Implementing a systematic approach to smoking cessation in general practice

A quality improvement activity

What is a PDSA cycle?

A PDSA cycle uses 'trial and learning' approach in which an idea, hypothesis or a suggested solution for improvement is made and then tested on a small scale before any changes are made to the whole system. It is a cyclical model because the desired improvement is not always achieved in one cycle so the process is refined and the cycle is repeated. PDSA cycles are Category 1 activities in the RACGP QI&CPD program and are inherent quality improvement (QI) activities. PDSA cycles can be undertaken by an individual GP, a group of GPs or a multidisciplinary team.

Accreditation

RACGP QI&CPD program for the 2017-2019 triennium
TOTAL POINTS: 40 (category 1)
Activity ID: 99980
Cancer Council Victoria is an accredited activity provider of the RACGP QI&CPD program.
Provider number: 556940

ACRRM PDP for the 2017-19 triennium
30 PRPD points
Activity ID: 9653

For more information

If you would like more information or have any questions regarding this activity please contact the Primary Health Coordinator:
E: general.practice@cancervic.org.au
P: 03 9514 6431

Background

Currently 15% of Australian adult (18+) males and 12% of Australian adult (18+) females are daily smokers[i]. This number increases to 42% among the Aboriginal and Torres Strait Islander community[ii] and is as high as 50% among some ethnically diverse communities[iii]. People living in areas with the lowest socioeconomic status (SES) were three times more likely to smoke than people with the highest SES and daily smokers were twice as likely to have been diagnosed or treated for a mental health condition as those who had never smoked[iv]. In Australia in 2013, daily smokers were twice as likely to have high/very levels of psychological distress compared with people who had never smoked (18.2% vs 9.0%) and were twice as likely to have been diagnosed or treated for a mental health condition (22% compared with 11.1%).

People with a mental illness who smoke die up to 20 years earlier than the general population, not due to their psychiatric condition but mostly due to tobacco related illness[v]. There is also an association between smoking habits and suicidal behaviours; compared to non-smokers current smokers are at higher risk of suicide attempts[vi]. Other studies have found smoking was significantly associated with an increased risk of suicidality among individuals with a severe mental illness[vii].

The physically damaging effects of smoking are clear. Long-term smokers are at a higher risk of developing a range of potentially deadly diseases including:

- Cancer of the lungs, mouth, nose, throat, oesophagus, pancreas, kidney, liver, bladder, bowel, ovary, cervix, bone marrow, and stomach
- Lung diseases such as chronic obstructive pulmonary disease (COPD) which includes chronic bronchitis and emphysema
- Heart disease, heart attack and stroke
- Poor blood circulation in feet and hands, which can lead to pain and, in severe cases, gangrene and amputation[viii]

There are numerous benefits to quitting smoking. In as little as 6 hours stabilizing of blood pressure and slower heart rate can be observed[ix]. After a day almost all nicotine is out of the bloodstream, carbon monoxide in the body has dropped and oxygen circulates easier to the heart and muscles. Over time the risk of heart attack and stroke decreases progressively to be close to a person who never smoked (15 years) and the risk of lung cancer at (10 years) is lower than that of a current smoker. Quitting smoking is also associated with mental health benefits. Recent evidence is showing that quitting smoking actually improves mental health, mood, and quality of life, both among the general population and among people with psychiatric disorders[x]. Quitting is also associated with a decreased likelihood of suicide attempt[xi].

We know that GPs and other health professionals play a key role in providing brief interventions for smoking cessation, as recommended by the RACGP, and evidence suggests this approach helps smokers to quit[xii]. You can access the guidelines here: http://www.racgp.org.au/your-practice/guidelines/smoking-cessation/. One in every 33

conversations will lead to a patient successfully quitting smoking[xiii]. In the guidelines the 5A framework is recommended as spending more time (longer than 10 minutes) advising smokers to quit yields higher abstinence rates than minimal advice. However, feedback from GPs and studies indicate that physicians ask their patients, but seldom offer practical cessation support[xiv] [xv].

> *This is significant as there is very clear evidence that simply asking about and documenting smoking status is actually harmful in that it reduces the odds of the patient attempting to quit and sustaining a quit attempt. A patient seen by a GP but not advised to quit has a statistically significantly reduced risk of quitting (OR>0.7), as does a patient advised to quit but not offered any help to do so (OR>0.9). A patient asked, advised to quit and offered help has a statistically significant risk of quitting (OR=1.3). This data is derived from the UK Smoking Toolkit Study (n=12,221; www.rjwest.co.uk).*

The Smoking Cessation Guidelines also acknowledges that offering brief advice (as little as 3 minutes) has been shown to have clear benefits and notes that providing brief advice to most smokers is more effective and efficient than spending a longer time with a few patients. Quit has developed a brief intervention model to enable this recommendation in general practice.

