Evaluation Tools

Patient Data Collection Instruments - Smoking Cessation

A pre and post evaluation was conducted of a five-month pilot implementation of a new Best Practice Guideline on Integrating Smoking Cessation Intervention into Daily Nursing Practice. The evaluation included three components: A chart audit, in-hospital/clinic interview and a follow-up interview. The follow-up interview was conducted approximately six to eight weeks later. To encourage clients/patients to participate, light refreshments were served. The pre-evaluation was conducted in the two months prior to the implementation and the post-evaluation was conducted with a different group of patients/clients for two months after the implementation.

The sample consisted of:

- All consecutive patients over 18 years of age who were admitted to the participating hospital inpatient and outpatient units over the period of a month. For the outpatient units, the clients needed to be currently attending the outpatient clinic.

To be interviewed a patient/client needed to:

- Be a current smoker, or have quit smoking less than 6 months ago, or this information was not known from the chart audit.
- Speak English or French

The patient/client's smoking status was determined in the chart audit. In 11% to 22% of cases the smoking status was not documented and an interview was conducted.

Please note:

These client data collection tools were developed for the evaluation of the implementation draft of the RNAO Best Practice Guideline, "Integrating Smoking Cessation into Daily Nursing Practice". Acknowledgment of the use of adaptation of these tools is required. The recommended citation is:

Nursing Best Practice Guideline
Integrating Smoking Cessation into Daily Nursing Practice
Evaluation Tools

CHART AUDIT

Best Practice Guideline Name and Code: **Smoking Cessation**
Client/Patient ID #: __________________________________________________________
Agency/Site #: ______________________________________________________________
Date Data Collected: ________ (day) __________ (month) ________ (year)
Chart Abstractor's Initials: ________________________________________________

Client Eligibility Criteria (all eligibility criteria must be met to proceed)
■ all patients 18 years of age and over
■ for Outpatients only, admitted to outpatient service within the past month
  and currently attending the outpatient clinic

1. Primary Diagnosis or Reason for visit _______________________________________
2. Client’s Year of Birth _________________
3. Client’s Sex □ male □ female
4. Client’s smoking status (mark one only):
   □ never smoked [NOT to be interviewed]
   □ current smoker [To be interviewed]
   □ quit smoking (ex-smoker) [To be interviewed if quit smoking less than 6 months ago.
                              If quit date not indicated, interview]
   □ not recorded [To be interviewed]
5. Client’s smoking history is recorded in chart □ yes □ no
   (Mark a "yes" if one or more of the following is recorded: age when started smoking,
    attempts to quit smoking, # of cigarettes smoked, motivation to quit)
6. Chart indicates that client was given self-help
   smoking cessation information □ yes □ no
7. Chart indicates that client received advice on
   stopping smoking or on staying quit. □ yes □ no

END if client has never smoked or quit more than 6 months ago, otherwise CONTINUE.
### Evaluation Tools

#### 8. Did a nurse discuss with the client:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) nicotine replacement therapy(s)</td>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>b) support groups for smokers</td>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>c) previous attempts to quit</td>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>d) problems with quitting</td>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
</tbody>
</table>

#### 9. Did someone on staff other than a physician or nurse discuss with the client:

<table>
<thead>
<tr>
<th></th>
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<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>c) previous attempts to quit</td>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>d) problems with quitting</td>
<td>❏</td>
<td>❏</td>
<td>❏</td>
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</tbody>
</table>

#### 10. Was the client referred to the following community services:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Nicotine Dependence Clinic</td>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>b) Smoking Cessation Help Line</td>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>c) Local Smoking Cessation Clinic(s)</td>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>d) Ontario Lung Association</td>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>e) Other healthcare professionals who provide smoking cessation assistance</td>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>f) Smoking Cessation Internet resources</td>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
<tr>
<td>g) Other relevant community services, specify:</td>
<td>❏</td>
<td>❏</td>
<td>❏</td>
</tr>
</tbody>
</table>
CLIENT TELEPHONE FOLLOW-UP INTERVIEW

Best Practice Guideline Name & Code: **Smoking Cessation**

Client/Patient ID #: 

Agency/Site #: 

Date of interview: (day) (month) (year)

Interviewer’s Initials: 

**Client Eligibility Criteria** (all eligibility criteria must be met to proceed)

- client was interviewed in hospital or outpatient clinic
- at previous interview client currently smoked cigarettes or had quit within the previous 6 months
- client speaks English or French
- client is willing to do a telephone follow-up interview at home

**Introduction:**

Hello. My name is ____________. When you were in the [hospital/outpatient clinic], you indicated that you would be willing to participate in a telephone survey after [you went home from the hospital/your visit to the outpatient clinic]. I am calling to do the interview for that survey. Your views are very important to us in order to evaluate smoking cessation guidelines for nurses.

The survey will take about 5 to 10 minutes. Do you have any questions regarding your participation in this interview at this point? Please remember that your participation is voluntary and that you may choose not to answer any question or stop the interview.

