**Introduction**

Many factors within health care settings determine the quality of services that patients receive. Staff within health care settings can become aware of some of the factors that impact the quality of services delivered and work together to improve the care provided. The tools in this section are designed to support quality improvement efforts within health systems as well as the integration of evidence-based tobacco dependence screening and treatment into the standard delivery of care.

1. Patient Flow Tools: Patient flow varies by health care delivery site. For this reason, efforts to integrate new screening and/or treatment protocol into the standard delivery of care must be tailored to each individual site. The Patient Flow Tools provide a visual representation of the steps that patients go through during a typical medical visit, including the points at which they are screened, counseled, and connected to treatment for tobacco use dependence. Mapping out the steps a patient goes throughout their visit will support staff in identifying opportunities for your team to screen for tobacco use, deliver tobacco cessation messages, and provide counseling and treatment to support a quit attempt. Worksheets are provided to assist staff in standardizing the provision of evidence-based tobacco dependence screening, counseling, and treatment, including who is responsible for delivering the different elements of the 5 A’s intervention.
2. Plan-Do-Study-Act (PDSA) Cycles Tool: Health systems can use the PDSA four-stage problem-solving framework to develop, test, and implement changes aimed to lead to improvements. Using PDSA cycles – representing the four stages of Plan, Do, Study, and Act – health care organizations are able to test whether an idea has an impact on performance on a smaller scale prior implementing changes across the board. Health care organizations also modify or “fine-tune” changes prior to organization-wide implementation. The PDSA Cycle Tool can help health systems staff define each element in the PDSA process. Staff can use this tool to assist with the integration of evidence-based tobacco dependence screening and treatment into standard delivery of care.

**Patient Flow Tools**

The patient flow at each health care delivery site is unique, and is determined by several factors, including the physical design and layout of the site, aesthetics of the waiting area, wait time, presence of an on-site pharmacy, staffing, patient and visit mix, and efficiency of all involved staff (e.g., frontline staff, counselors, prescribing clinicians). Regardless of where a health center is in its efforts to assure that every patient is assessed for tobacco use and provided with access to same-day tobacco dependence treatment, including pharmacology, it is important to understand how patients flow through your health center site.

Mapping out the steps a patient goes through at a health center delivery site will support the identification of opportunities for the health care team to screen for tobacco use, deliver tobacco cessation messages, and provide counseling and treatment to support a quit attempt.

As an Improvement Team examines the workflow of a typical medical visit, it is important to highlight how the steps – which make up the 5 A’s Intervention – are delivered by the care team:

* **Ask:** Identify and document the tobacco use status of all patients
* **Advise:** In a clear, strong, and personalized manner, urge all tobacco users to quit
* **Assess:** Determine the willingness to quit of every tobacco user
* **Assist:** For patients willing to make a quit attempt, provide counseling and pharmacotherapy, to support him or her in overcoming this addiction. Also, refer the patient to 311 or the NYS Smokers Quitline at 1-866-NY-QUITS for ongoing support
* **Arrange:** Connect the patient tofollow-up contact, preferably within the first week of the quit date to discuss progress and address challenges

Below is an example of a patient workflow that highlights the different opportunities throughout a patient’s visit where the health care team can screen for tobacco use and deliver support:

**Sample Patient Visit Flow**

**Sample Visit Flow and Opportunities:** Below is another example of a patient workflow. Notice that each step offers applicable staff an opportunity to engage your patients and **Ask, Advise, Assess, Assist,** and/or **Arrange** follow-up contact.