A 3 step brief intervention – Ask Advise Help

The 3 step brief intervention model is straightforward, practical and takes only 3-5 minutes to undertake. It consolidates the RACGP 5As model by allowing GPs to perform it during a standard consultation. There are 3 steps:

- Ask all clients about their smoking. Ask "do you smoke?" Do not say "are you a smoker?" as not all people who smoke identify as smokers. Framing it this way also shows that we separate the person and their behaviour
- Advise all smokers to quit and ex-smokers to stay quit
- Help by making an enthusiastic offer of information, support and referral
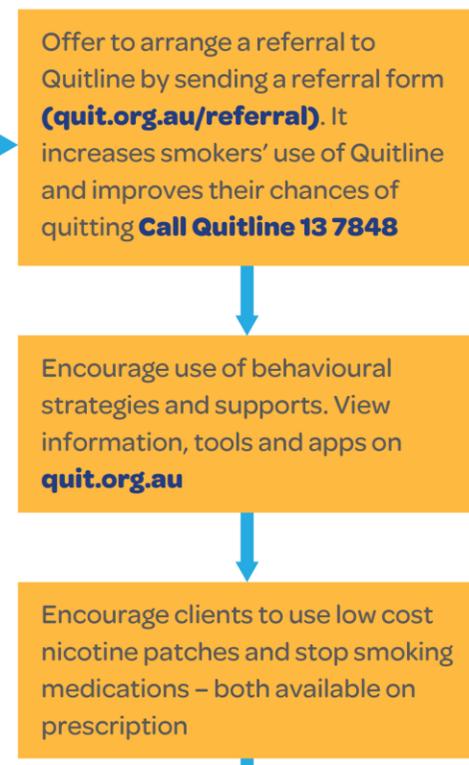
Ask

Do you currently smoke? — Yes →

No ↓

Have you smoked in the past?

No ↓   Yes ↓

When did you stop?

Many years ago   Recently

Great! Do you nened support to stay quit?

Yes →   No →

Congratulate and reaffirm

Advise

Advise all smokers to quit in a clear, non-confrontational, personalised way "The single most important thing you can do for your health is to stop smoking."

Advise the best way to quit and stay quit

Behavioural support (Quitline, Stop Smoking Service)

+

Nicotine replacement products or stop smoking medications

Help

Offer to arrange a referral to Quitline by sending a referral form **(quit.org.au/referral)**. It increases smokers' use of Quitline and improves their chances of quitting **Call Quitline 13 7848**

Encourage use of behavioural strategies and supports. View information, tools and apps on **quit.org.au**

Encourage clients to use low cost nicotine patches and stop smoking medications – both available on prescription

Record smoking status and support provided and follow up at next visit

Activity summary

As part of Quit Victoria and Cancer Council Victoria's commitment to smoking cessation, this education activity has been developed to support GPs to make systematic changes to the way they encourage patients to quit smoking. GPs can undertake this project singularly, however ideally it would be undertaken as a whole of practice project, incorporating other GPs, the practice manager, nurse and practice staff. If there are multiple GPs in the practice undertaking the PDSA cycle at the same time, nominate one person to lead the project, maintain timelines, and in particular coordinate cycles 2 and 3.

To successfully complete and receive points, individual GPs must undertake all the activities outlined in this document, including the pre and post surveys, reflection, and all cycles.

Practices in the Latrobe Health Innovation Zone

To enable Quit Victoria to evaluate the Latrobe Health Innovation Zone project, we require from practices who have signed up to this project de-identified patient smoking data, collected at baseline and six months post PDSA cycle completion (Gippsland PHN practice support officers will be available to assist with data collection). Practices without Polar can discuss access with the Gippsland PHN or contact your medical software provider. *Please refer to attachment one and two for data collection forms.*

Goal
The goal of brief intervention for smoking cessation is to create ***momentary*** desire to stop smoking now and to generate a quit attempt.

How will you know that the change is an improvement?
Through baseline and follow-up data, the number of current and unrecorded smokers will be captured. An improvement will be observed if there is a reduction in the overall percentage of practice smokers (or for singularly participating GPs, a reduction in the percentage of their patients who smoke), **or** a reduction in the number of unrecorded smokers (as the overall percentage of smokers may increase as a result of improved recording of patient smoking status).

