

Follow-up Smoke-free Inpatient Audit

About the audit

- All inpatient wards/facilities are required to conduct an annual audit, in September, to monitor compliance with PD 2005_375 PCP 3: Smoke-free Health Service Policy Managing Nicotine Dependent Inpatients and Prospective Aged Care Residents.
- The audit will involve *both* a review of the patient's medical record/chart and directly asking the patient about the smoking care that has been provided to them. This is a 'bedside' audit, not one done after the patient has been discharged.

Audit aims

- Monitor compliance with PD 2005_375 PCP 3: Smoke-free Health Service Policy - Managing Nicotine Dependent Inpatients and Prospective Aged Care Residents.
- To provide compliance performance and feedback to nursing management, ward staff, role owners/contract persons and executive directors.
- Results of the audit will also be used as HNE Health Balanced Scorecard measure.

Audit timing

- The audit is to be undertaken annually during **September**
- The NUM will determine on which day in September it will take place and when during the day it will occur (e.g. it may be easiest for night staff to complete)

Who to audit

- The audit should be conducted **on every inpatient ward** within your facility
- Every person who is an inpatient on the day of the audit, who is actually on the ward when the audit is conducted, who is well enough to participate, and whose medical record/chart is available on the ward should be included.

Audit length

- The time taken to audit each patient will vary depending on whether the patient smokes, whether care has been recorded and how easy it is to locate this information in the file.
- The average time taken to audit each patient in the last audit was less than five minutes.

**Thank you very much for taking the time to complete this audit.
Your efforts are very much appreciated!**

Follow-up Audit Procedure

NUM's responsibility	
Step 1:	<ul style="list-style-type: none"> • Select the day that the audit will take place. • Nominate a ward staff member to conduct the audit.
Auditor's responsibility	
Step 2:	<ul style="list-style-type: none"> • Before commencing audit, read through the <i>Audit instruction sheet</i> on pg 3.
Step 3:	<ul style="list-style-type: none"> • Before auditing each patient, provide them with a copy of the <i>Information sheet for patients</i>, and explain the audit process <p style="margin-left: 40px;">Example:</p> <p style="margin-left: 40px;"><i>"I'm conducting a review of the patients in this ward to see how they have been affected by the hospital's current smoking policy. I may need to ask you a maximum of eight yes/no questions. Is that OK? Please answer as truthfully as possible. The answers that you provide will in no way affect the care and treatment you receive."</i></p>
Step 4:	<ul style="list-style-type: none"> • To audit each patient, you will need to check the information in their medical record/chart as well as ask them several yes/no questions. • Circle the most appropriate response for each question • Record any problems on the <i>Log Sheet</i> e.g. missing records, patient refusals, dementia patients, or patient too unwell
Step 5:	<ul style="list-style-type: none"> • Complete the <i>Survey for auditors</i>
Step 6:	<ul style="list-style-type: none"> • Fax all completed documents to the Smoke-free Team. Include: <ul style="list-style-type: none"> <li style="margin-left: 40px;">all pages of the completed <i>Audit Tool</i> <li style="margin-left: 40px;">the <i>Log Sheet</i> <li style="margin-left: 40px;">the <i>Survey for auditors</i> • Fax to 49246209 by the last Friday in September • Note: If you have printed the audit tool double-sided, please ensure ALL pages are faxed through. • Keep a copy of the completed audit form for your records

AUDIT INSTRUCTIONS SHEET

- Circle the most appropriate response for each question in blue/black pen. Only circle one answer per question.
- In the top right-hand corner of the audit form, enter today's date
- In the spaces provided, enter the facility name, the ward being audited, auditor's name, number of beds in ward, number of patients admitted to the ward at time of audit and number of patients audited.

Smoking Status Assessment & Demographics THIS SECTION SHOULD BE COMPLETED FOR ALL INPATIENTS	
MRN	Record the patient's Medical Record Number (MRN)
Q1	Is indigenous status recorded in file? -Circle 'Y' if indigenous or non-indigenous status has been recorded. -Circle 'N' if there is <i>no mention of indigenous status</i> in medical record/chart.
Q2	ASK each patient "Are you of Aboriginal or Torres Strait Islander origin?" You must ask EACH patient this question - do NOT refer to the patient's file to answer this question. -Circle 1 - if patient is of Aboriginal origin -Circle 2 - if patient is of Torres Strait Islander origin -Circle 3 - if patient is of both Aboriginal & Torres Strait Islander origin -Circle 4 - if patient is neither -Circle 5 - if patient chooses not to answer
Q3	Ask each patient "Were you asked on admission if you are of Aboriginal or Torres Strait Islander origin?" You must ask EACH patient this question - do NOT refer to the patient's file to answer this question. -Circle 'Y' if patient was asked about their indigenous status on admission -Circle 'N' if patient was not asked about their indigenous status on admission -Circle 'DK' if patient does not know or can't remember if they were asked about their indigenous status on admission.
Q4	Is smoking status recorded in file? -Circle 'Y' if smoking or non-smoking status has been noted in the patient's medical record/chart. -Circle 'N' if there is <i>no mention of smoking status</i> in medical record/chart.
Q5	Is patient a current smoker? Note: If the patient was a smoker when they were admitted, or if the patient has only stopped smoking in the last two weeks, they are still considered to be a current smoker. If smoking status was noted in the patient's medical record/chart (i.e. if Q4=Y), use this information to answer this question. If not noted, you will need to ASK the patient. -Circle 'Y' if the patient is a current smoker -Circle 'N' if the patient is <i>not</i> a current smoker

