



## Complete Summary

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### TITLE

Tobacco use prevention and cessation for adults and mature adolescents: percentage of patients' charts that either show that there is no tobacco use/exposure or (if a user) that the current use was documented at the most recent clinician visit.

### SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 42 p. [46 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure assesses the percentage of patients' charts that either show that there is no tobacco use/exposure or (if a user) that the current use was documented at the most recent clinician visit.

### RATIONALE

The priority aim addressed by this measure is to improve the proportion of patients whose current use of tobacco or exposure to tobacco smoke is obvious in the chart at any primary care clinic encounter.

### PRIMARY CLINICAL COMPONENT

Tobacco use/exposure

**DENOMINATOR DESCRIPTION**

Total number of patients' charts audited (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

**NUMERATOR DESCRIPTION**

Number of patients' charts audited whose current tobacco status is documented in the medical record (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

**Evidence Supporting the Measure**

**EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

**NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [Tobacco use prevention and cessation for adults and mature adolescents.](#)

**Evidence Supporting Need for the Measure**

**NEED FOR THE MEASURE**

Unspecified

**State of Use of the Measure**

**STATE OF USE**

Current routine use

**CURRENT USE**

Internal quality improvement

**Application of Measure in its Current Use**

**CARE SETTING**

Physician Group Practices/Clinics

**PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

**LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Group Clinical Practices

**TARGET POPULATION AGE**

All patients visiting the practice, regardless of age

**TARGET POPULATION GENDER**

Either male or female

**STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

**Characteristics of the Primary Clinical Component**

**INCIDENCE/PREVALENCE**

Each day, nearly 4,800 adolescents (ages 11 to 17) smoke their first cigarette; of these, nearly 2,000 will become regular smokers. That is almost two million annually! Tobacco use includes all forms of tobacco--smoking cigarettes, cigars or pipes, as well as using snuff or chewing tobacco.

**EVIDENCE FOR INCIDENCE/PREVALENCE**

Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 42 p. [46 references]

**ASSOCIATION WITH VULNERABLE POPULATIONS**

Tobacco cessation is particularly important during pregnancy. Tobacco cessation is also very important in those individuals with heart disease or other risk factors for heart disease.

**EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS**

Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 42 p. [46 references]

**BURDEN OF ILLNESS**

Key findings regarding secondhand smoke include:

- Secondhand smoke causes a significant number of heart attacks.
- Secondhand smoke causes increased risk of lung cancer.
- Secondhand smoke is a major cause of preventable heart disease.
- Secondhand smoke causes major illness in infants. For example, an estimated 7,500-15,000 infants and toddlers are hospitalized with bronchitis or pneumonia every year because they breathe tobacco smoke.
- The California Environmental Protection Agency concludes that there are between 22,669-69,553 cardiac deaths, between 7,564-26,473 lung cancer deaths, and 789,712 otitis media (ear infection) office visits related to secondhand smoke annually in the U.S.

## **EVIDENCE FOR BURDEN OF ILLNESS**

Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 42 p. [46 references]

## **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### **IOM CARE NEED**

Staying Healthy

### **IOM DOMAIN**

Effectiveness

## Data Collection for the Measure

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

All patients visiting the practice, regardless of age

### **Sample Selection**

Records should be selected in a random way designed to represent a cross section of patients of all age and gender groups seen by a clinician at a clinic in the last month for any reason. There are various ways to accomplish this:

1. Use the appointment list or lists (if various specialties and departments are present) from a recent day or days and take every name (if a small list) or every 5th or 10th name (if a large list) until at least 50 charts have been found. Note that it is important to include documentation of the recent visit, so if this information is dictated, choose a date that will assure that the dictated record is back in the chart.
2. Select charts randomly from those that are being refiled from a recent visit (if they contain documentation of the visit) until at least 50 charts have been found. These should be selected in a way that allows inclusion of all types of patients being seen.
3. If charts are refiled before visit documentation is included, you may randomly select from the dictated notes as they are being prepared to be filed in the charts.

### **Data Collection**

Use the Tobacco Use Status Audit Form (found in the original measure documentation) and enter the patient's name or ID# and age in the appropriate column for every chart audited until at least 50 have been entered. In order to know exactly how to record each chart audited, use the following definitions:

Current Non-User = a label or mark anywhere on the chart (or on general forms like a problem list) or on the most recent visit progress note that shows that the patient has been asked at least once and reported not using tobacco. If the patient is a child or adolescent, a similar identification should be used to show that the child is not exposed to smoke from a parent or guardian (i.e., if the child is breathing the smoke of others regularly, she or he is a smoker).

Current User = information at the most recent visit progress note that shows that a user was asked about use at that visit. This task will be simplified if the clinic uses some type of label or general mark on the chart that shows that the patient was a user once. However, for this category it is necessary to document at the most recent visit just what the tobacco use is. If there is a general label but no notation at the most recent visit, the chart should be included in the unknown category.

Unknown = either no label or mark on the chart, or a label as a user with no documentation at the recent visit as to the current use status.

### **Analysis**

Add up all the charts that are in either the User or the Non-User columns for the numerator. Then add to this number all of the Unknown charts to obtain the denominator. Divide and multiply by 100 in order to obtain the % measure.

The suggested schedule is to audit monthly until 75% identification has been achieved. Then it is acceptable to measure only every 3 months until 85% has

been achieved, at which time yearly measures will be satisfactory. However, whenever a measure falls below the 85% or 75% level, the reporting frequency should revert to quarterly or monthly as appropriate until the rate has been raised above the cutoff point described.

#### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

#### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

##### **Inclusions**

Total number of patients' charts audited\*

\*Random sample of at least 50 charts with patients of all ages who visited a clinician within the past month

##### **Exclusions**

Unspecified

#### **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

#### **DENOMINATOR (INDEX) EVENT**

Encounter

#### **DENOMINATOR TIME WINDOW**

Time window is a single point in time

#### **NUMERATOR INCLUSIONS/EXCLUSIONS**

##### **Inclusions**

Number of patients' charts audited whose current tobacco status is documented in the medical record\*

\*"Current tobacco status documented" means that the medical record shows that the patient either does not use tobacco or, if a user, that the use status was documented at the most recent visit to a clinician. For children and adolescents, being a user includes having a parent or guardian who smokes.

##### **Exclusions**

Unspecified

#### **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Encounter or point in time

**DATA SOURCE**

Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information****ORIGINAL TITLE**

Percentage of patients' charts that either show that there is no tobacco use/exposure or (if a user) that the current use was documented at the most recent clinician visit.

## **MEASURE COLLECTION**

[Tobacco Use Prevention and Cessation for Adults and Mature Adolescents Measures](#)

## **DEVELOPER**

Institute for Clinical Systems Improvement

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2003 Jul

## **REVISION DATE**

2004 Jun

## **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Jul. 36 p.

## **SOURCE(S)**

Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for adults and mature adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 42 p. [46 references]

## **MEASURE AVAILABILITY**

The individual measure, "Percentage of patients' charts that either show that there is no tobacco use/exposure or (if a user) that the current use was documented at the most recent clinician visit," is published in "Health Care Guideline: Tobacco Use Prevention and Cessation for Adults and Mature Adolescents." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: [www.icsi.org](http://www.icsi.org); e-mail: [icsi.info@icsi.org](mailto:icsi.info@icsi.org)

## **NQMC STATUS**



This NQMC summary was completed by ECRI on March 29, 2004. This summary was updated by ECRI on October 5, 2004.

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