

# Workflow Assessment Tool

Respondent Name : \_\_\_\_\_

Role/Position: \_\_\_\_\_

## Section 1: Tobacco Metrics & Patient Demographics

1. How many unique patients/clients are served annually? \_\_\_\_\_
2. What percent of unique patients/clients age 13 and older have tobacco use status documented? \_\_\_\_\_
3. What percent of identified tobacco users are advised to quit? \_\_\_\_\_
4. What percent of identified tobacco users are referred to a quitline or other cessation resources? \_\_\_\_\_
5. How many patients/clients are served annually by your organization? \_\_\_\_\_

6. What **percent (%)** of your patients/clients fall into the following categories?

Race/Ethnicity		Age & Gender		Other	
White/Non-Hispanic		Children (0 to 12)		Lesbian, Gay, Bisexual, Transgender	
Hispanic/Latino		Youth (13 to 17)		Pregnant/Post-partum Women	
Black/African American		Young Adult (18 to 24)		Medicaid	
Asian		Adult (25 to 64)		Mental Illness	
Hawaiian/Other Pacific Islander		Older Adult (65+)		Addictions	
American Indian/Alaska Native		Male		Incarcerated/justice-involved (e.g., probation, parole, jail, prison)	
Multiracial		Female		Chronic conditions (e.g., diabetes, hypertension, COPD)	
Unknown		Other		Other (specify): _____	

## Section 2: Provider Reminder System

### STEP 1: ASK

Is the provider prompted to ask patient and document (in the electronic health record or chart):	YES	NO	Notes
Tobacco use  Check all that are asked about/ documented: <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipe <input type="checkbox"/> Smokeless <input type="checkbox"/> Other tobacco products	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Electronic Nicotine Delivery Systems (ENDS) (e.g., E-cigarettes)	<input type="checkbox"/>	<input type="checkbox"/>	
Marijuana use	<input type="checkbox"/>	<input type="checkbox"/>	
Secondhand smoke exposure at home or in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	

### STEP 2: ADVISE

Is the provider prompted to do the following and document (in the electronic health record or chart):	YES	NO	Notes
Advise patient to quit <b>at initial visit</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Advise patient to quit <b>at every visit</b>	<input type="checkbox"/>	<input type="checkbox"/>	

## Section 2: Provider Reminder System

### STEP 3: ASSESS

Is the provider prompted to document the following (in the electronic health record or chart):	YES	NO	Notes
Severity of nicotine/tobacco dependence	<input type="checkbox"/>	<input type="checkbox"/>	
Patient's interest in quitting	<input type="checkbox"/>	<input type="checkbox"/>	
Willingness of patient to set a quit date	<input type="checkbox"/>	<input type="checkbox"/>	
Previous quit attempts	<input type="checkbox"/>	<input type="checkbox"/>	
Barriers to quitting	<input type="checkbox"/>	<input type="checkbox"/>	

### STEP 4: ASSIST

Is the provider prompted to document the following (in the electronic health record or chart):	YES	NO	Notes
<b>Counseling</b>			
Assistance with setting a quit date	<input type="checkbox"/>	<input type="checkbox"/>	
Counseling: <input type="checkbox"/> Less than 3 min <input type="checkbox"/> 3-10 min <input type="checkbox"/> More than 10 min	<input type="checkbox"/>	<input type="checkbox"/>	
Self-help materials, such as quit-smoking contract, tobacco-use diaries, etc.	<input type="checkbox"/>	<input type="checkbox"/>	

## Section 2: Provider Reminder System

### STEP 4: ASSIST (cont)

Is the provider prompted to document the following (in the electronic health record or chart):	YES	NO	Notes
<b>Pharmacotherapy</b>			
Prescribe/provide NRT (nicotine patch, gum, lozenge, inhaler, nasal spray)	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribe/provide other medications for cessation (varenicline, bupropion)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Referral</b>			
Referral to quitline: <input type="checkbox"/> Fax referral <input type="checkbox"/> E-referral (through electronic health record) <input type="checkbox"/> Indirect referral (verbal, pamphlet or promotional material, email, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Referral to someone else <u>in the practice</u> for more information on quitting or for treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Referral externally (e.g., cessation group, counseling, other community resource)	<input type="checkbox"/>	<input type="checkbox"/>	

### STEP 5: ARRANGE

Is the provider prompted to arrange and document (in the electronic health record or chart):	YES	NO	Notes
Follow up on quitline referrals	<input type="checkbox"/>	<input type="checkbox"/>	
Other patient follow-up	<input type="checkbox"/>	<input type="checkbox"/>	

## Section 3: Organizational Supports

The organization:	YES	NO	Notes
Has resources visibly available to encourage tobacco cessation for employees, clients, and visitors	<input type="checkbox"/>	<input type="checkbox"/>	
Has a designated staff member who orders and keeps resources stocked	<input type="checkbox"/>	<input type="checkbox"/>	
Has dedicated staff to address tobacco cessation (e.g., Tobacco Treatment Specialist)	<input type="checkbox"/>	<input type="checkbox"/>	
Provides training to staff on tobacco use and cessation including emerging tobacco products and best practices for cessation	<input type="checkbox"/>	<input type="checkbox"/>	
Has a method of monitoring staff compliance with tobacco cessation best practices (e.g., Ask, Advise, Assess, Assist, Arrange)	<input type="checkbox"/>	<input type="checkbox"/>	
Tracks client cessation outcomes	<input type="checkbox"/>	<input type="checkbox"/>	
Uses internal and community-level tobacco use and cessation data for quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	

## Section 4: Tobacco-Free Policy

The organization:	YES	NO	Notes
Has a written tobacco-free policy <input type="checkbox"/> Indoor facilities <input type="checkbox"/> Entire grounds	<input type="checkbox"/>	<input type="checkbox"/>	
Enforces the tobacco-free policy	<input type="checkbox"/>	<input type="checkbox"/>	
Posts tobacco-free signage at all main entrances or sections of the building and grounds	<input type="checkbox"/>	<input type="checkbox"/>	
Provides information/materials to <b>employees</b> regarding tobacco prevention efforts and the health risks of tobacco use, policies and resources for cessation	<input type="checkbox"/>	<input type="checkbox"/>	
Provides information/materials to <b>visitors</b> (e.g., visiting clients or family, contractors) regarding tobacco prevention efforts and the health risks of tobacco use, policies and resources for cessation	<input type="checkbox"/>	<input type="checkbox"/>	
Provides employees with access to tobacco cessation treatment options	<input type="checkbox"/>	<input type="checkbox"/>	
Provides information/materials to employees, clients, and visitors regarding the dangers of secondhand smoke	<input type="checkbox"/>	<input type="checkbox"/>	