

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

Measure Information Form

Measure Set: Acute Myocardial Infarction (AMI)

Set Measure ID#: AMI-4

Performance Measure Name: Adult Smoking Cessation Advice/Counseling

Description: Acute myocardial infarction (AMI) 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: Smoking cessation reduces mortality and morbidity in all populations. Patients who receive even brief smoking-cessation advice from their care providers are more likely to quit. National guidelines strongly recommend smoking cessation counseling for smokers hospitalized with AMI (Braunwald, 2002; Fiore, 2000; Antman, 2004; and Smith, 2001). Despite this recommendation, smoking cessation counseling is rarely provided in eligible older patients hospitalized with AMI (Jencks, 2000).

Type of Measure: Process

Improvement Noted As: An increase in the rate

Numerator Statement: AMI 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: AMI patients with a history of smoking cigarettes anytime during the year prior to hospital arrival

Included Populations: Discharges with:

- An *ICD-9-CM Principal Diagnosis Code* for AMI as defined in Appendix A, Table 1.1
AND
- A history of smoking cigarettes anytime during the year prior to hospital arrival

Excluded Populations:

- Patients less than 18 years of age
- Patients transferred to another acute care hospital or federal hospital
- Patients who expired
- Patients who left against medical advice
- Patients discharged to hospice
- Patients with comfort measures only documented by a physician, nurse practitioner, or physician assistant

Data Elements:

- *Admission Date*
- *Adult Smoking History*
- *Birthdate*
- *Comfort Measures Only*
- *Discharge Status*
- *ICD-9-CM Principal Diagnosis Code*

Risk Adjustment: No

Data Collection Approach: Retrospective data sources include administrative data and medical records.

Data Accuracy: Variation may exist in the assignment of ICD-9-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Measure Analysis Suggestions: None

Sampling: Yes, for additional information see the Sampling Section.

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

Selected References:

- Antman EM, Anbe DT, Armstrong PW, Bates ER, Green LA, Hand M, Hochman JS, Krumholz HM, Kushner FG, Lamas GA, Mullany CJ, Ornato JP, Pearle DL, Sloan MA, Smith SC Jr. ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Revise the 1999 Guidelines for the Management of Patients With Acute Myocardial Infarction). 2004. Available at www.acc.org/clinical/guidelines/stemi/index.pdf

- Braunwald E, Antman EM, Beasley JW, Califf RM, Cheitlin MD, Hochman JS, Jones RH, Kereiakes D, Kupersmith J, Levin TN, Pepline CJ, Schaeffer JW, Smith EE III, Steward DE, Theroux P. ACC/AHA 2002 guideline update for the management of patients with unstable angina and non-ST-segment elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on the Management of Patients with Unstable Angina). 2002. Available at www.acc.org/clinical/guidelines/unstable/unstable.pdf
- 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.
- Jencks SJ, Cuerdon T, Burwen DR, Fleming B, Houck PM, Kussmaul AE, Nilasena DS, Ordin DL, Arday DR. Quality of Medical Care Delivered to Medicare Beneficiaries: A Profile at State and National Levels. *JAMA*. 2000;284:1670-1676.
- Krumholz HM, Anderson JL, Brooks NH, Fesmire FM, Lambrew CT, Landrum MB, Weaver WD, Whyte J. ACC/AHA Clinical Performance Measures for Adults With ST-Elevation and Non-ST-Elevation Myocardial Infarction: a report of the ACC/AHA Task Force on Performance Measures (ST-Elevation and Non-ST-Elevation Myocardial Infarction Performance Measures Writing Committee). *J Am Coll Cardiol* 2006;47:236–65. Available at <http://www.acc.org> and <http://www.americanheart.org>.
- Smith SC Jr, Blair SN, Bonow RO, Brass LM, Cerqueira MD, Dracup K, Fuster V, Gotto A, Grundy SM, Miller NH, Jacobs A, Jones D, Krauss RM, Mosca L, Ockene I, Pasternak RC, Pearson T, Pfeffer MA, Starke RD, Taubert KA. AHA/ACC guidelines for preventing heart attack and death in patients with atherosclerotic cardiovascular disease: 2001 update. A statement for healthcare professionals from the American Heart Association and the American College of Cardiology. *Circulation*. 2001;104:1577-79. Available at <http://www.acc.org> and <http://www.americanheart.org>.

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