

Smoking Cessation Clinic Evaluation Tool (Version 1.1)

User manual

1. Objective

- 1.1 This is a tool to evaluate and improve the quality of service of a smoking cessation clinic or to set up a new smoking cessation clinic/service. It can be used for self evaluation or by others.
- 1.2 This tool is designed for the smoking cessation clinics/services affiliated with the hospitals or community healthcare centres or community healthcare centres. It can also be used for a Quitline, or for any clinical practices which have a specific policy or service to help smokers quit smoking.

2. Explanation of content

- 2.1 This tool contains a total of 33 items in four sections. Please tick the items that your smoking cessation clinic/service has fulfilled, then add up the points specified in the parentheses “()” for each ticked item. Some items offer a few answer options. Please select only one option that is most appropriate, and add up the points specified in the correspondent parentheses “()”. Some items may not be appropriate for those independent smoking cessation clinics/services. If you find that some questions are not applicable, please make notes in the margins. The term ‘clinic’ can mean a specific clinic focusing on smoking cessation or any services to help smokers quit smoking, such as a Quitline or other online cessation services.
- 2.2 Section 1, organisation assessment focuses on the aspects of manpower, equipment, technology and system of a smoking cessation clinic/service. There are 11 items and the maximum score is 17 points. Section 2, environment assessment focuses on the environment of the organization that the smoking cessation clinic/service is affiliated with. The organization could be a hospital or a community healthcare centre or other government health or related departments. There are 10 items and the maximum score is 14 points for environment assessment. Section 3, process assessment focuses on the process of development and implementation of smoking cessation services. It assesses whether a smoking cessation clinic/service meets the expectations and achieve the minimum quantifiable targets, which are based on experiences from many smoking cessation clinics. Ten items are included in process assessment and the maximum score is 28 points. Section 4, outcome assessment focuses on smoking cessation rate and smoking reduction rate, the former being more important than the latter which is still useful. Outcome assessment includes 2 items and the maximum score is 11 points.

Section 1. Organisation Assessment: Manpower, equipment, technology and system of the smoking cessation clinic/service

- 1.1. The smoking cessation clinic/service receives written approval from government or an

affiliated healthcare institute for the establishment of the clinic/service.

Explanation: Smoking cessation clinics/services often receive an official letter, memo or other documents from the government or the affiliated healthcare institute to initiate or approve the establishment of the clinics/services. If the clinic is a stand-alone set up, a document from its governing body is acceptable here.

1.2. The hospital or the community healthcare centre has a budget for the operation of the smoking cessation clinic/service.

Explanation: The hospitals or the community healthcare centres usually have or should have a budget for their smoking cessation clinics/services to maintain the operation. This financial document itemizes the forecasting costs (e.g., staff, equipment, etc.) over a specified future period of time, such as a year. A budget with a total amount within a time period including the present time is acceptable. If there was a budget in the past, but no more budgets or funding now, within the past few months, or not for the next few months, this would be considered as no budget.

1.3. The smoking cessation clinic/service has a designated person who administers the operation of the clinic/service.

Explanation: The smoking cessation clinic/service usually has or should have a designated person who is in charge of the operation of the clinic/service. He or she may also be the budget/grant holder.

1.4. There is a designated department responsible for the operation of the smoking cessation clinic/service.

Explanation: For many hospitals and community healthcare centers with different departments, the smoking cessation clinic/service is operated by or is under a designated department (e.g., respiratory department, cardiology department, etc.) in the hospital or the community healthcare center. Doctors from the designated department serve the smoking cessation clinic/service. More than one departments is acceptable. If the clinic/service is stand-alone, this item will be not applicable.

1.5. The smoking cessation clinic/service has designated healthcare personnel to provide smoking cessation services.

Explanation: The smoking cessation clinic/service usually has or should have one (or more than one) designated healthcare staff member to provide smoking cessation services to smokers. The designated staff could be either full-time or part-time, and she/he might be a physician or nurse. Non-professionals are not counted here. The number of designated persons must be at least one.

1.6. All healthcare personnel who service the smoking cessation clinic/service (including both full-time and part-time staff) have received training on smoking cessation intervention (such as brief advice, counseling and other treatments).

Explanation: Healthcare staff (including both full-time and part-time staff) who service the

smoking cessation clinic/service should have been trained, at least briefly by more experienced persons.

