IPFs should complete this form using the fillable IPFQualityReporting@hcqis.org .	le PDF format and submit via email to:	
CCN Facility Name		
Substance Use - SUB-1: Alcohol Use Screening		
NUMERATOR		CY 2017
The number of patients who were screened for a using a validated screening questionnaire for un		
drinking within the first three days of admission	1	
DENOMINATOR		CY 2017
The number of hospitalized inpatients 18 years	of age and older	

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IPFs should complete this form using the 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 2017
The number of patients who received or refused a brief intervention	
DENOMINATOR	CY 2017
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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IPFs should complete this form using the fillable PDF format and submit via email to: IPFQualityReporting@hcqis.org.		
CCN Facility Name		
Substance Use - SUB-2a: Alcohol Use Brief Intervention		
NUMERATOR	CY 2017	
The number of patients who received a brief intervention		
DENOMINATOR	CY 2017	
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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IPFs should complete this form using the fillable PDF format and submit via email to: IPFQualityReporting@hcqis.org .		
CCN Facility Name		
Substance Use - SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge		
NUMERATOR	CY 2017	
The number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR		
received or refused a referral for addictions treatment		
DENOMINATOR	CY 2017	
The number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder		

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IPFs should complete the form in a fillable PDF format and submit via email to: IPFQualityReporting (@hcqis.org.	
CCN Facility Name		
Substance Use - SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge		
NUMERATOR	CY 2017	
The number of patients who received a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment		
DENOMINATOR	CY 2017	
The number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder		

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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 estimates(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, MD 21244-1650. **Expiration Date:** xx/xx/xxxx

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