

CLINICAL AUDIT

Supporting Smoking Cessation



Valid to April 2014



Background

In 2010 the PHO Performance Programme (PPP) introduced additional performance indicators that focus on supporting smoking cessation.

These indicators are:

- % of the enrolled practice population who have had their smoking status recorded
- % of the enrolled practice population whose most recent smoking status is recorded as “current smoker”
- % of current smokers who have been given brief advice in the last 12 months
- % of current smokers who have been given or referred to cessation support services in the last 12 months

To enable collection and analysis of data for these indicators the following information must be collected,

1. Recording of smoking status
2. Recording the delivery of brief advice and cessation support

Smoking status and, if relevant, smoking cessation advice should be recorded for each patient in their electronic medical record.

Coding of smoking status

The coding of the smoking indicators may vary between individual practice management systems. To allow for the ability to review all data, it is recommended all data is recorded using either READ or ZCPI codes (see Appendix 1). If any other system is used it is required that the systems codes are mapped to these two data sets.

Ask, Brief advice, Cessation support

Ask, Brief advice, Cessation support (ABC) has become the standard of care for helping people to quit smoking. The ABC format can be easily integrated into everyday practice of all health care professionals, so that smokers are presented with every opportunity to quit.

- A. Ask whether the patient smokes
- B. Give brief advice to quit
- C. Offer evidence based cessation support

There is no set manner in which the brief advice to quit needs to be given. Most clinicians would agree that the brief advice should be personally relevant to the patient and describe the benefits to be gained from smoking cessation.

For younger patients it can be helpful to use the incentive that those who quit before the age of 35 years will have a normal life expectancy. For older patients it can be helpful to remind them that quitting increases life expectancy by reducing the risk of diseases such as lung cancer, cardiovascular disease and chronic obstructive pulmonary disease.



Audit Plan

Indicators

1. Smoking status is recorded
2. Current smokers have been given brief advice about smoking cessation
3. Current smokers have been given or referred to cessation support services

Criteria

1. Smoking status is recorded in the patient notes
2. The patient notes record current smokers who have been given brief advice
3. The patient notes record current smokers who have been given or referred to cessation support services

Standards

1. Smoking status is recorded 90% of patient notes
2. The patient notes show 80% of current smokers have been given brief advice within the last 12 months
3. The patient notes show 50% of current smokers have been given or referred to cessation support services within the last 12 months



Data

Eligible people

All patients are eligible for this audit.

Identifying patients

All practices should have a computerised and retrievable record of the smoking status of all patients. If this information is already in the notes, that can be used to select the patients for audit points 2 and 3.

Sample size

Number of eligible patients will vary according to your practice demographic. It would be optimal to identify 20 – 30 patients. If you identify more, take a random sample of 20 – 30 patients whose notes you will audit.

Data analysis

Use the data sheet to record your data and calculate percentages.

Use the data sheet to record your data. Compare these percentages to the standards set in advance by the practice team. Standards are suggested in this protocol but may also be set at a practice/practitioner level, dependent upon the practice population. Discussion amongst peers may be useful in establishing standards.

Data sheet – cycle 1

Audit: Supporting smoking cessation

	All Patients	Smokers only	
	The patient notes record the patients smoking status	Brief advice has been given within the last 12 months	Patient has been given or referred to cessation support services within the last 12 months
Patient	YES/NO	YES/NO	YES/NO
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
Total			
%			

Data sheet – cycle 2

Audit: Supporting smoking cessation

	All Patients	Smokers only	
	The patient notes record the patients smoking status	Brief advice has been given within the last 12 months	Patient has been given or referred to cessation support services within the last 12 months
Patient	YES/NO	YES/NO	YES/NO
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
Total			
%			

Identifying opportunities for CQI

Taking action

The first step in taking action is to identify where gaps exist between expected and actual performance and decide on priorities for change.

Once priority areas for change have been decided on, an action plan should be developed to implement any changes.

The plan should assign responsibility for various tasks to specific members of the practice team and should include a timeline.

It is important to include the whole practice team in the decision-making and planning process.

It may be useful to consider the following points when developing a plan for action (RNZCGP 2002).

1. Problem solving process

- What is the problem or underlying problem(s)?
- Change it to an aim.
- What are the solutions or options?
- What are the barriers?
- How can you overcome them?

2. Overcoming barriers

- Identifying barriers can provide a basis for change.
- What is achievable? – find out what the external pressures on the practice are and discuss ways of dealing with them in the practice setting.
- Identify the barriers.
- Develop a priority list.
- Choose one or two achievable goals.

3. Effective interventions.

- No single strategy or intervention is more effective than another, and sometimes a variety of methods are needed to bring about lasting change.
- Interventions should be directed at existing barriers or problems, knowledge, skills and attitudes, as well as performance and behaviour.

Review

Monitoring change and progress

It is important to review the action plan against the timeline at regular intervals with the practice team. It may be helpful to discuss the following questions:

- Is the process working?
- Are the goals for improvement being achieved?
- Are the goals still appropriate?
- Do you need to develop new tools to achieve the goals you have set?

