

Measure Information Form:
Adult Smoking Cessation Advice/Counseling

Intervention(s): Improved Care for Acute Myocardial Infarction

Definition: AMI patients who receive smoking cessation advice or counseling during hospital stay

Goal: 100%

Matches Existing Measures:

- JCAHO Core Measure AMI-4
- CMS 7th Scope of Work
- National Quality Forum

CALCULATION DETAILS:

Numerator Definition: AMI patients (cigarette smokers) who receive smoking cessation advice or counseling during the hospital stay

Numerator Exclusions: Same as denominator exclusions

Denominator Definition: AMI patients (ICD-9-CM Principal Diagnosis Code: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91) with a history of smoking cigarettes anytime during the year prior to hospital arrival

Denominator Exclusions:

- Patients < 18 years of age
- Patients transferred to another acute care hospital
- Patients who expired
- Patients who left against medical advice (AMA)
- Patients discharged to hospice

Measurement Period Length: Monthly or quarterly; monthly is ideal, but some hospitals might find it easier to measure quarterly if their vendor sends data back at that interval.

Definition of Terms:

- AMI patients (ICD-9-CM Principal Diagnosis Code: 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91)

Calculate as: (numerator / denominator); as a percentage of AMI patient (cigarette smokers) who received smoking cessation or counseling during the hospital stay

Comments:

COLLECTION STRATEGY:

Hospitals reporting this measure to JCAHO as a core measure should already have an approved vendor that is identifying the patients through the algorithm which applies the inclusion and exclusion criteria. After the patients have been identified, manual review of the medical record will be required to look for documentation that this intervention was either provided or contraindicated. If documentation for either cannot be found, the measure should be considered as not being met.

For hospitals that are not using a vendor approved by JCAHO to identify patients, the patients should be identified utilizing the same algorithm, inclusion and exclusion criteria. The algorithm can be downloaded from the JCAHO website at www.jcaho.org/pms/core+measures/2aamilist.pdf

The primary sources for identifying patients are based on required data elements in administrative data and medical records. A hospital information system may be able to identify the patients from all discharges by sorting based on these elements. Another alternative is to work with the coding or medical records department to identify the patients at the time of coding and prepare a list or set aside records for review. Manual review of the records will be required as described above.

Concurrent review has been used by some hospitals to collect data while patients are still in the hospital and also allows for the identification of missed interventions so that mitigation can occur before discharge. One example of this approach is identification of AMI patients in the emergency department. As soon as the patient is diagnosed or identified as possible AMI, a data collection sheet is placed on the record. Throughout the course of the hospital stay, hospital staff check for the interventions and document each as it is either complicated or identified as contraindicated. The data collection sheet remains in the medical record after discharge. Final identification of patients who meet the measure definition must still be made after discharge and coding using the algorithm. However, data for most patients will already be in the medical record allowing for quick collection and negating the need for a retrospective review. Any cases missed and not identified until after discharge will require a manual retrospective review.

Sampling Strategy:

Hospitals may decide to collect data using sampling if there is a sufficient volume of cases. The following sampling guidelines from JCAHO Core Measures may be useful:

