Abstraction Paper Tool for the Tobacco Treatment (TOB) Measures
Discharges 01-01-2023 (Q1 2023) through 12-31-2023 (Q4 2023)

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 Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Tobacco Treatment measures. 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 use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hsag.com.

Individual Medical Record Data Collection Tool

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.

TOB-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. The case will not be included in the numerator or denominator for TOB-2. Add 0 to the numerator and denominator for TOB-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. The case will not be included in the numerator or denominator for TOB-2. Add 0 to the numerator and denominator for TOB-2.

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

3. **When is the earliest physician, APN, or 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. The case will not be included in the numerator or denominator for TOB-2. Add 0 to the numerator and denominator for TOB-2.

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

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

    _____ 1   Current everyday tobacco user.

    _____ 2   Current some day tobacco user.

    _____ 3   Former tobacco user.

    _____ 4   Never tobacco user.

    _____ 5   The patient refused the tobacco use screen.

    _____ 6   Tobacco use status unknown.

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

    a. If *Tobacco Use Status* equals 3, 4, 5, 6, or 7, proceed to *Tobacco Use Status*.

    b. If *Tobacco Use Status* equals 1 or 2, proceed to *Tobacco Use Treatment Practical Counseling*.

5. **What is the patient's tobacco use status?** *(Tobacco Use Status)* _____

    a. If *Tobacco Use Status* equals 3, 4, 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 for TOB-2. Add 0 to the numerator and denominator for TOB-2.

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

6. **Did the patient receive all of the components of practical counseling (recognizing danger situations, developing coping skills, and providing basic information about quitting) during the hospital stay?** *(Tobacco Use Treatment Practical Counseling)*

    _____ 1   The patient received all components of practical counseling during the hospital stay.

    _____ 2   The patient refused/declined practical counseling during the hospital stay.

    _____ 3   Practical counseling was not offered to the patient during the hospital stay, or unable to determine if tobacco use treatment was provided from medical record documentation.

    a. If *Tobacco Use Treatment Practical Counseling* equals 3, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2. Add 0 to the numerator for TOB-2.

    b. If *Tobacco Use Treatment Practical Counseling* equals 1 or 2, proceed to *Tobacco Use Status.*

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7. **What is the patient's tobacco use status?** *(Tobacco Use Status)* _____

    a. If *Tobacco Use Status* equals 2, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2.

    b. If *Tobacco Use Status* equals 1, proceed to *Tobacco Use Treatment FDA- Approved Cessation Medication*.

8. **Did the patient receive one of the FDA-approved tobacco cessation medications during the hospital stay?** *(Tobacco Use Treatment FDA-Approved Cessation Medication)*

    _____ 1   The patient received one of the FDA-approved tobacco cessation medications during the hospital stay.

    _____ 2   The patient refused the FDA-approved tobacco cessation medications during the hospital stay.

    _____ 3   FDA-approved tobacco cessation medications were not offered to the patient during the hospital stay, or unable to determine from medical record documentation.

    a. If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 1 or 2, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2. Proceed to TOB-2a.

    b. If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 3, proceed to *Reason for No Tobacco Cessation Medication During the Hospital Stay*.

9. **Is there documentation of a reason for not administering one of the FDA-approved tobacco cessation medications during the hospital stay?**

    (Reason for No Tobacco Cessation Medication During the Hospital Stay)

    _____ Yes   There is documentation of a reason for not administering an FDA-approved cessation medication during the hospital stay.

    _____ No   There is no documentation of a reason for not administering an FDA- approved cessation medication during the hospital stay, or unable to determine from medical record documentation.

    a. If *Reason for No Tobacco Cessation Medication During the Hospital Stay* equals No, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2. Add 0 to the numerator for TOB-2.

    b. If *Reason for No Tobacco Cessation Medication During the Hospital Stay* equals Yes, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2. Proceed to TOB-2a.

