**2022 CoC and NAPBC Assessment of Smoking in Newly Diagnosed Cancer Patients PDSA Quality Improvement Project and Clinical Study: Just ASK**

An **Elective** Quality Improvement Project and Clinical Study Open to All Commission on Cancer (CoC) accredited cancer programs and National Accreditation Program for Breast Centers (NAPBC) accredited breast centers.

This User Guide is intended to assist participating programs with completion of the Post-Intervention (Final) Questionnaire. The template below contains all the fields that will be in the questionnaire.

The ONLY section of the questionnaire that will be available in a PDF after completing the questionnaire will be the Reporting Metrics & Attestation of Participation. ***If your program requires a record of responses for internal use, please use this form. A PDF of the full completed questionnaire will NOT be available.***

**Final Reporting Period User Guide**

**Post-Intervention (Final) Reporting Period: Due February 1, 2023**

**Section I: Confirm Facility Information:** This section lists the demographic information (Program Name, FIN or Company ID, Primary & Secondary Contact information) that participants entered in the Baseline Questionnaire. Changes made between the Baseline and Final questionnaires are reflected in the verified fields. Confirm and/or make changes within the REDCap® submission.

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| Please confirm your Facility Identification Number (CoC) or Company ID (NAPBC). | *Correct if needed*  *Note: Corrections are verified against Aptify (FACS internal database) before corrections are logged in REDCap®.* |
| Please confirm your Program Name.  Note: This may be different than your organization name. Please use the name your program is registered under with the American College of Surgeons for Commission on Cancer (CoC) or National Accreditation Program for Breast Centers (NAPBC). | *Correct if needed* |
| Please indicate today’s date. | *Field validation: date* |
| Please verify the contact information listed for your program. The primary and secondary contacts listed for your program are:   1. [baseline\_data\_peri\_arm\_1][indiv\_compl], [baseline\_data\_peri\_arm\_1][email\_compl] 2. [baseline\_data\_peri\_arm\_1][name\_2], [baseline\_data\_peri\_arm\_1][email\_2] | Correct  Incorrect (branching logic to enter correct)  *This field is auto-populated from the Baseline Questionnaire submission.* |
| What is the primary role of the person completing this questionnaire for your program? | * CTR or Registry Staff * Program Manager or Director * Oncology Nurse * Oncology Navigator * Medical Director * Data or Business Analyst * Other (free text) |

**Section II: Smoking Assessment & Smoking Cessation Practices:** This section combines segments of the Baseline and Smoking Assessment sections of the Baseline questionnaire. Aggregated data will demonstrate whether or not organizations have made operational changes to their programs regarding tobacco cessation practices.

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| What smoking cessation resources are available for your newly diagnosed patients? (Select all that apply.)  *This is not different than the strategy section below. This field is included in the Baseline and allows a direct comparison of data between the Baseline & Post-Intervention. It will allow for a more direct comparison of progress for available resources between the Baseline & Post-Intervention (Final).* | * Treatment in clinic by physician or clinic staff * Smoking cessation program embedded in the cancer center * Smoking cessation program through a local hospital resource * Referral to other local facility-based smoking cessation program * Referral to other community-based smoking cessation program * Referral to other web resource, such as the Quitline * Other (free text) * Unknown |
| Does your facility have a system for screening all newly diagnosed cancer patients for smoking history and current use? | * Yes * No * Unknown |
| Do you have a smoking cessation specialist or counselor embedded in your cancer care setting who is available to see patients who report they are currently smoking? | * Yes * No * Unknown |
| When is smoking status assessed? (Select all that apply.) | * Prior to a patient visit (such as through an online portal) * During scheduling * During registration or check-in * In clinic before seeing a provider * During the provider visit * Other |
| We use a standard script for assessing smoking history and current use embedded within our electronic health record for ASKing and documenting tobacco use. | * Yes * No * Unknown |
| Enter the actual text of the question and the response options/categories used to assess and document smoking status in the electronic health. | *Will allow direct comparison to Baseline (not included in Mid-Year)* |