Following the completion of the first cycle, it is recommended that practices complete the first part of the CQI activity summary sheet (Appendix 2).

Undertaking a second cycle

In addition to regular reviews of progress with the practice team, a second audit cycle should be completed in order to quantify progress on closing the gaps in performance.

It is recommended that the second cycle be completed within 12 months of completing the first cycle. The second cycle should begin at the data collection stage. Following the completion of the second cycle it is recommended that practices complete the remainder of the CQI activity summary sheet.

Claiming MOPS credits

This audit has been endorsed by the RNZCGP as a CQI Activity for allocation of MOPS credits. General practitioners taking part in this audit can claim credits in accordance with the current MOPS programme. This status will remain in place until **April 2014**.

To claim MOPS points, you can indicate completion of the audit on the annual claim sheet, or alternatively you can go to the RNZCGP website, and claim your points at “MOPS online” at www.rnzcgp.org.nz

As the RNZCGP frequently audit claims you should retain the following documentation, in order to provide adequate evidence of participation in this audit:

1. A summary of the data collected
2. A Continuous Quality Improvement (CQI) Activity summary sheet (included as Appendix 2).

Appendix 1

Valid READ/ZCPI codes for smoking status

Valid ZCPI codes	
Code	Description
ZPSA10	Current Smoker NFD
ZPSA20	Never smoked tobacco
ZPSA30	Ex Smoker NFD
ZPSA31	Ex Smoker > 12 Months
ZPSA32	Ex Smoker < 12 Months

Valid READ codes	
Code	Description
1371	Never smoked tobacco
1372	Trivial smoker < 1 cig/day
1373	Light smoker – 1–9 cigs/day
1374	Moderate smoker – 10–19 cigs/d
1375	Heavy smoker – 20–39 cigs/day
1376	Very heavy smoker – 40+cigs/d
1377	Ex-trivial smoker (<1/day)
1378	Ex-light smoker (1–9/day)
1379	Ex-moderate smoker (10–19/day)
137A.	Ex-heavy smoker (20–39/day)
137B.	Ex-very heavy smoker (40+/day)
137C.	Keeps trying to stop smoking
137F.	Ex-smoker – amount unknown
137G.	Trying to give up smoking
137H.	Pipe smoker

Valid READ codes (contd)	
Code	Description
137J.	Cigar smoker
137K.	Stopped smoking
137L.	Current non-smoker
137M.	Rolls own cigarettes
137N.	Ex pipe smoker
137O.	Ex cigar smoker
137P.	Cigarette smoker
137Q.	Smoking started
137R.	Current smoker
137S.	Ex smoker
E2510	Tobacco dependence – unspecified
E2511	Tobacco dependence – continuous
E2512	Tobacco dependence – episodic
E2513	Tobacco dependence – in remission
E251z	Tobacco dependence – NOS

Valid Codes for Smoking Activity

Coding Type	Code	Description
ZCPI	ZPSB10	Brief smoking cessation advice was given
READ	6791.00	Health ed. - smoking
ZCPI	ZPSC10	Referral to Smoking Cessation support
ZCPI	ZPSC20	Prescribed Smoking Cessation Medication
ZCPI	ZPSC30	Provided smoking cessation behavioural
ZCPI	ZPSC90	Patient Refused smoking cessation support

Appendix 2: RNZCGP Summary Sheet – CQI Activity

DOCTORS NAME

The activity was designed by (please tick appropriate box):

RNZCGP

Organisation e.g. IPA/PHO/BPAC (name of organisation)

[bpac^{nz}](#)

Individual (self)

TOPIC

Supporting smoking cessation

Describe why you chose this topic (relevance, needs assessment etc):

FIRST CYCLE

1. DATA

Information collected

Date of data collection:

Please attach:

- A summary of data collected **or**
- If this is an organisation activity, attach a certificate of participation.

2. CHECK

Describe any areas targeted for improvement as a result of the data collected.

3. ACTION

Describe how these improvements will be implemented.

4. MONITOR

Describe how well the change process is working. When will you undertake a second cycle?

SECOND CYCLE

1. DATA	Information collected
Date of data collection:	
Please attach: <ul style="list-style-type: none">▪ A summary of data collected or▪ If this is an organisation activity, attach a certificate of participation.	
2. CHECK	Describe any areas targeted for improvement as a result of the data collected.
3. ACTION	Describe how these improvements will be implemented.
4. MONITOR	Describe how well the change process is working.
COMMENTS	

AUDIT CHECKLIST

Date:

1 Audit Planning

FIRST CYCLE

2 Data collected

3 RNZCGP Summary Sheet completed

4 MOPS Credits claimed

SECOND CYCLE

5 Data collected

6 RNZCGP Summary Sheet completed

7 MOPS Credits claimed

See page 8 for information on claiming MOPS credits.

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