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# Tobacco Cessation Performance Improvement Project

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Workbook for Physicians,  
Physician Assistants and  
Nurse Practitioners  
**STAGE B**



**Stage B**

**Learning from the application of PI to patient care.**

1. When did you begin implementation of the Clinical Practice Guidelines for Treating Tobacco Dependent patients in your practice? \_\_\_\_\_

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**ASK**            Are all patients screened for tobacco use?            Yes            No

Is there a standardized method for documentation of tobacco use and dependence screening in every chart?            Yes            No

**ADVISE**        Are all tobacco users advised to quit?            Yes            No

**ASSESS**        Do you routinely evaluate your patients' willingness to quit smoking?            Yes            No

**ASSIST**        Do you routinely prescribe pharmacotherapy for patients who are ready to quit smoking?            Yes            No

What referral resources have you utilized to assist in your patients' quit attempts?

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**ARRANGE**    Do you follow-up with patients at subsequent visits?    Yes            No  
(Regarding tobacco use.)

2. Did you face any challenges implementing the Clinical Practice Guidelines? If so, what were they and how did you overcome the challenges? \_\_\_\_\_

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**Stage B**

3. How have your patients who smoke reacted to the change in your approach? \_\_\_\_\_

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4. Have you identified any unmet educational needs for you or your staff? \_\_\_\_\_

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5. What are the barriers in treating patients for tobacco dependence (circle all that apply)?

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|---|--|
| A. Not reimbursed by third party payers | E. Inadequate training                                 |
| B. Not necessary/not needed             | F. Not cost-effective                                  |
| C. Unsubstantiated by research          | G. Patients not willing/motivated                      |
| D. Takes too much time                  | H. Other health issues take priority<br>during a visit |

6. Please provide one example of an effective intervention, which motivated a patient to make a quit attempt:

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Name \_\_\_\_\_

PLEASE PRINT

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cessation Center Contact \_\_\_\_\_



