The Centers for Medicare & Medicaid Services (CMS) provides this measure abstraction paper tool as an optional, informal mechanism to aid inpatient psychiatric facilities in the collection of patient-specific data for the Substance Use measures of the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. CMS will store the data you submit in the CMS Centralized Data Repository for analysis and report generation. 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.

Ind	ivid	ual Medical Record Data Collection Tool		
Birt	th D	ate:// to determine (UTD) is not an allowable entry.		
		Identifier:		
		not an allowable entry.		
Dis	cha	rge Date:// not an allowable entry.		
SU	B-2			
1.	What is the patient's age? Patient Age (in years) is calculated by Admission Date minus Birth Date			
	a.	If <i>Patient Age</i> 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.	ass	en is the earliest physician, advanced practice nurse (APN), or physician sistant (PA) documentation of comfort measures only? omfort 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 alcoho	I use status?	(Alcohol Us	se Status)	
					,	

- 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.
- 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.
- 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.
- 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.
- The patient refused the screen for alcohol use within the first day of admission (by end of Day 1).
- 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 re	eceive 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.
or u	f counseling was not offered to the patient during the hospital stay nable to determine if a brief intervention was provided from medical ord 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

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

- 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*.

8 Not documented or unable to determine (UTD)

- 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.			erral for addictions treatment made for the patient prior to e? (Referral for Addictions Treatment)
			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 organizate prior to discharge.			appointment was not made by the provider or healthcare organization
3 The patient refused the referral for addictions treatment and the reference was not made.			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.	(Mea	eferral for Addictions Treatment equals 4, the case will be excluded asure Category Assignment of "B"). Stop abstracting for SUB-3. The case not be included in the numerator or denominator count for SUB-3.
	b.		eferral for Addictions Treatment equals 1, 2, 3, or 5, proceed to ecription for Alcohol or Drug Disorder Medication.
9.			of the FDA-approved medications for alcohol or drug disorder ed 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.	excl	escription for Alcohol or Drug Disorder Medication equals 3, the case will be uded (Measure Category Assignment of "B"). Stop abstracting for SUB-3. 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 w	hether the patient is included in the numerator and denominator count.
Patient Leve	el – SUB-2
N	Numerator
	Denominator
Patient Leve	el – SUB-2a
N	Numerator
	Denominator
Patient Leve	el – SUB-3
N	Numerator
	Denominator
Patient Leve	el – SUB-3a
N	Numerator
Г	Denominator