

**\*\*NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE\*\***

## **Measure Information Form**

**Measure Set:** Pneumonia (PN)

**Set Measure ID #:** PN-4

**Performance Measure Name:** Adult Smoking Cessation Advice/Counseling

**Description:** Pneumonia patients with a history of smoking cigarettes who are given smoking cessation advice or counseling during hospital stay. For the purposes of this measure, a smoker is defined as someone who has smoked cigarettes anytime during the year prior to hospital arrival.

**Rationale:** Tobacco use is the single greatest cause of disease in the United States today. Smoking accounts for one out of every five deaths in the United States and is the most important modifiable cause of premature death. Smoking cessation treatments ranging from brief clinician advice to specialist-delivered intensive programs, including pharmacotherapy, are not only clinically effective, but also are extremely cost-effective relative to other commonly used disease prevention interventions and medical treatments. Hospitalization can be an ideal opportunity for a patient to stop smoking, and smoking cessation may promote the patient's medical recovery. Patients who receive even brief smoking-cessation advice from their physicians are more likely to quit than those who receive no counseling whatsoever.

**Type of Measure:** Process

**Improvement Noted As:** An increase in the rate

**Numerator Statement:** Pneumonia patients (cigarette smokers) who receive smoking cessation advice or counseling during the hospital stay

**Included Populations:** Not Applicable

**Excluded Populations:** None

**Data Elements:**

*Adult Smoking Counseling*

**Denominator Statement:** Pneumonia patients 18 years of age and older with a history of smoking cigarettes anytime during the year prior to hospital arrival

**Included Populations:** Patients discharged with:

- *ICD-9-CM Principal Diagnosis Code* of pneumonia as defined in Appendix A, Table 3.1 **OR** *ICD-9-CM Principal Diagnosis Code* of septicemia or respiratory failure (acute or chronic) as defined in Appendix A, Tables 3.2, or 3.3, **AND** an *ICD-9-CM Other Diagnosis Code* of pneumonia (Appendix A, Table 3.1)
- A history of smoking cigarettes anytime during the year prior to hospital arrival

**Excluded Populations:**

- Patients received in transfer from another hospital's emergency department
- Patients who had no working diagnosis of pneumonia at the time of admission
- Patients receiving *Comfort Measures Only*
- Patients who expired in the hospital
- Patients who left against medical advice (AMA)
- Patients discharged to hospice
- Patients who transferred to a federal hospital
- Patients transferred to another short term general hospital for inpatient care
- Patients less than 18 years of age

**Data Elements:**

- *Admission Date*
- *Adult Smoking History*
- *Birthdate*
- *Comfort Measures Only*
- *Discharge Status*
- *ICD-9-CM Other Diagnosis Codes*
- *ICD-9-CM Principal Diagnosis Code*
- *Pneumonia Working Diagnosis on Admission*
- *Transfer From Another ED*

**Risk Adjustment:** No

**Data Collection Approach:** Retrospective, data sources for required data elements and medical record documents. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal and other ICD-9-CM diagnosis and procedure codes, which require retrospective data entry.

**Data Accuracy:**

- Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency.
- If coding practices at the health care organization includes coding of smoking history with ICD-9-CM codes such as, 305.1, then programmers may want to include this in the measure's algorithm so that hospitals, if they wish, can take advantage of this efficiency.

**Measure Analysis Suggestions:** For the data element *Adult Smoking History*, measurement systems may want to provide drill down information for analysis on the data element value of “not documented or not assessed”. This will enable the measurement system to provide health care organizations data on the number of patients where history of smoking is not on the patient record.

**Sampling:** Yes, for additional information see the Sampling section.

**Data Reported As:** Aggregate rate generated from count data reported as a proportion

**Selected References:**

- Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. June 2000.
- Hudmon KS, Hemberger KK, Corelli RL, et al. The pharmacist’s role in smoking cessation counseling: perceptions of users of nonprescription nicotine replacement therapy. *J Am Pharm Assoc* 2003; 43(5):573-582.
- Kikano GE, et al: The value of brief, targeted smoking-cessation advice. *Family Practice Management*. pp. 50-2000.
- Sheahan SL. How to help older adults quit smoking. *Nurse Pract* 2002; 27:27-33.
- The Smoking Cessation Clinical Practice Guideline Panel and Staff: The Agency for Health Care Policy and Research. Smoking Cessation Clinical Practice Guideline. *JAMA*, 275:1270-1280, 1996.

## PN-4: Adult Smoking Cessation Advice/Counseling

**Numerator:** Pneumonia patients (cigarette smokers) who receive smoking cessation advice or counseling during the hospital stay.

**Denominator:** Pneumonia patients 18 years of age and older with a history of smoking cigarettes anytime during the year prior to hospital arrival.