Learning outcomes

At the end of the activity GPs (or you) should be able to:

- Describe the evidence that supports the use of brief intervention for smoking cessation in general practice

- Provide staff members and patients with a supportive general practice environment that is conducive to making quit attempts

- Analyse and use patient data to identify all patients who smoke (clean up 'unknown' smoking status) and to target and tailor smoking cessation messages to the practice's current cohort of smokers

- Implement a system within the practice to manage and follow up patients who are current smokers

- Deliver evidence based brief smoking cessation intervention to current smokers, including referral to counselling and NRT if required

PDSA Checklist

Before you commence the activity:

☐ Fill in your practices details in the Practice Registration page

☐ Complete the Pre-PDSA survey

Then:

☐ Complete and record outcomes for all cycles in this document

After completing the PDSA activity:

☐ Complete the Post-PDSA Survey

☐ Once all forms are filled in, return the completed PDSA by email, fax or mail, attention to the Primary Health Coordinator:
        E: general.practice@cancervic.org.au
        F: 03 9514 6804
        M: 615 St Kilda Road, Melbourne 3004 Victoria

Practice registration

Practice details

Practice Name	
Address	
Suburb	
Postcode	
Phone	
Fax	
Email	
Start Date	

Practice software details

Practice Management Software	
Clinical Software	
Clinical Audit Tool	(e.g., Polar)

Participant details

	Name	Occupation	RACGP / ACCRM Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Pre-PDSA survey

Name:	
RACGP QI&CPD number:	
ACCRM number:	
Practice/surgery:	
Email:	

Please complete the following questions before you commence the PDSA Cycle 1.

Responses will be used to assess the benefit of the activity and to make changes in the future. Responses will be aggregated for reporting and will remain confidential.

1. Please indicate how strongly you agree or disagree with the following statements:

(If you have attended the face to face training and completed the pre-survey (including your name) there, please only provide responses to question 8)

	Completely agree	Somewhat agree	Somewhat disagree	Completely disagree
a) It is a part of my role as a GP to try to get the patient to quit smoking	1	2	3	4
b) It is difficult for a GP to provide smoking cessation within a standard consultation	1	2	3	4
c) A Medicare item number for smoking cessation is necessary	1	2	3	4
d) My current knowledge and skills are sufficient for giving advice to patients who wish to quit smoking	1	2	3	4
e) I have succeeded in my efforts to influence my patient's smoking	1	2	3	4
f) Most patients who smoke are not interested in doing anything about their smoking	1	2	3	4
g) People will quit smoking when they are ready. My advice doesn't make a lot of difference	1	2	3	4

The next few questions are about knowledge and confidence to address smoking.

	Don't know	Have heard about them but haven't read	Browsed through	Familiarised myself thoroughly
2. I am familiar with the RACGP smoking cessation guidelines	1	2	3	4

	Strongly agree	Agree	Disagree	Strongly disagree
3. My current knowledge and skills are sufficient for giving advice and make an enthusiastic offer of help to patients who smoke	1	2	3	4

4. How confident do you currently feel to provide smoking cessation advice and support to patients who visit your clinic?

Not confident at all									Extremely confident
1	2	3	4	5	6	7	8	9	10

5. How important is it to you to provide brief intervention for smoking cessation to patients?

Not at all important									Extremely important
1	2	3	4	5	6	7	8	9	10

The next few questions ask about your current approach to address smoking:

	5As	Brief interventions	Very brief advice	Other (please specify below)
6. What is your usual approach to smoking cessation	1	2	3	4

……

……

7. Currently, how do you make the decision concerning whether or not to provide patients who smoke tobacco with assistance to quit smoking?

Assistance is offered only if the patient requests it	Assistance is offered if patient has a smoking related illness	Assistance is offered to every patient who smokes
1	2	3

8. Currently, how often do you do any of the following for patients who smoke?

	Nearly always	Often	Sometimes	Never	N/A
a) Ask all patients if they smoke, and if so how often and how many cigarettes	1	2	3	4	5
b) Recommend quitting to all patients who smoke	1	2	3	4	5
c) Mark smoking status in the patient record	1	2	3	4	5
d) Record the number of cigarettes smoked per day/week in the patient medical record	1	2	3	4	5
e) Discuss health risks related to smoking	1	2	3	4	5
f) Discuss the benefits (financial and emotional) of quitting	1	2	3	4	5
g) Provide pamphlets or other written information about stopping smoking	1	2	3	4	5
h) Recommend cutting down on the number of cigarettes smoked	1	2	3	4	5
i) Recommend smoking outside to protect children and others in the home	1	2	3	4	5
j) Prescribe smoking withdrawal medication	1	2	3	4	5

k) Recommend nicotine replacement therapy	1	2	3	4	5
l) Provide information on smoking cessation methods	1	2	3	4	5
m) Help the patient make a plan to quit smoking	1	2	3	4	5
n) Recommend the patient call Quitline	1	2	3	4	5
o) Offer to make a referral to Quitline	1	2	3	4	5
p) Refer to individual smoking cessation counselling	1	2	3	4	5
q) Refer to quit smoking group program	1	2	3	4	5
r) Follow-up to check on quit smoking progress	1	2	3	4	5
s) Record attempts to quit or reduce smoking	1	2	3	4	5

How did your practice hear about this activity?

