



Complete Summary

TITLE

Tobacco use prevention and cessation for infants, children and adolescents: percentage of patients' charts showing either 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 infants, children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 28 p. [25 references]

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients' charts showing either 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

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

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

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Tobacco use prevention and cessation for infants, children and 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

Across the country and in Minnesota, cigarette smoking among adolescents is increasing. One comparison measure of cigarette smoking is the proportion of students who have smoked cigarettes during the last 30 days. National survey results show that 30-day prevalence of cigarette smoking has steadily increased since 1992 among 8th, 10th, and 12th graders. Minnesota students also showed increased rates of smoking; in fact, the state smoking rates exceeded national rates. More Minnesota high schoolers reported smoking in 2000 than high schoolers across the nation (32.4% versus 28.4%), and Minnesota middle-schoolers reported smoking similar to national middle-schoolers (9.1% versus 9.2%).

EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for infants, children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 28 p. [25 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

The harmful effects of cigarette smoke on nonsmokers are well-documented. Children of smokers experience retarded development of lung function and suffer increased episodes of otitis media and bronchopneumonia.

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 infants, children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 28 p. [25 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 refilled 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 refilled 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 (INDEX) EVENT

Encounter

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

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

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

*"Current tobacco use 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

DENOMINATOR TIME WINDOW

Time window is a single point in time

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 showing either 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 Infants, Children and 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 infants, children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Jul. 27 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Tobacco use prevention and cessation for infants, children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 28 p. [25 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of patients' charts showing either 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 Infants, Children and 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; e-mail: 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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