Q6	<p>Is patient aware that site is smoke-free?</p> <p>ASK the patient if they are aware that the facility they are in is a smoke-free site. Do NOT consult their medical record/chart.</p> <ul style="list-style-type: none"> -Circle 'Y' if the patient is aware that the site is smoke-free -Circle 'N' if the patient is <i>not aware</i> -Circle 'NA' if you are unable to determine if the patient is aware - note on log sheet
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Withdrawal Symptoms and Nicotine Dependence Assessment
THIS SECTION SHOULD BE COMPLETED FOR ALL INPATIENTS WHO ARE CURRENT SMOKERS (Q5=Y). Otherwise, leave blank.

Q7	<p>Has Withdrawal Monitoring Tool been administered at all?</p> <p>Refer to the Nicotine Withdrawal Monitoring Tool to answer this question.</p> <ul style="list-style-type: none"> -Circle 'Y' if the monitoring tool has been completed on ANY day of the admission. -Circle 'N' if the monitoring tool has <i>NEVER been completed</i>, or if <i>no tool</i> in the file. -Circle 'NA' if the patient has been admitted to the ward for less than 24 hours. -Circle 'NA' if your facility is a mental health facility.
Q8	<p>Is nicotine dependence recorded in file?</p> <p>NOTE: A patient is considered to be nicotine dependent if they usually smoke more than 10 cigarettes a day OR if they smoke within 30 minutes of waking.</p> <ul style="list-style-type: none"> -Circle 'Y' if the patient's nicotine dependence (either piece of information) has been noted somewhere in their medical record/chart. -Circle 'N' if nicotine dependence has <i>not been noted</i> in record/chart
Q9	<p>Is patient nicotine dependent?</p> <p>NOTE: If nicotine dependence was noted in the patient's file (Q8=Y), use this information to answer this question. If not noted (Q8=N), you will need to ASK the patient whether they usually smoke more than 10 cigarettes a day, OR whether they usually smoke within 30 minutes of waking.</p> <ul style="list-style-type: none"> -Circle 'Y' if the patient is nicotine dependent. -Circle 'N' if the patient is <i>not nicotine dependent</i>.

Nicotine Replacement Therapy (NRT)
THIS SECTION ONLY NEEDS TO BE COMPLETED FOR NICOTINE DEPENDENT SMOKERS (Q9=Y). Otherwise, leave blank.

Q10	<p>Was NRT contraindicated?</p> <p>Note: A patient can be contraindicated and still offered NRT. Check if the medical record/chart includes a notation of contraindication. If nothing is noted in the record/chart, ASK the patient if a doctor or nurse has recommended that they NOT use NRT.</p> <ul style="list-style-type: none"> -Circle 'Y' if the patient was contraindicated. -Circle 'N' if the patient <i>was not contraindicated</i>. -Circle 'DK' if you are unable to determine if the patient was contraindicated.
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Q11	<p>Was NRT offered?</p> <p>Note: It is considered that a patient was offered NRT if ANY of the following apply:</p> <ul style="list-style-type: none"> • check medical record/chart includes notation of NRT offer • if the patient reports that a nurse or medical officer offered them NRT • if the patient has received NRT <p>-Circle 'Y' if NRT has been offered to the patient. -Circle 'N' if there was <i>no offer of NRT</i>. -Circle 'NA' if the patient was contraindicated (Q10=Y) and <i>because of this</i> they were ineligible for NRT</p>
Q12	<p>Was offer of NRT accepted?</p> <p>Note: If NRT is accepted, it should be listed in the Medication Chart. Otherwise check the patient notes for references.</p> <p>-Circle 'Y' if patient accepted the offer of NRT. -Circle 'N' if patient <i>refused the offer of NRT</i>. -Circle 'NA' if patient was not offered NRT or was ineligible for NRT</p>

INFORMATION SHEET FOR PATIENTS

Smoke-free Health Service – Inpatient Audit

An audit is currently being conducted of all the inpatient wards in Hunter New England Health. As an inpatient, you are invited to participate in this process. It is very important that we talk to both smokers and non-smokers.

