

**Abstraction Paper Tool for the Tobacco Use (TOB) Measures
Discharges 01-01-2020 (Q1 2020) through 12-31-2020 (Q4 2020)**

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 use of this measure abstraction paper tool, please contact the IPFQR Program Support Contractor at IPFQualityReporting@hsag.com.

The TOB-1 measure was removed from the IPFQR Program as finalized in the Fiscal Year (FY) 2019 Inpatient Psychiatric Facility Prospective Payment Services Final Rule for FY 2020 and subsequent payment determination years.

TOB-1 guidance is included in this abstraction paper tool **only** to assist with the data collection process for the TOB-2 / -2a and TOB-3 / -3a measures.

TOB-1 will **no longer** be reported to CMS.

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

TOB-1

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-1. Add 0 to the numerator and denominator for TOB-1.
 - 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-1. Add 0 to the numerator and denominator for TOB-1.
 - b. If *Length of Stay* is greater than one day, proceed to *Comfort Measures Only*.

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

(Comfort Measures Only)

- _____ 1 Day 0 or 1: The earliest day the physician/APN/PA documented *Comfort Measures Only* was the day of arrival (Day 0) or day after arrival (Day 1).
- _____ 2 Day 2 or after: The earliest day the physician/APN/PA documented *Comfort Measures Only* was two or more days after arrival day (Day 2+).
- _____ 3 Timing unclear: There is physician/APN/PA documentation of *Comfort Measures Only* during this hospital stay, but whether the earliest documentation of *Comfort Measures Only* was on Day 0 or 1 OR after Day 1 is unclear.
- _____ 4 Not documented/UTD: There is no physician/APN/PA documentation of *Comfort Measures Only*, or unable to determine from medical record documentation.
 - 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-1. Add 0 to the numerator and denominator for TOB-1.
 - b. If *Comfort Measures Only* equals 4, proceed to *Tobacco Use Status*.

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

- _____ 1 The patient has during the past 30 days:
 - smoked, on average, five or more cigarettes ($\geq \frac{1}{4}$ pack) daily, and/or
 - smoked cigars and/or pipes daily
- _____ 2 The patient has during the past 30 days:
 - smoked, on average, four or fewer cigarettes ($< \frac{1}{4}$ pack) daily, and/or
 - smoked cigarettes, cigars and/or pipes, but not daily, and/or
 - used smokeless tobacco, regardless of frequency
- _____ 3 The patient has not used any forms of tobacco in the past 30 days.
- _____ 4 The patient refused the tobacco use screen within the first day of admission (by the end of Day 1).
- _____ 5 The patient was not screened for tobacco use within the first day of admission (by the end of Day 1), or unable to determine the patient's tobacco use status from medical record documentation.
- _____ 6 The patient was not screened for tobacco use within the first day of admission (by the end of Day 1) because of cognitive impairment.

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- a. If *Tobacco Use Status* equals 6, 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-1. Add 0 to the numerator and denominator for TOB-1.
- b. If *Tobacco Use Status* equals 5, the case will be included (Measure Category Assignment of “D”). Stop abstracting. Add 1 to the denominator for TOB-1. Add 0 to the numerator for TOB-1.
- c. If *Tobacco Use Status* equals 1, 2, 3, or 4, the case will be included (Measure Category Assignment of “E”). Stop abstracting. Add 1 to BOTH the numerator and denominator for TOB-1.

TOB-2/-2a and TOB-3/-3a measures are IPFQR requirements
and **must** be reported to CMS.

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*) Enter value: _____
 - 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*)

Enter value from TOB-1: _____

- a. If *Tobacco Use Status* equals 3, 4, 5 or 6, 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 1 or 2, proceed to *Tobacco Use Treatment Practical Counseling*.

5. 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*.

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

Enter value from TOB-1: _____

- 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*.

7. 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.

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- 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*.

8. 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 Treatment Practical Counseling*.

2. 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*) Enter value from TOB-2: _____

- 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*.

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

Enter value from TOB-1: _____

- 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*.

4. Did the patient receive one of the FDA-approved tobacco cessation medications during the hospital stay? (*Tobacco Use Treatment FDA-Approved Cessation Medication*) Enter value from TOB-2: _____

- 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*.

5. 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*)

Enter value from TOB-2: _____

- 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*.

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- 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*)
Enter value from TOB-1: _____
- a. If *Tobacco Use Status* equals 3, 4, 5 or 6, 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*.
- 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*.

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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.
- 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)*

Enter value from TOB-1: _____

- 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*.

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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 (Measure 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*.

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

Enter value from TOB-1: _____

- 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.

- 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*). Enter value from TOB-3: _____

- 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.

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

Patient Level – TOB-1

_____ Numerator

_____ Denominator

Patient Level – TOB-2

_____ Numerator

_____ Denominator

Patient Level – TOB-2a

_____ Numerator

_____ Denominator

Patient Level – TOB-3

_____ Numerator

_____ Denominator

Patient Level – TOB-3a

_____ Numerator

_____ Denominator

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