1.7. The hospital or the community healthcare centre has a designated place for the smoking cessation clinic/service.

Explanation: The smoking cessation clinic/service should have a designated place for its operation. The place should be the same or in the same section (for example, a certain section of an outpatient department on a specified floor) of a building fixed within a few months so that staff and clients know the place and location clearly.

1.8. The hospital or the community healthcare centre has or should have a sign showing the presence or existence of the smoking cessation clinic/service.

Explanation: Many hospitals or the community healthcare centres have or should have a sign to indicate their smoking cessation clinics/services, such as the room numbers. Such a sign is important to indicate that such a clinic exists and is in operation. At least one sign is required which can clearly direct the client to the clinic.

1.9. The smoking cessation clinic/service has the equipment for biochemical tests for validation of cessation, such as Smokerlyzer breath carbon monoxide monitor, tests for cotinine or nicotine in biospecimens (at least one item).

Explanation: Many smoking cessation clinics/services have equipment (e.g., Smokerlyzers breath carbon monoxide monitor and tests for cotinine or nicotine in biospecimens) for biochemical validation. Smokerlyzers breath carbon monoxide monitor measures exhaled carbon monoxide level. Cotinine test measures the cotinine level in smokers' saliva, urine or blood. Having any one item is acceptable.

1.10. The smoking cessation clinic/service has relevant medical equipment, such as sphygmomanometer, body weight scale and stethoscope (at least one item).

Explanation: Like any clinics or departments in a hospital or community healthcare centre, the smoking cessation clinic/service should have relevant medical equipment (such as sphygmomanometer, body weight scale and stethoscope). Having any one item is acceptable.

1.11. The hospital or the community healthcare centre offers at least one smoking cessation medication (such as nicotine replacement therapy, or approved smoking cessation drugs).

Explanation: The pharmacy of the hospital or the community healthcare centre, or the clinic often has smoking cessation medications, such as nicotine gum or patch and/or other approved smoking cessation drugs. Having any one item is acceptable.

Section 2. Environment Assessment: Environment of the hospital or the community healthcare centre that the smoking cessation clinic/service is affiliated with

2.1. The hospital or the community healthcare centre has a clear sign indicating the opening

hours of the smoking cessation clinic/service.

Explanation: Many hospitals or community healthcare centres have (or they should have) a clear signage to indicate the opening hours of the smoking cessation clinic/service. At least one sign is required which can clearly show the client when the clinic is open. This information included in the same sign as in 1.8 above is acceptable here.

2.2. The hospital or the community healthcare centre has a clear sign indicating the location of the smoking cessation clinic/service.

Explanation: Many hospitals or community healthcare centres have (or they should have) a clear signage to indicate the specific location of the smoking cessation clinic/service. This information included in the same sign as in 1.8 above is acceptable here.

2.3 The hospital or the community healthcare centre has a clear sign indicating the telephone number of its smoking cessation clinic/service.

Explanation: Many hospitals or community healthcare centres have a clear signage to indicate the telephone number of their smoking cessation clinic/service. This information included in the same sign as in 1.8 above is acceptable here.

2.4. The hospital or the community healthcare centre has an exhibition board with information about its smoking cessation clinic/service at the front desk or the registration station.

Explanation: Many hospitals or community healthcare centres have exhibition boards with introduction information about their smoking cessation clinic/service at the front desk or the registration station. This must be a separate display in addition to 1.8 above.

2.5. The hospital or the community healthcare centre has leaflet or brochure of the smoking cessation clinic/service at the front desk or the registration station.

Explanation: Many hospitals or community healthcare centres have leaflets or brochures with introduction information about their smoking cessation clinic/service at the front desk or the registration station. Any one kind of brochure of whatever size is acceptable.

2.6. The hospital or the community healthcare centre has introduction information about its smoking cessation clinic/service on the internet, such as the official website, or social media channels (e.g., WhatsApp, WeChat, Facebook, etc.).

Explanation: Some hospitals or community healthcare centres have established an official website or set up a social network account through WhatsApp, WeChat, Facebook, etc.. These hospitals or the community healthcare centres may use internet to introduce their smoking cessation clinics/services.

2.7. The hospital or the community healthcare centre has introduction information about its smoking cessation clinic/service on its (non-internet) public communication channels (at least one, e.g., video, bulletin board, etc.).

Explanation: Many hospitals or community healthcare centres introduce or publicise their

smoking cessation clinics/services through their public communication channels (at least one, e.g., video, bulletin board, etc.) inside the hospitals or community healthcare centres.