TOB-2a

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

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

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

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

   a. If *Tobacco Use Status* equals 6, the case will not be included. Stop abstracting. Add 0 to BOTH the numerator and denominator for TOB-2a.

   b. If *Tobacco Use Status* equals 1 or 2, proceed to *Tobacco Use Treatment Practical Counseling.*

3. **Did the patient receive all components of practical counseling (recognizing danger situations, developing coping skills, and providing basic information about quitting) during the hospital stay?** *(Tobacco Use Treatment Practical Counseling)*_____

   a. If *Tobacco Use Treatment Practical Counseling* equals 2 or 3, the case will be included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2a. Add 0 to the numerator for TOB-2a.

   b. If *Tobacco Use Treatment Practical Counseling* equals 1, proceed to *Tobacco Use Status*.

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

   a. If *Tobacco Use Status* equals 2, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2a.

   b. If *Tobacco Use Status* equals 1, proceed to *Tobacco Use Treatment FDA-Approved Cessation Medication.*

5. **Did the patient receive one of the FDA-approved tobacco cessation medications during the hospital stay?** *(Tobacco Use Treatment FDA-Approved Cessation Medication)*_____

   a. If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 1, the case is included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2a.

   b. If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 2, the case is included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2a. Add 0 to the numerator for TOB-2a.

   c. If *Tobacco Use Treatment FDA-Approved Cessation Medication* equals 3, proceed to *Reason for No Tobacco Cessation Medication During the Hospital Stay*.

6. **Is there documentation of a reason for not administering one of the FDA-approved tobacco cessation medications during the hospital stay?**
(Reason for No Tobacco Cessation Medication During the Hospital Stay) _____

   a. If *Reason for No Tobacco Cessation Medication During the Hospital Stay* equals No, the case is included (Measure Category Assignment of "D"). Stop abstracting. Add 1 to the denominator for TOB-2a. Add 0 to the numerator for TOB-2a.

   b. If *Reason for No Tobacco Cessation Medication During the Hospital Stay* equals Yes, the case is included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-2a.

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

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

3. **When is the earliest physician, APN, or 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 TOB-3. The case will not be included in the numerator or denominator count for TOB-3.

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

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

   a. If *Tobacco Use Status* equals 3, 4, 5, 6, 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 for TOB-3. Add 0 to the numerator and denominator for TOB-3.

   b. If *Tobacco Use Status* equals 1 or 2, proceed to *Discharge Disposition*.

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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 TOB-3. The case
        will not be included in the numerator or denominator count for TOB-3.

   b.   If *Discharge Disposition* equals 1 or 8, proceed to *Referral for Outpatient Tobacco
        Cessation Counseling*.

6. **Did the patient receive a referral for outpatient tobacco cessation counseling?**
   (*Referral for Outpatient Tobacco Cessation Counseling*)

   _____ 1   The *Referral for Outpatient Tobacco Cessation Counseling* 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 Outpatient Tobacco Cessation
              Counseling* treatment and the referral was not made.

   _____ 4   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.

   _____ 5   The *Referral for Outpatient Tobacco Cessation Counseling* treatment
              was not offered at discharge or unable to determine from the medical
              record documentation.

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

b. If *Referral for Outpatient Tobacco Cessation Counseling* equals 2 or 5, the case will be included (Measure Category Assignment of "D"). Add 1 to the denominator for TOB-3. Add 0 to the numerator for TOB-3.

c. If *Referral for Outpatient Tobacco Cessation Counseling* equals 1 or 3, proceed to *Tobacco Use Status*.

7. **What is the patient's tobacco use status?** *(Tobacco Use Status)* _____

a. If *Tobacco Use Status* equals 2, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-3.

b. If *Tobacco Use Status* equals 1, proceed to *Prescription for Tobacco Cessation Medication*.

8. **Was an FDA-approved tobacco cessation medication prescribed at discharge?** *(Prescription for Tobacco Cessation Medication)* _____

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

b. If *Prescription for Tobacco Cessation Medication* equals 1 or 2, the case will be included (*Me*asure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for TOB-3. Proceed to TOB-3a*.

c. If *Prescription for Tobacco Cessation Medication* equals 4, proceed to *Reason for No Tobacco Cessation Medication at Discharge*.

