

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program  
Online Data Entry Tool Content for Web-Based Measure Collection  
FY 2018 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	<input type="text"/>	Facility Name	<input type="text"/>
-----	----------------------	---------------	----------------------

**Tobacco Treatment**

---

**TOB-1 Tobacco Use Screening**

<i>NUMERATOR</i>	CY 2016
The total number of patients who were screened for tobacco use status within the first three days of admission	<input type="text"/>

---

<i>DENOMINATOR</i>	CY 2016
The number of hospitalized inpatients 18 years of age and older	<input type="text"/>

---

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program  
Online Data Entry Tool Content for Web-Based Measure Collection  
FY 2018 and Subsequent Years**

---

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

*NUMERATOR*

CY 2016

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

---

*DENOMINATOR*

CY 2016

The number of hospitalized inpatients 18 years of age and older identified as current tobacco users

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program  
Online Data Entry Tool Content for Web-Based Measure Collection  
FY 2018 and Subsequent Years**

---

**TOB-2a Tobacco Use Treatment**

*NUMERATOR*

CY 2016

The number of patients who received practical counseling to quit AND received FDA-approved cessation medications during the first three days after admission

---

*DENOMINATOR*

CY 2016

The number of hospitalized inpatients 18 years of age and older identified as current tobacco users

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program  
Online Data Entry Tool Content for Web-Based Measure Collection  
FY 2018 and Subsequent Years**

**TOB-3: Tobacco Use Treatment Provided or Offered at Discharge**

*NUMERATOR*

CY 2016

The number of patients who received or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication at discharge

---

*DENOMINATOR*

CY 2016

The number of hospitalized inpatients 18 years of age and older identified as current tobacco users

---

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

**FY 2018 and Subsequent Years**

**TOB-3a Tobacco Use Treatment at Discharge**

*NUMERATOR*

CY 2016

The number of patients who were referred to evidence-based outpatient counseling AND received a prescription for FDA-approved cessation medication at discharge

---

*DENOMINATOR*

CY 2016

The number of hospitalized inpatients 18 years of age and older identified as current tobacco users

**Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program  
Online Data Entry Tool Content for Web-Based Measure Collection  
FY 2018 and Subsequent Years**

**Immunization**

---

**IMM-2 Influenza Immunization**

*NUMERATOR*

CY 2016

The number of inpatient discharges who were screened for influenza vaccine status and were vaccinated prior to discharge if indicated

---

*DENOMINATOR*

CY 2016

The number of acute care hospitalized inpatients age 6 months and older discharged during October, November, December, January, February, or March

---

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