2.8. The hospital or the community healthcare centre offers health talks and/or consultations related to smoking cessation in communities (at least once in the past 12 months).

Explanation: Some hospitals or community healthcare centres offer health talks or consultation activities in communities, i.e. outside the health care settings, or outreach activities, to help local residents or others learn about the harm of smoking and the cessation methods or to recruit smokers.

2.9. Smoking cessation training is offered to all healthcare personnel in the hospital or the community healthcare centre (at least one in the past 2 years).

Explanation: Some hospitals or community healthcare centres offer smoking cessation training to all healthcare staff who serve the institute. This training is not specifically for the staff designated to serve or are serving in the clinic. Training which is open to all staff (including smoking cessation clinic and other staff) is acceptable here.

2.10. The hospital or the community healthcare centre has set up a system to refer smoking patients to its smoking cessation clinic/service.

Explanation: Some hospitals or community healthcare centres have a system to identify smokers among their patients, and refer smokers to the smoking cessation clinic/service. A system can mean a written policy or guideline. An individual doctor referring a smoker to the clinic is not a system, unless the doctor refers because of the system.

Section 3. Process Assessment: Process of development and implementation of the smoking cessation clinic/service

3.1. Number of designated sessions operated by the smoking cessation clinic/service per month/week (One designated session is defined as two or more consecutive hours.)

Explanation: Many smoking cessation clinics/services have designated sessions, and some do not. A regular smoking cessation clinic/service should offer at least 1 designated session per week.

3.2. During the past 12 months, how many smokers were served by the smoking cessation clinic/service in total?

Explanation: The smoking cessation clinic/service should have a record about the number of smoking patients being served.

3.3. The smoking cessation clinic/service keeps a record for each smoker who visits the clinic/service.

Explanation: Many smoking cessation clinics/services usually keep (or they should keep) records about the smokers who visit and/or are served by the clinics/services. The records may

include information such as name, gender, date of visit, height, weight, blood pressure, smoking history and patterns, and so on.

3.4. The smoking cessation clinic/service keeps a record for each smoker who receives the clinic's follow-up services.

Explanation: Some smoking cessation clinics/services conduct follow-up visit(s) to their smoking patients. These clinics/services should keep records about the smoking patients who receive follow-up visit(s). The records may include information such as name, gender, smoking patterns, intention to quit, quitting attempt, quitting method, and so on.

3.5. The smoking cessation clinic/service has educational materials (at least one item, e.g., brochure, leaflet, exhibition board, etc.) about the adverse health effect of smoking.

Explanation: Many smoking cessation clinics/services usually have print materials about the harms of smoking. The materials can be brochures, leaflets, exhibition boards, and so on.

3.6. The smoking cessation clinic/service has educational materials (at least one item, e.g., brochure, leaflet, exhibition board, etc.) about smoking cessation methods (non-medication). (Can be the same item as 3.5)

Explanation: Many smoking cessation clinics/services usually have print materials about smoking cessation methods (non-medication). The materials can be brochures, leaflets, exhibition boards, and so on. This information included in the same materials as in 3.5 above is acceptable here.

3.7. The smoking cessation clinic/service has educational materials (at least one item, e.g., brochure, leaflet, exhibition board, etc.) about smoking cessation medications. (Can be the same item as 3.5 or 3.6)

Explanation: Some smoking cessation clinics/services have print materials about smoking cessation medications. The materials can be brochures, leaflets, exhibition boards, and so on. This information included in the same materials as in 3.5 or 3.6 above is acceptable here.

3.8. Any follow-up is conducted among smokers who visit and have received services of the smoking cessation clinic/service? What is the response rate for the final follow-up survey?

Explanation: The clinic/service must calculate and record the number of follow-up conducted and the response rate of the final follow-up survey. The clinic/service should preferably conduct at least 1 or more follow-up surveys for the smokers and the response rate of the final follow-up survey is preferably 60% or above.

3.9. During the past 12 months, how many smokers were referred to the smoking cessation clinic/service from other departments in the hospital or the community healthcare centre?

Explanation: Some hospitals or community healthcare centres have a system to identify smokers among their patients, and refer smokers to the smoking cessation clinic/service. These clinics/services may have a record about the number of smokers being referred from other

departments of the institute. Only the number is included here, regardless of whether there is a system of referral.