*(The following is part of the above instrument but shows up on a new page in REDCap®. It was included in the Baseline but not the Mid-Year. While somewhat redundant, including in the Post-Intervention will allow for a direct comparison of progress when analyzing the post-intervention to the baseline data.)* The following questions ask about tobacco assessment and treatment services that are currently available for **newly diagnosed** cancer patients treated at your setting. Please indicate how frequently your oncology care providers do the following during new patient visits:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Almost Always | Usually | Sometimes | Occasionally | Rarely (or unknown) |
| ASK patients whether they currently smoke cigarettes or other combustible tobacco products. |  |  |  |  |  |
| ADVISE patients who are currently smoking to quit. |  |  |  |  |  |
| ASSIST patients who are currently smoking to quit. |  |  |  |  |  |
| Document smoking history and current use in electronic health record. |  |  |  |  |  |
| Document smoking cessation advice and tobacco treatment plan in electronic health record. |  |  |  |  |  |
| Provide individual smoking cessation counseling in person. |  |  |  |  |  |
| Provide individual smoking cessation counseling by phone. |  |  |  |  |  |
| Provide individual smoking cessation counseling by telehealth, text, or electronic communication (such as a patient portal). |  |  |  |  |  |
| Refer patients who are currently smoking to your State or National Quitline. |  |  |  |  |  |
| Refer patients who are currently smoking to smoking cessation programs or specialists affiliated with your program. |  |  |  |  |  |
| Provide self-help smoking cessation education materials for patients who are currently smoking (such as brochures, app-based programs, or Smokefree.gov). |  |  |  |  |  |
| Prescribe or recommend FDA-approved cessation medications such as nicotine replacement therapy, bupropion, or varenicline to help patients quit smoking. |  |  |  |  |  |
| Prescribe or recommend electronic cigarettes to help patients quit smoking (NOTE: E-cigarettes are not FDA-approved devices for smoking cessation). |  |  |  |  |  |

**Section III: Intervention Implementation:** This section asks programs to indicate what intervention(s) have been selected and to describe the process used for implementation. Please describe initial assessment of the selected intervention(s) and whether you will adopt, adapt, or abandon selected intervention(s). Programs that select ‘abandon’ are asked to identify reasons for abandonment of selected intervention(s).

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| Indicate which intervention(s) your program implemented SINCE your enrollment in Just ASK. (Select all that apply.)  *Baseline & Mid-Year use the language “intervention”. The word “strategy” was* ***replaced*** *with “intervention” throughout for consistency.*  *Added highlighted language for post-intervention. Was not included in any previous questionnaire.* | * Provided additional staff/clinician training * Gained support of center/program leadership * Added a reminder/prompt within clinical workflow * Developed and/or disseminated patient education materials * Identified and/or engaged tobacco treatment champion(s) * Improved smoking history and current use documentation monitoring/tracking in EHR * Identified additional organizational resources to support smoking cessation * Other (free text) |
| Indicate your process for selecting and implementing your interventions, including who was involved and what was planned and executed. (Select all that apply.)  Remember to save all your documentation from your implementation process for PRQ and site visit documents. | * Developed a task force or work group with key stakeholders *(branching logic adds “Our task force/key stakeholder group holds regularly scheduled meetings specifically related to the implementation of this Just ASK quality improvement project – Yes, No, Unknown)* * Met at least once as a group * Shared project participation with Cancer Committee or BPLC * Developed tracking tools or reports within the electronic health record * Met with key Program Leadership, including organization leaders if applicable * Reported selected intervention(s) to Cancer Committee or BPLC * Provided feedback to providers and/or patient care staff * Utilized ‘Intervention Resource’ available in the Project & Clinical Study document on the project web page * Evaluated best practices from like organizations * Other (free text) |
| Will you adopt, adapt, or abandon this intervention?  *Branching logic will open separate window for each intervention selected. Allows for tracking along each intervention pathway.* | **Adopt** - Describe next steps for how you will adopt the intervention? (free text)  **Adapt** – Describe how and why you plan to adapt the intervention. (free text)  **Abandon – see below** |
| What caused you to abandon the intervention? (Select all that apply) | * Lack of staff time * Lack of staff training * Lack of resources * Inadequate funding * Competing clinical priorities * Lack of leadership support * Lack of adaptable workflow * Lack of designated smoking cessation specialist/champion * Other (free text) |
| Many programs adapted methods used throughout this project to obtain more meaningful data for the Just ASK Reporting Metrics.  Please indicate how your program identified the data reported in the Reporting Metrics section: | * Data collected from tumor registry or case finding * Report queries from the electronic health record * Manually * A combination of electronic health record reports and manual tracking tools * Other (free text) |
| The reports utilized to inform Just ASK reporting metrics (select one):  *Branching logic for EHR (2, 4) options above* | * Already existed and were being used by our program * Already existed but were modified or adapted for this project * Were created specifically for this project * Were requested but have not yet been fully built or implemented |
| Our cancer care continuum has the following informatics/information technology support:  *Branching logic for modified (2, 3, 4) options above* | * Embedded and dedicated to our cancer program * Shared with other service areas but specifically assigned to our cancer program * Centralized across all service areas within our organization * Contracted through a third party or vendor * We do not have access to or utilize an informatics/information support center * Unknown |
| We experienced the following barriers in identifying the data reported in the Reporting Metrics section of the questionnaire (select all that apply): | * We did not experience any barriers * Other informatics/information technology priorities took precedence * Informatics/information technology staffing resources were limited * Electronic health record upgrade or vendor change * Multiple electronic health records used within our program * Other (free text) |

