**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.

**Mid-Year Reporting Period User Guide**

**Mid-Year Reporting Period: Due September 1, 2022**

**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. Confirm and/or make changes within their REDCap submission.

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| --- | --- |
| Todays Date: |  |
| Confirm your program FIN (CoC) or Company ID (NAPBC). | *Correct if needed* |
| Confirm your program Name (the Title associated with your Accredited Program may be different than your Facility Name). | *Correct if needed* |
| Verify contact information for Primary & Secondary Contact (Name & Email) | *Correct if needed* |
| What is the **primary role** of the person completing this questionnaire? | * Registry Staff * Program Manager or Director * Oncology Nurse * Oncology Navigator * Medical Director * Data or Business Analyst * Other (describe) |

**II. Background (Current State – Include changes made between enrollment in Just ASK and current reporting period.)**

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| --- | --- |
| What smoking cessation resources are currently available for your patients? *\*required value* | Check all that apply   * 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 organization-based program * Referral to Quitline * Referral to community-based program (describe) * Unknown |
| Do you have a smoking cessation specialist or counselor embedded in your cancer care setting who is available to see patients who are identified as reporting current smoking? *\*required value* | * Yes * No * Unknown |
| Does your program have a smoking screening system for all newly diagnosed cancer patients? *\*required value* | * Yes * No * Unknown |
| How often is smoking status assessed and documented in the EHR? *\*required value* | Check all that apply   * New patient visit * Follow-up visits * Unknown |
| Who is primarily responsible for assessing smoking status and documenting it in the EHR at your program? *\*required value* | * Primary Care Provider * Oncology Physician * Oncology Advanced Practice Provider (ie PA or NP) * Oncology Nurse * Oncology Support Staff (ie nurse navigator, social worker) * Students (medical, nursing, or other) * Medical Assistant * Non-clinical staff (registration, scheduling) * Administrative staff * Other (describe) |
| When is smoking assessed (check all that apply)? *\*required value* | * 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 (describe) |

**Section III: Intervention Implementation:** This section asks programs to indicate what intervention(s) they have selected and to describe their process for implementation. They will also describe initial assessment of the selected intervention(s) and whether they will adopt, adapt, or abandon their selected intervention(s). Programs that select ‘abandon’ will be asked to identify reasons for abandonment of their selected intervention(s). Options include the Implementation Barriers from the Baseline reporting period as well as freetext options for additional reasons.

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| Indicate your process for selecting and implementing your interventions, including who was involved and what was planned and executed.  Remember to save all your documentation from your implementation process for PRQ and survey documents. | * Developed a task force or work group with key stakeholders * Met with key participants as a group at least once * Shared project participation with Cancer Committee or BPLC * Developed tracking tools or reports within the EHR * Met with key Program Leadership, including organization leaders if applicable * Reported selected intervention strategies to Cancer Committee or BPLC * Provided feedback to providers and/or patient care staff * Utilized ‘Intervention Change Package’ resource available on the project web page * Evaluated best practices from like organizations * Other (describe) |
| Indicate which intervention(s) your program has implemented SINCE your enrollment in Just ASK. | * Provided additional staff/clinician training * Gained support of center/program leadership * Added reminder/prompt within clinical workflow * Developed patient education materials * Identified tobacco treatment champion(s) * Improved smoking history and current use documentation monitoring/tracking in EHR * Identified additional organizational resources to support smoking cessation * Other (describe) |
| Will you adopt, adapt, or abandon the intervention(s)? | * Adopt (keep expanding and implementing this intervention) * Adapt (change strategy or method and continue testing) * Abandon (discard this intervention and try a different one) |
| Describe next steps for how you will adopt this intervention. |  |
| Describe how you plan to change strategy and/or method as you adapt this intervention. |  |
| What barriers caused you to abandon this intervention? | * Lack of time * Lack of staff/clinician training * Lack of resources * Inadequate funding * Competing clinical or organizational priorities * Lack of leadership support * Lack of adaptable workflow * Lack of designated smoking cessation specialist/champion * Other (describe) |

**Section III: Reporting Metrics:** This section indicates data from **date range Jan 1-Jun 30, 2022**. Asterisk indicates mandatory field. *Do not report data from outside this date range. If reporting tools have been developed and are incomplete, enter what is available for the date range. Indicate any limitations in the ‘Comments’ section.*

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| --- | --- |
| For this reporting period, please extract data (numerator and denominator) and report ASK metrics from these time periods: | Mid-Year Data Reporting Period:  January 1 – June 30, 2022 |
| During this assessment period, how many newly diagnosed patients were seen? | *\*Required Value\** |
| During this assessment period, how many newly diagnosed patients were ASKed about smoking history and current use? | *If unknown, leave blank.* |
|  |  |
| 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.* |

**Section IV: Comments:** Free text field for additional information.

Once your Mid-Year Questionnaire is completed, a PDF of the Reporting Metrics section will be sent to whomever is listed as the Primary Contact for your program.

Please visit the [Project Web Page](https://www.facs.org/quality-programs/cancer-programs/pdsa-just-ask/) for additional information and FAQ’s. [PDSA Just Ask | ACS (facs.org)](https://www.facs.org/quality-programs/cancer-programs/pdsa-just-ask/)

Questions or changes in Primary or Secondary Contacts may be directed to [ACSCancerPrograms@FACS.org](mailto:ACSCancerPrograms@FACS.org).

**Tobacco Cessation Just ASK PDSA**

**Guide to Participation Compliance**

*This  is intended to provide participants with a checklist of tasks and timelines to ensure all components of the PDSA are completed for credit toward the selected standard.*

* **Select** program for which participation will be applied for Accreditation (you may ONLY select one):
* Commission on Cancer (CoC)
* National Accreditation Program for Breast Centers (NAPBC)
* Review PDSA, FAQs, and other tools available on the project web page.
* Participate in Webinar 1 – 2/16/2022 *(optional)*
* Complete the **REDCap Questionnaire #1** – Due April 15, 2022. **Download and save** PDF of completed questionnaire with Accreditation files for Pre-Review Questionnaire (PRQ) and site visit documents.

*Note: The Baseline questionnaire measures baseline and current state information for your program. Use data from most recent complete calendar year. If you do not have 2021 data complete, use 2020.*

* **Select at least one Just ASK Intervention and implement at your program by July 1, 2022**. Keep notes and records of your intervention(s) and processes with Accreditation files for Pre-Review Questionnaire (PRQ) and site visit documents.
* Discuss with Cancer Committee (CoC) or Breast Program Leadership Committee (NAPBC) and include in meeting minutes.
* Participate in Webinar 2 *(optional).* Please visit the project web page for date and to register.
* Complete the **REDCap Questionnaire #2** – Due September 1, 2022. **Download and save** PDF of completed questionnaire with Accreditation files for Pre-Review Questionnaire (PRQ) and site visit documents.

*Metrics reported in the Mid-Year questionnaire period are from January 1 – June 30, 2022.*

* Participate in Webinar 3 *(optional).* Please visit the project web page for date and to register.
* Complete the **REDCap Questionnaire #3** – Due February 1, 2023. **Download and save** PDF of completed questionnaire with Accreditation files for PRQ and site visit documents.
* Report to Cancer Committee (CoC) or Breast Program Leadership Committee (NAPBC) and include in meeting minutes.

*Metrics reported in the Final survey period are from July 1 – December 31, 2022.*