**Patient taken to exam room by Medical Assistant**

**Patient completes health assessment**

**Patient insurance information collected**

**Patient Checks in at Reception**

* Review health assessment and flag provider
* \***Key Staff: Medical Assistant**
* ***Ask*** about current tobacco use
* Confirm that patient is insured and service coverage is up to date  
  \***Key Staff: Frontline**
* Make posters and brochures on tobacco cessation visible and readily available

**Patient fills prescription and initiates treatment**

* Dispense prescribed treatment and reinforce message on community resources

**\*Key Staff: Pharmacy staff**

* Verify coverage for prescribed treatment and ***arrange*** follow up care

**\*Key Staff: Medical Assistant**

* ***Advise*** on cessation strategies
* ***Assist*** by prescribing pharmacotherapy

**\*Key Staff: Clinician**

* ***Advise*** on cessation strategies
* ***Assess*** readiness to quit
* ***Assist*** by linking to resources  
  \***Key Staff: RN or LPN**

**Patient directed to the pharmacy**

**Patient checks out at reception station**

**Patient meets with prescribing clinician**

**Patient prepped for prescribing clinician**

**Patient Flow Visit Worksheet**

It is important to outline how patients advance through *each* step at a health care delivery site, from the time of entry to exit. Regardless of an agency, both the layout and staffing differ from department-to-department and site-to-site. Use this worksheet to record patient flow related to providing tobacco dependence screening and treatment to patients.

**Patient Flow and Opportunities Worksheet**When completing this flow chart, it is important to consider how care is delivered on a **typical** day at the specific department/health care delivery site. In the **blue** **rectangles**, indicate the different steps a patient encounters during a **typical** medical visit. Review patient flow – the patient’s movement through the health care continuum – and, in the **orange rectangles**, identify key opportunities to ***assess, advise, assist,*** *and* ***arrange***for the tobacco screening, counseling, and treatment for patients, as well as key staff persons responsible for providing these critical tasks.

**Patient Registers at Front Desk**

**Patient fills prescription and initiates treatment**

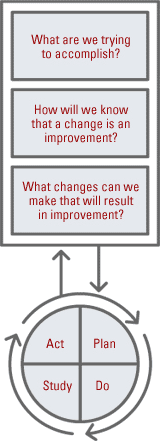
**Identifying Key Opportunities**

After outlining the standard process for delivering tobacco dependence screening and treatment, consider the following questions related to screening for and treating tobacco dependence:[[1]](#footnote-1)

1. **What questions are asked (1) on the intake form, and (2) when patients’ vital signs are measured?** 
   * Are these questions sufficient to identify all tobacco users?
2. **What staff persons do patients interact with before meeting with the prescribing clinician?** 
   * What information typically is exchanged with patients before they meet with the prescribing clinician?
   * Do these staff have an opportunity to deliver messages urging tobacco users to quit?
   * Are tobacco cessation posters visible, brochures, and pamphlets readily available to reinforce messaging?
3. **How do prescribing clinicians support tobacco cessation during the encounter?**
4. **What reminder systems and prompts are in place to alert counselors and prescribing clinicians of opportunities to discuss tobacco cessation with patients?** 
   * Are these reminder systems and prompts sufficient?
   * Can the system be modified to include follow-up prompts for future visits?
5. **How is tobacco cessation counseling and/or other treatment documented throughout the encounter?**
6. **What path do patients take as they exit the office? Do they make any stops that require interaction with staff?** 
   * How can final interactions reinforce messages related to quitting?

There always are opportunities to improve patient flow to increase the quality of tobacco use cessation services delivered, as well the efficiency of this process for delivering this critical care. The **Plan-Do-Study-Act Cycle Too**l can support such improvement efforts.

# **Plan-Do-Study-Act (PDSA) Cycle Tool**

Plan-Do-Study-Act (PDSA) is a continuous quality improvement tool for testing the impact of changes in real world clinical settings. PDSA supports the improvement of a system or process by, in a step-wise fashion, planning changes, testing them out, observing the results, and acting on what is learned.

PDSA is a tool that health care delivery sites can utilize to successfully integrate tobacco dependence screening and treatment into standard delivery of care, as well as to increase the efficiency and consistency of these practices.

PLAN: In this phase of the PDSA, a multidisciplinary Improvement Team will identify a goal or aim to work towards. For example, as a goal, an Improvement Team may be working towards assuring that all patients, regardless of the reason for their visit, receive the 5 A’s intervention.

