Form Approved OMB No. 0938-1171 Expires: TBD

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Online Data Entry Tool Content for Substance Use Measure Collection FY 2018 and Subsequent Years

IPFs should complete the form in a fillable PDF format and submit via email to: <u>IPFQualityReporting@hcqis.org.</u>					
CCN	Facility Name				
Substance Use - SUB-1 Alcohol Use Screening					
NUMERATOR					
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					
DENON	MINATOR	CY 2016			
The number of hospitalized inpatients 18 years of age and older					

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CCN Facility Name				
Substance Use - SUB-2 Alcohol Use Brief Intervention Provided or Offered				
NUMERATOR				
The number of patients who received or refused a brief intervention				
DENOMINATOR				
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)				

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CCN Facility Name				
Substance Use - SUB-2a Alcohol Use Brief Intervention				
NUMERATOR The number of patients who received a brief intervention	CY 2016			
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

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