☐ Cancer Council Victoria

☐ PHN newsletter (please specify): _____

☐ Quit Victoria website

☐ RACGP website

☐ Colleague

☐ Other (please specify): _____

What motivated you to participate in this activity? (please tick all that apply)

☐ Build on existing knowledge and/or skills in this area

☐ This is a new area in my practice

☐ Near miss analysis

☐ Feedback from patients

☐ To meet legislative requirements

☐ Review existing systems

☐ Improve safety strategies for staff and patients in practice

☐ Other (please specify): _____

Cycle 1: Review new and emerging literature on tobacco and smoking cessation and complete the Quit Victoria Brief Interventions for smoking cessation learning activity

Estimated timeframe to complete cycle - 1 week

Start date	
End date	

Plan

To review new and emerging literature on tobacco and smoking cessation, including;
- The prevalence of smoking in Australian, including among Aboriginal and Torres Strait Islander and culturally diverse communities
- Evidence for smoking cessation and use of brief interventions to facilitate behaviour change
- Smoking and mental illness

If you haven't already attended the face to face education provided in Gippsland schedule a time to complete the online training module

Do

GP to review new and emerging literature, utilising the sources below as a guide:

Link to:
- In-practice management verses quitline referral for enhancing smoking cessation in general practice: a cluster randomized control trial[xvi]
- Smokers with mental illness: breaking down the myths[xvii]
- Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial[xviii]
- A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery[xix]

Other useful resources to bookmark include:
- Tobacco in Australia, Facts & Issues - A comprehensive online resource. Published by Cancer Council Victoria. http://www.tobaccoinaustralia.org.au/
- Quit Victoria Resource Centre. The latest in tobacco policy and resources for the community and health professionals. http://www.quit.org.au/resource-centre/
- Supporting smoking cessation: a guide for health professionals http://www.racgp.org.au/your-practice/guidelines/smoking-cessation/

Complete the online training module (if you've not already attended the face to face training provided in Gippsland)

Study

Compare the results to your expectations and summarise what you learnt

After reviewing the literature and undertaking the face to face or online training can you identify any improvements for smoking cessation in your practice or specific demographic groups you may wish to focus on? Is there any statistics or information in the literature that you were unaware of, or that surprised you?

ACT

Act on the results. How could this information change your practice?

Are there any strategies you've identified above that you could put in place to address smoking among your patients?

After completing cycle 1 please reflect on the following:

Did you know?

		Learnt this while completing cycle 1	Already knew this prior to completing cycle 1
a)	People living with a mental illness are just as likely to want to quit as the general population	Learnt this while completing cycle 1	Already knew this prior to completing cycle 1
b)	You are more likely to quit other drugs if you participate in a smoking cessation program as part of drug rehabilitation	Learnt this while completing cycle 1	Already knew this prior to completing cycle 1
c)	About two thirds of smokers who continue to smoke throughout their life will die from a tobacco related disease	Learnt this while completing cycle 1	Already knew this prior to completing cycle 1
d)	Once you stop smoking you need less caffeine and less alcohol to get the same effect (from caffeine and alcohol)	Learnt this while completing cycle 1	Already knew this prior to completing cycle 1
e)	Generally, once smokers have got through nicotine withdrawal, their mental health tends to be better than before they quit	Learnt this while completing cycle 1	Already knew this prior to completing cycle 1
f)	Smoking increases the clearance of some psychotropic medications, eg clozapine, olanzapine, fluvoxamine. Once patients quit dosages will probably need to be reduced to avoid increased sedation or other mediation side effects	Learnt this while completing cycle 1	Already knew this prior to completing cycle 1
g)	Smoking cessation medications (nicotiene replacement therapy, varenicline and bupropion) do not increase the risk of neuropsychiatric side effects	Learnt this while completing cycle 1	Already knew this prior to completing cycle 1

Cycle 2.1: Extract and examine patient data relating to smoking status.

Estimated timeframe to complete cycle 2.1 and 2.2 - 6-8 weeks

Start date	
End date	

Plan

- To review patient records (using the RACGP parameters for active patients; three or more visits in the past two years) and identity patients who are current smokers or who have no smoking status recorded
  - Schedule a time with your Gippsland PHN Practice Support Officer to assist with data extraction utilising Polar

If you do not have access to the Polar data extraction tool, please contact your Gippsland PHN Practice Support Officer who can discuss access to Polar, or contact your medical software provider to assist you to extract the data.