- The audit aims to monitor the care provided to inpatients.
- The audit involves a nurse checking your medical record and then asking you a maximum of eight simple 'yes'/'no' questions.
- These questions will take no longer than five minutes to ask.
- **Neither your decision to participate, nor the information you provide, will affect the care that you receive.**
- It is really important that you answer each question as honestly as possible. Please be ensured that your answers will be confidential.

If you would like any further information, you can ask your Nursing Unit Manager or Senior Nurse Manager.

Thank you for your time

FOLLOW-UP SMOKE-FREE AUDIT TOOL

Please fax completed audit by the last Friday in September
 Fax to: **49246209**

PLEASE KEEP A COPY FOR YOUR RECORDS

Date: ___/___/___

Circle the most appropriate response for each question:

‘Y’ = yes, ‘N’ = no, ‘DK’ = don’t know, ‘NA’ = not applicable to patient

Consult the *Audit Instructions Sheet* for further explanation of each question.

Office Use Only

Facility Name: _____ Ward: _____ Auditor: _____

Number of beds in Ward: _____ Number of patients admitted to the ward at time of audit: _____ Number of patients audited: _____

WID (Office Use Only)	PID (Patient Number)	Smoking Status Assessment & Demographics COMPLETE FOR ALL PATIENTS						Withdrawal Symptoms & Nicotine Dependence Assessment COMPLETE FOR ALL SMOKERS (i.e. Q5 = Y)			Nicotine Replacement Therapy (NRT) COMPLETE FOR ALL NICOTINE DEPENDENT SMOKERS (i.e. Q9 = Y)		
		MRN Record patient's medical record number	Q1 Is indigenous status recorded in file?	Q2 Is patient of Aboriginal or Torres Strait Islander origin? (Ask all patients) 1 = Yes, Aboriginal 2 = Yes, Torres Strait Islander 3 = Yes, Both Aboriginal & Torres Strait Islander 4 = No 5 = Don't know	Q3 Was patient questioned about their indigenous status at admission? (Ask all patients)	Q4 Is smoking status recorded in file?	Q5 Is patient a current smoker? Includes those who smoked when admitted or stopped in the last 2 weeks	Q6 Is patient aware that site is smoke free? Record NA if can't determine due to dementia or brain injury	Q7 Has the withdrawal monitoring tool been administered AT ALL? If patient admitted < 24 hrs OR if a <u>mental</u> <u>health</u> <u>facility</u> - NA	Q8 Is nicotine dependence recorded in file? i.e. smokes >10 cigs/day OR smokes <30mins after waking	Q9 Is patient nicotine dependent? i.e. smokes >10 cigs/day OR smokes < 30 mins after waking	Q10 Was NRT contra- indicated? Record DK if unable to determine	Q11 Was NRT offered? Record NA if contra- indicated & therefore ineligible
	01		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA
	02		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA
	03		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA
	04		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA
	05		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA
	06		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA
	07		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA
	08		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA
	09		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA
	10		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA
	11		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA
	12		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA
	13		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA
	14		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA
	15		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA

Facility Name: _____ Ward: _____ Auditor: _____

WID (Office Use Only)	PID (Patient Number)	Smoking Status Assessment & Demographics COMPLETE FOR ALL PATIENTS						Withdrawal Symptoms & Nicotine Dependence Assessment COMPLETE FOR ALL SMOKERS (i.e. Q5 = Y)			Nicotine Replacement Therapy (NRT) COMPLETE FOR ALL NICOTINE DEPENDENT SMOKERS (i.e. Q9 = Y)			
		MRN	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
		Record patient's medical record number	Is indigenous status recorded in file?	Is patient of Aboriginal or Torres Strait Islander origin? (Ask all patients) 1 = Yes, Aboriginal 2 = Yes, Torres Strait Islander 3 = Yes, Both Aboriginal & Torres Strait Islander 4 = No 5 = Don't know	Was patient questioned about their indigenous status at admission? (Ask all patients)	Is smoking status recorded in file?	Is patient a current smoker? Includes those who smoked when admitted or stopped in the last 2 weeks	Is patient aware that site is smoke free? Record NA if can't determine due to dementia or brain injury	Has the withdrawal monitoring tool been administered AT ALL? If patient admitted < 24 hrs OR if a <u>mental</u> <u>health</u> <u>facility</u> - NA	Is nicotine dependence recorded in file? i.e. smokes >10 cigs/day OR smokes <30mins after waking	Is patient nicotine dependent? i.e. smokes >10 cigs/day OR smokes < 30 mins after waking	Was NRT contra- indicated? Record DK if unable to determine	Was NRT offered? Record NA if contra- indicated & therefore ineligible	Was offer of NRT accepted? Record Y if accepted, N if refused, NA if not offered or ineligible
16		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
17		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
18		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
19		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
20		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
21		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
22		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
23		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
24		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
25		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
26		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
27		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
28		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
29		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
30		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
31		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
32		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
33		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
34		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	
35		Y/N	1/2/3/4/5	Y/N/DK	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N	Y/N	Y/N/DK	Y/N/NA	Y/N/NA	

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