**Step 1: Form the Improvement Team and Designate Responsibilities**

1. Strategically form an Improvement Team with the expertise and authority to implement the change successfully. These individuals should possess one or more of the following:

* **Clinical expertise**, understanding both the clinical implications of changes to the process and the consequences of such changes on other aspects of care delivery
* **Technical expertise**, with a strong knowledge of evidence-based and best practices for delivering tobacco dependence screening, counseling, and treatment
* **Leadership of day-to-day operations**, which affords an understanding of both the details of the process and the consequences of making change(s) to the process

**Source: Institute of Healthcare Improvement**

* **Knowledge of when and where to engage stakeholders** (e.g., staff, patients) affected by the change

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| **Staff Name** | **Staff Role** |
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**Step 2: Setting an Aim**

1. The aim should be time-specific and measurable. It also should define the specific population of patients to be affected.

**What are you trying to accomplish?**

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1. Consider all the systems and processes (e.g. patient flow, insurance verification, clinical documentation charge capture) that support the goal.

**To achieve the goal, what process(es) must be improved?**

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1. If there is more than one process, select the one process, which, if altered, has the potential to have the greatest improvement on outcomes.

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**Step 3: Identify how the selected process can be improved**

1. Decide the changes to be implemented improve the identified process.

**What changes can be made to this process that will result in improved performance and, ultimately, outcomes?**

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**Step 4: Identify measures to gauge whether planned changes actually result in improvement**

1. Decide how to measure the impact of the changes you choose to implement.

**How will it be known that a change is an actual improvement (e.g. increased rate of patients screened for tobacco dependence, increased rate of patients provided with on-site tobacco cessation medication)?**

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1. Identify/create data source(s) that will enable the measurement of identified changes (e.g. data reports, dashboard).

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| **Change Measure** | **Data Source** |
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# DO:The next phase of the PDSA cycle is to test the changes believed to result in improvement in the real word clinical setting and document the impact of such changes. Make sure to test changes on a small scale to see that they work prior to implementing changes more broadly.

**Step 5: Test identified changes on a small scale**

1. Roll-out the test for a designated timeframe. The timeframe should be time-limited, but allow for sufficient time to see a change.
2. Note any unforeseen challenges that have an impact on how the changes are implemented

**Were there any circumstances that affected implementation during the designated time frame (e.g. unexpected absence of key staff, competing priorities)?**

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# **STUDY:** In this phase of the PDSA, the Improvement Team will analyze the data collected during your testing stage and compare it to predictions.

**Step 6: Set aside time to study test results**

1. Study the outcomes that resulted from implementing the identified change.

**What was learned (e.g. staff needs refresher training on the 5 A’s, electronic health records needing prompts that cannot be bypasses)?**

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**What impact did the change have on identified measures?**

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# **ACT:** In this phase of the PDSA, the Improvement Team will refine changes that were tested based on what was learned during the "STUDY" phase. Based on the outcomes, the Improvement Team may want to initiate a new PDSA cycle. Once the Improvement Team reaches a point where it does not see opportunities for further refinement, the identified change is ready for full-scale implementation at the health care delivery site..

**Step 7: Implement further change**

1. Determine which modifications, if any, can be made to refine change.

**Is there a need or opportunity to refine the change? YES NO**

**If yes, how?**

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**Step 8: Spread and institutionalize at the health care delivery site**

1. Identify next steps towards widespread implementation of changes.

**What needs to be done to institutionalize the final change at the health care delivery site?**

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**How will the Improvement Team communicate the improvement process and results to all staff persons affected by the change?**

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**Source:** Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. [*The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*](http://www.ihi.org/resources/Pages/Publications/ImprovementGuidePracticalApproachEnhancingOrganizationalPerformance.aspx) (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.

1. American Academy of Family Physicians (2013). *Ask and Act Practice Toolkit*. Leawood, KS: American Academy of Family Physicians. Retrieved 23 June 2015 from: http://www.aafp.org/dam/AAFP/documents/patient\_care/tobacco/practice-manual.pdf. [↑](#footnote-ref-1)