Do

- Project lead to extract and save the data (with PHN assistance). Provide summary to participating GPs and record the following data here:

Total number of active patients - *(using RACGP definition of active patients)*	

  - Number and percentage of all practice (or your) patients who are current smokers and percentage of patients whose smoking status is "unknown"

	Number	Percentage *Number of current smokers divided by number of total active patients x 100*
Smoker		
Ex-smoker		
Non-smoker		
Not specified		

- o Number and percentage of all practice patients who have been prescribed Nicotine Replacement Therapy or another smoking cessation pharmacotherapy (eg varenicline, bupropion)

	Number	Percentage
Prescribed NRT		
Varenicline		
Bupropion		

- o Number and percentage of practice patients who are <u>current smokers</u> and have been prescribed Nicotine Replacement Therapy

	Number	Percentage
Prescribed NRT		
Varenicline		
Bupropion		

Study

Compare the results to your expectations and summarise what you learned.

Is there more missing data than you expected? Do you appear to have lots of missing data because you tend to record smoking status in notes rather than in the smoking field?

Are you surprised by how many of your patients smoke or who smokes? (breakdown by gender, age or postcode) Are the results as you expected?

Act

Act on the results

> *Implement changes to software and educate other GPs and nurses about recording smoking status and the benefits of prescribing NRT in combination with counselling as a part of the recommended 3 step Ask Advice Help model*

Cycle 2.2: Set reminder "red flags" for smokers and patients with "unknown status" recorded

Start date	
End date	

Plan

- Schedule a team meeting and as a team plan to reduce the percentage of unrecorded smokers using alerts in clinical software / desktop reminders or any strategy that your practice team think will assist to clean up this data.

Do

- At the team meeting discuss strategies, record and assign team members to implement them here. Team members to implement assigned strategies.

Strategy	By whom
Eg. Make desktop prompts to remind GPs and nurses to ask patients about smoking	*Jane Smith*
Eg Review records and use notes section to fill in the smoking field	

Study

Compare the results to your expectations and summarise what you learned.

Meet again as a team and provide feedback on the strategies implemented. What has worked, what hasn't, and why. Document your findings here.

Act

Act on the results

For strategies that have worked and are going to be implemented long term, write them up in a practice policy or guide for practitioners on the recording of smoking status in your clinic.

Cycle 3: Assess the practice environment ensuring it is conducive to patients making Quit attempts

Estimated timeframe to complete cycle 3 - 4 weeks

Start date	
End date	

Plan

Schedule an assessment of your practice to ensure it is conducive to patients (and staff members) making quit attempts. This can be done singularly, or if there are a number of GPs or staff members participating in the PDSA cycle, the project lead should arrange a meeting and allocate specific tasks to each GP/staff member. This is also an opportunity to ensure systems are in place to better undertake smoking cessation such as access to the auto-populating quitline referral form, fact sheets for patients, and clinical software address books are up to date and current.

These two guides may be useful in conducting cycle 2:
- Quit Victoria's "going smokefree guide for health services"
  http://www.quit.org.au/downloads/resource/communities/hospital-health/going-smokefree-guide-for-health-services.pdf
- Quit Victoria's "going smokefree guide for workplaces"
  http://www.quit.org.au/downloads/resource/communities/workplace/going-smokefree-guide-for-workplaces.pdf

Do

Each staff member to make a list of planned changes/improvements to the practice.

Audit area	Result	Recommendations
Eg. Quitline referral forms	*Quitline referral forms are out of date*	*Update referral forms to latest version*

Study

Compare the results to your expectations and summarise what you learnt.

Meet with practice staff to collate the list of planned changes and improvements and discuss the impact/s of the changes on the practice. Allocate recommended actions to staff members

Act

Act on the results. Adopt and make changes to the practice as discussed. When making changes to your practice consider utilising the following resources:

Waiting room and consulting rooms
- Smoking cessation posters and brochures and positive smoke free affirmations are visible and available http://www.quit.org.au/resource-centre/resources/

Outside
- Smoke free signage is visible https://www2.health.vic.gov.au/public-health/tobacco-reform/resources-and-fact-sheets-tobacco-reform

Systems and software
- Smoking cessation/Quitline referral forms and fax/electronic addresses are current
- Fact sheets are available for patients on a range of smoking cessation topics, eg.
    - What's in cigarettes
    - Want to quit, here's how
    - Quitting services and products
    - Withdrawal http://www.quit.org.au/resource-centre/resources/

Communicating to staff and patients
- Write an article for patient newsletters

Communicate the practice's smoking cessation approach to staff members, offer support for staff members who currently smoke

Record list of completed actions here:

Audit area	Recommendations	Outcome	Date completed
Eg. Quitline referral forms	*Update referral forms to latest version*	*Referral forms have been uploaded into software*	*May 2017*

