



BTS Smoking Cessation Audit 2021
Part Two: Organisational Data

Data must be entered online at:
<https://audits.brit-thoracic.org.uk/>
 Email queries to: audittools@brit-thoracic.org.uk

1	Does your hospital have a smoke free policy that prohibits smoking anywhere on the hospital grounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
2a.*	Does your hospital have a designated smoking area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
2b.*	If the answer to question 1b is 'yes', to what extent are smoking restrictions enforced in areas outside the designated smoking areas?	<input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Mostly <input type="checkbox"/> Completely
2c.*	If the answer to question 1b is 'no', to what extent are smoking restrictions enforced throughout hospital grounds?	<input type="checkbox"/> Not at all <input type="checkbox"/> Rarely <input type="checkbox"/> Mostly <input type="checkbox"/> Completely
3a	Does your hospital have a vape friendly policy that permits vaping on the hospital grounds?	<input type="checkbox"/> Yes – external grounds only <input type="checkbox"/> Yes external and selected internal sites <input type="checkbox"/> No – vaping is not allowed <input type="checkbox"/> Not known
3b	Does your hospital have designated vaping areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
4*	Does your trust utilise a standardised clerking proforma which has a dedicated space to document smoking history for newly admitted (emergency and elective) patients? <i>Tick all that apply</i> Helpnote: <i>This can be a written or an electronic pro forma.</i>	<input type="checkbox"/> Yes – medical <input type="checkbox"/> Yes – surgical <input type="checkbox"/> Yes – obstetrics and gynae <input type="checkbox"/> Yes – elective <input type="checkbox"/> None of the above
5a*	Does your trust have a hospital-based smoking cessation service on the premises? Helpnote: <i>“hospital-based smoking cessation service” includes any service provided on Trust premises, regardless of whether it is delivered by your own Trust or another organisation operating from Trust premises.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Other, please specify:
5b.*	If yes to 5a, is this provided by the trust or an external provider?	<input type="checkbox"/> Trust <input type="checkbox"/> External provider
5c.*	Does your trust have access to a community-based smoking cessation service? Helpnote: <i>Please select “community-based” if you have access to a smoking cessation service located in the community (this would include pharmacy services).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Other, please specify:
6a.*	Is there a formal referral pathway that allows all healthcare professionals within your hospital to refer patients to a hospital-based smoking cessation service within your Trust? Helpnote: <i>include services provided by the trust or external providers.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Not applicable
6b.*	Is there a formal referral pathway that allows all healthcare professionals within your hospital to refer patients to a community smoking cessation service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> Not applicable
7a.*	Is smoking cessation in your hospital supported by a consultant or nurse consultant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
7b.	If yes, how many hours per week are allocated in this person’s job plan to smoking cessation? hrs
8a.*	Does your hospital have a dedicated Hospital Smoking Cessation	<input type="checkbox"/> Yes