I would like to ask you a few questions about your experience with smoking cigarettes in the past two months.

Please feel free to ask questions at anytime during the interview.

Let’s get started.
Nursing Best Practice Guideline
Integrating Smoking Cessation into Daily Nursing Practice
Evaluation Tools

1. Do you currently smoke cigarettes? ❏ yes ❏ no GO TO QUESTION 3

2. How long ago did you quit? _____ weeks ago OR _____ months ago
   GO TO QUESTION 8

3. How many cigarettes a day do you smoke?
   _____ cigarettes/day OR _____ packs/day

4. Have you tried to quit smoking in the past 2 months? ❏ yes ❏ no

5. Are you seriously considering quitting smoking in the next 6 months?
   ❏ yes ❏ no ❏ don't know GO TO QUESTION 8

6. Do you plan to quit smoking in the next 30 days? ❏ yes ❏ no ❏ don't know

7. Have you set a date to quit? ❏ yes ❏ no
### Evaluation Tools

8. Were you given any brochures or other material at the [hospital/outpatient clinic] on quitting smoking?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

9. Did someone at the [hospital/outpatient clinic] discuss with you:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) importance of quitting smoking</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b) nicotine replacement therapy(s)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c) support groups for smokers</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

10. At the [hospital/outpatient clinic] were you given any information about or a referral to community services:

<p>| | | |</p>
<table>
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<tr>
<td>d) Ontario Lung Association</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e) Other healthcare professionals who provide smoking cessation assistance (e.g., doctor, nurse, pharmacist, etc.)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f) Smoking Cessation Internet resources</td>
<td>□</td>
<td>□</td>
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<tr>
<td>g) Other quitting smoking services, specify</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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*Thank you for taking the time to participate in this survey and answer all of these questions!*
CLIENT IN-HOSPITAL INTERVIEW

Best Practice Guideline Name and Code: Smoking Cessation
Client/patient ID #: ________________________________
Agency/Site #: ______________________________________
Date of Interview: _________(day) _________(month) _________(year)
Interviewer’s Initials: ________________________________

Client Eligibility Criteria (all eligibility criteria must be met to proceed)
■ all clients 18 years of age and over
■ for Outpatients only, admitted to outpatient service within the past month and currently attending outpatient clinic
■ interview if a current smoker, or if quit less that 6 months ago, or if quit date not known, or if smoking status not known
■ client speaks English or French

I would like to ask you a few questions about smoking cigarettes.

1. Have you smoked more than 100 cigarettes in your lifetime? (mark one)
   
   [ ] yes  
   [ ] no   [END INTERVIEW]  
   [ ] don’t know

2. Do you currently smoke cigarettes?
   
   [ ] yes   GO TO QUESTION 7  
   [ ] no
3. How long ago did you quit?
   ______ weeks OR _______ months OR _______ years

If client quit more than 6 months ago, END INTERVIEW
If client quit less than 6 months ago, ask questions 4, 5 and 6

4. Did a nurse in this [hospital/outpatient clinic] talk to you about how to not start smoking again?  ❑ yes ❑ no

5. Did someone else on staff at this [hospital/outpatient clinic] other than a doctor or nurse talk to you about how to not start smoking again?  ❑ yes ❑ no

6. On a scale of 1 to 10, how confident are you that you will not start smoking again, with 10 being extremely confident that you will not start smoking and 1 being not at all confident that you will not start smoking? (circle one)

    1  2  3  4  5  6  7  8  9  10
    not at all confident         extremely confident

GO TO QUESTION 14
7. How many cigarettes a day do you smoke?

_______ cigarettes/day  OR  ________ packs/day

8. Are you seriously considering quitting smoking in the next 6 months?

❏ yes
❏ no  GO TO QUESTION 10
❏ don't know

9. Do you plan to quit smoking in the next 30 days?

❏ yes
❏ no
❏ don't know

10. In the next 30 days do you plan on cutting down on the amount that you smoke?

❏ yes
❏ no
❏ don't know

11. Did a nurse here at the [hospital/outpatient clinic] talk to you about quitting smoking?

❏ yes  ❏ no

12. Did someone on staff here at the [hospital/outpatient clinic] other than a doctor or nurse talk to you about quitting smoking?

❏ yes  ❏ no
13. On a scale of 1 to 10, how confident are you that you could quit smoking, with 10 being extremely confident that you could quit smoking and 1 being not at all confident that you could quit? (circle one)

1          2          3          4          5          6          7          8          9          10
not at all confident          extremely confident

14. Would you be willing to participate in a 5 to 10 minute follow-up telephone interview in 2 months? ❏ yes ❏ no ❏ maybe

a) If yes, what is your telephone number? ________________________________

b) Do you have an alternate phone number or contact person e.g. case worker or therapist? ________________________________

Thank you for taking the time to participate in this survey and answer all of these questions!