Cycle 4: Implement the 3 Step brief intervention (Ask, Advise, Help) model on 20 current smokers

Estimated timeframe to complete cycle 4 - 2 weeks

Start date	
End date	

Plan

To conduct the 3 step brief intervention (Ask, Advise, Help) model with all patients until you have completed it with 10 smokers who are either new patients or whose smoking status was previously unrecorded. Review the model and other materials to refresh knowledge if required.
- Select the patients prior to the next consulting session using patient management and put an alert in the clinical notes, or select opportunistically

Do

Record the following information for the 10 patients who smoke

Pt	Gender	Age	Ask Advise Help	Reflection

1			Did you:
			☐ Ask if the patient smokes
			
			Advise those currently smoking that:
			☐ the best thing you can do for your health is to quit smoking
			☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions
			
			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			    ☐ Quitline or
			    ☐ Other smoking cessation
			    counselling. Please advise
			    _____	

2			Did you: ☐ Ask if the patient smokes Advise those currently smoking that: ☐ the best thing you can do for your health	

			is to quit smoking
			☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions
			
			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			   ☐ Quitline or
			     ☐ Other smoking cessation counselling. Please advise
			
			_____	

3			Did you:
			☐ Ask if the patient smokes
			
			Advise those currently smoking that:
			☐ the best thing you can do for your health is to quit smoking
			☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions
			
			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			   ☐ Quitline or
			     ☐ Other smoking cessation counselling. Please advise
			
			_____	

4			Did you: ☐ Ask if the patient smokes Advise those currently smoking that: ☐ the best thing you can do for your health is to quit smoking ☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions Help: ☐ provided self-help material ☐ recommended website or apps	

			☐ Pharmacotherapy
			Referral for behavioural change intervention
			    ☐ Quitline or
			       ☐ Other smoking cessation
			       counselling. Please advise
			
			_____	

5			Did you:
			☐ Ask if the patient smokes
			
			Advise those currently smoking that:
			☐ the best thing you can do for your health is to quit smoking
			☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions
			
			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			    ☐ Quitline or
			       ☐ Other smoking cessation
			       counselling. Please advise
			
			_____	

6			Did you:
			☐ Ask if the patient smokes
			
			Advise those currently smoking that:
			☐ the best thing you can do for your health is to quit smoking
			☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions
			
			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			    ☐ Quitline or
			       ☐ Other smoking cessation
			       counselling. Please advise
			
			_____	

7			Did you: ☐ Ask if the patient smokes	

			Advise those currently smoking that:
			☐ the best thing you can do for your health is to quit smoking
			☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions
			
			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			    ☐ Quitline or
			        ☐ Other smoking cessation counselling. Please advise
			    _____	

8			Did you:
			☐ Ask if the patient smokes
			
			Advise those currently smoking that:
			☐ the best thing you can do for your health is to quit smoking
			☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions
			
			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			    ☐ Quitline or
			        ☐ Other smoking cessation counselling. Please advise
			    _____	

9			Did you: ☐ Ask if the patient smokes Advise those currently smoking that: ☐ the best thing you can do for your health is to quit smoking ☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions	

			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			    ☐ Quitline or
			        ☐ Other smoking cessation
			        counselling. Please advise
			
			_____	

10			Did you:
			☐ Ask if the patient smokes
			
			Advise those currently smoking that:
			☐ the best thing you can do for your health is to quit smoking
			☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions
			
			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			    ☐ Quitline or
			        ☐ Other smoking cessation
			        counselling. Please advise
			
			_____	

Study

Compare the results to your expectations

Summarise what you learnt and include any reflections and a plan for the next 10 patients who smoke:

Act

Act on the results by repeating the intervention with any improvements you have identified.

Record the following information with all patients until you have completed it with 10 more smokers who are either new patients or whose smoking status was previously unrecorded

Patient	Gender	Age	AAH model/intervention	Reflection
1			Did you: ☐ Ask if the patient smokes Advise those currently smoking that: ☐ the best thing you can do for your health is to quit smoking ☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions Help: ☐ provided self-help material ☐ recommended website or apps ☐ Pharmacotherapy Referral for behavioural change intervention ☐ Quitline or ☐ Other smoking cessation counselling. Please advise _____	
2			*Did you:* ☐ *Ask if the patient smokes* *Advise those currently smoking that:* ☐ *the best thing you can do for your health is to quit smoking* ☐ *the best chance of quitting is combination pharmacotherapy and behavioural change interventions* *Help:* ☐ *provided self-help material* ☐ *recommended website or apps* ☐ *Pharmacotherapy* *Referral for behavioural change intervention* ☐ *Quitline or* ☐ *Other smoking cessation*	

			counselling. Please advise _____	

3			Did you:
			☐ Ask if the patient smokes
			
			Advise those currently smoking that:
			☐ the best thing you can do for your health is to quit smoking
			☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions
			