9. **Is there documentation of a reason for not prescribing one of the FDA-approved tobacco cessation medications at discharge?**

(Reason for No Tobacco Cessation Medication at Discharge)

_____ Yes   There is documentation of a reason for not prescribing an FDA-approved cessation medication at discharge.

_____ No   There is no documentation of a reason for not prescribing an FDA-approved cessation medication at discharge, or unable to determine from medical record documentation.

a. If *Reason for No Tobacco Cessation Medication at Discharge* equals No, the case will be included (Measure Category Assignment of "D"). Add 1 to the denominator for TOB-3. Add 0 to the numerator for TOB-3. Proceed to TOB-3a.

b. If *Reason for No Tobacco Cessation Medication at Discharge* equals Yes, the case will be included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for TOB-3. Proceed to TOB-3a.

TOB-3a

1. **Determine numerator and denominator for TOB-3a.**

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

   b. If the case is included in TOB-3 (Measure Category Assignment of "D" or "E"), recheck *Referral for Outpatient Tobacco Cessation Counseling*.

2. **Did the patient receive a referral for outpatient tobacco cessation counseling?**

   (Referral for Outpatient Tobacco Cessation Counseling) _____

   a. If *Referral for Outpatient Tobacco Cessation Counseling* equals 2, 3, or 5, the case will not be included in the numerator (Measure Category Assignment of "D"). Add 1 to the denominator for TOB-3a. Add 0 to the numerator for TOB-3a. Stop abstracting.

   b. If *Referral for Outpatient Tobacco Cessation Counseling* equals 1, proceed to *Tobacco Use Status*.

3. **What is the patient's tobacco use status?** *(Tobacco Use Status)*_____

   a. If *Tobacco Use Status* equals 2, the case will be included (Measure Category Assignment of "E"). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-3a.

   b. If *Tobacco Use Status* equals 1, proceed to *Prescription for Tobacco Cessation Medication*.

4. **Was an FDA-approved tobacco cessation medication prescribed at discharge?**

   (Prescription for Tobacco Cessation Medication)

   _____ 1   A prescription for an FDA-approved tobacco cessation medication was given to the patient at discharge.

   _____ 2   A prescription for an FDA-approved tobacco cessation medication 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 tobacco cessation medication was not offered at discharge, or unable to determine from medical record documentation.

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    a.   If *Prescription for Tobacco Cessation Medication* equals 1, the case is included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for TOB-3a. Stop abstracting.

    b.   If *Prescription for Tobacco Cessation Medication* equals 2, the case is included (Measure Category Assignment of "D"). Add 1 to the denominator count for TOB- 3a. Add 0 to the numerator count for TOB-3a. Stop abstracting.

    c.   If *Prescription for Tobacco Cessation Medication* equals 4, proceed to *Reason for No Tobacco Cessation Medication at Discharge*.

5. Is there documentation of a reason for not prescribing tobacco cessation medications at discharge? *(Reason for No Tobacco Cessation Medication at Discharge)* _____

    a.   If *Reason for No Tobacco Cessation Medication at Discharge* equals No, the case is included (Measure Category Assignment of "D"). Add 1 to the denominator count for TOB-3a. Add 0 to the numerator count for TOB-3a. Stop abstracting.

    b.   If *Reason for No Tobacco Cessation Medication at Discharge* equals Yes, the case is included (Measure Category Assignment of "E"). Add 1 to BOTH the numerator and denominator count for TOB-3a. Stop abstracting.

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

Patient Level – TOB-2

_____ Numerator

_____ Denominator

Patient Level – TOB-2a

_____ Numerator

_____ Denominator

Patient Level – TOB-3

_____ Numerator

_____ Denominator

Patient Level – TOB-3a

_____ Numerator

_____ Denominator

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