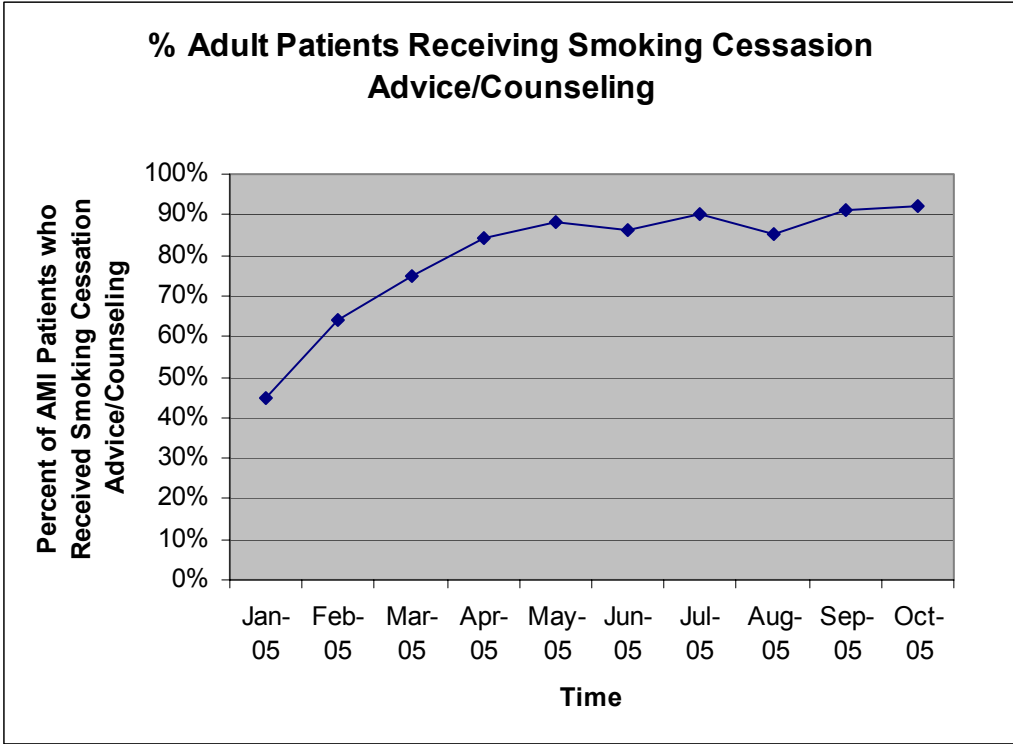
Sample Size Based on Population Size for AMI

Average Quarterly Population Size “N”	Minimum required sample “n”
≥ 1556	311
387 - 1555	20% of population size
78 - 386	78

< 78	No sampling; 100% of population required
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From JCAHO Specification Manual for National Hospital Quality Measures 2005

SAMPLE GRAPH:



DATA COLLECTION AND ANALYSIS TOOLS:

Alamance Regional Medical Center (Burlington, NC) uses a form to collect data on some components of AMI care concurrently. The form is included as a sample of what one might contain (see Appendix A). Your organization should develop a form that meets your data collection needs and may contain options for collecting additional data on other components

Measure Rate Worksheet
Adult Smoking Cessation Advice/Counseling
(JCAHO/CMS AMI-4)

1. What is the total number of patients in the previous month whose principal diagnosis is on Table 1.1 in Appendix A of the JCAHO Specification Manual for National Hospital Quality Measures (2005)? _____
2. What is the total number of patients in #1 above whose age was < 18 years on admission? _____
3. Subtract the answer from #2 from the answer from #1 and enter here. _____
4. What is the total number of patients in #3 above whose discharge status was one of the following? _____

02 - Discharged/transferred to a short term general hospital for inpatient care

-OR-

07 – Left against medical advice or discontinued care

-OR-

20 - Expired

-OR-

41 - Expired in a medical facility (e.g., hospital, SNF, ICF or freestanding hospice) (Usage Note: For use only on Medicare and CHAMPUS [TRICARE] claims for hospice care.)

-OR-

43 - Discharged/transferred to a federal health care facility (Usage Note: Discharges and transfers to a government operated health care facility such as a Department of Defense hospital, a Veteran's Administration hospital or a Veteran's Administration nursing facility. To be used whenever the destination at discharge is a federal health care facility, whether the patient resides there or not.)

-OR-

50 - Hospice - home

-OR-

51 Hospice - medical facility

5. Subtract the answer from #4 from the answer for #3 and enter here. _____

6. What is the total number of patients in #5 above who had not smoked cigarettes anytime during the year prior to hospital arrival? _____

7. Subtract the answer from #6 from the answer for #5 and enter here. _____

This is the denominator for this measure.

8. What is the total number of patients in #7 who received smoking counseling? _____

This is the numerator for this measure.