Increase Referrals for Smoking Cessation

<table>
<thead>
<tr>
<th>Problem Statement</th>
<th>Root Causes</th>
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<tbody>
<tr>
<td>Patients with advanced lung cancer are</td>
<td>• Patients may not express interest in smoking</td>
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<tr>
<td>not receiving referrals for smoking</td>
<td>cessation</td>
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<td>cessation</td>
<td>• Lack of awareness about local smoking cessation</td>
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<td></td>
<td>resources</td>
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<td>• Oncologists may be reluctant to refer patients</td>
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Begin with the following patient lists:

- Patients with stages III and IV NSCLC from the last 6 months of 2019 (or any defined time period)

Baseline assessment:

- Proportion of all patients with stages III and IV NSCLC who are smokers [denominator]
  - Proportion of those patients who received a referral for smoking cessation [numerator]
- Calculate the ratio: proportion of patients with stages III and IV NSCLC who are smokers who received smoking cessation referrals

Exploratory questions:

- How often do oncologists and nurses discuss smoking cessation with patients?
- What local resources are available?
- Should staff receive formal smoking cessation training?
Discuss causes and effects:

Aim Statement (example):

- Over the next <xx> months, we will increase smoking cessation referrals by <xx%> among patients with stage III or IV NSCLC who are smokers.

Potential Solutions

- Develop partnerships with local smoking cessation programs
- Incorporate a clinical alert into the EHR to remind clinicians to discuss smoking cessation and make referrals
- Offer staff formal training (e.g., MSK Tobacco Treatment Specialist Training Program)

This data collection sheet is a resource from the ACCC educational initiative, Fostering Excellence in Care and Outcomes in Patients with Stage III/IV NSCLC.