

# Process Improvement in an Outpatient Oncology Clinic that Increased Referral of Tobacco Smokers to Cessation Resources

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## BACKGROUND & SIGNIFICANCE

- U.S. Surgeon General's report concludes that tobacco use during cancer treatment negatively impacts clinical treatment outcomes and increases cancer-specific and all-cause mortality.
- In 2022, only 12% of newly diagnosed cancer patients who screened positive for smoking at the NCI-designated University of Maryland Greenebaum Comprehensive Cancer Center's Stoler Clinic were provided tobacco cessation resources.
- In 2023, the Stoler Clinic participated in the American College of Surgeons Commission on Cancer's national quality improvement initiative, "Beyond Ask" to increase referrals to tobacco cessation resources.

## PURPOSE

- The purpose of this quality improvement project was to increase referral orders for smoking cessation resources by 20% for newly diagnosed cancer patients who screened positive for tobacco smoking in the Stoler Clinic.

## STRATEGY

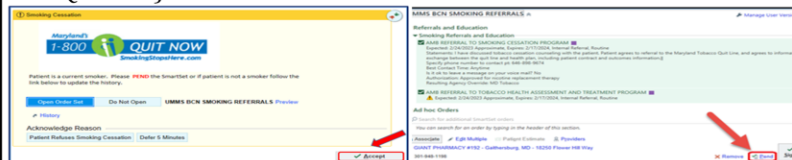
- Utilize the Ottawa Model for Smoking Cessation: Ask, Advise, Assess, Assist, Arrange.
- Leverage automation in the electronic Health Record (EHR) to bridge the gap between tobacco screening completed during the rooming process and the placement of referral orders by physicians and advanced practice providers.
  - Best Practice Advisory (BPA) prompts rooming staff to pend cessation order set for signature when a positive screen is documented.
  - Pre-selected order set improves efficiency by eliminating the need to search for correct orders.
- Collaborate with the UMMC Midtown Tobacco Cessation Clinic to provide local comprehensive cessation resources.
- Supplement referrals with additional educational materials and resources, automatically added to the discharge After Visit Summary with a positive screening.



Materials

## IMPLEMENTATION

- New BPA triggers when patient has a positive smoking screen. Prompts the MA/PCT staff to:
  - Pend the preselected cessation order set (referral to UMMC Midtown Clinic and MD State Quitline) for signature.
  - Other options:
    - Defer the BPA for 5 minutes
    - Mark as Patient Refuses Smoking Cessation.
- BPA also includes a quick link to the EHR "History" tab, where smoking screening documentation is located.
- When the order set is signed, patient contact information is automatically sent to these programs for directly contact.
- Education sheet "Resources to Help you Quit Tobacco" is automatically added to the After Visit Summary (see Materials QR code).



## RESULTS

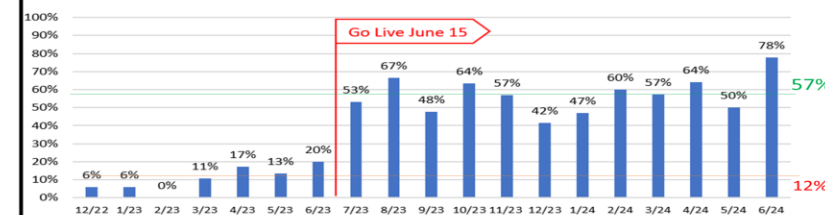
A new report quantifies the number of new cancer patients that were provided with smoking cessation resources (inclusion criteria included a referral to a cessation clinic, prescription for cessation medication, or documentation of in-office brief counseling by a provider).

**Pre-implementation (CY22) average: 12%**  
**5 months Post Intervention average: 58%**  
**7 months Post Intervention average: 54%**  
**12 months Post Intervention average: 57%**

Sustained increase of smoking cessation resources ordered >42%!

The majority of resources ordered have been referrals to cessation clinics. Chart review data suggests that resources provided are approximately 95-98% clinic referral, 2-5% cessation medication prescription, and 0% in office brief counseling.

Percent of Active Smoker New Cancer Patients Provided Cessation Resources (12/2022 - 6/2024)



## IMPLICATIONS FOR PRACTICE

Leveraging automation in the EHR has been an effective method to achieve a sustained increase in providing smoking cessation resources to patients in the Stoler Clinic.

The use of an automated BPA to prompt signature of a standardized order set has helped to:

- Bridge the gap between screening and ordering.
- Improve efficiency by eliminating manual searching for orders.
- Prompt physician discussion of smoking cessation with patient.
- Improve patient access to resources.
- Standardize workflows.

## NEXT STEPS

Monthly monitoring will continue with targeted follow up as needed, and collection of staff feedback.

In the future, additional activities such as evaluation of resource effectiveness, patient follow-through with referral activities, and cessation outcomes of referred patients will be considered.



References

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