

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program  
 Online Data Entry Tool Content for Web-Based Measure Collection  
 FY 2017 and Subsequent Years**

IPFs should complete the form in a fillable PDF format and submit via email to:  
[IPFQualityReporting@hcqis.org](mailto:IPFQualityReporting@hcqis.org).

CCN  Hospital Name

**Tobacco Treatment**

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**Tobacco Treatment- TOB-1 Tobacco Use Screening**

<i>NUMERATOR</i>	1Q 2015	2Q 2015	3Q 2015	4Q 2015
The total number of patients who were screened for tobacco use status within the first three days of admission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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<i>DENOMINATOR</i>	1Q 2015	2Q 2015	3Q 2015	4Q 2015
The number of hospitalized inpatients 18 years of age and older	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Tobacco Treatment- TOB-2 Tobacco Use Treatment Provided or Offered**

	TOB-2			
<i>NUMERATOR</i>	1Q 2015	2Q 2015	3Q 2015	4Q 2015
The number of patients who received or refused practical counseling to quit AND received or refused FDA approved cessation medications during the first three days after admission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>DENOMINATOR</i>	1Q 2015	2Q 2015	3Q 2015	4Q 2015
The number of hospitalized inpatients 18 years of age and older identified as current tobacco users	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Tobacco Treatment TOB-2a**

<i>NUMERATOR</i>	1Q 2015	2Q 2015	3Q 2015	4Q 2015
The number of patients who received practical counseling to quit AND received FDA-approved cessation medications during the first three days after admission	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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<i>DENOMINATOR</i>	1Q 2015	2Q 2015	3Q 2015	4Q 2015
The number of hospitalized inpatients 18 years of age and older identified as current tobacco users	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Immunization**

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**Immunization IMM-2 Influenza Immunization**

<i>NUMERATOR</i>	1Q 2015	2Q 2015	3Q 2015	4Q 2015
The number of inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<i>DENOMINATOR</i>	1Q 2015	2Q 2015	3Q 2015	4Q 2015
The number of acute care hospitalized inpatients age 6 months and older discharged during October, November, December, January, February, or March	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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PRA DISCLOSURE STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1171**. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850