*indicates a mandatory field

	Practitioner (HSCP)? <i>Helpnote: An HSCP should be someone who is trained in level 3 service intervention in evidence-based methodology and would have some training in counselling skills or have completed competency-based training and assessment with the National Centre for Smoking Cessation and Training (NCSCT). They may also be responsible for providing brief intervention training to other staff.</i>	<input type="checkbox"/> No <input type="checkbox"/> Not known
8b.*	If yes, how many hours per week is an HSCP/are HSCPs employed? <i>Helpnote: please provide a best estimate.</i> hrs
8c	If yes, how many HSCPs are employed?	_____ (integer)
8d	Please confirm which post your HSPC holds. <i>Helpnote: If more than one HSPC, please provide information for most senior.</i>	<input type="checkbox"/> Nurse <input type="checkbox"/> Non-Nursing
8e	Please provide banding for your hospitals HSPC? Staff 1 Staff 2 Staff 3 Staff 4 Staff 5 Staff 6 Staff 7 Staff 8 Staff 9 Staff 10	_____ (integer) _____ (integer) _____ (integer) _____ (integer) _____ (integer) _____ (integer) _____ (integer) _____ (integer) _____ (integer) _____ (integer) _____ (integer)
9a.*	Is pharmacotherapy for tobacco addiction available in your hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
9b.*	If the answer to 9a is yes, which? <i>Tick all that apply</i>	<input type="checkbox"/> NRT – Patches <input type="checkbox"/> NRT – Inhalators <input type="checkbox"/> NRT – Gum <input type="checkbox"/> NRT – Microtabs <input type="checkbox"/> NRT – Lozenges <input type="checkbox"/> NRT – Nasal spray <input type="checkbox"/> NRT – Mouthspray <input type="checkbox"/> Varenicline <input type="checkbox"/> Bupropion
9c	If the answer to 9a is yes, does your hospital have a prescribing guideline / protocol to support clinicians when prescribing pharmacotherapy for tobacco addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
9d	Does the support provided to patients include an offer of a vaping kit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
10a.*	Is the HSCP able to prescribe, supply or recommend pharmacotherapy that can be given to inpatients on the day of the consultation? <i>Tick all that apply</i>	<input type="checkbox"/> Yes – prescribe <input type="checkbox"/> Yes – supply <input type="checkbox"/> Yes – recommend <input type="checkbox"/> No <input type="checkbox"/> Not known
10b.*	Is the HSCP able to prescribe, supply or recommend pharmacotherapy that can be given to outpatients on the day of the consultation? <i>Tick all that apply</i>	<input type="checkbox"/> Yes – prescribe <input type="checkbox"/> Yes – supply <input type="checkbox"/> Yes – recommend <input type="checkbox"/> No <input type="checkbox"/> Not known
10c.*	What other health care professionals are able to prescribe, supply or recommend pharmacotherapy? <i>Tick all that apply</i>	<input type="checkbox"/> nursing (including clinical nurse specialists) <input type="checkbox"/> pharmacists <input type="checkbox"/> physiotherapists <input type="checkbox"/> other
11a.*	Do inpatients have access to an HSCP during their stay?	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Mostly <input type="checkbox"/> Always

11b.*	Do outpatients have access to an HSCP during their visit?	<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Mostly <input type="checkbox"/> Always
12.*	Does your hospital-based smoking cessation service have the following? <i>Tick all that apply</i> Helpnote: <i>this question is for hospital-based services provided by the trust only, externally provided services on trust premises are not included.</i>	<input type="checkbox"/> Dedicated office space <input type="checkbox"/> Phone number <input type="checkbox"/> Email address <input type="checkbox"/> None of the above <input type="checkbox"/> Not applicable
13.*	Does your hospital-based smoking cessation service, offer the following? <i>Tick all that apply</i> Helpnote: <i>this question is for hospital-based services provided by the trust or externally provided services on trust premises.</i> Helpnote: <i>Examples of validated methods for confirming smoking cessation include exhaled carbon monoxide monitoring.</i>	<input type="checkbox"/> An initial consultation lasting up to 40 minutes <input type="checkbox"/> An initial consultation lasting 40-60 minutes <input type="checkbox"/> Weekly follow-up appoints of 10-20 minutes for at least 4 weeks in the first month after the stop date <input type="checkbox"/> A validated method for confirming a patient has stopped smoking 4 weeks after the quit date <input type="checkbox"/> Phone call contact at 3 and 6 months <input type="checkbox"/> Self-reported quitters offered a final appointment at 12 months <input type="checkbox"/> Not applicable <input type="checkbox"/> Other (please specify):
14.*	For smokers that are discharged from your hospital that wish to stop smoking, is there a system in place that allows them to be followed up by a smoking cessation service (hospital or community) for ongoing support?	<input type="checkbox"/> Yes – via hospital smoking cessation service <input type="checkbox"/> Yes – via community smoking cessation service <input type="checkbox"/> No <input type="checkbox"/> Not known
15a.*	Are frontline hospital staff offered regular smoking cessation training? Helpnote: <i>Training may include brief intervention training which includes taking a smoking history, providing basic information about smoking cessation and knowing how to refer to a local stop smoking service (as outlined by the National Centre for Smoking Cessation and Training). 'Regular' means at least annually.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
15b.*	If yes, which staff are offered smoking cessation training? <i>Tick all that apply:</i> Helpnote: <i>ask your stop smoking service or education and training/staff development department if this information is not known.</i>	<input type="checkbox"/> Foundation Doctors <input type="checkbox"/> Core Trainees <input type="checkbox"/> Specialty Trainees <input type="checkbox"/> Specialty Doctors <input type="checkbox"/> Consultants <input type="checkbox"/> Ward Nurses <input type="checkbox"/> Outpatient Nurses <input type="checkbox"/> Pharmacists <input type="checkbox"/> Physiotherapists <input type="checkbox"/> Other