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

**CCN Facility Name**

### Substance Use - SUB-1 Alcohol Use Screening

NUMERATOR CY 2016

The number of patients who were screened for alcohol use

using a validated screening questionnaire for unhealthy

drinking within the first three days of admission

DENOMINATOR CY 2016

The number of hospitalized inpatients 18 years of age and

older

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

**CCN Facility Name**

### Substance Use - SUB-2 Alcohol Use Brief Intervention Provided or Offered

NUMERATOR CY 2016

The number of patients who received or refused a brief intervention

DENOMINATOR CY 2016

The number of hospitalized inpatients 18 years of age and older

who screen positive for unhealthy alcohol use or an alcohol use disorder

(alcohol abuse or alcohol dependence)

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

**CCN Facility Name**

### Substance Use - SUB-2a Alcohol Use Brief Intervention

NUMERATOR CY 2016

The number of patients who received a brief intervention

DENOMINATOR CY 2016

The number of hospitalized inpatients 18 years of age and older

who screen positive for unhealthy alcohol use or an alcohol use disorder

(alcohol abuse or alcohol dependence)

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