			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			     ☐ Quitline or
			     ☐ Other smoking cessation counselling. Please advise
			
			_____	

4			Did you:
			☐ Ask if the patient smokes
			
			Advise those currently smoking that:
			☐ the best thing you can do for your health is to quit smoking
			☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions
			
			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			     ☐ Quitline or
			     ☐ Other smoking cessation counselling. Please advise
			
			_____	

5			Did you: ☐ Ask if the patient smokes Advise those currently smoking that:	

			☐ the best thing you can do for your health is to quit smoking
			☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions
			
			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			       ☐ Quitline or
			       ☐ Other smoking cessation counselling. Please advise
			       _____	

6			Did you:
			☐ Ask if the patient smokes
			
			Advise those currently smoking that:
			☐ the best thing you can do for your health is to quit smoking
			☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions
			
			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			       ☐ Quitline or
			       ☐ Other smoking cessation counselling. Please advise
			       _____	

7			Did you: ☐ Ask if the patient smokes Advise those currently smoking that: ☐ the best thing you can do for your health is to quit smoking ☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions	

			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			       ☐ Quitline or
			       ☐ Other smoking cessation counselling. Please advise
			    _____	

8			Did you:
			☐ Ask if the patient smokes
			
			Advise those currently smoking that:
			☐ the best thing you can do for your health is to quit smoking
			☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions
			
			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			       ☐ Quitline or
			       ☐ Other smoking cessation counselling. Please advise
			    _____	

9			Did you: ☐ Ask if the patient smokes Advise those currently smoking that: ☐ the best thing you can do for your health is to quit smoking ☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions Help: ☐ provided self-help material ☐ recommended website or apps ☐ Pharmacotherapy Referral for behavioural change intervention	

			☐ Quitline or ☐ Other smoking cessation counselling. Please advise _____	

10			Did you:
			☐ Ask if the patient smokes
			
			Advise those currently smoking that:
			☐ the best thing you can do for your health is to quit smoking
			☐ the best chance of quitting is combination pharmacotherapy and behavioural change interventions
			
			Help:
			☐ provided self-help material
			☐ recommended website or apps
			☐ Pharmacotherapy
			Referral for behavioural change intervention
			       ☐ Quitline or
			       ☐ Other smoking cessation counselling. Please advise
			_____	

Compare the results to your expectations

Summarise what you learnt and reflect on your experience. You may wish to reflect on the whole PDSA cycle in the Quality Improvement Refection section below.

Post PDSA survey

	Strongly agree	Agree	Disagree	Strongly disagree
1. My current knowledge and skills are sufficient for giving advice and make an enthusiastic offer of help to patients who smoke	1	2	3	4

2. How confident do you currently feel to provide a brief intervention for smoking cessation to patients?

Not confident at all									Extremely confident
1	2	3	4	5	6	7	8	9	10

3. How important is it to you to provide brief intervention for smoking cessation to patients?

Not at all important									Extremely important
1	2	3	4	5	6	7	8	9	10

4. Please identify any barriers that may prevent you from continuing to provide brief interventions as part of your usual care.

5. What changes have you made to your clinical practice? What are you doing differently?

6. Currently, how often do you do any of the following for patients who smoke?

		Nearly always	Often	Sometimes	Never	N/A
h)	Ask all patients if they smoke, and if so how often and how many cigarettes	1	2	3	4	5
i)	Recommend quitting to all patients who smoke	1	2	3	4	5
j)	Mark smoking status in the patient record	1	2	3	4	5
k)	Record the number of cigarettes smoked per day/week in the patient medical record	1	2	3	4	5
l)	Discuss health risks related to smoking	1	2	3	4	5
m)	Discuss the benefits (financial and emotional) of quitting	1	2	3	4	5
n)	Provide pamphlets or other written information about stopping smoking	1	2	3	4	5
o)	Recommend cutting down on the number of cigarettes smoked	1	2	3	4	5
p)	Recommend smoking outside to protect children and others in the home	1	2	3	4	5
q)	Prescribe smoking withdrawal medication	1	2	3	4	5
r)	Recommend nicotine replacement therapy	1	2	3	4	5
s)	Provide information on smoking cessation methods	1	2	3	4	5
t)	Help the patient make a plan to quit smoking	1	2	3	4	5
u)	Recommend the patient call Quitline	1	2	3	4	5
v)	Offer to make a referral to Quitline	1	2	3	4	5
w)	Refer to individual smoking cessation counselling	1	2	3	4	5
x)	Refer to quit smoking group program	1	2	3	4	5
y)	Follow-up to check on quit smoking progress	1	2	3	4	5
z)	Record attempts to quit or reduce smoking	1	2	3	4	5

	Yes	No	Unsure	Not using this software
7. If you are using Medical Director or Best Practice, is the auto-populating quitline referral form installed on your computer?	1	2	3	4
8. Would you recommend this activity to a colleague?	1	2	3	

	None	1-4 patients	5-9 patients	10-19 patients	20 plus patients
9. Approximately how many patients have you referred to quitline using the quitline referral form since you completed the Quit training?	1	2	3	4	5

If less than 5, what are the main reasons why you have referred few smokers to Quitline?