**Section IV: Reporting Metrics & Attestation of Participation:** Please complete this section for newly diagnosed patients seen between July 1-December 31, 2022.

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| --- | --- |
| During this assessment period, how many newly diagnosed patients were seen in your program? | *Required value* |
| During this assessment period, how many newly diagnosed patients were ASKed about smoking history and current use in your program? | *Required value* |
| During this assessment period, how many newly diagnosed patients reported that they were currently smoking? | If unknown, leave blank. |
| During this assessment period, how many newly diagnosed patients were provided with smoking cessation resources, or referred to a smoking cessation specialist? | If unknown, leave blank. |
| Comments: |  |

**Attestation of Participation: This Attestation serves as confirmation of participation.** This PDF is required to upload to the Pre-Review Questionnaire (PRQ) prior to your next accreditation site visit and must be made available to your site reviewer upon request. This is the ONLY section that will be available for download as a PDF at the completion of the Post-Intervention Questionnaire.

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| --- | --- |
| I certify that [baseline\_data\_peri\_arm\_1][fac\_name] is applying participation credit for Just ASK to [baselin\_data\_peri\_arm\_1][coc\_napbc] Standards as outlined in the Project & Clinical Study PDSA on the Project Web Page. | Signature (via mouse or touch-screen) |
| I certify [baseline\_data\_peri\_arm\_1][fin] [baseline\_data\_peri\_arm\_1] [cin\_napbc], has completed all participation requirements associated with the 2022 Tobacco Cessation Quality Improvement Project & Clinical Study as outlined in the Project & Clinical Study PDSA on the project web page:   1. Baseline Data Submission Questionnaire 2. Mid-Year Data Submission Questionnaire 3. Post-Intervention Data Submission Questionnaire 4. Implementation of at least ONE intervention to improve identification of newly diagnosed patients currently using combustible tobacco products. | Signature (via mouse or touch-screen) |
| The reported Post-Intervention Reporting Period percentage of newly diagnosed patients (calculated in decimal) ASKed about tobacco history and current use in our program is:  *[just\_ask\_final\_dat\_arm\_1][new\_ask]/*  *[just\_ask\_final\_dat\_arm\_1][denom]* | Newly diagnosed ASKed/Newly diagnosed seen = decimal value  For example:  “newly diagnosed patients seen” = 100  “ newly diagnosed patients ASKED” = 75  Auto-calculated in this field as “0.75” |
| Type the full name and title of the person completing this form. | Typed Name |
| I acknowledge that once I click ‘Submit’ below, a PDF copy of the Reporting Metrics and Attestation of Participation will be downloaded before closing my browser window. *No other sections of my questionnaire are available.*  **This document serves as confirmation of completion and full participation in the 2022 Tobacco Cessation Just ASK Quality Improvement Project & Clinical Study.**  The PDF *is required* for upload to the Pre-Review Questionnaire (PRQ) prior to our next site visit, and a hard copy must be made available for the site reviewer upon request. | Click ‘Acknowledge’ |