3.10. What is the detection rate of biochemical test(s) (e.g., exhaled carbon monoxide test, etc.) among smokers who visit the smoking cessation clinic/service? The detection rate is calculated by the number of smokers who receive biochemical test(s) divided by the total number of smokers who visit the smoking cessation clinic/service.

Explanation: The smoking cessation clinics/services often conduct biochemical test(s) such as exhaled carbon monoxide test and/or saliva cotinine test among smokers. The clinics/services should calculate and keep a record about the detection rate of biochemical test.

Section 4. Outcome Assessment: Outcome measures of smoking cessation or reduction

4.1. Smokers' self-reported 7-day point cessation rate at the last follow-up visit. (The last follow-up can be 1-month, 3-month, 6-month, or 12-month) Please specify ___month follow-up.

Explanation: Some smoking cessation clinics/services conduct follow-up visit(s) among their smoking patients. The follow-up visit should ask the smokers' smoking patterns and quitting efforts. The clinics/services should calculate and keep a record of smokers' self-reported cessation rate at each follow-up visit. This Section focuses on the most important final outcome measure, which is the smokers' self-reported 7-day point cessation rate at the final follow-up visit. Please also indicate when the final follow-up visit is conducted following the baseline visit.

4.2. The smoking cessation clinic/service calculates the smokers' smoking reduction rate at the last follow-up visit (The last follow-up can be 1-month, 3-month, 6-month, or 12-month).

(If a smoker reports that his/her cigarette consumption per day has reduced by 50% or more at the last follow-up when compared to the baseline or at the first visit, it is defined as smoking reduction. Smoking reduction rate is calculated by the number of smokers who have reduced cigarette consumption per day by at least 50% divided by the total number of smokers who visit the smoking cessation clinic/service.) Please specify ___month follow-up.

Explanation: Some smoking cessation clinics/services conduct follow-up visit(s) among their smoking patients. The follow-up visit should ask the smokers' smoking patterns and quitting efforts. Some clinics/services calculate smokers' smoking cessation rate at follow-up visits. This Section focuses on another final outcome measure, which is the smokers' self-reported smoking reduction rate at the final follow-up visit. Please also indicate when the final follow-up visit is conducted following the baseline visit.

3. How to complete the tool

Please tick the items that your smoking cessation clinic/service has fulfilled, then add up the points specified in the parentheses “()” for each ticked item. For example, item 1.1. asks whether the smoking cessation clinic/service has written approval from the government or the affiliated healthcare institute for its establishment. If your smoking cessation clinic/service has a formal

approval from the government or the affiliated healthcare institute, please tick this item in the . Also you get 1 point (as specified in the parentheses) for this ticked item.

Example 1.1.

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- (1 point) 1.1. The smoking cessation clinic/service receives written approval from government or an affiliated healthcare institute for the establishment of the clinic/service.
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Some items offer a few answer options. Please select only one option that is most appropriate, and add up the points specified in the correspondent parentheses “()”. For example, item 3.1 assesses the number of designated sessions per week. Five answer options are offered, ranging from “Less than 1 session per month or 12 sessions per year” to “2 or more sessions per week”. Please select the one that is appropriate for your smoking cessation clinic/service, and add the point specified in the correspondent parentheses “()”. Suppose you select “2-3 sessions per month, but less than 1 session per week”. Then you will get 2 points for this item.

Example 3.1.

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- 3.1. Number of designated sessions operated by the smoking cessation clinic/service per week (One designated session is defined as two or more consecutive hours. *Please select one as appropriate from the following options*)
- (0 point) a. Less than 1 session per month or 12 sessions per year
- (1 point) b. 1 session per month
- (2 points) c. 2-3 sessions per month, but less than 1 session per week
- (3 points) d. 1 session per week
- (5 points) e. 2 or more sessions per week
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4. Scoring of evaluation tool

The maximum score for this evaluation tool is 70 points.

If you would like to know the percentage score (based on a full score of 100 points instead of 70 points) of your clinic/service evaluation, please divide your total score by 70.

If you find that some questions are not applicable for whatever reasons, the final score as a percentage can be calculated after excluding the non-applicable questions. The adjusted score in percentage will be obtained by dividing your total score by (70 – number of points excluded).

5. Intellectual property right

The intellectual property right of this evaluation tool belongs to the Department of Health, Government of the Hong Kong Special Administrative Region. This tool has been developed by the School of Public Health, the University of Hong Kong.