_____

_____

Quality Improvement reflection

needs to be completed to ensure you receive CPD points

Rate the degree to which the activity learning objectives were met. By the end of this activity participants will be able to….	Not met	Partially met	Entirely met
a. Describe the evidence that supports the use of brief intervention for smoking cessation in general practice	1	2	3
b. Provide staff members and patients with a supportive general practice environment that is conducive to making quit attempts	1	2	3
c. Analyse and use patient data to identify all patients who smoke (clean up "unknown" smoking status) and to target and tailor smoking cessation messages to the practice's current cohort of smokers	1	2	3
d. Implement a system within the practice to manage and follow up patients who are current smokers	1	2	3
e. Deliver evidence based brief smoking cessation intervention to current smokers, including referral to counselling and NRT if required	1	2	3

	Not met	Partially met	Entirely met
1. Rate the degree to which your learning needs were met.	1	2	3

	Not met	Partially met	Entirely met
2. Rate the degree to which this activity is relevant to your practice.	1	2	3

Please reflect on the changes or improvements in knowledge, attitudes, behaviours, skills and/or practice systems as a result of participating in this activity.

Please reflect on how you applied your learning, considering changes or improvements to knowledge, attitudes, behaviours, skills and/or practice systems as an outcome of this activity.

Declaration

I declare to Cancer Council Victoria:

I have completed this activity, and to the best of my knowledge it has been conducted and completed in accordance with the relevant RACGP/ACCRM program requirements, educational standards and criteria.

The information I have provided in this document is accurate and correct.

I understand and acknowledge that Cancer Council Victoria reserves the right to withdraw recognition of this activity if in the opinion of Cancer Council the activity does not meet the RACGP/ACCRM program requirements, educational standards and criteria.

Signed: Date:

Completed forms

Once all forms are complete, please return by email, fax or mail to the Primary Health Coordinator:

E: general.practice@cancervic.org.au

F: (03) 9514 6804

M: Cancer Council Victoria, 615 St Kilda Road, Melbourne, VIC 3004

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[xi] Sankaranarayanan A, Mancuso S, Wilding H, Ghuloum s, Castle D, Smoking, Suicidality and Psychosis: A Systematic Meta-Analysis. PLoS One, 2015;10(9):e0138147.

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Baseline data collection for practices within the Latrobe Health Innovation Zone project

Practice Name: _____

Total number of active patients - *(using RACGP definition of active patients)*	

Number and percentage of all practice patients who are current smokers and percentage of patients whose smoking status is "unknown"

	Number	Percentage *Number of current smokers divided by number of total active patients x 100*
Smoker		
Ex-smoker		
Non-smoker		
Not specified		

Number and percentage of all practice patients who have been prescribed Nicotine Replacement Therapy or another smoking cessation pharmacotherapy (eg varenicline, bupropion)

	Number	Percentage
Prescribed NRT		
Varenicline		
Bupropion		

Number and percentage of practice patients who are current smokers and have been prescribed Nicotine Replacement Therapy

	Number	Percentage
Prescribed NRT		
Varenicline		
Bupropion		

Please return this form to the Primary Health Coordinator:
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Six month post data collection for practices within the Latrobe Health Innovation Zone project

Practice Name: _____

Total number of active patients - *(using RACGP definition of active patients)*	

Number and percentage of all practice patients who are current smokers and percentage of patients whose smoking status is "unknown"

	Number	Percentage *Number of current smokers divided by number of total active patients x 100*
Smoker		
Ex-smoker		
Non-smoker		
Not specified		

Number and percentage of all practice patients who have been prescribed Nicotine Replacement Therapy or another smoking cessation pharmacotherapy (eg varenicline, bupropion)

	Number	Percentage
Prescribed NRT		
Varenicline		
Bupropion		

Number and percentage of practice patients who are current smokers and have been prescribed Nicotine Replacement Therapy

	Number	Percentage
Prescribed NRT		
Varenicline		
Bupropion		

Please return this form to the Primary Health Coordinator:
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M: Cancer Council Victoria, 615 St Kilda Road, Melbourne, VIC 3004