

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:

Edwards, N., Davies, B., Dobbins, M., Griffin, P., Ploeg, J., Skelly, J. (2003). RNAO Evaluation Team-Nursing Best Practice Guideline Project, Cycle 3.

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.



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	Yes	No	Not recorded
8. Did a nurse discuss with the client:			
a) nicotine replacement therapy(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) support groups for smokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) previous attempts to quit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) problems with quitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did someone on staff other than a physician or nurse discuss with the client:			
a) nicotine replacement therapy(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) previous attempts to quit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) problems with quitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Was the client referred to the following community services:			
a) Nicotine Dependence Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Smoking Cessation Help Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Local Smoking Cessation Clinic(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Ontario Lung Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Other healthcare professionals who provide smoking cessation assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Smoking Cessation Internet resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Other relevant community services, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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.

	Yes	No	Don't know
8. Were you given any brochures or other material at the [hospital/outpatient clinic] on quitting smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Did someone at the [hospital/outpatient clinic] discuss with you:			
a) importance of quitting smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) nicotine replacement therapy(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) support groups for smokers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. At the [hospital/outpatient clinic] were you given any information about or a referral to community services:			
a) Nicotine Dependence Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Smoking Cessation Help Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Local Smoking Cessation Clinic(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Ontario Lung Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Other healthcare professionals who provide smoking cessation assistance (e.g., doctor, nurse, pharmacist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Smoking Cessation Internet resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Other quitting smoking services, specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 than 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

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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



