|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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? |