be included (Measure Category Assignment of "D"). Add 1 to the denominator count for SUB-3a. Add 0 to the numerator count. Stop abstracting for SUB-3a.

   b. If *Prescription for Alcohol or Drug Disorder Medication* equals 1, the case will be included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for SUB-3a. Stop abstracting for SUB-3a.

Determine whether the patient is included in the numerator and denominator count.

Patient Level – SUB-2

_____ Numerator

_____ Denominator

Patient Level – SUB-2a

_____ Numerator

_____ Denominator

Patient Level – SUB-3

_____ Numerator

_____ Denominator

Patient Level – SUB-3a

_____ Numerator

_____ Denominator

The numerator and denominator for each medical record will be aggregated for submission to *QualityNet*.