|  |  |  |
| --- | --- | --- |
| **Needs Assessment** | **Date of Completion** |  |
| **Organization** |  | **Site/Location Name**  |  |
| **Main Contact** |  | **Telephone** |  | **E-mail** |  |
|  |  |  |  |

**\*\*\*Please complete one Needs Assessment and Best Practices form for each participating site.\*\*\***

|  |
| --- |
| **Site Totals** (From Previous Fiscal Year) |
|  |
| **Inpatient** | **Outpatient** |
| **Number of Beds** | **Number of Units** | **Number of Annual Admissions** | **Number of Units/Clinics** | **Number of Annual Unique Visits** |
|  |  |  |  |  |
|  |
| **Admissions on Units/Clinics at Participating Site** |
| **List All Units/Clinics at the Site** |  | **Annual Admissions/Unique Visits****/Unit or Clinic** |  | **Unit/Clinic Type\*\*** |
|       |  |       |  | [ ]  Inpt [ ]  OutPt  |
|       |  |       |  | [ ]  Inpt [ ]  OutPt  |
|       |  |       |  | [ ]  Inpt [ ]  OutPt  |
|       |  |       |  | [ ]  Inpt [ ]  OutPt  |
|       |  |       |  | [ ]  Inpt [ ]  OutPt  |
|       |  |       |  | [ ]  Inpt [ ]  OutPt  |
| \*\* InPt=Inpatient, OutPt=Outpatient |

|  |
| --- |
| Please list the **number of staff** at your site |
|  |
| Nurse Managers  |       [ ]  N/A | Physician House Staff |       [ ]  N/A | Physiotherapists |       [ ]  N/A |  |
| Clinical Educators  |       [ ]  N/A | Medical Residents |       [ ]  N/A | Social Workers |       [ ]  N/A |  |
| APNs/Clinical Nurse Specialists  |       [ ]  N/A | Respiratory Therapists |       [ ]  N/A | Dieticians |       [ ]  N/A |  |
| RNs  |       [ ]  N/A | Pharmacists |       [ ]  N/A | Other |       [ ]  N/A |  |
| RNAs/RPNs  |       [ ]  N/A | Healthcare Aides |       [ ]  N/A | Other |       [ ]  N/A |  |
| Occupational Therapists  |       [ ]  N/A | Support Staff (e.g., IT, Administrative) |       [ ]  N/A |  |  |  |
| Do you have a smoke-free grounds policy? | [ ]  Yes[ ]  No | *Comments:*       |
| Is your site a teaching site? | [ ]  Yes[ ]  No | *Comments:*       |
| Have you already implemented the OMSC or another smoking cessation program at this site? | [ ]  Yes[ ]  No | *If yes, what program?*       |
| Does this site already have designated staff for smoking cessation? | [ ]  Yes[ ]  No | *If yes, # of staff:*      *Current FTE allotment:*       |
| Do you currently use an Electronic Medical Records (EMR) system? | [ ]  Yes[ ]  No | *If yes, who is your provider:*       |
| If you currently use an EMR system, does someone in your organization have the ability to edit EMR forms or do you have to go through your EMR Provider for edits/updates? | [ ]  IT Dept[ ]  Provider[ ]  N/A | *Comments:*       |
| Do you have a Family Health Team affiliated with your site? | [ ]  Yes[ ]  No | *Comments:*       |

**Best Practices**

|  |  |  |
| --- | --- | --- |
| **Practice** | **Select all that apply** | **Comments** |
| Tobacco use queried and documented for all admissions/visits. | [ ]  Never[ ]  Sometimes[ ]  All of the time | Where documented?       |
| Training for tobacco dependence treatment offered to healthcare providers. | [ ]  Never[ ]  Sometimes[ ]  All of the time | What is offered? [ ] Workshops[ ] In-services[ ] New Staff Orientation[ ] Other:      |
| Designated staff responsible for smoking cessation program. | [ ]  Yes  | [ ]  No | Title of position?      (e.g., Program Coordinator, Smoking Cessation Counsellor/Educator). |
| Tobacco dependence treatment included on clinical management tools and/or in Electronic Medical Records (EMR). | [ ]  Admission/Registration Forms[ ]  Clinical Assessment Forms [ ]  Discharge/Referral Forms | Which forms include Smoking Cessation?      (e.g., Clinical Pathways, Care Maps, Kardex, Vital Sign Stamp, Nursing History) |
| Patient self-help materials readily available. | [ ]  Never[ ]  Sometimes[ ]  All of the time | Which self-help materials are available?      Where are self-help materials available?       |
| Links to community resources readily available. | [ ]  Never[ ]  Sometimes[ ]  All of the time | Which community resources are available?      Where are community resources available?       |
| Quit Smoking Medications available to patients.  | [ ]  Patch[ ]  Gum[ ]  Inhaler[ ]  Lozenge[ ]  Spray | [ ]  Bupropion[ ]  Varenicline | Which processes are in place? [ ] Standing/Pre-printed Orders[ ] Medical Directives[ ] Pre-Printed Prescriptions[ ] Other:      |
| Processes in place to follow up with tobacco users for at least one month after initial consultation. | [ ]  Yes | [ ]  No | Which processes are in place? [ ] Automated Telephone Follow-up[ ] Smokers’ Helpline[ ] Manual Follow-up[ ] Other:      |
| Processes in place to evaluate the degree to which healthcare providers are identifying, documenting, and treating patients who use tobacco (quality control). | [ ]  Yes | [ ]  No | Which processes are in place?      (e.g., Auditing Patient Charts/EMR/ Program Database) |
| Processes in place to provide feedback to healthcare providers about performance and program effectiveness. | [ ]  Yes | [ ]  No | Which processes are in place?       |